

List of Medical Pharmacy Drugs that will require a Prior Authorization for Medicaid as of 9/25/2024:

J Code and Label Name	Generic Name
J0129: Orencia	abatacept
J0172: Aduhelm	aducanumab-avwa
J0585: Botox	onabotulinumtoxinA
J0586: Dysport	abobotulinumtoxinA
J1459: Privigen	intravenous immune globulin
J1551: Cutaquig	subcutaneous immune globulin
J1554: Asceniv	intravenous immune globulin
J1555: Cuvitru	subcutaneous immune globulin
J1556: Bivigam	intravenous immune globulin
J1557: Gammaplex	intravenous immune globulin
J1558: Xembify	subcutaneous immune globulin
J1559: Hizentra	subcutaneous immune globulin
J1561: Gammaked	intravenous immune globulin
J1561: Gamunex-C	intravenous immune globulin
J1566: Carimune NF	intravenous immune globulin
J1566: Gammagard S/D	intravenous immune globulin
J1568: Octagam	intravenous immune globulin
J1569: Gammagard Liquid	intravenous immune globulin
J1572: Flebbogamma	intravenous immune globulin

J Code and Label Name	Generic Name
J1575: HyQvia	subcutaneous immune globulin
J1576: Panzyga	intravenous immune globulin
J1599: Intravenous Immune Globulin	intravenous immune globulin
J1745: Remicade	infliximab
J2323: Tysabri	natalizumab
J2350: Ocrevus	ocrelizumab
J2357: Xolair	omalizumab
J2506: Neulasta	pegfilgrastim
J2507: Krystexxa	pegloticase
J3241: Tepezza	eprotumumab-trbw
J3357: Stelara SQ	ustekinumab
J3380: Entyvio	vedolizumab
Q5103: Inflectra	infliximab-dyyb
Q5104: Renflexis	infliximab-abda
Q5108: Fulphila	pegfilgrastim-jmdb
Q5111: Udenyca	pegfilgrastim-cbqv
Q5120: Ziextenzo	pegfilgrastim-bmez
Q5121: Avsola	infliximab-axxq
Q5122: Nyvepria	pegfilgrastim-apgf
Q5127: Stimufend	pegfilgrastim-fpgk
Q5134: Tyruko	natalizumab-sztn