

## List of Medical Pharmacy Drugs that will require a Prior Authorization for Medicaid as of 2/12/2026:

J Code and Label Name	Generic Name
<b>J0129: Orenzia</b>	abatacept
<b>J0172: Aduhelm</b>	aducanumab-avwa
<b>J0174: Leqembi</b>	lecanemab-irmb
<b>J0584: Crysvita</b>	burosumab-twza
<b>J0585: Botox</b>	onabotulinumtoxinA
<b>J0586: Dysport</b>	abobotulinumtoxinA
<b>J1459: Privigen</b>	intravenous immune globulin
<b>J1551: Cutaquig</b>	subcutaneous immune globulin
<b>J1552: Alygio</b>	intravenous immune globulin
<b>J1554: Asceniv</b>	intravenous immune globulin
<b>J1555: Cuvitru</b>	subcutaneous immune globulin
<b>J1556: Bivigam</b>	intravenous immune globulin
<b>J1557: Gammaplex</b>	intravenous immune globulin
<b>J1558: Xembify</b>	subcutaneous immune globulin
<b>J1559: Hizentra</b>	subcutaneous immune globulin
<b>J1561: Gammaked</b>	intravenous immune globulin
<b>J1561: Gamunex-C</b>	intravenous immune globulin
<b>J1566: Carimune NF</b>	intravenous immune globulin
<b>J1566: Gammagard S/D</b>	intravenous immune globulin
<b>J1568: Octagam</b>	intravenous immune globulin
<b>J1569: Gammagard Liquid</b>	intravenous immune globulin
<b>J1572: Flebbogamma</b>	intravenous immune globulin
<b>J1575: HyQvia</b>	subcutaneous immune globulin
<b>J1576: Panzyga</b>	intravenous immune globulin

J Code and Label Name	Generic Name
<b>J1599: Intravenous Immune Globulin</b>	intravenous immune globulin
<b>J1745: Remicade</b>	infliximab
<b>J2323: Tysabri</b>	natalizumab
<b>J2350: Ocrevus</b>	ocrelizumab
<b>J2351: Ocrevus Zunovo</b>	hyaluronidase-ocsq
<b>J2357: Xolair</b>	omalizumab
<b>J2506: Neulasta</b>	pegfilgrastim
<b>J2507: Krystexxa</b>	pegloticase
<b>J3032: Vyepti</b>	eptinezumab-jjmr
<b>J3241: Tepezza</b>	eprotumumab-trbw
<b>J3247: Cosentyx</b>	secukinumab
<b>J3357: Stelara SQ</b>	ustekinumab
<b>J3380: Entyvio</b>	vedolizumab
<b>Q5103: Inflectra</b>	infliximab-dyyb
<b>Q5104: Renflexis</b>	infliximab-abda
<b>Q5108: Fulphila</b>	pegfilgrastim-jmdb
<b>Q5111: Udenyca</b>	pegfilgrastim-cbqv
<b>Q5120: Ziextenzo</b>	pegfilgrastim-bmez
<b>Q5121: Avsola</b>	infliximab-axxq
<b>Q5122: Nyvepria</b>	pegfilgrastim-apgf
<b>Q5127: Stimufend</b>	pegfilgrastim-fpgk
<b>Q5130: Fylnetra</b>	pegfilgrastim-pbbk
<b>Q5134: Tyruko</b>	natalizumab-sztn
<b>Q5137: Wezlana</b>	ustekinumab



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<b>Q9996: Pyzchiva</b>	ustekinumab
<b>Q9998: Selarsdi</b>	ustekinumab
