



SVCMC, Inc.



US FAMILY
HEALTH PLAN

October 1, 2026

RE: Change to our medication management program effective January 1, 2027

Dear Provider,

Beginning January 1, 2027, prior authorization will be required for certain medications before coverage can be approved. The affected medications are identified on our medication prior authorization list below.

The list of medications subject to prior authorization will be reviewed and updated twice each year. The most current list, along with applicable prior authorization criteria and submission instructions, will be available on our website. [medication mgt program 1.2027](#)

To help ensure timely access to therapy, providers are encouraged to review the updated list and submit prior authorization requests when required before prescribing or dispensing an affected medication.

Providers should refer to our website regularly for the latest information, as medication requirements may change throughout the year.

We appreciate your cooperation in helping ensure appropriate and timely access to medications for our members. If you have questions regarding these requirements or the prior authorization process, please contact our Utilization Review Department at 800-241-4848.

Sincerely,

Roberta McNeill, MD
Chief Medical Officer



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All Pre-Authorization HCPCS Codes:

J0129	J0490	J0896	J1458	J1576	J2267	J2777	J3300	J7182	J7207	J7351	J9035	J9204	J9282	J9326	J9358	Q5114	Q5151
J0172	J0491	J0897	J1459	J1602	J2277	J2779	J3315	J7183	J7208	J7355	J9038	J9210	J9286	J9328	J9359	Q5115	Q5152
J0174	J0517	J0901	J1460	J1628	J2323	J2781	J3316	J7185	J7209	J7356	J9039	J9223	J9289	J9329	J9380	Q5117	Q5157
J0175	J0565	J1096	J1551	J1640	J2327	J2782	J3358	J7186	J7210	J7402	J9042	J9226	J9295	J9330	J9381	Q5120	Q5158
J0177	J0584	J1203	J1552	J1743	J2329	J2783	J3380	J7187	J7211	J7504	J9043	J9227	J9298	J9331	J9382	Q5121	Q5159
J0179	J0585	J1290	J1553	J1745	J2350	J2786	J3385	J7188	J7212	J7511	J9047	J9228	J9299	J9332	J9394	Q5122	Q5160
J0180	J0586	J1299	J1554	J1747	J2351	J2798	J3396	J7189	J7213	J7601	J9054	J9229	J9301	J9333	J9400	Q5123	Q5161
J0202	J0587	J1301	J1555	J1749	J2353	J2799	J3401	J7190	J7214	J7639	J9061	J9248	J9303	J9334	Q2041	Q5124	Q5164
J0217	J0588	J1302	J1556	J1786	J2356	J2860	J3402	J7192	J7311	J7677	J9063	J9256	J9304	J9341	Q2042	Q5126	Q5165
J0218	J0589	J1303	J1557	J1809	J2357	J3032	J7170	J7193	J7312	J7682	J9118	J9266	J9306	J9345	Q2043	Q5127	Q5166
J0219	J0593	J1305	J1558	J1823	J2358	J3055	J7171	J7194	J7313	J7686	J9119	J9268	J9307	J9347	Q2053	Q5128	Q5167
J0221	J0596	J1306	J1559	J1930	J2425	J3060	J7172	J7195	J7314	J8502	J9144	J9269	J9308	J9348	Q2054	Q5129	Q5168
J0222	J0597	J1307	J1560	J1931	J2428	J3111	J7173	J7197	J7318	J9011	J9145	J9271	J9309	J9349	Q2055	Q5130	Q5169
J0223	J0598	J1322	J1561	J1943	J2468	J3241	J7174	J7198	J7320	J9021	J9153	J9272	J9311	J9350	Q2056	Q5133	Q5170
J0224	J0638	J1323	J1566	J1944	J2502	J3245	J7175	J7200	J7322	J9022	J9173	J9273	J9312	J9352	Q2057	Q5134	Q5171
J0225	J0717	J1325	J1568	J1950	J2506	J3247	J7177	J7201	J7326	J9023	J9176	J9274	J9316	J9353	Q5099	Q5136	Q5172
J0256	J0725	J1326	J1569	J1951	J2507	J3262	J7178	J7202	J7327	J9024	J9183	J9276	J9317	J9354	Q5100	Q5138	Q5173
J0257	J0775	J1434	J1571	J1952	J2508	J3263	J7179	J7203	J7328	J9026	J9184	J9277	J9321	J9355	Q5111	Q5146	Q9997
J0480	J0791	J1440	J1573	J1954	J2562	J3285	J7180	J7204	J7331	J9028	J9200	J9278	J9324	J9356	Q5112	Q5147	Q9998
J0485	J0870	J1442	J1575	J2182	J2724	J3299	J7181	J7205	J7332	J9029	J9203	J9281	J9325	J9357	Q5113	Q5148	

**Preferred Biologics – must use preferred agent (may bypass preferred agent if a documented contraindication exists)**

Biologic Name	Preferred Biologic(s)	Non-Preferred Biologics	Notes
Afilbercept	J0178 - Eylea (innovator)	J0177 - Eylea HD (innovator) 5147 - Pavblu (-ayyh) Q5170 - Eydenzelt (-boav)	J0177 may be approved when used to decrease dosing interval
Bevacizumab	Q5107 - Mvasi (-awwb) Q5118 - Zirabev (-bvzr)	J9035 - Avastin (innovator) Q5126 - Aylmsys (-maly) Q5129 - Vegzelma (-adcd)	J9035 used for retinal issues may be approved without requiring Q5107
Denosumab	Q5162 - Bilyos 60mg (-nxxp) Q5162 - Bilprevda 120mg (-nxxp)	J0897 - Prolia/Xgeva (innovator) Q5136 - Jubbonti/Wyost (-bbdz) Q5157 - Stoboclo/Osenvelt (-bmwo) Q5158 - Conexence/Bomyntra (-bnht) Q5159 - Ospomyv/Xbryk (-dssb) Q5161 - Bosaya/Aukelso (-kyqq) Q5165 - Oziltus (-mobz) Q5166 - Osyrtiri/Jubereq (-desu) Q5167 - Enoby/Bilprevda (-qbde) Q5171 - Boncresa (-mobz)	When listing drug names the 60mg strength is listed first and the 120mg strength is listed second (example: Prolia 60mg/Xgeva 120mg).
Eculizumab	Q5151 – Epysqli (-aagh)	J1299 - Soliris (innovator) Q5152 - Bkernv (-aeeb)	
Filgrastim	J1447 - Granix (tbo-) Q5101 - Zarxio (-sndz) Q5110 - Nivestym (-aafi) Q5125 - Releuko (-ayow)	J1442 - Neupogen (innovator) Q5148 - Nyposi (-txid) Q5172 - Filkri (-laha)	
Infliximab	Q5103 – Inflectra (-dyyb) Q5104 – Renflexis (-abda)	J1745 - Remicade (innovator) Q5121 - Avsola (-axxq)	
Pegfilgrastim	Q5108 – Fulphila (-jmdb)	J2506 – Neulasta (innovator) Q5111 – Udenyca (-cbqv) Q5120 – Ziextenzo (-bmez) Q5122 – Nyvepria (-apgf) Q5127 – Stimufend (-fpgk) Q5130 – Fylnetra (-pbbk) Q5169 - Armlupog (-unne)	

Preferred Drug Formulation – must use preferred agent (may bypass preferred agent if a documented contraindication exists)

Drug Name	Step Preferred Drug	Non-Preferred Drug	Notes
Aprepitant	J0185	J8502 (Aponvie)	
Fosaprepitant	J1453 J1456 (Teva)	J1434 (Focinvez)	
Fulvestrant	J9395	J9394 (Fresenius)	
IVIG	J1459 - Privigen J1561 - Gamunex J1568 - Octagam J1569 - Gammagard	J1552 - Alyglo J1554 - Ascend J1556 - Bivigam J1557 - Gammaplex J1566 - Bivigam (powder)	



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Palonosetron	J2469	J2468 (Posfrea)	
Pemetrexed	J9305	J9304 (Pemfexy) J9324 (Pemrydi)	
Synthetic Joint Fluid	J7321 - Supartz J7323 - Euflexxa J7324 - Orthovisc J7325 - Synvisc/Synvisc-One J7329 - Trivisc	J7322 - Hymovis J7326 - Gel-One J7327 - Monovisc J7328 - Gelsyn-3 J7331 - Synjoyn J7332 - Triluron	
Thiotepa	J9342	J9341 (Tepylute)	
Triamcinolone	J3301	J3300 (preservative free)	Preservative free can be approved with documentation of adverse reactions to preservatives in traditional triamcinolone.

Preferred Drug Within Drug Class – *must use preferred agent (may bypass preferred agent if a documented contraindication exists)*

Drug Class	Step Preferred Drug	Non-Preferred Drug	Notes
Alzheimer's	J1074 (Leqembi)	J1075 – donanemab (Kinsula)	
Auto-immune	Humira (pharmacy benefit)	J0129 – abatacept (Orencia) J1602 – Golimumab (Simponi) J1628 – Guselkumab (Tremfya) J2267 – Mirikzumab (Omvoh) J2327 – Risankizumab (Skyrizi) J3246 – Tildrakizumab (Ilumya) J3247 – Secukinumab (Cosentyx) Ustekinumab (L5099, Q5100, Q5138, Q9997, Q9998, J3358 and others)	These medications all require pharmacy prior authorization before coverage will be granted and are restricted to VytOne Pharmacy.
Anti-Lipid	Rx coverage of Repatha is step preferred	J1306 – inclisaran (Leqvio)	