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| J1575 | HyQvia (immune globulin) subcutaneous (SC) | Prior Authorization | 10/03/2022 |
| J1568 J1599 | Octagam (immune globulin) intravenous (IV) | Prior Authorization | 10/03/2022 |
| TBD J1599 | Panzyga (immune globulin) intravenous (IV) | Prior Authorization | 10/03/2022 |
| J1459 J1599 | Privigen (immune globulin) intravenous (IV) | Prior Authorization | 10/03/2022 |
| J1558 | Xembify (immune globulin) subcutaneous (SC) | Prior Authorization | 10/03/2022 |
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| Q5121 | Avsola (infliximab-axxq) intravenous (IV) | Prior Authorization | 02/06/2023 |
| Q5103 | Inflectra (infliximab-dyyb) intravenous (IV) | Prior Authorization | 02/06/2023 |
| J1745 | Remicade (infliximab) intravenous (IV) AND Generic infliximab intravenous (IV) | Step Therapy | 02/06/2023 |
| Q5104 | Renflexis (infliximab-abda) intravenous (IV) | Step Therapy | 02/06/2023 |

*This list is subject to change.

**These products do not require review for patients on dialysis when submitted for reimbursement as part of the End Stage Renal Disease (ESRD) Prospective
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