

Medical Excluded Formulary List

There may be coverage for the below identified drugs through the Prescription Benefit Program.

Contact TrueScripts at 1-812-257-1955.

The below list may be subject to change at any time.

Drug Name	Generic Name	HCPCS Code
ACTHAR	Injection, corticotropin, up to 40 units	J0800
APOKYN	Injection, apomorphine hydrochloride, 1mg	J0364
ARISTADA	Injection, aripiprazole lauroxil, (aristada), 1mg	J1944/J0401
AVONEX	Injection, interferon beta-1a 30mcg	J1826/Q3027
BETASERON	Injection, interferon beta-1b, 0.25mg	J1830
CIMZIA	Injection, certolizumab pegol, 1 mg	J0717
ELOCTATE	Injection, factor viii Fc fusion protein (recombinant), per IU	J7205
ENBREL	Injection, etanercept, 25 mg	J1438
FASENRA	Injection, benralizumab, 1 mg	J0517
GENOTROPIN	Injection, somatropin, 1 mg	J2941
HEMLIBRA	Injection, emicizumab-kxwh, 0.5 mg	J7170
HUMIRA	Injection, adalimumab, 20mg	J0135
ILARIS	Injection, canakinumab, 1 mg	J0638
ILUMYA	Injection, tildrakizumab, 1 mg	J3245
LUXTURNA	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	J3398
NORDITROPIN	Injection, somatropin, 1 mg	J2941
NPLATE	Injection, romiplostim, 10 mcg	J2796
NUCALA	Injection, mepolizumab, 1mg	J2182
NUTROPIN	Injection, somatropin, 1 mg	J2941
OCREVUS	Injection, ocrelizumab, 1 mg	J2350
OCREVUS ZUNOVO	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	J2351
OMNITROPE	Injection, somatropin, 1 mg	J2941
ORENCIA SUBCUTANEOUS	Injection, abatacept, 10mg sub-q/Unclassified biologics	J0129
SOMATULINE DEPOT	Injection, lanreotide, 1mg	J1930/J1932
SPINRAZA	Injection, nusinersen, 0.1 mg	J2326
SPRAVATO	Esketamine, nasal spray, 1 mg	S0013
STELARA SUBCUTANEOUS	Ustekinumab, for subcutaneous injection, 1 mg	J3357
SUPPRELIN LA	Histrelin implant (supprelin LA), 50 mg	J9226
TAKHZYRO	Injection, lanadelumab-flyo, 1 mg	J0593
TEZSPIRE	Injection, tezepelumab-ekko, 1 mg	J2356
TREMFYA	Injection, guselkumab, 1 mg	J1628
VPRIV	Injection, velaglucerase alfa, 100 units	J3385
VYVGART HYTRULO	Injection, efgartigimod alfa, 2mg and hyaluronidase-qvfc	J9334
XEMBIFY	Injection, immune globulin (xembify), 100 mg	J1558
XOLAIR	Injection, omalizumab, 5 mg	J2357