Changes for Specific J-Codes and Q-Codes Coming Soon

Prior Authorization for J9172 and J9174

Effective April 1, 2026, the codes below will require prior authorization for members in HAP Medicare Advantage plans, HAP Commercial plans and HAP Qualified Health Plans (off-exchange).

- **J9172:** Injection, docetaxel (ingenus) not therapeutically equivalent to J9171, 1 mg
- **J9174:** Injection, docetaxel (beizray), 1 mg

NOTE: **J9171:** Injection, Docetaxel, 1 MG is covered. No prior authorization is required.

Non-Covered Codes – HAP Commercial and Qualified Health Plans (off-exchange) Only

Effective April 1, 2026, the codes below will not be covered under the medical benefit. These codes represent specialty, self-administered drugs. Consult the member's respective formulary for coverage status under the pharmacy benefit.

J0139	Injection, adalimumab, 1 mg
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units
J0717	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1438	Injection, etanercept, 25 mg (code may be used for medicare when drug admin under direct supervision of a physician, not self-administered)
J1595	Injection, glatiramer acetate, 20 mg
J1628	Injection, guselkumab, 1 mg (prefilled pen/syringe/auto-injector ONLY)
J1744	Injection, icatibant, 1 mg
J1826	Injection, interferon beta-1a, 30 mcg
J1830	Injection, interferon beta-1b, 0.25 mg (code may be used for Medicare when drug admin under direct supervision of physician, not self admin)
J2170	Injection, mecasermin, 1 mg
J2212	Injection, methylnaltrexone, 0.1 mg
J2941	Injection, somatropin, 1 mg
J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J9216	Interferon, gamma 1-b, 3 million units
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg

We will contact members affected by any changes outlined above.

HAP is committed to providing high quality, effective medications at the best possible cost. If you have any questions regarding the above changes, please call the HAP Pharmacy Care Management department. They can be reached at **(313) 664-8940**, Monday-Friday, from 8 a.m. to 4 p.m.

You can find HAP prescription resources online. Just visit **hap.org/providers** and select *Provider resources,* then *Formularies*.