



Prior Authorization for J9334 and J1305 Coming Soon

Effective January 1, 2026, the codes below will require prior authorization.

Medication	HAP Members Affected
<ul style="list-style-type: none">• J9334 Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc• J1305 Injection, evinacumab-dgnb, 5mg	<ul style="list-style-type: none">• All HAP Medicare Advantage

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 through 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*.