

Medical Drugs Requiring Prior Authorization

Effective: January 1, 2022

POLICY

The plan requires prior authorization for selected Part B medical drug products that have a specific indication for use, are expensive, or pose significant safety concerns. Our medical prior authorization guidelines are used in conjunction with a member's plan document and in coordination with the member's provider(s).

Drugs listed below are covered for all Food and Drug Administration (FDA)-approved indications and indications per Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs). For select drugs, additional coverage requirements may apply as noted.

Note: Immune globulin products do not require prior authorization under Part B when submitted as a medical claim using a standard CPT/HCPCS code.

HCPCS Code	Drug Name
J3262	Actemra
J7192	Advate
J7207	Adynovate
J7210	Afstyla
J3031	Ajovy
J7186	Alphanate
J7193	Alphanine
J7201	Alprolix
J1426	Amondys 45
J9035	Avastin*
Q5121	Avsola^
J7194	Bebulin
J7195	Benefix
J0490	Benlysta
J0179	Beovu*
J0585	Botox
Q5124	Byooviz*
J0717	Cimzia
J2786	Cinqair
J0598	Cinryze
J7175	Coagadex
J7180	Corifact
J1448	Cosela
J0584	Crysvita

HCPCS Code	Drug Name
J7318	Durolane*
J0586	Dysport
J7205	Eloctate
J3490	Empaveli
J3590	Enjaymo
J3380	Entyvio
J1325	epoprostenol
J7204	Esperoct
J3111	Evenity
J1428	Exondys 51
J0178	Eylea*
J0517	Fasenra
J7198	Feiba
Q0138	Feraheme*
J1325	Flolan
J061	Fusilev*
J7326	Gel-One*
J7328	Gel-Syn*
J7320	Genvisc 850*
J0223	Givlaari
J1447	Granix*
J0599	Haegarda
J7192	Helixate
J7170	Hemlibra
J7190	Hemofil
J7199	Hemophilia clotting factor, not otherwise classified
J9355	Herceptin*
J9356	Herceptin Hylecta*
J7187	Humate-P
J7321	Hyalgan*
J7322	Hymovis*
J7202	Idelvion
J0638	Ilaris
J3245	Ilumya
Q5103	Inflectra
J1745	Infliximab

HCPCS Code	Drug Name
J1439	Injectafer*
Q5109	Ixifi
J7195	Ixinity
J7208	Jivi
J0642	Khapzory*
J7190	Koate
J7192	Kogenate
J7211	Kovaltry
J2820	Leukine*
J1306	Leqvio
J2778	Lucentis*
J2503	Macugen*
J7190	Monoclate
J1437	Monoferric*
J7193	Mononine
J7327	Monovisc*
J0587	Myobloc
J1442	Neupogen*
Q5110	Nivestym*
J7182	Novoeight
J7189	Novoseven
J2182	Nucala
J3490	Nulibry
J7209	Nuwiq
Q5122	Nyvepria*
J7188	Obizur
J0222	Onpattro
J9999	Opdualag
J0129	Orencia
J7324	Orthovisc*
J0224	Oxlumo
J7194	Profilnine
J0897	Prolia
Q2043	Provenge
J1301	Radicava
J7203	Rebinyn

HCPCS Code	Drug Name
J0896	Reblozyl
J7192	Recombinate
J3590	Releuko*
J1745	Remicade
J3285	Remodulin
Q5104	Renflexis^
Q5123	Riabni
J9312	Rituxan^
J9311	Rituxan Hycela*
J7200	Rixubis
Q5119	Ruxience
J0491	Saphnelo
J7352	Scenesse
J7212	Sevenfact
J2502	Signifor LAR
J1602	Simponi Aria
J1300	Soliris^
J2326	Spinraza
S0013	Spravato
J3358	Stelara intravenous
J3357	Stelara subcutaneous
J7321	Supartz*
J2779	Susvimo*
90378	Synagis
J7331	Synojoynt*
J7325	Synvisc*
J7325	Synvisc One*
J0593	Takhzyro
J2356	Tezspire
J9033	Treanda*
J1628	Tremfya
J7181	Tretten
J7332	Triluron*
J7329	Trivisc*
Q5115	Truxima
J7686	Tyvaso

HCPCS Code	Drug Name
Q5111	Udencya*
J1303	Ultomiris
J3590	Uplizna
J3590	Vabysmo*
J1325	Veletri
Q4074	Ventavis
J3490	Viltepso
J7321	Visco-3*
J3396	Visudyne*
J7179	Vonvendi
J3032	Vyepti
J1429	Vyondys 53
J9332	Vyvgart
J7183	Wilate
J0588	Xeomin
J0897	Xgeva
J2357	Xolair
J7185	Xyntha
Q5120	Ziextenzo*
J3304	Zilretta*
J1632	Zulresso

*Only Part B Step Therapy Policy applies.

^Both Prior Authorization and Part B Step Therapy policies apply.