

Please Note: Refer to the other PA grids for applicable covered services that require PA.

PA Grids: Medical, Behavioral Health, ALTCS, and Pharmacy.

Pharmacy Prior Authorization Grid

(Effective Date of Service 1/1/2021)

Injectables that require Prior Authorization

All chemotherapeutic drugs must be used for FDA-approved indications and/or in accordance with NCCN guidelines

*Indicates prior authorization required if billed charges are greater than \$400

		PA Required
HCPCS Code	Short Description	HMO 13 (BUCA-SNP)
90378	Respiratory Syncytial Virus Immune Globulin	Yes
C9036	Patisiran	Yes
C9047	Caplacizumab-yhdp	Yes
C9061	Teprotumumab-trbw	Yes
C9063	Eptinezumab-jjmr	Yes
C9131	Factor VIII antihemophilic factor pegylated-auci	Yes
C9132	Prothrombin Complex Concentrate (Human), Kcentra	Yes
C9133	Factor IX (Antihemophilic Factor, Recombinant), Rixibus	Yes
C9399	Mipomersen (Kynamro)	Yes
J0129	Abatacept	Yes
J0135	Adalimumab	Yes
J0178	Aflibercept	Yes
J0179	Brolucizumab-dbli, 1 mg	Yes
J0180	Agalsidase Beta	Yes
J0205	Alglucerase	Yes
J0215	Alefacept	Yes
J0220	Alglucosidase Alfa (Myozyme)	Yes
J0221	Alglucosidase Alfa (Lumizyme)	Yes
J0222	Patisiran, 0.1 mg	Yes
J0223	Givosiran 0.5 mg	Yes
J0256	Alpha 1-Proteinase Inhibitor	Yes
J0257	Alpha 1-Proteinase Inhibitor (Glassia)	Yes
J0275	Alprostadil Urethral Suppository	Yes
J0490	Belimumab	Yes
J0517	Benralizumab	Yes
J0567	Cerliponase alfa	Yes
J0570	Buprenorphine implant	Yes
J0584	Burosumab-twza 1 mg	Yes
J0585	Onabotulinumtoxin (Botox)	Yes
J0586	Abobotulinumtoxin (Dysport)	Yes
J0587	Rimabotulinumtoxinb (Myobloc)	Yes

J0588	Incobotulinumtoxina (Xeomin)	Yes
J0593	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)	Yes
J0597	C-1 Esterase Inhibitor (Berinert)	Yes
J0598	C-1 Esterase Inhibitor (Cinryze)	Yes
J0599	C-1 Esterase inhibitor (human), (Haegarda), 10 units	Yes
J0642	Levoleucovorin (Khapzory)	Yes
J0717	Certolizumab Pegol (Cimzia)	Yes
J0725	Chorionic Gonadotropin	Yes
J0775	Collagenase, Clostridium Histolyticum	Yes
J0791	Crizanlizumab-tmca, 5 mg	Yes
J0800	Corticotropin	Yes
J0881	Darbepoetin alfa	Yes
J0885	Epoetin alfa	Yes
J0888	Epoetin beta	Yes
J0896	Luspatercept-aamt, 0.25 mg	Yes
J0897	Denosumab	Yes
J0900	Testosterone Enanthate/Estradiol Valerate	Yes
J1060	Testosterone Cypionate/Estradiol Cypionate	Yes
J1070	Testosterone Cypionate, up to 1 mg	Yes
J1071	Testosterone Cypionate, 1 mg	Yes
J1080	Testosterone Cypionate, 200 mg	Yes
J1095	Dexamethasone 9 percent, intraocular, 1 microgram	Yes
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Yes
J1290	Ecallantide	Yes
J1300	Eculizumab	Yes
J1301	Edaravone	Yes
J1303	Ravulizumab-cwvz	Yes
J1322	Elosulfase Alfa	Yes
J1324	Enfuvirtide	Yes
J1325	Epoprostenol	Yes
J1429	Golodirsen, 10 mg	Yes
J1438	Etanercept	Yes
J1439	Ferric carboxymaltos	Yes
J1442	Filgrastim (Neupogen)	Yes
J1444	Ferric pyrophosphate citrate powder, 0.1 mg of iron	Yes
J1447	Filgrastim (Granix)	Yes
J1458	Galsulfase	Yes
J1459	Immune Globulin (Privigen)	Yes
J1460	Gamma Globulin (GamaStan)	Yes
J1555	Immune Globulin SQ (Cuvitru)	Yes
J1556	Immune Globulin (Bivigam)	Yes
J1557	Immune Globulin (Gammaplex)	Yes
J1558	Immune Globulin (xembify), 100 mg	Yes
J1559	Immune Globulin (Hizentra)	Yes

J1560	Gamma Globulin (Gammunex, Gammaked)	Yes
J1561	Immune Globulin (Gamunex/Gamunex-C/Gammaked)	Yes
J1562	Immune Globulin (Vivaglobin)	Yes
J1566	Immune Globulin NOS powder	Yes
J1568	Immune Globulin (Octagam)	Yes
J1569	Immune Globulin (Gammagard Liquid)	Yes
J1572	Immune Globulin (Flebogamma/Flebogamma Dif)	Yes
J1599	Immune Globulin NOS non-lyophilized	Yes
J1602	Golimumab (Simponi Aria)	Yes
J1620	Gonadorelin	Yes
J1628	Guselkumab	Yes
J1640	Hemin	Yes
J1726	Hydroxyprogesterone Caproate (Makena)	Yes
J1729	Hydroxyprogesterone Caproate (not otherwise specified)	Yes
J1740	Ibandronate	Yes
J1743	Idursulfase	Yes
J1744	Icatibant	Yes
J1745	Infliximab (Remicade)	Yes
J1786	Imiglucerase	Yes
J1930	Lanreotide	Yes
J1931	Laronidase	Yes
J1943	Aripiprazole lauroxil, (aristada initio)	Yes
J1944	Aripiprazole lauroxil, (aristada)	Yes
J1950	Leuprolide (3.75mg)	Yes
J2062	Loxapine for inhalation, 1 mg	Yes
J2170	Mecasermin	Yes
J2182	Mepolizumab	Yes
J2212	Methylnaltrexone	Yes
J2323	Natalizumab	Yes
J2326	Trientine (Sprinraza)	Yes
J2350	Ocrelizumab	Yes
J2353	Octreotide	Yes
J2357	Omalizumab	Yes
J2502	Pasireotide Long Acting	Yes
J2505	pegfilgrastim (Neulasta) Preferred	Yes
J2724	Protein C, Human (Ceprotin)	Yes
J2778	Ranibizumab	Yes
J2786	Reslizumab	Yes
J2796	Romiplostim	Yes
J2798	Risperidone, (perseris), 0.5 mg	Yes
J2820	Sargramostim (Leukine)	Yes
J2840	Sebelipase alfa	Yes
J2940	Somatrem	Yes
J2941	Somatropin	Yes

J3031	Fremanezumab-vfrm, (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Yes
J3060	Taliglucerase Alfa	Yes
J3110	Teriparatide	Yes
J3111	Romosozumab-aqqg	Yes
J3121	Testosterone Enanthate	Yes
J3145	Testosterone Undecanoate	Yes
J3245	Tildrakizumab	Yes
J3262	Tocilizumab	Yes
J3285	Treprostinil	Yes
J3315	Triptorelin Pamoate	Yes
J3358	Ustekinumab	Yes
J3380	Vedolizumab	Yes
J3385	Velaglucerase alfa	Yes
J3397	Vestronidase alfa-vjbk	Yes
J3398	Voretigene neparovvec-rzyl, 1 billion vector genomes	Yes
J3399	onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	Yes
J3490	Drugs Unclassified Injection when billed value exceeds \$400	Yes
J3590	Drugs Unclassified Biologic when billed value exceeds \$400	Yes
J7169	Coagulation factor xa (recombinant), inactivated-zhzo (Andexxa), 10 mg	Yes
J7170	Emicizumab kxwh	Yes
J7175	Factor X (human)	Yes
J7179	Von Willebrand factor recombinant (Vonvendi)	Yes
J7180	Factor XIII Antihemophilic Factor	Yes
J7181	Factor XIII recombinant a-subunit	Yes
J7182	Factor VIII recombinant (Novoeight)	Yes
J7183	Von Willebrand Factor Complex, human (Wilate)	Yes
J7185	Factor VIII recombinant (Xyntha)	Yes
J7186	Antihemophilic VIII/Von Willebrand Factor Complex	Yes
J7187	Von Willebrand Factor Complex (Humate-P)	Yes
J7188	Factor VIII recombinant porcine (Obizur)	Yes
J7189	Factor VIIA (Antihemophilic Factor, Recombinant)	Yes
J7190	Factor VIII (Antihemophilic Factor, Human)	Yes
J7191	Factor VIII porcine (Hyate C)	Yes
J7192	Factor VIII (Antihemophilic Factor, Recombinant) NOS	Yes
J7193	Factor IX (Antihemophilic Factor, Purified, Nonrecombinant)	Yes
J7194	Factor IX Complex	Yes
J7195	Factor IX (Antihemophilic Factor, Recombinant) NOS	Yes
J7198	Antiinhibitor	Yes
J7199	Hemophilia Clotting Factor NOS	Yes
J7200	Factor IX recombinant (Rixubis)	Yes
J7201	Factor IX recombinant (Alprolix)	Yes
J7202	Factor IX (Idelvion)	Yes

J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Yes
J7204	Factor VIII, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Yes
J7205	Factor VIII FC Fusion protien recombinant	Yes
J7207	Factor VIII pegylated	Yes
J7208	Factor VIII pegylated aucl	Yes
J7209	Factor VIII (Nuwiq)	Yes
J7210	Factor VIII (Afstyla)	Yes
J7211	Factor VIII (Kovaltry)	Yes
J7311	Fluocinolone acetoneide implt (Retisert)	Yes
J7312	Dexamethasone intravitreal implant (Ozurdex)	Yes
J7313	Fluocinolone intravitreal implant (Illuvien)	Yes
J7314	Fluocinolone intravitreal implant (Yutiq)	Yes
J7316	Ocriplasmin	Yes
J7318	Hyaluronan or derivative (Durolane)	Yes
J7320	Hyaluronan or derivative (Genvisc)	Yes
J7321	Hyaluronan or derivative (Hyalgan or Supartz)	Yes
J7322	Hyaluronan or derivative (Hymovis)	Yes
J7323	Hyaluronan or derivative (Euflexxa)	Yes
J7324	Hyaluronan or derivative (Orthovisc)	Yes
J7325	Hyaluronan or derivative (Synvisc Or Synvisc-One)	Yes
J7326	Hyaluronan or derivative (Gel-One)	Yes
J7327	Hyaluronan or derivative (Monovisc)	Yes
J7328	Hyaluronan or derivative (Gel-Syn)	Yes
J7329	Hyaluronan or derivative, trivisc, for intra-articular 1 mg	Yes
J7331	Hyaluronan or derivative, synjoynt, for intra-articular 1 mg	Yes
J7333	Hyaluronan or derivative, visco-3, for intra-articular per dose	Yes
J7335	Capsaicin 8% Patch	Yes
J7336	Capsaicin 8% Patch, Per Sq Cm	Yes
J7639	Dornase Alfa, Inhalation	Yes
J7682	Tobramycin, Inhalation	Yes
J7886	Treprostinil, Inhalation	Yes
J7699	NOC Drugs, Inhalation Solution Administered Through DME	Yes
J7799	NOC Drugs, Besides Inhalation Drugs, Administered Through DME	Yes
J7999	Compounded Drug, NOC	Yes
J8655	Netupitant and palonosetron	Yes
J9034	Bendamustine (Bendeka)	Yes
J9035	Bevacizumab (Avastin)	Yes
J9311	Rituximab hyaluronidase (Rituxan Hycela)	Yes
J9312	Rituximab (Rituxan)	Yes
J9355	Trastuzumab (Herceptin)	Yes
J9356	Trastuzumab hyaluronidase (Herceptin Hylecta)	Yes
J9145	Daratumumab	Yes
J9176	Elotuzumab	Yes
J2505	Irinotecan liposome	Yes

J9295	Necitumumab	Yes
J9325	Talimogene	Yes
J9352	Trabectedin	Yes
J9999	Antineoplastic Drugs NOS, when billed value exceeds \$400	Yes
Q0138	Ferumoxytol	Yes
Q2041	Axicabtagene (Yescarta)	Yes
Q2042	Tisagenlecleucel (Kymriah)	Yes
Q4074	Iloprost, Inhalation Solution	Yes
Q4082	Drug Or Biological, NOC	Yes
Q5101	Filgrastim-sndz (Zarxio)	Yes
Q5103	Infliximab (Inflectra)	Yes
Q5104	Infliximab (Renflexis)	Yes
Q5106	Epoetin alfa-epbx (Retacrit)	Yes
Q5107	Bevacizumab-awwb (Mvasi)	Yes
Q5108	Pegfilgrastim-jmdb (Fulphila) Preferred	Yes
Q5109	Infliximab-qbtx (Ixifi)	Yes
Q5110	Filgrastim-aafi (Nivestym)	Yes
Q5111	Pegfilgrastim-cbqv (Udenyca)	Yes
Q5112	Trastuzumab-dkst (Ontruzant)	Yes
Q5113	Trastuzumab-pkrb (Herzuma)	Yes
Q5114	Trastuzumab-dkst (Ogivri)	Yes
Q5115	Rituximab-abbs (Truxima)	Yes
Q5116	Trastuzumab-qyyp (Trazimer)	Yes
Q5117	trastuzumab-anns, biosimilar, (kanjinti)	Yes
Q5118	bevacizumab-bvzr, biosimilar, (zirabev)	Yes
Q5119	Inj ruxience, 10 mg	Yes
Q5120	Inj pegfilgrastim-bmez 0.5mg (Ziextenzo)	Yes
Q5121	infliximab-axxq, biosimilar, (avsola), 10 mg	Yes
Q9991	Buprenorphine XR 100mg or less	Yes
Q9992	Buprenorphine XR over 100 mg	Yes