

The following is a list of medical drug services which require prior authorization for contracted providers. The Plan has made every effort to ensure this list is comprehensive. The fact that a particular service is not included on the list does not mean that such service is otherwise covered. For details on Pharmacy prior authorization requirements, please contact Customer Service.

Note: While it is expected that prior authorization is obtained before services are rendered, the Plan reserves the right to conduct medical necessity reviews at the time the claim is received if no authorization was previously requested. Additionally, it is recommended that prior authorization be obtained before services are rendered by non-contracted providers, and the Plan reserves the right to conduct a medical necessity review at the time a claim is received if no authorization was previously requested. Procedures that are normally done as an inpatient but are planned as outpatient and converted to inpatient postoperatively may also be subject to a medical necessity review.

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration. Please call the customer service number on the back of the member's ID card to verify the specific requirements of the member's plan.

New FDA approved provider administered drugs may be non-covered until a full internal review has occurred, which may take up to 12 months. See Pharmacy Policy PP/R001.

Medications that are being used outside their FDA approved dose, indication, or frequency require review in accordance with our off-label policy PP/O001.

***Site of Care Criteria Applies (PC/S009) [A list of drugs subject to Site of Care can be found here](#)**

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION

Anti-Neoplastic agents (Oncology)

- Actimmune (interferon gamma-1b) J9216*
- Adcetris (brentuximab) J9042
- Aliqopa (copanlisib) J9057
- Alkermes (bevacizumab-maly) – Prior authorization required for oncology use only
- Arzerra (ofatumumab) J9302
- Avastin (bevacizumab) J9035 – Prior authorization required for oncology use only
- Bavencio (avelumab) J9023
- Beleodaq (belinostat) J9032
- Belrapzo (bendamustine) J9036
- Bendeka (bendamustine) J9034
- Besponsa (inotuzumab ozogamicin) J9229
- Blenrep (belantamab mafodotin) J9037
- Blincyto (blinatumomab) J9039
- Camcevi (leuprolide, injection) J9272
- Carvykti (ciltacabtagene autoleucel) (effective 8/24/2022)
- Cosela (trilaciclib) J1448
- Cyramza (ramucirumab) J9308
- Danyelza (naxitamab-gqgk) J9348
- Darzalex Faspro (daratumumab) J9144
- Elspar (asparaginase) J9019
- Elzonris (tagraxofusp-erzs) J9269
- Enhertu (fam-trastuzumab deruxecan-nxki) J9358
- Erwinaze (asparaginase Erwinia chrysanthemi) J9019
- Fyarro (sirolimus protein-bound particles) J9331
- Herceptin (trastuzumab) J9355
- Herceptin Hylecta (trastuzumab and hyaluronidase-oyks) J9356
- Herzuma (trastuzumab-pkrb) Q5113
- Imfinzi (durvalumab) J9173
- Imlygic (talimogene laherparepvec) J9325
- Jemperli (dostrarlimab-gxly) J9272
- Kadcyca (ado-trastuzumab emtansine) J9354
- Keytruda (pembrolizumab) J9271
- Kimmtrak (tebentafusp-tebn) (effective 8/24/2022)
- Kyprolis (carfilzomib) J9047
- Libtayo (cemiplimab-rwlc) J9119
- Lumoxiti (moxetumomab pasudostol-tfdk) J9313
- Lutathera (lutetium LU 177 dotate) A9513
- Margenza (margetuximab-cmkb) J9353
- Marqibo (vincristine sulfate liposome) J9371
- Monjuvi (Tafasitamab) J9349
- Mylotarg (gemtuzumab ozogamicin) J9203
- Oncaspar (pegasparagase) J9266
- Onivyde (irinotecan liposome) J9205

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION

Anti-Neoplastic agents (Oncology) cont'd

- Ontruzant (trastuzumab-dttb) Q5112
- Opdivo (nivolumab) J9299
- Padcev (enfortumab vedotin-ejfv) J9177
- Perjeta (pertuzumab) J9306
- Phesgo (pertuzumab, trastuzumab, hyaluronidase-zzxf) J9316*
- Polivy (polatuzumab vedotin-piiq) J9309
- Poteligeo (mogamulizumab-kpkc) J9204
- Rybrevant (amivantamab-vmjw) J9061
- Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn) J9021
- Sylvant (siltuximab) J2860
- Tecentriq (atezolizumab) J9022
- Tivdak (tisotumab vedotin-tftv) J9273
- Treanda (bendamustine) J9033
- Trodelvy (Sacituzumab govitecan) J9317
- Unituxin (dinutuximab)
- Vyxeos (daunorubicin and cytarabine) J9153
- Xofigo (radium Ra 223 dichloride) A9606
- Yervoy (ipilimumab) J9228
- Yondelis (trabectedin) J9352
- Zaltrap (ziv-aflibercept) J9400
- Zepzelca (lurbinectedin) J9223
- Zynlonta (loncastiximab tesirine) J9359

The following Herceptin (trastuzumab) biosimilars are preferred products and do not require review – Kanjinti (trastuzumab-anns) Q5117, Ogivri (trastuzumab-dkst) Q5114, and Trazimera (trastuzumab-qyyp) Q5116

Allymsys and Avastin are non-preferred bevacizumab products for oncology. Mvasi and Zirabev are preferred and do not require prior authorization

Anti-Rheumatoid, Inflammatory Bowel Disease (IBD) Biologics

- Actemra (tocilizumab) J3262*
- Avsola (infliximab-axxq) Q5121*
- Entyvio (vedolizumab) J3380*
- Ilumya (tildrakizumab-asmn) J3245
- Inflectra (infliximab-dyyb) Q5103*
- Orencia (abatacept) J0129*
- Remicade (infliximab) J1745*
- Renflexis (infliximab-abda) Q5104*
- Simponi Aria (golimumab) J1602*
- Stelara IV (ustekinumab) J3358*

Blood clotting/Coagulation factors (Anti-Hemophilia)

- Adakveo (crizanlizumab-tmca) J0791*
- Adynovate (factor VIII, pegylated) J7207
- Afstyla (factor VIII, single-CHN, B-DOM truncated) J7210
- Alphanate (von willebrand factor, human) J7186
- Alprolix (factor IX, fc fusion protein) J7201
- Andexxa (factor Xa, inactivated-zhzo) J7169
- ATRyn (antithrombin III, human) J7196
- BeneFIX; Ixinity (factor IX) J7195
- Cablivi (caplacizumab-yhdp) C9047
- Coagadex (factor X) J7175
- Corifact (factor XIII) J7180
- Eloctate (factor VIII, FC fusion protein) J7205
- Enjaymo (sutimlimab-jome) (effective 8/24/2022)
- Esperoct (factor VIII, glycopegylated-exei) J7204
- Factor VIII (antihemophilic factor, porcine) J7191
- Feiba NF (anti-inhibitor coagulant complex) J7198
- Fibryga (fibrinogen concentrate, human) J7177
- Hemlibra (emicizumab-kxwh) J7170
- Human fibrinogen concentrate J7178
- Humate P (von willebrand factor, human) J7187
- Idelvion (factor IX, albumin fusion protein) J7202
- Jivi (factor VIII, pegylated-aucl) J7208
- Koate; Koate-DVI; Hemofil M (antihemophilic factor, human) J7190
- Kogenate; Advate; Helixate FS (factor VIII) J7192
- Kovaltry (factor VIII, full length) J7211

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION

Blood clotting/Coagulation factors (Anti-Hemophilia) cont'd

- Mononine; Alphanine (factor IX) J7193
- Novoeight (antihemophilic factor VIII) J7182
- Novoseven (factor VIIa) J7189
- Nuwiq (factor VIII) J7209
- Obizur (factor VIII, porcine) J7188
- Profilnine SD; Bebulin (factor IX complex) J7194
- Rebinyn (factor IX, glycopegylated, human) J7203
- Reblozyl (luspatercept-aamt) J0896*
- Rixubis (factor IX, recombinant, human) J7200
- Ryplazim (plasminogen, human-tvmh) J2998*
- Sevenfact (coagulation factor VIIa -jncw) J7212
- Thrombate III (antithrombin, human plasma) J7197
- Tretten (factor XIII a-subunit) J7181
- Von willebrand factor complex (factor VIII) J7183
- Vonvendi (von willebrand factor) J7179
- Xyntha (coagulation factor VIII) J7185

Colony Stimulating Factors – Pegfilgrastim

- Nyvepria (pegfilgrastim-apgf) Q5122
- Udenyca (pegfilgrastim-cbqv) Q5111
- Ziextenzo (pegfilgrastim-bmez) Q5120

Neulasta and Fulphila are considered PREFERRED pegfilgrastim products and DO NOT require prior authorization.

Nyvepria, Ziextenzo, and Udenyca are NON-PREFERRED products and require prior authorization. Members must try and have an inadequate response, contraindication, or intolerance to Neulasta AND Fulphila OR continuing treatment with a different peg-filgrastim

Emphysema, Pulmonary, Allergy agents

- Aralast NP (alpha 1-antitrypsin) J0256*
- Cinqair (reslizumab) J2786*
- Fasentra (benralizumab) J0517*
- Glassia (alpha 1 proteinase inhibitor) J0257*
- Nucala (mepolizumab) J2182*
- Prolastin C (alpha1-antitrypsin) J0256*
- Pulmozyme (dornase alfa) J7639
- Synagis (palivizumab) 90378
- Tezspire (tezepelumab-ekko) J2356*
- Xolair (omalizumab) J2357*
- Zemaira (alpha1-antitrypsin) J0256*

Eye products, VEGF inhibitors

- Beovu (brolucizumab-dblI) J0179
- Byooviz (ranibizumab-nuna) Q5124
- Eylea (aflibercept) J0178
- Iluvien (fluocinolone acetonide intravitreal implant) J7313
- Lucentis (ranibizumab) J2778
- Retisert (fluocinolone acetonide intravitreal implant) J7311
- Vabysmo (faricimab-svoa)

Bevacizumab (Alymsys, Avastin, Mvasi, and Zirabev) are preferred Vascular Endothelial Growth Factor Antagonists (VEGF-Inhibitors) and do not need prior authorization for intravitreal use. Requests for non-preferred biologics for intravitreal use [Beovu, Byooviz, Eylea, Lucentis, and Vabysmo requires that the member has not responded to, is intolerant to, or is a poor candidate for one of the preferred biologics (any bevacizumab product) in addition to meeting criteria PC/V001.

Gene therapy

- Abecma (idecabtagene vicleucel) Q2055
- Breyanzi (lisocabtagene maraleucel) Q2054
- Kymriah (tisagenlecleucel) CAR-T Q2042
- Luxturna (voretigene neparvovec-ryzl) J3398
- Provenge (sipuleucel-T) Q2043
- Spinraza (nusinersen) J2326
- Tecartus (brexucaptagene autoleucel) Q2053
- Yescarta (axicabtagene ciloleucel) CAR-T Q2041
- Zolgensma (onasemnogene abeparvovec-xioi) J3399

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION

Gonadotropin releasing hormone agents (GnRH), Testosterone, Estradiol

- Depo-estradiol J1000 ±
- Eligard (leuprolide acetate (for depot suspension)) J9217 ±
- Estradiol J1380 ±
- Estrogen J1410 ±
- Fensolvi (leuprolide acetate) J1951* ±
- Firmagon (degarelix) J9155 ±
- Histrelin acetate J1675 ±
- Leuprolide J9218, J9219 ±
- Lupron Depot (leuprolide acetate (for depot suspension)) J1950 ±
- Supprelin LA (histrelin) J9226 ±
- Testosterone J1071, J3121, J3145, S0189 ±
- Trelstar (triptorelin) J3315 ±
- Triptodur (triptorelin) J3316 ±
- Zoladex (goserelin acetate implant) J9202 ±

± PA ONLY for Gender Dysphoria and associated conditions - diagnosis codes F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890

Immunoglobulins (IVIG)

- Asceniv J1554*
- Bivigam J1556*
- Cutaquig J1551*
- Cuvitru J1555*
- Flebogamma J1572*
- Gammagard liquid J1569*
- Gammagard S/D J1566*
- Gammaked J1561*
- Gammaplex J1557*
- Gamunex-C J1561*
- Hizentra J1559*
- HyQvia J1575*
- Octagam J1568*
- Panzyga J1599*
- Privigen J1459*
- Xembify J1558*

Multiple Sclerosis agents

- Lemtrada (alemtuzumab) J0202*
- Ocrevus (ocrelizumab) J2350*
- Tysabri (natalizumab) J2323*

Osteoporosis (bone homeostasis)

- Evenity (romosozumab) J3111*
- Prolia (denosumab) J0897*
- Xgeva (denosumab) J0897*

Rituximab agents

- Riabni (rituximab-arrx) Q5123*
- Rituxan (rituximab) J9312*
- Rituxan Hycela (rituximab and hyaluronidase) J9311
- Ruxience (rituximab-pvvr) Q5119*
- Truxima (rituximab-abbs) Q5115*

Ruxience and Truxima are preferred rituximab products for new requests

Miscellaneous drugs

- Apretude (Cabotegravir) J0739* (effective 10/1/2022)
- Arcalyst (rilonacept) J2793*
- Benlysta (belimumab) J0490*
- Crysvita (burosumab-twza) J0584*
- Evkeeza (evinacumab-dgmb) J1305*
- Exondys 51 (eteplirsén) J1428*
- Gamifant (emapaluzumab-lzsg) J9210
- Givlaari (givosiran) J0223*
- Ilaris (canakinumab) J0638*
- Krystexxa (pegloticase) J2507*
- Leqvio (inclisarin) J1306*
- Makena (hydroxyprogesterone caproate) J1726 – On Cost-Benefit List/Not covered ■
- Myobloc (incobotulinumtoxin a) J0587
- Nulojix (belatacept) J0485*
- Onpattro (patisiran) J0222

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION

Miscellaneous drugs (cont'd)

- Radicava (edaravone) J1301
- Saphnelo (anifrolumab-fnia) J0491*
- Scenesse (afamelanotide) J7352
- Spravato (esketamine) S0013*
- Strensiq (asfotase alfa)*
- Tepezza (teprotumumab) J3241*
- Uplizna (inebilizumab-cdon) J1823*
- Vyvgart (efgartigimod alfa-fcab) J9332*
- Vyepiti (epitinezumab-jimr) J3032*
- Zilretta (triamcinolone acetonide) J3304
- Zulresso (brexanolone) J1632

■hydroxyprogesterone caproate J1729 does not need PA

Prior Authorization List - Medical Drugs - Final
8/1/2022

8/1/2022

Added the following medications: Apretude (Cabotegravir) J0739

Added to Site of Care List: Apretude (Cabotegravir) J0739

7/1/2022

Added the following medications: Carvykti (ciltacabtagene autoleucel), Enjaymo (sutimlimab-jome), Firmagon (Degarelix) J9155
Kimmtrak (tebentafusp-tebn), Leqvio (inclisarin) J1306, Tezspire (tezepelumab-ekko) J2356, Vyvgart (efgartigimod alfa-fcab) J9332

Added to Site of Care List: Leqvio (inclisarin) J1306, Tezspire (tezepelumab-ekko) J2356, Vyvgart (efgartigimod alfa-fcab) J9332

Update HCPCS: Camcevi (J9272), Fensolvi (J1951), Cutaquig (J1551), Ryplazim (J2998), Fyarro (J9331)

Other notes: Separated Histrelin acetate (J1675) from Supprelin LA (histrelin) J9226

5/1/2022

Added the following medications: Alymsys (bevacizumab-maly), Byooviz (ranibizumab-nuna) Q5124, Fyarro (sirolimus protein-bound particles), Ryplazim (plasminogen, human-tvmh)*, Trelstar (triptorelin) J3315, Vabysmo (faricimab-svoa)

Added to Site of Care List effective 5/1/2022: Ryplazim (plasminogen, human-tvmh)

Updated HCPCS: Cablivi (C9047), Nexvazyme (J0219), Saphnelo (J0491), Tepezza (J3241), Tivdak (J9273), Zulresso (J1632), Zynlonta (J9359)

Moved: Triptodur (triptorelin)

2/9/2022

Added the following medications: Camcevi (leuprolide, injection) J1952, Nexvazyme (avalglucosidase alfa-ngpt), Saphnelo (anifrolumab-fnia), Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn) J9021, Tivdak (tisotumab vedotin-tftv)

Added to Site of Care List effective 2/7/2022: Saphnelo (anifrolumab-fnia)

Updated HCPCS: Abecma (Q2055), Danyelza (J9348), Jemperli (J9272), Margenza (J9353), Oxlumo (J0224), Riabni (Q5123), Rybrevant (J9061), Spravato (S0013), Triptodur (J3316)

Removed: Carimune NF (withdrawn from market), Ceredase (alglucerase) (withdrawn from market), Jetrea (Ocriplasmin intravitreal injection) (withdrawn from market), Lartruvo (olaratumab) (withdrawn from market), Macugen (pegaptanib) (withdrawn from market), Pepaxto (melphalan flufenamide) (withdrawn from market), Vantas (histrelin implant) (withdrawn from market), Zevalin (ibritumomab tiuxetan) (withdrawn from market),

Moved: Aralast NP (alpha 1-antitrypsin) J0256, Onpattro (patisiran) J0222, Provenge (sipuleucel-T) Q2043, Tecartus (brexucaptogene autoleucel) Q2053

11/1/2021

Added the following medications effective 11/15/2021: Empaveli (pegcetacoplan), Jemperli (dostrarlimab-gxly) C9082, Nulibry (Fosdenopterin), Rybrevant (amivantamab-vmjw) C9083, Zynlonta (loncastiximab tesirine) C9084

Added to Site of Care List effective 11/15/2021: Empaveli (pegcetacoplan)

Updated HCPCS: Evkeeza (evinacumab-dgnb) J1305, Abecma (idecabtagene vicleucel) C9081, Pepaxto (melphalan flufenamide) J9247, Cosela (trilaciclib) J1448, Breyanzi (lisocabtagene maraleucel) Q2054

7/1/2021

Added the following medications: Avastin (bevacizumab) J9035 (oncology use only), Nyvepria (pegfilgrastim-apgf) Q5122, Udenyca (pegfilgrastim-cbqv) Q5111, Ziextenzo (pegfilgrastim-bmez) Q5120

Removed: Darzalex (daratumumab) J9145, Gazyva (obinutuzumab) J9301, Botox (onabotulinumtoxin) J0585, Dysport (abobotulinumtoxin) J0586, Xeomin (incobotulinumtoxin a) J0588, Durolane J7318, Gel-One J7326, GelSyn-3 J7328, GenVisc 850 J7320, Hyalgan J7321, Hymovis J7322, Monovisc J7327, Orthovisc J7324, Supartz FX J7321, Supartz J7321, Synjoyn J7331, Triluron J7332, Trivisc J7329, VISCOS-3 J7321

Updated: Separated HCPCS J9217 and J1950 into their own lines (Eligard and Lupron Depot), Added Colony Stimulating Factors – Pegfilgrastim subsection, removed Spravato subsection, removed Hyaluronic Acid subsection, removed Botulinum Toxin subsection

4/20/2021:

Added the following medication effective 6/3/2021: Pepaxto (melphalan flufenamide)

Added the following medication effective 4/20/2021: Abecma (idecabtagene vicleucel)

Added HCPC to the following medication: Oxlumo (C9074)

Added to Site of Care List effective 6/4/2021: Riabni (rituximab-arrx)

Moved Ilaris (canakinumab) J0638

Updated HCPC to the following medication(s): Asceniv (J1554), Blenrep (J9037), Monjuvi (J9349), Tecartus (Q2053)

Removed the following medication: Ixifi (infliximab-qbtx)

3/9/2021:

Added the following drugs effective 04/23/2021: Margenza (margetuximab-cmkb), Oxlumo (lumasiran), Cosela (trilaciclib), Breyanzi (lisocabtagene maraleucel), Evkeeza (evinacumab-dgnb), Danyelza (naxitamab-gqgk), Riabni (rituximab-arrx)

Removed: Amevive, Cosentyx

Separated: Gammagard and Gammagard S/D and added J1569 to Gammagard

1/22/21:

Added the following drugs: Zevalin (Ibritumomab tiuxetan) A9543, Beovu (brolucizumab-dbli) J0179, Monjuvi (C9070), Asceniv (C9072), Darzalex Faspro J9144, Trodelvy (J9317)

Removed: Rebinyn C9468 (duplicate listing with inactive HCPC), Vivaglobin (discontinued)

Added HCPC to the following: Blenrep (C9069), Tecartus (C9073), Uplizna (J1823), Sevenfact (J7212), Scenesse (J7352), Zepzelca (J9223), Phesgo (J9316)

Added the following to Site of Care list: All IVIG products

Added the following note to hyaluronic acids: Any injection site other than the knee is considered investigative (see investigative list)

Added the following note to Multiple Sclerosis and Rituximab: Ruxience and Truxima are preferred rituximab products for new requests