



**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

AHCCCS covers some biosimilars, see notes for which medication is covered

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

NAN= No prior authorization is needed

HCPCS Code	Short Description	PA Required	
		HMO 7 (UFC; ACC)	HMO 18 (B-UFC; ALTCS)
90378	Respiratory Syncytial Virus Immune Globulin	Yes	Yes
C9036	Patisiran	Yes	Yes
C9047	Caplacizumab-yhdp	Yes	Yes
C9061	Teprotumumab-trbw	Yes	Yes
C9063	Eptinezumab-jjmr	Yes	Yes
C9131	Factor VIII antihemophilic factor pegylated-auci	Yes	Yes
C9132	Prothrombin Complex Concentrate (Human), Kcentra	Yes	Yes
C9133	Factor IX (Antihemophilic Factor, Recombinant), Rixibus	Yes	Yes
C9399	Mipomersen (Kynamro)	Yes	Yes
J0129	Abatacept	Yes	Yes
J0135	Adalimumab	Yes	Yes
J0178	Aflibercept	Yes	Yes
J0179	Brolucizumab-dbil, 1 mg	Yes	Yes
J0180	Agalsidase Beta	Yes	Yes
J0205	Alglucerase	Yes	Yes
J0215	Alefacept	Yes	Yes
J0220	Alglucosidase Alfa (Myozyme)	Yes	Yes
J0221	Alglucosidase Alfa (Lumizyme)	Yes	Yes
J0222	Patisiran, 0.1 mg	Yes	Yes
J0223	Givosiran 0.5 mg	Yes	Yes
J0256	Alpha 1-Proteinase Inhibitor	Yes	Yes
J0257	Alpha 1-Proteinase Inhibitor (Glassia)	Yes	Yes
J0275	Alprostadil Urethral Suppository	Yes	Yes
J0490	Belimumab	Yes	Yes
J0517	Benralizumab	Yes	Yes
J0567	Cerliponase alfa	Yes	Yes
J0570	Buprenorphine implant	Yes	Yes
J0584	Burosumab-twza 1 mg	Yes	Yes
J0585	Onabotulinumtoxina (Botox)	Yes	Yes
J0586	Abobotulinumtoxina (Dysport)	Yes	Yes

J0587	Rimabotulinumtoxinb (Myobloc)	Yes	Yes
J0588	Incobotulinumtoxina (Xeomin)	Yes	Yes
J0593	Lanadelumab-flyo, 1 mg	Yes	Yes
J0597	C-1 Esterase Inhibitor (Berinert)	Yes	Yes
J0598	C-1 Esterase Inhibitor (Cinryze)	Yes	Yes
J0599	C-1 Esterase inhibitor (human), (Haegarda), 10 units	Yes	Yes
J0642	Levoleucovorin (Khapzory)	Yes	Yes
J0717	Certolizumab Pegol (Cimzia)	Yes	Yes
J0725	Chorionic Gonadotropin	Yes	Yes
J0775	Collagenase, Clostridium Histolyticum	Yes	Yes
J0791	Crizanlizumab-tmca, 5 mg	Yes	Yes
J0800	Corticotropin	Yes	Yes
J0881	Darbepoetin alfa	Yes	Yes
J0885	Epoetin alfa (Retacrit preferred)	Yes	Yes
J0888	Epoetin beta	Yes	Yes
J0896	Luspatercept-aamt, 0.25 mg	Yes	Yes
J0897	Denosumab	Yes	Yes
J0900	Testosterone Enanthate/Estradiol Valerate	Yes	Yes
J1060	Testosterone Cypionate/Estradiol Cypionate	Yes	Yes
J1070	Testosterone Cypionate, up to 1 mg	Yes	Yes
J1071	Testosterone Cypionate, 1 mg	Yes	Yes
J1080	Testosterone Cypionate, 200 mg	Yes	Yes
J1095	Dexamethasone 9 percent, intraocular, 1 microgram	Yes	Yes
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Yes	Yes
J1290	Ecallantide	Yes	Yes
J1300	Eculizumab	Yes	Yes
J1301	Edaravone	Yes	Yes
J1303	Ravulizumab-cwvz	Yes	Yes
J1322	Elosulfase Alfa	Yes	Yes
J1324	Enfuvirtide	Yes	Yes
J1325	Epoprostenol	Yes	Yes
J1429	Golodirsen, 10 mg	Yes	Yes
J1438	Etanercept	Yes	Yes
J1439	Ferric carboxymaltos	Yes	Yes
J1442	Filgrastim (Neupogen) Preferred	Yes	Yes
J1444	Ferric pyrophosphate citrate powder, 0.1 mg of iron	Yes	Yes
J1447	Filgrastim (Granix) Neupogen Preferred	Yes	Yes
J1458	Galsulfase	Yes	Yes
J1459	Immune Globulin (Privigen)	Yes	Yes
J1460	Gamma Globulin (GamaStan) Preferred	Yes	Yes
J1555	Immune Globulin SQ (Cuvitru)	Yes	Yes
J1556	Immune Globulin (Bivigam) Preferred	Yes	Yes
J1557	Immune Globulin (Gammaplex)	Yes	Yes
J1558	Immune Globulin (xembify), 100 mg	Yes	Yes
J1559	Immune Globulin (Hizentra) Preferred	Yes	Yes

<b>J1560</b>	Gamma Globulin (Gammunex, Gammaked)	Yes	Yes
<b>J1561</b>	Immune Globulin (Gamunex/Gamunex-C/Gammaked) Preferred	Yes	Yes
<b>J1562</b>	Immune Globulin (Vivaglobin)	Yes	Yes
<b>J1566</b>	Immune Globulin NOS powder	Yes	Yes
<b>J1568</b>	Immune Globulin (Octagam)	Yes	Yes
<b>J1569</b>	Immune Globulin (Gammagard Liquid) Preferred	Yes	Yes
<b>J1572</b>	Immune Globulin (Flebogamma/Flebogamma Dif) Preferred	Yes	Yes
<b>J1599</b>	Immune Globulin NOS non-lyophilized	Yes	Yes
<b>J1602</b>	Golimumab (Simponi Aria)	Yes	Yes
<b>J1620</b>	Gonadorelin	Yes	Yes
<b>J1628</b>	Guselkumab	Yes	Yes
<b>J1640</b>	Hemin	Yes	Yes
<b>J1726</b>	Hydroxyprogesterone Caproate (Makena)	Yes	Yes
<b>J1729</b>	Hydroxyprogesterone Caproate (not otherwise specified)	Yes	Yes
<b>J1740</b>	Ibandronate	Yes	Yes
<b>J1743</b>	Idursulfase	Yes	Yes
<b>J1744</b>	Icatibant	Yes	Yes
<b>J1745</b>	Infliximab (Remicade) Renflexis Preferred	Yes	Yes
<b>J1786</b>	Imiglucerase	Yes	Yes
<b>J1930</b>	Lanreotide	Yes	Yes
<b>J1931</b>	Laronidase	Yes	Yes
<b>J1943</b>	Aripiprazole lauroxil, (aristada initio)	Yes	Yes
<b>J1944</b>	Aripiprazole lauroxil, (aristada)	Yes	Yes
<b>J1950</b>	Leuprolide (3.75mg)	Yes	Yes
<b>J2062</b>	Loxapine for inhalation, 1 mg	Yes	Yes
<b>J2170</b>	Mecasermin	Yes	Yes
<b>J2182</b>	Mepolizumab	Yes	Yes
<b>J2212</b>	Methylnaltrexone	Yes	Yes
<b>J2323</b>	Natalizumab	Yes	Yes
<b>J2326</b>	Trientine (Sprinraza)	Yes	Yes
<b>J2350</b>	Ocrelizumab	Yes	Yes
<b>J2353</b>	Octreotide	Yes	Yes
<b>J2357</b>	Omalizumab	Yes	Yes
<b>J2502</b>	Pasireotide Long Acting	Yes	Yes
<b>J2505</b>	pegfilgrastim (Neulasta) Fulphila/Udenyca Preferred	Yes	Yes
<b>J2724</b>	Protein C, Human (Ceprotin)	Yes	Yes
<b>J2778</b>	Ranibizumab	Yes	Yes
<b>J2786</b>	Reslizumab	Yes	Yes
<b>J2796</b>	Romiplostim Preferred	Yes	Yes
<b>J2798</b>	Risperidone, (perseris), 0.5 mg	Yes	Yes
<b>J2820</b>	Sargramostim (Leukine)	Yes	Yes
<b>J2840</b>	Sebelipase alfa	Yes	Yes
<b>J2940</b>	Somatrem	Yes	Yes
<b>J2941</b>	Somatropin	Yes	Yes
<b>J3031</b>	Fremanezumab-vfrm	Yes	Yes

<b>J3060</b>	Taliglucerase Alfa	Yes	Yes
<b>J3110</b>	Teriparatide	Yes	Yes
<b>J3111</b>	Romosozumab-aqqg	Yes	Yes
<b>J3121</b>	Testosterone Enanthate	Yes	Yes
<b>J3145</b>	Testosterone Undecanoate	Yes	Yes
<b>J3245</b>	Tildrakizumab	Yes	Yes
<b>J3262</b>	Tocilizumab	Yes	Yes
<b>J3285</b>	Treprostinil	Yes	Yes
<b>J3315</b>	Triptorelin Pamoate	Yes	Yes
<b>J3358</b>	Ustekinumab	Yes	Yes
<b>J3380</b>	Vedolizumab	Yes	Yes
<b>J3385</b>	Velaglucerase alfa	Yes	Yes
<b>J3397</b>	Vestronidase alfa-vjvk	Yes	Yes
<b>J3398</b>	Voretigene neparovec-rzyl, 1 billion vector genomes	Yes	Yes
<b>J3399</b>	onasemnogene abeparovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	Yes	Yes
<b>J3490</b>	Drugs Unclassified Injection when billed value exceeds \$400	Yes	Yes
<b>J3590</b>	Drugs Unclassified Biologic when billed value exceeds \$400	Yes	Yes
<b>J7169</b>	Coagulation factor xa (recombinant), inactivated-zhzo (Andexxa), 10 mg	Yes	Yes
<b>J7170</b>	Emicizumab kxwh	Yes	Yes
<b>J7175</b>	Factor X (human)	Yes	Yes
<b>J7179</b>	Von Willebrand factor recombinant (Vonvendi)	Yes	Yes
<b>J7180</b>	Factor XIII Antihemophilic Factor	Yes	Yes
<b>J7181</b>	Factor XIII recombinant a-subunit	Yes	Yes
<b>J7182</b>	Factor VIII recombinant (Novoeight)	Yes	Yes
<b>J7183</b>	Von Willebrand Factor Complex, human (Wilate)	Yes	Yes
<b>J7185</b>	Factor VIII recombinant (Xyntha)	Yes	Yes
<b>J7186</b>	Antihemophilic VIII/Von Willebrand Factor Complex	Yes	Yes
<b>J7187</b>	Von Willebrand Factor Complex (Humate-P)	Yes	Yes
<b>J7188</b>	Factor VIII recombinant porcine (Obizur)	Yes	Yes
<b>J7189</b>	Factor VIIA (Antihemophilic Factor, Recombinant)	Yes	Yes
<b>J7190</b>	Factor VIII (Antihemophilic Factor, Human)	Yes	Yes
<b>J7191</b>	Factor VIII porcine (Hyate C)	Yes	Yes
<b>J7192</b>	Factor VIII (Antihemophilic Factor, Recombinant) NOS	Yes	Yes
<b>J7193</b>	Factor IX (Antihemophilic Factor, Purified, Nonrecombinant)	Yes	Yes
<b>J7194</b>	Factor IX Complex	Yes	Yes
<b>J7195</b>	Factor IX (Antihemophilic Factor, Recombinant) NOS	Yes	Yes
<b>J7198</b>	Antiinhibitor	Yes	Yes
<b>J7199</b>	Hemophilia Clotting Factor NOS	Yes	Yes
<b>J7200</b>	Factor IX recombinant (Rixubis)	Yes	Yes
<b>J7201</b>	Factor IX recombinant (Alprolix)	Yes	Yes
<b>J7202</b>	Factor IX (Idelvion)	Yes	Yes
<b>J7203</b>	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Yes	Yes
<b>J7204</b>	Factor VIII, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Yes	Yes

J7205	Factor VIII FC Fusion protien recombinant	Yes	Yes
J7207	Factor VIII pegylated	Yes	Yes
J7208	Factor VIII pegylated aucl	Yes	Yes
J7209	Factor VIII (Nuwiq)	Yes	Yes
J7210	Factor VIII (Afstyla)	Yes	Yes
J7211	Factor VIII (Kovaltry)	Yes	Yes
J7311	Fluocinolone acetonide implt (Retisert)	Yes	Yes
J7312	Dexamethasone intravitreal implant (Ozurdex)	Yes	Yes
J7313	Fluocinolone intravitreal implant (Illuvien)	Yes	Yes
J7314	Fluocinolone intravitreal implant (Yutiq)	Yes	Yes
J7316	Ocriplasmin	Yes	Yes
J7318	Hyaluronan or derivative (Durolane)	Yes	Yes
J7320	Hyaluronan or derivative (Genvisc)	Yes	Yes
J7321	Hyaluronan or derivative (Hyalgan or Supartz) Preferred	Yes	Yes
J7322	Hyaluronan or derivative (Hymovis)	Yes	Yes
J7323	Hyaluronan or derivative (Euflexxa) Preferred	Yes	Yes
J7324	Hyaluronan or derivative (Orthovisc)	Yes	Yes
J7325	Hyaluronan or derivative (Synvisc Or Synvisc-One) Preferred	Yes	Yes
J7326	Hyaluronan or derivative (Gel-One)	Yes	Yes
J7327	Hyaluronan or derivative (Monovisc)	Yes	Yes
J7328	Hyaluronan or derivative (Gel-Syn)	Yes	Yes
J7329	Hyaluronan or derivative, trivisc, for intra-articular 1 mg	Yes	Yes
J7331	Hyaluronan or derivative, synjoynt, for intra-articular 1 mg	Yes	Yes
J7333	Hyaluronan or derivative, visco-3, for intra-articular per dose	Yes	Yes
J7335	Capsaicin 8% Patch	Yes	Yes
J7336	Capsaicin 8% Patch, Per Sq Cm	Yes	Yes
J7639	Dornase Alfa, Inhalation	Yes	Yes
J7682	Tobramycin, Inhalation	Yes	Yes
J7886	Treprostinil, Inhalation	Yes	Yes
J7699	NOC Drugs, Inhalation Solution Administered Through DME	Yes	Yes
J7799	NOC Drugs, Besides Inhalation Drugs, Administered Through DME	Yes	Yes
J7999	Compounded Drug, NOC	Yes	Yes
J8655	Netupitant and palonosetron	Yes	Yes
J9034	Bendamustine (Bendeka)	Yes	Yes
J9145	Daratumumab	Yes	Yes
J9176	Elotuzumab	Yes	Yes
J2505	Irinotecan liposome	Yes	Yes
J9295	Necitumumab	Yes	Yes
J9325	Talimogene	Yes	Yes
J9352	Trabectedin	Yes	Yes
J9999	Antineoplastic Drugs NOS, when billed value exceeds \$400	Yes	Yes
Q0138	Ferumoxytol	Yes	Yes
Q2041	Axicabtagene (Yescarta)	Yes	Yes
Q2042	Tisagenlecleucel (Kymriah)	Yes	Yes
Q4074	Iloprost, Inhalation Solution	Yes	Yes

Q4082	Drug Or Biological, NOC	Yes	Yes
Q5101	Filgrastim-sndz (Zarxio) Neupogen Preferred	Yes	Yes
Q5103	Infliximab (Inflectra) Renflexis Preferred	Yes	Yes
Q5104	Infliximab (Renflexis) Preferred	Yes	Yes
Q5106	Epoetin alfa-epbx (Retacrit) Preferred	Yes	Yes
Q5107	Bevacizumab-awwb (Mvasi) Avastin Preferred NAN	Yes	Yes
Q5108	Pegfilgrastim-jmdb (Fulphila) Preferred	Yes	Yes
Q5109	Infliximab-qbtx (Ixifi) Renflexis Preferred	Yes	Yes
Q5110	Filgrastim-aafi (Nivestym) Neupogen Preferred	Yes	Yes
Q5111	Pegfilgrastim-cbqv (Udenyca) Preferred	Yes	Yes
Q5112	Trastuzumab-dkst (Ontruzant) Herceptin Preferred NAN	Yes	Yes
Q5113	Trastuzumab-pkrb (Herzuma) Herceptin Preferred NAN	Yes	Yes
Q5114	Trastuzumab-dkst (Ogivri) Herceptin Preferred NAN	Yes	Yes
Q5115	Rituximab-abbs (Truxima) Rituxan Preferred NAN	Yes	Yes
Q5116	Trastuzumab-qyyp (Trazimer) Herceptin Preferred NAN	Yes	Yes
Q5117	trastuzumab-anns, biosimilar, (kanjinti), Herceptin Preferred NAN	Yes	Yes
Q5118	bevacizumab-bvzr, biosimilar, (zirabev) Avastin Preferred	Yes	Yes
Q5119	Inj ruxience, 10 mg Rituxan Preferred NAN	Yes	Yes
Q5120	Inj pegfilgrastim-bmez 0.5mg (Ziextenzo) Fulphila/Udenyca Preferred	Yes	Yes
Q5121	infliximab-axxq, biosimilar, (avsola), 10 mg Renflexis Preferred	Yes	Yes
Q9991	Buprenorphine XR 100mg or less	Yes	Yes
Q9992	Buprenorphine XR over 100 mg	Yes	Yes