



Banner  
University Health Plans

**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 1/1/2022)

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 (B-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
C9071	viltolarsen (10 mg)	Yes	Yes
C9072	immune globulin (Asceniv)	Yes	Yes
C9073	Brexucabtagene autoleucel	Yes	Yes
C9074	Injection, lumasiran	Yes	Yes
C9075	Injection, casimersen (10 mg)	Yes	Yes
C9076	Lisocabtagene car pos t	Yes	Yes
C9079	Inj, evinacumab-dgnb (5 mg)	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-dbll (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
J0224	Inj. Lumasiran (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	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	Yes	Yes
J0597	C-1 Esterase Inhibitor (Berinert)	Yes	Yes
J0598	C-1 Esterase Inhibitor (Cinryze)	Yes	Yes
J0599	C-1 Esterase inhibitor (Haegarda)	Yes	Yes
J0640	Leucovorin	Yes	Yes
J0641	Fusilev	Yes	Yes
J0642	Levoleucovorin (Khapzory)	Yes	Yes
J0693	Injection, cefiderocol (5 mg)	Yes	Yes
J0717	Certolizumab Pegol (Cimzia)	Yes	Yes
J0725	Chorionic Gonadotropin	Yes	Yes
J0741	cabotegravir/rilpivrine (Cabenuva)	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 <b>Retacrit preferred</b>	Yes	Yes
J0888	Epoetin beta <b>Retacrit preferred</b>	Yes	Yes
J0896	Luspatercept-aamt (0.25mg)	Yes	Yes
J0897	Denosumab <b>zoledronic acid preferred NAN</b>	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	Testerone Cypionate (1 mg)	Yes	Yes
J1080	Testosterone Cypionate (200 mg)	Yes	Yes
J1095	Dexamethasone 9 percent, intraocular (1 mcg)	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
J1427	Injection, viltolarsen	Yes	Yes
J1429	Golodirsen	Yes	Yes

J1438	Etanercept	Yes	Yes
J1439	Ferric carboxymaltos (Injectafer) <b>Ferrlecit, Infed, or Venofer preferred NAN</b>	Yes	Yes
J1442	Filgrastim (Neupogen) <b>Preferred</b>	Yes	Yes
J1444	Ferric pyrophosphate citrate powder	Yes	Yes
J1447	Filgrastim (Granix) <b>Neupogen or Nivestym Preferred</b>	Yes	Yes
J1448	Inj, trilaciclib (1 mg)	Yes	Yes
J1458	Galsulfase	Yes	Yes
J1459	Immune Globulin (Privigen) <b>Preferred</b>	Yes	Yes
J1460	Gamma Globulin (GamaStan)	Yes	Yes
J1554	Immune Globulin (asceniv)	Yes	Yes
J1555	Immune Globulin SQ (Cuvitru)	Yes	Yes
J1556	Immune Globulin (Bivigam) <b>Preferred</b>	Yes	Yes
J1557	Immune Globulin (Gammplex)	Yes	Yes
J1558	Immune Globulin (Xembify)	Yes	Yes
J1559	Immune Globulin (Hizentra) <b>Preferred</b>	Yes	Yes
J1560	Gamma Globulin (Gammunex, Gammaked) <b>Preferred</b>	Yes	Yes
J1561	Immune Globulin (Gamunex/Gamunex-C/Gammaked) <b>Preferred</b>	Yes	Yes
J1562	Immune Globulin (Vivaglobin)	Yes	Yes
J1566	Immune Globulin NOS powder	Yes	Yes
J1568	Immune Globulin (Octagam)	Yes	Yes
J1569	Immune Globulin (Gammagard Liquid) <b>Preferred</b>	Yes	Yes
J1572	Immune Globulin (Flebogamma/Flebogamma Dif) <b>Preferred</b>	Yes	Yes
J1599	Immune Globulin NOS non-lyophilized	Yes	Yes
J1602	Golimumab (Simponi Aria)	Yes	Yes
J1620	Gonadorelin	Yes	Yes
J1628	Guselkumab	Yes	Yes
J1640	Hemin	Yes	Yes
J1726	Hydroxyprogesterone Caproate (Makena)	Yes	Yes
J1729	Hydroxyprogesterone Caproate (not otherwise specified)	Yes	Yes
J1740	Ibandronate	Yes	Yes
J1743	Idursulfase	Yes	Yes
J1744	Icatibant	Yes	Yes
J1745	Infliximab (Remicade) <b>Avsola Preferred</b>	Yes	Yes
J1786	Imiglucerase	Yes	Yes
J1823	Injection, inebilizumab-cdon	Yes	Yes
J1930	Lanreotide	Yes	Yes
J1931	Laronidase	Yes	Yes
J1943	Aripiprazole lauroxil, (Aristada initio)	Yes	Yes
J1944	Aripiprazole lauroxil, (Aristada)	Yes	Yes
J1950	Leuprolide (3.75mg)	Yes	Yes
J1951	Fensolvi (0.25 mg)	Yes	Yes
J2062	Loxapine for inhalation	Yes	Yes
J2170	Mecaserin	Yes	Yes
J2182	Mepolizumab	Yes	Yes

J2212	Methylalntrexone	Yes	Yes
J2323	Natalizumab	Yes	Yes
J2326	Trientine (Sprinraza)	Yes	Yes
J2350	Ocrelizumab	Yes	Yes
J2353	Octreotide	Yes	Yes
J2357	Omalizumab	Yes	Yes
J2502	Pasireotide Long Acting	Yes	Yes
J2503	Macugen	Yes	Yes
J2505	pegfilgrastim (Neulasta) Fulphila/Udenyca/Nyvepria Preferred	Yes	Yes
J2724	Protein C, Human (Ceprotrin)	Yes	Yes
J2778	Ranibizumab	Yes	Yes
J2786	Reslizumab	Yes	Yes
J2796	Romiplostim Preferred	Yes	Yes
J2798	Risperidone, (Perseris)	Yes	Yes
J2820	Sargramostim (Leukine)	Yes	Yes
J2840	Sebelipase alfa	Yes	Yes
J2940	Somatrem	Yes	Yes
J2941	Somatropin	Yes	Yes
J3031	Fremanezumab-vfrm	Yes	Yes
J3060	Taliglucerase Alfa	Yes	Yes
J3110	Teriparatide	Yes	Yes
J3111	Romozozumab-aqqg	Yes	Yes
J3121	Testerone Enanthate	Yes	Yes
J3145	Testerone Undecanoate	Yes	Yes
J3245	Tildrakizumab	Yes	Yes
J3262	Tocilizumab	Yes	Yes
J3285	Treprostinil	Yes	Yes
J3304	Zilretta	Yes	Yes
J3315	Triptorelin Pamoate	Yes	Yes
J3358	Ustekinumab	Yes	Yes
J3380	Vedolizumab	Yes	Yes
J3385	Velaglucerase alfa	Yes	Yes
J3396	Visudyne	Yes	Yes
J3397	Vestronidase alfa-vjbk	Yes	Yes
J3398	Voretigene neparvovec-rzyl, 1 billion vector genomes	Yes	Yes
J3399	onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	Yes	Yes
J3490	Drugs Unclassified Injection when billed value exceeds \$400	Yes	Yes
J3590	Drugs Unclassified Biologic when billed value exceeds \$400	Yes	Yes
J7168	Prothrombin complex kcentra	Yes	Yes
J7169	Coagulation factor xa (recombinant), inactivated-zhzo (Andexxa)	Yes	Yes
J7170	Emicizumab kxwh	Yes	Yes
J7175	Factor X (human)	Yes	Yes
J7179	Von Willebrand factor recombinant (Vonvendi)	Yes	Yes
J7180	Factor XIII Antihemophilic Factor	Yes	Yes

J7181	Factor XIII recombinant a-subunit	Yes	Yes
J7182	Factor VIII recombinant (Novoeight)	Yes	Yes
J7183	Von Willebrand Factor Complex, human (Wilate)	Yes	Yes
J7185	Factor VIII recombinant (Xyntha)	Yes	Yes
J7186	Antihemophilic VIII/Von Willebrand Factor Complex	Yes	Yes
J7187	Von Willebrand Factor Complex (Humate-P)	Yes	Yes
J7188	Factor VIII recombinant porcine (Obizur)	Yes	Yes
J7189	Factor VIIA (Antihemophilic Factor, Recombinant)	Yes	Yes
J7190	Factor VIII (Antihemophilic Factor, Human)	Yes	Yes
J7191	Factor VIII porcine (Hyate C)	Yes	Yes
J7192	Factor VIII (Antihemophilic Factor, Recombinant) NOS	Yes	Yes
J7193	Factor IX (Antihemophilic Factor, Purified, Nonrecombinant)	Yes	Yes
J7194	Factor IX Complex	Yes	Yes
J7195	Factor IX (Antihemophilic Factor, Recombinant) NOS	Yes	Yes
J7198	Antiinhibitor	Yes	Yes
J7199	Hemophilia Clotting Factor NOS	Yes	Yes
J7200	Factor IX recombinant (Rixubis)	Yes	Yes
J7201	Factor IX recombinant (Alprolix)	Yes	Yes
J7202	Factor IX (Idelvion)	Yes	Yes
J7203	Injection factor ix, (Rebinyn)	Yes	Yes
J7204	Factor VIII, antihemophilic factor (Esperoct)	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
J7212	Factor viia recomb sevenfact	Yes	Yes
J7311	Fluocinolone acetone 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)	Yes	Yes
J7322	Hyaluronan or derivative (Hymovis)	Yes	Yes
J7323	Hyaluronan or derivative (Euflexxa)	Yes	Yes
J7324	Hyaluronan or derivative (Orthovisc)	Yes	Yes
J7325	Hyaluronan or derivative (Synvisc Or Synvisc-One)	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)	Yes	Yes
J7331	Hyaluronan or derivative, (Synjoynt)	Yes	Yes

J7332	Triluron	Yes	Yes
J7333	Hyaluronan or derivative (Visco-3)	Yes	Yes
J7335	Capsaicin 8% Patch	Yes	Yes
J7336	Capsaicin 8% Patch, Per Sq Cm	Yes	Yes
J7352	Afamelanotide implant	Yes	Yes
J7402	Mometasone furoate sinus implant (Sinuva)	Yes	Yes
J7605	Brovana	Yes	Yes
J7639	Dornase Alfa, Inhalation	Yes	Yes
J7682	Tobramycin, Inhalation	Yes	Yes
J7699	NOC Drugs, Inhalation Solution Administered Through DME	Yes	Yes
J7799	NOC Drugs, Besides Inhalation Drugs, Administered Through DME	Yes	Yes
J7886	Treprostinil, Inhalation	Yes	Yes
J7999	Compounded Drug, NOC	Yes	Yes
J8655	Netupitant and palonosetron	Yes	Yes
J9000	Doxorubicin	Yes	Yes
J9034	Bendamustine (Bendeka)	Yes	Yes
J9037	Injection, belantamab mafodotin-blmf	Yes	Yes
J9144	Daratumumab, hyaluronidase	Yes	Yes
J9145	Daratumumab	Yes	Yes
J9171	Docetaxel	Yes	Yes
J9176	Elotuzumab	Yes	Yes
J9205	Irinotecan liposome	Yes	Yes
J9223	Inj. Lurbinectedin	Yes	Yes
J9247	Inj, melphalan flufen (1 mg)	Yes	Yes
J9264	Abraxane	Yes	Yes
J9267	Paclitaxel	Yes	Yes
J9281	Mitomycin instillation	Yes	Yes
J9295	Necitumumab	Yes	Yes
J9316	Pertuzu, trastuzu	Yes	Yes
J9317	Sacituzumab govitecan-hziy	Yes	Yes
J9325	Talimogene	Yes	Yes
J9348	Injection, naxitamab-ggqk	Yes	Yes
J9349	Injection, tafasitamab-cxix	Yes	Yes
J9352	Trabectedin	Yes	Yes
J9353	Injection, margetuximab-cmkb	Yes	Yes
J9370	Vincristine sulfate	Yes	Yes
J9371	Marqibo	Yes	Yes
J9999	Antineoplastic Drugs NOS, when billed value exceeds \$400	Yes	Yes
Q0138	Ferumoxytol (Feraheme) Ferlecit, Infed, or Venofer preferred NAN	Yes	Yes
Q2041	Axicabtagene (Yescarta)	Yes	Yes
Q2042	Tisagenlecleucel (Kymriah)	Yes	Yes
Q2050	Doxil	Yes	Yes
Q2053	Brexucabtagene autoleucel	Yes	Yes
Q4074	Iloprost, Inhalation Solution	Yes	Yes

Q4082	Drug Or Biological, NOC	Yes	Yes
Q5101	Filgrastim-sndz (Zarxio) <b>Neupogen or Nivestym Preferred</b>	Yes	Yes
Q5103	Infliximab (Inflectra) <b>Avsola Preferred</b>	Yes	Yes
Q5104	Infliximab (Renflexis) <b>Avsola Preferred</b>	Yes	Yes
Q5106	Epoetin alfa-epbx (Retacrit) <b>Preferred</b>	Yes	Yes
Q5107	Bevacizumab-awwb (Mvasi) <b>Avastin Preferred NAN</b>	Yes	Yes
Q5108	Pegfilgrastim-jmdb (Fulphila)	Yes	Yes
Q5109	Infliximab-qbtx (Ixifi) <b>Avsola Preferred</b>	Yes	Yes
Q5110	Filgrastim-aafi (Nivestym) <b>Preferred</b>	Yes	Yes
Q5111	Pegfilgrastim-cbqv (Udenyca) <b>Preferred</b>	Yes	Yes
Q5112	Trastuzumab-dkst (Ontruzant) <b>Herceptin Preferred NAN</b>	Yes	Yes
Q5113	Trastuzumab-pkrb (Herzuma) <b>Herceptin Preferred NAN</b>	Yes	Yes
Q5114	Trastuzumab-dkst (Ogivri) <b>Herceptin Preferred NAN</b>	Yes	Yes
Q5115	Rituximab-abbs (Truxima) <b>Rituxan Preferred NAN</b>	Yes	Yes
Q5116	Trastuzumab-qyyp (Trazimera) <b>Herceptin Preferred NAN</b>	Yes	Yes
Q5117	trastuzumab-anns, biosimilar, (Kanjinti), <b>Herceptin Preferred NAN</b>	Yes	Yes
Q5118	bevacizumab-bvzr, biosimilar, (Zirabev), <b>Avastin Preferred NAN</b>	Yes	Yes
Q5119	Inj ruxience, 10 mg <b>Rituxan Preferred NAN</b>	Yes	Yes
Q5120	Inj pegfilgrastim-bmez 0.5mg (Ziextenzo) <b>Nyvepria/Udenyca/Fulphila Preferred</b>	Yes	Yes
Q5121	infliximab-axxq, biosimilar, (Avsola) <b>Preferred</b>	Yes	Yes
Q5122	Injection, pegfilgrastim-appf,(Nyvepria) <b>Preferred</b>	Yes	Yes
Q5123	Injection, rituximab-arrx, biosimilar, (Riabni) <b>Rituxan Preferred NAN</b>	Yes	Yes
Q9991	Buprenorphine XR 100mg or less	Yes	Yes
Q9992	Buprenorphine XR over 100 mg	Yes	Yes