

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

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

## Prior Authorization Grid: Pharmacy Services

Effective Date of Service 10/01/2018

### Injectibles 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

HCPCS Code	Short Description	PA Required		
		HMO 7 (ACC)	HMO 13 (HMO SNP)	HMO 18 (ALTCS)
90378	Respiratory Syncytial Virus Ig Im 50 Mg E	Yes	Yes	Yes
C9132	Prothrombin Complex Concentrate (Human), Kcentra	Yes	Yes	Yes
C9133	Factor IX (Antihemophilic Factor, Recombinant), Rixibus	Yes	Yes	Yes
J0129	Abatacept	Yes	Yes	Yes
J0135	Adalimumab	Yes	Yes	Yes
J0160	Testosterone Cypionate/Estradiol Cypionate, Up To 1 Ml	Yes	Yes	Yes
J0180	Agalsidase Beta	Yes	Yes	Yes
J0205	Alglucerase	Yes	Yes	Yes
J0215	Alefacept	Yes	Yes	Yes
J0220	Alglucosidase Alfa	Yes	Yes	Yes
J0221	Alglucosidase Alfa (Lumizyme) Injection	Yes	Yes	Yes
J0256	Alpha 1-Proteinase Inhibitor (Human)	Yes	Yes	Yes
J0257	Alpha 1-Proteinase Inhibitor (Human) (Glassia)	Yes	Yes	Yes
J0275	Alprostadil Urethral Suppository	Yes	Yes	Yes
J0348	Anidulafungin	Yes	Yes	Yes
J0401	Aripiprazole, Extended Release	Yes	Yes	Yes
J0490	Belimumab	Yes	Yes	Yes
J0570	Buprenorphine implant	Yes	Yes	Yes
J0571	Buprenorphine, Oral, 1 Mg	Yes	Yes	Yes
J0572	Buprenorphine, Oral, Less Than Or Equal To 3 Mg	Yes	Yes	Yes
J0573	Buprenorphine/Naloxone, Oral, 3-6Mg	Yes	Yes	Yes
J0574	Buprenorphine/Naloxone, Oral, Greater Than 6 Mg But Less Than 10Mg	Yes	Yes	Yes
J0575	Buprenorphine/Naloxone, Oral, Greater Than 10 Mg	Yes	Yes	Yes
J0585	Onabotulinum Toxin A	Yes	Yes	Yes
J0586	Abobotulinum Toxin A	Yes	Yes	Yes
J0587	Rimabotulinumtoxinb	Yes	Yes	Yes
J0588	Incobotulinumtoxina	Yes	Yes	Yes
J0597	C-1 Esterase Inhibitor, Berinert	Yes	Yes	Yes
J0598	C-1 Esterase Inhibitor, Cinryze	Yes	Yes	Yes
J0716	Centruroides Immune F(Ab)2	Yes	Yes	Yes
J0717	Certolizumab Pegol	Yes	Yes	Yes
J0725	Chorionic Gonadotropin	Yes	Yes	Yes
J0740	Cidofovir	Yes	Yes	Yes
J0775	Collagenase, Clostridium Histolyticum	Yes	Yes	Yes
J0840	Injection	Yes	Yes	Yes
J0897	Denosumab	Yes	Yes	Yes
J0900	Testosterone Enanthate/Estradiol Valerate, Up To 1 cc	Yes	Yes	Yes
J1070	Testosterone Cypionate, Up To 100 Mg	Yes	Yes	Yes
J1071	Injection, Testosterone Cypionate, 1 Mg	Yes	Yes	Yes
J1080	Testosterone Cypionate, 1 Cc, 200 Mg	Yes	Yes	Yes
J1130	Eculizumab	Yes	Yes	Yes
J1290	Ecallantide	Yes	Yes	Yes
J1300	Eculizumab Injection	Yes	Yes	Yes
J1322	Injection, Elosulfase Alfa, 1 Mg	Yes	Yes	Yes
J1324	Enfuvirtide	Yes	Yes	Yes
J1325	Epoprostenol	Yes	Yes	Yes
J1438	Etanercept	Yes	Yes	Yes
J1458	Galsulfase	Yes	Yes	Yes
J1459	Immune Globulin (Privigen)	Yes	Yes	Yes
J1556	Immune Globulin (Bivigam)	Yes	Yes	Yes
J1557	Immune Globulin (Gammaplex)	Yes	Yes	Yes
J1559	Immune Globulin (Hizentra)	Yes	Yes	Yes

HCPCS Code	Short Description	PA Required		
		HMO 7 (ACC)	HMO 13 (HMO SNP)	HMO 18 (ALTCS)
J1561	Immune Globulin (Gamunex/Gamunex-C/Gammaked	Yes	Yes	Yes
J1562	Immune Globulin (Vivaglobin)	Yes	Yes	Yes
J1566	Immune Globulin	Yes	Yes	Yes
J1568	Immune Globulin (Octagam)	Yes	Yes	Yes
J1569	Immune Globulin (Gammagard Liquid)	Yes	Yes	Yes
J1572	Immune Globulin (Flebogamma/Flebogamma Dif)	Yes	Yes	Yes
J1595	Glatiramer Acetate	Yes	Yes	Yes
J1599	Immune Globulin	Yes	Yes	Yes
J1602	Golimumab	Yes	Yes	Yes
J1620	Gonadorelin HCL	Yes	Yes	Yes
J1631	Haloperidol Decanoate	Yes	Yes	Yes
J1640	Hemin	Yes	Yes	Yes
J1725	Hydroxyprogesterone Caproate	Yes	Yes	Yes
J1743	Idursulfase	Yes	Yes	Yes
J1744	Icatibant	Yes	Yes	Yes
J1745	Infliximab	Yes	Yes	Yes
J1786	Imiglucerase	Yes	Yes	Yes
J1826	Interferon Beta-1A	Yes	Yes	Yes
J1830	Interferon Beta-1B	Yes	Yes	Yes
J1930	Lanreotide	Yes	Yes	Yes
J1931	Laronidase	Yes	Yes	Yes
J1942	Aripiprazole lauroxil, inj	Yes	Yes	Yes
J2020	Linezolid	Yes	Yes	Yes
J2170	Mecasermin	Yes	Yes	Yes
J2182	Mepolizumab	Yes	Yes	Yes
J2212	Methylnaltrexone	Yes	Yes	Yes
J2323	Natalizumab	Yes	Yes	Yes
J2353	Octreotide Injection	Yes	Yes	Yes
J2357	Omalizumab	Yes	Yes	Yes
J2358	Olanzapine	Yes	Yes	Yes
J2407	Injection, Oritavancin, 10 Mg	Yes	Yes	Yes
J2426	Paliperidone Palmitate Extended Release	Yes	Yes	Yes
J2502	Injection, Pasireotide Long Acting, 1 Mg	Yes	Yes	Yes
J2503	Pegademase Bovine	Yes	Yes	Yes
J2680	Fluphenazine Decanoate	Yes	Yes	Yes
J2778	Ranibizumab	Yes	Yes	Yes
J2786	Reslizumab	Yes	Yes	Yes
J2794	Risperidone	Yes	Yes	Yes
J2840	Sebelipase alfa	Yes	Yes	Yes
J2940	Somatrem	Yes	Yes	Yes
J2941	Somatropin	Yes	Yes	Yes
J3060	Taliglucerase Alfa	Yes	Yes	Yes
J3110	Teriparatide	Yes	Yes	Yes
J3121	Injection, Testosterone Enanthate, 1 Mg	Yes	Yes	Yes
J3145	Injection, Testosterone Undecanoate, 1 Mg	Yes	Yes	Yes
J3262	Tocilizumab	Yes	Yes	Yes
J3285	Treprostinil	Yes	Yes	Yes
J3315	Triptorelin Pamoate	Yes	Yes	Yes
J3357	Ustekinumab	Yes	Yes	Yes
J3396	Verteporfin	Yes	Yes	Yes
J3490 *	Drugs Unclassified Injection	Yes	Yes	Yes
J7175	Factor X, human	Yes	Yes	Yes
J7178	Human Fibrinogen Concentrate	Yes	Yes	Yes
J7179	Vonvendi	Yes	Yes	Yes
J7180	Factor XIII (Antihemophilic Factor	Yes	Yes	Yes
J7181	Injection, Factor XIII A-Subunit, (Recombinant) , Per IU	Yes	Yes	Yes
J7182	Injection, Factor VIII (Antihemophilic Factor, Recombinant)	Yes	Yes	Yes
J7183	Von Willebrand Factor Complex (Human)	Yes	Yes	Yes
J7185	Factor VIII (Antihemophilic Factor, Recombinant) (Xyntha)	Yes	Yes	Yes
J7186	Antihemophilic VIII/Von Willebrand Factor Complex	Yes	Yes	Yes
J7187	Von Willebrand Factor Complex (Humate-P)	Yes	Yes	Yes
J7188	Factor VIII (Antihemophilic Factor, Recombinant), Per IU	Yes	Yes	Yes
J7189	Factor VIIA (Antihemophilic Factor, Recombinant)	Yes	Yes	Yes
J7190	Factor VIII (Antihemophilic Factor, Human)	Yes	Yes	Yes

HCPCS Code	Short Description	PA Required		
		HMO 7 (ACC)	HMO 13 (HMO SNP)	HMO 18 (ALTCS)
J7191	Factor VIII (Antihemophilic Factor, Porcine)	Yes	Yes	Yes
J7192	Factor VIII (Antihemophilic Factor, Recombinant)	Yes	Yes	Yes
J7193	Factor IX (Antihemophilic Factor, Purified, Nonrecombinant)	Yes	Yes	Yes
J7194	Factor IX Complex	Yes	Yes	Yes
J7195	Factor IX (Antihemophilic Factor, Recombinant)	Yes	Yes	Yes
J7198	Antiinhibitor	Yes	Yes	Yes
J7199	Hemophilia Clotting Factor	Yes	Yes	Yes
J7200	Injection, Factor IX, Rixubix, Per IU	Yes	Yes	Yes
J7201	Injection, Factor, IX, Fc Fusion Protein, Per IU	Yes	Yes	Yes
J7202	Factor IX	Yes	Yes	Yes
J7205	Factor VIII FC Fusion (Recombinant), Per IU	Yes	Yes	Yes
J7207	Factor VIII	Yes	Yes	Yes
J7209	Factor VIII	Yes	Yes	Yes
J7321	Hyaluronan Or Derivative, Hyalgan Or Supratz	Yes	Yes	Yes
J7323	Hyaluronan Or Derivative, Euflexxa	Yes	Yes	Yes
J7324	Hyaluronan Or Derivative, Orthovisc	Yes	Yes	Yes
J7325	Hyaluronan Or Derivative, Synvisc Or Synvisc-One	Yes	Yes	Yes
J7326	Hyaluronan Or Derivative, Gel-One	Yes	Yes	Yes
J7327	Hyaluronan Or Derivative, Monovisc	Yes	Yes	Yes
J7328	Hyaluronan Or Derivative, Gel-Syn, For Intra-Articular Injection, 0.1 Mg	Yes	Yes	Yes
J7335	Capsaicin 8% Patch	Yes	Yes	Yes
J7336	Capsaicin 8% Patch, Per Sq Cm	Yes	Yes	Yes
J7599	Immunosuppressive Drug, Not Otherwise Classified	Yes	Yes	Yes
J7639	Dornase Alfa, Inhalation Solution	Yes	Yes	Yes
J7682	Tobramycin, Inhalation Solution	Yes	Yes	Yes
J7686	Treprostinil, Inhalation Solution	Yes	Yes	Yes
J7699	Noc Drugs, Inhalation Solution Administered Through Dme	Yes	Yes	Yes
J7799	Noc Drugs, Other Than Inhalation Drugs, Administered Through Dme	Yes	Yes	Yes
J7999	Compounded Drug, Not Otherwise Classified	Yes	Yes	Yes
J8499	Prescription Drug, Oral, Nonchemotherapeutic	Yes	Yes	Yes
J8655	Netupitant 300 Mg And Palonosetron 0.5 Mg	Yes	Yes	Yes
J8999	Prescription Drug, Oral, Chemotherapeutic	Yes	Yes	Yes
J9034	Bendamustine (BendeKa)	Yes	Yes	Yes
J9145	Daratumumab	Yes	Yes	Yes
J9176	Elotuzumab	Yes	Yes	Yes
J9205	Irinotecan liposome	Yes	Yes	Yes
J9295	Necitumumab	Yes	Yes	Yes
J9325	Talimogene	Yes	Yes	Yes
J9352	Trabectedin	Yes	Yes	Yes
J9999 *	Not Otherwise Classified, Antineoplastic Drugs	Yes	Yes	Yes
Q3027	Interferon Beta -1A	Yes	Yes	Yes
Q3028	Interferon Beta -1A	Yes	Yes	Yes
Q4074	Iloprost, Inhalation Solution	Yes	Yes	Yes
Q4082	Drug Or Biological, Not Otherwise Classified	Yes	Yes	Yes
Q5102	Infliximab	Yes	Yes	Yes