

Priority Partners Medical Benefit Drug Prior Authorization List

These prior authorization requirements impact all Priority Partners members.

**All the drug codes listed below are subject to medical necessity prior authorization review.

***Some drugs are subject to site-of-service (site-of-care) prior authorization in addition to medical necessity.

****For certain drug classes, Priority Partners has preferred drugs. Please see this additional listing towards the bottom of this document.



HCPCS	HCPCS Description	Drug Name <i>Please note: Name examples are included for reference only. This is not an all-inclusive list.</i>	Subject to Site-of-Service prior authorization? YES (Y) or NO (N)	Effective Date
90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each	Synagis	Y	1/1/2019
J0129	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Orencia IV	Y	1/1/2019
J0178	Injection, aflibercept, 1 mg	Eylea	N	1/1/2019
J0202	Injection, alemtuzumab, 1 mg	Lemtrada	Y	1/1/2019
J0490	Injection, belimumab, 10 mg	Benlysta IV	Y	1/1/2019
J0585	Injection, onabotulinumtoxina, 1 unit	Botox	Y	1/1/2019
J0586	Injection, abobotulinumtoxina, 5 units	Dysport	Y	1/1/2019
J0587	Injection, rimabotulinumtoxinb, 100 units	Myobloc	Y	1/1/2019
J0588	Injection, incobotulinumtoxin a, 1 unit	Xeomin	Y	1/1/2019
J0717	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Cimzia lyophilized powder	Y	1/1/2019
J0897	Injection, denosumab, 1 mg	Prolia, Xgeva	Y	1/1/2019
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Privigen	Y	1/1/2019
J1556	Injection, immune globulin (bivigam), 500 mg	Bivigam	Y	1/1/2019
J1557	Injection, immune globulin, (gammalex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammalex	Y	1/1/2019
J1559	Injection, immune globulin (hizentra), 100 mg	Hizentra	Y	1/1/2019
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Gammunex-c, Gammaked	Y	1/1/2019
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Carimune, Gammagard S/D Less IgA	Y	1/1/2019
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Octagam	Y	1/1/2019
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Gammagard	Y	1/1/2019
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Flebogamma	Y	1/1/2019
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Hyqvia	Y	1/1/2019
J1602	Injection, golimumab, 1 mg, for intravenous use	Simponi Aria	Y	1/1/2019
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Remicade	Y	1/1/2019
J2182	Injection, mepolizumab, 1 mg	Nucala	N	1/1/2019
J2323	Injection, natalizumab, 1 mg	Tysabri	Y	1/1/2019
J2350	Injection, ocrelizumab, 1 mg	Ocrevus	Y	1/1/2019
J2357	Injection, omalizumab, 5 mg	Xolair	N	1/1/2019
J2505	Injection, pegfilgrastim, 6 mg	Neulasta, Neulasta Onpro	N	1/1/2019
J2778	Injection, ranibizumab, 0.1 mg	Lucentis	N	1/1/2019
J3262	Injection, tocilizumab, 1 mg	Actemra IV	Y	1/1/2019
J3380	Injection, vedolizumab, 1 mg	Entyvio	Y	1/1/2019
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	GenVisc 850	Y	1/1/2019
J7321	Hyaluronan or derivative, hyalgan or supartz or visco-3, for intra-articular injection, per dose	Hyalgan, Supartz, Supartz FX, Visco-3	Y	1/1/2019
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Hymovis	Y	1/1/2019

J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Euflexxa	Y	1/1/2019
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Orthovisc	Y	1/1/2019
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Synvisc, Synvisc One	Y	1/1/2019
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Gel-one	Y	1/1/2019
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Monovisc	Y	1/1/2019
J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	Gelsyn 3	Y	1/1/2019
J9035	Injection, bevacizumab, 10 mg	Avastin	N	1/1/2019
J9299	Injection, nivolumab, 1 mg	Opdivo	N	1/1/2019
J9312	Injection, rituximab, 10 mg	Rituxan	Y	1/1/2019
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Herceptin	N	1/1/2019
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yescarta	N	1/1/2019
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Kymriah	N	1/1/2019
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Inflectra	Y	1/1/2019
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Renflexis	Y	1/1/2019
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Fulphila	N	1/1/2019
J0517	Injection, benralizumab, 1 mg	Fasenra	N	4/1/2019
J1628	Injection, guselkumab, 1 mg	Tremfya	Y	4/1/2019
J3245	Injection, tildrakizumab, 1 mg	Ilumya	Y	4/1/2019
J3398	Injection, voretigene neparovect-rzyl, 1 billion vector genomes	Luxturna	N	4/1/2019
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Durolane	Y	4/1/2019
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	TriVisc	Y	4/1/2019
J9305	Injection, pemetrexed, 10 mg	Alimta	N	4/1/2019
J9311	Injection, rituximab 10 mg and hyaluronidase	Rituxan Hycela	Y	4/1/2019
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg	Udenyca	N	4/1/2019
J1555	Injection, immune globulin (cuvitru), 100 mg	Cuvitru	Y	7/1/2019
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Panzyga	Y	7/1/2019
J3358	Ustekinumab, for intravenous injection, 1 mg	Stelara IV	Y	7/1/2019
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Mvasi	N	7/1/2019
J0800	Injection, corticotropin, up to 40 units	H.P. Acthar Gel	N	10/1/2019
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Lupron Depot, Lupron Depot-Ped	N	10/1/2019
J2796	Injection, romiplostim, 10 micrograms	Nplate	N	10/1/2019
J3316	Injection, triptorelin, extended-release, 3.75 mg	Triptodur	N	10/1/2019
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Eligard, Lupron Depot, Lupron Depot-Ped	N	10/1/2019
J9218	Leuprolide acetate, per 1 mg	Leuprolide Acetate	N	10/1/2019
J9226	Histrelin implant (supprelin la), 50 mg	Supprelin LA	N	10/1/2019
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Herceptin Hylecta	N	10/1/2019
J3031	Injection, fremanezumab-vfrm, 1 mg	Ajovy	N	1/1/2020
J3111	Injection, romosozumab-aqqg, 1 mg	Evenity	Y	1/1/2020
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	SynoJoynt	Y	1/1/2020
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Triluron	Y	1/1/2020
Q5112	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	Ontruzant	N	1/1/2020
Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Herzuma	N	1/1/2020
Q5114	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	Ogivri	N	1/1/2020
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Truxima	Y	1/1/2020
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Trazimera	N	1/1/2020
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Kanjinti	N	1/1/2020

Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Zirabev	N	1/1/2020
J0179	Injection, brolocizumab-dblI, 1 mg	Beovu	N	4/1/2020
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Polivy	N	4/1/2020
J0791	Injection, crizanlizumab-tmca, 5 mg	Adakveo	N	8/1/2020
J1429	Injection, golodirsén, 10 mg	Vyondys 53	N	8/1/2020
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	Cinryze	N	1/1/2021
J2326	Injection, nusinersen, 0.1 mg	Spinraza	N	1/1/2021
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	Zolgensma	N	1/1/2021
J1300	Injection, eculizumab, 10 mg	Soliris	N	3/1/2021
J1303	Injection, ravulizumab-cwvz, 10 mg	Ultomiris	N	3/1/2021
J1322	Injection, elosulfase alfa, 1 mg	Vimizim	N	3/1/2021
J7189	Factor viia (antihemophilic factor, recombinant), per 1 microgram	NovoSeven RT	N	3/1/2021
J9216	Injection, interferon, gamma 1-b, 3 million units	Actimmune	N	3/1/2021
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	Nyvepria	N	3/1/2021
J0223	Injection, givosiran, 0.5 mg	Givlaari	N	4/1/2021
J1554	Injection, immune globulin (asceniv), 500 mg	Asceniv	Y	4/1/2021
J1558	Injection, immune globulin (xembify), 100 mg	Xembify	Y	4/1/2021
J3032	Injection, eptinezumab-jjmr, 1 mg	Vyepti	Y	4/1/2021
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Ruxience	Y	4/1/2021
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	Ziextenzo	N	4/1/2021
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Avsola	Y	4/1/2021

Preferred Drugs

The following is a list of preferred drugs. Use of preferred product (s) is required prior to coverage of non-preferred product (s).

Please note that both preferred and non-preferred products are subject to prior authorization.

Drug Class	Non-Preferred Products	Preferred Products
Botulinum Toxins	Botox Myobloc Xeomin	Dysport
Hematologic, Neutropenia Colony Stimulating Factors – Long-Acting	Neulasta Fulphila Nyvepria Udenyca	Ziextenzo
Multiple Sclerosis (Infused)	Lemtrada	Ocrevus Tysabri
Infliximab	Remicade	Renflexis Inflectra Avsola Ixifi
Bevacizumab	Avastin	Mvasi Zirabev
Rituximab	Rituxan	Truxima Ruxience
Trastuzumab	Herceptin	Herzuma Kanjinti Ogivri Ontruzant Trazimera