

USFHP Medical Benefit Drug Prior Authorization List



*These prior authorization requirements impact all USFHP members.

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

***For certain drugs, USFHP has a preference for members to use a biosimilar instead. 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
J0585	Injection, onabotulinumtoxina, 1 unit	Botox	Y (effective 3/1/2021)	10/12/1998
J0586	Injection, abobotulinumtoxina, 5 units	Dysport	Y (effective 3/1/2021)	10/12/1998
J0587	Injection, rimabotulinumtoxina, 100 units	Myobloc	Y (effective 3/1/2021)	10/12/1998
J0588	Injection, incobotulinumtoxin a, 1 unit	Xeomin	Y (effective 3/1/2021)	10/12/1998
J2326	Injection, nusinersen, 0.1 mg	Spinraza	N	1/1/2018
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	3/1/2020
J0178	Injection, aflibercept, 1 mg	Eylea	N	3/1/2020
J0202	Injection, alemtuzumab, 1 mg	Lemtrada	Y	3/1/2020
J0490	Injection, belimumab, 10 mg	Benlysta IV	Y	3/1/2020
J0517	Injection, benralizumab, 1 mg	Fasenra	N	3/1/2020
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	3/1/2020
J0800	Injection, corticotropin, up to 40 units	H.P. Acthar Gel	N	3/1/2020
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Privigen	Y	3/1/2020
J1555	Injection, immune globulin (cuvitru), 100 mg	Cuvitru	Y	3/1/2020
J1556	Injection, immune globulin (bivigam), 500 mg	Bivigam	Y	3/1/2020
J1557	Injection, immune globulin, (gammalex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammalex	Y	3/1/2020
J1559	Injection, immune globulin (hizentra), 100 mg	Hizentra	Y	3/1/2020
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Gammunex-c, Gammaked	Y	3/1/2020
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Carimune, Gammagard S/D Less IgA	Y	3/1/2020
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Octagam	Y	3/1/2020
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Gammagard	Y	3/1/2020
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Flebogamma	Y	3/1/2020
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Hyqvia	Y	3/1/2020
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Panzyga	Y	3/1/2020

HCPCS code assigned to a drug may be subject to change by the Centers for Medicare and Medicaid (CMS)

J1602	Injection, golimumab, 1 mg, for intravenous use	Simponi Aria	Y	3/1/2020
J1628	Injection, guselkumab, 1 mg	Tremfya	Y	3/1/2020
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Remicade	Y	3/1/2020
J2182	Injection, mepolizumab, 1 mg	Nucala	N	3/1/2020
J2323	Injection, natalizumab, 1 mg	Tysabri	Y	3/1/2020
J2350	Injection, ocrelizumab, 1 mg	Ocrevus	Y	3/1/2020
J2357	Injection, omalizumab, 5 mg	Xolair	N	3/1/2020
J2505	Injection, pegfilgrastim, 6 mg	Neulasta, Neulasta Onpro	N	3/1/2020
J2778	Injection, ranibizumab, 0.1 mg	Lucentis	N	3/1/2020
J2796	Injection, romiplostim, 10 micrograms	Nplate	N	3/1/2020
J3031	Injection, fremanezumab-vfrm, 1 mg	Ajovy	N	3/1/2020
J3111	Injection, romosozumab-aqqg, 1 mg	Evenity	Y	3/1/2020
J3245	Injection, tildrakizumab, 1 mg	Ilumya	Y	3/1/2020
J3316	Injection, triptorelin, extended-release, 3.75 mg	Triptodur	N	3/1/2020
J3358	Ustekinumab, for intravenous injection, 1 mg	Stelara IV	Y	3/1/2020
J3380	Injection, vedolizumab, 1 mg	Entyvio	Y	3/1/2020
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Luxturna	N	3/1/2020
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Durolane	Y	3/1/2020
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	GenVisc 850	Y	3/1/2020
J7321	Hyaluronan or derivative, hyalgan or supartz or visco-3, for intra-articular injection, per dose	Hyalgan, Supartz, Supartz FX, Visco-3	Y	3/1/2020
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Hymovis	Y	3/1/2020
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Euflexxa	Y	3/1/2020
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Orthovisc	Y	3/1/2020
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Synvisc, Synvisc One	Y	3/1/2020
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Gel-one	Y	3/1/2020
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Monovisc	Y	3/1/2020
J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	Gelsyn 3	Y	3/1/2020
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	TriVisc	Y	3/1/2020
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	SynoJoynt	Y	3/1/2020
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Triluron	Y	3/1/2020
J9216	Injection, interferon, gamma 1-b, 3 million units	Actimmune	N	3/1/2020
J9226	Histrelin implant (supprelin la), 50 mg	Supprelin LA	N	3/1/2020
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Inflectra	Y	3/1/2020
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Renflexis	Y	3/1/2020
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Fulphila	N	3/1/2020
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Ixifi	Y	3/1/2020
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg	Udenyca	N	3/1/2020
J0179	Injection, brolocizumab-dbl, 1 mg	Beovu	N	8/1/2020
J0791	Injection, crizanlizumab-tmca, 5 mg	Adakveo	N	8/1/2020
J1429	Injection, golodirsen, 10 mg	Vyondys 53	N	8/1/2020
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	Zolgensma	N	8/1/2020
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	Cinryze	N	3/1/2021
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
J3590		Revcovi	N	3/1/2021
J7189	Factor viia (antihemophilic factor, recombinant), per 1 microgram	NovoSeven RT	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
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

*****Biosimilar Drugs**

The following is a list of preferred biosimilar drugs. Use of preferred biosimilar(s) is required prior to coverage of non-preferred product(s). Please note that both the preferred biosimilars and non-preferred products are subject to prior authorization.

Drug Class	Non-Preferred Medical Injection	Preferred Biosimilar
Hematologic, Neutropenia Colony Stimulating Factors – Long-Acting	Neulasta	Fulphila Udenyca Ziextenzo Nyvepria
Infliximab	Remicade	Renflexis Inflectra Ixifi Avsola