

**US Family Health Plan (USFHP) Medical Benefit Drug Prior Authorization List**

\*These prior authorization requirements impact all USFHP 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 drugs, USFHP has a product preference. 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, onabotulinumtoxin a, 1 unit	Botox	Y	10/12/1998
J0586	Injection, abobotulinumtoxin b, 5 units	Dysport	Y	10/12/1998
J0587	Injection, rimabotulinumtoxin b, 100 units	Myobloc	Y	10/12/1998
J0588	Injection, incobotulinumtoxin a, 1 unit	Xeomin	Y	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 intravenous	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 vial	Y	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 (gammagrab), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammagrab	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
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 lyophilized powder vial	N	3/1/2020
J2506	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 intravenous	Y	3/1/2020
J3380	Injection, vedolizumab, intravenous, 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 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, synjoynt, for intra-articular injection, 1 mg	Synjoynt	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-dbl1, 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 <sup>15</sup> 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	Y	3/1/2021
J1303	Injection, ravulizumab-cwvz, 10 mg	Ultomiris	Y	3/1/2021
J1322	Injection, elosulfase alfa, 1 mg	Vimizim	N	3/1/2021
J7189	Factor viia (antithrombotic factor, recombinant), per 1 microgram	NovoSeven RT	N	3/1/2021
Q5122	Injection, pegfilgrastim-appf, biosimilar, (nyvepria), 0.5 mg	Nyvepria	N	3/1/2021
J0223	Injection, givosiran, 0.5 mg	Givlaari	Y	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
J0172	Injection, aducanumab-avwa, 2 mg	Aduhelm	N	1/1/2022
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Xiaflex	N	6/1/2022
J0897	Injection, denosumab, 1 mg	Prolia, Xgeva	N	6/1/2022
J1930	Injection, lanreotide, 1 mg	Somatuline Depot	Y	6/1/2022
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Lupron Depot, Lupron Depot 3-Month, Lupron Depot-PED	N	6/1/2022
J3241	Injection, teprotumumab-trbw, 10 mg	Tepezza	N	6/1/2022

J3285	Injection, treprostinil, 1 mg	Remodulin	N	6/1/2022
J9022	Injection, atezolizumab, 10 mg	Tecentriq	N	6/1/2022
J9041	Injection, bortezomib (velcade), 0.1 mg	Velcade, bortezomib	N	6/1/2022
J9047	Injection, carfilzomib, 1 mg	Kyprolis	N	6/1/2022
J9145	Injection, daratumumab, 10 mg	Darzalex	N	6/1/2022
J9173	Injection, durvalumab, 10 mg	Imfinzi	N	6/1/2022
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Eligard, Lupron Depot 1-Month, Lupron Depot 3-Month, Lupron Depot 4-Month, Lupron Depot 6-Month	N	6/1/2022
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Abraxane, Paclitaxel Protein-Bound Particles	N	6/1/2022
J9271	Injection, pembrolizumab, 1 mg	Keytruda	N	6/1/2022
J9299	Injection, nivolumab, 1 mg	Opdivo	N	6/1/2022
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	Alimta, Pemetrexed Disodium	N	6/1/2022
J9306	Injection, pertuzumab, 1 mg	Perjeta	N	6/1/2022
J9312	Injection, rituximab, 10 mg	Rituxan	N	6/1/2022
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Kadcyla	N	6/1/2022
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Mvasi	N	6/1/2022
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Truxima	N	6/1/2022
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Kanjinti	N	6/1/2022
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Ruxience	N	6/1/2022
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Sandostatin LAR Depot	N	6/1/2022
J3262	Injection, tocilizumab, 1 mg	Actemra	N	6/1/2022
J9034	Injection, bendamustine hcl (bendeka), 1 mg	Bendamustine HCl	N	6/1/2022
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Darzalex Faspro	N	6/1/2022
J9308	Injection, ramucirumab, 5 mg	Cyramza	N	6/1/2022
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Trodelyv	N	6/1/2022
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Provenge	N	6/1/2022
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Zirabev	N	6/1/2022
J9035	Injection, bevacizumab, 10 mg	Avastin	N	6/1/2022
Q5112	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	Ontruzant	N	6/1/2022
Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Herzuma	N	6/1/2022
Q5114	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	Ogivri	N	6/1/2022
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Trazimera	N	6/1/2022
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Herceptin	N	6/1/2022
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Riabni	N	6/1/2022
J9033	Injection, bendamustine HCL (treanda), 1 mg	Treanda	N	6/1/2022
J9036	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Belrapzo	N	6/1/2022
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Bynfezia Pen, Sandostatin, Octreotide Acetate	N	6/1/2022
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	Cabenuva	Y	6/1/2022
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	Aralast NP, Prolastin-C, Zemaira	Y	5/1/2023
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	Beriner	Y	5/1/2023
J1786	Injection, imiglucerase, 10 units	Cerezyme	Y	5/1/2023
J0584	Injection, burosumab-twza, 1 mg	Crysvita	Y	5/1/2023
J1305	Injection, evinacumab-dgnb, 5mg	Evkeeza	Y	5/1/2023
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Glassia	Y	5/1/2023
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	Lumizyme	Y	5/1/2023
J0222	Injection, patisiran, 0.1 mg	Onpatro	Y	5/1/2023
J1301	Injection, edaravone, 1 mg	Radicava	Y	5/1/2023
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Byooviz	N	5/1/2023
Q5126	Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg	Alymys	N	5/1/2023
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Stimufend	N	5/1/2023
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Cimerli	N	5/1/2023
Q5129	Injection, bevacizumab-adcd (vegzalma), biosimilar, 10 mg	Vegzelma	N	5/1/2023
Q5130	Injection, pegfilgrastim-pbbk (flyntra), biosimilar, 0.5 mg	Flyntra	N	5/1/2023
J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	Pemetrexed Disodium	N	7/1/2023
J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg	Pemetrexed Disodium	N	7/1/2023
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	Pemetrexed Disodium	N	7/1/2023
J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	Bortezomib	N	7/1/2023
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	Bortezomib	N	7/1/2023
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	Bortezomib	N	7/1/2023
J1411	Injection, etranacogene dezaparovec-drlb, per therapeutic dose	Hemgenix	N	7/1/2023
J2356	Injection, tezepelumab-ekko, 1 mg	Tezspire vial and syringe	N	7/1/2023
J1952	Leuprolide injectable, (camcevi), 1 mg	Camcevi	N	7/1/2023
J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Panzyga	Y	10/1/2023
J9056	Injection, bendamustine HCl (Vivimusta), 1 mg	Vivimusta	N	10/1/2023
J9058	Injection, bendamustine HCl (Apotex), 1 mg	Bendamustine	N	10/1/2023
J9059	Injection, bendamustine HCl (Baxter), 1 mg	Bendamustine	N	10/1/2023
J9259	Injection, paclitaxel protein-bound particles (American Regent) not therapeutically equivalent to J9264, 1 mg	Paclitaxel Protein-Bound Particles	N	10/1/2023
J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg	Pemetrexed Disodium	N	10/1/2023
J9322	Injection, pemetrexed (BluePoint) not therapeutically equivalent to J9305, 10 mg	Pemetrexed Disodium	N	10/1/2023
J0801	Injection, corticotropin (acthar gel), up to 40 units (replaces J0800)	Acthar Gel	N	10/1/2023
J0802	Injection, corticotropin (ani), up to 40 units (replaces J0800)	Cortrophin	N	10/1/2023
J1746	Injection, ibalizumab-uiyk, 10 mg	Trogarzo	N	6/1/2024
J0177	Injection, aflibercept hd, 1 mg	Eylea HD	N	6/1/2024
J0589	Injection, daxibotulinumtoxin-a-lanm, 1 unit	Daxxify	N	6/1/2024
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	Skyrizi intravenous	N	6/1/2024
J7175	Injection, factor x, (human), 1 i.u.	Coagadex	N	6/1/2024
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0	Vonvendi	N	6/1/2024
J7181	Injection, factor xiii a-subunit, (recombinant), per iu	Tretten	N	6/1/2024
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	Novoeight	N	6/1/2024
J7183	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0	Wilate	N	6/1/2024
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	Xyntha, Xyntha Solofuse	N	6/1/2024
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	Alphanate	N	6/1/2024
J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rc0	Humate-P	N	6/1/2024
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Obizur	N	6/1/2024
J7190	Factor viii (antihemophilic factor, human) per i.u.	Hemofil M, Koate, Koate-DVI	N	6/1/2024
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	Advate, Kogenate FS, Recombinate	N	6/1/2024
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	AlphaNine SD	N	6/1/2024
J7194	Factor ix, complex, per i.u.	Profilnine	N	6/1/2024
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	BeneFIX	N	6/1/2024
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Rixubis	N	6/1/2024
J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	Alprolix	N	6/1/2024
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Idelvion	N	6/1/2024
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebiny), 1 iu	Rebiny	N	6/1/2024
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Esperoct	N	6/1/2024

J7205	Injection, factor viii fc fusion protein (recombinant), per iu	Eloctate	N	6/1/2024
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Adynovate	N	6/1/2024
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Jivi	N	6/1/2024
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Nuwiq	N	6/1/2024
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	Afstyla	N	6/1/2024
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.	Kovaltry	N	6/1/2024
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Sevenfact	N	6/1/2024
J7213	Injection, coagulation factor IX (recombinant), Ixinity, 1 IU	Ixinity	N	6/1/2024
J7199	Hemophilia clotting factor, not otherwise classified	Altuviio	N	6/1/2024
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	Altuviio	N	6/1/2024

**\*\*\*Preferred Medical Injectable Drug List**

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

Drug Class	Non-Preferred Products	Preferred Products
<b>Hematologic, Neutropenia Colony Stimulating Factors – Long-Acting</b>	Neulasta	Fulphila Udenyca Ziextenzo Nyvepria Stimufend Fylnetra
<b>Infliximab</b>	Remicade	Renflexis Inflectra Ixifi Avsola
<b>Bevacizumab</b>	Avastin*	Mvasi Zirabev Alymsys Vegzelma
<b>Rituximab</b>	Rituxan	Ruxience Truxima Riabni
<b>Trastuzumab</b>	Herceptin	Herzuma Kanjinti Ogivri Ontruzant Trazimera

\*The preferred product requirement is not applicable when Avastin is being requested for treatment of ophthalmic disorders.

Submitting medical benefit drug prior authorization:

1. A prior authorization request may be submitted by completing and faxing the Medical Injectable Prior Authorization Form along with supportive clinical documentation to fax number: 410-424-2801.

The listed HCPCS Drug Codes are subject to change in accordance with the Centers for Medicare and Medicaid (CMS) coding approval updates. Prior authorization requirements instituted for the initial HCPCS code are applicable for any replacement HCPCS Code.