

Please review this list of Medicaid and CHIP drugs that require prior authorization below. **This list is updated frequently.**

If the drug you are searching for is newly FDA approved and/or does not appear on this list, **please contact Health Partners Plans' PreCert Department at 215-967-4690 or use the [Provider Portal](#).**

**\*For medications reviewed by Pharmacy or covered under the Pharmacy Benefit, please refer to the Pennsylvania Statewide PDL and HPP Pharmacy prior authorizations. **Fax completed forms/requests to the Pharmacy Fax number 1-866-240-3712.****

**Policy Bulletins:** [Policy Bulletin Library](#)

**Pennsylvania Statewide Preferred Drug List:** [State PDL](#)

**HPP Pharmacy Prior Authorizations.** [Pharmacy Prior Authorizations](#)

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
B4105	Relizorb immobilized lipase cartridge	Auth required	N/A	PreCert	DME
C9072	Injection, immune globulin (asceniv), 500 mg	Auth required	Non-PDL	Pharmacy	Medical Benefit
C9399	UNCLASSIFIED DRUGS	Auth required	N/A	Pharmacy or Pre-Cert	Medical Benefit
G2082	SPRAVATO 56 MG DOSE PACK	Auth required	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
G2083	SPRAVATO 84 MG DOSE PACK	Auth required	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
J0129	Abatacept inj, 10 MG (ORENCIA)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J0172	Injection, aducanumab-avwa, 2 mg (Aduhelm)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J0174	Injection, lecanemab-irmb, 1 mg (Leqembi)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J0175	Injection, donanemab-azbt, 2mg (Kisunla)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J0177	Aflibercept inj, 1 MG (EYLEA HD)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J0178	Aflibercept inj, 1 MG (EYLEA)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J0202	Alemtuzumab inj, 1 mg (LEMTADA)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J0490	Injection, Belimumab 10 mg (BENLYSTA)	Auth required	Non-PDL	Pharmacy	Pharmacy or Medical Benefit
J0517	Inj benralizumab, 1 mg (FASENRA)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J0565	Inj bezlotoxumab, 10 mg (ZINPLAVA)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J0570	PROBUPHINE	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J0585	Injection, Onabotulinumtoxin, 1 unit (BOTOX)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit **except when given as part of a procedure.
J0586	Injection, Abobotulinumtoxin, 5 Unit (DYSPOX)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit **except when given as part of a procedure.

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J0587	Injection, Rimabotulinumtoxinb inj, 100 UNITS (MYOBLOC)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit **except when given as part of a procedure.
J0588	Injection, Incobotulinumtoxin a, 1 UNIT (XEOMIN)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit **except when given as part of a procedure.
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit (Daxxify)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit **except when given as part of a procedure.
J0591	Injection, deoxycholic acid 1 mg	Auth required	Non-PDL	PreCert	Medical Benefit
J0593	Lanadelumab-flyo inj, 1 mg (TAKHZYRO)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units (RUCONEST)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units (BERINERT)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units (CINRYZE)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units (HAEGARDA)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J0638	Injection, canakinumab, 1 mg (ILARIS)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J0717	Certolizumab pegol inj, 1 MG (CIMZIA)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J0775	Collagenase clost hist inj, 0.01 MG (XIAFLEX)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J0791	Crizanlizumab-tmca inj, 5 MG (ADAKVEO)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J0881	Darbepoetin alfa non-esrd, 1 MCG (ARANESP)	Auth required	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
J0882	Darbepoetin alfa esrd use, 1 MCG (ARANESP)	Auth required	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
J0885	Epoetin alfa non-esrd, 1000 UNITS (EPOGEN)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy or Medical Benefit
J0885	Epoetin alfa non-esrd, 1000 UNITS (PROCRIT)	Auth required	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
J0887	Epoetin beta esrd use, 1 mcg (MIRCERA)	Auth required	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
J0888	Epoetin beta non-esrd, 1 mcg (MIRCERA)	Auth required	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit
J0897	Denosumab inj, 1 MG (PROLIA)	Auth required	PDL non-preferred	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J0897	Denosumab inj, 1 MG (XGEVA)	Auth required	PDL nonpreferred	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
J1072	Injection, testosterone cypionate (azmiro), 1 mg	Auth required	PDL nonpreferred	Pharmacy	Medical Benefit
J1240	Dimenhydrinate inj, 50 MG (DIMENHYDRINATE)	Auth required	PDL nonpreferred	Pharmacy	Medical Benefit
J1290	Injection, ecallantide, 1 mg (KALBITOR)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J1299	Injection, Eculizumab, 2 mg (SOLIRIS)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1303	Ravulizumab-cwvz inj, 10 MG (ULTOMIRIS)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1305	Injection, evinacumab-dgnb, 5 mg (EVKEEZA)	Auth required	PDL nonpreferred	Pharmacy	Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J1306	Injection, inclisiran (Leqvio)	Auth required	PDL nonpreferred	Pharmacy	Medical Benefit
J1307	Injection, crovalimab-akkz, 10 mg	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose (Hemgenix)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 <sup>13</sup> vector genomes (Roctavian)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose (Elevidys)	Auth required	Non-PDL	Pharmacy	Medical Benefit



## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J1427	Injection, Viltolarsen, 10 mg (Viltepso)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1437	Injection, ferric derisomaltose, 10 mg (Monoferric)	Auth required	PDL nonpreferred	Pharmacy	Medical Benefit
J1438	Injection, etanercept, 2 mg (ENBREL)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J1439	INJECTION, FERRIC CARBOXYMALTOSE, (INJECTAFER)	Auth required	PDL nonpreferred	Pharmacy	Medical Benefit
J1442	Filgrastim g-csf inj, 1 MCG (NEUPOGEN)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy or Medical Benefit
J1447	Tbo-filgrastim inj, 1 MCG (GRANIX)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy or Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J1453	Fosaprepitant inj, 1 MG (EMEND)	Auth required	PDL nonpreferred	Pharmacy or eviCore (if cancer diagnosis)	Medical Benefit
J1459	Ivig privigen inj, 500 MG (PRIVIGEN IVIG)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1552	Injection, immune globulin (Alyglo), 500 mg	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1554	Asceniv inj, 500 mg (ASCENIV IVIG)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1556	Imm glob bivigam inj, 500 MG (BIVIGAM IVIG)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1557	Gammaplex inj, 500 MG (GAMMAPLEX IVIG)	Auth required	Non-PDL	Pharmacy	Medical Benefit

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J1559	Hizentra	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1561	Gamunex-c/gammaked, 500 MG (GAMUNEX-C, GAMMAKED IVIG)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1568	Octagam inj, 500 MG (OCTAGAM IVIG)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1569	Gammagard liquid inj, 500 MG (GAMMAGARD IVIG)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1572	Flebogamma inj, 500 MG (FLEBOGAMMA IVIG)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1576	Injection, immune globulin (Panzyga), intravenous, nonlyophilized (e.g., liquid), 500 mg	Auth required	Non-PDL	Pharmacy	Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J1602	Injection, golimumab, 1 mg, for intravenous use (SIMPONI ARIA)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J1627	Injection, granisetron, extended release, 0.1 mg (SUSTOL)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J1740	Ibandronate sodium inj, 1 MG (BONIVA)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J1744	Injection, icatibant, 1 mg (FIRAZYR)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J1744	Injection, icatibant, 1 mg (ICATIBANT)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J1745	Injection, infliximab, excludes biosimilar, 10 mg (REMICADE)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J1746	Ibalizumab-uiyk inj, 10 mg (TROGARZO)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J1786	Injection, infliximab-dyyb (Zymfentra) subcutaneous	Auth required	Non-PDL	Pharmacy	Pharmacy Benefit
J176	Imuglucerase inj, 10 UNITS (CEREZYME)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit

# Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J1823	Inebilizumab-cdon inj, 1 mg (UPLIZNA)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg (LUPRON)	Auth required	PDL Preferred with PA	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
J1951	Injection, leuprolide acetate for depot suspension, 0.25 mg (FENSOLVI)	Auth required	PDL non-preferred	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
J2182	Injection, mepolizumab, 1 mg (NUCALA)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J2323	Injection, natalizumab, 1 mg (TYSABRI)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy or Medical Benefit
J2326	Injection, nusinersen, 0.1 mg (SPINRAZA)	Auth required	Non-PDL	Pharmacy	Medical Benefit
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg (SKYRIZI - IV infusion for loading dose)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J2329	Injection, Ublituximab-xiiy Inj, 1 mg (BRIUMVI)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J2350	Injection ocrelizumab, 1 mg (OCREVUS)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq (Ocrevus Zunovo)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg (SANDOSTATIN LAR)	Auth required	Non-PDL	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Auth required	Non-PDL	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
J2356	injection, tezepelumab-ekko, 1 mg (TEZSPIRE)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J2357	Injection, omalizumab, 5 mg (XOLAIR SYRINGE)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J2357	Injection, omalizumab, 5 mg (XOLAIR VIAL)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J2428	Injection, paliperidone palmitate extended release (erzofri), 1 mg	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J2507	Injection, Pegloticase (Krystexxa) 1 mg	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J2777	Injection, faricimab-svoa, 0.1 mg (VABYSMO)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J2778	Injection, ranibizumab, 0.1 mg (LUCENTIS)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J2779	Injection, ranibizumab, via intravitreal implant, 0.1 mg (SUSVIMO)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J2786	Injection, reslizumab, 1 mg (CINQAIR)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J2793	Injection, rilonacept, 1 mg (ARCALYST)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J2802	Injection, romiplostim, 10 micrograms (NPLATE)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J2820	INJECTION, SARGRAMOSTIM (GMCSF), (LEUKINE)	Auth required	PDL non-preferred	Pharmacy or eviCore (if cancer diagnosis.)	Pharmacy or Medical Benefit
J3032	Injection, eptinezumab-jjmr, 1 mg (VYEPTI)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J3060	Taliglucerase alfa inj, 10 UNITS (ELELYSO)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J3111	Romosozumab-aqqg inj, 1 MG (EVENITY)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J3241	Injection, teprotumumab-trbw, 10 mg (TEPEZZA)	Auth required	Non-PDL	Pharmacy	Pharmacy or Medical Benefit
J3300	Injection, triamcinolone acetonide, per 10 mg (TRIESENCE) - FOR INJECTION INTO EYE ONLY	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J3315	Injection, triptorelin pamoate, 3.75 mg (TRELSTAR)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit



# Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J3316	Injection, triptorelin, extended release, 3.75 mg (TRIPTODUR)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J3357	Ustekinumab, for subcutaneous injection, 1 mg (STELARA)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J3358	Ustekinumab, for intravenous injection, 1 mg (STELARA)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J3380	Injection, vedolizumab, 1 mg (ENTYVIO)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J3385	Injection, velaglucerase alfa, 100 units (VPRIV)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J3392	Injection, exagamglogene autotemcel, per treatment (Casgevy)	Auth required	Non-PDL	Gene Therapy/HART	Medical Benefit
J3393	Injection, betibeglogene autotemcel, per treatment (Zynteglo)	Auth required	Non-PDL	Gene Therapy/HART	Medical Benefit
J3394	Injection, lovotibeglogene autotemcel, per treatment (Lyfgenia)	Auth required	Non-PDL	Gene Therapy/HART	Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J3396	Injection, verteporfin, 0.1 mg (VISUDYNE)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J3398	Injection, voretigene neparvovec-rzyl (Luxturna)	Auth required	Non-PDL	Gene Therapy/HART	Medical Benefit
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector geno (Zolgensma)	Auth required	Non-PDL	Gene Therapy/HART	Medical Benefit
J3401	Beremagene geperpavec-svdt (Vyjuvek)	Auth required	Non-PDL	Gene Therapy/HART	Medical Benefit
J3489	Injection, zoledronic acid, 1 mg (BRAND RECLAST - AUTH REQUIRED)	Auth required (for BRAND Reclast)	PDL non-preferred	Pharmacy	Medical Benefit
J3489	Injection, zoledronic acid, 1 mg (GENERIC ZOLEDRONIC ACID - NO AUTH REQUIRED)	NO Auth required (for generic only)	PDL Preferred	Pharmacy	Medical Benefit

# Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J3490	UNCLASSIFIED DRUGS	Auth required	N/A	Pharmacy or Pre-Cert	Medical Benefit
J3590	UNCLASSIFIED BIOLOGICS	Auth required	N/A	Pharmacy or Pre-Cert	Medical Benefit
J3590 (unclassified biologic)	Secukinumab injection, IV solution (Cosentyx)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J3590/J3450	Gattex	Auth required	N/A	Pharmacy	Medical Benefit
J7170	Inj emicizumab-kxwh, 0.5 mg (HEMLIBRA)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7172	Injection, marstacimab-hncq (Hypavzi) 0.5 mg	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0 (VONVENDI)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J7182	Injection, factor viii, (antihemophilic factor, recombinant), per iu (NOVOEIGHT)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7183	Injection, von willebrand factor complex (human), 1 i.u. vwf:rco (WILATE)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7185	Injection, factor viii (antihemophilic factor, recombinant), per i.u. (XYNTHA)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7186	Antihemophilic viii/vwf comp, 1 FACTOR VIII IU (ALPHANATE)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7187	Injection, von willebrand factor complex, per iu vwf:rco (HUMATE-P)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7188	Injection, factor viii (antihemophilic factor, recombinant), per i.u. (OBIZUR)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J7189	Factor viia (antihemophilic factor, recombinant), 1 microgram. (NOVOSEVEN)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7190	Factor viii (antihemophilic factor, human) per i.u. (HEMOFIL, ALPHANATE, KOATE)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified (ADVA	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u. (ALPHANINE SD)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7194	Factor ix complex, 1 IU (PROFILNINE)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified.	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7198	Anti-inhibitor, 1 IU (FEIBA NF)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit

## Medicaid-CHIP drugs that require prior authorization.



Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J7200	Injection, factor ix, (antihemophilic factor, recombinant), per iu (RIXUBIS)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7201	Injection, factor ix, fc fusion protein, (Recombinant), 1 i.u. (ALPROLIX)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, 1 iu (REBINYN)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7204	Injection, factor viii, antihemophilic factor (recombinant), glycopegylated-exei, per iu (E	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7205	Injection, factor viii fc fusion protein (recombinant), per iu (ELOCTATE)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u. (ADYNOVAT	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylatedauctl, 1 i.u. (JIVI)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J7209	Injection, factor viii, (antihemophilic factor, recombinant), 1 i.u. (NUWIK)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7210	Injection, factor viii, (antihemophilic factor, recombinant), 1 i.u. (AFSTYLA)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7211	Injection, factor viii, (antihemophilic factor, recombinant), 1 i.u. (KOVALTRY)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7212	Factor viia (antihemophilic factor, recombinant)-jncw, 1 microgram (SEVENFACT)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J7311	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg (RETISERT)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg (OZURDEX)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg (ILUVIEN)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J7314	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg (YUTIQ)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J7318	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 1 MG (DUROLANE)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7320	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 1 MG (GENVISC 850)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7321	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, PER DOSE (HYALGAN)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7321	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, PER DOSE (SUPARTZ)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7321	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, PER DOSE (VISCO-3)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit



## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J7322	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 1 MG (HYMOVIS)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7323	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, PER DOSE (EUFLEXXA)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7324	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, PER DOSE (ORTHOVISC)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7325	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 1 MG (SYNVISC)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7325	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 1 MG (SYNVISC-ONE)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7326	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, PER DOSE (GEL-ONE)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7327	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, PER DOSE (MONOVISC)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit

## Medicaid-CHIP drugs that require prior authorization.



Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J7328	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 0.1 MG (GELSYN-3)	Auth required	PDL Preferred with PA	Pharmacy	Pharmacy Benefit
J7329	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 1 MG (TRIVISC)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7331	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 1 MG (SYNOJOYNT)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7332	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 1 MG (TRILURON)	Auth required	PDL non-preferred	Pharmacy	Pharmacy Benefit
J7402	Mometasone furoate sinus implant, 10 micrograms (SINUVA)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J7686	Treprostinil non-comp unit, 1.74 MG (TYVASO)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose (Adstiladrin)	Auth required	Non-PDL	Pharmacy	Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
J9217	Leuprolide acetate (for depot suspension), 7.5 mg (LUPRON, ELIGARD)	Auth required	PDL Preferred with PA	Pharmacy or eviCore (if cancer diagnosis.)	Pharmacy or Medical Benefit
J9218	Leuprolide acetate inj, 1 MG (LEUPROLIDE)	Auth required	PDL Preferred with PA	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
J9225	Histrelin implant, 50 mg (VANTAS)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
J9226	Histrelin implant, 50 mg (SUPPRELIN LA)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
J9348	Injection, naxitamab-gqgk (Danyelza)	Auth required	Non-PDL	Gene Therapy/HART	Medical Benefit
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use) (Feraheme).	Auth required	PDL non-preferred	Pharmacy	Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialy	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
Q4074	Iloprost non-comp unit dose, 20 MCG (VENTAVIS)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
Q4081	Epoetin alfa esrd, 100 UNITS (EPOGEN)	Auth required	PDL Preferred with PA	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
Q4081	Epoetin alfa esrd, 100 UNITS (PROCRIT)	Auth required	PDL non-preferred	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
Q5101	Injection, filgrastim-sndz, biosimilar, 1 microgram (ZARXIO)	Auth required	PDL non-preferred	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
Q5103	Injection, infliximab-dyyb, biosimilar, 10 mg (INFLECTRA)	Auth required	PDL Non-Preferred	Pharmacy	Medical Benefit
Q5104	Injection, infliximab-abda, biosimilar, 10 mg (RENFLEXIS)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
Q5105	Inj Retacrit esrd on dialysis, 100 units (RETACRIT)	Auth required	PDL Preferred with PA	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
Q5106	Inj Retacrit non-esrd use, 1000 units. (RETACRIT)	Auth required	PDL Preferred with PA	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, 0.5 mg (FULPHILA)	Auth required	PDL Preferred with PA	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
Q5109	Injection, infliximab-qbtx, biosimilar, 10 mg (IXIFI)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
Q5110	Injection, filgrastim-aafi, biosimilar, 1 microgram (NIVESTYM)	Auth required	PDL non-preferred	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, 0.5 mg (UDENCYA)	Auth required	PDL non-preferred	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
Q5120	Injection, pegfilgrastim-bmez, biosimilar, 0.5 mg (ZIENTENZO)	Auth required	PDL non-preferred	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
Q5121	Injection, infliximab-axxq, biosimilar, 10 MG (AVSOLA)	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
Q5122	Injection, pegfilgrastim-apgf, biosimilar, 0.5 mg (NYVEPRIA)	Auth required	PDL non-preferred	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
Q5124	Injection, ranibizumab-nuna, biosimilar, 0.1 mg (BYOOVIZ)	Auth required	PDL Preferred with PA	Pharmacy	Medical Benefit
Q5125	Injection, filgrastim-ayow, biosimilar, 1 microgram (RELEUKO)	Auth required	PDL Preferred with PA	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit
Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	Auth required	Non-PDL	Pharmacy	Medical Benefit
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Auth required	PDL non-preferred	Pharmacy	Medical Benefit
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Auth required	PDL non-preferred	Pharmacy	Pharmacy or Medical Benefit

## Medicaid-CHIP drugs that require prior authorization.

Code	Description	Comments	PA PDL Status	Reviewer	Benefit Restriction
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	Auth required	Non-PDL	Pharmacy	Medical Benefit
Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	Auth required	Non-PDL	Pharmacy	Medical Benefit
S0189	Testosterone pellet, 75 mg (Testopel Implant Pellet)	Auth required	PDL Preferred with PA	Pharmacy or eviCore (if cancer diagnosis)	Pharmacy or Medical Benefit