

Advantage MD Medical Benefit (Part B) Drug Prior Authorization List

These prior authorization requirements impact all Advantage MD members.

**For certain drug classes, Advantage MD 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>	Effective Date
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Tecartus	7/15/2021
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	7/15/2021
J0178	Injection, aflibercept, 1 mg	Eylea	7/15/2021
J0179	Injection, brolocizumab-dbl, 1 mg	Beovu	7/15/2021
J0202	Injection, alemtuzumab, 1 mg	Lemtrada	7/15/2021
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	Lumizyme	7/15/2021
J0222	Injection, patisiran, 0.1 mg	Onpattro	7/15/2021
J0223	Injection, givosiran, 0.5 mg	Givlaari	7/15/2021
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	Aralast NP, Prolastin-C, Zemaira	7/15/2021
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Glassia	7/15/2021
J0490	Injection, belimumab, 10 mg	Benlysta	7/15/2021
J0517	Injection, benralizumab, 1 mg	Fasenra syringe	7/15/2021
J0584	Injection, burosumab-twza 1 mg	Crysvita	7/15/2021
J0585	Injection, onabotulinumtoxin a, 1 unit	Botox	7/15/2021
J0586	Injection, abobotulinumtoxin a, 5 units	Dysport	7/15/2021
J0587	Injection, rimabotulinumtoxin b, 100 units	Myobloc	7/15/2021
J0588	Injection, incobotulinumtoxin a, 1 unit	Xeomin	7/15/2021
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	Takhzyro	7/15/2021
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Ruconest	7/15/2021
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	Berinerit	7/15/2021
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	Cinryze	7/15/2021
J0638	Injection, canakinumab, 1 mg	Ilaris	7/15/2021
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Levoleucovorin	7/15/2021
J0642	Injection, levoleucovorin (khapsory), 0.5 mg	Khapsory	7/15/2021
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Xiaflex	7/15/2021
J0791	Injection, crizanlizumab-tmca, 5 mg	Adakveo	7/15/2021
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Aranesp (albumin free)	7/15/2021
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	Epogen, Procrit	7/15/2021
J0897	Injection, denosumab, 1 mg	Prolia, Xgeva	7/15/2021
J1290	Injection, ecallantide, 1 mg	Kalbitor	7/15/2021
J1300	Injection, eculizumab, 10 mg	Soliris	7/15/2021
J1301	Injection, edaravone, 1 mg	Radicava, Edaravone	7/15/2021
J1303	Injection, ravulizumab-cwvz, 10 mg	Ultomiris	7/15/2021
J1322	Injection, elosulfase alfa, 1 mg	Vimizim	7/15/2021
J1428	Injection, eteplirsen, 10 mg	Exondys 51	7/15/2021
J1458	Injection, galsulfase, 1 mg	Naglazyme	7/15/2021
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Privigen	7/15/2021
J1555	Injection, immune globulin (cuvitru), 100 mg	Cuvitru	7/15/2021
J1556	Injection, immune globulin (bivigam), 500 mg	Bivigam	7/15/2021
J1557	Injection, immune globulin (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammaplex	7/15/2021
J1559	Injection, immune globulin (hizentra), 100 mg	Hizentra	7/15/2021
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Gammaked, Gamunex-C	7/15/2021
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Gammagard S/D less IgA	7/15/2021
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Octagam	7/15/2021
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Gammagard	7/15/2021
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Flebogamma DIF	7/15/2021
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Hyqvia	7/15/2021
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Alyglo	7/15/2021
J1602	Injection, golimumab, 1 mg, for intravenous use	Simponi Aria	7/15/2021
J1744	Injection, icatibant, 1 mg	Firazyr, Sajazir, icatibant acetate	7/15/2021
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Remicade, Infliximab	7/15/2021
J1930	Injection, lanreotide, 1 mg	Somatuline Depot, Lanreotide acetate	7/15/2021
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Lupron Depot (1-Month, 3-Month)	7/15/2021
J2182	Injection, mepolizumab, 1 mg	Nucala	7/15/2021
J2323	Injection, natalizumab, 1 mg	Tysabri	7/15/2021
J2326	Injection, nusinersen, 0.1 mg	Spinraza	7/15/2021
J2350	Injection, ocrelizumab, 1 mg	Ocrevus	7/15/2021
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Sandostatin LAR Depot, Octreotide Acetate	7/15/2021
J2357	Injection, omalizumab, 5 mg	Xolair lyophilized powder vial, prefilled syringe, auto-injector	7/15/2021
J2502	Injection, pasireotide long acting, 1 mg	Signifor LAR	7/15/2021
J2507	Injection, pegloticase, 1 mg	Krystexxa	7/15/2021
J2778	Injection, ranibizumab, 0.1 mg	Lucentis	7/15/2021
J2786	Injection, reslizumab, 1 mg	Cinqair	7/15/2021
J2796	Injection, romiplostim, 10 micrograms	Nplate	7/15/2021

J2840	Injection, sebelipase alfa, 1 mg	Kanuma	7/15/2021
J3110	Injection, teriparatide, 10 mcg	Forteo, Teriparatide	7/15/2021
J3111	Injection, romosozumab-aqgg, 1 mg	Evenity	7/15/2021
J3262	Injection, tocilizumab, 1 mg	Actemra intravenous	7/15/2021
J3315	Injection, triptorelin pamoate, 3.75 mg	Trelstar Mixject	7/15/2021
J3358	Ustekinumab, for intravenous injection, 1 mg	Stelara intravenous	7/15/2021
J3380	Injection, vedolizumab, intravenous, 1 mg	Entyvio	7/15/2021
J3396	Injection, verteporfin, 0.1 mg	Visudyne	7/15/2021
J3397	Injection, vestronidase alfa-vjvk, 1 mg	Mepsevii	7/15/2021
J3398	Injection, voretigene neparovvec-rzyl, 1 billion vector genomes	Luxturna	7/15/2021
J3399	Injection, onasemnogene abeparovvec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	Zolgensma	7/15/2021
J3489	Injection, zoledronic acid, 1 mg	Reclast, Zoledronic acid	7/15/2021
J7170	Injection, emicizumab-kxwh, 0.5 mg	Hemlibra	7/15/2021
J7175	Injection, factor x, (human), 1 i.u.	Coagadex	7/15/2021
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0	Vonvendi	7/15/2021
J7180	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	Corifact	7/15/2021
J7181	Injection, factor xiii a-subunit, (recombinant), per iu	Tretten	7/15/2021
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	Novoeight	7/15/2021
J7183	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0	Wilate	7/15/2021
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	Xyntha Solofuse, Xyntha	7/15/2021
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	Alphanate	7/15/2021
J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rc0	Humate-P	7/15/2021
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Obizur	7/15/2021
J7189	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram	Novoseven RT	7/15/2021
J7190	Factor viii (antihemophilic factor, human) per i.u.	Hemofil M, Koate, Koate-DVI	7/15/2021
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	Advate, Kogenate FS, Recombinate	7/15/2021
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	Alphanine SD	7/15/2021
J7194	Factor ix, complex, per i.u.	Profilnine	7/15/2021
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	BeneFIX	7/15/2021
J7198	Anti-inhibitor, per i.u.	Feiba	7/15/2021
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Rixubis	7/15/2021
J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	Alprolix	7/15/2021
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Idelvion	7/15/2021
J7203	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	Rebinyon	7/15/2021
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Esperoct	7/15/2021
J7205	Injection, factor viii fc fusion protein (recombinant), per iu	Eloctate	7/15/2021
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Adynovate	7/15/2021
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Jivi	7/15/2021
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Nuwiq	7/15/2021
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	Afstyla	7/15/2021
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (koyaltry), 1 i.u.	Koyaltry	7/15/2021
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Durolane	7/15/2021
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	GenVisc 850	7/15/2021
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Hyalgan, Supartz FX, Visco-3	7/15/2021
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Hymovis	7/15/2021
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Euflexxa	7/15/2021
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Orthovisc	7/15/2021
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Synvisc, Synvisc One	7/15/2021
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Gel-one	7/15/2021
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Monovisc	7/15/2021
J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	Gelsyn-3	7/15/2021
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	TriVisc	7/15/2021
J9015	Injection, aldesleukin, per single use vial	Proleukin	7/15/2021
J9022	Injection, atezolizumab, 10 mg	Tecentriq	7/15/2021
J9023	Injection, avelumab, 10 mg	Bavencio	7/15/2021
J9033	Injection, bendamustine hcl (treanda), 1 mg	Treanda, Bendamustine HCL	7/15/2021
J9034	Injection, bendamustine hcl (bendeka), 1 mg	Bendeka	7/15/2021
J9035	Injection, bevacizumab, 10 mg	Avastin	7/15/2021
J9036	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Belrapzo, Bendamustine HCl	7/15/2021
J9039	Injection, blinatumomab, 1 microgram	Blinicyto	7/15/2021
J9055	Injection, cetuximab, 10 mg	Erbix	7/15/2021
J9057	Injection, copanlisib, 1 mg	Aliqopa	7/15/2021
J9119	Injection, cemiplimab-rwlc, 1 mg	Libtayo	7/15/2021
J9145	Injection, daratumumab, 10 mg	Darzalex	7/15/2021
J9173	Injection, durvalumab, 10 mg	Imfinzi	7/15/2021
J9202	Goserelin acetate implant, per 3.6 mg	Zoladex	7/15/2021
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Eligard, Lupron Depot (1-Month, 3-Month, 4-Month, 6-Month)	7/15/2021
J9228	Injection, ipilimumab, 1 mg	Yervoy	7/15/2021
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Besponsa	7/15/2021
J9271	Injection, pembrolizumab, 1 mg	Keytruda	7/15/2021
J9299	Injection, nivolumab, 1 mg	Opdivo	7/15/2021
J9306	Injection, pertuzumab, 1 mg	Perjeta	7/15/2021
J9308	Injection, ramucirumab, 5 mg	Cyramza	7/15/2021
J9312	Injection, rituximab, 10 mg	Rituxan	7/15/2021
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Kadcyla	7/15/2021
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Herceptin	7/15/2021
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	7/15/2021
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Kymriah	7/15/2021

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	7/15/2021
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Inflectra	7/15/2021
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Renflexis	7/15/2021
Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units	Retacrit	7/15/2021
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Mvasi	7/15/2021
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Ogivri	7/15/2021
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Truxima	7/15/2021
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Trazimera	7/15/2021
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Kanjinti	7/15/2021
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Avsola	7/15/2021
J0717	Injection, certolizumab pegol, 1 mg	Cimzia lyophilized powder vial	1/1/2022
J3245	Injection, tildrakizumab, 1 mg	Ilumya	1/1/2022
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Zirabev	1/1/2022
J0888	Injection, epoetin beta, 1 microgram	Mircera	1/1/2022
J1447	Injection, tbo-filgrastim, 1 microgram	Granix	1/1/2022
J2820	Injection, sargramostim (GM-CSF), 50 mcg	Leukine	1/1/2022
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram	Neupogen	1/1/2022
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram	Nivestym	1/1/2022
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 microgram	Zarxio	1/1/2022
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Neulasta, Neulasta Onpro	1/1/2022
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Fulphila	1/1/2022
Q5122	Injection, pegfilgrastim-appg, biosimilar, (nyvepria), 0.5 mg	Nyvepria	1/1/2022
Q5111	Injection, Pegfilgrastim-cbqv, biosimilar, (udenycya), 0.5 mg	Udenycya prefilled syringe, Udenycya Onbody	1/1/2022
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	Ziextenzo	1/1/2022
J1786	Injection, imiglucerase, 10 units	Cerezyme	1/1/2022
J3385	Injection, velaglucerase alfa, 100 units	Vpriv	1/1/2022
J3060	Injection, taliglucerase alfa, 10 units	Eleyso	1/1/2022
J9155	Injection, degarelix, 1 mg	Firmagon, Firmagon (240 MG Dose)	1/1/2022
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Riabni	1/1/2022
J9311	Injection, rituximab 10 mg and hyaluronidase	Rituxan Hycela	1/1/2022
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Ruxience	1/1/2022
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Herzuma	1/1/2022
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Herceptin Hylecta	1/1/2022
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Ontruzant	1/1/2022
J0172	Injection, aducanumab-awwa, 2 mg	Aduhelm	1/1/2022
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	Synojoynt	9/1/2022
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Byooviz	5/1/2023
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 mcg	Releuko	5/1/2023
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Alymsys	5/1/2023
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Stimufend	5/1/2023
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Cimerli	5/1/2023
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Vegzelma	5/1/2023
Q5130	Injection, pegfilgrastim-pbbk (flyneta), biosimilar, 0.5 mg	Flyneta	5/1/2023
J1411	Injection, etranacogene dezaparovec-drlb, per therapeutic dose	Hemgenix	7/1/2023
J2356	Injection, tezepelumab-ekko, 1 mg	Tezspire vial and syringe	7/1/2023
J1952	Leuprolide injectable, (camcevi), 1 mg	Camcevi	7/1/2023
J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Panzyga	10/1/2023
J7213	Injection, coagulation factor IX (recombinant), Ixinity, 1 IU	Ixinity	10/1/2023
J9056	Injection, bendamustine HCl (Vivimusta), 1 mg	Vivimusta	10/1/2023
J9058	Injection, bendamustine HCl (Apotex), 1 mg	Bendamustine	10/1/2023
J9059	Injection, bendamustine HCl (Baxter), 1 mg	Bendamustine	10/1/2023
J1954	Injection, leuprolide acetate for depot suspension (cipla), 7.5 mg	Leuprolide Depot (3-month)	4/1/2024
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Susvimo	4/1/2024
J2777	Injection, faricimab-svoa, 0.1 mg	Vabysmo	4/1/2024
J1449	Injection, eflapegrastim-xnst, 0.1 mg	Rolvedon	4/1/2024
J2329	Injection, ublituximab-xiiy, 1mg	Briumvi	4/1/2024
J0177	Injection, aflibercept hd, 1 mg	Eylea HD	6/1/2024
J0589	Injection, daxibotulinumtoxin-a-lanm, 1 unit	Daxxify	6/1/2024
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Sevenfact	6/1/2024
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	Altuviio	6/1/2024
J3055	Injection, talquetamab-tgvs, 0.25 mg	Talvey	6/1/2024
J1323	Injection, elranatamab-bcmm, 1 mg	Elfrexio	6/1/2024
J1551	Injection, immune globulin (cutaquig), 100 mg	Cutaquig	3/15/2025
J1558	Injection, immune globulin (xembify), 100 mg	Xembify	3/15/2025
J1932	Injection, lanreotide, (cipla), 1 mg	Lanreotide Acetate	3/15/2025
J1552	Injection, immune globulin (alyglo), 500 mg	Alyglo	3/15/2025
J2802	Injection, romiplostim, 1 microgram	Nplate	3/15/2025
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Rylaze	3/15/2025

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

Part B Drugs – Biosimilars-first Medical Preferred Drug List

The listed preferred products must be used first. An exception process is in place for specific circumstances that may warrant a need for a non-preferred product. For example, this step therapy requirement does not apply to plan's members who are actively receiving treatment (i.e., members with a paid claim within the past 365 days) with non-preferred product on the Biosimilars-first Medical Preferred Drug List.

2025 Drug Class	2025 Non-Preferred Product(s)*	2025 Preferred Product(s)
Alpha-1 Antitrypsin Deficiency	Aralast Glassia	Prolastin-C Zemaira
Autoimmune Infused/Other	Actemra Cimzia Ilumya Orencia Stelara	Entyvio Simponi Aria
Avastin/Biosimilars (Oncology)	Alymsys Avastin Vegzelma	Mvasi Zirabev
Botulinum Toxins	Botox Myobloc	Dysport Xeomin
Hematologic, Erythropoiesis –Stimulating Agents (ESA)	Epogen Mircera Procrit	Aranesp Retacrit
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Fylmetra Nyvepria Rolvedon Stimufend Udenyca Ziextenzo	Fulphila Neulasta
Hereditary Transthyretin Amyloidosis		Amvuttra Onpattro
Immune Globulin-IV	Asceniv Bivigam Gammagard Liquid Gammaplex Panzyga	Flebogamma Gammaked Gamunex-C Octagam Privigen
Immune Globulin-SC	Cutaquig Cuvitru HyQvia Xembify	Hizentra
Lysosomal Storage Disorders – Gaucher Disease	VPRIV	Cerezyme Elelyso
Multiple Sclerosis (Infused)	Briumvi Lemtrada Tysabri	Ocrevus Tyruko
Osteoarthritis, Viscosupplements – Multi Injection	Gelsyn-3 GenVisc Hyalgan Hymovis Orthovisc Supartz FX Triluron TriVisc Visco-3	Euflexxa Synvisc
Osteoarthritis, Viscosupplements – Single Injection	Gel-One Monovisc	Durolane Synvisc-One
PD1/L1 Immune Checkpoint Inhibitors-Basal Cell & Squamous Cell	Keytruda	Libtayo
PD1/L1 Immune Checkpoint Inhibitors-NSCLC	Imfinzi Keytruda Opdivo Tecentriq	Libtayo
Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents	Camcevi Lupron Depot Trelstar Zoladex	Eligard
Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents		Firmagon
Retinal Disorders Agents - (ARMD) Age-Related Macular Degeneration	Beovu Cimerli Lucentis Susvimo Vabysmo	Avastin, then Byooviz** Eylea** Eylea HD**
Rituximab	Riabni Rituxan Rituxan Hycela	Ruxience Truxima
Severe Asthma	Cinqair Nucala Tezspire	Fasenra Xolair

Trastuzumab	Herceptin Herceptin Hylecta Herzuma Ontruzant	Kanjinti Ogivri Trazimera
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**Single step for Byooviz, Eylea and Eylea HD through Avastin. Everything else double stepped through Byooviz and Eylea/Eylea HD.

*Non-preferred product(s) are only available if process exception criteria are met when prior authorization is required. Please check the Prior Authorization list above.

This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition.

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Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Listed therapeutic classes and specific drug preferred designations are subject to change based on new drug launches, product approvals, drug withdrawals and other market changes.

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.