



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

These prior authorization requirements impact all Advantage MD members.

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	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	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	Berinerter	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	Fusilev, levoleucovorin calcium	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
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	Cytogam	7/15/2021
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Aranesp (albumin free)	7/15/2021
J0882	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	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	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, (gammalex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammalex	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	Carimune NF, 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
J1573	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml	Hepagam B	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	Panzyga	7/15/2021
J1602	Injection, golimumab, 1 mg, for intravenous use	Simponi Aria	7/15/2021
J1744	Injection, icatibant, 1 mg	Firazyr, icatibant acetate	7/15/2021
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Remicade	7/15/2021
J1930	Injection, lanreotide, 1 mg	Somatuline Depot	7/15/2021
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Eligard, Lupron Depot	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	7/15/2021
J2357	Injection, omalizumab, 5 mg	Xolair	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
J2792	Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	WinRho SDF	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-aqqg, 1 mg	Evenity	7/15/2021
J3262	Injection, tocilizumab, 1 mg	Actemra	7/15/2021
J3315	Injection, triptorelin pamoate, 3.75 mg	Trelstar Mixject, Trelstar	7/15/2021
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Stelara Subcutaneous	7/15/2021
J3358	Ustekinumab, for intravenous injection, 1 mg	Stelara IV	7/15/2021
J3380	Injection, vedolizumab, 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 neparvovec-rzyl, 1 billion vector genomes	Luxturna	7/15/2021
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	Zolgensma	7/15/2021
J3489	Injection, zoledronic acid, 1 mg	Reclast, zoledronic acid, Zometa	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:rco	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:rco	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/VWF Complex/Human	7/15/2021
J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rco	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	7/15/2021
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	Advate, Kogenate FS, Kogenate FS Bio-Set, Recombinate	7/15/2021
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	Alphanine SD, Mononine	7/15/2021
J7194	Factor ix, complex, per i.u.	Profilnine SD, Profilnine	7/15/2021
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	Benefix, Ixinity	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	Rebinyn	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, 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
J9019	Injection, asparaginase (erwinaze), 1,000 iu	Erwinaze	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	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	7/15/2021
J9039	Injection, blinatumomab, 1 microgram	Blinicyto	7/15/2021
J9055	Injection, cetuximab, 10 mg	Erbitux	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	7/15/2021
J9225	Histrelin implant (vantas), 50 mg	Vantas	7/15/2021
J9226	Histrelin implant (supprelin la), 50 mg	Supprelin LA	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
J9285	Injection, olaratumab, 10 mg	Lartruvo	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
Q4081	Injection, epoetin alfa, 100 units (for esrd on dialysis)	Epogen, Procrit	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
Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Retacrit	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	1/1/2022
J3245	Injection, tildrakizumab, 1 mg	Ilumya	1/1/2022
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Zirabev	1/1/2022
J0887	Injection, epoetin beta, 1 microgram	Mircera	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
J2505	Injection, pegfilgrastim, 6 mg	Neulasta	1/1/2022
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Fulphila	1/1/2022
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	Nyvepria	1/1/2022
Q5111	Injection, Pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg	Udenyca	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	Elelyso	1/1/2022
J9155	Injection, degarelix, 1 mg	Firmagon	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-avwa, 2 mg	Aduhelm	1/1/2022

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

January 2022 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

Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
Acromegaly	Signifor LAR	Somatuline Depot, Sandostatin LAR

Alpha-1 Antitrypsin Deficiency	Aralast Glassia Zemaira	Prolastin-C	
Autoimmune	Actemra Cimzia Ilumya Remicade Orencia Stelara	Avsola Entyvio Inflectra Renflexis Simponi Aria	
Bevacizumab	Avastin	Mvasi Zirabev	
Botulinum Toxins	Botox Myobloc	Dysport Xeomin	
Hematologic, Erythropoiesis –Stimulating Agents (ESA)	Epogen Procrit Mircera	Aranesp Retacrit	
Hematologic, Neutropenia Colony Stimulating Factors – Short Acting	Granix Leukine Neupogen	Nivestym Zarxio	
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Neulasta	Fulphila Nyvepria Udenyca Ziextenzo	
Lysosomal Storage Disorders – Gaucher Disease	Cerezyme VPRIV	Elelyso	
Multiple Sclerosis (Infused)	Lemtrada	Tysabri	
Osteoarthritis, Viscosupplements – Single Injection	Durolane Gel-One Monovisc	Synvisc-One	

Osteoarthritis, Viscosupplements – Multi Injection	Euflexxa Gelsyn-3 GenVisc Hyalgan Hymovis TriVisc Visco-3	Orthovisc Synvisc	
Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Antagonist Agents		Firmagon	
Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents	Lupron Depot Trelstar Zoladex	Eligard	
Retinal Disorders Agents	Beovu Eylea Lucentis	Avastin	
Rituximab	Rituxan	Riabni Rituxan Hycela Ruxience Truxima	
Severe Asthma	Cinqair	Fasenra Nucala Xolair	
Trastuzumab	Herceptin	Herzuma Herceptin Hylecta Kanjinti Ogivri Ontruzant Trazimera	
*Non-preferred product(s) are only available if process exception criteria are met.			

<p>This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Johns Hopkins Advantage MD. 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.</p>			