

Medical benefit drugs requiring prior authorization from Magellan Health Services

| Brand name | HCPCS |
|--|-----------------|
| Abraxane | J9264 |
| Actemra IV* | J3262 |
| Acthar_HP* | J0800 |
| Adcetris | J9042 |
| Akynzeo IV | J1454 |
| Alimta | J9305 |
| Aloxi | J2469 |
| Aranesp† | J0881 |
| Arzerra | J9302 |
| Asparlas | J9118 |
| Avastin | J9035 |
| Bavencio | J9023 |
| Beleodaq | J9032 |
| Belrapzo Solution 100 MG/4ML Intravenous | J9036 |
| Bendeka | J9034 |
| Benlysta IV* | J0490 |
| Berinert* | J0597 |
| Bivigam | J1556 |
| Blincyto | J9039 |
| Carimune NF | J1566 |
| Cimzia* | J0717 |
| Cinqair* | J2786 |
| Cinryze* | J0598 |
| Cutaquig | J3590 |
| Cuvitru* | J1555 |
| Cyramza | J9308 |
| Darzalex | J9145 |
| Elzonris | J9269 |
| Empliciti | J9176 |
| Entyvio* | J3380 |
| Erbix | J9055 |
| Evenity | J3111 |
| Fasenra* | J0517 |
| Flebogamma | J1572 |
| Fulphila | Q5108 |
| Fusilev | J0641 |
| Gamifant | J9210 |
| Gammagard Liquid | J1569 |
| Gammagard S/D | J1566 |
| Gammaked/Gamunex-C | J1561 |
| Gammaplex | J1557 |
| Gazyva | J9301 |
| Haegarda* | J0599 |
| Halaven | J9179 |
| Herceptin | J9355 |
| Herceptin Hylecta | J9356 |
| Herzuma | Q5113 |
| Hizentra | J1559 |
| Hyqvia* | J1575 |
| Imfinzi | J9173 |
| Inflectra* | Q5103 |
| Infugem | J9999 |
| Intravenous Immune Globulin | J1599 |
| Jevtana | J9043 |
| Kadcyla | J9354 |
| Kalbitor* | J1290 |
| Kanjinti | Q5117 |
| Keytruda | J9271 |
| Khapzory | J3490/ C9043 |
| Krystexxa* | J2507 |
| Kyprolis | J9047 |
| Lemtrada | J0202 |
| Libtayo | J9119 |

| Brand name | HCPCS |
|---|-----------------|
| Lumoxiti | J9313 |
| Luxturna Suspension 5000000000000 VG/ ML Intraocular | J3398 |
| Marqibo | J9371 |
| Mircera | J0888 |
| Mvasi | Q5107 |
| Neulasta | J2505 |
| Nplate* | J2796 |
| Nucala* | J2182 |
| Ocrevus* | J2350 |
| Octagam | J1568 |
| Ogivri | Q5114 |
| Onivyde | J9205 |
| Onpattro Solution 10 MG/ 5ML Intravenous | J0222 |
| Ontruzant | Q5112 |
| Opdivo | J9299 |
| Orencia IV* | J0129 |
| Panzyga* | J1599 |
| Perjeta | J9306 |
| Polivy | J9999 |
| Poteligeo | J9204 |
| Privigen | J1459 |
| Procrit/Epogen† | J0885 |
| Prolia/Xgeva | J0897 |
| Provenge | Q2043 |
| Remicade* | J1745 |
| Renflexis* | Q5104 |
| Retacrit | Q5106 |
| Rituxan | J9312 |
| Rituxan Hycela | J9311 |
| Ruconest* | J0596 |
| Simponi_Aria* | J1602 |
| Soliris* | J1300 |
| Spinraza Solution 12 MG/5ML Intrathecal | J2326 |
| Spravato | J3490/ C9399 |
| Stelara** | J3357 |
| Stelara IV | J3358 |
| Sustol | J1627 |
| Sylvant | J2860 |
| Synagis Solution 100 MG/ML Intramuscular* | 90378 |
| Synribo | J9262 |
| Takzyro | J0593 |
| Tecentriq | J9022 |
| Tegsedi Solution Prefilled Syringe 284 MG/1.5ML Subcutaneous | J3490 |
| Trazimera | Q5116 |
| Treanda | J9033 |
| Truxima | Q5115 |
| Tysabri* | J2323 |
| Udenyca | Q5111 |
| Ultomiris | J1303 |
| Unituxin | J9999 |
| Vectibix | J9303 |
| Xembify | J3590 |
| Xolair* | J2357 |
| Yervoy | J9228 |
| Yondelis | J9352 |
| Zaltrap | J9400 |
| Zilretta Suspension Reconstituted ER 32 MG Intra-Articular | J3304 |
| Zirabev | Q5118 |
| Zolgensma | J3590 |

* For City of Worcester members, these drugs are excluded. Please contact their PBM for instructions.

† For GIC members, these drugs are excluded. Please contact their PBM for instructions.

Medical benefit drugs subject to claim edit review

| Brand name | HCPCS |
|------------------|-------|
| Aralast NP* | J0256 |
| Besponsa | J9229 |
| Botox | J0585 |
| Brineura | J0567 |
| Cerezyme* | J1786 |
| Crysvita* | J0584 |
| Durolane# | J7318 |
| Dysport | J0586 |
| Elaprase* | J1743 |
| Elelyso* | J3060 |
| Eligard | J9217 |
| Emend | J1453 |
| Euflexxa | J7323 |
| Exondys 51 | J1428 |
| Eylea | J0178 |
| Fabrazyme* | J0180 |
| Faslodex | J9395 |
| Gel-One# | J7326 |
| Gelsyn-3# | J7328 |
| Genvisc 850# | J7320 |
| Glassia* | J0257 |
| Granix | J1447 |
| Hymovis# | J7322 |
| Ilaris* | J0638 |
| Ilumya* | J3245 |
| Imlygic | J9325 |
| Kanuma* | J2840 |
| Leukine | J2820 |
| Lucentis | J2778 |
| Lupron Depot | J1950 |
| Lupron Depot | J9217 |
| Lupron Depot Ped | J1950 |
| Macugen | J2503 |

| Brand name | HCPCS |
|---|-------|
| Mepsevii | J3397 |
| Monovisc# | J7327 |
| Myobloc | J0587 |
| Naglazyme* | J1458 |
| Neupogen | J1442 |
| Nivestym | Q5110 |
| Octreotide Acetate | J2354 |
| Orthovisc# | J7324 |
| Prolastin-C* | J0256 |
| Radicava | J1301 |
| Sandostatin_LAR | J2353 |
| Signifor LAR | J2502 |
| Somatuline Depot* | J1930 |
| Sublocade | Q9991 |
| Sublocade | Q9992 |
| Supartz; Hyalga <i>(Covered for Medicaid and Medicare plans only.)</i> | J7321 |
| Synjoynt# | J7331 |
| Synvisc/ Synvisc-One# | J7325 |
| Trelstar | J3315 |
| Triluron# | J7332 |
| Triptodur Suspension | J3316 |
| TriVisc# | J7329 |
| Trogarzo | J1746 |
| Vantas | J9225 |
| Velcade | J9041 |
| Vimizim* | J1322 |
| Vpriv* | J3385 |
| Xeomin | J0588 |
| Zarxio | Q5101 |
| Zemaira* | J0256 |
| Zofran | J2405 |
| Zoladex | J9202 |

* Drug is excluded from use for City of Worcester members. Please contact their PBM for instructions.

Covered for Medicare plans only.

For more information, please see the Drugs and Biologicals Payment Policy at fallonhealth.org/providers/criteria-policies-guidelines/payment-policies.