



Medical Injectable Drug (Part B) Authorization List

The medical drugs on this list are most often given in the doctor’s office. They require either prior authorization or step therapy approval before they can be dispensed or given. Drugs requiring step therapy are marked as “ST”. Providers should review the injectable drug policy before sending an approval request. Drugs not found on this list do not require a prior authorization through the medical benefit.

Submit an authorization request one of the following ways:

- Online (ePA) via the [ExpressPAth Portal](#).
- Fax the authorization request form, found on the [Pharmacy webpage](#), to Care Continuum at: 1-877-266-1871.
- Call Care Continuum at 1-800-818-6747.

Drug Name	HCPCS Code
Abecma	Q2055
Abraxane	J9264
Actemra	J3262
Acthar Gel	J0801
Adakveo	J0791
Adcetris	J9042
Adstiladrin	J9029
Aduhelm	J0172
Aldurazyme	J1931
Alimta	J9305
Aliqopa	J9057
Alymsys	Q5126
Amondys 45	J1426
Amvuttra	J0225
Aralast NP	J0256
Arzerra	J9302
Asparlas	J9118

Drug Name	HCPCS Code
Avastin - ST	J9035
Azedra (diagnostic and therapeutic)	A9590
Bavencio	J9023
Beleodaq	J9032
Benlysta IV	J0490
Beovu - ST	J0179
Berinert	J0597
Besponsa	J9229
Blenrep	J9037
Blinicyto	J9039
Breyanzi	Q2054
Brineura	J0567
Briumvi	J2329
Byooviz	Q5124
Cablivi	C9047
Carvykti	Q2056

Drug Name	HCPCS Code
Cerezyme	J1786
Chorionic Gonadotropin	J0725
Cimerli	Q5128
Cimzia	J0717
Cinqair - ST	J2786
Cinryze	J0598
Columvi	NOC
Cortrophin Gel	J0802
Cosela	J1448
Crysvita	J0584
Cyramza	J9308
Danyelza	J9348
Darzalex	J9145
Darzalex Faspro	J9144
Duopa	J7340
Durolane	J7318
Elahere	J9063

Drug Name	HCPCS Code
Elaprase	J1743
ElELYso	J3060
Elevidys	NOC
Elfabrio	NOC
Elrexfio	NOC
Elzonris	J9269
Empliciti	J9176
Enhertu	J9358
Enjaymo	J1302
Entyvio	J3380
Epkinly	C9155
Epogen - ST	J0885
Erbix	J9055
Erwinaze	J9019
Evenity	J3111
Evkeeza	J1305
Exondys 51	J1428
Eylea - ST	J0178
Eylea HD- ST	NOC
Fabrazyme	J0180
Fasenra	J0517
Firazyr	J1744
Folotyn	J9307
Fulphila - ST	Q5108
Fyarro	J9331
Fylnetra	Q5130
Gamifant	J9210
Gazyva	J9301
Gel-One	J7326
Gelsyn 3	J7328
GenVisc 850	J7320
Givlaari	J0223
Glassia	J0257
Granix - ST	J1447

Drug Name	HCPCS Code
Haegarda	J0599
Hemgenix	J1411
Hemlibra	J7170
Herceptin - ST	J9355
Herceptin Hylecta - ST	J9356
Herzuma - ST	Q5113
Hyalgan	J7321
Hymovis	J7322
Ilaris	J0638
Ilumya	J3245
Imcivree	NOC
Imfinzi	J9173
Imjudo	J9347
Imlygic	J9325
Infliximab	J1745
Istodax	J9319
Izervay	NOC
Jelmyto	J9281
Jemperli	J9272
Jevtana	J9043
Kadcyla	J9354
Kalbitor	J1290
Kanuma	J2840
Keytruda	J9271
Kimtrak	J9274
Krystexxa	J2507
Kymriah	Q2042
Kyprolis	J9047
Lamzed	NOC
Lanreotide – Effective 1/1/2024	J1932
Lartruvo	J9285
Lemtrada	J0202

Drug Name	HCPCS Code
Leqembi	J0174
Leqvio	J1306
Libtayo	J9119
Lucentis - ST	J2778
Lumizyme	J0221
Lumoxiti	J9313
Lunsumio	J9350
Lutathera	A9513
Luxturna	J3398
Margenza	J9353
Mepsevii	J3397
Monjuvi	J9349
Monovisc	J7327
Mylotarg	J9203
Naglazyme	J1458
Neupogen - ST	J1442
Nexviazyme	J0219
Nipent	J9268
Nivestym - ST	Q5110
Novarel	J0725
Nucala	J2182
Nplate	J2796
Nulibry	NOC
Ocrevus	J2350
Ogivri - ST	Q5114
Omivirge	NOC
Oncaspar	J9266
Onivyde	J9205
Onpattro	J0222
Ontruzant - ST	Q5112
Opdivo	J9299
Opdualag	J9298
Orencia	J0129
Orthovisc	J7324

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Drug Name	HCPCS Code
Ovidrel	NOC
Oxlumo	J0224
paclitaxel (American Regent)	J9259
Padcev	J9177
Panhematin	J1640
Pedmark	J0208
Pemetrexed (Accord)	J9296
Pemetrexed (Bluepoint)	J9322
Pemetrexed (Hospira)	J9294
Pemetrexed (Teva)	J9314
Pemetrexed (Sandoz)	J9297
Pemfexy	J9304
Pepaxto	J9247
Perjeta	J9306
Phesgo	J9316
Pluvicto	A9607
Polivy	J9309
Pombiliti – Effective 1/1/2024	NOC
Portrazza	J9295
Poteligeo	J9204
Pregnyl	J0725
Procrit - ST	J0885
Prolastin	J0256
Proleukin	J9015
Provence	Q2043
Purified Cortrophin Gel	NOC
Qalsody	C9157
Radicava	J1301

Drug Name	HCPCS Code
Reblozyl	J0896
Releuko	Q5125
Remicade - ST	J1745
Renflexis - ST	Q5104
Revcovi	NOC
Riabni – ST	Q5123
Rituxan - ST	J9312
Rituxan Hycela - ST	J9311
Roctavian	NOC
Rolvedon	J1449
Romidepsin	J9318
Ruconest	J0596
Rybrevant	J9061
Rylaze	J9021
Ryplazim	J2998
Rystiggo	NOC
Sajazir	J1744
Sandostatin	J2353
Saphnelo	J0491
Sarclisa	J9227
Scenesse	J7352
Simponi Aria	J1602
Skyrizi IV	J2327
Skysona	NOC
Soliris	J1300
Spevigo	J1747
Spinraza	J2326
Spravato (Medicare specific billing)	G2082, G2083
Spravato	S0013
Stelara IV	J3358
Stelara SQ	J3357
Sunlenca	J1961

Drug Name	HCPCS Code
Supartz FX	J7321
Susvimo	J2779
Syfovre	J2781
Sylvant	J2860
Synojoynt	J7331
Synribo	J9262
Takhzyro	J0593
Talvey	NOC
Tecartus	Q2053
Tecentriq	J9022
Tecvayli	J9380
Tegsedi	NOC
Tepezza	J3241
Tezspire	J2356
Tivdak	J9273
Tremfya	J1628
Triluron	J7332
TriVisc	J7329
Trodelyv	J9317
Trogarzo	J1746
Tysabri	J2323
Tzield	J9381
Ultomiris	J1303
Unituxin	NOC
Uplizna	J1823
Vabysmo – ST	J2777
Valstar	J9357
Vectibix	J9303
Vegzelma	Q5129
Veopoz – Effective 1/1/2024	NOC
Viltepso	J1427
Vimizim	J1322
Visco-3	J7321

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Drug Name	HCPCS Code
Vpriv	J3385
Vyepti	J3032
Vyjuvek	NOC
Vyondys 53	J1429
Vyvgart	J9332
Vyvgart Hytrulo	NOC
Vyxeos	J9153
Xenpozyme	J0218
Xiaflex	J0775
Xolair	J2357
Yervoy	J9228
Yescarta	Q2041
Yondelis	J9352
Zaltrap	J9400
Zemaira	J0256
Zepzelca	J9223
Ziextenzo	Q5120
Zolgensma	J3399
Zulresso	J1632
Zynlonta	J9359
Zynteglo	NOC
Zynyz	J9345

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Notice of Nondiscrimination

Aspirus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aspirus Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **715-631-7411 (voice)** or toll free at **1-855-931-4850 (voice)**, **715-631-7413 (TTY)**, or **1-855-931-4852 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **715-631-7411** or toll free at **1-855-931-4850 (voice)**; **715-631-7413** or toll free at **1-855-931-4852 (TTY)**.

If you believe that Aspirus Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

Oral grievance

If you are a current Aspirus Health Plan member, please call the number on the back of your membership card. Otherwise please call **715-631-7411** or toll free at **1-855-931-4850 (voice)**; **715-631-7413** or toll free at **1-855-931-4852 (TTY)**. You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address

Attn: Appeals and Grievances
Aspirus Health Plan
P.O. Box 51
Minneapolis, MN 55440
Email: cagMA@aspirushealthplan.com
Fax: 715-631-7439

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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