



Please Note: Refer to the other PA grids for applicable covered services that require PA.

PA Grids: Medical, Behavioral Health, and Pharmacy.

Pharmacy Prior Authorization Grid

(This document covers Banner Medicare Advantage Dual, Banner Medicare Advantage Prime, and Banner Medicare Advantage Plus plans)

(Effective Date of Service 9/1/2022)

Injectables that require Prior Authorization

All chemotherapeutic drugs must be used for FDA-approved indications and/or in accordance with NCCN guidelines

All listings below require Prior Authorization, unless noted by NAN= No Prior Authorization Needed

*Indicates that a first-line agent may be required before a second-line agent may be utilized

HCPCS Code	Short Description	Processed by	Processed by	eviCore List Name
90378	Respiratory Syncytial Virus Immune Globulin	Banner		
C9036	Patisiran	Banner		
C9047	Caplacizumab-yhdp	Banner		
C9061	Teprotumumab-trbw	Banner		
C9063	Eptinezumab-jjmr	Banner		
C9071	viltolarsen (10 mg)	Banner		
C9072	immune globulin (Asceniv)	Banner		
C9073	Brexucabtagene autoleucel	Banner		
C9074	Injection, lumasiran	Banner		
C9075	Injection, casimersen (10 mg)	Banner		
C9076	Lisocabtagene car pos t	Banner		
C9079	Inj, evinacumab-dgnb (5 mg)	Banner		
C9131	Factor VIII antihemophilic factor pegylated-auci	Banner		
C9132	Prothrombin Complex Concentrate (Human), Kcentra	Banner		
C9133	Factor IX (Antihemophilic Factor, Recombinant), Rixibus	Banner		
C9399	Mipomersen (Kynamro)	Banner		
J0129	Abatacept (Orencia)* Inflextra or Remicade preferred	Banner		
J0135	Adalimumab	Banner		
J0178	Aflibercept (Eylea)* Avastin preferred	Banner		
J0179	Brolucizumab-dbli (Beovu)* Avastin preferred	Banner		
J0180	Agalsidase Beta	Banner		
J0205	Alglucerase	Banner		
J0215	Alefacept	Banner		
J0220	Alglucosidase Alfa (Myozyme)	Banner		
J0221	Alglucosidase Alfa (Lumizyme)	Banner		
J0222	Patisiran (0.1 mg)	Banner		
J0223	Givosiran (0.5 mg)	Banner		
J0224	Inj. Lumasiran (0.5 mg)	Banner		

J0256	Alpha 1-Proteinase Inhibitor	Banner		
J0257	Alpha 1-Proteinase Inhibitor (Glassia)	Banner		
J0275	Alprostadil Urethral Suppository	Banner		
J0490	Belimumab	Banner		
J0517	Benralizumab	Banner		
J0567	Cerliponase alfa	Banner		
J0570	Buprenorphine implant	Banner		
J0584	Burosumab-twza	Banner		
J0585	Onabotulinumtoxina (Botox)	Banner		
J0586	Abobotulinumtoxina (Dysport)	Banner		
J0587	Rimabotulinumtoxina (Myobloc)	Banner		
J0588	Incobotulinumtoxina (Xeomin)	Banner		
J0593	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)	Banner		
J0597	C-1 Esterase Inhibitor (Berinert)	Banner		
J0598	C-1 Esterase Inhibitor (Cinryze)	Banner		
J0599	C-1 Esterase inhibitor (human), (Haegarda), 10 units	Banner		
J0640	Leucovorin* Preferred		eviCore	MED ONC
J0641	Fusilev* Leucovorin preferred		eviCore	MED ONC
J0642	Levoleucovorin (Khazory)* Leucovorin preferred		eviCore	MED ONC
J0693	Injection, cefiderocol (5 mg)	Banner		
J0717	Certolizumab Pegol	Banner		
J0725	Chorionic Gonadotropin	Banner		
J0741	cabotegravir/rilpivirine (Cabenuva)	Banner		
J0775	Collagenase, Clostridium Histolyticum	Banner		
J0791	Crizanlizumab-tmca (5 mg)	Banner		
J0800	Corticotropin	Banner		
J0879	Korsuva	Banner		
J0881	Darbepoetin alfa* Retacrit preferred		eviCore	MED ONC
J0885	Epoetin alfa* Retacrit preferred	Banner		
J0888	Epoetin beta* Retacrit preferred	Banner		
J0896	Luspatercept-aamt (0.25 mg)	Banner		
J0897	Denosumab* Pamidronate or Zoledronic Acid preferred NAN		eviCore	MED ONC
J0900	Testosterone Enanthate/Estradiol Valerate	Banner		
J1060	Testosterone Cypionate/Estradiol Cypionate	Banner		
J1070	Testosterone Cypionate, up to 1 mg	Banner		
J1071	Testosterone Cypionate (1 mg)	Banner		
J1080	Testosterone Cypionate (200 mg)	Banner		
J1096	Dexamethasone, lacrimal ophthalmic insert (0.1 mg)	Banner		
J1290	Ecallantide	Banner		
J1300	Eculizumab (Soliris)* Ultomiris preferred	Banner		
J1301	Edaravone	Banner		
J1303	Ravulizumab-cwvz (Ultomiris)* Preferred	Banner		
J1322	Elosulfase Alfa	Banner		

Banner MA DUAL, Prime HMO/ Plus PPO Pharmacy Prior Authorization Grid
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J1324	Enfuvirtide	Banner		
J1325	Epoprostenol	Banner		
J1427	Injection, Viltolarsen	Banner		
J1429	Golodirsen	Banner		
J1438	Etanercept	Banner		
J1439	Ferric carboxymaltos	Banner		
J1442	Filgrastim (Neupogen)* Zarxio preferred		eviCore	MED ONC
J1444	Ferric pyrophosphate citrate powder	Banner		
J1447	Filgrastim (Granix)* Zarxio preferred		eviCore	MED ONC
J1448	Inj, trilaciclib (1 mg)		eviCore	MED ONC
J1458	Galsulfase	Banner		
J1459	Immune Globulin (Privigen)	Banner		
J1460	Gamma Globulin (GamaStan)	Banner		
J1554	Immune Globulin (Asceniv)	Banner		
J1555	Immune Globulin SQ (Cuvitru)	Banner		
J1556	Immune Globulin (Bivigam)	Banner		
J1557	Immune Globulin (Gammplex)	Banner		
J1558	Immune Globulin (Xembify)	Banner		
J1559	Immune Globulin (Hizentra)	Banner		
J1560	Gamma Globulin (Gammunex, Gammaked)	Banner		
J1561	Immune Globulin (Gamunex/Gamunex-C/Gammaked)	Banner		
J1562	Immune Globulin (Vivaglobin)	Banner		
J1566	Immune Globulin NOS powder	Banner		
J1568	Immune Globulin (Octagam)	Banner		
J1569	Immune Globulin (Gammagard Liquid)	Banner		
J1572	Immune Globulin (Flebogamma/Flebogamma Dif)	Banner		
J1599	Immune Globulin NOS non-lyophilized	Banner		
J1602	Golimumab	Banner		
J1620	Gonadorelin	Banner		
J1628	Guselkumab	Banner		
J1640	Hemin	Banner		
J1726	Hydroxyprogesterone Caproate (Makena)	Banner		
J1729	Hydroxyprogesterone Caproate (not otherwise specified)	Banner		
J1740	Ibandronate	Banner		
J1743	Idursulfase	Banner		
J1744	Icatibant	Banner		
J1745	Infliximab (Remicade & INFLIXIMAB)* Inflectra or Remicade Preferred	Banner		
J1786	Imiglucerase	Banner		
J1823	Injection, inebilizumab-cdon	Banner		
J1930	Lanreotide		eviCore	MED ONC
J1931	Laronidase	Banner		
J1943	Aripiprazole lauroxil, (Aristada initio)	Banner		
J1944	Aripiprazole lauroxil, (Aristada)	Banner		
J1950	Leuprolide (3.75mg)	Banner		

J1951	Fensolvi (0.25 mg)		eviCore	MED ONC
J2062	Loxapine for inhalation	Banner		
J2170	Mecasermin	Banner		
J2182	Mepolizumab	Banner		
J2212	Methylxanthone	Banner		
J2323	Natalizumab	Banner		
J2326	Trientine (Sprinraza)	Banner		
J2350	Ocrelizumab	Banner		
J2353	Octreotide		eviCore	MED ONC
J2357	Omalizumab	Banner		
J2502	Pasireotide Long Acting	Banner		
J2503	Macugen* Avastin preferred	Banner		
J2506	pegfilgrastim (Neulasta)* Preferred		eviCore	MED ONC
J2724	Protein C, Human (Ceprotin)	Banner		
J2778	Ranibizumab (Lucentis)* Avastin preferred	Banner		
J2786	Reslizumab	Banner		
J2796	Romiplostim	Banner		
J2798	Risperidone, (Perseris)	Banner		
J2820	Sargramostim (Leukine)		eviCore	MED ONC
J2840	Sebelipase alfa	Banner		
J2940	Somatrem	Banner		
J2941	Somatropin	Banner		
J3031	Fremanezumab-vfrm, (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Banner		
J3060	Taliglucerase Alfa	Banner		
J3110	Teriparatide	Banner		
J3111	Romozosumab-aqqg	Banner		
J3121	Testosterone Enanthate	Banner		
J3145	Testosterone Undecanoate	Banner		
J3245	Tildrakizumab (Ilumya)* Inflectra or Remicade preferred	Banner		
J3262	Tocilizumab (Actemra)* Inflectra or Remicade preferred		eviCore	MED ONC
J3285	Treprostinil	Banner		
J3304	Zilretta* Kenalog preferred NAN	Banner		
J3315	Triptorelin Pamoate		eviCore	MED ONC
J3358	Ustekinumab	Banner		
J3380	Vedolizumab	Banner		
J3385	Velaglucerase alfa	Banner		
J3396	Visudyne* Avastin preferred	Banner		
J3397	Vestronidase alfa-vjbc	Banner		
J3398	Voretigene neparvovec-rzyl, 1 billion vector genomes	Banner		
J3399	onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	Banner		
J3490	Drugs Unclassified Injection when billed value exceeds \$400	Banner		
J3590	Drugs Unclassified Biologic when billed value exceeds \$400	Banner		

J7168	Prothrombin complex kcentra	Banner		
J7169	Coagulation factor xa (recombinant), inactivated-zhzo (Andexxa)	Banner		
J7170	Emicizumab kxwh	Banner		
J7175	Factor X (human)	Banner		
J7179	Von Willebrand factor recombinant (Vonvendi)	Banner		
J7180	Factor XIII Antihemophilic Factor	Banner		
J7181	Factor XIII recombinant a-subunit	Banner		
J7182	Factor VIII recombinant (Novoeight)	Banner		
J7183	Von Willebrand Factor Complex, human (Wilate)	Banner		
J7185	Factor VIII recombinant (Xyntha)	Banner		
J7186	Antihemophilic VIII/Von Willebrand Factor Complex	Banner		
J7187	Von Willebrand Factor Complex (Humate-P)	Banner		
J7188	Factor VIII recombinant porcine (Obizur)	Banner		
J7189	Factor VIIA (Antihemophilic Factor, Recombinant)	Banner		
J7190	Factor VIII (Antihemophilic Factor, Human)	Banner		
J7191	Factor VIII porcine (Hyate C)	Banner		
J7192	Factor VIII (Antihemophilic Factor, Recombinant) NOS	Banner		
J7193	Factor IX (Antihemophilic Factor, Purified, Nonrecombinant)	Banner		
J7194	Factor IX Complex	Banner		
J7195	Factor IX (Antihemophilic Factor, Recombinant) NOS	Banner		
J7198	Antiinhibitor	Banner		
J7199	Hemophilia Clotting Factor NOS	Banner		
J7200	Factor IX recombinant (Rixubis)	Banner		
J7201	Factor IX recombinant (Alprolix)	Banner		
J7202	Factor IX (Idelvion)	Banner		
J7203	Injection factor ix (Rebinyn)	Banner		
J7204	Factor VIII, antihemophilic factor (Esperoct)	Banner		
J7205	Factor VIII FC Fusion protien recombinant	Banner		
J7207	Factor VIII pegylated	Banner		
J7208	Factor VIII pegylated aucl	Banner		
J7209	Factor VIII (Nuwiq)	Banner		
J7210	Factor VIII (Afstyla)	Banner		
J7211	Factor VIII (Kovaltry)	Banner		
J7212	Factor viia recomb sevenfact	Banner		
J7311	Fluocinolone acetonide implt (Retisert)	Banner		
J7312	Dexamethasone intravitreal implant (Ozurdex)	Banner		
J7313	Fluocinolone intravitreal implant (Illuvien)	Banner		
J7314	Fluocinolone intravitreal implant (Yutiq)	Banner		
J7316	Ocriplasmin	Banner		
J7318	Hyaluronan or derivative (Durolane)* Euflexxa preferred	Banner		
J7320	Hyaluronan or derivative (Genvisc)* Euflexxa preferred	Banner		
J7321	Hyaluronan or derivative (Hyalgan or Supartz)* Euflexxa preferred	Banner		
J7322	Hyaluronan or derivative (Hymovis)* Euflexxa preferred	Banner		

J7323	Hyaluronan or derivative (Euflexxa)* Preferred	Banner		
J7324	Hyaluronan or derivative (Orthovisc)* Euflexxa preferred	Banner		
J7325	Hyaluronan or derivative (Synvisc Or Synvisc-One)* Euflexxa preferred	Banner		
J7326	Hyaluronan or derivative (Gel-One)* Euflexxa preferred	Banner		
J7327	Hyaluronan or derivative (Monovisc)* Euflexxa preferred	Banner		
J7328	Hyaluronan or derivative (Gel-Syn)* Euflexxa preferred	Banner		
J7329	Hyaluronan or derivative, (Trivisc)* Euflexxa preferred	Banner		
J7331	Hyaluronan or derivative, (Synjoynt)* Euflexxa preferred	Banner		
J7332	Triluron* Euflexxa preferred	Banner		
J7333	Hyaluronan or derivative (Visco-3)* Euflexxa preferred	Banner		
J7335	Capsaicin 8% Patch	Banner		
J7336	Capsaicin 8% Patch, Per Sq Cm	Banner		
J7352	Afamelanotide implant	Banner		
J7402	Mometasone furoate sinus implant, (Sinuva)	Banner		
J7605	Brovana	Banner		
J7639	Dornase Alfa, Inhalation	Banner		
J7682	Tobramycin, Inhalation	Banner		
J7699	NOC Drugs, Inhalation Solution Administered Through DME	Banner		
J7799	NOC Drugs, Besides Inhalation Drugs, Administered Through DME	Banner		
J7886	Treprostinil, Inhalation	Banner		
J7999	Compounded Drug, NOC	Banner		
J8655	Netupitant and palonosetron	Banner		
J9000	Doxorubicin* Preferred		eviCore	MED ONC
J9034	Bendamustine (Bendeka)		eviCore	MED ONC
J9035	bevacizumab (Avastin)* Preferred for Ophthalmic; Mvasi or Zirabev preferred for Oncology		eviCore	MED ONC
J9037	Injection, belantamab mafodotin-blmf		eviCore	MED ONC
J9144	Daratumumab, hyaluronidase		eviCore	MED ONC
J9145	Daratumumab		eviCore	MED ONC
J9171	Docetaxel* Preferred		eviCore	MED ONC
J9176	Elotuzumab		eviCore	MED ONC
J9205	Irinotecan liposome		eviCore	MED ONC
J9223	Inj. Lurbinectedin		eviCore	MED ONC
J9247	Inj, melphalan flufen (1 mg)		eviCore	MED ONC
J9264	Abraxane* Docetaxel and Paclitaxel preferred		eviCore	MED ONC
J9267	Paclitaxel* Preferred		eviCore	MED ONC
J9281	Mitomycin instillation		eviCore	MED ONC
J9295	Necitumumab		eviCore	MED ONC
J9311	Rituxan Hycela* Riabni, Ruxience, or Truxima preferred		eviCore	MED ONC
J9312	rituximab (Rituxan)* Riabni, Ruxience, or Truxima preferred		eviCore	MED ONC
J9316	Pertuzu, trastuzu		eviCore	MED ONC
J9317	Sacituzumab govitecan-hziy		eviCore	MED ONC

J9325	Talimogene		eviCore	MED ONC
J9348	Injection, naxitamab-gqgk		eviCore	MED ONC
J9349	Injection, tafasitamab-cxix		eviCore	MED ONC
J9352	Trabectedin		eviCore	MED ONC
J9353	Injection, margetuximab-cmkb		eviCore	MED ONC
J9355	Herceptin* Herzuma, Kanjinti, Ogivri, Ontruzant, Trazimera preferred		eviCore	MED ONC
J9356	Herceptin Hylecta* Herzuma, Kanjinti, Ogivri, Ontruzant, Trazimera preferred		eviCore	MED ONC
J9370	Vincristine sulfate* Preferred		eviCore	MED ONC
J9371	Marqibo* Vincristine sulfate preferred NAN		eviCore	MED ONC
J9999	Antineoplastic Drugs NOS, when billed value exceeds \$400		eviCore	MED ONC
Q0138	Ferumoxytol	Banner		
Q2041	Axicabtagene (Yescarta)	Banner		
Q2042	Tisagenlecleucel (Kymriah)	Banner		
Q2050	Doxil* Doxorubicin preferred		eviCore	MED ONC
Q2053	Brexucabtagene autoleucel	Banner		
Q4074	Iloprost, Inhalation Solution	Banner		
Q4082	Drug Or Biological, NOC	Banner		
Q5101	Filgrastim-sndz (Zarxio)* Preferred		eviCore	MED ONC
Q5103	Infliximab (Inflectra)* Preferred	Banner		
Q5104	Infliximab (Renflexis)* Inflectra or Remicade preferred	Banner		
Q5106	Epoetin alfa-epbx (Retacrit)* Preferred		eviCore	MED ONC
Q5107	Bevacizumab-awwb (Mvasi)* Preferred		eviCore	MED ONC
Q5108	Pegfilgrastim-jmdb (Fulphila)* Preferred		eviCore	MED ONC
Q5109	Infliximab-qbtx (Ixifi)	Banner		
Q5110	Filgrastim-aafi (Nivestym)* Zarxio preferred		eviCore	MED ONC
Q5111	Pegfilgrastim-cbqv (Udenyca)* Neulasta or Fulphila preferred		eviCore	MED ONC
Q5112	Trastuzumab-dkst (Ontruzant)* Preferred		eviCore	MED ONC
Q5113	Trastuzumab-pkrb (Herzuma)* Preferred	Banner		
Q5114	Trastuzumab-dkst (Ogivri)* Preferred		eviCore	MED ONC
Q5115	Rituximab-abbs (Truxima)* Preferred		eviCore	MED ONC
Q5116	Trastuzumab-qyyp (Trazimera)* Preferred	Banner		
Q5117	trastuzumab-anns (Kanjinti)* Preferred	Banner		
Q5118	bevacizumab-bvzr, (Zirabev)* Preferred		eviCore	MED ONC
Q5119	Inj Ruxience* Preferred		eviCore	MED ONC
Q5120	Inj pegfilgrastim-bmez (Ziextenzo) * Neulasta or Fulphila preferred		eviCore	MED ONC
Q5121	infliximab-axxq, biosimilar, (Avsola)* Inflectra or Remicade preferred	Banner		
Q5122	Injection, pegfilgrastim-apgf (Nyvepria)* Neulasta or Fulphila preferred		eviCore	MED ONC
Q5123	Injection, rituximab-arrx, (Riabni)* Preferred		eviCore	MED ONC
Q9991	Buprenorphine XR 100mg or less	Banner		
Q9992	Buprenorphine XR over 100 mg	Banner		

