



Samaritan  
Health Plans

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

Infused/injected drugs given in outpatient hospital or ASC will not require prior authorization unless they are on the following list:

The list below has injectable drugs billed under the Medical Benefit that require approval.

Codes may change with CMS HCPCS codes quarterly updates.

If a drug is not found on this list and will be “buy and bill”, it means it does not require an authorization. Exception to this includes drugs that are new to market (those may not yet be on the list but will require authorization).

Not Otherwise Classified (NOC) codes or “dump codes” J9999, C9399, J3490 and J3590 should only be used if there is not a more specific HCPCS or CPT code available. Authorization will be required for any of these NOC codes over \$1000.

If a drug is self-administered, even with a J-code, an authorization request will need to be sent through the pharmacy benefit.

¥ Medication is not covered.

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J0129	Abatacept	Orencia	SQ - Covered under Part D only, PA required IV - Part B PA required
J0586	Abobotulinumtoxin A	Dysport	PA required
Q5131	Adalimumab-aacf	Idacio	PA required, covered under part D only
J9354	Ado-trastuzumab	Kadcyla	PA required
J0172	Aducanumab	Aduhelm	PA required
J7352	Afamelanotide	Scenesse	PA required
J0178	Aflibercept	Eylea	PA required
J0180	Agalsidase beta	Fabrazyme	PA required
J0215	Alefacept	Amevive	PA required
J0202	Alemtuzumab	Lemtrada	PA required
J0205	Alglucerase	Ceredase	PA required
J0221	Alglucosidase alfa	Lumizyme	PA required
J0220	Alglucosidase alfa	Myozyme	PA required
J3590	Allogeneic processed thymus tissue	Rethymic	PA required
J0256	Alpha-1 Proteinase Inhibitor	Prolastin C Aralast NP	PA required
J0257	Alpha-1 Proteinase Inhibitor (human)	Glassia	PA required

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J0270	Alprostadil, injection	Caverject, Edex	Excluded
J0275	Alprostadil, urethral suppository	Muse	Excluded
J9061	Amivantamab	Rybrevant	PA required
J3450	Anakinra	Kineret	Only covered under part D
J0491	Anifrolumab	Saphnelo	PA required
J0365	Aprotinin	Trasylol	PA required
J9019	Asparaginase Erwinia	Erwinaze	PA required
J9021	Asparaginase Erwinia, recombinant	Rylaze	PA required
J9022	Atezolizumab	Tecentriq	PA required
J7330	Autologous Cultured Chondrocytes	Carticel	PA required
J0219	Avalglucosidase alfa	Nexviazyme	PA required
J9023	Avelumab	Bavencio	PA required
Q2041	Axicabtagene ciloleucel	Yescarta	PA required
J9037	Belantamab mafodotin	Blenrep	PA required
J0485	Belatacept	Nulojix	PA required
J0490	Belimumab	Benlysta IV	PA required

Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J9032	Belinostat	Beleodaq	PA required
J9033	Bendamustine	Treanda	PA required
J9034	Bendamustine	Bendeka	PA required
J9036	Bendamustine	Belrapzo	PA required
J9058	Bendamustine hydrochloride (apotex)		PA required
J9059	Bendamustine hydrochloride (baxter)		PA required
J9056	Bendamustine hydrochloride (vivimusta)	Vivimusta	PA required
J0517	Benralizumab	Fasenra	PA required
J9035 C9257	Bevacizumab	Avastin	PA required
Q5129	Bevacizumab-adcd (vegzelma), biosimilar	Vegzelma	PA required
Q5107	Bevacizumab-awwb (biosimilar)	Mvasi	PA required
Q5118	Bevacizumab-bvzr (biosimilar)	Zirabev	PA required
Q5126	Bevacizumab-maly (biosimilar)	Alymsys	PA required
J0565	Bezlotoxumab	Zinplava	PA required
J7351	Bimatoprost, intracameral implant	Durysta	PA required
J9039	Blinatumomab	Blinicyto	PA required

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J9041	Bortezomib	Velcade	PA required
J9046	Bortezomib (dr. reddy's)		PA required
J9048	Bortezomib (fresenius kabi)		PA required
J9049	Bortezomib (hospira)		PA required
J9042	Brentuximab vedotin	Adcetris	PA required
J1632	Brexanolone	Zulresso	PA required
Q2053	Brexucabtagene autoleucel	Tecartus	PA required
J0179	Brolucizumab-dbll	Beovu	PA required
Q9991	Buprenorphine ER Injection 100mg**	Sublocade	PA required
Q9992	Buprenorphine ER Injection 300mg**	Sublocade	PA required
J0570	Buprenorphine Implant	Probuphine	PA required
J0584	Burosumab-twza	Crysvita	PA required
J0598	C1 esterase inhibitor	Cinryze IV	PA required
J0599	C1 esterase inhibitor (human)	Haegarda	PA required
J0596	C1 esterase inhibitor recombinant	Ruconest	PA required
J9043	Cabazitaxel	Jevtana	PA required

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J0739	Cabotegravir	Apretude	PA required
J0741	Cabotegravir/Rilpivirine	Cabenuva	PA required
J9118	Calaspargase	Asparlas	PA required
J0638	Canakinumab	Ilaris	PA required
C9047 J3590	Caplacizumab-yhdp	Cablivi	PA required
J7336	Capsaicin patch	Qutenza	PA required
J7340	Carbidopa/Levodopa	Duopa	PA required
J9047	Carfilzomib	Kyprolis	PA required
J1426	Casimersen	Amondys 45	PA required
Q0240 Q0243	Casirivimab and imedvimab, Drug not covered, services use M0243		PA required
J0699	Cefiderocol	Fetroja	PA required
J0714	Ceftazidime/Avivactam	Avycaz	PA required
J9119	Cemiplimab	Libtayo	PA required
J3490	Cenergermin	Oxervate	PA required
J0567	Cerliponase alfa (recombinant human)	Brineura	PA required
J9055	Cetuximab	Erbitux	PA required

Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
Q2056	Ciltacabtagene autoleucel	Carvykti	PA required
J7213	coagulation factor ix	Ixinity	PA required
J0775	Collagenase clostridium histolyticum	Xiaflex	PA required
J9057	Copanlisib	Aliqopa	PA required
J0800	Corticotropin	Acthar gel	Only covered under part D
J3490	Corticotropin	Cortrophin Purified	Only covered under part D
J0791	Crizanlizumab	Adakveo	PA required
J0850	Cytomegalovirus immune globulin intravenous human	Cytogam	PA required
J9145	Daratumumab	Darzalex	PA required
J9144	Daratumumab- hyaluronidase	Darzalex Faspro	PA required
J0881	Darbepoetin	Aranesp	PA required
J9153	Daunorubicin (liposomal)- cytarabine	Vyxeos	PA required
J0894	Decitabine	Dacogen	PA required
J3490	Defibrotide	Defitelio	PA required
J9155	Degarelix	Firmagon	PA required
J0897	Denosumab	Prolia Xgeva	PA required

Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J0591	Deoxycholic acid	Kybella	Excluded
J1095	Dexamethasone intra-ocular injection	Dexycu	PA required
J7312	Dexamethasone Intra-vitreous Implant	Ozurdex	PA required
J1096	Dexamethasone, lacrimal ophthalmic insert	Dextenza	PA required
J0879	Difelikefalin	Korsuva	PA required
J9999 J3590	Dinutuximab	Unituxin	PA required
J9272	Dostarlimab	Jemperli	PA required
Q2050	Doxorubicin, liposomal	Doxil	PA required
Q2049	Doxorubicin, liposomal. Imported	Lipodox	PA required
J9173	Durvalumab	Imfinzi	PA required
J1290	Ecallantide	Kalbitor	PA required
J1300	Eculizumab	Soliris	PA required
J1301	Edaravone	Radicava	PA required
J9332	Efgartigimod	Vyvgart	PA required
J1449	Eflapegrastim-xnst	Rolvedon	PA required
J3590 C9399	Elapegademase	Revcovi	PA required



## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J1322	Elosulfase alfa (not covered)	Vimizim	PA required
J9176	Elotuzumab	Empliciti	PA required
J9210	Emapalumab	Gamifant	PA required
J9177	Enfortumab	Padcev	PA required
J1324	Enfuvirtide	Fuzeon	Only covered under part D
J0885	Epoetin alfa (non-ESRD)	Procrit Epogen	PA required
Q5106	Epoetin alfa, biosimilar (non-ESRD)	Retacrit	PA required
J0888	Epoetin beta (non-ESRD)	Mircera	PA required
J1325	Epoprostenol	Flolan	PA required
J1325	Epoprostenol	Velettri	PA required
J3032	Eptinezumab	Vyepti	PA required
J0122	Eravacycline	Xerava	PA required
J9179	Eribulin	Halaven	PA required
S0013 J3490	Esketamine (Nasal Spray)	Spravato	PA required
J1438	Etanercept	Enbrel	Only covered under part D
J0606	Etelcalcetide	Parsabiv	PA required

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J1428	Eteplirsen	Exondys 51	PA required
J1411	Etranacogene dezaparvovec-drlb	Hemgenix	PA required
J7527	Everolimus (oral)	Afinitor Zortress	PA required
J1305	Evinacumab	Evkeeza	PA required
J9358	fam-Trastuzumab deruxtecan	Enhertu	PA required
J2777	faricimab-svoa	Vabysmo	PA required
J1440	Fecal microbiota, live - jslm	Rebyota	PA required
J1439	Ferric carboxymaltose	Injectafer	PA required
J1437	Ferric derisomaltose	Monoferic	PA required
J1445	Ferric pyrophosphate citrate solution	Triferic AVNU	PA required
Q0138 Q0139	Ferumoxytol	Feraheme	PA required
J1442	Filgrastim (g-csf), excludes biosimilars	Neupogen	PA required
Q5110	Filgrastim-aafi, biosimilar	Nivestym	PA required
Q5125	Filgrastim-ayow, biosimilar	Releuko	PA required
Q5101	Filgrastim-sndz, biosimilar	Zarxio	PA required
J7311	Fluocinolone implant	Retisert	PA required

Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J7313	Fluocinolone implant	Iluvien	PA required
J7314	Fluocinolone implant	Yutiq	PA required
C9399 J3490	Fosdenopterin	Nulibry	PA required
J3031	Fremanezumab-vfrm	Ajovy	PA required
J9395	Fulvestrant	Faslodex	PA required
J9393	Fulvestrant (teva)		PA required
J1458	Galsulfase	Naglazyme	PA required
J9198	Gemcitabine (brand Infugem only)	Infugem	PA required
J9203	Gemtuzumab ozogamicin	Mylotarg	PA required
J0223	Givosiran	Givlaari	PA required
C9293	Glucarpidase	Voraxaze	PA required
J1602	Golimumab, IV	Simponi Aria	PA required
J1429	Golodirsen	Vyondys 53	PA required
J9202	Goserelin	Zoladex	PA required
J1627	Granisetron (SQ-long acting)	Sustol	PA required
J2940	Growth Hormone (somatrem)	Various	PA required

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J2941	Growth Hormone (somatropin)	Various	PA required
J1675	Histrelin	Supprelin	Only covered under part D
J9226	Histrelin implant	Supprelin LA	PA required
J9225	Histrelin implant	Vantas	PA required
J7323	Hyaluronan or Derivative	Euflexxa	PA required
J7326	Hyaluronan or Derivative	Gel-One	PA required
J7318	Hyaluronan or Derivative	Durolane	PA required
J7320	Hyaluronan or Derivative	GenVisc 850	PA required
J7321	Hyaluronan or Derivative	Hyalgan or Supartz	PA required
J7324	Hyaluronan or Derivative	Orthovisc	PA required
J7325	Hyaluronan or Derivative	Synvisc Synvisc-One	PA required
J7327	Hyaluronan or Derivative	Monovisc	PA required
J7328	Hyaluronan or Derivative	Gel-Syn	PA required
J7329	Hyaluronan or Derivative	Trivisc	PA required
J7331	Hyaluronan or Derivative	Synjoynt	PA required
J7332	Hyaluronan or Derivative	Triluron	PA required

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J7333	Hyaluronan or Derivative	Visco-3	PA required
J7322	Hyaluronan or Derivative	Hymovis	PA required
J1746	Ibalizumab-uiyk	Trogarzo	PA required
J1744	Icatibant	Firazyr	PA required
Q2055	Idecabtagene Vicleucel	Abecma	PA required
J1743	Idursulfase	Elaprase	PA required
Q4074	Iloprost, Inhaled	Ventavis	PA required
J1786	Imiglucerase	Cerezyme	PA required
J0742	Imipenem-cilastatin-relebactam	Recarbrio	PA required
J1554	Immune Globulin	Asceniv	PA required
J1551	Immune Globulin	Cutaquig	PA required
J1576	Immune globulin	Panzyga	PA required
J1566	Immune Globulin lyophilized, IV	Carimune	PA required
J1559	Immune globulin subcutaneous (human)	Hizentra	PA required
J1460 J1560	Immune Globulin, IM	GamaStan SD	PA required
J1572	Immune Globulin, IV	Flebogamma	PA required

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J1569	Immune Globulin, IV	Gammagard	PA required
J1557	Immune Globulin, IV	Gammaplex	PA required
J1561	Immune Globulin, IV	Gamunex Gammaked	PA required
J1599	Immune Globulin, IV	Nonlyophilized (NO	PA required
J1568	Immune Globulin, IV	Octagam	PA required
J1556	Immune Globulin, IV	Bivigam	PA required
J1459	Immune Globulin, IV,	Privigen	PA required
J1555	Immune Globulin, SQ	Cuvitru	PA required
J1558	Immune Globulin, SQ	Xembify	PA required
J1575	Immune Globulin/hyaluronidase	Hyqvia	PA required
J1306	Inclisiran	Leqvio	PA required
J0588	Incobotulinumtoxin A	Xeomin	PA required
J1823	Inebilizumab	Uplizna	PA required
J1745	Infliximab	Remicade	PA required
Q5104	Infliximab-abda (biosimilar)	Renflexis	PA required
Q5121	Infliximab-axxq, (biosimilar)	Avsola	PA required

Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
Q5103	Infliximab-dyyb (biosimilar)	Inflectra	PA required
Q5109	Infliximab-qbtx (biosimilar)	Ixifi	PA required
J3316	Injection, triptorelin extended release, 3.75 mg	Triptodur	PA required
J9229	Inotuzumab	Besponsa	PA required
J9228	Ipilimumab	Yervoy	PA required
J9205	Irinotecan liposome	Onivyde	PA required
J9227	Isatuximab	Sarclisa	PA required
J1833	Isavuconazonium	Cresemba (IV)	PA required
J9207	Ixabepilone	Ixempra	PA required
J3490	Ketamine (IV)	NA (generic only)	PA required
J0593	Lanadelumab-flyo	Takhzyro	PA required
J1930	Lanreotide	Somatuline	PA required
J1932	Lanretide (Cipla)		PA required
J1931	Laronidase	Aldurazyme	PA required
J0691	Lefamulin	Xenleta	PA required
J1961 C9399	Lenacapavir	Sunlenca	PA required

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J9218	Leuprolide	Lupron	PA required
J1951	Leuprolide	Fensolvi	PA required
J1952	Leuprolide	Camcevi	PA required
J1954	Leuprolide Acetate Depot (Cipla)	Leuprolide Acetate Depot	PA required
J1950	Leuprolide depot suspension	Lupron Depot,	PA required
J9219	Leuprolide implant	Lupron Implant	PA required
J0641	Levoleucovorin	Fusilev	PA required
J0642	Levoleucovorin	Khapzory	PA required
Q2054	Lisocabtagene maraleucel	Breyanzi	PA required
J9359	loncastuximab tesirine	Zynlonta	PA required
J2062	Loxapine, inhaled powder	Adasuve	PA required
J0224	Lumasiran	Oxlumo	PA required
J9223	Lurbinectedin	Zepzelca	PA required
J0896	Luspatercept	Reblozyl	PA required
J9353	Margetuximab	Margenza	PA required
J2170	Mecasermin	Increlex Iplex	Only covered under part D



## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
S9432	Medical foods for noninborn errors of metabolism	Dojolvi	PA required
J9245	Melphalan	Alkeran	PA required
J9246	Melphalan	Evomela	PA required
J9247	Melphalan Flufenamide	Pepaxto	PA required
J2182	Mepolizumab	Nucala	PA required
J2186	Meropenem/vaborbactam	Vabomere	PA required
J7309	Methyl Aminolevulinate	Levulan Kerastick	PA required
J3490	Metreleptin	Myalept	PA required
J3490	Mipomersen	Kynamro	Only covered under part D
C9146 J9063	Mirvetuximab soravtansine-gynx	Elahere	PA required
J9281	Mitomycin Gel	Jelmyto	PA required
J9204	Mogamulizumab-kpkc	Poteligeo	PA required
S1091	Mometasone Furoate Sinus Implant	Propel	PA required
J7402	Mometasone Furoate Sinus Implant	Sinuva	PA required
J9350	Mosunetuzumab-axgb	Lunsumio	PA required
J9313	Moxetumomab	Lumoxiti	PA required

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J9029	Nadofaragene firadenovec-vncg	Adstiladrin	PA required
J2323	Natalizumab	Tysabri	PA required
J9348	Naxitamab	Danyelza	PA required
J9295	Necitumumab	Portrazza	PA required
J9261	Nelarabine	Arranon	PA required
J8655	Netupitant-palonesetron oral	Akynzeo	PA required
J9299	Nivolumab	Opdivo	PA required
J9298	Nivolumab/relatlimab-rmbw	Opdualag	PA required
J2326	Nusinersen	Spinraza	PA required
J9301	Obinutuzumab	Gazyva	PA required
J2350	Ocrelizumab	Ocrevus	PA required
J7316	Ocriplasmin	Jetrea	PA required
J9302	Ofatumumab	Arzerra	PA required
J9285	Olaratumab	Lartruvo	PA required
J3490 C9101	Oliceridine	Olinvyk	Hospital use only
J0218	Olipudase alfa-rpcp	Xenpozyme	PA required

Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J9262	Omacetaxine mepesuccinate	Synribo	PA required
J0121	Omadacycline	Nuzyra	PA required
J2357	Omalizumab	Xolair	PA required
J0585	Onabotulinumtoxin-A	Botox	PA required
J3399	Onasemnogene abeparvovec	Zolgensma	PA required
J2406	Oritavancin	Kimymrsa	PA required
J9264	Paclitaxel protein-bound	Abraxane	PA required
J9259	Paclitaxel protein-bound particles		PA required
J2425	Palifermin		PA required
J2426	Paliperidone	Invega Sustenna	PA required
J2427	Paliperidone ER	Invega Hafyera; Invega	PA required
90378	Palivizumab	Synagis	PA required
J9303	Panitumumab	Vectibix	PA required
J3490	Parathyroid hormone	Natpara	Only covered under part D
J2502	Pasireotide	Signifor LAR	PA required
J0222	Patisiran	Onpattro	PA required

Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J2504	Pegademase bovine	Adagen	PA required
J2503	Pegaptanib	Macugen	PA required
J9266	Pegaspargase	Oncaspar	PA required
C9399 J7799	Pegcetacoplan	Empaveli	PA required
C9151	Pegcetacoplan	Syfovre	PA required
J2506	Pegfilgrastim, excludes biosimilar	Neulasta	PA required
Q5122	Pegfilgrastim-apgf, biosimilar	Nyvepria	PA required
Q5120	Pegfilgrastim-bmez, biosimilar	Ziextenzo	PA required
Q5111	Pegfilgrastim-cbqv, biosimilar	Udenyca	PA required
Q5127	Pegfilgrastim-fpgk (stimufend), biosimilar	Stimufend	PA required
Q5108	Pegfilgrastim-jmdb, biosimilar	Fulphila	PA required
Q5130	Pegfilgrastim-pbbk (flyneta), biosimilar	Flyneta	PA required
J0890	Peginesatide	Omontys	PA required
J2507	Pegloticase	Krystexxa	PA required
J3590 C9399	Pegvaliase-pqpz	Palynziq	PA required
J9271	Pembrolizumab	Keytruda	PA required

Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J9305	Pemetrexed	Alimta	PA required
J9304	Pemetrexed	Pemfexy	PA required
J9296	Pemetrexed (accord)		PA required
J9322	Pemetrexed (bluepoint)		PA required
J9294	Pemetrexed (hospira)		PA required
J9297	Pemetrexed (sandoz)		PA required
J9314	Pemetrexed (teva)		PA required
J9323	Pemetrexed ditromethamine		PA required
J9268	Pentostatin	Nipent	PA required
J9306	Pertuzumab	Perjeta	PA required
J9316	Pertuzumab, trastuzumab, and hyaluronidase	Phesgo	PA required
J2998	Plasminogen	Ryplazim	PA required
J2562	Plerixafor	Mozobil	PA required
J9309	Polatuzumab	Polivy	PA required
J3490	Polidocanol (billed under CPT-not billed separately)	Varithena	PA required
J9600	Porfimer sodium	Photofrin	PA required

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J9307	Pralatrexate	Folotyn	PA required
J2770	Quinupristin/dalfopristin	Synercid	PA required
J9308	Ramucirumab	Cyramza	PA required
J2778	Ranibizumab	Lucentis	PA required
J2779	Ranibizumab via intravitreal implant	Susvimo	PA required
Q5128	Ranibizumab-eqrn	Cimerli	PA required
Q5124	Ranibizumab-nuna	Byooviz	PA required
J1303	Ravulizumab	Ultomiris	PA required
J2786	Reslizumab	Cinqair	PA required
J7677	Revefenacin inhalation solution, administered through D	Yupelri	PA required
J2793	Riloncept	Arcalyst	PA required
J0587	RimabotulinumtoxinB	Myobloc	PA required
J2327	Risankizumab	Skyrizi	PA required
J2794	Risperidone	Risperdal Consta	PA required
J2798	Risperidone	Perseris	PA required
J9312	Rituximab	Rituxan	PA required

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J9311	Rituximab and hyaluronidase	Rituxan Hycela	PA required
Q5115	Rituximab-abbs, biosimilar	Truxima	PA required
Q5123	Rituximab-arrx, biosimilar	Riabni	PA required
Q5119	Rituximab-pvvr, biosimilar	Ruxience	PA required
J2797	Rolapitant, injection	Varubi	PA required
J8670	Rolapitant, oral	Varubi	PA required
J9319	Romidepsin, lyophilized		PA required
J9318	Romidepsin, nonlyophilized	Istodax	PA required
J2796	Romiplostim	Nplate	PA required
J3111	Romozosumab	Evenity	PA required
J3490 J3590	Ropeginterferon alfa-2b-njft	Besremi	PA required
J9317	Sacituzumab govitecan-hziy	Trodelyv	PA required
J3590	Satralizumab	Enspryng	PA required
J2840	Sebelipase alfa	Kanuma	PA required
J3490	Selexipag for injection	Uptravi	PA required
J2860	Siltuximab	Sylvant	PA required

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
Q2043	Sipuleucel-T	Provenge	PA required
J9331	Sirolimus protein-bound	Fyarro	PA required
J1747	Spesolimab-sbzo	Spevigo	PA required
J1302	sutimlimab-jome	Enjaymo	PA required
J9349	Tafasitamab	Monjuvi	PA required
J9269	Tagraxofusp-erzs	Elzonris	PA required
J3060	Taliglucerase alfa	Elelyso	PA required
J9325	Talimogene laherparepvec	Imlygic	PA required
J9274	Tebentafusp-tebn	Kimmtrack	PA required
C9148 J9380	Teclistamab-cqyv	Tecvayli	PA required
J9328	Temozolomide	Temodar	PA required
J9330	Temsirolimus	Torisel	PA required
Q2017	Teniposide	Vumon	PA required
C9149 J9381	Teplizumab-mzww	Tzield	PA required
J3241	Teprotumumab	Tepezza	PA required
J3145	Testosterone undecanoate	Aveed	PA required



## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J2356	Tezepelumab-ekko	Tezspire	PA required
J9340	Thiotepa	Tepadina	PA required
J3245	Tildrakizumab	Ilumya	PA required
Q2042	Tisagenlecleucel	Kymriah	PA required
J9273	Tisotumab vedotin	Tivdak	PA required
Q0221	Tixagevimab & cilgavimab- excluded federally provided		PA required
J3262	Tocilizumab	Actemra	PA required
J9352	Trabectedin	Yondelis	PA required
J9355	Trastuzumab	Herceptin	PA required
J9356	Trastuzumab and Hyaluronidase	Herceptin Hylecta	PA required
Q5117	Trastuzumab-aans (biosimilar)	Kanjinti	PA required
Q5114	Trastuzumab-dkst (biosimilar)	Ogivri	PA required
Q5112	Trastuzumab-dttb (biosimilar)	Ontruzant	PA required
Q5113	Trastuzumab-pkrb (biosimilar)	Herzuma	PA required
Q5116	Trastuzumab-qyyp (biosimilar)	Trazimera	PA required
C9147 J9347	Tremelimumab-actl	Imjudo	PA required

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J3285	Treprostinil	Remodulin	PA required
J7686	Treprostinil	Tyvaso	PA required
J3299	Triamcinolone acetonide injectable suspension	Xipere	PA required
J3304	Triamcinolone ER injection	Zilretta	PA required
J1448	Trilaciclib	Cosela	PA required
J3315	Triptorelin	Trelstar	PA required
J2329	Ublituximab-xiiy	Briumvi	PA required
J3355	Urofollitropin	Metrodin Bravelle	PA required
J3358	Ustekinumab	Stelara IV (Crohns)	PA required
J9357	Valrubicin, intravesical	Valstar	PA required
90396	Varicella zoster immune globulin	Varizig	PA required
J3380	Vedolizumab	Entyvio	PA required
J3385	Velaglucernase alfa	Vpriv	PA required
J3397	Vestronidase alfa-vjbk	Mepsevii	PA required
J1427	Viltolarsen	Viltepso	PA required
J9371	Vincristine sulfate liposome	Marqibo	PA required

## Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J3398	Voretigene neparvovec-rzyl	Luxturna	PA required
J0225	Vutrisiran	Amvuttra	PA required
J9400	Ziv-aflibercept	Zaltrap	PA required
J3304	Triamcinolone ER injection	Zilretta	PA required
J1448	Trilaciclib	Cosela	PA required
J3315	Triptorelin	Trelstar	PA required
J2329	Ublituximab-xiiy	Briumvi	PA required
J3355	Urofollitropin	Metrodin Bravelle	Excluded
J3358	Ustekinumab	Stelara IV (Crohns)	PA required
J9357	Valrubicin, intravesical	Valstar	PA required
90396	Varicella zoster immune globulin	Varizig	PA required
J3380	Vedolizumab	Entyvio	PA required
J3385	Velaglucernase alfa	Vpriv	PA required
J3397	Vestronidase alfa-vjbk	Mepsevii	PA required
J1427	Viltolarsen	Viltepso	PA required
J9371	Vincristine sulfate liposome	Marqibo	PA required

Samaritan Advantage Health Plans Provider Administered Drug Prior Authorization List

HCPC	Generic Name	Brand Name	Notes and Restrictions
J3398	Voretigene neparvovec-rzyl	Luxturna	PA required
J0225	vutrisiran	Amvuttra	PA required
J9400	Ziv-aflibercept	Zaltrap	PA required