



Date: 9/01/2023

**RE: New Prior-Authorization Requirements for various J, Q and S Procedure Codes Effective 10/15/2023**

Dear Provider,

Pursuant to the terms of the agreement between you and US Family Health Plan at Saint Vincent Catholic Medical Centers (USFHP), a designated provider of the TRICARE Prime benefit, modifications to the Medical Management Program will become effective upon written notification.

USFHP's Medical Management team reviews policies on an on-going basis to ensure beneficiaries of the TRICARE Prime benefit are receiving high quality and cost-effective healthcare.

Effective October 15, 2023, various immune globulins, biologic drugs, brand name hematology/oncology drugs, gene therapy drugs, brand name enzymatic drugs, botulinum toxin, brand name antiviral drugs, brand chemotherapy adjuncts, brand hormonal drugs, synthetic joint fluid injections and chemotherapy adjuncts drugs will require prior-authorization. A full list of the affected codes are attached and will be published on the USFHP Website, under the Provider sections – <https://usfhp.net/for-providers/>.

Prior-authorization requests may be submitted online by registering on the USFHP provider portal and navigating to the "Authorization" link on the tool bar, by calling 844-356-4901, or by downloading the Service Request form and following the instructions on the form.

Thank you for your participation in our network and providing care for those who served in the military and their dependents. If you have any questions regarding this policy, please contact your Provider Network Specialist.

**Thank you,**

Provider Network Relations & Contracting

Enclosure:

List of all drug codes requiring a Prior Authorization, including newly added codes

---

5 Penn Plaza – 9<sup>th</sup> floor • New York, NY 10001 • 800-241-4848 • 212-356-4949 (fax) • [www.usfhp.net](http://www.usfhp.net)





## Prior Authorization List for Drugs/Injectables as of Aug 24, 2023

*This Prior Authorization List refers to the medical administration of the below codes. It does not relate to the Pharmacy Benefit. The Pharmacy benefit has its own Prior Authorization List.*

Procedure Code	Procedure Description	Prior Authorization List Notes
90283	Immune globulin (IgIV), human, for intravenous use	On Current PAL
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	On Current PAL
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	On Current PAL
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	On Current PAL
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	On Current PAL
A9606	Radium Ra-223 dichloride, therapeutic, per microcurie	On Current PAL
C9072	Injection, immune globulin (asceniv), 500 mg	On Current PAL
C9257	Bevacizumab injection	Added to PAL - effective 10/15
C9399	Unclassified drugs or biologicals	On Current PAL
C9408	Iodine i-131 iobenguane, therapeutic, 1 millicurie	On Current PAL
J0129	Injection, abatacept, 10 mg	Added to PAL - effective 10/15
J0178	Injection, aflibercept, 1 mg	Added to PAL - effective 10/15
J0179	Injection, brolocizumab-dbll, 1 mg	Added to PAL - effective 10/15
J0180	Injection, agalsidase beta, 1 mg	Added to PAL - effective 10/15
J0185	Injection, aprepitant, 1 mg	Added to PAL - effective 10/15
J0202	Injection, alemtuzumab, 1 mg	On Current PAL
J0207	Amifostine	Added to PAL - effective 10/15
J0218	INJECTION OLIPUDASE ALFA-RPCP 1 MG	Added to PAL - effective 10/15
J0219	Injection avalglucosidase alfa-ngpt 4 mg	Added to PAL - effective 10/15
J0220	Aglucosidase alfa injection	Added to PAL - effective 10/15
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	Added to PAL - effective 10/15
J0222	Injection, Patisiran, 0.1 mg	Added to PAL - effective 10/15
J0223	Injection, givosiran, 0.5 mg	Added to PAL - effective 10/15
J0224	Injection lumasiran 0.5 mg	Added to PAL - effective 10/15
J0225	Injection vutrisiran 1 mg	Added to PAL - effective 10/15
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	Added to PAL - effective 10/15
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	Added to PAL - effective 10/15
J0490	Injection, belimumab, 10 mg	Added to PAL - effective 10/15
J0491	Injection anifrolumab-fnia 1 mg	Added to PAL - effective 10/15
J0517	Injection, benralizumab, 1 mg	Added to PAL - effective 10/15
J0567	Injection cerliponase alfa 1 mg	Added to PAL - effective 10/15
J0584	Injection, burosumab-twza 1 mg	Added to PAL - effective 10/15
J0585	Injection, onabotulinumtoxinA, 1 unit	Added to PAL - effective 10/15
J0586	Injection, abobotulinumtoxinA, 5 Units	Added to PAL - effective 10/15
J0587	Injection, rimabotulinumtoxinB, 100 units	Added to PAL - effective 10/15
J0588	Injection, incobotulinumtoxinA, 1 unit	Added to PAL - effective 10/15
J0593	Injection, lanadelumab-flyo, 1 mg	Added to PAL - effective 10/15
J0594	Injection, Busulfan, 1 mg	Added to PAL - effective 10/15
J0596	Injection, C1 esterase inhibitor (recombinant), ruconest, 10 units	On Current PAL
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units	On Current PAL
J0598	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units	On Current PAL
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	On Current PAL
J0606	Injection, etelcalcetide, 0.1 mg	Added to PAL - effective 10/15
J0638	Injection, canakinumab, 1 mg	Added to PAL - effective 10/15
J0717	Injection, certolizumab pegol, 1 mg	Added to PAL - effective 10/15
J0739	Injection cabotegravir 1 mg	Added to PAL - effective 10/15
J0741	Injection cabotegravir and rilpivirine 2mg/3mg	Added to PAL - effective 10/15



## Prior Authorization List for Drugs/Injectables as of Aug 24, 2023

*This Prior Authorization List refers to the medical administration of the below codes. It does not relate to the Pharmacy Benefit. The Pharmacy benefit has its own Prior Authorization List.*

Procedure Code	Procedure Description	Prior Authorization List Notes
J0791	Injection, crizanlizumab-tmca, 5 mg	Added to PAL - effective 10/15
J0896	Injection, luspatercept-aamt, 0.25 mg	Added to PAL - effective 10/15
J0897	Injection, denosumab, 1 mg	Added to PAL - effective 10/15
J1290	Injection, ecallantide, 1 mg	Added to PAL - effective 10/15
J1300	Injection, eculizumab, 10 mg	Added to PAL - effective 10/15
J1301	Injection, edaravone, 1 mg	Added to PAL - effective 10/15
J1302	Injection sutimlimab-jome 10 mg	Added to PAL - effective 10/15
J1303	Injection, ravulizumab-cwvz, 10 mg	Added to PAL - effective 10/15
J1305	Injection evinacumab-dgnb 5mg	Added to PAL - effective 10/15
J1306	Injection inclisiran 1 mg	Added to PAL - effective 10/15
J1322	Injection, elosulfase alfa, 1 mg	Added to PAL - effective 10/15
J1325	Injection, epoprostenol, 0.5 mg	Added to PAL - effective 10/15
J1411	INJ ETRNCOGN DZAPRVOVC-DRLB Q THR D	Added to PAL - effective 10/15
J1426	Injection casimersen 10 mg	Added to PAL - effective 10/15
J1427	Injection viltolarsen 10 mg	Added to PAL - effective 10/15
J1428	Injection, eteplirsen, 10 mg	On Current PAL
J1429	Injection, golodirsen, 10 mg	Added to PAL - effective 10/15
J1448	Injection trilaciclib 1mg	Added to PAL - effective 10/15
J1449	INJECTION EFLAPEGRASTIM-XNST 0.1 MG	Added to PAL - effective 10/15
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Added to PAL - effective 10/15
J1458	Injection, galsulfase, 1 mg	Added to PAL - effective 10/15
J1459	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Added to PAL - effective 10/15
J1460	Injection, gamma globulin, intramuscular, 1 cc	Added to PAL - effective 10/15
J1551	Injection immune globulin (cutaquig) 100 mg	Added to PAL - effective 10/15
J1554	Injection immune globulin (asceniv) 500 mg	Added to PAL - effective 10/15
J1555	Injection, immune globulin (cuvitru), 100 mg	Added to PAL - effective 10/15
J1556	Injection, immune globulin (bivigam), 500 mg	Added to PAL - effective 10/15
J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Added to PAL - effective 10/15
J1558	Injection, immune globulin (xembify), 100 mg	Added to PAL - effective 10/15
J1559	Injection, immune globulin (Hizentra), 100 mg	Added to PAL - effective 10/15
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g., liquid), 500 mg	Added to PAL - effective 10/15
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Added to PAL - effective 10/15
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Added to PAL - effective 10/15
J1569	Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Added to PAL - effective 10/15
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Added to PAL - effective 10/15
J1575	Injection, immune globulin/hyaluronidase, (HYQVIA), 100 mg immunoglobulin	Added to PAL - effective 10/15
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Added to PAL - effective 10/15
J1602	Injection, golimumab, 1 mg, for intravenous use	On Current PAL
J1632	Injection, brexanolone, 1 mg	On Current PAL
J1743	Injection, idursulfase, 1 mg	Added to PAL - effective 10/15
J1744	Injection, icatibant, 1 mg	Added to PAL - effective 10/15
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Added to PAL - effective 10/15
J1747	INJECTION SPESOLIMAB-SBZO 1 MG	Added to PAL - effective 10/15



## Prior Authorization List for Drugs/Injectables as of Aug 24, 2023

*This Prior Authorization List refers to the medical administration of the below codes. It does not relate to the Pharmacy Benefit. The Pharmacy benefit has its own Prior Authorization List.*

Procedure Code	Procedure Description	Prior Authorization List Notes
J1786	Injection, imiglucerase, 10 units	Added to PAL - effective 10/15
J1823	Injection, inebilizumab-cdon, 1 mg	Added to PAL - effective 10/15
J1826	injection interferon beta-1a 30 mcg	Added to PAL - effective 10/15
J1930	Injection, lanreotide, 1 mg	Added to PAL - effective 10/15
J1931	Injection, laronidase, 0.1 mg	Added to PAL - effective 10/15
J1932	Injection lanreotide (Somatuline Depot) 1mg	Added to PAL - effective 10/15
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Added to PAL - effective 10/15
J1952	Leuprolide injectable camcevi 1 mg	Added to PAL - effective 10/15
J1954	Injection leuprolide acetate for depot suspension (lutrate) 7.5 mg	Added to PAL - effective 10/15
J2182	Injection, mepolizumab, 1 mg	Added to PAL - effective 10/15
J2323	Injection, natalizumab, 1 mg	Added to PAL - effective 10/15
J2326	Injection, nusinersen, 0.1 mg	Added to PAL - effective 10/15
J2327	Injection risankizumab-rzaa intravenous 1 mg	Added to PAL - effective 10/15
J2350	Injection, ocrelizumab, 1 mg	Added to PAL - effective 10/15
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Added to PAL - effective 10/15
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Added to PAL - effective 10/15
J2356	Injection tezepelumab-ekko 1 mg	Added to PAL - effective 10/15
J2357	Injection, omalizumab, 5 mg	Added to PAL - effective 10/15
J2425	Injection, palifermin, 50 micrograms	Added to PAL - effective 10/15
J2502	Injection, pasireotide long acting, 1 mg	Added to PAL - effective 10/15
J2503	Injection, pegaptanib sodium, 0.3 mg	Added to PAL - effective 10/15
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Added to PAL - effective 10/15
J2507	Injection, pegloticase, 1 mg	Added to PAL - effective 10/15
J2777	Injection faricimab-svoa 0.1 mg	Added to PAL - effective 10/15
J2778	Injection, ranibizumab, 0.1 mg	Added to PAL - effective 10/15
J2779	Injection ranibizumab via intravitreal implant (susvimo) 0.1 mg	Added to PAL - effective 10/15
J2786	Injection, reslizumab, 1 mg	Added to PAL - effective 10/15
J2796	Injection, romiplostim, 10 micrograms	Added to PAL - effective 10/15
J2797	Injection, rolapitant, 0.5 mg	Added to PAL - effective 10/15
J2820	Injection, sargramostim (GM-CSF), 50 mcg	Added to PAL - effective 10/15
J2840	Injection, sebelipase alfa, 1 mg	Added to PAL - effective 10/15
J2860	Injection, siltuximab, 10 mg	Added to PAL - effective 10/15
J2998	Injection plasminogen human-tvmh 1 mg	Added to PAL - effective 10/15
J3032	Injection, eptinezumab-jjmr, 1 mg	Added to PAL - effective 10/15
J3060	Injection, taliglucerase alfa, 10 units	Added to PAL - effective 10/15
J3110	Teriparatide injection	Added to PAL - effective 10/15
J3111	Injection, romosozumab-aqqg, 1 mg	Added to PAL - effective 10/15
J3145	Injection, testosterone undecanoate, 1 mg	Added to PAL - effective 10/15
J3241	Injection, teprotumumab-trbw, 10 mg	Added to PAL - effective 10/15
J3245	Injection, tildrakizumab, 1 mg	Added to PAL - effective 10/15
J3262	Injection, tocilizumab, 1 mg	Added to PAL - effective 10/15
J3315	Injection, triptorelin pamoate, 3.75 mg	Added to PAL - effective 10/15
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Added to PAL - effective 10/15
J3358	Ustekinumab, for intravenous injection, 1 mg	On Current PAL
J3380	Injection, vedolizumab, 1 mg	Added to PAL - effective 10/15
J3385	Injection, velaglucerase alfa, 100 units	Added to PAL - effective 10/15
J3397	Injection, vestronidase alfa-vjbk, 1 mg	Added to PAL - effective 10/15
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	On Current PAL

## Prior Authorization List for Drugs/Injectables as of Aug 24, 2023

*This Prior Authorization List refers to the medical administration of the below codes. It does not relate to the Pharmacy Benefit. The Pharmacy benefit has its own Prior Authorization List.*

Procedure Code	Procedure Description	Prior Authorization List Notes
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	On Current PAL
J3490	Unclassified drugs	On Current PAL
J3590	Unclassified biologics	On Current PAL
J7170	Injection, emicizumab-kxwh, 0.5 mg	Added to PAL - effective 10/15
J7175	Injection, factor x, (human), 1 i.u.	Added to PAL - effective 10/15
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Added to PAL - effective 10/15
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0	Added to PAL - effective 10/15
J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU	Added to PAL - effective 10/15
J7181	Injection, factor XIII a-subunit, (recombinant), per IU	Added to PAL - effective 10/15
J7182	Injection, factor VIII, (antihemophilic factor, recombinant), (Novoeight), per IU	Added to PAL - effective 10/15
J7183	Injection, von Willebrand factor complex (human), wilate, 1 IU VWF:RCo	Added to PAL - effective 10/15
J7185	Injection, factor VIII (antihemophilic factor, recombinant) (XYNTHA), per IU	Added to PAL - effective 10/15
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII IU	Added to PAL - effective 10/15
J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCo	Added to PAL - effective 10/15
J7188	Injection, factor VIII (antihemophilic factor, recombinant), (OBIZUR), per i.u.	Added to PAL - effective 10/15
J7189	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram	Added to PAL - effective 10/15
J7190	Factor VIII (antihemophilic factor, human) per IU	Added to PAL - effective 10/15
J7191	Factor Viii (Porcine)	Added to PAL - effective 10/15
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Added to PAL - effective 10/15
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	Added to PAL - effective 10/15
J7194	Factor IX, complex, per IU	Added to PAL - effective 10/15
J7195	Injection, factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	Added to PAL - effective 10/15
J7198	Anti-inhibitor, per IU	Added to PAL - effective 10/15
J7200	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	Added to PAL - effective 10/15
J7200	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	Added to PAL - effective 10/15
J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	Added to PAL - effective 10/15
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Added to PAL - effective 10/15
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Added to PAL - effective 10/15
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Added to PAL - effective 10/15
J7205	Injection, factor VIII Fc fusion protein (recombinant), per IU	Added to PAL - effective 10/15
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Added to PAL - effective 10/15
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Added to PAL - effective 10/15
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Added to PAL - effective 10/15
J7210	Injection, factor VIII, (antihemophilic factor, recombinant), (afstyla), 1 I.U.	Added to PAL - effective 10/15
J7211	Injection, factor VIII, (antihemophilic factor, recombinant), (kovaltry), 1 I.U.	Added to PAL - effective 10/15
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Added to PAL - effective 10/15
J7320	Hyaluronan or derivitive, genvisc 850, for intra-articular injection, 1 mg	Added to PAL - effective 10/15
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	Added to PAL - effective 10/15
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Added to PAL - effective 10/15
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	Added to PAL - effective 10/15
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	Added to PAL - effective 10/15
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	Added to PAL - effective 10/15
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	Added to PAL - effective 10/15
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Added to PAL - effective 10/15
J7328	Hyaluronan or derivative, Gel-Syn, for intra-articular injection, 0.1 mg	Added to PAL - effective 10/15
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Added to PAL - effective 10/15

## Prior Authorization List for Drugs/Injectables as of Aug 24, 2023

*This Prior Authorization List refers to the medical administration of the below codes. It does not relate to the Pharmacy Benefit. The Pharmacy benefit has its own Prior Authorization List.*

Procedure Code	Procedure Description	Prior Authorization List Notes
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	Added to PAL - effective 10/15
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Added to PAL - effective 10/15
J7352	Afamelanotide implant, 1 mg	On Current PAL
J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	Added to PAL - effective 10/15
J8650	NABILONE ORAL 1 MG	Added to PAL - effective 10/15
J8655	Netupitant 300 mg and palonosetron 0.5 mg, oral	Added to PAL - effective 10/15
J9000	Injection, doxorubicin hydrochloride, 10 mg	Added to PAL - effective 10/15
J9015	Injection, aldesleukin, per single use vial	Added to PAL - effective 10/15
J9017	Injection, arsenic trioxide, 1 mg	Added to PAL - effective 10/15
J9019	Injection, asparaginase (Erwinaze), 1, 000 IU	Added to PAL - effective 10/15
J9022	Injection, atezolizumab, 10 mg	Added to PAL - effective 10/15
J9023	Injection, avelumab, 10 mg	Added to PAL - effective 10/15
J9025	Injection, azacitidine, 1 mg	Added to PAL - effective 10/15
J9027	Injection, clofarabine, 1 mg	Added to PAL - effective 10/15
J9030	BCG live intravesical instillation, 1 mg	Added to PAL - effective 10/15
J9032	Injection, belinostat, 10 mg	Added to PAL - effective 10/15
J9033	Injection, bendamustine HCL (treanda), 1 mg	Added to PAL - effective 10/15
J9034	Injection, bendamustine HCL (bendeka), 1 mg	Added to PAL - effective 10/15
J9035	Injection, bevacizumab, 10 mg	Added to PAL - effective 10/15
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	Added to PAL - effective 10/15
J9037	Injection belantamab mafodotin-blmf 0.5 mg	Added to PAL - effective 10/15
J9039	Injection, blinatumomab, 1 microgram	Added to PAL - effective 10/15
J9040	Injection, bleomycin sulfate, 15 units	Added to PAL - effective 10/15
J9041	Injection, bortezomib (velcade), 0.1 mg	Added to PAL - effective 10/15
J9042	Injection, brentuximab vedotin, 1 mg	Added to PAL - effective 10/15
J9043	Injection, cabazitaxel, 1 mg	Added to PAL - effective 10/15
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	Added to PAL - effective 10/15
J9045	Injection, carboplatin, 50 mg	Added to PAL - effective 10/15
J9046	Injection bortezomib (dr. reddy's) not therapeutically equivalent to j9041 0.1 mg	Added to PAL - effective 10/15
J9047	Injection, carfilzomib, 1 mg	Added to PAL - effective 10/15
J9048	Injection bortezomib (fresenius kabi) not therapeutically equivalent to j9041 0.1 mg	Added to PAL - effective 10/15
J9049	Injection bortezomib (hospira) not therapeutically equivalent to j9041 0.1 mg	Added to PAL - effective 10/15
J9050	Injection, carmustine, 100 mg	Added to PAL - effective 10/15
J9055	Injection, cetuximab, 10 mg	Added to PAL - effective 10/15
J9057	Injection, copanlisib, 1 mg	Added to PAL - effective 10/15
J9060	Injection, cisplatin, powder or solution, 10 mg	Added to PAL - effective 10/15
J9061	Injection amivantamab-vmjw 2 mg	Added to PAL - effective 10/15
J9065	Injection, cladribine, per 1 mg	Added to PAL - effective 10/15
J9070	Cyclophosphamide, 100 mg	Added to PAL - effective 10/15
J9100	Injection, cytarabine, 100 mg	Added to PAL - effective 10/15
J9118	Injection, calaspargase pegol-mknl, 10 units	On Current PAL
J9119	Injection, cemiplimab-rwlc, 1 mg	Added to PAL - effective 10/15
J9120	Injection, dactinomycin, 0.5 mg	Added to PAL - effective 10/15
J9130	Dacarbazine, 100 mg	Added to PAL - effective 10/15
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Added to PAL - effective 10/15
J9145	Injection, daratumumab, 10 mg	Added to PAL - effective 10/15
J9150	Injection, daunorubicin, 10 mg	Added to PAL - effective 10/15



## Prior Authorization List for Drugs/Injectables as of Aug 24, 2023

This Prior Authorization List refers to the medical administration of the below codes. It does not relate to the Pharmacy Benefit. The Pharmacy benefit has its own Prior Authorization List.

Procedure Code	Procedure Description	Prior Authorization List Notes
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Added to PAL - effective 10/15
J9155	Injection, degarelix, 1 mg	Added to PAL - effective 10/15
J9171	Injection, docetaxel, 1 mg	Added to PAL - effective 10/15
J9173	Injection, durvalumab, 10 mg	Added to PAL - effective 10/15
J9176	Injection, elotuzumab, 1 mg	Added to PAL - effective 10/15
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Added to PAL - effective 10/15
J9178	Injection, epirubicin HCl, 2 mg	Added to PAL - effective 10/15
J9179	Injection, eribulin mesylate, 0.1 mg	Added to PAL - effective 10/15
J9181	Injection, etoposide, 10 mg	Added to PAL - effective 10/15
J9185	Injection, fludarabine phosphate, 50 mg	Added to PAL - effective 10/15
J9190	Injection, fluorouracil, 500 mg	Added to PAL - effective 10/15
J9199	Injection, gemcitabine HCl (Infugem), 200 mg	Added to PAL - effective 10/15
J9200	Injection, floxuridine, 500 mg	Added to PAL - effective 10/15
J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	Added to PAL - effective 10/15
J9202	Goserelin acetate implant, per 3.6 mg	Added to PAL - effective 10/15
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Added to PAL - effective 10/15
J9204	Injection, mogamulizumab-kpkc, 1 mg	Added to PAL - effective 10/15
J9205	Injection, irinotecan liposome, 1 mg	Added to PAL - effective 10/15
J9206	Injection, irinotecan, 20 mg	Added to PAL - effective 10/15
J9207	Injection, ixabepilone, 1 mg	Added to PAL - effective 10/15
J9208	Injection, ifosfamide, 1 gram	Added to PAL - effective 10/15
J9209	Injection, mesna, 200 mg	Added to PAL - effective 10/15
J9210	Injection, emapalumab-lzsg, 1 mg	Added to PAL - effective 10/15
J9211	Injection, idarubicin hydrochloride, 5 mg	Added to PAL - effective 10/15
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Added to PAL - effective 10/15
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Added to PAL - effective 10/15
J9218	Leuprolide acetate, per 1 mg	Added to PAL - effective 10/15
J9225	Histrelin implant (Vantas), 50 mg	Added to PAL - effective 10/15
J9226	Histrelin implant (Supprelin LA), 50 mg	Added to PAL - effective 10/15
J9227	Injection, isatuximab-irfc, 10 mg	Added to PAL - effective 10/15
J9228	Injection, ipilimumab, 1 mg	Added to PAL - effective 10/15
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Added to PAL - effective 10/15
J9230	Mechlorethamine hcl inj	Added to PAL - effective 10/15
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	Added to PAL - effective 10/15
J9247	Injection melphalan flufenamide 1mg	Added to PAL - effective 10/15
J9250	Methotrexate sodium, 5 mg	Added to PAL - effective 10/15
J9260	Methotrexate sodium, 50 mg	Added to PAL - effective 10/15
J9261	Injection, nelarabine, 50 mg	Added to PAL - effective 10/15
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Added to PAL - effective 10/15
J9263	Injection, oxaliplatin, 0.5 mg	Added to PAL - effective 10/15
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Added to PAL - effective 10/15
J9266	Injection, pegaspargase, per single dose vial	Added to PAL - effective 10/15
J9267	Injection, paclitaxel, 1 mg	Added to PAL - effective 10/15
J9268	Injection, pentostatin, 10 mg	Added to PAL - effective 10/15
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Added to PAL - effective 10/15
J9271	Injection, pembrolizumab, 1 mg	Added to PAL - effective 10/15
J9272	Injection dostarlimab-gxly 10 mg	Added to PAL - effective 10/15
J9274	Injection tebentafusp-tebn 1 microgram	Added to PAL - effective 10/15

## Prior Authorization List for Drugs/Injectables as of Aug 24, 2023

*This Prior Authorization List refers to the medical administration of the below codes. It does not relate to the Pharmacy Benefit. The Pharmacy benefit has its own Prior Authorization List.*

Procedure Code	Procedure Description	Prior Authorization List Notes
J9280	Injection, mitomycin, 5 mg	Added to PAL - effective 10/15
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Added to PAL - effective 10/15
J9285	Injection, olaratumab, 10 mg	Added to PAL - effective 10/15
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	Added to PAL - effective 10/15
J9295	Injection, necitumumab, 1 mg	Added to PAL - effective 10/15
J9298	Injection nivolumab and relatlimab-rmbw 3 mg/1 mg	Added to PAL - effective 10/15
J9299	Injection, nivolumab, 1 mg	Added to PAL - effective 10/15
J9301	Injection, obinutuzumab, 10 mg	Added to PAL - effective 10/15
J9302	Injection, ofatumumab, 10 mg	Added to PAL - effective 10/15
J9303	Injection, panitumumab, 10 mg	Added to PAL - effective 10/15
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	Added to PAL - effective 10/15
J9306	Injection, pertuzumab, 1 mg	Added to PAL - effective 10/15
J9307	Injection, pralatrexate, 1 mg	Added to PAL - effective 10/15
J9308	Injection, ramucirumab, 5 mg	Added to PAL - effective 10/15
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Added to PAL - effective 10/15
J9311	Injection, rituximab 10 mg and hyaluronidase	Added to PAL - effective 10/15
J9312	Injection, rituximab, 10 mg	Added to PAL - effective 10/15
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Added to PAL - effective 10/15
J9315	Injection, romidepsin, 1 mg	Added to PAL - effective 10/15
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Added to PAL - effective 10/15
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Added to PAL - effective 10/15
J9320	Injection, streptozocin, 1 gram	Added to PAL - effective 10/15
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Added to PAL - effective 10/15
J9328	Injection, temozolomide, 1 mg	Added to PAL - effective 10/15
J9330	Injection, temsirolimus, 1 mg	Added to PAL - effective 10/15
J9331	Injection sirolimus protein-bound particles 1 mg	Added to PAL - effective 10/15
J9332	Injection efgartigimod alfa-fcab 2mg	Added to PAL - effective 10/15
J9340	Injection, thiotepa, 15 mg	Added to PAL - effective 10/15
J9348	Injection naxitamab-gqgk 1 mg	Added to PAL - effective 10/15
J9349	Injection tafasitamab-cxix 2 mg	Added to PAL - effective 10/15
J9351	Injection, topotecan, 0.1 mg	Added to PAL - effective 10/15
J9352	Injection, trabectedin, 0.1 mg	Added to PAL - effective 10/15
J9353	Injection margetuximab-cmkb 5 mg	Added to PAL - effective 10/15
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Added to PAL - effective 10/15
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Added to PAL - effective 10/15
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Added to PAL - effective 10/15
J9357	Injection, valrubicin, intravesical, 200 mg	Added to PAL - effective 10/15
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Added to PAL - effective 10/15
J9359	Injection loncastuximab tesirine-lpyl 0.075 mg	Added to PAL - effective 10/15
J9360	Injection, vinblastine sulfate, 1 mg	Added to PAL - effective 10/15
J9370	Vincristine sulfate, 1 mg	Added to PAL - effective 10/15
J9390	Injection, vinorelbine tartrate, 10 mg	Added to PAL - effective 10/15
J9395	Injection, fulvestrant, 25 mg	Added to PAL - effective 10/15
J9400	Injection, ziv-aflibercept, 1 mg	Added to PAL - effective 10/15
J9600	Porfimer sodium injection	Added to PAL - effective 10/15
J9999	generic/misc/"dump code"	Added to PAL - effective 10/15
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	On Current PAL





## Prior Authorization List for Drugs/Injectables as of Aug 24, 2023

*This Prior Authorization List refers to the medical administration of the below codes. It does not relate to the Pharmacy Benefit. The Pharmacy benefit has its own Prior Authorization List.*

Procedure Code	Procedure Description	Prior Authorization List Notes
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	On Current PAL
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	On Current PAL
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	On Current PAL
Q2053	Brexucabtagene autoleucel up to 200 million autologous anti-cd19 car positive viable t cells including leukapheresis and dose preparation procedures per therapeutic dose	Added to PAL - effective 10/15
Q2054	Lisocabtagene maraleucel up to 110 million autologous anti-CD 19 CAR-positive viable T cells including leukapheresis and dose preparation procedures per therapeutic dose	Added to PAL - effective 10/15
Q2055	Idecabtagene vicleucel up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells including leukapheresis and dose preparation procedures p	Added to PAL - effective 10/15
Q2056	Ciltacabtagene autoleucel up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells including leukapheresis and dose preparation procedures	Added to PAL - effective 10/15
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Added to PAL - effective 10/15
Q4074	Iloprost, inhalation solution, Food and Drug Administration (FDA)-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms	On Current PAL
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	On Current PAL
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	On Current PAL
Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	On Current PAL
Q5106	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	On Current PAL
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	On Current PAL
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	On Current PAL
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	On Current PAL
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg	On Current PAL
Q5112	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	On Current PAL
Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	On Current PAL
Q5114	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	On Current PAL
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Added to PAL - effective 10/15
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	On Current PAL
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	On Current PAL
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	On Current PAL
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	On Current PAL
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	On Current PAL
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	On Current PAL
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	On Current PAL
Q5123	Injection rituximab-arrx biosimilar (riabni) 10 mg	Added to PAL - effective 10/15
Q5124	Injection ranibizumab-nuna biosimilar (byooviz) 0.1 mg	Added to PAL - effective 10/15
Q5126	Injection bevacizumab-maly biosimilar (alymysys) 10 mg	Added to PAL - effective 10/15
S0189	Testosterone pellet. 75 mg	Added to PAL - effective 10/15