

**Reimbursement Guideline Disclaimer:** EmblemHealth has policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. EmblemHealth will inform you of new policies or changes in policies through updates to the Provider Manual and/or provider news. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in EmblemHealth’s policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, physician or other provider contracts, the member’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by EmblemHealth due to programming or other constraints; however, EmblemHealth strives to minimize these variations.

EmblemHealth follows coding edits that are based on industry sources, including, but not limited to; CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. EmblemHealth uses industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how EmblemHealth handles specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, EmblemHealth may deny the claim and/or recoup claim payment.

**Effective: 01/01/2024**

*This is cumulative document updated with changes as needed. Updates to this list will be communicated through provider newsletters and are detailed in [Revision History](#).*

**Policy Statement:** This policy is applicable to ConnectiCare Commercial, ConnectiCare Exchange and ConnectiCare Medicare Advantage plans.

**[Jump to Code List](#)**

**[Jump to Revision History](#)**

**Preauthorization Contacts:**

Traditional Pharmacy			
Member Plan	Partner	Fax/Electronic	Phone
All ConnectiCare	ESI	<p><b>Commercial</b> Pharmacy: 877-251-5896 Medical: 888-631-8817</p> <p><b>Medicare:</b> Pharmacy: 877-251-5896 Medical: 888-631-8817</p> <p><b>ePA Available</b></p>	<p><b>Commercial:</b> Pharmacy: 877-417-5383, 24/7/365 Medical: 877-391-7821, 8 a.m. to 7 p.m., Monday through Friday</p> <p><b>Medicare:</b> Pharmacy: 877-954-2282 24/7/365 Medical: 877-391-7821, 8 a.m. to 7 p.m., Monday through Friday</p>

Medical drug, non-Chemo			
Member Plan	Partner	Fax/Electronic	Phone
All ConnectiCare	Care Continuum, ESI	<p><b>Commercial</b> Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p><b>Medicare:</b> Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p><b>ePA Available</b></p>	<p><b>Commercial:</b> Pharmacy: 844-516-3324, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p> <p><b>Medicare:</b> Pharmacy: 877-920-1470, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p>

Chemotherapy regimen, including oral drugs			
Member Plan	Partner	Fax/Electronic	Phone
<b>ConnectiCare members under 18 years of age</b>	ESI	<p><b>Commercial</b> Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p><b>Medicare:</b> Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p><b>ePA Available</b></p>	<p><b>Commercial:</b> Pharmacy: 844-516-3324, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p> <p><b>Medicare:</b> Pharmacy: 877-920-1470, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p>
<b>ConnectiCare members over 18 years of age</b>	Evolent (formerly NCH)	<p><b>877-624-8602</b></p> <p><b>Online:</b> <a href="#">CLICK HERE</a></p>	888-999-7713, option 6, 8 a.m. to 8 p.m., Monday through Friday

Evolent (Formerly New Century Health)	
Service categories with ICD-10 diagnosis codes <b>other than</b> those listed here are <i>out-of-scope</i>	<ul style="list-style-type: none"> <li>• Cancer Diagnosis - C00-D49, E34.0, K31.7, K63.5, L53.8, Q85</li> <li>• Hematology Diagnosis - D50-D53, D55-D62, D63.0, D63.8, D64, D68.5, D68.6, D69-D77, D89.2, I88</li> <li>• Other specified prophylactic or treatment measure (Z41.8)</li> </ul>

### Evolut (Formerly New Century Health) – Other Scope Exclusions

Other out-of-scope categories	<ul style="list-style-type: none"> <li>• Bone marrow transplants</li> <li>• CKD diagnosis code D63.1</li> <li>• Clinical Trials</li> <li>• Controlled Substances (i.e. Morphine)/Antibiotics</li> <li>• Equipment request (e.g., IV Pump)</li> <li>• ESRD patients</li> <li>• Hemophilia drugs</li> <li>• Home Health</li> <li>• Inpatient chemotherapy services</li> <li>• Inpatient requests</li> <li>• Radiopharmaceuticals</li> </ul>
-------------------------------	---

We encourage you to take advantage of ESI's electronic prior authorization (ePA) option. ePA is fast, secure, and simple. Any authorized personnel, including nurses and office staff, can use your electronic health record (EHR) or sign into an online portal. You save time, and patients get their medications faster.

#### Applicable Codes:

*Note: \* Indicates drugs that have Site of Care requirements.*

*Please see [Site of Service Medical Policy – Infusions and Injectables](#)*

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Abraxane</b>	J9258	Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to j9264, 1 mg	Y	Y
<b>Abraxane</b>	J9259	Injection, paclitaxel protein-bound particles (american regent) not therapeutically equivalent to j9264, 1 mg	Y	Y
<b>Abraxane</b>	J9264	Injection, paclitaxel protein-bound particles, 1 mg	Y	Y
<b>Actemra*</b>	J3262*	Injection, tocilizumab, 1 mg	Y	Y
<b>Acthar HP*</b>	J0801*	Injection, corticotropin (acthar gel), up to 40 units	Y	Y
<b>Acthar HP*</b>	J0802*	Injection, corticotropin (ani), up to 40 units	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Adstiladrin</b>	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	Y	Y
<b>Aduhelm*</b>	J0172*	Injection, aducanumab-avwa, 2 mg	<i>(not covered)</i>	<i>(not covered)</i>
<b>Adynovate*</b>	J7207*	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	N	Y
<b>Akynzeo</b>	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Y	Y
<b>Abecma</b>	Q2055	Idecabtagene vicleucel, up to 460 million autologous anti-bcma car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Y	Y
<b>Actemra*</b>	J3262*	Injection, tocilizumab, 1 mg	Y	Y
<b>Acthar HP</b>	J0800 Deleted Code effective 10/01/2023	Injection, corticotropin, up to 40 units	Y	Y
<b>Acthar HP*</b>	J0801*	Injection, corticotropin (acthar gel), up to 40 units	Y	Y
<b>Acthar HP*</b>	J0802*	Injection, corticotropin (ani), up to 40 units	Y	Y
<b>Actimmune</b>	J9216	interferon, gamma-1b	N	Y
<b>Adakveo*</b>	J0791*	crizanlizumab	Y	Y
<b>Adasuve</b>	J2062	loxapine	N	Y
<b>Adcetris*</b>	J9042*	brentuximab	Y	Y
<b>Adriamycin</b>	J9000	doxorubicin	Y	Y
<b>Adrucil</b>	J9190	fluorouracil	Y	Y
<b>Advate*/Kogenate*/Kogenate FS*/Recombinate*/Helixate*/Helixate FS*</b>	J7192*	Factor VIII antihemophilic factor recombinant	Y	Y
<b>Adzynma</b>	C9167 New Code effective 4/01/2024	Injection, apadamtase alfa, 10 units	Y	Y
<b>Adzynma</b>	J3590	Injection, apadamtase alfa, 10 units	Y	Y
<b>Afstyla*</b>	J7210*	Hemophilia clotting factor	Y	Y
<b>Ajovy</b>	J3031	Injection, fremanezumab-vfrm, 1 mg	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Aldurazyme*</b>	J1931*	Injection, laronidase, 0.1 mg	Y	Y
<b>Alferon</b>	J9215	Interferon Alfa-N3	N	Y
<b>Alimta*</b>	J9305*	Injection, pemetrexed, 10 mg	Y	Y
<b>Alimta*</b>	J9322*	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg	Y	Y
<b>Alimta*</b>	J9323*	Injection, pemetrexed ditromethamine, 10 mg	Y	Y
<b>Aliqopa</b>	J9057	Injection, copanlisib, 1 mg	Y	Y
<b>Alkeran</b>	J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	Y	Y
<b>Almysys*</b>	Q5126*	Injection, bevacizumab-maly, biosimilar,	Y	Y
<b>Aloxi</b>	J2469	Injection, palonosetron hcl, 25 mcg	Y	Y
<b>Alphanate*</b>	J7186*	antihemophilic factor human	Y	Y
<b>AlphaNine*/ Mononine*</b>	J7193*	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	Y	Y
<b>Alprolix*</b>	J7201*	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	Y	Y
<b>Altuviio</b>	J7199	Injection, antihemophilic factor (recombinant), fc-vwf-xten fusion protein-ehtl	Y	Y
<b>Altuviio</b>	J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	Y	Y
<b>Amondys 45*</b>	J1426*	Injection, casimersen, 10 mg	Y	Y
<b>Amvuttra*</b>	J0225*	Injection, vutrisiran 25mg/0.5mL	Y	Y
<b>Aphexda</b>	J2277 New Code effective 4/01/2024	Injection, motixafortide, 0.25 mg	Y	Y
<b>Aphexda</b>	J3490	Injection, motixafortide, 0.25 mg	Y	Y
<b>Apokyn</b>	J0364	Apomorphine	Y	Y
<b>Aranesp*</b>	J0881*	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Y	Y
<b>Arcalyst</b>	J2793	Rilonacept	Y	Y
<b>Aredia</b>	J2430	Injection, pamidronate disodium, per 30	Y	Y
<b>Arranon</b>	J9261	nelarabine	Y	Y
<b>Arzerra</b>	J9302	Ofatumumab	Y	Y
<b>Asceniv*</b>	J1554*	Injection, immune globulin (asceniv), 500	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Asparlas</b>	J9118	Injection, calaspargase pegol-mknl, 10	Y	Y
<b>Avastin</b>	J9035	Injection, bevacizumab, 10 mg (Oncology indications)	Y	Y
<b>Avastin*</b>	C9257*	Injection, bevacizumab, 0.25 mg (Oncology indications require auth)	Y	Y
<b>Aveed*</b>	J3145*	Testosterone Undecanoate	Y	Y
<b>Avsola*</b>	Q5121*	Injection, infliximab-axxq, biosimilar	Y	Y
<b>Azedra</b>	A9590	iodine i-131 iobenguane	Y	Y
<b>Barhemsys</b>	J0184 <i>New Code effective 1/01/2024</i>	Injection, amisulpride, 1 mg	Y	Y
<b>Barhemsys</b>	C9153 <i>Deleted 1/01/2024; see J0184</i>  <i>New code effect 10/01/2023</i>	Injection, amisulpride, 1 mg	Y	Y
<b>Barhemsys</b>	J3490	Injection, amisulpride, 1 mg	Y	Y
<b>Bavencio*</b>	J9023*	Injection, avelumab, 10 mg	Y	Y
<b>Baxdela</b>	C9462	delafloxacin	Y	Y
<b>Bebulin*/Profilnine*/Profilnine SD*</b>	J7194*	Factor IX Complex	Y	Y
<b>Beleodaq</b>	J9032	belinostat	Y	Y
<b>Belrapzo</b>	J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	Y	Y
<b>Bendeka</b>	J9034	Bendamustine	Y	Y
<b>Benefix*/Ixinity*</b>	J7195*	Injection, factor ix (antihemophilic factor, recombinant) per iu	Y	Y
<b>Benlysta*</b>	J0490*	Injection, belimumab, 10 mg	Y	Y
<b>Beovu</b>	J0179	Injection, brolocizumab-dbl, (Beovu), 1 mg	Y	Y
<b>Berinert*</b>	J0597*	Injection, c-1 esterase inhibitor (human),	Y	Y
<b>Besponsa</b>	J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Y	Y
<b>BICNU</b>	J9052	Injection, carmustine (accord), not therapeutically equivalent to J9050, 100 mg	Y	Y
<b>BICNU</b>	J9050	Carmustine	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Bivigam*</b>	J1556*	Injection, immune globulin (bivigam), 500 mg	Y	Y
<b>Blenoxane</b>	J9040	Bleomycin	Y	Y
<b>Blenrep</b>	J9037	belantamab mafodotin-blmf, 0.5 mg	Y	Y
<b>Blincyto*</b>	J9039*	Injection, blinatumomab, 1 microgram	Y	Y
<b>Boniva</b>	J1740	Ibandronate	Y	Y
<b>Botox</b>	J0585	Injection, Onabotulinumtoxina, 1 Unit	Y	Y
<b>Breyanzi</b>	Q2054	Lisocabtagene maraleucel	Y	Y
<b>Brineura</b>	J0567	Injection, cerliponase alfa, 1 mg	Y	Y
<b>Briumvi*</b>	J2329*	Injection, ublituximab-xiyy, 1mg	Y	Y
<b>Briumvi</b>	J3590	Injection, ublituximab-xiii	Y	Y
<b>Busulfex</b>	J0594	Injection, busulfan, 1 mg	Y	Y
<b>Byooviz</b>	Q5124	Injection, ranibizumab-nuna, biosimilar,	Y	Y
<b>Cabenuva*</b>	J0741*	Injection, cabotegravir and rilpivirine, 2mg/3mg	Y	Y
<b>Cablivi</b>	C9047	caplacizumab-yhdp	Y	Y
<b>Camcevi</b>	J1952	Injection, leuprolide (camcevi), 1 mg	Y	Y
<b>Campath*/Lemtrada*</b>	J0202*	Injection, alemtuzumab, 1 mg	Y	Y
<b>Camptosar</b>	J9206	Irinotecan	Y	Y
<b>Carimune*/Carimune NF Nanofiltered*/Gammagard S-D/IVIG*</b>	J1566*	immune globulin, intravenous, lyophilized (e.g powder)	Y	Y
<b>Carvykti</b>	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Y	Y
<b>Cerezyme*</b>	J1786*	Injection, imiglucerase, 10 units	Y	Y
<b>Cimerli</b>	J3590	Injection, ranibizumab-eqrn	Y	Y
<b>Cimerli</b>	Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Y	Y
<b>Cimzia*</b>	J0717*	Injection, certolizumab pegol, 1 mg	Y	Y
<b>Cinqair*</b>	J2786*	Reslizumab	Y	Y
<b>Cinryze*</b>	J0598*	Injection, c-1 esterase inhibitor (human), (Cinryze), 10 units	Y	Y
<b>Cinvanti</b>	J0185	Injection, aprepitant, 1 mg	Y	Y
<b>Clolar</b>	J9027	Clofarabine	Y	Y
<b>Coagadex*</b>	J7175*	Injection, factor x, (human), 1 i.u.	N	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Columvi</b>	J9286 New Code effective 1/01/2024	Injection, glofitamab-gxbr, 2.5mg	Y	Y
<b>Columvi</b>	J9999	Injection, glofitamab-gxbr	Y	Y
<b>Corifact*</b>	J7180*	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	Y	Y
<b>Cosela</b>	J1448	Injection, trilaciclib, 1mg	Y	Y
<b>Cosentyx</b>	C9166 New Code effective 4/01/2024	Injection, secukinumab, intravenous, 1 mg	Y	Y
<b>Cosmegen</b>	J9120	Dactinomycin	Y	Y
<b>Cresemba</b>	J1833	Injection, isavuconazonium, 1 mg	Y	Y
<b>Crysvita*</b>	J0584*	Injection, burosumab-twza 1 mg	Y	Y
<b>Cuvitru*</b>	J1555*	Injection, immune globulin (cuvitru), 100 mg	Y	Y
<b>Cyclophosphamide</b>	J9075 New Code effective 4/01/2024	Injection, cyclophosphamide, not otherwise specified, 5 mg	Y	Y
<b>Cyclophosphamide</b>	J9074 New Code effective 4/01/2024	Injection, cyclophosphamide (sandoz), 5 mg	Y	Y
<b>Cyclophosphamide</b>	J9073 New Code effective 4/01/2024	Injection, cyclophosphamide (ingenus), 5 mg	Y	Y
<b>Cyclophosphamide</b>	J9072	Injection, cyclophosphamide, (dr. reddy's), 5 mg	Y	Y
<b>Cyclophosphamide</b>	J9071	Injection, cyclophosphamide, (auromedics), 5 mg	Y	Y
<b>Cyramza*</b>	J9308*	Injection, ramucirumab, 5 mg	Y	Y
<b>Cytogam*</b>	J0850*	Cytomegalovirus Immune globulin, Human	Y	Y
<b>Cytosar-U</b>	J9100	Cytarabine	Y	Y
<b>Cytoxan</b>	J9070 Deleted code effective 4/01/2024	Cyclophosphamide	Y	Y
<b>Dacogen</b>	J0893	Injection, decitabine, 1 mg - (sun pharma) <i>not therapeutically equivalent to J0894</i>	Y	Y
<b>Dacogen</b>	J0894	Decitabine	Y	Y
<b>Danylza</b>	J9348	Injection, naxitamab-gqqk, 1 mg	Y	Y



Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Darzalex</b>	J9145	Daratumumab	Y	Y
<b>Darzalex Faspro*</b>	J9144*	Injection, daratumumab 10 mg and hyaluronidase-fihj	Y	Y
<b>Daunorubicin</b>	J9150	Daunorubicin	Y	Y
<b>Daxxify</b>	J0589 New code effective 4/01/2024	Injection, daxibotulinumtoxina-lanm, 1 unit	Y	Y
<b>Daxxify</b>	C9160 Deleted code effective 4/01/2024.  New code effective 1/01/2024	Injection, daxibotulinumtoxina-lanm, 1 unit	Y	Y
<b>Daxxify</b>	J3590	Injection, daxibotulinumtoxinA-lanm	Y	Y
<b>Dextenza</b>	J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Y	Y
<b>Dexycu</b>	J1095	Injection, dexamethasone 9%, intraocular	Y	Y
<b>Doxil</b>	Q2050	Liposomal Doxorubicin	Y	Y
<b>DTIC-DOME</b>	J9130	Dacarbazine	Y	Y
<b>Durolane</b>	J7318	Hyaluronan or derivative, durolane, for intra- articular injection, 1 mg	N	Y
<b>Durysta</b>	J7351	Injection, bimatoprost, intracameral implant, 1 microgram	Y	Y
<b>Dysport</b>	J0586	Injection, abobotulinumtoxinA, 5 units	N	Y
<b>Elahere*</b>	J9063*	Injection, mirvetuximab soravtansine-gynx, 1 mg	Y	Y
<b>Elahere</b>	C9146 Deleted effective 6/30/2023	Injection, mirvetuximab soravtansine-gynx, 1 mg	Y	Y
<b>Elaprase*</b>	J1743*	Injection, idursulfase, 1 mg	Y	Y
<b>Elelyso*</b>	J3060*	Injection, taliglucerase alfa, 10 units	Y	Y
<b>Elevidys</b>	J1413 New code effective 1/01/2024	Injection, delandistrogene moxeparvocev-rokl, per therapeutic dose	Y	Y
<b>Elevidys</b>	J3590	Injection, delandisotrogene moxeparvocev-rokl	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Elfabrio</b>	J2508 New code 1/01/2024	Injection, pegunigalsidase alfa-iwxj, 1 mg	Y	Y
<b>Elfabrio</b>	J3590	Injection, pegunigalsidase alfa-iwxj, for intravenous use	Y	Y
<b>Ellence</b>	J9178	Epirubicin	Y	Y
<b>Elliotts B</b>	J9175	Elliotts B	N	Y
<b>Elocate*</b>	J7205*	Injection, factor VIII Fc fusion protein (recombinant), per IU	Y	Y
<b>Eloxatin</b>	J9263	Oxaliplatin	Y	Y
<b>Elrexio</b>	J1323 New Code effective 4/01/2024	Injection, elranatamab-bcmm, 1 mg	Y	Y
<b>Elrexio</b>	C9165 Deleted code effective 4/01/2024  New Code effective 1/01/2024	Injection, elranatamab-bcmm, 1 mg	Y	Y
<b>Elrexio</b>	J9999	Injection, elranatamab-bcmm	Y	Y
<b>Elzonris</b>	J9269	tagraxofusp-erzs	Y	Y
<b>Emend</b>	J1434 New Code effective 4/01/2024	Injection, fosaprepitant (focinvez), 1 mg	Y	Y
<b>Emend</b>	J1453	Injection, fosaprepitant, 1 mg	Y	Y
<b>Emend</b>	J1456	Injection, fosaprepitant, 1 mg - (teva), <i>not therapeutically equivalent to J1453</i>	Y	Y
<b>Empaveli</b>	C9151	Injection, pegcetacoplan, 1 mg	Y	Y
<b>Empaveli</b>	J3490	Injection, pegcetacoplan	Y	Y
<b>Empliciti*</b>	J9176*	Elotuzumab	Y	Y
<b>Enhertu*</b>	J9358*	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Y	Y
<b>Enjaymo*</b>	J1302*	Injection, sutimlimab-jome, 10 mg	Y	Y
<b>Entyvio*</b>	J3380*	Injection, vedolizumab, intravenous, 1 mg <del>Injection, vedolizumab, 1 mg</del>	Y	Y
<b>Epkinly</b>	J9321 New Code effective 1/01/2024	Injection, epcoritamab-bysp, 0.16 mg	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Epkinly</b>	C9155 Deleted effect 1/01/2024- see J9321  New code effect 10/01/2023	Injection, epcoritamab-bysp, 0.16 mg	Y	Y
<b>Epkinly</b>	J9999	Injection, epcoritamab-bysp, 0.16 mg	Y	Y
<b>Erbitux</b>	J9055	Injection, cetuximab, 10 mg	Y	Y
<b>Erwinaze</b>	J9019	asparaginase	Y	Y
<b>Esperoct*</b>	J7204*	Injection, factor viii, antihemophilic factor	Y	Y
<b>Euflexxa</b>	J7323	Hyaluronan or derivative, euflexxa, for intra- articular injection, per dose	Y	Y
<b>Evenity*</b>	J3111*	Injection, romosozumab-aqqg, 1 mg	Y	Y
<b>Evkeeza*</b>	J1305*	Injection, evinacumab-dgnb, 5 mg	Y	Y
<b>Evomela</b>	J9246	Injection, melphalan (Evomela), 1 mg	Y	Y
<b>Evomela</b>	J9248 New Code effective 4/01/2024	Injection, melphalan (hepzato), 1 mg	Y	Y
<b>Evomela</b>	J9249 New Code effective 4/01/2024	Injection, melphalan (apotex), 1 mg	Y	Y
<b>Exondys 51*</b>	J1428*	Injection, eteplirsen, 10 mg	Y	Y
<b>Eylea</b>	J0178	Injection, aflibercept, 1 mg	Y	Y
<b>Eylea HD</b>	C9161 Deleted code effective 4/01/2024	Injection, aflibercept hd, 1 mg	Y	Y
<b>Eylea HD</b>	J0177 New Code effective 4/01/2024	Injection, aflibercept hd, 1 mg	Y	Y
<b>Fabrazyme*</b>	J0180*	Injection, agalsidase beta, 1 mg	Y	Y
<b>Fasenra*</b>	J0517*	Injection, benralizumab, 1 mg	Y	Y
<b>Faslodex*</b>	J9395*	fulvestrant	Y	Y
<b>Faslodex*</b>	J9393*	Injection, fulvestrant (teva) <i>not therapeutically equivalent to J9395, 25 mg</i>	Y	Y
<b>Faslodex*</b>	J9394*	Injection, fulvestrant (fresenius kabi) <i>not therapeutically equivalent to J9395, 25 mg</i>	Y	Y
<b>Feiba NF*</b>	J7198*	anti-inhibitor coagulant complex	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Fensolvi*</b>	J1951*	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	Y	Y
<b>Fetroja</b>	J0699	cefiderocol, 10 mg	Y	Y
<b>Firazyr*</b>	J1744*	Injection, icatibant, 1mg	Y	Y
<b>Firmagon</b>	J9155	degarelix	Y	Y
<b>Flebogamma*</b>	J1572*	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g. liquid), 500 mg	Y	Y
<b>Flolan/Veletri</b>	J1325	epoprostenol	Y	Y
<b>Fludara</b>	J9185	Fludarabine	Y	Y
<b>Folotyn</b>	J9307	Pralatrexate	Y	Y
<b>Fudr</b>	J9200	Floxuridine	Y	Y
<b>Fulphila*</b>	Q5108*	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	Y	Y
<b>Fusilev</b>	J0641	Injection, levoleucovorin, 1 mg	Y	Y
<b>Fyarro</b>	C9091 J9331	Injection, sirolimus protein-bound particles, 1 mg	Y	Y
<b>Fylnetra*</b>	Q5130*	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	Y	Y
<b>Gamifant*</b>	J9210*	emapalumab-izsg	Y	Y
<b>Gammagard Liquid*</b>	J1569*	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Y	Y
<b>Gammaplex*</b>	J1557*	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg	Y	Y
<b>Gamunex- C*/ Gammaked*</b>	J1561*	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Y	Y
<b>Gazyva*</b>	J9301*	Obinutuzumab	Y	Y
<b>Gel-One</b>	J7326	Hyaluronan or derivative, gel-one, for intra- articular injection, per dose	Y	Y
<b>Gelsyn-3</b>	J7328	Hyaluronan or derivative, gelsyn-3, for intra- articular injection, 0.1 mg	Y	Y
<b>Gemzar</b>	J9201	Gemcitabine	Y	Y
<b>Gemzar</b>	J9196	Injection, gemcitabine hydrochloride (accord), <i>not therapeutically equivalent to J9201, 200 mg</i>	Y	Y
<b>Genvisc 850</b>	J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Y	Y
<b>Givlaari*</b>	J0223*	givosiran	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Glassia*</b>	J0257*	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Y	Y
<b>Granix</b>	J1447	Injection, tbo-filgrastim, 1 microgram	Y	Y
<b>Haegarda</b>	J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Y	Y
<b>Halaven</b>	J9179	Injection, eribulin mesylate, 0.1 mg	Y	Y
<b>Hemlibra*</b>	J7170*	Injection, emicizumab-kxwh, 0.5 mg	N	Y
<b>Hemgenix</b>	J3590	Injection, etranacogene dezaparvovec-drlb	Y	Y
<b>Hemofil*/Hemofil M*/Koate*/Koate-DVI*/Monoclate-P*</b>	J7190*	Factor VIII antihemophilic factor(human)	Y	Y
<b>Hemophilia clotting factor, NOS</b>	J7199	Hemophilia clotting factor, NOS	Y	Y
<b>Hepagam B (IM)</b>	J1571	Hepatitis B Immune Globulin (IM)	Y	Y
<b>Hepagam B (IV)</b>	J1573	Hepatitis B Immune Globulin (IV)	Y	Y
<b>Herceptin*</b>	J9355*	Injection, trastuzumab, excludes biosimilar, 10 mg	Y	Y
<b>Herceptin Hylecta*</b>	J9356*	trastuzumab and hyaluronidase-oysk	Y	Y
<b>Herzuma*</b>	Q5113*	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Y	Y
<b>Hizentra*</b>	J1559*	Injection, immune globulin (hizentra), 100 mg	Y	Y
<b>Humate-P*</b>	J7187*	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO	Y	Y
<b>Hyalgan/Supartz/ Visco-3</b>	J7321	Hyaluronan or derivative, hyalgan, supartz, Visco-3 for intra-articular injection, per dose	Y	Y
<b>Hycamtin</b>	J9351	topotecan	Y	Y
<b>Hymovis</b>	J7322	Hyaluronan or derivative, hymovis, for intra- articular injection, 1 mg	N	Y
<b>Hyqvia*</b>	J1575*	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Y	Y
<b>Idamycin</b>	J9211	Idarubicin	Y	Y
<b>Idelvion*</b>	J7202*	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u	N	Y
<b>Ifex</b>	J9208	ifosfamide	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Ilaris*</b>	J0638*	Canakinumab	Y	Y
<b>Ilumya*</b>	J3245*	Injection, tildrakizumab, 1 mg	N	Y
<b>Iluvien</b>	J7313	Fluocinolone acetonide, intravitreal	N	Y
<b>Imfinzi*</b>	J9173*	Injection, durvalumab, 10 mg	Y	Y
<b>Imjudo*</b>	J9347*	Injection, tremelimumab-actl, 1 mg	Y	Y
<b>Imjudo</b>	C9147 Deleted effective 6/30/2023	Injection, tremelimumab-actl, 1 mg	Y	Y
<b>Imlygic</b>	J9325	Talimogene Laherparepvec	Y	Y
<b>Inflectra*</b>	Q5103*	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Y	Y
<b>Infugem</b>	J9198	Injection, gemcitabine hydrochloride, 100 mg	Y	Y
<b>Intron-A</b>	J9214	interferon alfa 2B	N	Y
<b>Istodax</b>	J9315	Romidepsin	Y	Y
<b>Istodax</b>	J9319	Injection, romidepsin, lyophilized, 0.1 mg	Y	Y
<b>Ixempra</b>	J9207	ixabepilone	Y	Y
<b>Ixinity*</b>	J7213*	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	Y	Y
<b>Izervay</b>	J2782 New Code effective 4/01/2024	Injection, avacincaptad pegol, 0.1 mg	Y	Y
<b>Izervay</b>	C9162 Deleted code effective 4/01/2024 New Code effective 1/01/2024	Injection, avacincaptad pegol, 0.1 mg	Y	Y
<b>Izervay</b>	J3490	Injection, avacincaptad pegol intravitreal solution, 0.1 mg	Y	Y
<b>Jelmyto</b>	J9281	Mitomycin pyelocalyceal instillation, 1 mg	Y	Y
<b>Jemperli*</b>	J9272*	Injection, dostarlimab-gxly, 10 mg	Y	Y
<b>Jesduvroq</b>	J0889	Daprodustat, oral, 1 mg, (for ESRD on dialysis)	Y	Y
<b>Jetrea</b>	J7316	Injection, ocriplasmin, 0.125 mg	N	Y
<b>Jevtana</b>	J9043	Injection, cabazitaxel, 1 mg	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Jevtana</b>	J9064	Injection, cabazitaxel (sandoz), <i>not therapeutically equivalent to j9043</i> , 1 mg	Y	Y
<b>Jivi*</b>	J7208*	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Y	Y
<b>Kadcyla*</b>	J9354*	ado-trastuzumab emtansine, 1 mg	Y	Y
<b>Kalbitor*</b>	J1290*	Injection, ecallantide, 1 mg	Y	Y
<b>Kanjinti*</b>	Q5117*	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Y	Y
<b>Kanuma*</b>	J2840*	Sebelipase alfa	Y	Y
<b>Keytruda*</b>	J9271*	Injection, pembrolizumab, 1 mg	Y	Y
<b>Khapzory</b>	J0642	LEVOleucovorin Calcium	Y	Y
<b>Kimmtrack</b>	J9274	Injection, tebentafusp-tebn, 1 microgram	Y	Y
<b>Korsuva</b>	J0879	Injection, difelikefalin	Y	Y
<b>Kovaltry*</b>	J7211*	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.	N	Y
<b>Krystexxa*</b>	J2507*	Injection, Pegloticase, 1 mg	Y	Y
<b>Kymriah</b>	Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Y	Y
<b>Kyprolis*</b>	J9047*	Injection, Carfilzomib, 1 mg	Y	Y
<b>Lamzede</b>	J0217 New code effective 1/01/2024	Injection, velmanase alfa-tycv, 1 mg	Y	Y
<b>Lamzede</b>	J3590	Injection, velmanase alfa-tycv	Y	Y
<b>Lanreotide Acetate*</b>	J1932*	Injection, lanreotide, (cipla), 1 mg	Y	Y
<b>Lantidra</b>	J3590	Injection, donislecel	Y	Y
<b>Leqembi</b>	J3590	Injection, lecanemab-irmb	Y	Y
<b>Leqembi</b>	J0174	Injection, lecanemab-irmb, 1 mg	Y	Y
<b>Leqvio*</b>	J1306*	Injection, inclisiran, 1 mg	Y	Y
<b>Leucovorin</b>	J0640	Leucovorin	Y	Y
<b>Leukine</b>	J2820	Injection, sargramostim (gm-csf), 50 mcg	Y	Y
<b>Leustatin</b>	J9065	Cladribine	Y	Y
<b>Libtayo*</b>	J9119*	Injection, cemiplimab-rwlc, 1 mg	Y	Y
<b>Lipodox</b>	Q2049	Liposomal Doxorubicin	Y	Y
<b>Loqtorzi</b>	J9999	Injection, toripalimab-tpzi	Y	Y
<b>Lucentis*</b>	J2778*	Injection, ranibizumab, 0.1 mg	Y	Y
<b>Lumizyme*</b>	J0221*	Injection, alglucosidase alfa, (lumizyme), 10 mg	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Lumoxiti</b>	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Y	Y
<b>Lunsumio</b>	J9350	Injection, mosunetuzumab-axgb, 1 mg	Y	Y
<b>Lunsumio</b>	J9999	Injection, mosunetuzumab-axgb	Y	Y
<b>Lupron*</b>	J1950*	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Y	Y
<b>Lupron*</b>	J9217*	Leuprolide acetate (for depot suspension), 7.5 mg	Y	Y
<b>Lutathera</b>	A9513	Lutathera	Y	Y
<b>Luxturna*</b>	J3398*	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Y	Y
<b>Macugen</b>	J2503	Injection, pegaptanib sodium, 0.3 mg	N	Y
<b>Margenza</b>	J9353	Injection, margetuximab-cmkb, 5 mg	Y	Y
<b>Marqibo*</b>	J9371*	Injection, vincristine sulfate liposome, 1 mg; 1 mg = 1 billable unit	Y	Y
<b>Mepsevii*</b>	J3397*	Injection, vestronidase alfa-vjvk, 1 mg	Y	Y
<b>Mesnex</b>	J9209	Mesna	Y	Y
<b>Monjuvi</b>	J9349	Injection, tafasitamab-cxix, 2 mg	Y	Y
<b>Monovisc</b>	J7327	Hyaluronan or derivative, Monovisc, for intra- articular injection, per dose	Y	Y
<b>Mozobil</b>	J2562	Plerixafor	Y	Y
<b>Mutamycin</b>	J9280	mitomycin	Y	Y
<b>Mvasi*</b>	Q5107*	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Y	Y
<b>Mylotarg</b>	J9203	Injection, gemtuzumab ozogamicin, 0.1	Y	Y
<b>Myobloc</b>	J0587	Injection, rimabotulinumtoxinb, 100 units	Y	Y
<b>Naglazyme*</b>	J1458*	Injection, galsulfase, 1 mg	Y	Y
<b>Navelbine</b>	J9390	Vinorelbine	Y	Y
<b>Neulasta*</b>	J2506*	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Y	Y
<b>Neupogen</b>	J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Y	Y
<b>Nexviazyme*</b>	J0219*	Injection, avalglucosidase alfa-ngpt, 4 mg	Y	Y
<b>Nipent</b>	J9268	Nipent	Y	Y
<b>Nivestym</b>	Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1mcg	Y	Y
<b>Novantrone</b>	J9293	Mitoxantrone	Y	Y



Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>NovoEight*</b>	J7182*	Injection, factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	Y	Y
<b>NovoSeven RT*</b>	J7189*	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	Y	Y
<b>Nplate*</b>	J2796*	Injection, romiplostim, 10 micrograms	Y	Y
<b>Nucala*</b>	J2182*	Injection, mepolizumab, 1 mg	Y	Y
<b>Nulibry</b>	J3490	Injection, fosdenopterin	Y	Y
<b>Nulojix*</b>	J0485*	Belatacept	Y	Y
<b>Nuwiq*</b>	J7209*	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Y	Y
<b>Nyvepria*</b>	Q5122*	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Y	Y
<b>Obizur*</b>	J7188*	Injection, factor VIII (antihemophilic factor, recombinant), per IU	Y	Y
<b>Ocrevus*</b>	J2350*	Injection, ocrelizumab, 1 mg	Y	Y
<b>Octagam*</b>	J1568*	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	Y	Y
<b>Ogivri*</b>	Q5114*	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Y	Y
<b>Omisirge</b>	J3590	Injection, omidubicel-onlv	Y	Y
<b>OmvoH</b>	C9168 New code effective 4/01/2024	Injection, mirikizumab-mrkz, 1 mg	Y	Y
<b>Oncaspar</b>	J9266	Oncaspar	Y	Y
<b>Onivyde</b>	J9205	Irinotecan Liposome	Y	Y
<b>Onpattro*</b>	J0222*	Injection, patisiran, 0.1 mg	Y	Y
<b>Ontruzant*</b>	Q5112*	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Y	Y
<b>Opdivo*</b>	J9299*	Injection, nivolumab, 1 mg	Y	Y
<b>OPDUALAG*</b>	J9298*	Injection, nivolumab and relatlimab-rmbw, 3mg/1 mg	Y	Y
<b>Opfolda</b>	J1202 New code effective 4/01/2024	Miglustat, oral, 65 mg	Y	Y
<b>Opfolda</b>	J8499	Capsule, miglustat 65 mg	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Orencia*</b>	J0129*	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Y	Y
<b>Orthovisc</b>	J7324	Hyaluronan or derivative, orthovisc, for intra- articular injection, per dose	Y	Y
<b>Oxlumo*</b>	J0224*	lumasiran	Y	Y
<b>Ozurdex</b>	J7312	Injection, dexamethasone, intravitreal	Y	Y
<b>Padcev*</b>	J9177*	enfortumab vedotin-ejfv	Y	Y
<b>Panzyga*</b>	J1576*	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Y	Y
<b>Panzyga*</b>	J1599*	Injection, immune globulin, intravenous, non- lyophilized (e.g. liquid), not otherwise specified, 500 mg	Y	Y
<b>Paraplatin</b>	J9045	Carboplatin	Y	Y
<b>Parsabiv</b>	J0606	Injection, etelcalcetide, 0.1 mg	Y	Y
<b>Pemfexy</b>	J9294	Injection, pemetrexed (hospira) <i>not therapeutically equivalent to j9305, 10 mg</i>	Y	Y
<b>Pemfexy</b>	J9296	Injection, pemetrexed (accord) <i>not therapeutically equivalent to j9305, 10 mg</i>	Y	Y
<b>Pemfexy</b>	J9297	Injection, pemetrexed (sandoz), <i>not therapeutically equivalent to j9305, 10 mg</i>	Y	Y
<b>Pemfexy</b>	J9304	Injection, pemetrexed (pemfexy), 10 mg	Y	Y
<b>Pemfexy</b>	J9314	Injection, pemetrexed (teva) <i>not therapeutically equivalent to J9305, 10 mg</i>	Y	Y
<b>Pemfexy</b>	J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	Y	Y
<b>Pepaxto</b>	J9247	Injection, melphalan flufenamide, 1mg	Y	Y
<b>Perjeta*</b>	J9306*	Injection, pertuzumab, 1 mg	Y	Y
<b>Phesgo*</b>	J9316*	pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Y	Y
<b>Photofrin</b>	J9600	Photofrin	Y	Y
<b>Platinol</b>	J9060	Cisplatin	Y	Y
<b>Pluvicto™</b>	A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 mCi	Y	Y
<b>Polivy*</b>	J9309*	Injection, polatuzumab vedotin-piiq, (Polivy), 1 mg	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Pombiliti</b>	J1203 New code effective 4/01/2024	Injection, cipagluco-sidase alfa-atga, 5 mg	Y	Y
<b>Pombiliti</b>	J3590	Injection, cipagluco-sidase alfa-atga	Y	Y
<b>Portrazza</b>	J9295	Necitumumab	Y	Y
<b>Poteligeo*</b>	J9204*	Injection, mogamulizumab-kpkc, 1 mg	Y	Y
<b>Prialt</b>	J2278	ziconotide	Y	Y
<b>Privigen*</b>	J1459*	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg	Y	Y
<b>Probuphine Implant</b>	J0570	Buprenorphine Implant	Y	Y
<b>Procrit*/Epogen*</b>	J0885*	Injection, epoetin alfa, (for non-esrd use), 1000 units	Y	Y
<b>Proleukin</b>	J9015	Aldesleukin	Y	Y
<b>Prolia*/Xgeva*</b>	J0897*	Injection, denosumab, 1 mg	Y	Y
<b>Provenge</b>	Q2043	SIPULEUCEL-T PROVENGE	Y	Y
<b>Qalsody</b>	J1304	Injection, tofersen, 1 mg	Y	Y
<b>Qalsody</b>	C9157 Deleted 1/01/2024 - see J1304  New code effect 10/01/2023	Injection, tofersen, 1 mg	Y	Y
<b>Qalsody</b>	J3490	Injection, tofersen, 1 mg	Y	Y
<b>Qutenza</b>	J7336	Capsaicin	Y	Y
<b>Radicava*</b>	J1301*	Injection, edaravone, 1 mg	N	Y
<b>Rebinyn*</b>	J7203*	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Y	Y
<b>Reblozyl*</b>	J0896*	luspatercept-aamt	Y	Y
<b>Rebyota</b>	J1440	Fecal microbiota, live - jslm, 1 ml	Y	Y
<b>Rebyota</b>	J3590	Suspension, fecal microbiota, live-jslm	Y	Y
<b>Reclast/Zometa</b>	J3489	Injection, zoledronic acid, 1 mg	Y	N
<b>Releuko</b>	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Y	Y
<b>Relistor</b>	J2212	methylnaltrexone	Y	Y
<b>Relizorb</b>	B4105	digestive enzymes	N	Y
<b>Remicade*</b>	J1745*	Injection, infliximab, excludes biosimilar, 10 mg	Y	Y
<b>Remodulin</b>	J3285	Treprostinil	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Renflexis*</b>	Q5104*	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Y	Y
<b>Retacrit*</b>	Q5106*	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units	Y	Y
<b>Retisert</b>	J7311	fluocinolone acetonide intravitreal implant	N	Y
<b>Revcovi</b>	J3590	elapegademase	Y	Y
<b>Riabni*</b>	Q5123*	Injection, rituximab-arrx, biosimilar, 10 mg	Y	Y
<b>Riastap*</b>	J7178*	Fibrinogen	Y	Y
<b>Rituxan*</b>	J9312*	Injection, rituximab, 10 mg	Y	Y
<b>Rituxan Hycela*</b>	J9311*	Injection, rituximab 10 mg and	Y	Y
<b>Rixubis*</b>	J7200*	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	Y	Y
<b>Roctavian</b>	J1412 New code 1/01/2024	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal $2 \times 10^{13}$ vector genomes	Y	Y
<b>Roctavian</b>	J3590	Injection, valoctocogene roxaparvovec-rvox	Y	Y
<b>Rolvedon</b>	J3590	Injection, eflapegrastim-xnst	Y	Y
<b>Rolvedon*</b>	J1449*	Injection, eflapegrastim-xnst, 0.1 mg	Y	Y
<b>Romidepsin (liquid)</b>	J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	Y	Y
<b>Ruconest*</b>	J0596*	c1 esterase inhibitor (recombinant), ruconest, 10 units	Y	Y
<b>Ruxience*</b>	Q5119*	Injection, rituximab-pvvr, biosimilar, 10 mg	Y	Y
<b>Rybrevent</b>	J9061	Injection, amivantamab-vmjw, 2 mg	Y	Y
<b>Rylaze</b>	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Y	Y
<b>Ryplazim*</b>	J2998*	Injection, plasminogen, human-tvmh, 1 mg	Y	Y
<b>Rystiggo</b>	J9333 New Code effective 1/01/2024	Injection, rozanolixizumab-noli, 1 mg	Y	Y
<b>Rystiggo</b>	J3590	Injection, rozanolixizumab-noli, for subcutaneous use	Y	Y
<b>Sandostatin LAR*</b>	J2353*	Injection, octreotide, depot form for intramuscular injection, 1 mg	Y	N

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Sandostatin SQ</b>	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Y	N
<b>Saphnelo*</b>	J0491*	Injection, anifrolumab-fnia, 1 mg	Y	Y
<b>Sarclisa*</b>	J9227*	Injection, isatuximab-irfc, 10 mg	Y	Y
<b>Sevenfact*</b>	J7212*	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Y	Y
<b>Signafor LAR*</b>	J2502*	Injection, pasireotide long acting, 1 mg	Y	Y
<b>Simponi Aria*</b>	J1602*	Injection, golimumab, 1 mg, for intravenous use	Y	Y
<b>Skyrizi*</b>	J2327*	Injection, risankizumab-rzaa	Y	Y
<b>Skysona</b>	J3590	Injection, elivaldogene autotemcel	Y	Y
<b>Soliris*</b>	J1300*	Injection, eculizumab, 10 mg	Y	Y
<b>Somatuline Depot*</b>	J1930*	Injection, lanreotide, 1 mg	Y	Y
<b>Somavert</b>	J3590	pegvisomant	N	Y
<b>Spevigo</b>	J3590	Injection, spesolimab-sbzo	Y	Y
<b>Spevigo</b>	J1747	Injection, spesolimab-sbzo, 1 mg	Y	Y
<b>Spinraza</b>	J2326	Injection, nusinersen, 0.1 mg	Y	Y
<b>Spravato</b>	S0013	esketamine hydrochloride	Y	Y
<b>Stelara*</b>	J3358*	Ustekinumab, for intravenous injection, 1 mg	Y	Y
<b>Stimufend</b>	J3590	Injection, pegfilgrastim-fpgk	Y	Y
<b>Stimufend*</b>	Q5127*	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Y	Y
<b>Sunlenca*</b>	J1961*	Injection, lenacapavir, 1 mg	Y	Y
<b>Sunlenca</b>	J3490	Injection, lenacapavir	Y	Y
<b>Supprelin LA</b>	J9226	Histrelin	Y	Y
<b>Sustol</b>	J1627	Injection, granisetron, extended-release, 0.1 mg	Y	Y
<b>Susvimo</b>	C9093	Injection, ranibizumab, 100 mg	Y	Y
<b>Syfovre</b>	J3490	Injection, pegcetacoplan, intravitreal, 1 mg	Y	Y
<b>Syfovre</b>	J2781 New code effect 10/01/2023	Injection, pegcetacoplan, intravitreal, 1 mg	Y	Y
<b>Sylvant*</b>	J2860*	Siltuximab	Y	Y
<b>Synagis*</b>	90378*	palivizumab	N	Y
<b>Synjoynt</b>	J7331	Hyaluronan or derivative, synjoynt, for intra- articular injection, 1 mg	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Synribo</b>	J9262	Omacetaxine	Y	Y
<b>Synvisc/Synvisc- One</b>	J7325	Hyaluronan or derivative, synvisc or synvisc- one, for intra-articular injection, 1 mg	Y	Y
<b>Takhzyro</b>	J0593	Injection, lanadelumab-flyo, 1 mg	Y	Y
<b>Talvey</b>	J3055 New Code effective 4/01/2024	Injection, talquetamab-tgvs, 0.25 mg	Y	Y
<b>Talvey</b>	C9163 Deleted code effective 4/01/2024  New Code effective 1/01/2024	Injection, talquetamab-tgvs, 0.25 mg	Y	Y
<b>Talvey</b>	J9999	Injection, talquetamab-tgvs	Y	Y
<b>Taxol</b>	J9267	Paclitaxel	Y	Y
<b>Taxotere</b>	J9171	Docetaxel	Y	Y
<b>Taxotere</b>	J9172	Injection, docetaxel (ingenus) <i>not therapeutically equivalent to J9171</i> , 1mg	Y	Y
<b>Tecartus</b>	Q2053	brexucabtagene autoleucel	Y	Y
<b>Tecentriq*</b>	J9022*	atezolizumab	Y	Y
<b>Tecvayli*</b>	J9380*	Injection, teclistamab-cqyv, 0.5 mg	Y	Y
<b>Tecvayli</b>	J9999	Injection, teclistamab-cqyv	Y	Y
<b>Tecvayli</b>	C9148 Deleted effective 6/30/2023	Injection, teclistamab-cqyv, 0.5 mg	Y	Y
<b>Tegsedi</b>	J3490	inotersen	Y	Y
<b>Temodar Injection</b>	J9328	temozolomide	Y	Y
<b>Tepadina/Thioplex</b>	J9340	Thiotepa	Y	Y
<b>Tepezza*</b>	J3241*	Injection, teprotumumab-trbw, 10 mg	Y	Y
<b>Tezpire*</b>	J2356*	Injection, tezepelumab-ekko, 1 mg	Y	Y
<b>Thyrogen</b>	J3240	Thyrotropine alfa	Y	Y
<b>Tice BCG</b>	J9030	Tice BCG	Y	Y
<b>Tivdak*</b>	J9273*	Injection, tisotumab vedotin-tftv, 1 mg	Y	Y
<b>Tofidence (Actemra Biosimilar)</b>	Q5133 New Code effective 4/01/2024	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	Y	Y
<b>Toposar</b>	J9181	Etoposide	Y	Y
<b>Torisel</b>	J9330	Temsirolimus	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Trazimera*</b>	Q5116*	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Y	Y
<b>Treanda</b>	J9033	Bendamustine	Y	Y
<b>Treanda</b>	J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Y	Y
<b>Treanda</b>	J9058	Injection, bendamustine hydrochloride (apotex), 1 mg	Y	Y
<b>Treanda</b>	J9059	Injection, bendamustine hydrochloride (baxter), 1 mg	Y	Y
<b>Trelstar*</b>	J3315*	Injection, triptorelin pamoate, 3.75 mg	Y	Y
<b>Tretten*</b>	J7181*	Injection, factor XIII A-subunit, (recombinant), per IU	Y	Y
<b>Triluron</b>	J7332	Hyaluronan or derivative, triluron, for intra- articular injection, 1 mg	Y	Y
<b>Trisenox</b>	J9017	Arsenic Trioxide	Y	Y
<b>Trivisc</b>	J7329	Hyaluronan or derivative, trivisc, for intra- articular injection, 1 mg	N	Y
<b>Trodelvy*</b>	J9317*	Injection, sacituzumab govitecan-hziy, 10 mg	Y	Y
<b>Trogarzo*</b>	J1746*	Injection, ibalizumab-uiyk, 10 mg	Y	Y
<b>Truxima*</b>	Q5115*	Injection, rituximab-abbs, biosimilar, 10	Y	Y
<b>Tyruko (Tysabri BioSimilar)</b>	Q5134 New Code effective 4/01/2024	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	Y	Y
<b>Tysabri*</b>	J2323*	Injection, natalizumab, 1 mg	Y	Y
<b>Tyvaso*</b>	J7686*	Treprostinil	Y	Y
<b>Tzield</b>	J9381	Injection, teplizumab-mzwv, 5 mcg	Y	Y
<b>Tzield</b>	J3590	Injection, teplizumab-mzwv	Y	Y
<b>Tzield</b>	C9149 Deleted effective 6/30/2023	Injection, teplizumab-mzwv, 5 mcg	Y	Y
<b>Udenyca*</b>	Q5111*	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Y	Y
<b>Ultomiris*</b>	J1303*	Injection, ravulizumab-cwvz, 10 mg	Y	Y
<b>Unituxin</b>	J9999	dinutuximab	Y	Y
<b>Unlisted</b>	C9399	Unlisted	Y	Y
<b>Uplizna</b>	J1823	inebilizumab-cdon, 1 mg	Y	Y
<b>Vabysmo*</b>	J2777*	Injection, faricimab-svoa, 0.1 mg	Y	Y
<b>Valstar</b>	J9357	Valstar	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Vantas</b>	J9225	Histrelin implant (vantas), 50 mg	Y	Y
<b>Vectibix*</b>	J9303*	Injection, panitumumab, 10 mg	Y	Y
<b>Velban</b>	J9360	Vinblastine	Y	Y
<b>Velcade*</b>	J9041*	Injection, bortezomib, 0.1 mg	Y	Y
<b>Velcade*</b>	J9046*	Injection, bortezomib, (dr. reddy's), <i>not therapeutically equivalent to J9041</i> , 0.1 mg	Y	Y
<b>Velcade*</b>	J9048*	Injection, bortezomib (fresenius kabi), <i>not therapeutically equivalent to J9041</i> , 0.1 mg	Y	Y
<b>Velcade*</b>	J9049*	Injection, bortezomib (hospira), <i>not therapeutically equivalent to J9041</i> , 0.1 mg	Y	Y
<b>Velcade*</b>	J9051*	Injection, bortezomib (maia), <i>not therapeutically equivalent to j9041</i> , 0.1 mg	Y	Y
<b>Vegzelma*</b>	Q5129*	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Y	Y
<b>Ventavis</b>	Q4074	Iloprost	N	Y
<b>Veopoz</b>	J9376 New Code effective 4/01/2024	Injection, pozelimab-bbfg, 1 mg	Y	Y
<b>Veopoz</b>	J3590	Injection, pozelimab-bbfg	Y	Y
<b>Vidaza</b>	J9025	Injection, azacitidine, 1 mg	Y	Y
<b>Viltepso*</b>	J1427*	viltolarsen, 10 mg	Y	Y
<b>Vimizim*</b>	J1322*	Elosulfase Alfa	Y	Y
<b>Vincasar/Oncovin</b>	J9370	Vincristine	Y	Y
<b>Vonvendi*</b>	J7179*	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0 (New Code: 01/01/2017)	Y	Y
<b>Vpriv*</b>	J3385*	Injection, velaglucerase alfa, 100 units	Y	Y
<b>Vumon</b>	Q2017	Teniposide	Y	Y
<b>Vyepti*</b>	J3032*	Injection, eptinezumab-jjmr, 1 mg	Y	Y
<b>Vyjuvek</b>	J3401 New Code effective 1/01/2024	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> pfu/ml vector genomes, per 0.1 ml	Y	Y
<b>Vyjuvek</b>	J3590	Injection, beremagene geperpavec-svdt	Y	Y
<b>Vyondys 53*</b>	J1429*	golodirsen	Y	Y



Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Vyvgart*</b>	J9334* New code effective 1/01/2024	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc		
<b>Vyvgart*</b>	J9332*	Injection, efgartigimod alfa-fcab, 2 mg	Y	Y
<b>Vyxeos</b>	J9153	Injection, liposomal, 1 mg daunorubicin	Y	Y
<b>Wilate*</b>	J7183*	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo	Y	Y
<b>Xaracoll</b>	C9089	Bupivacaine, collagen-matrix implant, 1 mg	Y	Y
<b>Xembify*</b>	J1558*	Immune globulin (human)-klhw	Y	Y
<b>Xenpozyme*</b>	J0218*	Injection, olipudase alfa-rpcp, 1 mg	Y	Y
<b>Xeomin</b>	J0588	Injection, incobotulinumtoxin a, 1 unit	Y	Y
<b>Xiaflex</b>	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Y	Y
<b>Xofigo</b>	A9606	Radium Ra 223 Dichloride	N	Y
<b>Xolair*</b>	J2357*	Injection, omalizumab, 5 mg	Y	Y
<b>Xyntha*</b>	J7185*	Injection, factor VIII (antihemophilic factor, recombinant) (XYNTHA), per IU	Y	Y
<b>Yervoy*</b>	J9228*	Injection, ipilimumab, 1 mg	Y	Y
<b>Yescarta</b>	Q2041	Axicabtagene ciloleucel	Y	Y
<b>Yondelis</b>	J9352	Trabectedin	Y	Y
<b>Yutiq</b>	J7314	Injection, fluocinolone acetonide,	Y	Y
<b>Zaltrap</b>	J9400	Ziv-Aflibercept	Y	Y
<b>Zanosar</b>	J9320	Zanosar	Y	Y
<b>Zarxio</b>	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Y	Y
<b>Zemaira*/Aralast*/Prolastin*/Prolastin-C*</b>	J0256*	alpha-1 proteinase inhibitor/human	Y	Y
<b>Zepzelca</b>	J9223	lurbinectedin, 0.1 mg	Y	Y
<b>Zevalin</b>	A9543	ibritumomab tiuxetan	N	Y
<b>Ziextenzo*</b>	Q5120*	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Y	Y
<b>Zilretta</b>	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Y	Y
<b>Zinplava</b>	J0565	Bezlotoxumab	Y	Y
<b>Zirabev*</b>	Q5118*	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	Y	Y
<b>Zoladex</b>	J9202	Zoladex	Y	Y

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
<b>Zolgensma*</b>	J3399*	onasemnogene abeparvovec-xioi	Y	Y
<b>Zulresso*</b>	J1632*	Injection, brexanolone, 1 mg	Y	Y
<b>Zynlonta</b>	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Y	Y
<b>ZYNLONTA®</b>	C9084	Injection, loncastuximab tesirine-lpyl, 0.1 mg	Y	Y
<b>Zynteglo</b>	J3590	Injection, betibeglogene autotemcel	Y	Y
<b>Zynyz</b>	J9999	Injection, retifanlimab-dlwr, 1 mg	Y	Y
<b>Zynyz*</b>	J9345* New code effect 10/01/2023	Injection, retifanlimab-dlwr, 1 mg	Y	Y

## Revision History

Company(ies)	DATE	REVISION
ConnectiCare	5/20/2024	<p><b>Updated to indicate the following drug is excluded from Site of Service requirements (* SOS indicator removed):</b></p> <ul style="list-style-type: none"> <li>J1304 (Qalsody)</li> </ul> <p><i>Note: Preauthorization requirement remains unchanged for J1304 (Qalsody).</i></p>
ConnectiCare	5/17/2024	<p><b>Updated to indicate the following drug is excluded from Site of Service requirements (* SOS indicator removed):</b></p> <ul style="list-style-type: none"> <li>J2326 (Spinraza)</li> </ul> <p><i>Note: Preauthorization requirement remains unchanged for J2326 (Spinraza).</i></p>

Company(ies)	DATE	REVISION
ConnectiCare	3/26/2024	<p><b><u>Added 20 new codes effective 4/01/2024:</u></b></p> <ul style="list-style-type: none"> <li>• C9166 (Cosentyx)</li> <li>• C9167 (Adzynma) <i>replacing J3590</i></li> <li>• C9168 (Omvoh)</li> <li>• J0177 (Eylea HD) <i>replacing C9161</i></li> <li>• J0589 (Daxxify) <i>replacing C9160</i></li> <li>• J1202 (Opfolda) <i>replacing J8499</i></li> <li>• J1203 (Pombiliti) <i>replacing J3590</i></li> <li>• J1323 (Elrexio) <i>replacing C9165</i></li> <li>• J1434 (Emend)</li> <li>• J2277 (Aphexda) <i>replacing J3490</i></li> <li>• J2782 (Izervay) <i>replacing C9162</i></li> <li>• J3055 (Talvey) <i>replacing C9163</i></li> <li>• J9073 (Cyclophosphamide)</li> <li>• J9074 (Cyclophosphamide)</li> <li>• J9075 (Cyclophosphamide)</li> <li>• J9248 (Evomela)</li> <li>• J9249 (Evomela)</li> <li>• J9376 (Veopoz)</li> <li>• Q5133 (Tofidence)</li> <li>• Q5134 (Tyruko)</li> </ul> <p><b><u>6 Deleted Codes Effective 4/01/2024:</u></b> C9160, C9161, C9162, C9163, C9165 and J9070</p> <p><b><u>1 Code updated with revised description effective 4/01/2024:</u></b> J3380</p>
ConnectiCare	3/26/2024	<p><b><u>Updated to include 3 new drugs effective 2/08/2024:</u></b></p> <ul style="list-style-type: none"> <li>• J3590 - Adzynma</li> <li>• J3490 - Aphexda</li> <li>• J9999 - Loqtorzi</li> </ul>
ConnectiCare	3/26/2024	<p><b><u>Updated: 1 Deleted Code effective 10/01/2023:</u></b> J0800 – see J0801/J0802</p>
ConnectiCare	3/2024	<p><b><u>Updated to indicate drugs that have Site of Care requirements (indicated with *)</u></b></p> <ul style="list-style-type: none"> <li>• <b>Added reference with hyperlink to Site of Service Medical Policy – Infusions and Injectables</b></li> </ul>
ConnectiCare	2/20/2024	<p><b><u>Updated vendor contact name:</u></b></p> <ul style="list-style-type: none"> <li>• Evolent formerly NCH (New Century Health) effective 1/01/2024. No changes to contact information.</li> </ul>

Company(ies)	DATE	REVISION
ConnectiCare	12/28/2023	<p><b><u>Added 21 new codes effective 1/01/2024:</u></b></p> <ul style="list-style-type: none"> <li>○ C9160 (Daxxify) replacing J3590</li> <li>○ C9161 (Eylea HD)</li> <li>○ C9162 (Izervay) replacing J3490</li> <li>○ C9163 (Talvey) replacing J9999</li> <li>○ C9165 (Elrexio) replacing J9999</li> <li>○ J0184 (Barhemsys) replacing C9153</li> <li>○ J0217 (Lamzede) replacing J3590</li> <li>○ J1304 (Qalsody) replacing C9157</li> <li>○ J1412 (Roctavian) replacing J3590</li> <li>○ J1413 (Elevidys) replacing J3590</li> <li>○ J2508 (Elfabrio) replacing J3590</li> <li>○ J3401 (Vyjuvek) replacing J3590</li> <li>○ J9052 (BICNU)</li> <li>○ J9072 (Cyclophosphamide)</li> <li>○ J9172 (Taxotere)</li> <li>○ J9258 (Abraxane)</li> <li>○ J9286 (Columvi) replacing J9999</li> <li>○ J9321 (Epinly) replacing C9155</li> <li>○ J9324 (Pemfexy)</li> <li>○ J9333 (Rystiggo) replacing J3590</li> <li>○ J9334 (Vyvgart) replacing J3590</li> </ul> <p><b><u>3 Deleted Codes effective 1/01/2024:</u></b></p> <ul style="list-style-type: none"> <li>○ C9153 (Barhemsys) replaced by J0184</li> <li>○ C9155 (Epinly) replaced by J9321</li> <li>○ C9157 (Qalsody) replaced by J1304</li> </ul>

Company(ies)	DATE	REVISION
ConnectiCare	12/13/2023	<p><b>Added 11 new drugs:</b></p> <ul style="list-style-type: none"> <li>• <b><u>Effective 10/03/2023:</u></b> <ul style="list-style-type: none"> <li>○ J3590 – Elevidys</li> <li>○ J9999 – Elrexfio</li> <li>○ J9999 – Talvey</li> </ul> </li> <li>• <b><u>Effective 10/13/2023:</u></b> <ul style="list-style-type: none"> <li>○ J3490 – Izervay</li> <li>○ J3590 – Roctavian</li> <li>○ J3590 – Veopoz</li> </ul> </li> <li>• <b><u>Effective 10/30/2023:</u></b> <ul style="list-style-type: none"> <li>○ J3590 – Daxxify</li> <li>○ J8499 – Opfolda</li> <li>○ J3590 – Pombiliti</li> </ul> </li> <li>• <b><u>Effective 11/09/2023</u></b> <ul style="list-style-type: none"> <li>○ J3590 – Lantidra</li> <li>○ J0889 - Jesduvroq</li> </ul> </li> </ul>
ConnectiCare	10/16/2023	<ul style="list-style-type: none"> <li>• Corrected – removed J1954 (Injection, leuprolide acetate for depot suspension (Cipla), 7.5 mg) (Lupron) from list</li> </ul>
ConnectiCare	9/26/2023	<ul style="list-style-type: none"> <li>• Added new codes <b>effective 10/01/2023:</b> <ul style="list-style-type: none"> <li>○ Acthar HP (J0801)</li> <li>○ Acthar HP (J0802)</li> <li>○ Altuviiiio (J7214)</li> <li>○ Barhemsys (C9153) replacing J3490</li> <li>○ Epkinly (C9155) replacing J9999</li> <li>○ Jevtana (J9064)</li> <li>○ Qalsody (C9157) replacing J3490</li> <li>○ Syfovre (J2781) replacing J3490</li> <li>○ Velcade (J9051)</li> <li>○ Zynyz (J9345) replacing J9999</li> </ul> </li> </ul>
ConnectiCare	9/2023	<ul style="list-style-type: none"> <li>• Added 8 new drugs: <ul style="list-style-type: none"> <li>○ Epkinly (J9999), Omisirge (J3590) and Qalsody (J3490) <b>effective 7/6/2023</b></li> <li>○ Columvi (J9999), Elfabrio (J3590), Rystiggo (J3590) and Vyjuvek (J3590) <b>effective 7/28/2023</b></li> <li>○ Adstiladrin (J9029) <b>effective 8/10/2023</b></li> </ul> </li> </ul>

Company(ies)	DATE	REVISION
ConnectiCare	7/27/2023	<ul style="list-style-type: none"> <li>Added <b>1</b> new drug code <b>effective 7/6/2023</b>: J0174 (Leqembi) replacing J3590</li> </ul>
ConnectiCare	7/26/2023	<ul style="list-style-type: none"> <li>Updated Avastin (J9035, C9257) PA Requirement to align with medical policy criteria. The medical policy has been updated, therefore the statement "1 unit no auth" has been removed.</li> </ul>
ConnectiCare	6/21/2023	<ul style="list-style-type: none"> <li>Added <b>17</b> New codes to Pharmacy PA List <b>Effective 7/1/2023</b>:                             <ul style="list-style-type: none"> <li>J1576 (Panzyga), J7213 (Ixinity), J9056 (Treanda), J9058 (Treanda), J9059 (Treanda), J9259 (Abraxane), J9322 (Alimta), J9323 (Alimta), C9151 (Empaveli) replacing J3490, J1440 (Rebyota) replacing J3590, J1961 (Sunlenca) replacing J3490, J2329 (Briumvi) replacing J3590, J9063 (Elahere) replacing C9146, J9347 (Imjudo) replacing C9147, J9350 (Lunsumio) replacing J9999, J9380 (Tecvayli) replacing C9148, J9381 (Tzield) replacing C9149</li> </ul> </li> <li><b>4</b> Deleted codes <b>effective 6/30/2023</b>: C9146, C9147, C9148, C9149</li> </ul>
ConnectiCare	5/17/2023	<ul style="list-style-type: none"> <li>Added <b>2</b> New drugs to the Pharmacy PA List <b>Effective 3/30/2023</b>: J3590 – Leqembi, J3590 – Hemgenix</li> <li>Added <b>2</b> New drugs to the Pharmacy PA List <b>Effective 4/21/2023</b>: J7199 – Altuviio, J3590 – Lamzede</li> <li>Added <b>2</b> New Drugs to the Pharmacy PA List <b>Effective 5/11/2023</b>: J3490 – Syfovre, J9999 – Zynyz</li> </ul>
ConnectiCare	4/5/2023	<ul style="list-style-type: none"> <li>Added new codes <b>effective 4/1/2023</b>: C9146, C9147, C9148, C9149, J0218, J1449, J1747, J9196, J9294, J9296, J9297, Q5127, Q5128, Q5129, Q5130</li> <li>Code description update(s) <b>effective 4/1/2023</b>: J1954, Q5108, Q5111, Q5120, Q5122</li> </ul>
ConnectiCare	3/16/2023	<ul style="list-style-type: none"> <li>Removed deleted code(s) <b>effective 10/1/2021</b>: J0693, C9079, C9082, J2505, C9065, C9083</li> <li>Removed deleted code <b>effective 10/1/2021</b>: J9315 replaced with J9319</li> <li>Deleted code <b>effective 4/2022</b>: C9084 replaced with J9359</li> <li>Removed: J3490 (Xaracoll) replaced w/C9089</li> </ul>

Company(ies)	DATE	REVISION
ConnectiCare	2/17/2023	<ul style="list-style-type: none"> <li>Updated to include 1 new code <b>effective 12/2/2022</b>: (Zynteglo) J3590</li> <li>Updated to include 1 new code <b>effective 12/15/2022</b>: (Tecvayli) J9999</li> <li>Updated to include 2 new codes <b>effective 1/6/2023</b>: (Elahere) J9999, (Imjudo) J9999</li> <li>Updated to include 8 new codes <b>effective 2/9/2023</b>: (Briumvi) J3590, (Tzield) J3590, (Sunlenca) J3490, (Skysona) J3590, (Rolvedon) J3590, (Rebyota) J3590, (Lunsumio) J9999, (Stimufend) J3590</li> </ul>
ConnectiCare	1/06/2023	<ul style="list-style-type: none"> <li>Updated to include 12 new codes <b>effective 1/01/2023</b>: J0225, J0893, J1456, J1954, J2327, J9046, J9048, J9049, J9314, J9393, J9394 and Q5126</li> <li>J9044 Deleted Code effective 1/01/2023</li> </ul>
ConnectiCare	12/16/2022	<ul style="list-style-type: none"> <li>Added new drugs <b>effective 11/10/2022</b>: J3590: Cimerli, Fylnetra, Spevigo and Xenpozyme.</li> </ul>
ConnectiCare	9/29/2022	<ul style="list-style-type: none"> <li>Added new codes <b>effective 10/01/2022</b>: J1302, J1932, J2777, J9274, J9298, Q2056, Q5125 and C9142</li> <li>Removed deleted codes effective 10/01/2022: C9094, C9095, C9096, C9097 and C9098</li> </ul>
ConnectiCare	9/22/2022	<ul style="list-style-type: none"> <li>Added clarification to in/out of scope services for New Century Health (NCH).</li> <li>Corrected/Removed "N&amp;V R11" from in-scope service categories</li> </ul>
ConnectiCare	8/18/2022	<p><b>Add new drugs:</b></p> <ul style="list-style-type: none"> <li><b>Effective 8/01/2022:</b> A9699 (Pluvicto) <b>Note: replaced by HCPCS Code A9607 effective 10/01/2022</b></li> <li><b>Effective 8/11/2022:</b> J1950 (Alymsys), J3490 (Amvuttra), Q5124 (Byooviz), J1952 (Camcevi)</li> </ul>

Company(ies)	DATE	REVISION
ConnectiCare	6/2022	<ul style="list-style-type: none"> <li>• Updated Policy:                             <ul style="list-style-type: none"> <li>• <b>Effective 10/01/2021:</b> <ul style="list-style-type: none"> <li>○ Deleted Code C9065 replaced with new code J9318</li> <li>○ Deleted Code C9075 replaced with new code J1426</li> <li>○ Deleted Code C9079 replaced with new code J1305</li> <li>○ Deleted Code J0693 replaced with new code J0699</li> <li>○ Deleted Code J9315 replaced with new code J9319</li> </ul> </li> <li>• <b>Effective 7/01/2022:</b> <ul style="list-style-type: none"> <li>○ Added new codes C9094, C9095, C9096, C9097, C9098, J0879, J1306, J2356, J2779, J2998, J9331 and J9332</li> <li>○ Deleted Code C9090 replaced with new code J2998</li> <li>○ Deleted code C9091 replaced with new code J9331</li> <li>○ Deleted code C9093 replaced with new code J2779</li> </ul> </li> </ul> </li> </ul>
ConnectiCare	4/2022	<ul style="list-style-type: none"> <li>• Removed deleted codes effective 4/01/2022:                             <ul style="list-style-type: none"> <li>○ C9085, C9086 &amp; C9087</li> </ul> </li> <li>• Added 9 new codes effective 4/01/2022:                             <ul style="list-style-type: none"> <li>○ C9090, C9091, C9093, J0219, J0491, J9071, J9273, J9359 &amp; Q5124</li> </ul> </li> </ul>
ConnectiCare	1/2022	<ul style="list-style-type: none"> <li>• Removed deleted codes effective 1/01/2022:                             <ul style="list-style-type: none"> <li>○ C9081, C9082, C9083 &amp; J2505</li> </ul> </li> <li>• Added 9 new codes effective 1/01/2022:                             <ul style="list-style-type: none"> <li>○ C9085, C9086, C9087, C9089, J2506, J9021, J9061, J9272 and Q2055</li> </ul> </li> </ul>
ConnectiCare	12/2021	<ul style="list-style-type: none"> <li>• Reformatted and reorganized policy, transferred content to new template.</li> </ul>