



EmblemHealth Pharmacy Medical Preauthorization List

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 EmblemHealth Commercial, Medicaid, and Medicare. *Excluding City of New York PPO*

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Preauthorization Contacts:

Traditional Pharmacy			
Member Plan	Partner	Fax/Electronic	Phone
All EmblemHealth	ESI	<p>Commercial Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p>Medicare: Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p>Medicaid: Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p>ePA Available</p>	<p>Commercial: Pharmacy: 844-516-3324, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p> <p>Medicare: Pharmacy: 877-920-1470, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p> <p>Medicaid: Pharmacy: 888-281-5539, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p>



EmblemHealth Pharmacy Medical Preauthorization List

Medical drug, non-Chemo			
Member Plan	Partner	Fax/Electronic	Phone
All EmblemHealth	Care Continuum, ESI	<p>Commercial Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p>Medicare: Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p>Medicaid: Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p>ePA Available</p>	<p>Commercial: Pharmacy: 844-516-3324, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p> <p>Medicare: Pharmacy: 877-920-1470, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p> <p>Medicaid: Pharmacy: 888-281-5539, 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
EmblemHealth Plan, Inc. (formerly GHI), <u>under 18 years of age</u> and EmblemHealth Insurance Co. (formerly HIPIC), HIP members <u>under 18 years of age</u>	ESI	<p>Commercial Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p>Medicare: Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p>Medicaid: Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p>ePA Available</p>	<p>Commercial: Pharmacy: 844-516-3324, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p> <p>Medicare: Pharmacy: 877-920-1470, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p> <p>Medicaid: Pharmacy: 888-281-5539, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p>
EmblemHealth members managed by HealthCare Partners or Montefiore CMO, all ages	ESI	<p>Commercial Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p>Medicare: Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p>Medicaid: Pharmacy: 877-251-5896 Medical: 866-896-1209</p> <p>ePA Available</p>	<p>Commercial: Pharmacy: 844-516-3324, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p> <p>Medicare: Pharmacy: 877-920-1470, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p> <p>Medicaid: Pharmacy: 888-281-5539, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday</p>



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Chemotherapy regimen, including oral drugs			
Member Plan	Partner	Fax/Electronic	Phone
EmblemHealth Plan, Inc. (formerly GHI), <u>over 18 years of age</u> and EmblemHealth Insurance Co. (formerly HIPIC), HIP members <u>over 18 years of age</u>	Evolent (formerly NCH)	877-624-8602 Online: CLICK HERE	888-999-7713, option 6, 8 a.m. to 8 p.m., Monday through Friday

This will not apply to EmblemHealth Plan, Inc. (formerly GHI) members, members managed by HealthCare Partners and Montefiore CMO, or members under 18 years of age. See the drug preauthorization overview chart below for details. Visit our [Frequently Asked Questions page](#) to learn more.

Effective Jan 16, 2023, oncology-related chemotherapeutic drugs and supportive agents administered in a physician’s office, outpatient, or ambulatory setting will require preauthorization from Evolent (formerly NCH) for a small population of EmblemHealth Plan, Inc. members.

Note: This does not apply to members under 18 years of age

Visit our [Frequently Asked Questions page](#) to learn more.

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

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**Evolut (formerly New Century Health) –
Other Scope Exclusions**

Other out-of-scope categories	<ul style="list-style-type: none"> • Bone marrow transplants • CKD diagnosis code D63.1 • Clinical Trials • Controlled Substances (i.e. Morphine)/Antibiotics • Equipment request (e.g., IV Pump) • ESRD patients • Hemophilia drugs • Home Health • Inpatient chemotherapy services • Inpatient requests • Radiopharmaceuticals
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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-in to 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
Abecma	Q2055	Injection, idecabtagene vicleucel
Abraxane	J9264	Injection, paclitaxel protein-bound particles, 1 mg
Abraxane	J9258 <i>New code effective 1/01/2024</i>	Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to j9264, 1 mg
Abraxane	J9259	Injection, paclitaxel protein-bound particles (american regent) not therapeutically equivalent to j9264, 1 mg
Actemra*	J3262*	Injection, tocilizumab, 1 mg
Acthar HP	J0800 <i>Deleted 10/01/2023</i>	Injection, corticotropin, up to 40 units
Acthar HP*	J0801*	Injection, corticotropin (acthar gel), up to 40 units
Acthar HP*	J0802*	Injection, corticotropin (ani), up to 40 units

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Brand Name	Code	Generic Name
Adakveo*	J0791*	crizanlizumab
Adasuve	J2062	loxapine
Adcetris*	J9042*	brentuximab
Adriamycin	J9000	doxorubicin
Adstiladrin	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose
Adrucil	J9190	fluorouracil
Aduhelm* <i>Covered by EmblemHealth Medicaid Plans only effective 8/01/2022</i>	J0172*	Injection, aducanumab-avwa <i>Covered by EmblemHealth Medicaid Plans only effective 8/01/2022</i>
Advate*/Kogenate*/Kogenate FS*/Recombinate*/Helixate*/Helixate FS*	J7192*	Factor VIII antihemophilic factor recombinant
Adynovate*	J7207*	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
Adzynma	C9167 <i>New Code effective 4/01/2024</i>	Injection, apadamtase alfa, 10 units
Adzynma	J3590	Injection, apadamtase alfa, 10 units
Afstyla*	J7210*	Hemophilia clotting factor
Ajovy	J3031	Injection, fremanezumab-vfrm, 1 mg
Akynzeo	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
Aldurazyme*	J1931*	Injection, laronidase, 0.1 mg
Alimta*	J9305*	Injection, pemetrexed, 10 mg
Alimta*	J9322*	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg
Alimta*	J9323*	Injection, pemetrexed ditromethamine, 10 mg
Aliqopa	J9057	Injection, copanlisib, 1 mg
Alkeran	J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg
Alymsys*	Q5126*	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg
Aloxi	J2469	Injection, palonosetron hcl, 25 mcg
Alphanate*	J7186*	antihemophilic factor human
AlphaNine*/Mononine*	J7193*	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.
Alprolix*	J7201*	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.

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Brand Name	Code	Generic Name
Altuviiiio	J7199	Injection, antihemophilic factor (recombinant), fc-vwf-xten fusion protein-ehtl
Altuviiiio	J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviiiio), per factor viii i.u.
Amondys45*	J1426*	Injection, casimersen, 10 mg
Amvuttra*	J0225*	Injection, vutrisiran 25mg/0.5mL
Aphexda	J2277 New Code effective 4/01/2024	Injection, motixafortide, 0.25 mg
Aphexda	J3490	Injection, motixafortide, 0.25 mg
Apokyn	J0364	Apomorphine
Aranesp*	J0881*	Injection, darbepoetin alfa, 1 microgram (non-esrd use)
Arcalyst	J2793	Rilonacept
Aredia	J2430	Injection, pamidronate disodium, per 30 mg
Arranon	J9261	nelarabine
Arzerra	J9302	Ofatumumab
Asceniv*	J1554*	Injection, immune globulin (asceniv), 500 mg
Asparlas	J9118	Injection, calaspargase pegol-mknl, 10 units
Avastin	J9035	Injection, bevacizumab, 10 mg (Oncology indications require auth)
Avastin*	C9257*	Injection, bevacizumab, 0.25 mg (Oncology indications require auth)
Aveed*	J3145*	Testosterone Undecanoate
Avsola*	Q5121*	Injection, infliximab-axxq, biosimilar
Azedra	A9590	iodine i-131 iobenguane
Barhemsys	J0184 New code effective 1/01/2024	Injection, amisulpride, 1 mg
Barhemsys	C9153 Deleted effective 1/01/2024 new code effective 10/01/2023	Injection, amisulpride, 1 mg
Barhemsys	J3490	Injection, amisulpride, 1 mg
Bavencio*	J9023*	Injection, avelumab, 10 mg
Baxdela	C9462	delafloxacin
Bebulin*/Profilnine*/Profilnine SD*	J7194*	Factor IX Complex
Beleodaq	J9032	belinostat

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Brand Name	Code	Generic Name
Belrapzo	J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg
Bendeka	J9034	Bendamustine
Benefix*	J7195*	Injection, factor ix (antihemophilic factor, recombinant) per iu
Benlysta*	J0490*	Injection, belimumab, 10 mg
Beovu	J0179	Injection, brolocizumab-dbl, (Beovu), 1 mg
Berinert*	J0597*	Injection, c-1 esterase inhibitor (human), berinert, 10 units
Besponsa	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
BICNU	J9050	Injection, carmustine, 100 mg
BICNU	J9052 New code effective 1/01/2024	Injection, carmustine (accord), not therapeutically equivalent to J9050, 100 mg
Bivigam*	J1556*	Injection, immune globulin (bivigam), 500 mg
Blenoxane	J9040	Bleomycin
Blenrep	J9037	belantamab mafodotin-blmf, 0.5 mg
Blincyto*	J9039*	Injection, blinatumomab, 1 microgram
Boniva	J1740	Ibandronate
Botox	J0585	Injection, Onabotulinumtoxin, 1 Unit
Breyanzi	Q2054	Lisocabtagene maraleucel
Brineura	J0567	Injection, cerliponase alfa, 1 mg
Briumvi*	J2329*	Injection, ublituximab-xiiy, 1mg
Busulfex	J0594	Injection, busulfan, 1 mg
Byooviz	Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg
Cabenuva*	J0741*	Injection, cabotegravir and rilpivirine, 2mg/3mg
Cablivi	C9047	caplacizumab-yhdp, 1 mg
Camcevi	J1952	Injection, leuprolide (camcevi), 1 mg
Campath*/Lemtrada*	J0202*	Injection, alemtuzumab, 1 mg
Camptosar	J9206	Injection, irinotecan, 20 mg
Carimune*/Carimune NF Nanofiltered*/Gammagard S-D/IVIG*	J1566*	immune globulin, intravenous, lyophilized (e.g powder)
Carvykti	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
Caverject	J0270	Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the

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Brand Name	Code	Generic Name
		direct supervision of a physician, not for use when drug is self-administered)
Cerezyme*	J1786*	Injection, imiglucerase, 10 units
Cimerli	J3590	Injection, ranibizumab-eqrn
Cimerli	Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg
Cimzia*	J0717*	Injection, certolizumab pegol, 1 mg
Cinqair*	J2786*	Injection, reslizumab, 1 mg
Cinryze*	J0598*	Injection, c-1 esterase inhibitor (human), (Cinryze), 10 units
Cinvanti	J0185	Injection, aprepitant, 1 mg
Clolar	J9027	Injection, clofarabine, 1 mg
Coagadex*	J7175*	Injection, factor x, (human), 1 i.u.
Columvi	J9286 New code effective 1/01/2024	Injection, glofitamab-gxbm, 2.5 mg
Columvi	J9999	Injection, glofitamab-gxbm
Corifact*	J7180*	Injection, factor xiii (antihemophilic factor, human), 1 i.u.
Cosela	J1448	Injection, trilaciclib, 1 mg
Cosentyx	C9166 New Code effective 4/01/2024	Injection, secukinumab, intravenous, 1 mg
Cosmegen	J9120	Injection, dactinomycin, 0.5 mg
Cresemba	J1833	Injection, isavuconazonium, 1 mg
Crysvita*	J0584*	Injection, burosumab-twza, 1 mg
Cuvitru*	J1555*	Injection, immune globulin (cuvitru), 100 mg
Cyclophosphamide	J9071	Injection, cyclophosphamide (auromedics), 5 mg Cyclophosphamide, 5 mg
Cyclophosphamide	J9072 New code effective 1/01/2024	Injection, cyclophosphamide, (dr. reddy's), 5 mg
Cyclophosphamide	J9073 New Code effective 4/01/2024	Injection, cyclophosphamide (ingenus), 5 mg
Cyclophosphamide	J9074 New Code effective 4/01/2024	Injection, cyclophosphamide (sandoz), 5 mg

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Brand Name	Code	Generic Name
Cyclophosphamide	J9075 New Code effective 4/01/2024	Injection, cyclophosphamide, not otherwise specified, 5 mg
Cyramza*	J9308*	Injection, ramucirumab, 5 mg
Cytogam*	J0850*	Cytomegalovirus Immune globulin, Human
Cytosar-U	J9100	Injection, cytarabine, 100 mg
Cytoxan	J9070 Deleted code effective 4/01/2024	Cyclophosphamide, 100 mg
Dacogen	J0894	Injection, decitabine, 1 mg
Dacogen	J0893	Injection, decitabine, 1 mg - (sun pharma) <i>not therapeutically equivalent to J0894</i>
Danyelza	J9348	Injection, naxitamab-ggqk, 1 mg
Darzalex	J9145	Injection, daratumumab, 10 mg
Darzalex Faspro*	J9144*	Injection, daratumumab 10 mg and hyaluronidase-fihj
Daunorubicin	J9150	Injection, daunorubicin, 10 mg
Daxxify	J0589 New Code effective 4/01/2024	Injection, daxibotulinumtoxina-lanm, 1 unit
Daxxify	C9160 Deleted code effective 4/01/2024 New code effective 1/01/2024	Injection, daxibotulinumtoxina-lanm, 1 unit
Daxxify	J3590	Injection, daxibotulinumtoxinA-lanm
Dextenza	J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg
Dexycu	J1095	Injection, dexamethasone 9%, intraocular
Doxil	Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg
DTIC-DOME	J9130	dacarbazine, 100 mg
Durolane	J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg
Durysta	J7351	Injection, bimatoprost, intracameral implant, 1 microgram
Dysport	J0586	Injection, abobotulinumtoxinA, 5 units
Elahere*	J9063*	Injection, mirvetuximab soravtansine-gynx, 1 mg

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Brand Name	Code	Generic Name
Elahere	C9146 Deleted effective 6/30/2023	Injection, mirvetuximab soravtansine-gynx, 1 mg
Elaprase*	J1743*	Injection, idursulfase, 1 mg
Elelyso*	J3060*	Injection, taliglucerase alfa, 10 units
Elevidys	J1413 New Code effective 1/01/2024	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose
Elevidys	J3590	Injection, delandisotrogene moxeparvocev-rokl
Elfabrio	J2508 New code effective 1/01/2024	Injection, pegunigalsidase alfa-iwxj, 1 mg
Elfabrio	J3590	Injection, pegunigalsidase alfa-iwxj, 1 mg
Ellence	J9178	Injection, epirubicin HCl, 2 mg
Eloctate*	J7205*	Injection, factor VIII Fc fusion protein (recombinant), per IU
Eloxatin	J9263	Injection, oxaliplatin, 0.5 mg
Elrexio	J1323 New Code effective 4/01/2024	Injection, elranatamab-bcmm, 1 mg
Elrexio	C9165 Deleted code effective 4/01/2024 New code effective 1/01/2024	Injection, elranatamab-bcmm, 1 mg
Elrexio	J9999	Injection, elranatamab-bcmm
Elzonris	J9269	Injection, tagraxofusp-erzs, 10 micrograms
Emend	J1434 New Code effective 4/01/2024	Injection, fosaprepitant (focinvez), 1 mg
Emend	J1453	Injection, fosaprepitant, 1 mg
Emend	J1456	Injection, fosaprepitant, 1 mg - (teva), <i>not therapeutically equivalent to J1453</i>
Empaveli	C9151	Injection, pegcetacoplan, 1 mg
Empaveli	J3490	Injection, pegcetacoplan
Empliciti*	J9176*	Injection, elotuzumab, 1 mg
Enhertu*	J9358*	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
Enjaymo*	J1302*	Injection, sutimlimab-jome, 10 mg

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Brand Name	Code	Generic Name
Entyvio*	J3380*	Injection, vedolizumab, intravenous, 1 mg Injection, vedolizumab, 1 mg
Epkinly	J9321 New code effective 1/01/2024	Injection, epcoritamab-bysp, 0.16 mg
Epkinly	C9155 Deleted effective 1/01/2024 New code effective 10/01/2023	Injection, epcoritamab-bysp, 0.16 mg
Epkinly	J9999	Injection, epcoritamab-bysp, 0.16 mg
Erbitux	J9055	Injection, cetuximab, 10 mg
Erwinaze	J9019	Injection, asparaginase, 1,000 IU
Esperoct*	J7204*	Injection, factor viii, antihemophilic factor (recombinant), glycopegylated-exei, per iu
Euflexxa	J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose
Evenity*	J3111*	Injection, romosozumab-aqqg, 1 mg
Evkeeza*	J1305*	Injection, evinacumab-dgnb, 5 mg
Evomela	J9246	Injection, melphalan, 1 mg
Evomela	J9248 New Code effective 4/01/2024	Injection, melphalan (hepzato), 1 mg
Evomela	J9249 New Code effective 4/01/2024	Injection, melphalan (apotex), 1 mg
Exondys 51*	J1428*	Injection, eteplirsen, 10 mg
Eylea HD	J0177 New Code effective 4/01/2024	Injection, aflibercept hd, 1 mg
Eylea HD	C9161 Deleted code effective 4/01/2024 New code effective 1/01/2024	Injection, aflibercept hd, 1 mg
Eylea	J0178	Injection, aflibercept, 1 mg
Fabrazyme*	J0180*	Injection, agalsidase beta, 1 mg

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Brand Name	Code	Generic Name
Fasenra*	J0517*	Injection, benralizumab, 1 mg
Faslodex*	J9395*	Injection, fulvestrant, 25 mg
Faslodex*	J9393*	Injection, fulvestrant (teva) <i>not therapeutically equivalent to J9395</i> , 25 mg
Faslodex*	J9394*	Injection, fulvestrant (fresenius kabi) <i>not therapeutically equivalent to J9395</i> , 25 mg
Feiba NF*	J7198*	anti-inhibitor coagulant complex, per IU
Fensolvi*	J1951*	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg
Fetroja	J0699	Injection, cefiderocol, 10 mg
Firazyr*	J1744*	Injection, icatibant, 1mg
Firmagon	J9155	Injection, degarelix, 1 mg
Flebogamma*	J1572*	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g. liquid), 500 mg
Flolan/Veletri	J1325	Injection, epoprostenol, 0.5 mg
Fludara	J9185	Injection, fludarabine, 50 mg
Folotyn	J9307	Injection, pralatrexate, 1 mg
Fudr	J9200	Injection, floxuridine, 500 mg
Fulphila*	Q5108*	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg
Fusilev	J0641	Injection, levoleucovorin, 0.5 mg
Fyarro	J9331	Injection, sirolimus protein-bound particles, 1 mg
Fylnetra*	Q5130*	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg
Gamifant*	J9210*	Injection, emapalumab-izsg, 1 mg
Gammagard Liquid*	J1569*	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg
Gammaplex*	J1557*	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg
Gamunex-C*/Gammaked*	J1561*	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg
Gazyva*	J9301*	Injection, obinutuzumab, 10 mg
Gel-One	J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose
Gelsyn-3	J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg
Gemzar	J9201	Injection, gemcitabine hydrochloride, 200 mg
Gemzar	J9196	Injection, gemcitabine hydrochloride (accord) <i>not therapeutically equivalent to J9201</i> , 200 mg

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Brand Name	Code	Generic Name
Genvisc 850	J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg
Givlaari*	J0223*	Injection, givosiran, 0.5 mg
Glassia*	J0257*	Injection, alpha 1 proteinase inhibitor (human), 10 mg
Granix	J1447	Injection, tbo-filgrastim, 1 microgram
Haegarda	J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units
Halaven	J9179	Injection, eribulin mesylate, 0.1 mg
Hemlibra*	J7170*	Injection, emicizumab-kxwh, 0.5 mg
Hemgenix	J3590	Injection, etranacogene dezaparvovec-drlb
Hemofil*/Hemofil M*/Koate*/Koate-DVI*/Monoclate-P*	J7190*	Factor VIII antihemophilic factor(human), per IU
Hemophilia clotting factor, NOS	J7199	Hemophilia clotting factor, NOS
Hepagam B (IM)	J1571	Hepatitis B Immune Globulin (IM)
Hepagam B (IV)	J1573	Hepatitis B Immune Globulin (IV)
Herceptin*	J9355*	Injection, trastuzumab, excludes biosimilar, 10 mg
Herceptin Hylecta*	J9356*	Injection, trastuzumab 10 mg and hyaluronidase-oysk
Herzuma*	Q5113*	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg
Hizentra*	J1559*	Injection, immune globulin (hizentra), 100 mg
Humate-P*	J7187*	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO
Hyalgan/Supartz/Visco-3	J7321	Hyaluronan or derivative, hyalgan, supartz, Visco-3 for intra-articular injection, per dose
Hycamtin	J9351	Injection, topotecan, 0.1 mg
Hydroxyprogesterone caproate (OIL)	J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg
Hymovis	J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg
Hyqvia*	J1575*	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
Idamycin	J9211	Injection, idarubicin hydrochloride, 5 mg
Idelvion*	J7202*	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.
Ifex	J9208	Injection, ifosfamide, 1 gram

EmblemHealth Pharmacy Medical Preauthorization List

Brand Name	Code	Generic Name
Ilaris*	J0638*	Injection, canakinumab, 1 mg
Ilumya*	J3245*	Injection, tildrakizumab, 1 mg
Iluvien	J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg
Imfinzi*	J9173*	Injection, durvalumab, 10 mg
Imjudo*	J9347*	Injection, tremelimumab-actl, 1 mg
Imjudo	C9147 Deleted effective 6/30/2023	Injection, tremelimumab-actl, 1 mg
Imlygic	J9325	Injection, talimogene Laherparepvec, per 1 million plaque forming units
Inflectra*	Q5103*	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Infugem	J9198	Injection, gemcitabine hydrochloride, 100 mg
Istodax	J9319	Injection, romidepsin, lyophilized, 0.1 mg
Ixempra	J9207	Injection, ixabepilone, 1 mg
Ixinity*	J7213*	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.
Izervay	J2782 New Code effective 4/01/2024	Injection, avacincaptad pegol, 0.1 mg
Izervay	C9162 Deleted code effective 4/01/2024 New code effective 1/01/2024	Injection, avacincaptad pegol, 0.1 mg
Izervay	J3490	Injection, avacincaptad pegol intravitreal solution, 2 mg
Jelmyto	J9281	Mitomycin pyelocalyceal instillation, 1 mg
Jemperli*	J9272*	Injection, dostarlimab-gxly, 100 mg
Jesduvroq	J0889	Daprodustat, oral, 1 mg, (for ESRD on dialysis)
Jetrea	J7316	Injection, ocriplasmin, 0.125 mg
Jevtana	J9043	Injection, cabazitaxel, 1 mg
Jevtana	J9064	Injection, cabazitaxel (sandoz), <i>not therapeutically equivalent to j9043</i> , 1 mg
Jivi*	J7208*	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.
Kadcyla*	J9354*	Injection, ado-trastuzumab emtansine, 1 mg
Kalbitor*	J1290*	Injection, ecallantide, 1 mg

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Brand Name	Code	Generic Name
Kanjinti*	Q5117*	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg
Kanuma*	J2840*	Injection, sebelipase alfa, 1 mg
Keytruda*	J9271*	Injection, pembrolizumab, 1 mg
Khapzory	J0642	Injection, levoleucovorin, 0.5 mg
Kimmtrak	J9274	Injection, tebentafusp-tebn, 1 microgram
Korsuva	J0879	Injection, difelikefalin
Kovaltry*	J7211*	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.
Krystexxa*	J2507*	Injection, pegloticase, 1 mg
Kymriah	Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Kyprolis*	J9047*	Injection, Carfilzomib, 1 mg
Lamzede	J0217 New code effective 1/01/2024	Injection, velmanase alfa-tycv, 1 mg
Lamzede	J3590	Injection, velmanase alfa-tycv
Lanreotide Acetate*	J1932*	Injection, lanreotide, (ciplal), 1 mg
Lantidra	J3590	Injection, donislecel
Leqembi	J3590	Injection, lecanemab-irmb
Leqembi	J0174	Injection, lecanemab-irmb, 1 mg
Leqvio*	J1306*	Injection, inclisiran, 1 mg
Leucovorin	J0640	Injection, leucovorin calcium, 50 mg
Leukine	J2820	Injection, sargramostim (gm-csf), 50 mcg
Leustatin	J9065	Injection, cladribine, 1 mg
Libtayo*	J9119*	Injection, cemiplimab-rwlc, 1 mg
Lipodox	Q2049	Injection, liposomal doxorubicin hydrochloride, 10 mg
Loqtorzi	J9999	Injection, toripalimab-tpzi
Lucentis*	J2778*	Injection, ranibizumab, 0.1 mg
Lumizyme*	J0221*	Injection, alglucosidase alfa, 10 mg
Lumoxiti	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
Lunsumio	J9350	Injection, mosunetuzumab-axgb, 1 mg
Lunsumio	J9999	Injection, mosunetuzumab-axgb
Lupron*	J1950*	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
Lupron*	J9217*	Leuprolide acetate (for depot suspension), 7.5 mg
Lutathera	A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie

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Brand Name	Code	Generic Name
Luxturna*	J3398*	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
Macugen	J2503	Injection, pegaptanib sodium, 0.3 mg
Makena	J1726	Injection, hydroxyprogesterone caproate, 10 mg
Margenza	J9353	Injection, margetuximab-cmkb, 5 mg
Marqibo*	J9371*	Injection, vincristine sulfate liposome, 1 mg
Mepsevii*	J3397*	Injection, vestronidase alfa-vjvk, 1 mg
Mesnex	J9209	Injection, mesna, 200 mg
Monjuvi	J9349	Injection, tafasitamab-cxix, 2 mg
Monovisc	J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
Mozobil	J2562	Injection, plerixafor, 1 mg
Muse	J0275	Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Mutamycin	J9280	Injection, mitomycin, 5 mg
Mvasi*	Q5107*	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg
Mylotarg	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
Myobloc	J0587	Injection, rimabotulinumtoxinb, 100 units
Naglazyme*	J1458*	Injection, galsulfase, 1 mg
Navelbine	J9390	Injection, vinorelbine tartrate, 10 mg
Neulasta*	J2506*	Injection, pegfilgrastim, 0.5 mg
Neupogen	J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram
Nexviazyme*	J0219*	Injection, avalglucosidase alfa-ngpt, 4 mg
Nipent	J9268	Injection, pentostatin, 10 mg
Nivestym	Q5110	Injection, filgrastim-aafi, biosimilar, 1mcg
Novantrone	J9293	Injection, mitoxantrone hydrochloride, 5 mg
NovoEight*	J7182*	Injection, factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU
NovoSeven RT*	J7189*	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg
Nplate*	J2796*	Injection, romiplostim, 10 micrograms
Nucala*	J2182*	Injection, mepolizumab, 1 mg
Nulibry	J3490	Injection, fosdenopterin
Nulojix*	J0485*	Injection, belatacept, 1 mg
Nuwiq*	J7209*	Injection, factor viii, (antihemophilic factor, recombinant), 1 i.u.

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Brand Name	Code	Generic Name
Nyvepria*	Q5122*	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg
Obizur*	J7188*	Injection, factor VIII (antihemophilic factor, recombinant), per IU
Ocrevus*	J2350*	Injection, ocrelizumab, 1 mg
Octagam*	J1568*	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg
Ogivri*	Q5114*	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Omisirge	J3590	Injection, omidubicel-onlv
OmvoH	C9168 New Code effective 4/01/2024	Injection, mirikizumab-mrkz, 1 mg
Oncaspar	J9266	Injection, pegaspargase, per single dose vial
Onivyde	J9205	Injection, irinotecan liposome, 1 mg
Onpattro*	J0222*	Injection, patisiran, 0.1 mg
Ontruzant*	Q5112*	Injection, trastuzumab-dttb, biosimilar, 10 mg
Opdivo*	J9299*	Injection, nivolumab, 1 mg
OPDUALAG*	J9298*	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
Opfolda	J8499	Capsule, miglustat 65 mg
Opfolda	J1202 New Code effective 4/01/2024	Miglustat, oral, 65 mg
OraVerse	J2760	Injection, phentolamine mesylate, up to 5 mg
Orencia*	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)
Orthovisc	J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose
Oxlumo*	J0224*	Injection, lumasiran, 0.5 mg
Ozurdex	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
Padcev*	J9177*	Injection, enfortumab vedotin-ejfv, 0.25 mg
Panzyga*	J1576*	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
Panzyga*	J1599*	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg

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Brand Name	Code	Generic Name
Papacon	J2440	Injection, papaverine HCl, up to 60 mg
PAPAVERINE HCL	J2440	Injection, papaverine HCl, up to 60 mg
Paraplatin	J9045	Injection, carboplatin, 50 mg
Para-Time S.R.	J2440	Injection, papaverine HCl, up to 60 mg
Parsabiv	J0606	Injection, etelcalcetide, 0.1 mg
Pavabid Plateau	J2440	Injection, papaverine HCl, up to 60 mg
Pavagen	J2440	Injection, papaverine HCl, up to 60 mg
Pemfexy	J9324 <i>New code effective 1/01/2024</i>	Injection, pemetrexed (pemrydi rtu), 10 mg
Pemfexy	J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to J9305, 10 mg
Pemfexy	J9296	Injection, pemetrexed (accord) not therapeutically equivalent to J9305, 10 mg
Pemfexy	J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to J9305, 10 mg
Pemfexy	J9304	Injection, pemetrexed, 10 mg
Pemfexy	J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg
Pepaxto	J9247	Injection, melphalan flufenamide, 1 mg
Perjeta*	J9306*	Injection, pertuzumab, 1 mg
Phesgo*	J9316*	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, 10 mg
Photofrin	J9600	Injection, porfimer sodium, 75 mg
Platinol	J9060	Injection, cisplatin, powder or solution, 10 mg
Polivy*	J9309*	Injection, polatuzumab vedotin-piiq, 1 mg
Pombiliti	J1203 <i>New Code effective 4/01/2024</i>	Injection, cipaglifosidase alfa-atga, 5 mg
Pombiliti	J3590	Injection, cipaglifosidase alfa-atga
Portrazza	J9295	Injection, necitumumab, 1 mg
Poteligeo*	J9204*	Injection, mogamulizumab-kpkc, 1 mg
Prialt	J2278	Injection, ziconotide, 1 mcg
Privigen*	J1459*	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg
Probuphine Implant	J0570	Implant, buprenorphine implant, 74.2 mg
Procrit*/Epogen*	J0885*	Injection, epoetin alfa, (for non-esrd use), 1000 units
Proleukin	J9015	Injection, aldesleukin, single use vial
Prolia*/Xgeva*	J0897*	Injection, denosumab, 1 mg

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Brand Name	Code	Generic Name
Provenge	Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
Qalsody*	J1304* New code effective 1/01/2024	Injection, tofersen, 1 mg
Qalsody	C9157 Deleted 1/01/2024 New code effective 10/01/2023	Injection, tofersen, 1 mg
Qalsody	J3490	Injection, tofersen, 1 mg
Qutenza	J7336	Capsaicin 8% patch, per square centimeter
Radicava*	J1301*	Injection, edaravone, 1 mg
Rebinyn*	J7203*	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu
Reblozyl*	J0896*	Injection, luspatercept-aamt, 0.25 mg
Rebyota	J1440	Fecal microbiota, live - jslm, 1 ml
Rebyota	J3590	Suspension, fecal microbiota, live-jslm
Reclast/Zometa	J3489	Injection, zoledronic acid, 1 mg
Regitine	J2760	Injection, phentolamine mesylate, up to 5 mg
Releuko	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
Relistor	J2212	Injection, methylnaltrexone, 0.1 mg
Remicade*	J1745*	Injection, infliximab, excludes biosimilar, 10 mg
Remodulin	J3285	Injection, treprostinil, 1 mg
Renflexis*	Q5104*	Injection, infliximab-abda, biosimilar, 10 mg
Retacrit*	Q5106*	Injection, epoetin alfa, biosimilar, (for non-esrd use), 1000 units
Revcovi	J3590	elapegademase
Riabni*	Q5123*	Injection, rituximab-arrx, biosimilar, 10 mg
Riastap*	J7178*	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
Rituxan*	J9312*	Injection, rituximab, 10 mg
Rituxan Hycela*	J9311*	Injection, rituximab 10 mg and hyaluronidase
Rixubis*	J7200*	Injection, factor IX, (antihemophilic factor, recombinant), per IU

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Brand Name	Code	Generic Name
Roctavian	J1412 New code effective 1/01/2024	Injection, valoctocogene roxaparovec-rvox, per ml, containing nominal 2×10^{13} vector genomes
Roctavian	J3590	Injection, valoctocogene roxaparovec-rvox
Rovedon*	J1449*	Injection, eflapegrastim-xnst, 0.1 mg
Romidepsin	J9318	Injection, romidepsin, non-lyophilized, 0.1 mg
Romidepsin	J9319	Injection, romidepsin, lyophilized, 0.1 mg
Ruconest*	J0596*	Injection, c-1 esterase inhibitor (recombinant), 10 units
Ruxience*	Q5119*	Injection, rituximab-pvvr, biosimilar, 10 mg
Rybrevant	J9061	Injection, amivantamab-vmiw
Rylaze	J9021	Injection, asparaginase erwinia chrysanthemi (recombinant)-rywn
Ryplazim*	J2998*	Injection, plasminogen, human-tvmh, 1 mg
Rystiggo	J9333 New code effective 1/01/2024	Injection, rozanolixizumab-noli, 1 mg
Rystiggo	J3590	Injection, rozanolixizumab-noli, for subcutaneous use
Sandostatin LAR*	J2353*	Injection, octreotide, depot form for intramuscular injection, 1 mg
Saphnelo*	J0491*	Injection, anifrolumab-fnia, 300 mg
Sarclisa*	J9227*	Injection, isatuximab-irfc, 10 mg
Sevenfact*	J7212*	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram
Signafor LAR*	J2502*	Injection, pasireotide long acting, 1 mg
Simponi Aria*	J1602*	Injection, golimumab, 1 mg, for intravenous use
Skyrizi*	J2327*	Injection, risankizumab-rzaa
Skysona	J3590	Injection, elivaldogene autotemcel
Soliris*	J1300*	Injection, eculizumab, 10 mg
Somatuline Depot*	J1930*	Injection, lanreotide, 1 mg
Somavert	J3590	pegvisomant
Spevigo	J3590	Injection, spesolimab-sbzo
Spevigo	J1747	Injection, spesolimab-sbzo, 1 mg
Spinraza*	J2326*	Injection, nusinersen, 0.1 mg
Spravato	S0013	Esketamine, nasal spray, 1 mg
Stelara*	J3358*	Ustekinumab, for intravenous injection, 1 mg
Stimufend*	Q5127*	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg
Sunlenca*	J1961*	Injection, lenacapavir, 1 mg

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Brand Name	Code	Generic Name
Sunlenca	J3490	Injection, lenacapavir
Supprelin LA	J9226	histrelin implant, 50 mg
Sustol	J1627	Injection, granisetron, extended-release, 0.1 mg
Susvimo	J2779	Implant, ranibizumab, 100 mg
Syfovre	J3490	Injection, pegcetacoplan
Syfovre	J2781 New code effective 10/01/2023	Injection, pegcetacoplan, intravitreal, 1 mg
Sylvant*	J2860*	Injection, siltuximab, 10 mg
Synagis*	90378*	palivizumab - Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
Synojoynt	J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg
Synribo	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
Synvisc/Synvisc-One	J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg
Takhzyro	J0593	Injection, lanadelumab-flyo, 1 mg
Talvey	J3055 New Code effective 4/01/2024	Injection, talquetamab-tgvs, 0.25 mg
Talvey	C9163 Deleted code effective 4/01/2024 New code effective 1/01/2024	Injection, talquetamab-tgvs, 0.25 mg
Talvey	J9999	Injection, talquetamab-tgvs
Taxol	J9267	Injection, paclitaxel, 1 mg
Taxotere	J9172 New code effective 1/01/2024	Injection, docetaxel (ingenus) not therapeutically equivalent to j9171, 1 mg
Taxotere	J9171	Injection, docetaxel, 1 mg
Tecartus	Q2053	brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Tecentriq*	J9022*	Injection, atezolizumab, 10 mg

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Brand Name	Code	Generic Name
Tecvayli*	J9380*	Injection, teclistamab-cqyv, 0.5 mg
Tecvayli	J9999	Injection, teclistamab-cqyv
Tecvayli	C9148 Deleted effective 6/30/2023	Injection, teclistamab-cqyv, 0.5 mg
Tegsedi	J3490	inotersen
Temodar Injection	J9328	Injection, temozolomide, 1 mg
Tepadina/Thioplex	J9340	Injection, thiotepa, 15 mg
Tepezza*	J3241*	Injection, teprotumumab-trbw, 10 mg
Tezpire*	J2356*	Injection, tezepelumab-ekko, 1 mg
Thyrogen	J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial
Tice BCG	J9030	BCG live intravesical instillation, 1 mg
Tivdak*	J9273*	Injection, tisotumab vedotin-tftv, 40 mg
Tofidence (Actemra Biosimilar)	Q5133 New Code effective 4/01/2024	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg
Toposar	J9181	Injection, etoposide, 10 mg
Torisel	J9330	Injection, temsirolimus, 1 mg
Trazimera*	Q5116*	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg
Treanda	J9033	Injection, bendamustine HCl, 1 mg
Treanda	J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg
Treanda	J9058	Injection, bendamustine hydrochloride (apotex), 1 mg
Treanda	J9059	Injection, bendamustine hydrochloride (baxter), 1 mg
Trelstar*	J3315*	Injection, triptorelin pamoate, 3.75 mg
Tretten*	J7181*	Injection, factor XIII A-subunit, (recombinant), per IU
Triluron	J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg
Trisenox	J9017	Injection, arsenic trioxide, 1 mg
Trivisc	J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg
Trodelyv*	J9317*	Injection, sacituzumab govitecan-hziy, 10 mg
Trogarzo*	J1746*	Injection, ibalizumab-uiyk, 10 mg
Truxima*	Q5115*	Injection, rituximab-abbs, biosimilar, 10 mg
Tyruko (Tysabri BioSimilar)	Q5134 New Code effective 4/01/2024	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg

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Brand Name	Code	Generic Name
Tysabri*	J2323*	Injection, natalizumab, 1 mg
Tyvaso*	J7686*	inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg
Tzield	J9381	Injection, teplizumab-mzvw, 5 mcg
Tzield	J3590	Injection, teplizumab-mzvw, 5 mcg
Tzield	C9149 Deleted effective 6/30/2023	Injection, teplizumab-mzvw, 5 mcg
Udenyca*	Q5111*	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg
Ultomiris*	J1303*	Injection, ravulizumab-cwvz, 10 mg
Unituxin	J9999	dinutuximab
Unlisted	C9399	Unlisted
Uplizna	J1823	Injection, inebilizumab-cdon, 1 mg
Vabysmo*	J2777*	Injection, faricimab-svoa, 0.1 mg
Valstar	J9357	Injection, valrubicin, intravesical, 200 mg
Vantas	J9225	Histrelin implant, 50 mg
Vectibix*	J9303*	Injection, panitumumab, 10 mg
Velban	J9360	Injection, vinblastine sulfate, 1 mg
Velcade*	J9041*	Injection, bortezomib, 0.1 mg
Velcade*	J9046*	Injection, bortezomib, (dr. reddy's), <i>not therapeutically equivalent to J9041</i> , 0.1 mg
Velcade*	J9048*	Injection, bortezomib (fresenius kabi), <i>not therapeutically equivalent to J9041</i> , 0.1 mg
Velcade*	J9049*	Injection, bortezomib (hospira), <i>not therapeutically equivalent to J9041</i> , 0.1 mg
Velcade*	J9051*	Injection, bortezomib (maia), <i>not therapeutically equivalent to j9041</i> , 0.1 mg
Vegzelma*	Q5129*	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg
Ventavis	Q4074	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms
Veopoz	J9376 New Code effective 4/01/2024	Injection, pozelimab-bbfg, 1 mg
Veopoz	J3590	Injection, pozelimab-bbfg
Vidaza	J9025	Injection, azacitidine, 1 mg
Viltepso*	J1427*	Injection, viltolarsen, 10 mg

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Brand Name	Code	Generic Name
Vimizim*	J1322*	Injection, elosulfase alfa, 1 mg
Vincasar/Oncovin	J9370	vincristine sulfate, 1 mg
Vonvendi*	J7179*	Injection, von willebrand factor (recombinant), 1 i.u. vwf:rco
Vpriv*	J3385*	Injection, velaglycerase alfa, 100 units
Vumon	Q2017	Injection, teniposide, 50 mg
Vyepti*	J3032*	Injection, eptinezumab-jjmr, 1 mg
Vyjuvek	J3401 New code effective 1/01/2024	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ pfu/ml vector genomes, per 0.1 ml
Vyjuvek	J3590	Injection, beremagene geperpavec-svdt
Vyondys 53*	J1429*	Injection, golodirsen, 10 mg
Vyvgart*	J9332*	Injection, efgartigimod alfa-fcab, 2mg
Vyvgart*	J9334* New code effective 1/01/2024	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
Vyxeos	J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine
Wilate*	J7183*	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo
Xaracoll	C9089	bupivacaine implant 3x100MG Implant
Xembify*	J1558*	Immune globulin (human)-klhw, 100 mg
Xenpozyme*	J0218*	Injection, olipudase alfa-rpcp, 1 mg
Xeomin	J0588	Injection, incobotulinumtoxin a, 1 unit
Xiaflex	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
Xofigo	A9606	Radium Ra 223 Dichloride, therapeutic, per microcurie
Xolair*	J2357*	Injection, omalizumab, 5 mg
Xyntha*	J7185*	Injection, factor VIII (antihemophilic factor, recombinant) (XYNTHA), per IU
Yervoy*	J9228*	Injection, ipilimumab, 1 mg
Yescarta	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Yondelis	J9352	Injection, trabectedin, 0.1 mg
Yutiq	J7314	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg

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Brand Name	Code	Generic Name
Zaltrap	J9400	Injection, ziv-aflibercept, 1 mg
Zanosar	J9320	Injection, streptozocin, 1 gram
Zarxio	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
Zemaira*/Aralast*/Prolastin*/Prolastin-C*	J0256*	alpha-1 proteinase inhibitor/human
Zepzelca	J9223	lurbinectedin, 0.1 mg
Ziextenzo*	Q5120*	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg
Zilretta	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
Zinplava	J0565	Injection, bezlotoxumab, 10 mg
Zirabev*	Q5118*	Injection, bevacizumab-bvcr, biosimilar, 10 mg
Zoladex	J9202	Goserelin acetate implant, per 3.6 mg
Zolgensma*	J3399*	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes
Zulresso*	J1632*	Injection, brexanolone, 1 mg
Zynlonta	J9359	Injection, loncastuximab tesirine-lpyl 10 mg
Zynteglo	J3590	Injection, betibeglogene autotemcel
Zynyz	J9999	Injection, retifanlimab-dlwr
Zynyz*	J9345* New code effective 10/01/2023	Injection, retifanlimab-dlwr, 1 mg

Revision History

Company(ies)	DATE	REVISION
EmblemHealth	3/26/2024	<p><u>Added 20 new codes effective 4/01/2024:</u></p> <ul style="list-style-type: none"> • C9166 (Cosentyx) • C9167 (Adzynma) replacing J3590 • C9168 (Omvoh) • J0177 (Eylea HD) replacing C9161 • J0589 (Daxxify) replacing C9160 • J1202 (Opfolda) replacing J8499 • J1203 (Pombiliti) replacing J3590 • J1323 (Elrexfio) replacing C9165 • J1434 (Emend) • J2277 (Aphexda)



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Company(ies)	DATE	REVISION
		<ul style="list-style-type: none"> • J2782 (Izervay) replacing C9162 • J3055 (Talvey) replacing C9163 • J9073 (Cyclophosphamide) • J9074 (Cyclophosphamide) • J9075 (Cyclophosphamide) • J9248 (Evomela) • J9249 (Evomela) • J9376 (Veopoz) • Q5133 (Tofidence) • Q5134 (Tyruko) <p>6 Deleted Codes Effective 4/01/2024: C9160, C9161, C9162, C9163, C9165 and J9070</p> <p>2 Codes with revised descriptions effective 4/01/2024: J3380 and J9071</p>
EmblemHealth	3/26/2024	<p>Updated to include 3 new drugs effective 2/08/2024:</p> <p>J3590 – Adzynma J3490 - Aphexda J9999 - Loqtorzi</p>
EmblemHealth	3/26/2024	<p>Updated: 1 Deleted Code effective 10/01/2023:</p> <p>J0800 – see J0801/J0802</p>
EmblemHealth	3/2024	<p>Updated to indicate drugs that have Site of Care requirements (indicated with *)</p> <ul style="list-style-type: none"> • Added reference with hyperlink to Site of Service Medical Policy – Infusions and Injectables
EmblemHealth	2/20/2024	<p>Updated vendor contact name:</p> <ul style="list-style-type: none"> • Evolent formerly NCH (New Century Health) effective 1/01/2024. No changes to contact information.
EmblemHealth	12/28/2023	<p>Added 21 new codes effective 1/01/2024:</p> <ul style="list-style-type: none"> ○ C9160 (Daxxify) replacing J3590 ○ C9161 (Eylea HD) ○ C9162 (Izervay) replacing J3490 ○ C9163 (Talvey) replacing J9999 ○ C9165 (Elrexio) replacing J9999 ○ J0184 (Barhemsys) replacing C9153 ○ J0217 (Lamzede) replacing J3590 ○ J1304 (Qalsody) replacing C9157 ○ J1412 (Roctavian) replacing J3590 ○ J1413 (Elevidys) replacing J3590



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Company(ies)	DATE	REVISION
		<ul style="list-style-type: none"> ○ J2508 (Elfabrio) replacing J3590 ○ J3401 (Vyjuvek) replacing J3590 ○ J9052 (BICNU) ○ J9072 (Cyclophosphamide) ○ J9172 (Taxotere) ○ J9258 (Abraxane) ○ J9286 (Columvi) replacing J9999 ○ J9321 (Epinly) replacing C9155 ○ J9324 (Pemfexy) ○ J9333 (Rystiggo) replacing J3590 ○ J9334 (Vyvgart) replacing J3590 <p><u>3 Deleted Codes effective 1/01/2024:</u></p> <ul style="list-style-type: none"> ○ C9153 (Barhemsys) replaced by J0184 ○ C9155 (Epinly) replaced by J9321 ○ C9157 (Qalsody) replaced by J1304
EmblemHealth	12/13/2023	<p>Added 11 new drugs:</p> <ul style="list-style-type: none"> ○ <u>Effective 10/03/2023:</u> ○ J3590 – Elevidys ○ J9999 – Elrexfio ○ J9999 – Talvey ○ <u>Effective 10/13/2023:</u> ○ J3490 – Izervay ○ J3590 – Roctavian ○ J3590 – Veopoz ○ <u>Effective 10/30/2023:</u> ○ J3590 – Daxxify ○ J8499 – Opfolda ○ J3590 – Pombiliti ○ <u>Effective 11/09/2023:</u> ○ J3590 – Lantidra ○ J0889 - Jesdubroq
EmblemHealth	10/16/2023	<ul style="list-style-type: none"> ○ Corrected – removed J1954 (Injection, leuprolide acetate for depot suspension (Cipla), 7.5 mg) (Lupron) from list



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Company(ies)	DATE	REVISION
EmblemHealth	9/26/2023	<ul style="list-style-type: none"> ○ Added new codes effective 10/01/2023: <ul style="list-style-type: none"> • Acthar HP (J0801) • Acthar HP (J0802) • Altuviio (J7214) • Barhemsys (C9153) replacing J3490 • Epkinly (C9155) replacing J9999 • Jevtana (J9064) • Qalsody (C9157) replacing J3490 • Syfovre (J2781) replacing J3490 • Velcade (J9051) • Zynyz (J9345) replacing J9999
EmblemHealth	9/2023	<ul style="list-style-type: none"> ○ Added 8 new drugs: <ul style="list-style-type: none"> • Epkinly (J9999), Omisirge (J3590) and Qalsody (J3490) effective 7/6/2023 • Columvi (J9999), Elfabrio (J3590), Rystiggo (J3590) and Vyjuvek (J3590) effective 7/28/2023 • Adstiladrin (J9029) effective 8/10/2023
EmblemHealth	7/27/2023	<ul style="list-style-type: none"> ○ Added 1 new drug code effective 7/6/2023: J0174 (Leqembi) replacing J3590
EmblemHealth	7/26/2023	<ul style="list-style-type: none"> ○ 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"
EmblemHealth	6/16/2023	<ul style="list-style-type: none"> ○ Added 17 New codes to Pharmacy PA List Effective 7/1/2023: J1576 (Panzyga), J7213 (Ixinity), J9056 (Treanda), J9058 (Treanda), J9059 (Treanda), J9259 (Abraxane), J9322 (Alimta), J9323 (Alimta), <ul style="list-style-type: none"> 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 ○ 4 Deleted codes effective 6/30/2023: C9146, C9147, C9148, C9149



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Company(ies)	DATE	REVISION
EmblemHealth	5/17/2023	<ul style="list-style-type: none"> ○ Added 2 New drugs to the Pharmacy PA List Effective 3/30/2023: J3590 – Leqembi, J3590 – Hemgenix ○ Added 2 New drugs to the Pharmacy PA List Effective 4/21/2023: J7199 – Altuviiiio, J3590 – Lamzede ○ Added 2 New Drugs to the Pharmacy PA List Effective 5/11/2023: J3490 – Syfovre, J9999 – Zynyz
EmblemHealth	4/5/2023	<ul style="list-style-type: none"> • Added new codes effective 4/1/2023: C9146, C9147, C9148, C9149, J0218, J1449, J1747, J9196, J9294, J9296, J9297, Q5127, Q5128, Q5129, Q5130 • Deleted code(s) effective 4/1/2023: J0610, J0611 • Code description update(s) effective 4/1/2023: J1954, Q5108, Q5111, Q5120, Q5122
EmblemHealth	3/16/2023	<ul style="list-style-type: none"> • Removed deleted code effective 10/1/2021: J9315 replaced with J9319
EmblemHealth	3/15/2023	<ul style="list-style-type: none"> • Updated to include 'ePA' link under "Medical drug, non-Chemo" contact table.
EmblemHealth	2/17/2023	<ul style="list-style-type: none"> • Updated to include 1 new drug effective 12/2/2022: (Zynteglo) J3590 • Updated to include 1 new drug effective 12/15/2022: (Tecvayli) J9999 • Updated to include 2 new drugs effective 1/6/2023: (Elahere) J9999, (Imjudo) J9999 • Updated to include 8 new drugs effective 2/9/2023: (Briumvi) J3590, (Tzield) J3590, (Sunlenca) J3490, (Skysona) J3590, (Rolvedon) J3590, (Rebyota) J3590, (Lunsumio) J9999, (Stimufend) J3590
EmblemHealth	1/06/2023	<ul style="list-style-type: none"> • Updated to include 12 new codes effective 1/01/2023: J0225, J0893, J1456, J1954, J2327, J9046, J9048, J9049, J9314, J9393, J9394 and Q5126 • Deleted Code effective 1/01/2023 C9412 and J9044
EmblemHealth	12/16/2022	<ul style="list-style-type: none"> • Updated to include NCH changes applicable to EmblemHealth Plan, Inc. (formerly GHI) plans Effective 1/16/2023
EmblemHealth	12/07/2022	<ul style="list-style-type: none"> • Added new drugs effective 11/10/2022: J3590: Cimerli, Fylnetra, Spevigo and Xenpozyme.



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Company(ies)	DATE	REVISION
EmblemHealth	11/07/2022	<ul style="list-style-type: none"> • Effective 8/01/2022: Updated J0172 (Aduhelm) to indicate preauthorization is required for EH Medicaid Plans only (<i>remains non-covered for all other Commercial and Medicare plans</i>) • Effective 9/25/2021: Updated list to align with NYS Medicaid SD/ED requirements; added following codes: J0270, J0275, J2440 and J2760
EmblemHealth	9/29/2022	<ul style="list-style-type: none"> • Added new codes effective 10/01/2022: J1302, J1932, J2777, J9274, J9298, Q2056, Q5125 and C9142 • Removed deleted codes effective 10/01/2022: C9094, C9095, C9096, C9097 and C9098
EmblemHealth	9/22/2022	<ul style="list-style-type: none"> • Added clarification to in/out of scope services for New Century Health (NCH). • Corrected/Removed “N&V R11” from in-scope service categories
EmblemHealth	8/18/2022	<ul style="list-style-type: none"> • Add new drugs: <ul style="list-style-type: none"> ○ Effective 8/11/2022: J1950 (Alymsys), J3490 (Amvuttra), Q5124 (Byooviz), J1952 (Camcevi)
EmblemHealth	6/2022	<ul style="list-style-type: none"> • Reformatted and reorganized policy, transferred content to new template.
EmblemHealth	6/2022	<ul style="list-style-type: none"> • Updated Policy: <ul style="list-style-type: none"> • Effective 1/01/2022: <ul style="list-style-type: none"> ○ Deleted code C9081 replaced with new code Q2055 ○ Deleted code C9082 replaced with J9272 ○ Deleted code C9083 replaced with J9061 ○ Removed deleted code J2505 ○ J3490 (Xaracoll) replaced with new code C9089 ○ J3590 (Aduhelm) replaced with new code J0172 ○ J9999 (Rylaze) replaced with new code J9021 ○ Added new code J2506 • Effective 4/01/2022: <ul style="list-style-type: none"> ○ Added new codes C9090, C9091, C9093, J0219, J0491, J9071, J9273 and J9359 ○ Deleted code C9084 replaced with J9359 • Effective 7/01/2022: <ul style="list-style-type: none"> ○ Added new codes C9094, C9095, C9096, C9097,



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Company(ies)	DATE	REVISION
		<p>C9098, J0879, J1306, J2356, J2779, J2998, J9331 and J9332</p> <ul style="list-style-type: none">○ Deleted Code C9090 replaced with new code J2998○ Deleted code C9091 replaced with new code J9331○ Deleted code C9093 replaced with new code J2779