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	**Commercial** Pharmacy: 877-251-5896 Medical: 888-631-8817 **Medicare:** Pharmacy: 877-251-5896 Medical: 888-631-8817 **ePA Available**	**Commercial:** Pharmacy: 877-417-5383, 24/7/365 Medical: 877-391-7821, 8 a.m. to 7 p.m., Monday through Friday **Medicare:** Pharmacy: 877-954-2282 24/7/365 Medical: 877-391-7821, 8 a.m. to 7 p.m., Monday through Friday

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Medical drug, non-Chemo

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

Chemotherapy regimen, including oral drugs

Member Plan	Partner	Fax/Electronic	Phone
ConnectiCare members <u>under</u> 18 years of age	ESI	**Commercial** Pharmacy: 877-251-5896 Medical: 866-896-1209 **Medicare:** Pharmacy: 877-251-5896 Medical: 866-896-1209 **ePA Available**	**Commercial:** Pharmacy: 844-516-3324, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday **Medicare:** Pharmacy: 877-920-1470, 24/7/365 Medical: 877-681-9866, 8 a.m. to 7 p.m., Monday through Friday
ConnectiCare members <u>over</u> 18 years of age	Evolent (formerly NCH)	**877-624-8602** **Online:** **CLICK HERE**	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 **other than** those listed here are *out-of-scope*	• 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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Evolent (Formerly New Century Health) – ***Other Scope Exclusions***	
Other out-of-scope categories	• 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

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
Abraxane	J9258 Deleted Code effective 10/01/2024	Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to j9264, 1 mg	Y	Y
Abraxane	J9259	Injection, paclitaxel protein-bound particles (american regent) not therapeutically equivalent to j9264, 1 mg	Y	Y
Abraxane	J9264	Injection, paclitaxel protein-bound particles, 1 mg	Y	Y
Actemra*	J3262*	Injection, tocilizumab, 1 mg	Y	Y
Acthar HP*	J0801*	Injection, corticotropin (acthar gel), up to 40 units	Y	Y
Acthar HP*	J0802*	Injection, corticotropin (ani), up to 40 units	Y	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Adstiladrin	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	Y	Y
Aduhelm*	J0172*	Injection, aducanumab-avwa, 2 mg	***(not covered)***	***(not covered)***
Adynovate*	J7207*	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	N	Y
Akynzeo	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Y	Y
Abecma	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
Actemra*	J3262*	Injection, tocilizumab, 1 mg	Y	Y
Acthar HP	J0800 Deleted Code effective 10/01/2023	Injection, corticotropin, up to 40 units	Y	Y
Acthar HP*	J0801*	Injection, corticotropin (acthar gel), up to 40 units	Y	Y
Acthar HP*	J0802*	Injection, corticotropin (ani), up to 40 units	Y	Y
Actimmune	J9216	interferon, gamma-1b	N	Y
Adakveo*	J0791*	crizanlizumab	Y	Y
Adasuve	J2062	loxapine	N	Y
Adcetris*	J9042*	brentuximab	Y	Y
Adriamycin	J9000	doxorubicin	Y	Y
Adrucil	J9190	fluorouracil	Y	Y
Advate*/Kogenate* /Kogenate FS*/ Recombinate*/ Helixate*/Helixate FS*	J7192*	Factor VIII antihemophilic factor recombinant	Y	Y
Adzynma	J7171 New Code effective 7/01/2024	Injection, adamts13, recombinant-krhn, 10 iu	Y	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Adzynma	C9167 Deleted Code effective 7/01/2024 New Code effective 4/01/2024	Injection, apadamtase alfa, 10 units	Y	Y
Adzynma	J3590	Injection, apadamtase alfa, 10 units	Y	Y
Afstyla*	J7210*	Hemophilia clotting factor	Y	Y
Ajovy	J3031	Injection, fremanezumab-vfrm, 1 mg	Y	Y
Aldurazyme*	J1931*	Injection, laronidase, 0.1 mg	Y	Y
Alferon	J9215	Interferon Alfa-N3	N	Y
Alimta*	J9305*	Injection, pemetrexed, 10 mg	Y	Y
Alimta*	J9322*	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg	Y	Y
Alimta*	J9323*	Injection, pemetrexed ditromethamine, 10 mg	Y	Y
Aliqopa	J9057	Injection, copanlisib, 1 mg	Y	Y
Alkeran	J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	Y	Y
Alymsys*	Q5126*	Injection, bevacizumab-maly, biosimilar,	Y	Y
Aloxi	J2468 New Code effective 7/01/2024	Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to J2469, 25 micrograms	Y	Y
Aloxi	J2469	Injection, palonosetron hcl, 25 mcg	Y	Y
Alphanate*	J7186*	antihemophilic factor human	Y	Y
AlphaNine*/ Mononine*	J7193*	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	Y	Y
Alprolix*	J7201*	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	Y	Y
Altuviiio	J7199	Injection, antihemophilic factor (recombinant), fc-vwf-xten fusion protein-ehtl	Y	Y
Altuviiio	J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviiio), per factor viii i.u.	Y	Y
Amondys 45*	J1426*	Injection, casimersen, 10 mg	Y	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Amtagvi	J9999 New drug effective 3/28/2024	Injection, lifileuce suspension	Y	Y
Amvuttra*	J0225*	Injection, vutrisiran 25mg/0.5mL	Y	Y
Anktiva	C9169 New Code effective 10/01/2024	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Y	Y
Ankitva	J9999 New Drug effective 7/31/2024	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Y	Y
Aphexda	J2277 New Code effective 4/01/2024	Injection, motixafortide, 0.25 mg	Y	Y
Aphexda	J3490	Injection, motixafortide, 0.25 mg	Y	Y
Apokyn	J0364	Apomorphine	Y	Y
Aranesp*	J0881*	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Y	Y
Arcalyst	J2793	Rilonacept	Y	Y
Aredia	J2430	Injection, pamidronate disodium, per 30	Y	Y
Arranon	J9261	nelarabine	Y	Y
Arzerra	J9302	Ofatumumab	Y	Y
Asceniv*	J1554*	Injection, immune globulin (asceniv), 500	Y	Y
Asparlas	J9118	Injection, calaspargase pegol-mknl, 10	Y	Y
Aurlymyn	J1749 New Code effective 10/01/2024	Injection, iloprost, 0.1 mcg	Y	Y
Avastin	J9035	Injection, bevacizumab, 10 mg (Oncology indications)	Y	Y
Avastin*	C9257*	Injection, bevacizumab, 0.25 mg (Ophthalmology indications)	Y	Y
Avastin-Compounded - Intravitreal	J7999	Injection, bevacizumab (Ophthalmology indications)	Y	Y
Aveed*	J3145*	Testosterone Undecanoate	Y	Y
Avsola*	Q5121*	Injection, infliximab-axxq, biosimilar	Y	Y
Azedra	A9590	iodine i-131 iobenguane	Y	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Barhemsys	J0184 New Code effective 1/01/2024	Injection, amisulpride, 1 mg	Y	Y
Barhemsys	C9153 *Deleted 1/01/2024; see J0184* *New code effect 10/01/2023*	Injection, amisulpride, 1 mg	Y	Y
Barhemsys	J3490	Injection, amisulpride, 1 mg	Y	Y
Bavencio*	J9023*	Injection, avelumab, 10 mg	Y	Y
Baxdela	C9462	delafloxacin	Y	Y
Bebulin*/Profilnine*/ Profilnine SD*	J7194*	Factor IX Complex	Y	Y
Beleodaq	J9032	belinostat	Y	Y
Belrapzo	J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	Y	Y
Bendeka	J9034	Bendamustine	Y	Y
Benefix*/Ixinity*	J7195*	Injection, factor ix (antihemophilic factor, recombinant) per iu	Y	Y
Benlysta*	J0490*	Injection, belimumab, 10 mg	Y	Y
Beovu	J0179	Injection, brolucizumab-dbll, (Beovu), 1 mg	Y	Y
Beqvez	C9172 New code effective 10/01/2024	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Y	Y
Beqvez	J3590 New Drug effective 7/31/2024	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Y	Y
Berinert*	J0597*	Injection, c-1 esterase inhibitor (human),	Y	Y
Besponsa	J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Y	Y
BICNU	J9052	Injection, carmustine (accord), not therapeutically equivalent to J9050, 100 mg	Y	Y
BICNU	J9050	Carmustine	Y	Y
Bivigam*	J1556*	Injection, immune globulin (bivigam), 500 mg	Y	Y
Blenoxane	J9040	Bleomycin	Y	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Blenrep	J9037	belantamab mafodontin-blmf, 0.5 mg	Y	Y
Blincyto*	J9039*	Injection, blinatumomab, 1 microgram	Y	Y
Boniva	J1740	Ibandronate	Y	Y
Botox	J0585	Injection, Onabotulinumtoxina, 1 Unit	Y	Y
Breyanzi	Q2054	Lisocabtagene maraleucel	Y	Y
Brineura	J0567	Injection, cerliponase alfa, 1 mg	Y	Y
Briumvi*	J2329*	Injection, ublituximab-xiiy, 1mg	Y	Y
Briumvi	J3590	Injection, ublituximab-xiii	Y	Y
Busulfex	J0594	Injection, busulfan, 1 mg	Y	Y
Byooviz	Q5124	Injection, ranibizumab-nuna, biosimilar,	Y	Y
Cabenuva*	J0741*	Injection, cabotegravir and rilpivirine, 2mg/3mg	Y	Y
Cablivi	C9047	caplacizumab-yhdp	Y	Y
Camcevi	J1952	Injection, leuprolide (camcevi), 1 mg	Y	Y
Campath*/Lemtrada*	J0202*	Injection, alemtuzumab, 1 mg	Y	Y
Camptosar	J9206	Irinotecan	Y	Y
Carimune*/Carimune NF Nanofiltered*/ Gammagard S-D/IVIG*	J1566*	immune globulin, intravenous, lyophilized (e.g powder)	Y	Y
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	Y	Y
Casgevy	J3590 New drug effective 5/09/2024	Injection, exagamglogene autotemcel	Y	Y
Cerezyme*	J1786*	Injection, imiglucerase, 10 units	Y	Y
Cimerli	J3590	Injection, ranibizumab-eqrn	Y	Y
Cimerli	Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Y	Y
Cimzia*	J0717*	Injection, certolizumab pegol, 1 mg	Y	Y
Cinqair*	J2786*	Reslizumab	Y	Y
Cinryze*	J0598*	Injection, c-1 esterase inhibitor (human), (Cinryze), 10 units	Y	Y
Cinvanti	J0185	Injection, aprepitant, 1 mg	Y	Y
Clolar	J9027	Clofarabine	Y	Y
Coagadex*	J7175*	Injection, factor x, (human), 1 i.u.	N	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Columvi	J9286 New Code effective 1/01/2024	Injection, glofitamab-gxbm, 2.5mg	Y	Y
Columvi	J9999	Injection, glofitamab-gxbm	Y	Y
Corifact*	J7180*	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	Y	Y
Cosela	J1448	Injection, trilaciclib, 1mg	Y	Y
Cosentyx	J3247 New code effective 7/01/2024	Injection, secukinumab, intravenous, 1 mg	Y	Y
Cosentyx	C9166 Deleted Code effective 7/01/2024 New Code effective 4/01/2024	Injection, secukinumab, itravenous, 1 mg	Y	Y
Cosentyx	J3590 New drug effective 3/28/2024	Injection, secukinumab, intravenous, 1 mg	Y	Y
Cosmegen	J9120	Dactinomycin	Y	Y
Cresemba	J1833	Injection, isavuconazonium, 1 mg	Y	Y
Crysvita*	J0584*	Injection, burosumab-twza 1 mg	Y	Y
Cuvitru*	J1555*	Injection, immune globulin (cuvitru), 100 mg	Y	Y
Cyclophospamide	J9075 New Code effective 4/01/2024	Injection, cyclophosphamide, not otherwise specified, 5 mg	Y	Y
Cyclophospamide	J9074 New Code effective 4/01/2024	Injection, cyclophosphamide (sandoz), 5 mg	Y	Y
Cyclophospamide	J9073 New Code effective 4/01/2024	Injection, cyclophosphamide (ingenus), 5 mg	Y	Y
Cyclophospamide	J9072	Injection, cyclophosphamide, (dr. reddy's), 5 mg	Y	Y
Cyclophospamide	J9071	Injection, cyclophosphamide, (auromedics), 5 mg	Y	Y
Cyramza*	J9308*	Injection, ramucirumab, 5 mg	Y	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Cytogam*	J0850*	Cytomegalovirus Immune globulin, Human	Y	Y
Cytosar-U	J9100	Cytarabine	Y	Y
Cytoxan	J9070 Deleted code effective 4/01/2024	Cyclophosphamide	Y	Y
Dacogen	J0893	Injection, decitabine, 1 mg - (sun pharma) *not therapeutically equivalent to J0894*	Y	Y
Dacogen	J0894	Decitabine	Y	Y
Danyelza	J9348	Injection, naxitamab-gqgk, 1 mg	Y	Y
Darzalex	J9145	Daratumumab	Y	Y
Darzalex Faspro*	J9144*	Injection, daratumumab 10 mg and hyaluronidase-fihj	Y	Y
Daunorubicin	J9150	Daunorubicin	Y	Y
Daxxify	J0589 New code effective 4/01/2024	Injection, daxibotulinumtoxina-lanm, 1 unit	Y	Y
Daxxify	C9160 Deleted code effective 4/01/2024. New code effective 1/01/2024	Injection, daxibotulinumtoxina-lanm, 1 unit	Y	Y
Daxxify	J3590	Injection, daxibotulinumtoxinA-lanm	Y	Y
Dextenza	J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Y	Y
Dexycu	J1095	Injection, dexamethasone 9%, intraocular	Y	Y
Doxil	Q2050	Liposomal Doxorubicin	Y	Y
DTIC-DOME	J9130	Dacarbazine	Y	Y
Durolane	J7318	Hyaluronan or derivative, durolane, for intra- articular injection, 1 mg	N	Y
Durysta	J7351	Injection, bimatoprost, intracameral implant, 1 microgram	Y	Y
Dysport	J0586	Injection, abobotulinumtoxinA, 5 units	Y	Y
Elahere*	J9063*	Injection, mirvetuximab soravtansine-gynx, 1 mg	Y	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Elahere	C9146 Deleted effective 6/30/2023	Injection, mirvetuximab soravtansine-gynx, 1 mg	Y	Y
Elaprase*	J1743*	Injection, idursulfase, 1 mg	Y	Y
Elelyso*	J3060*	Injection, taliglucerase alfa, 10 units	Y	Y
Elevidys	J1413 New code 1/01/2024	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Y	Y
Elevidys	J3590	Injection, delandisotrogene moxeparvocev-rokl	Y	Y
Elfabrio	J2508 New code 1/01/2024	Injection, pegunigalsidase alfa-iwxj, 1 mg	Y	Y
Elfabrio	J3590	Injection, pegunigalsidase alfa-iwxj, for intravenous use	Y	Y
Ellence	J9178	Epirubicin	Y	Y
Elliotts B	J9175	Elliotts B	N	Y
Elocate*	J7205*	Injection, factor VIII Fc fusion protein (recombinant), per IU	Y	Y
Eloxatin	J9263	Oxaliplatin	Y	Y
Elrexfio	J1323 New Code effective 4/01/2024	Injection, elranatamab-bcmm, 1 mg	Y	Y
Elrexfio	C9165 Deleted code effective 4/01/2024 New Code effective 1/01/2024	Injection, elranatamab-bcmm, 1 mg	Y	Y
Elrexfio	J9999	Injection, elranatamab-bcmm	Y	Y
Elzonris	J9269	tagraxofusp-erzs	Y	Y
Emend	J1434 New Code effective 4/01/2024	Injection, fosaprepitant (focinvez), 1 mg	Y	Y
Emend	J1453	Injection, fosaprepitant, 1 mg	Y	Y
Emend	J1456	Injection, fosaprepitant, 1 mg - (teva), *not therapeutically equivalent to J1453*	Y	Y
Empaveli	C9151	Injection, pegcetacoplan, 1 mg	Y	Y
Empaveli	J3490	Injection, pegcetacoplan	Y	Y
Empliciti*	J9176*	Elotuzumab	Y	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Enhertu*	J9358*	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Y	Y
Enjaymo*	J1302*	Injection, sutimlimab-jome, 10 mg	Y	Y
Entyvio*	J3380*	Injection, vedolizumab, intravenous, 1 mg ~~Injection, vedolizumab, 1 mg~~	Y	Y
Epkinly	J9321 New Code effective 1/01/2024	Injection, epcoritamab-bysp, 0.16 mg	Y	Y
Epkinly	C9155 Deleted effect 1/01/2024- see J9321 *New code effect 10/01/2023*	Injection, epcoritamab-bysp, 0.16 mg	Y	Y
Epkinly	J9999	Injection, epcoritamab-bysp, 0.16 mg	Y	Y
Erbitux	J9055	Injection, cetuximab, 10 mg	Y	Y
Erwinaze	J9019	asparaginase	Y	Y
Esperoct*	J7204*	Injection, factor viii, antihemophilic factor	Y	Y
Euflexxa	J7323	Hyaluronan or derivative, euflexxa, for intra- articular injection, per dose	Y	Y
Evenity*	J3111*	Injection, romosozumab-aqqg, 1 mg	Y	Y
Evkeeza*	J1305*	Injection, evinacumab-dgnb, 5 mg	Y	Y
Evomela	J9246	Injection, melphalan (Evomela), 1 mg	Y	Y
Evomela	J9248 New Code effective 4/01/2024	Injection, melphalan (hepzato), 1 mg	Y	Y
Evomela	J9249 New Code effective 4/01/2024	Injection, melphalan (apotex), 1 mg	Y	Y
Exondys 51*	J1428*	Injection, eteplirsen, 10 mg	Y	Y
Eylea	J0178	Injection, aflibercept, 1 mg	Y	Y
Eylea HD	C9161 Deleted code effective 4/01/2024	Injection, aflibercept hd, 1 mg	Y	Y
Eylea HD	J0177 New Code effective 4/01/2024	Injection, aflibercept hd, 1 mg	Y	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Fabrazyme*	J0180*	Injection, agalsidase beta, 1 mg	Y	Y
Fasenra*	J0517*	Injection, benralizumab, 1 mg	Y	Y
Faslodex*	J9395*	fulvestrant	Y	Y
Faslodex*	J9393*	Injection, fulvestrant (teva) *not therapeutically equivalent to J9395*, 25 mg	Y	Y
Faslodex*	J9394*	Injection, fulvestrant (fresenius kabi) *not therapeutically equivalent to J9395*, 25	Y	Y
Feiba NF*	J7198*	anti-inhibitor coagulant complex	Y	Y
Fensolvi*	J1951*	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	Y	Y
Fetroja	J0699	cefiderocol, 10 mg	Y	Y
Firazyr*	J1744*	Injection, icatibant, 1mg	Y	Y
Firmagon	J9155	degarelix	Y	Y
Flebogamma*	J1572*	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g. liquid), 500 mg	Y	Y
Flolan/Veletri	J1325	epoprostenol	Y	Y
Fludara	J9185	Fludarabine	Y	Y
Folotyn	J9307	Pralatrexate	Y	Y
Fudr	J9200	Floxuridine	Y	Y
Fulphila*	Q5108*	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	Y	Y
Fusilev	J0641	Injection, levoleucovorin, 1 mg	Y	Y
Fyarro	C9091 J9331	Injection, sirolimus protein-bound particles, 1 mg	Y	Y
Fylnetra*	Q5130*	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	Y	Y
Gamifant*	J9210*	emapalumab-izsg	Y	Y
Gammagard Liquid*	J1569*	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Y	Y
Gammaplex*	J1557*	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg	Y	Y
Gamunex- C*/ Gammaked*	J1561*	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Y	Y
Gazyva*	J9301*	Obinutuzumab	Y	Y
Gel-One	J7326	Hyaluronan or derivative, gel-one, for intra- articular injection, per dose	Y	Y

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Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Gelsyn-3	J7328	Hyaluronan or derivative, gelsyn-3, for intra- articular injection, 0.1 mg	Y	Y
Gemzar	J9201	Gemcitabine	Y	Y
Gemzar	J9196	Injection, gemcitabine hydrochloride (accord), *not therapeutically equivalent to J9201, 200 mg*	Y	Y
Genvisc 850	J7320	Hyaluronan or derivitive, genvisc 850, for intra-articular injection, 1 mg	Y	Y
Givlaari*	J0223*	givosiran	Y	Y
Glassia*	J0257*	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Y	Y
Granix	J1447	Injection, tbo-filgrastim, 1 microgram	Y	Y
Haegarda	J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Y	Y
Halaven	J9179	Injection, eribulin mesylate, 0.1 mg	Y	Y
Hemlibra*	J7170*	Injection, emicizumab-kxwh, 0.5 mg	N	Y
Hemgenix	J3590	Injection, etranacogene dezaparvovec-drlb	Y	Y
Hemofil*/Hemofil M*/ Koate*/Koate-DVI*/ Monoclate-P*	J7190*	Factor VIII antihemophilic factor(human)	Y	Y
Hemophilia clotting factor, NOS	J7199	Hemophilia clotting factor, NOS	Y	Y
Hepagam B (IM)	J1571	Hepatitis B Immune Globulin (IM)	Y	Y
Hepagam B (IV)	J1573	Hepatitis B Immune Globulin (IV)	Y	Y
Herceptin*	J9355*	Injection, trastuzumab, excludes biosimilar, 10 mg	Y	Y
Herceptin Hylecta*	J9356*	trastuzumab and hyaluronidase-oysk	Y	Y
Herzuma*	Q5113*	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Y	Y
Hizentra*	J1559*	Injection, immune globulin (hizentra), 100 mg	Y	Y
Humate-P*	J7187*	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO	Y	Y
Hyalgan/Supartz/ Visco-3	J7321	Hyaluronan or derivative, hyalgan, supartz, Visco-3 for intra-articular injection, per dose	Y	Y
Hycamtin	J9351	topotecan	Y	Y
Hymovis	J7322	Hyaluronan or derivative, hymovis, for intra- articular injection, 1 mg	N	Y

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Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Hyqvia*	J1575*	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immuneglobulin	Y	Y
Idamycin	J9211	Idarubicin	Y	Y
Idelvion*	J7202*	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u	N	Y
Ifex	J9208	ifosfamide	Y	Y
Ilaris*	J0638*	Canakinumab	Y	Y
Ilumya*	J3245*	Injection, tildrakizumab, 1 mg	N	Y
Iluvien	J7313	Fluocinolone acetonide, intravitreal	N	Y
Imdelltra	C9170 New code effective 10/01/2024	Injection, tarlatamab-dlle, 1 mg	Y	Y
Imfinzi*	J9173*	Injection, durvalumab, 10 mg	Y	Y
Imjudo*	J9347*	Injection, tremelimumab-actl, 1 mg	Y	Y
Imjudo	C9147 Deleted effective 6/30/2023	Injection, tremelimumab-actl, 1 mg	Y	Y
Imlygic	J9325	Talimogene Laherparepvec	Y	Y
Inflectra*	Q5103*	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Y	Y
Infugem	J9198	Injection, gemcitabine hydrochloride, 100 mg	Y	Y
Intron-A	J9214	interferon alfa 2B	N	Y
Istodax	J9315	Romidepsin	Y	Y
Istodax	J9319	Injection, romidepsin, lyophilized, 0.1 mg	Y	Y
Ixempra	J9207	ixabepilone	Y	Y
Ixinity*	J7213*	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	Y	Y
Izervay	J2782 New Code effective 4/01/2024	Injection, avacincaptad pegol, 0.1 mg	Y	Y

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Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Izervay	C9162 Deleted code effective 4/01/2024 New Code effective 1/01/2024	Injection, avacincaptad pegol, 0.1 mg	Y	Y
Izervay	J3490	Injection, avacincaptad pegol intravitreal solution, 0.1 mg	Y	Y
Jelmyto	J9281	Mitomycin pyelocalyceal instillation, 1 mg	Y	Y
Jemperli*	J9272*	Injection, dostarlimab-gxly, 10 mg	Y	Y
Jesduvroq	J0889	Daprodustat, oral, 1 mg, (for ESRD on dialysis)	Y	Y
Jetrea	J7316	Injection, ocriplasmin, 0.125 mg	N	Y
Jevtana	J9043	Injection, cabazitaxel, 1 mg	Y	Y
Jevtana	J9064	Injection, cabazitaxel (sandoz), *not therapeutically equivalent to j9043*, 1 mg	Y	Y
Jivi*	J7208*	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Y	Y
Jubbonti	Q5136 New code effective 10/01/2024	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	Y	Y
Kadcyla*	J9354*	ado-trastuzumab emtansine, 1 mg	Y	Y
Kalbitor*	J1290*	Injection, ecallantide, 1 mg	Y	Y
Kanjinti*	Q5117*	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Y	Y
Kanuma*	J2840*	Sebelipase alfa	Y	Y
Keytruda*	J9271*	Injection, pembrolizumab, 1 mg	Y	Y
Khapzory	J0642	LEVOleucovorin Calcium	Y	Y
Kimmtrack	J9274	Injection, tebentafusp-tebn, 1 microgram	Y	Y
Korsuva	J0879	Injection, difelikefalin	Y	Y
Kovaltry*	J7211*	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.	N	Y
Krystexxa*	J2507*	Injection, Pegloticase, 1 mg	Y	Y
Kymriah	Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Y	Y
Kyprolis*	J9047*	Injection, Carfilzomib, 1 mg	Y	Y

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Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Lamzede	J0217 New code effective 1/01/2024	Injection, velmanase alfa-tycv, 1 mg	Y	Y
Lamzede	J3590	Injection, velmanase alfa-tycv	Y	Y
Lanreotide Acetate*	J1932*	Injection, lanreotide, (cipla), 1 mg	Y	Y
Lantidra	J3590	Injection, donislecel	Y	Y
Lenmeldy	J3590 New Drug effective 7/31/2024	Injection, atidarsagene autotemcel)	Y	Y
Leqembi	J3590	Injection, lecanemab-irmb	Y	Y
Leqembi	J0174	Injection, lecanemab-irmb, 1 mg	Y	Y
Leqvio*	J1306*	Injection, inclisiran, 1 mg	Y	Y
Leucovorin	J0640	Leucovorin	Y	Y
Leukine	J2820	Injection, sargramostim (gm-csf), 50 mcg	Y	Y
Leustatin	J9065	Cladribine	Y	Y
Libtayo*	J9119*	Injection, cemiplimab-rwlc, 1 mg	Y	Y
Lipodox	Q2049	Liposomal Doxorubicin	Y	Y
Loqtorzi	J3263 New Code effective 7/01/2024	Injection, toripalimab-tpzi, 1 mg	Y	Y
Loqtorzi	J9999	Injection, toripalimab-tpzi	Y	Y
Lucentis*	J2778*	Injection, ranibizumab, 0.1 mg	Y	Y
Lumizyme*	J0221*	Injection, alglucosidase alfa, (lumizyme), 10 mg	Y	Y
Lumoxiti	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Y	Y
Lunsumio	J9350	Injection, mosunetuzumab-axgb, 1 mg	Y	Y
Lunsumio	J9999	Injection, mosunetuzumab-axgb	Y	Y
Lupron*	J1950*	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Y	Y
Lupron*	J9217*	Leuprolide acetate (for depot suspension), 7.5 mg	Y	Y
Lutathera	A9513	Lutathera	Y	Y
Luxturna*	J3398*	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Y	Y
Lyfgenia	J3394 New Code effective 7/01/2024	Injection, lovotibeglogene autotemcel, per treatment	Y	Y

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Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Lyfgenia	J3590 New drug effective 5/09/2024	Injection, lovotibeglogene autotemcel	Y	Y
Macugen	J2503	Injection, pegaptanib sodium, 0.3 mg	N	Y
Margenza	J9353	Injection, margetuximab-cmkb, 5 mg	Y	Y
Marqibo*	J9371* Deleted Code effective 7/01/2024	Injection, vincristine sulfate liposome, 1 mg; 1 mg = 1 billable unit	Y	Y
Mepsevii*	J3397*	Injection, vestronidase alfa-vjbk, 1 mg	Y	Y
Mesnex	J9209	Mesna	Y	Y
Monjuvi	J9349	Injection, tafasitamab-cxix, 2 mg	Y	Y
Monovisc	J7327	Hyaluronan or derivative, Monovisc, for intra- articular injection, per dose	Y	Y
Mozobil	J2562	Plerixafor	Y	Y
Mutamycin	J9280	mitomycin	Y	Y
Mvasi*	Q5107*	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Y	Y
Mylotarg	J9203	Injection, gemtuzumab ozogamicin, 0.1	Y	Y
Myobloc	J0587	Injection, rimabotulinumtoxinb, 100 units	Y	Y
Naglazyme*	J1458*	Injection, galsulfase, 1 mg	Y	Y
Navelbine	J9390	Vinorelbine	Y	Y
Neulasta*	J2506*	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Y	Y
Neupogen	J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Y	Y
Nexviazyme*	J0219*	Injection, avalglucosidase alfa-ngpt, 4 mg	Y	Y
Nipent	J9268	Nipent	Y	Y
Nivestym	Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1mcg	Y	Y
Novantrone	J9293	Mitoxantrone	Y	Y
NovoEight*	J7182*	Injection, factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	Y	Y
NovoSeven RT*	J7189*	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	Y	Y
Nplate*	J2796*	Injection, romiplostim, 10 micrograms	Y	Y
Nucala*	J2182*	Injection, mepolizumab, 1 mg	Y	Y
Nulibry	J3490	Injection, fosdenopterin	Y	Y

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Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Nulojix*	J0485*	Belatacept	Y	Y
Nuwiq*	J7209*	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Y	Y
Nyvepria*	Q5122*	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Y	Y
Obizur*	J7188*	Injection, factor VIII (antihemophilic factor, recombinant), per IU	Y	Y
Ocrevus*	J2350*	Injection, ocrelizumab, 1 mg	Y	Y
Octagam*	J1568*	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	Y	Y
Ogivri*	Q5114*	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Y	Y
Omisirge	J3590	Injection, omidubicel-onlv	Y	Y
Omvoh	J2267 New code effective 7/01/2024	Injection, mirikizumab-mrkz, 1 mg	Y	Y
Omvoh	C9168 Deleted code effective 7/01/2024 New code effective 4/01/2024	Injection, mirikizumab-mrkz, 1 mg	Y	Y
Omvoh	J3590 New drug effective 3/28/2024	Injection, mirikizumab-mrkz, 1 mg	Y	Y
Oncaspar	J9266	Oncaspar	Y	Y
Onivyde	J9205	Irinotecan Liposome	Y	Y
Onpattro*	J0222*	Injection, patisiran, 0.1 mg	Y	Y
Ontruzant*	Q5112*	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Y	Y
Opdivo*	J9299*	Injection, nivolumab, 1 mg	Y	Y
OPDUALAG*	J9298*	Injection, nivolumab and relatlimab-rmbw, 3mg/1 mg	Y	Y
Opfolda	J1202 New code effective 4/01/2024	Miglustat, oral, 65 mg	Y	Y
Opfolda	J8499	Capsule, miglustat 65 mg	Y	Y

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

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

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Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Renflexis*	Q5104*	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Y	Y
Retacrit*	Q5106*	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units	Y	y
Retisert	J7311	fluocinolone acetonide intravitreal implant	N	Y
Revcovi	J3590	elapegademase	Y	Y
Riabni*	Q5123*	Injection, rituximab-arrx, biosimilar, 10 mg	Y	Y
Riastap*	J7178*	Fibrinogen	Y	Y
Rituxan*	J9312*	Injection, rituximab, 10 mg	Y	Y
Rituxan Hycela*	J9311*	Injection, rituximab 10 mg and	Y	Y
Rivfloza	J3490 New drug effective 5/09/2024	Injection, nedosiran	Y	Y
Rixubis*	J7200*	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	Y	Y
Roctavian	J1412 New code 1/01/2024	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes	Y	Y
Roctavian	J3590	Injection, valoctocogene roxaparvovec-rvox	Y	Y
Rolvedon	J3590	Injection, eflapegrastim-xnst	Y	Y
Rolvedon*	J1449*	Injection, eflapegrastim-xnst, 0.1 mg	Y	Y
Romidepsin (liquid)	J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	Y	Y
Ruconest*	J0596*	c1 esterase inhibitor (recombinant), ruconest, 10 units	Y	Y
Ruxience*	Q5119*	Injection, rituximab-pvvr, biosimilar, 10 mg	Y	Y
Rybrevant	J9061	Injection, amivantamab-vmjw, 2 mg	Y	Y
Rylaze	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Y	Y
Ryplazim*	J2998*	Injection, plasminogen, human-tvmh, 1 mg	Y	Y
Rystiggo	J9333 New Code effective 1/01/2024	Injection, rozanolixizumab-noli, 1 mg	Y	Y
Rystiggo	J3590	Injection, rozanolixizumab-noli, for subcutaneous use	Y	Y

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Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Ryzneuta	J9361 New Code effective 7/01/2024	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Y	Y
Sandostatin LAR*	J2353*	Injection, octreotide, depot form for intramuscular injection, 1 mg	Y	N
Sandostatin SQ	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Y	N
Saphnelo*	J0491*	Injection, anifrolumab-fnia, 1 mg	Y	Y
Sarclisa*	J9227*	Injection, isatuximab-irfc, 10 mg	Y	Y
Sevenfact*	J7212*	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Y	Y
Signafor LAR*	J2502*	Injection, pasireotide long acting, 1 mg	Y	Y
Simponi Aria*	J1602*	Injection, golimumab, 1 mg, for intravenous use	Y	Y
Skyrizi*	J2327*	Injection, risankizumab-rzaa	Y	Y
Skysona	J3590	Injection, elivaldogene autotemcel	Y	Y
Soliris*	J1300*	Injection, eculizumab, 10 mg	Y	Y
Somatuline Depot*	J1930*	Injection, lanreotide, 1 mg	Y	Y
Somavert	J3590	pegvisomant	N	Y
Spevigo	J3590	Injection, spesolimab-sbzo	Y	Y
Spevigo	J1747	Injection, spesolimab-sbzo, 1 mg	Y	Y
Spinraza	J2326	Injection, nusinersen, 0.1 mg	Y	Y
Spinraza	J0175 New code effect 7/02/2024	Injection, donanemab-azbt, 2 mg	Y	Y
Spravato	S0013	esketamine hydrochloride	Y	Y
Stelara*	J3358*	Ustekinumab, for intravenous injection, 1 mg	Y	Y
Stimufend	J3590	Injection, pegfilgrastim-fpgk	Y	Y
Stimufend*	Q5127*	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Y	Y
Sunlenca*	J1961*	Injection, lenacapavir, 1 mg	Y	Y
Sunlenca	J3490	Injection, lenacapavir	Y	Y
Supprelin LA	J9226	Histrelin	Y	Y
Sustol	J1627	Injection, granisetron, extended-release, 0.1 mg	Y	Y
Susvimo	C9093	Injection, ranibizumab, 100 mg	Y	Y

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Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Syfovre	J3490	Injection, pegcetacoplan, intravitreal, 1 mg	Y	Y
Syfovre	J2781 New code effect 10/01/2023	Injection, pegcetacoplan, intravitreal, 1 mg	Y	Y
Sylvant*	J2860*	Siltuximab	Y	Y
Synagis*	90378*	palivizumab	N	Y
Synojoynt	J7331	Hyaluronan or derivative, synojoynt, for intra- articular injection, 1 mg	Y	Y
Synribo	J9262	Omacetaxine	Y	Y
Synvisc/Synvisc- One	J7325	Hyaluronan or derivative, synvisc or synvisc- one, for intra-articular injection, 1 mg	Y	Y
Takhzyro	J0593	Injection, lanadelumab-flyo, 1 mg	Y	Y
Talvey	J3055 New Code effective 4/01/2024	Injection, talquetamab-tgvs, 0.25 mg	Y	Y
Talvey	C9163 Deleted code effective 4/01/2024 New Code effective 1/01/2024	Injection, talquetamab-tgvs, 0.25 mg	Y	Y
Talvey	J9999	Injection, talquetamab-tgvs	Y	Y
Taxol	J9267	Paclitaxel	Y	Y
Taxotere	J9171	Docetaxel	Y	Y
Taxotere	J9172	Injection, docetaxel (docivyx), 1 mg ~~Injection, docetaxel (ingenus) *not therapeutically equivalent to J9171*, 1mg~~	Y	Y
Tecartus	Q2053	brexucabtagene autoleucel	Y	Y
Tecentriq*	J9022*	atezolizumab	Y	Y
Tecvayli*	J9380*	Injection, teclistamab-cqyv, 0.5 mg	Y	Y
Tecvayli	J9999	Injection, teclistamab-cqyv	Y	Y
Tecvayli	C9148 Deleted effective 6/30/2023	Injection, teclistamab-cqyv, 0.5 mg	Y	Y
Tegsedi	J3490	inotersen	Y	Y
Temodar Injection	J9328	temozolomide	Y	Y
Tepadina/Thioplex	J9340	Thiotepa	Y	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Tepezza*	J3241*	Injection, teprotumumab-trbw, 10 mg	Y	Y
Tevimbra	J9329 New Code effective 10/01/2024	Injection, tislelizumab-jsgr, 1mg	Y	Y
Tezpire*	J2356*	Injection, tezepelumab-ekko, 1 mg	Y	Y
Thyrogen	J3240	Thyrotropine alfa	Y	Y
Tice BCG	J9030	Tice BCG	Y	Y
Tivdak*	J9273*	Injection, tisotumab vedotin-tftv, 1 mg	Y	Y
Tofidence (Actemra Biosimilar)	Q5133 New Code effective 4/01/2024	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	Y	Y
Toposar	J9181	Etoposide	Y	Y
Torisel	J9330	Temsirolimus	Y	Y
Trazimera*	Q5116*	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Y	Y
Treanda	J9033	Bendamustine	Y	Y
Treanda	J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Y	Y
Treanda	J9058	Injection, bendamustine hydrochloride (apotex), 1 mg	Y	Y
Treanda	J9059	Injection, bendamustine hydrochloride (baxter), 1 mg	Y	Y
Trelstar*	J3315*	Injection, triptorelin pamoate, 3.75 mg	Y	Y
Tretten*	J7181*	Injection, factor XIII A-subunit, (recombinant), per IU	Y	Y
Triluron	J7332	Hyaluronan or derivative, triluron, for intra- articular injection, 1 mg	Y	Y
Trisenox	J9017	Arsenic Trioxide	Y	Y
Trivisc	J7329	Hyaluronan or derivative, trivisc, for intra- articular injection, 1 mg	N	Y
Trodelvy*	J9317*	Injection, sacituzumab govitecan-hziy, 10 mg	Y	Y
Trogarzo*	J1746*	Injection, ibalizumab-uiyk, 10 mg	Y	Y
Truxima*	Q5115*	Injection, rituximab-abbs, biosimilar, 10	Y	Y
Tvenne	Q5135 New Code effective 10/01/2024	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Y	Y
Tyruko (Tysabri BioSimilar)	Q5134 New Code effective 4/01/2024	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	Y	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Tysabri*	J2323*	Injection, natalizumab, 1 mg	Y	Y
Tyvaso*	J7686*	Treprostinil	Y	Y
Tzield	J9381	Injection, teplizumab-mzwv, 5 mcg	Y	Y
Tzield	J3590	Injection, teplizumab-mzwv	Y	Y
Tzield	C9149 Deleted effective 6/30/2023	Injection, teplizumab-mzwv, 5 mcg	Y	Y
Udenyca*	Q5111*	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Y	Y
Ultomiris*	J1303*	Injection, ravulizumab-cwvz, 10 mg	Y	Y
Unituxin	J9999	dinutuximab	Y	Y
Unlisted	C9399	Unlisted	Y	Y
Uplizna	J1823	inebilizumab-cdon, 1 mg	Y	Y
Vabysmo*	J2777*	Injection, faricimab-svoa, 0.1 mg	Y	Y
Valstar	J9357	Valstar	Y	Y
Vantas	J9225	Histrelin implant (vantas), 50 mg	Y	Y
Vectibix*	J9303*	Injection, panitumumab, 10 mg	Y	Y
Velban	J9360	Vinblastine	Y	Y
Velcade*	J9041*	Injection, bortezomib, 0.1 mg	Y	Y
Velcade*	J9046*	Injection, bortezomib, (dr. reddy's), *not therapeutically equivalent to J9041*, 0.1 mg	Y	Y
Velcade*	J9048*	Injection, bortezomib (fresenius kabi), *not therapeutically equivalent to J9041*, 0.1 mg	Y	Y
Velcade*	J9049*	Injection, bortezomib (hospira), *not therapeutically equivalent to J9041*, 0.1 mg	Y	Y
Velcade*	J9051*	Injection, bortezomib (maia), *not therapeutically equivalent to j9041*, 0.1 mg	Y	Y
Vegzelma*	Q5129*	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Y	Y
Ventavis	Q4074	Iloprost	N	Y
Veopoz	J9376 New Code effective 4/01/2024	Injection, pozelimab-bbfg, 1 mg	Y	Y
Veopoz	J3590	Injection, pozelimab-bbfg	Y	Y
Vidaza	J9025	Injection, azacitidine, 1 mg	Y	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Viltepso*	J1427*	viltolarsen, 10 mg	Y	Y
Vimizim*	J1322*	Elosulfase Alfa	Y	Y
Vincasar/Oncovin	J9370	Vincristine	Y	Y
Vonvendi*	J7179*	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco (New Code: 01/01/2017)	Y	Y
Vpriv*	J3385*	Injection, velaglucerase alfa, 100 units	Y	Y
Vumon	Q2017	Teniposide	Y	Y
Vyepti*	J3032*	Injection, eptinezumab-jjmr, 1 mg	Y	Y
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	Y	Y
Vyjuvek	J3590	Injection, beremagene geperpavec-svdt	Y	Y
Vyondys 53*	J1429*	golodirsen	Y	Y
Vyvgart*	J9334* New code effective 1/01/2024	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc		
Vyvgart*	J9332*	Injection, efgartigimod alfa-fcab, 2 mg	Y	Y
Vyxeos	J9153	Injection, liposomal, 1 mg daunorubicin	Y	Y
Wilate*	J7183*	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo	Y	Y
Xaracoll	C9089	Bupivacaine, collagen-matrix implant, 1 mg	Y	Y
Xembify*	J1558*	Immune globulin (human)-klhw	Y	Y
Xenpozyme*	J0218*	Injection, olipudase alfa-rpcp, 1 mg	Y	Y
Xeomin	J0588	Injection, incobotulinumtoxin a, 1 unit	Y	Y
Xiaflex	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Y	Y
Xofigo	A9606	Radium Ra 223 Dichloride	N	Y
Xolair*	J2357*	Injection, omalizumab, 5 mg	Y	Y
Xyntha*	J7185*	Injection, factor VIII (antihemophilic factor, recombinant) (XYNTHA), per IU	Y	Y
Yervoy*	J9228*	Injection, ipilimumab, 1 mg	Y	Y
Yescarta	Q2041	Axicabtagene ciloleucel	Y	Y
Yondelis	J9352	Trabectedin	Y	Y
Yutiq	J7314	Injection, fluocinolone acetonide,	Y	Y
Zaltrap	J9400	Ziv-Aflibercept	Y	Y
Zanosar	J9320	Zanosar	Y	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Brand Name	Code	Generic Name	Auth Required Medicare	Auth Required Commercial / Exchange
Zarxio	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Y	Y
Zemaira*/Aralast*/ Prolastin*/Prolastin-C*	J0256*	alpha-1 proteinase inhibitor/human	Y	Y
Zepzelca	J9223	lurbinectedin, 0.1 mg	Y	Y
Zevalin	A9543	ibritumomab tiuxetan	N	Y
Ziextenzo*	Q5120*	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Y	Y
Zilretta	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Y	Y
Zinplava	J0565	Bezlotoxumab	Y	Y
Zirabev*	Q5118*	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	Y	Y
Zoladex	J9202	Zoladex	Y	Y
Zolgensma*	J3399*	onasemnogene abeparvovec-xioi	Y	Y
Zulresso*	J1632*	Injection, brexanolone, 1 mg	Y	Y
Zymfentra	J1748 New Code effective 7/01/2024	Injection, infliximab-dyyb (zymfentra), 10 mg	Y	Y
Zynlonta	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Y	Y
Zynteglo	J3393 New Code effective 7/01/2024	Injection, betibeglogene autotemcel, per treatment	Y	Y
Zynteglo	J3590	Injection, betibeglogene autotemcel	Y	Y
Zynyz	J9999	Injection, retifanlimab-dlwr, 1 mg	Y	Y
Zynyz*	J9345* New code effect 10/01/2023	Injection, retifanlimab-dlwr, 1 mg	Y	Y

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Revision History

Company(ies)	DATE	REVISION
ConnectiCare	9/26/2024	Added 7 new codes effective 10/01/2024: • C9169 (Anktiva) *replacing J9999* • J1749 (Aurlymyn • C9172 (Beqvez) *replacing J3590* • C9170 (Imdelltra) • Q5136 (Jubbonti) • J9329 (Tevimbra) • Q5135 (Tvenne) Added one new code ***retro. effective date 7/2/2024:*** • J0175 (Spinraza) One revised code description effective 10/01/2024: • J9172 (Taxotere) One deleted code effective 10/01/2024: • J9258 (Abraxane)
ConnectiCare	9/26/2024	Added 3 new drugs **effective 7/31/2024**: • J9999 - Anktiva • J3590 - Beqvez • J3590 - Lenmeldy
ConnectiCare	7/2024	Corrected J0586 (Dysport) to indicate the preauthorization is also required for Medicare. *See Botox Pharmacy Medical Policy*
ConnectiCare	6/27/2024	Added 9 new codes **effective 7/01/2024**: • J1748 (Zymfentra) • J2267 (Omvoh) replacing C9168 • J2468 (Aloxi) • J3247 (Cosentyx) replacing C9166 • J3263 (Loqtorzi) replacing J9999 • J3393 (Zynteglo) replacing J3590 • J3394 (Lyfgenia) replacing J3590 • J7171 (Adzynma) replacing C9167 • J9361 (Ryzneuta) 4 Deleted Codes effective 7/01/2024: C9166, C9167, C9168 and J9371

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Company(ies)	DATE	REVISION
ConnectiCare	6/11/2024	**Added 3 new drugs effective 3/28/2024:** • J9999 (Amtagvi) • J3590 (Cosentyx IV) • J3590 (Omvoh) **Added 3 new drugs effective 5/09/2024:** • J3590 (Casgevy) • J3590 (Lyfgenia) • J3490 (Rivflova)
ConnectiCare	5/20/2024	**Updated to indicate the following drug is excluded from Site of Service requirements *(* SOS indicator removed)*:** • J1304 (Qalsody) *Note: Preauthorization requirement remains unchanged for J1304 (Qalsody).*
ConnectiCare	5/17/2024	**Updated to indicate the following drug is excluded from Site of Service requirements *(* SOS indicator removed)*:** • J2326 (Spinraza) *Note: Preauthorization requirement remains unchanged for J2326 (Spinraza).*

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Company(ies)	DATE	REVISION
ConnectiCare	3/26/2024	**Added 20 new codes effective 4/01/2024:** • 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) *replacing J3490* • J2782 (Izervay) *replacing C9162* • J3055 (Talvey) *replacing C9163* • J9073 (Cyclophospamide) • J9074 (Cyclophospamide) • J9075 (Cyclophospamide) • J9248 (Evomela) • J9249 (Evomela) • J9376 (Veopoz) • Q5133 (Tofidence) • Q5134 (Tyruko) 6 Deleted Codes **Effective 4/01/2024:** C9160, C9161, C9162, C9163, C9165 and J9070 1 Code updated with revised description **effective 4/01/2024**: J3380
ConnectiCare	3/26/2024	Updated to include 3 new drugs **effective 2/08/2024**: • J3590 - Adzynma • J3490 - Aphexda • J9999 - Loqtorzi
ConnectiCare	3/26/2024	Updated: 1 Deleted Code **effective 10/01/2023**: J0800 – see J0801/J0802
ConnectiCare	3/2024	**Updated to indicate drugs that have Site of Care requirements *(indicated with *)*** • **Added reference with hyperlink to** **Site of Service Medical Policy – Infusions and Injectables**
ConnectiCare	2/20/2024	**Updated vendor contact name:** • Evolent formerly NCH (New Century Health) effective 1/01/2024. No changes to contact information.

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Company(ies)	DATE	REVISION
ConnectiCare	12/28/2023	**Added 21 new codes effective 1/01/2024:** ○ C9160 (Daxxify) replacing J3590 ○ C9161 (Eylea HD) ○ C9162 (Izervay) replacing J3490 ○ C9163 (Talvey) replacing J9999 ○ C9165 (Elrexfio) replacing J9999 ○ J0184 (Barhemsys) replacing C9153 ○ J0217 (Lamzede) replacing J3590 ○ J1304 (Qalsody) replacing C9157 ○ J1412 (Roctavian) replacing J3590 ○ J1413 (Elevidys) replacing J3590 ○ J2508 (Elfabrio) replacing J3590 ○ J3401 (Vyjuvek) replacing J3590 ○ J9052 (BICNU) ○ J9072 (Cyclophosphamide) ○ J9172 (Taxotere) ○ J9258 (Abraxane) ○ J9286 (Columvi) replacing J9999 ○ J9321 (Epkinly) replacing C9155 ○ J9324 (Pemfexy) ○ J9333 (Rystiggo) replacing J3590 ○ J9334 (Vyvgart) replacing J3590 **3 Deleted Codes effective 1/01/2024:** ○ C9153 (Barhemsys) replaced by J0184 ○ C9155 (Epkinly) replaced by J9321 ○ C9157 (Qalsody) replaced by J1304

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Company(ies)	DATE	REVISION
ConnectiCare	12/13/2023	**Added 11 new drugs:** • **Effective 10/03/2023:** ○ J3590 – Elevidys ○ J9999 – Elrexfio ○ J9999 – Talvey • **Effective 10/13/2023:** ○ J3490 – Izervay ○ J3590 – Roctavian ○ J3590 – Veopoz • **Effective 10/30/2023:** ○ J3590 – Daxxify ○ J8499 – Opfolda ○ J3590 – Pombiliti • **Effective 11/09/2023** ○ J3590 – Lantidra ○ J0889 - Jesduvroq
ConnectiCare	10/16/2023	• Corrected – removed J1954 (Injection, leuprolide acetate for depot suspension (Cipla), 7.5 mg) (Lupron) from list
ConnectiCare	9/26/2023	• Added new codes **effective 10/01/2023**: ○ Acthar HP (J0801) ○ Acthar HP (J0802) ○ Altuviiio (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
ConnectiCare	9/2023	• Added 8 new drugs: ○ 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**

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Company(ies)	DATE	REVISION
ConnectiCare	7/27/2023	• Added **1** new drug code **effective 7/6/2023**: J0174 (Leqembi) replacing J3590
ConnectiCare	7/26/2023	• 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.
ConnectiCare	6/21/2023	• 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), 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
ConnectiCare	5/17/2023	• 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 – Altuviiio, J3590 – Lamzede • Added **2** New Drugs to the Pharmacy PA List **Effective 5/11/2023**: J3490 – Syfovre, J9999 – Zynyz
ConnectiCare	4/5/2023	• Added new codes **effective 4/1/2023**: C9146, C9147, C9148, C9149, J0218, J1449, J1747, J9196, J9294, J9296, J9297, Q5127, Q5128, Q5129, Q5130 • Code description update(s) **effective 4/1/2023:** J1954, Q5108, Q5111, Q5120, Q5122
ConnectiCare	3/16/2023	• Removed deleted code(s) **effective 10/1/2021:** J0693, C9079, C9082, J2505, C9065, C9083 • Removed deleted code **effective 10/1/2021**: J9315 replaced with J9319 • Deleted code **effective 4/2022**:C9084 replaced with J9359 • Removed: J3490 (Xaracoll) replaced w/C9089

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Company(ies)	DATE	REVISION
ConnectiCare	2/17/2023	• Updated to include 1 new code **effective 12/2/2022**: (Zynteglo) J3590 • Updated to include 1 new code **effective 12/15/2022**: (Tecvayli) J9999 • Updated to include 2 new codes **effective 1/6/2023**: (Elahere) J9999, (Imjudo) J9999 • Updated to include 8 new codes **effective 2/9/2023**: (Briumvi) J3590, (Tzield) J3590, (Sunlenca) J3490, (Skysona) J3590, (Rolvedon) J3590, (Rebyota) J3590, (Lunsumio) J9999, (Stimufend) J3590
ConnectiCare	1/06/2023	• Updated to include 12 new codes **effective 1/01/2023**: J0225, J0893, J1456, J1954, J2327, J9046, J9048, J9049, J9314, J9393, J9394 and Q5126 • J9044 Deleted Code effective 1/01/2023
ConnectiCare	12/16/2022	• Added new drugs **effective 11/10/2022**: J3590: Cimerli, Fylnetra, Spevigo and Xenpozyme.
ConnectiCare	9/29/2022	• 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
ConnectiCare	9/22/2022	• Added clarification to in/out of scope services for New Century Health (NCH). • Corrected/Removed "N&V R11" from in-scope service categories
ConnectiCare	8/18/2022	**Add new drugs:** • **Effective 8/01/2022:** A9699 (Pluvicto) ***Note: replaced by HCPCS Code A9607 effective 10/01/2022*** • **Effective 8/11/2022**: J1950 (Alymsys), J3490 (Amvuttra), Q5124 (Byooviz), J1952 (Camcevi)

Proprietary information of EmblemHealth/ConnectiCare, Inc. 2024 EmblemHealth & Affiliates

Company(ies)	DATE	REVISION
ConnectiCare	6/2022	• Updated Policy: • **Effective 10/01/2021:** ○ Deleted Code C9065 replaced with new code J9318 ○ Deleted Code C9075 replaced with new code J1426 ○ Deleted Code C9079 replaced with new code J1305 ○ Deleted Code J0693 replaced with new code J0699 ○ Deleted Code J9315 replaced with new code J9319 • **Effective 7/01/2022:** ○ Added new codes C9094, C9095, C9096, C9097, C9098, J0879, J1306, J2356, J2779, J2998, J9331 and J9332 ○ Deleted Code C9090 replaced with new code J2998 ○ Deleted code C9091 replaced with new code J9331 ○ Deleted code C9093 replaced with new code J2779
ConnectiCare	4/2022	• Removed deleted codes effective 4/01/2022: ○ C9085, C9086 & C9087 • Added 9 new codes effective 4/01/2022: ○ C9090, C9091, C9093, J0219, J0491, J9071, J9273, J9359 & Q5124
ConnectiCare	1/2022	• Removed deleted codes effective 1/01/2022: ○ C9081, C9082, C9083 & J2505 • Added 9 new codes effective 1/01/2022: ○ C9085, C9086, C9087, C9089, J2506, J9021, J9061, J9272 and Q2055
ConnectiCare	12/2021	• Reformatted and reorganized policy, transferred content to new template.

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