



## 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: 01/01/2023**

### Policy Statement:

**This policy is applicable to EmblemHealth Commercial, Medicaid, and Medicare**

**Excluding City of New York PPO**

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

### Preauthorization Contacts:

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

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>	NCH	877-624-8602  Online at <a href="http://my.newcenturyhealth.com">my.newcenturyhealth.com</a>	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 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.

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

**EmblemHealth Pharmacy Medical Preauthorization List**

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

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

**Applicable Codes:**

Brand Name	Code	Generic Name
<b>Abecma</b>	Q2055	Injection, idecabtagene vicleucel
<b>Abraxane</b>	J9264	Injection, paclitaxel protein-bound particles, 1 mg
<b>Actemra</b>	J3262	Injection, tocilizumab, 1 mg
<b>Acthar HP</b>	J0800	Injection, corticotropin, up to 40 units
<b>Adakveo</b>	J0791	crizanlizumab
<b>Adasuve</b>	J2062	loxapine
<b>Adcetris</b>	J9042	brentuximab
<b>Adriamycin</b>	J9000	doxorubicin
<b>Adrucil</b>	J9190	fluorouracil
<b>Aduhelm</b> <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>
<b>Advate/Kogenate/Kogenate FS/Recombinate/Helixate/Helixate FS</b>	J7192	Factor VIII antihemophilic factor recombinant
<b>Adynovate</b>	J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
<b>Afstyla</b>	J7210	Hemophilia clotting factor
<b>Ajovy</b>	J3031	Injection, fremanezumab-vfrm, 1 mg
<b>Akynzeo</b>	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg

## EmblemHealth Pharmacy Medical Preauthorization List

Brand Name	Code	Generic Name
<b>Aldurazyme</b>	J1931	Injection, laronidase, 0.1 mg
<b>Alimta</b>	J9305	Injection, pemetrexed, 10 mg
<b>Aliqopa</b>	J9057	Injection, copanlisib, 1 mg
<b>Alkeran</b>	J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg
<b>Alymsys</b>	C9142	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg
<b>Aloxi</b>	J2469	Injection, palonosetron hcl, 25 mcg
<b>Alphanate</b>	J7186	antihemophilic factor human
<b>AlphaNine/Mononine</b>	J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.
<b>Alprolix</b>	J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.
<b>Amondys45</b>	J1426	Injection, casimersen, 10 mg
<b>Amvuttra</b>	J3490	Injection, vutrisiran 25mg/0.5mL
<b>Amvuttra</b>	J0225	Injection, vutrisiran 25mg/0.5mL
<b>Apokyn</b>	J0364	Apomorphine
<b>Aranesp</b>	J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)
<b>Arcalyst</b>	J2793	Riloncept
<b>Aredia</b>	J2430	Injection, pamidronate disodium, per 30 mg
<b>Arranon</b>	J9261	nelarabine
<b>Arzerra</b>	J9302	Ofatumumab
<b>Asceniv</b>	J1554	Injection, immune globulin (asceniv), 500 mg
<b>Asparlas</b>	J9118	Injection, calaspargase pegol-mknl, 10 units
<b>Avastin (1 UNIT NO AUTH)</b>	J9035	Injection, bevacizumab, 10 mg (Oncology indications require auth)
<b>Avastin (1 UNIT NO AUTH)</b>	C9257	Injection, bevacizumab, 0.25 mg (Oncology indications require auth)
<b>Aveed</b>	J3145	Testosterone Undecanoate
<b>Avsola</b>	Q5121	Injection, infliximab-axxq, biosimilar
<b>Azedra</b>	A9590	iodine i-131 iobenguane
<b>Barhemsys</b>	J3490	amisulpride
<b>Bavencio</b>	J9023	Injection, avelumab, 10 mg
<b>Baxdela</b>	C9462	delafloxacin
<b>Bebulin/Profilnine/Profilnine SD</b>	J7194	Factor IX Complex
<b>Beleodaq</b>	J9032	belinostat
<b>Belrapzo</b>	J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg
<b>Bendeka</b>	J9034	Bendamustine
<b>Benefix/Ixinity</b>	J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu

## EmblemHealth Pharmacy Medical Preauthorization List

Brand Name	Code	Generic Name
<b>Benlysta</b>	J0490	Injection, belimumab, 10 mg
<b>Beovu</b>	J0179	Injection, brotuzumab-dblb, (Beovu), 1 mg
<b>Beriner</b>	J0597	Injection, c-1 esterase inhibitor (human), beriner, 10 units
<b>Besponsa</b>	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
<b>BICNU</b>	J9050	Carmustine
<b>Bivigam</b>	J1556	Injection, immune globulin (bivigam), 500 mg
<b>Blenoxane</b>	J9040	Bleomycin
<b>Blenrep</b>	J9037	belantamab mafodotin-blmf, 0.5 mg
<b>Blincyto</b>	J9039	Injection, blinatumomab, 1 microgram
<b>Boniva</b>	J1740	Ibandronate
<b>Botox</b>	J0585	Injection, Onabotulinumtoxin A, 1 Unit
<b>Breyanzi</b>	Q2054	Lisocabtagene maraleucel
<b>Brineura</b>	J0567	Injection, cerliponase alfa, 1 mg
<b>Briumvi</b>	J3590	Injection, ublituximab-xiii
<b>Busulfex</b>	J0594	Injection, busulfan, 1 mg
<b>Byooviz</b>	Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg
<b>Cabenuva</b>	J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg
<b>Cablivi</b>	C9047	caplacizumab-yhdp, 1 mg
CALCIUM GLUCONATE	J0610 Deleted effective 4/1/2023	Injection, calcium gluconate (Fresenius Kabi), per 10 ml
CALCIUM GLUCONATE	J0611 Deleted effective 4/1/2023	Injection, calcium gluconate (WG Critical Care), per 10 ml
<b>Camcevi</b>	J1952	Injection, leuprolide (camcevi), 1 mg
<b>Campath/Lemtrada</b>	J0202	Injection, alemtuzumab, 1 mg
<b>Camptosar</b>	J9206	Injection, irinotecan, 20 mg
<b>Carimune/Carimune NF Nanofiltered/Gammagard S-D/IVIG</b>	J1566	immune globulin, intravenous, lyophilized (e.g powder)
<b>Carvykti</b>	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
<b>Caverject</b>	J0270	Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
<b>Cerezyme</b>	J1786	Injection, imiglucerase, 10 units

## EmblemHealth Pharmacy Medical Preauthorization List

Brand Name	Code	Generic Name
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.
Corifact	J7180	Injection, factor xiii (antihemophilic factor, human), 1 i.u.
Cosela	J1448	Injection, trilaciclib, 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	Cyclophosphamide, 5 mg
Cyramza	J9308	Injection, ramucirumab, 5 mg
Cytogam	J0850	Cytomegalovirus Immune globulin, Human
Cytosar-U	J9100	Injection, cytarabine, 100 mg
Cytosan	J9070	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-gqgk, 1 mg
Darzalex	J9145	Injection, daratumumab, 10 mg
Darzalex Faspro	J9144	Injection, daratumumab 10 mg and hyaluronidase-fihj
Daunorubicin	J9150	Injection, daunorubicin, 10 mg
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

## EmblemHealth Pharmacy Medical Preauthorization List

Brand Name	Code	Generic Name
Elahere	J9999	Injection, mirvetuximab soravtansine-gynx
Elahere	C9146	Injection, mirvetuximab soravtansine-gynx, 1 mg
Elaprase	J1743	Injection, idursulfase, 1 mg
ElELYso	J3060	Injection, taliglucerase alfa, 10 units
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
Elzonris	J9269	Injection, tagraxofusp-erzs, 10 micrograms
Emend	J1453	Injection, fosaprepitant, 1 mg
Emend	J1456	Injection, fosaprepitant, 1 mg - (teva), <i>not therapeutically equivalent to J1453</i>
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
Entyvio	J3380	Injection, vedolizumab, 1 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
Exondys 51	J1428	Injection, eteplirsen, 10 mg
Eylea	J0178	Injection, aflibercept, 1 mg
Fabrazyme	J0180	Injection, agalsidase beta, 1 mg
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



**EmblemHealth Pharmacy Medical Preauthorization List**

<b>Brand Name</b>	<b>Code</b>	<b>Generic Name</b>
<b>Firmagon</b>	J9155	Injection, degarelix, 1 mg
<b>Flebogamma/DIF</b>	J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g. liquid), 500 mg
<b>Flolan/Veetri</b>	J1325	Injection, epoprostenol, 0.5 mg
<b>Fludara</b>	J9185	Injection, fludarabine, 50 mg
<b>Folotyn</b>	J9307	Injection, pralatrexate, 1 mg
<b>Fudr</b>	J9200	Injection, floxuridine, 500 mg
<b>Fulphila</b>	Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg  <del>Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg</del>
<b>Fusilev</b>	J0641	Injection, levoleucovorin, 0.5 mg
<b>Fyarro</b>	J9331	Injection, sirolimus protein-bound particles, 1 mg
<b>Fylnetra</b>	J3590	Injection, pegfilgrastim-pbbk
<b>Fylnetra</b>	Q5130	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg
<b>Gamifant</b>	J9210	Injection, emapalumab-izsg, 1 mg
<b>Gammagard Liquid</b>	J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg
<b>Gammaplex</b>	J1557	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg
<b>Gamunex-C/Gammaked</b>	J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg
<b>Gazyva</b>	J9301	Injection, obinutuzumab, 10 mg
<b>Gel-One</b>	J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose
<b>Gelsyn-3</b>	J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg
<b>Gemzar</b>	J9201	Injection, gemcitabine hydrochloride, 200 mg
<b>Gemzar</b>	J9196	<b>Injection, gemcitabine hydrochloride (accord) not therapeutically equivalent to J9201, 200 mg</b>
<b>Genvisc 850</b>	J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg
<b>Givlaari</b>	J0223	Injection, givosiran, 0.5 mg
<b>Glassia</b>	J0257	Injection, alpha 1 proteinase inhibitor (human), 10 mg

## EmblemHealth Pharmacy Medical Preauthorization List

Brand Name	Code	Generic Name
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
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
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	J9999	Injection, tremelimumab-actl
Imjudo	C9147	Injection, tremelimumab-actl, 1 mg

**EmblemHealth Pharmacy Medical Preauthorization List**

<b>Brand Name</b>	<b>Code</b>	<b>Generic Name</b>
<b>Imlygic</b>	J9325	Injection, talimogene Laherparepvec, per 1 million plaque forming units
<b>Inflectra</b>	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
<b>Infugem</b>	J9198	Injection, gemcitabine hydrochloride, 100 mg
<b>Istodax</b>	J9319	Injection, romidepsin, lyophilized, 0.1 mg
<b>Ixempra</b>	J9207	Injection, ixabepilone, 1 mg
<b>Jelmyto</b>	J9281	Mitomycin pyelocalyceal instillation, 1 mg
<b>Jemperli</b>	J9272	Injection, dostarlimab-gxly, 100 mg
<b>Jetrea</b>	J7316	Injection, ocriplasmin, 0.125 mg
<b>Jevtana</b>	J9043	Injection, cabazitaxel, 1 mg
<b>Jivi</b>	J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.
<b>Kadcyla</b>	J9354	Injection, ado-trastuzumab emtansine, 1 mg
<b>Kalbitor</b>	J1290	Injection, ecallantide, 1 mg
<b>Kanjinti</b>	Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg
<b>Kanuma</b>	J2840	Injection, sebelipase alfa, 1 mg
<b>Keytruda</b>	J9271	Injection, pembrolizumab, 1 mg
<b>Khapzory</b>	J0642	Injection, levoleucovorin, 0.5 mg
<b>Kimmtrak</b>	J9274	Injection, tebentafusp-tebn, 1 microgram
<b>Korsuva</b>	J0879	Injection, difelikefalin
<b>Kovaltry</b>	J7211	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.
<b>Krystexxa</b>	J2507	Injection, pegloticase, 1 mg
<b>Kymriah</b>	Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
<b>Kyprolis</b>	J9047	Injection, Carfilzomib, 1 mg
<b>Lanreotide Acetate</b>	J1932	Injection, lanreotide, (cipl), 1 mg
<b>Leqvio</b>	J1306	Injection, inclisiran, 1 mg
<b>Leucovorin</b>	J0640	Injection, leucovorin calcium, 50 mg
<b>Leukine</b>	J2820	Injection, sargramostim (gm-csf), 50 mcg
<b>Leustatin</b>	J9065	Injection, cladribine, 1 mg
<b>Libtayo</b>	J9119	Injection, cemiplimab-rwlc, 1 mg
<b>Lipodox</b>	Q2049	Injection, liposomal doxorubicin hydrochloride, 10 mg
<b>Lucentis</b>	J2778	Injection, ranibizumab, 0.1 mg

**EmblemHealth Pharmacy Medical Preauthorization List**

Brand Name	Code	Generic Name
Lumizyme	J0221	Injection, alglucosidase alfa, 10 mg
Lumoxiti	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 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
Lupron	J1954	Injection, leuprolide acetate for depot suspension (cipl), 7.5 mg  <del>Injection, leuprolide acetate for depot suspension (Lutrate), 7.5 mg</del>
Lutathera	A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie
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-vjbjk, 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
Mvasi	Q5126	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg
Mylotarg	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
Myobloc	J0587	Injection, rimabotulinumtoxinb, 100 units
Naglzyme	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

**EmblemHealth Pharmacy Medical Preauthorization List**

<b>Brand Name</b>	<b>Code</b>	<b>Generic Name</b>
<b>Nipent</b>	J9268	Injection, pentostatin, 10 mg
<b>Nivestym</b>	Q5110	Injection, filgrastim-aafi, biosimilar, 1mcg
<b>Novantrone</b>	J9293	Injection, mitoxantrone hydrochloride, 5 mg
<b>NovoEight</b>	J7182	Injection, factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU
<b>NovoSeven RT</b>	J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg
<b>Nplate</b>	J2796	Injection, romiplostim, 10 micrograms
<b>Nucala</b>	J2182	Injection, mepolizumab, 1 mg
<b>Nulibry</b>	J3490	Injection, fosdenopterin
<b>Nulojix</b>	J0485	Injection, belatacept, 1 mg
<b>Nuwiq</b>	J7209	Injection, factor viii, (antihemophilic factor, recombinant), 1 i.u.
		Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg
<b>Nyvepria</b>	Q5122	<del>Injection, pegfilgrastim-apgf, biosimilar, 0.5 mg</del>
<b>Obizur</b>	J7188	Injection, factor VIII (antihemophilic factor, recombinant), per IU
<b>Ocrevus</b>	J2350	Injection, ocrelizumab, 1 mg
<b>Octagam</b>	J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg
<b>Ogivri</b>	Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
<b>Oncaspar</b>	J9266	Injection, pegaspargase, per single dose vial
<b>Onivyde</b>	J9205	Injection, irinotecan liposome, 1 mg
<b>Onpattro</b>	J0222	Injection, patisiran, 0.1 mg
<b>Ontruzant</b>	Q5112	Injection, trastuzumab-dttb, biosimilar, 10 mg
<b>Opdivo</b>	J9299	Injection, nivolumab, 1 mg
		Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
<b>OPDUALAG</b>	J9298	
<b>OraVerse</b>	J2760	Injection, phentolamine mesylate, up to 5 mg
<b>Orencia</b>	J0129	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
<b>Orthovisc</b>	J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose
<b>Oxlumo</b>	J0224	Injection, lumasiran, 0.5 mg

**EmblemHealth Pharmacy Medical Preauthorization List**

Brand Name	Code	Generic Name
<b>Ozurdex</b>	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
<b>Padcev</b>	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg
<b>Panzyga</b>	J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
<b>Papacon</b>	J2440	Injection, papaverine HCl, up to 60 mg
<b>PAPAVERINE HCL</b>	J2440	Injection, papaverine HCl, up to 60 mg
<b>Paraplatin</b>	J9045	Injection, carboplatin, 50 mg
<b>Para-Time S.R.</b>	J2440	Injection, papaverine HCl, up to 60 mg
<b>Parsabiv</b>	J0606	Injection, etelcalcetide, 0.1 mg
<b>Pavabid Plateau</b>	J2440	Injection, papaverine HCl, up to 60 mg
<b>Pavagen</b>	J2440	Injection, papaverine HCl, up to 60 mg
<b>Pemfexy</b>	J9294	<b>Injection, pemetrexed (hospira) not therapeutically equivalent to J9305, 10 mg</b>
<b>Pemfexy</b>	J9296	<b>Injection, pemetrexed (accord) not therapeutically equivalent to J9305, 10 mg</b>
<b>Pemfexy</b>	J9297	<b>Injection, pemetrexed (sandoz), not therapeutically equivalent to J9305, 10 mg</b>
<b>Pemfexy</b>	J9304	Injection, pemetrexed, 10 mg
<b>Pemfexy</b>	J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg
<b>Pepaxto</b>	J9247	Injection, melphalan flufenamide, 1 mg
<b>Perjeta</b>	J9306	Injection, pertuzumab, 1 mg
<b>Phesgo</b>	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, 10 mg
<b>Photofrin</b>	J9600	Injection, porfimer sodium, 75 mg
<b>Platinol</b>	J9060	Injection, cisplatin, powder or solution, 10 mg
<b>Polivy</b>	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
<b>Portrazza</b>	J9295	Injection, necitumumab, 1 mg
<b>Poteligeo</b>	J9204	Injection, mogamulizumab-kpkc, 1 mg
<b>Prialt</b>	J2278	Injection, ziconotide, 1 mcg
<b>Privigen</b>	J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg
<b>Probuphine Implant</b>	J0570	Implant, buprenorphine implant, 74.2 mg
<b>Procrit/Epogen</b>	J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units
<b>Proleukin</b>	J9015	Injection, aldesleukin, single use vial
<b>Prolia/Xgeva</b>	J0897	Injection, denosumab, 1 mg
<b>Provence</b>	Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including

**EmblemHealth Pharmacy Medical Preauthorization List**

Brand Name	Code	Generic Name
		leukapheresis and all other preparatory procedures, per infusion
<b>Qutenza</b>	J7336	Capsaicin 8% patch, per square centimeter
<b>Radicava</b>	J1301	Injection, edaravone, 1 mg
<b>Rebinyn</b>	J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu
<b>Reblozyl</b>	J0896	Injection, luspatercept-aamt, 0.25 mg
<b>Rebyota</b>	J3590	Suspension, fecal microbiota, live-jslm
<b>Reclast/Zometa</b>	J3489	Injection, zoledronic acid, 1 mg
<b>Regitine</b>	J2760	Injection, phentolamine mesylate, up to 5 mg
<b>Releuko</b>	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
<b>Relistor</b>	J2212	Injection, methylnaltrexone, 0.1 mg
<b>Remicade</b>	J1745	Injection, infliximab, excludes biosimilar, 10 mg
<b>Remodulin</b>	J3285	Injection, treprostinil, 1 mg
<b>Renflexis</b>	Q5104	Injection, infliximab-abda, biosimilar, 10 mg
<b>Retacrit</b>	Q5106	Injection, epoetin alfa, biosimilar, (for non-esrd use), 1000 units
<b>Revcovi</b>	J3590	elapegademase
<b>Riabni</b>	Q5123	Injection, rituximab-arrx, biosimilar, 10 mg
<b>Riastap</b>	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
<b>Rituxan</b>	J9312	Injection, rituximab, 10 mg
<b>Rituxan Hycela</b>	J9311	Injection, rituximab 10 mg and hyaluronidase
<b>Rixubis</b>	J7200	Injection, factor IX, (antihemophilic factor, recombinant), per IU
<b>Rolvedon</b>	J3590	Injection, eflapegrastim-xnst
<b>Rolvedon</b>	J1449	Injection, eflapegrastim-xnst, 0.1 mg
<b>Romidepsin</b>	J9318	Injection, romidepsin, non-lyophilized, 0.1 mg
<b>Romidepsin</b>	J9319	Injection, romidepsin, lyophilized, 0.1 mg
<b>Ruconest</b>	J0596	Injection, c-1 esterase inhibitor (recombinant), 10 units
<b>Ruxience</b>	Q5119	Injection, rituximab-pvvr, biosimilar, 10 mg
<b>Rybrevant</b>	J9061	Injection, amivantamab-vmiw
<b>Rylaze</b>	J9021	Injection, asparaginase erwinia chrysanthemi (recombinant)-rywn
<b>Ryplazim</b>	J2998	Injection, plasminogen, human-tvmh, 1 mg

**EmblemHealth Pharmacy Medical Preauthorization List**

<b>Brand Name</b>	<b>Code</b>	<b>Generic Name</b>
<b>Sandostatin LAR</b>	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
<b>Saphnelo</b>	J0491	Injection, anifrolumab-fnia, 300 mg
<b>Sarclisa</b>	J9227	Injection, isatuximab-irfc, 10 mg
<b>Sevenfact</b>	J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram
<b>Signafor LAR</b>	J2502	Injection, pasireotide long acting, 1 mg
<b>Simponi Aria</b>	J1602	Injection, golimumab, 1 mg, for intravenous use
<b>Skyrizi</b>	J2327	Injection, risankizumab-rzaa
<b>Skysona</b>	J3590	Injection, elivaldogene autotemcel
<b>Soliris</b>	J1300	Injection, eculizumab, 10 mg
<b>Somatuline Depot</b>	J1930	Injection, lanreotide, 1 mg
<b>Somavert</b>	J3590	pegvisomant
<b>Spevigo</b>	J3590	Injection, spesolimab-sbzo
<b>Spevigo</b>	J1747	Injection, spesolimab-sbzo, 1 mg
<b>Spinraza</b>	J2326	Injection, nusinersen, 0.1 mg
<b>Spravato</b>	S0013	Esketamine, nasal spray, 1 mg
<b>Stelara</b>	J3358	Ustekinumab, for intravenous injection, 1 mg
<b>Stimufend</b>	J3590	Injection, pegfilgrastim-fpgk
<b>Stimufend</b>	Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg
<b>Sunlenca</b>	J3490	Injection, lenacapavir
<b>Supprelin LA</b>	J9226	histrelin implant, 50 mg
<b>Sustol</b>	J1627	Injection, granisetron, extended-release, 0.1 mg
<b>Susvimo</b>	J2779	Implant, ranibizumab, 100 mg
<b>Sylvant</b>	J2860	Injection, siltuximab, 10 mg
<b>Synagis</b>	90378	palivizumab - Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
<b>Synjoynt</b>	J7331	Hyaluronan or derivative, synjoynt, for intra-articular injection, 1 mg
<b>Synribo</b>	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
<b>Synvisc/Synvisc-One</b>	J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg
<b>Takhzyro</b>	J0593	Injection, lanadelumab-flyo, 1 mg
<b>Taxol</b>	J9267	Injection, paclitaxel, 1 mg
<b>Taxotere</b>	J9171	Injection, docetaxel, 1 mg



**EmblemHealth Pharmacy Medical Preauthorization List**

<b>Brand Name</b>	<b>Code</b>	<b>Generic Name</b>
<b>Tecartus</b>	Q2053	brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
<b>Tecentriq</b>	J9022	Injection, atezolizumab, 10 mg
<b>Tecvayli</b>	J9999	Injection, teclistamab-cqyv
<b>Tecvayli</b>	C9148	Injection, teclistamab-cqyv, 0.5 mg
<b>Tegsedi</b>	J3490	inotersen
<b>Temodar Injection</b>	J9328	Injection, temozolomide, 1 mg
<b>Tepadina/Thioplex</b>	J9340	Injection, thiotepa, 15 mg
<b>Tepezza</b>	J3241	Injection, teprotumumab-trbw, 10 mg
<b>Tezpire</b>	J2356	Injection, tezepelumab-ekko, 1 mg
<b>Thyrogen</b>	J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial
<b>Tice BCG</b>	J9030	BCG live intravesical instillation, 1 mg
<b>Tivdak</b>	J9273	Injection, tisotumab vedotin-tftv, 40 mg
<b>Toposar</b>	J9181	Injection, etoposide, 10 mg
<b>Torisel</b>	J9330	Injection, temsirolimus, 1 mg
<b>Trazimera</b>	Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg
<b>Treanda</b>	J9033	Injection, bendamustine HCl, 1 mg
<b>Trelstar</b>	J3315	Injection, triptorelin pamoate, 3.75 mg
<b>Tretten</b>	J7181	Injection, factor XIII A-subunit, (recombinant), per IU
<b>Triluron</b>	J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg
<b>Trisenox</b>	J9017	Injection, arsenic trioxide, 1 mg
<b>Trivisc</b>	J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg
<b>Trodelyv</b>	J9317	Injection, sacituzumab govitecan-hziy, 10 mg
<b>Trogarzo</b>	J1746	Injection, ibalizumab-uiyk, 10 mg
<b>Truxima</b>	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg
<b>Tysabri</b>	J2323	Injection, natalizumab, 1 mg
<b>Tyvaso</b>	J7686	inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg
<b>Tzield</b>	J3590	Injection, teplizumab-mzwv
<b>Tzield</b>	C9149	Injection, teplizumab-mzwv, 5 mcg
<b>Udenyca</b>	Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg

**EmblemHealth Pharmacy Medical Preauthorization List**

Brand Name	Code	Generic Name
		<del>Injection, pegfilgrastim-cbqv, biosimilar, 0.5 mg</del>
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	J9044 Deleted 1/1/2023	Injection, bortezomib, not otherwise specified, 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
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
Vidaza	J9025	Injection, azacitidine, 1 mg
Viltepro	J1427	Injection, viltolarsen, 10 mg
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:rc0
Vpriv	J3385	Injection, velaglucerase alfa, 100 units
Vumon	Q2017	Injection, teniposide, 50 mg
Vyepti	J3032	Injection, eptinezumab-jjmr, 1 mg
Vyondys 53	J1429	Injection, golodirsen, 10 mg
Vyvgart	J9332	Injection, efgartigimod alfa-fcab, 2mg
Vyxeos	J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine

**EmblemHealth Pharmacy Medical Preauthorization List**

<b>Brand Name</b>	<b>Code</b>	<b>Generic Name</b>
<b>Wilate</b>	J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo
<b>Xaracoll</b>	C9089	bupivacaine implant 3x100MG Implant
<b>Xembify</b>	J1558	Immune globulin (human)-klhw, 100 mg
<b>Xenpozyme</b>	J3590	Injection, olipudase alfa
<b>Xenpozyme</b>	J0218	Injection, olipudase alfa-rpcp, 1 mg
<b>Xeomin</b>	J0588	Injection, incobotulinumtoxin a, 1 unit
<b>Xiaflex</b>	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
<b>Xofigo</b>	A9606	Radium Ra 223 Dichloride, therapeutic, per microcurie
<b>Xolair</b>	J2357	Injection, omalizumab, 5 mg
<b>Xyntha</b>	J7185	Injection, factor VIII (antihemophilic factor, recombinant) (XYNTHA), per IU
<b>Yervoy</b>	J9228	Injection, ipilimumab, 1 mg
<b>Yescarta</b>	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
<b>Yondelis</b>	J9352	Injection, trabectedin, 0.1 mg
<b>Yutiq</b>	J7314	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg
<b>Zaltrap</b>	J9400	Injection, ziv-aflibercept, 1 mg
<b>Zanosar</b>	J9320	Injection, streptozocin, 1 gram
<b>Zarxio</b>	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
<b>Zemaira/Aralast/Prolastin/Prolastin-C</b>	J0256	alpha-1 proteinase inhibitor/human
<b>Zepzelca</b>	J9223	lurbinectedin, 0.1 mg
<b>Ziextenzo</b>	Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg
<b>Zilretta</b>	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
<b>Zinplava</b>	J0565	Injection, bezlotoxumab, 10 mg
<b>Zirabev</b>	Q5118	Injection, bevacizumab-bvcr, biosimilar, 10 mg

## EmblemHealth Pharmacy Medical Preauthorization List

Brand Name	Code	Generic Name
Zoladex	J9202	Goserelin acetate implant, per 3.6 mg
Zolgensma	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes
Zulresso	J1632	Injection, brexanolone, 1 mg
Zynlonta	J9359	Injection, loncastuximab tesirine-lpyl 10 mg
Zynteglo	J3590	Injection, betibeglogene autotemcel

## Revision History

Company(ies)	DATE	REVISION
EmblemHealth	6/2022	<ul style="list-style-type: none"> <li>Reformatted and reorganized policy, transferred content to new template.</li> </ul>
EmblemHealth	6/2022	<ul style="list-style-type: none"> <li>Updated Policy: <ul style="list-style-type: none"> <li><b>Effective 1/01/2022:</b> <ul style="list-style-type: none"> <li>Deleted code C9081 replaced with new code Q2055</li> <li>Deleted code C9082 replaced with J9272</li> <li>Deleted code C9083 replaced with J9061</li> <li>Removed deleted code J2505</li> <li>J3490 (Xaracoll) replaced with new code C9089</li> <li>J3590 (Aduhelm) replaced with new code J0172</li> <li>J9999 (Rylaze) replaced with new code J9021</li> <li>Added new code J2506</li> </ul> </li> <li><b>Effective 4/01/2022:</b> <ul style="list-style-type: none"> <li>Added new codes C9090, C9091, C9093, J0219, J0491, J9071, J9273 and J9359</li> <li>Deleted code C9084 replaced with J9359</li> </ul> </li> <li><b>Effective 7/01/2022:</b> <ul style="list-style-type: none"> <li>Added new codes C9094, C9095, C9096, C9097, C9098, J0879, J1306, J2356, J2779, J2998, J9331 and J9332</li> <li>Deleted Code C9090 replaced with new code J2998</li> <li>Deleted code C9091 replaced with new code J9331</li> <li>Deleted code C9093 replaced with new code J2779</li> </ul> </li> </ul> </li> </ul>

## EmblemHealth Pharmacy Medical Preauthorization List

Company(ies)	DATE	REVISION
EmblemHealth	8/18/2022	<ul style="list-style-type: none"> <li>Add new drugs:               <ul style="list-style-type: none"> <li><b>Effective 8/11/2022:</b> J1950 (Alymsys), J3490 (Amvuttra), Q5124 (Byooviz), J1952 (Camcevi)</li> </ul> </li> </ul>
EmblemHealth	9/22/2022	<ul style="list-style-type: none"> <li>Added clarification to in/out of scope services for New Century Health (NCH).</li> <li>Corrected/Removed “N&amp;V R11” from in-scope service categories</li> </ul>
EmblemHealth	9/29/2022	<ul style="list-style-type: none"> <li>Added new codes effective 10/01/2022: J1302, J1932, J2777, J9274, J9298, Q2056, Q5125 and C9142</li> <li>Removed deleted codes effective 10/01/2022: C9094, C9095, C9096, C9097 and C9098</li> </ul>
EmblemHealth	11/07/2022	<ul style="list-style-type: none"> <li><b>Effective 8/01/2022:</b> 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>)</li> <li><b>Effective 9/25/2021:</b> Updated list to align with NYS Medicaid SD/ED requirements; added following codes: J0270, J0275, J2440 and J2760</li> </ul>
EmblemHealth	12/07/2022	<ul style="list-style-type: none"> <li>Added new drugs <b>effective 11/10/2022:</b> J3590: Cimerli, Fylnetra, Spevigo and Xenpozyme.</li> </ul>
EmblemHealth	12/16/2022	<ul style="list-style-type: none"> <li>Updated to include NCH changes applicable to EmblemHealth Plan, Inc. (formerly GHI) plans <b>Effective 1/16/2023</b></li> </ul>
EmblemHealth	1/06/2023	<ul style="list-style-type: none"> <li>Updated to include 12 new codes <b>effective 1/01/2023:</b> J0225, J0893, J1456, J1954, J2327, J9046, J9048, J9049, J9314, J9393, J9394 and Q5126</li> <li>J9044 Deleted Code effective 1/01/2023</li> </ul>
EmblemHealth	2/17/2023	<ul style="list-style-type: none"> <li>Updated to include 1 new drug <b>effective 12/2/2022:</b> (Zynteglo) J3590</li> <li>Updated to include 1 new drug <b>effective 12/15/2022:</b> (Tecvayli) J9999</li> <li>Updated to include 2 new drugs <b>effective 1/6/2023:</b> (Elahere) J9999, (Imjudo) J9999</li> <li>Updated to include 8 new drugs <b>effective 2/9/2023:</b> (Briumvi) J3590, (Tzield) J3590, (Sunlenca) J3490, (Skysona) J3590, (Rolvedon) J3590, (Rebyota) J3590, (Lunsumio) J9999, (Stimufend) J3590</li> </ul>



## EmblemHealth Pharmacy Medical Preauthorization List

Company(ies)	DATE	REVISION
EmblemHealth	3/15/2023	<ul style="list-style-type: none"><li>Updated to include 'ePA' link under "Medical drug, non-Chemo" contact table.</li></ul>
EmblemHealth	3/16/2023	<ul style="list-style-type: none"><li>Removed deleted code <b>effective 10/1/2021</b>: J9315 replaced with J9319</li></ul>
EmblemHealth	4/5/2023	<ul style="list-style-type: none"><li>Added new codes <b>effective 4/1/2023</b>: C9146, C9147, C9148, C9149, J0218, J1449, J1747, J9196, J9294, J9296, J9297, Q5127, Q5128, Q5129, Q5130</li><li>Deleted code(s) <b>effective 4/1/2023</b>: J0610, J0611</li><li>Code description update(s) <b>effective 4/1/2023</b>: J1954, Q5108, Q5111, Q5120, Q5122</li></ul>