



Home Infusion Therapy Drug Preauthorization List

Reimbursement Guideline Disclaimer: We have 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. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com and connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our 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, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow 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. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Effective: 01/01/2025

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

Policy Statement: This policy is applicable to EmblemHealth Commercial, Medicaid, and Medicare plans. *Excluding City of New York PPO*

[Jump to Code List](#)

[Jump to Revision History](#)

Preauthorization Contact:

Home Infusion Therapy (HIT) Drugs			
Member Plan	Partner	Fax/Electronic	Phone
All EmblemHealth	Care Continuum, ESI	#866-896-1209, 8 a.m. to 7 p.m., Monday through Friday ePA Available	#877-681-9866, 8 a.m. to 7 p.m., Monday through Friday



Home Infusion Therapy Drug Preauthorization List

Applicable Codes:

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
"CARIMUNE/CARIMUNE NF NANOFILTERED/GAMMAGARD S-D/IVIG"	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
ABBOKINASE	J3365	Injection, IV, urokinase, 250,000 IU vial
ABELCET	J0287	Injection, amphotericin B lipid complex, 10 mg
ABRAXANE	J9264	Injection, paclitaxel protein-bound particles, 1 mg
ABRILADA	Q5132 New code effective 1/01/2024	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg
ACETAMINOPHEN	J0134	Injection, acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg
ACETAMINOPHEN	J0136	Injection, acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg
ACTEMRA	J3262	Injection, tocilizumab, 1 mg
ACTHAR HP	J0802	Injection, corticotropin (ani), up to 40 units
ACTIMMUNE	J9216	Injection, interferon, gamma 1-b, 3 million units
ACTIVASE/CATHFLO ACTIVASE	J2997	Injection, alteplase recombinant, 1 mg
ACYCLOVIR SODIUM	J0133	Injection, acyclovir, 5 mg
ADAKVEO	J0791	Injection, crizanlizumab-tmca, 5 mg
ADASUVE	J2062	Loxapine for inhalation, 1 mg
ADCETRIS	J9042	Injection, brentuximab vedotin, 1 mg
ADRIAMYCIN	J9000	Injection, doxorubicin HCl, 10 mg
ADRUCIL	J9190	Injection, fluorouracil, 500 mg
ADVATE/KOGENATE/KOGENATE FS/RECOMBINATE/HELIXATE/HELIXATEL FS	J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified
ADYNOVATE	J7207	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU
ADZYNMA	J7171 New Code effective 7/01/2024	Injection, adamts13, recombinant-krhn, 10 iu
AFSTYLA	J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU
AJOVY	J3031	Injection, fremanezumab-vfrm, 1 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)
AKYNZEO	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
ALDURAZYME	J1931	Injection, laronidase, 0.1 mg



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
ALFERON	J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU
ALIMTA	J9305	Injection, pemetrexed, NOS, 10 mg
ALIMTA	J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg
ALIQOPA	J9057	Injection, copanlisib, 1 mg
ALKERAN	J9245	Injection, melphalan HCl, not otherwise specified, 50 mg
ALMYSYS	J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
ALMYSYS	C9142	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg
ALOXI	J2468 New Code effective 7/01/2024	Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to J2469, 25 micrograms
ALOXI	J2469	Injection, palonosetron HCl, 25 mcg
ALPHANATE	J7186	Injection, antihemophilic Factor VIII/von Willebrand factor complex (human), per Factor VIII IU
ALPHANINE/MONONINE	J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU
ALPROLIX	J7201	Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU
ALTUVIIIO	J7199	Injection, antihemophilic factor (recombinant), fc-vwf-xten fusion protein-eh1
ALTUVIIIO	J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.
ALYGLO	J1552 New Code Effective 1/01/2025	Injection, immune globulin (alyglo), 500 mg
ALYMSYS	J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
AMBISOME/AMPHOTERICIN B LIPOSOME	J0289	Injection, amphotericin B liposome, 10 mg
AMIKACIN SULFATE	J0278	Injection, amikacin sulfate, 100 mg
AMONDYS 45	J1426	Injection, casimersen, 10 mg
AMONDYS45	C9075	Injection, casimersen, 10 mg
AMPHOTEC	J0288	Injection, amphotericin B cholesteryl sulfate complex, 10 mg
AMPHOTERICIN B	J0285	Injection, amphotericin B, 50 mg
AMPICILLIN	J0290	Injection, ampicillin sodium, 500 mg
AMPICILLIN-SULBACTAM	J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g
AMVUTTRA	J3490	Unclassified drugs

Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
AMVUTTRA	J0225	Injection, vutrisiran, 1 mg
ANZEMET	J1260	Injection, dolasetron mesylate, 10 mg
APOKYN	J0364	Injection, apomorphine HCl, 1 mg
ARANESP	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
ARCALYST	J2793	Injection, rilonacept, 1 mg
ARELIA	J2430	Injection, pamidronate disodium, per 30 mg
ARGATROBAN	J0891	Injection, argatroban (Accord), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)
ARGATROBAN	J0892	Injection, argatroban (Accord), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)
ARGATROBAN	J0898	Injection, argatroban (AuroMedics), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)
ARGATROBAN	J0899	Injection, argatroban (AuroMedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)
ARRANON	J9261	Injection, nelarabine, 50 mg
ARTESUNATE	J0391 New code effective 1/01/2024	Injection, artesunate, 1 mg
ARULYMYN	J1749 New code effective 10/01/2024	Injection, iloprost, 0.1 mcg
ARZERRA	J9302	Injection, ofatumumab, 10 mg
ASCENIV	J1554	Injection, immune globulin (Asceniv), 500 mg
ASPARLAS	J9118	Injection, calaspargase pegol-mknl, 10 units
ASTRAMORPH, DURAMORPH, INFUMORPH	J2270	Injection, morphine sulfate, up to 10 mg
ATIVAN/LORAZEPAM	J2060	Injection, lorazepam, 2 mg
ATRYN	J7196	Injection, antithrombin recombinant, 50 IU
AVASTIN	J9035	Injection, bevacizumab, 10 mg
AVASTIN	C9257	Injection, bevacizumab, 0.25 mg
AVEED	J3145	Injection, testosterone undecanoate, 1 mg
AVSOLA	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
AVYCAZ	J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g
AZEDRA	A9590	Iodine I-131, iobenguane, 1 mCi
AZITHROMYCIN/ZITHROMAX	J0456	Injection, azithromycin, 500 mg
BACTRIM IV	J2865 New code effective 4/01/2025	Injection, sulfamethoxazole 5 mg and trimethoprim 1 mg



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
BARHEMSYS	J0184 New code effective 1/01/2024	Injection, amisulpride, 1 mg
BARHEMSYS	J3490	Injection, amisulpride, 1 mg
BAVENCIO	J9023	Injection, avelumab, 10 mg
BAXDELA	C9462	Injection, delafloxacin, 1 mg
BEBULIN/PROFILNINE/PROFILNINE SD	J7194	Factor IX complex, per IU
BELEODAQ	J9032	Injection, belinostat, 10 mg
BELRAPZO	J9036	Injection bendamustine HCl,(Belrapzo/bendamustine)1mg
BENDEKA	J9034	Injection, bendamustine HCl (Bendeka), 1 mg
BENEFIX/IXINITY	J7195	Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified
BENLYSTA	J0490	Injection, belimumab, 10 mg
BEOVU	J0179	Injection, brolicizumab-dbl, 1 mg
BEQVEZ	J1414 New Code Effective 1/01/2025	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose
BERINERT	J0597	Injection, C1 esterase inhibitor (human), Berinert, 10 units
BESPOUSA	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
BICNU	J9050	Injection, carmustine, 100 mg
BICNU	J9052 New code effective 1/01/2024	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg
BIVIGAM	J1556	Injection, immune globulin (Bivigam), 500 mg
BLENOXANE	J9040	Injection, bleomycin sulfate, 15 units
BLENREP	J9037 Deleted code effective 4/01/2025	Injection, belantamab mafodotin-blmf, 0.5 mg
BLINCYTO	J9039	Injection, blinatumomab, 1 mcg
BONIVA	J1740	Injection, ibandronate sodium, 1 mg
BOTOX	J0585	Injection, onabotulinumtoxinA, 1 unit
BRINEURA	J0567	Injection, cerliponase alfa, 1 mg
BRIUMVI	J2329	Injection, ublituximab-xiiy, 1mg
BRIUMVI	J3590	Injection, ublituximab-xiii
BUSULFEX	J0594	Injection, busulfan, 1 mg



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
BYOOVIZ	Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg
CABENUVA	J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg
CABLIVI	C9047	Injection, caplacizumab-yhdp, 1 mg
CALCITRIOL	J0636	Injection, calcitriol, 0.1 mcg
CALPHOSAN	J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml
CAMCEVI	J1952	Leuprolide injectable, camcevi, 1 mg
CAMPATH/LEMTRADA	J0202	Injection, alemtuzumab, 1 mg
CAMPTOSAR	J9206	Injection, irinotecan, 20 mg
CASPOFUNGIN ACETATE	J0637	Injection, caspofungin acetate, 5 mg
CAVERJECT	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)
CEFAZOLIN SODIUM	J0688 New code effective 1/01/2024	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg
CEFAZOLIN SODIUM	J0689	Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg
CEFAZOLIN SODIUM/CEFAZOLIN NOVAPLUS/ANCEF/KEFZOL	J0690	Injection, cefazolin sodium, 500 mg
CEFEPIME	J0701	Injection, cefepime HCl (Baxter), not therapeutically equivalent to Maxipime, 500 mg
CEFEPIME	J0703	Injection, cefepime HCl (B. Braun), not therapeutically equivalent to Maxipime, 500 mg
CEFEPIME/MAXIPIME	J0692	Injection, cefepime HCl, 500 mg
CEFOTAXIME/CLAFORAN	J0698	Injection, cefotaxime sodium, per g
CEFOXITIN SODIUM/MEFOXIN	J0694	Injection, cefoxitin sodium, 1 g
CEFTAZIDIME/FORTAZ/TAZICEF/TAZIDIME	J0713	Injection, ceftazidime, per 500 mg
CEFTRIAOXONE/ROCEPHIN	J0696	Injection, ceftriaxone sodium, per 250 mg
CEFUROXIME SODIUM/ZINACEF	J0697	Injection, sterile cefuroxime sodium, per 750 mg
CELLCEPT	J7519	Injection, mycophenolate mofetil, 10 mg
CELLCEPT	J7514 New Code Effective 1/01/2025	Mycophenolate mofetil (myhibbin), oral suspension, 100 mg
CEPROTIN	J2724	Injection, protein C concentrate, intravenous, human, 10 IU
CEREZYME	J1786	Injection, imiglucerase, 10 units
CHLOROPROCAINE HCL/ NESACAINE	J2401	Injection, chlorprocaine HCl, per 1 mg

Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
CHLORPROMAZINE HCL/THORAZINE	J3230	Injection, chlorpromazine HCl, up to 50 mg
CIMERLI	J3590	Unclassified biologics
CIMERLI	Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg
CIMZIA	J0717	Injection, certolizumab pegol, 1 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)
CINQAIR	J2786	Injection, reslizumab, 1 mg
CINRYZE	J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units
CINVANTI	J0185	Injection, aprepitant, 1 mg
CIPROFLOXACIN/CIPRO IV	J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg
CLOLAR	J9027	Injection, clofarabine, 1 mg
CLOROTEKAL	J2402	Injection, chloroprocaine HCl (Clorotekal), per 1 mg
COAGADEX	J7175	Injection, Factor X, (human), 1 IU
COLISTIMETHATE	J0770	Injection, colistimethate sodium, up to 150 mg
COMBOGESIC IV	J0138 New Code effective 10/01/2024	Injection, acetaminophen 10 mg and ibuprofen 3 mg
COPPER CHLORIDE	J3490	Unclassified drugs
CORIFACT	J7180	Injection, Factor XIII (antihemophilic factor, human), 1 IU
COSELA	J1448	Injection, trilaciclib, 1 mg
COSENTYX	J3247 New Code effective 7/01/2024	Injection, secukinumab, intravenous, 1 mg
COSENTYX	J3590 New drug effective 3/28/2024	Injection, secukinumab, intravenous, 1 mg
COSMEGEN	J9120	Injection, dactinomycin, 0.5 mg
CRESEMBA	J1833	Injection, isavuconazonium, 1 mg
CRYSVITA	J0584	Injection, burosumab-twza, 1 mg
CUTAQUIG	J1551	Injection, immune globulin (Cutaquig), 100 mg
CUVITRU	J1555	Injection, immune globulin (Cuvitru), 100 mg
CYANOCOBALAMIN/VITAMIN B12/HYDROXOCOBALAMIN	J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg
CYANOKIT-B12a	J3424 New code effective 4/01/2024	Injection, hydroxocobalamin, intravenous, 25 mg



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
CYCLOPHOSPHAMIDE	J9071	Injection, cyclophosphamide, (AuroMedics), 5 mg
CYCLOPHOSPHAMIDE (Baxter)	J9076 New Code Effective 1/01/2025	Injection, cyclophosphamide (baxter), 5 mg
CYRAMZA	J9308	Injection, ramucirumab, 5 mg
CYTOGAM	J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial
CYTOSAR-U	J9100	Injection, cytarabine, 100 mg
CYTOXAN	J9070 Deleted code effective 4/01/2024	Cyclophosphamide, 100 mg
DACOGEN	J0894	Injection, decitabine, 1 mg
DACOGEN	J0893	Injection, decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg
DANYELZA	J9348	Injection, naxitamab-gqgk, 1 mg
DAPTOMYCIN	J0873 New code effective 1/01/2024	Injection, daptomycin (xellia), not therapeutically equivalent to j0878 or j0872, 1 mg Injection, daptomycin (xellia) not therapeutically equivalent to j0878, 1 mg
DAPTOMYCIN	J0877	Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg
DAPTOMYCIN	J0878	Injection, daptomycin, 1 mg
DAPTOMYCIN	J0874	Injection, daptomycin (baxter), not therapeutically equivalent to j0878, 1 mg
DARZALEX	J9145	Injection, daratumumab, 10 mg
DARZALEX FASPRO	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj
DAUNORUBICIN	J9150	Injection, daunorubicin, 10 mg
DEFEROXAMINE MESYLATE/DEFERAL	J0895	Injection, deferoxamine mesylate, 500 mg
DESMOPRESSIN ACETATE	J2597	Injection, desmopressin acetate, per 1 mcg
DEXAMETHASONE SODIUM PHOSPHATE/DECADRON/DEXASONE	J1100	Injection, dexamethasone sodium phosphate, 1 mg
DEXTENZA	J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg
DEXTROSE	J7060	5% dextrose/water (500 ml = 1 unit)
DEXTROSE	J7070	Infusion, D-5-W, 1,000 cc
DEXTROSE/DOBUTAMINE HCL/DOBUTAMINE HCL	J1250	Injection, dobutamine HCl, per 250 mg
DEXYCU	J1095	Injection, dexamethasone 9%, intraocular, 1 mcg
DOPAMINE HCL/DOPAMINE HCL-DEXTROSE/INTROPIN"	J1265	Injection, dopamine HCl, 40 mg



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
DOXIL	Q2050	Injection, doxorubicin HCl, liposomal, not otherwise specified, 10 mg
DTIC-DOME	J9130	Dacarbazine, 100 mg
DUOPA	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
DURYSTA	J7351	Injection, bimatoprost, intracameral implant, 1 mcg
DYSPOET	J0586	Injection, abobotulinumtoxinA, 5 units
ELAPRASE	J1743	Injection, idursulfase, 1 mg
ELELYSO	J3060	Injection, taliglucerase alfa, 10 units
ELEVIDYS	J3590	Injection, delandisotrogene moxeparvocev-rokl
ELFABRIO	J2508 New code effective 1/01/2024	Injection, pegunigalsidase alfa-iwxj, 1 mg
ELFABRIO	J3590	Injection, pegunigalsidase alfa-iwxj, for intravenous use
ELLENC	J9178	Injection, epirubicin HCl, 2 mg
ELLIOTTS B	J9175	Injection, Elliotts' B solution, 1 ml
ELOCTATE	J7205	Injection, Factor VIII Fc fusion protein (recombinant), per IU
ELOXATIN	J9263	Injection, oxaliplatin, 0.5 mg
ELZONRIS	J9269	Injection, tagraxofusp-erzs, 10 mcg
EMEND	J1434 New code effective 4/01/2024	Injection, fosaprepitant (focinvez), 1 mg
EMEND	J1453	Injection, fosaprepitant, 1 mg
EMEND	J1456	Injection, fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg
EMPAVELI	J3490	Unclassified drugs
EMPLICITI	J9176	Injection, elotuzumab, 1 mg
ENBREL	J1438	Injection, etanercept, 25 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)
ENHERTU	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
ENJAYMO	J1302	Injection, sutimlimab-jome, 10 mg
ENOXAPARIN SODIUM/ LOVENOX	J1650	Injection, enoxaparin sodium, 10 mg
ENTYVIO	J3380	Injection, vedolizumab, 1 mg
EPINEPHRINE	J0173	Injection, epinephrine (Belcher) not therapeutically equivalent to J0171, 0.1 mg
ERAXIS	J0348	Injection, anidulafungin, 1 mg
ERBITUX	J9055	Injection, cetuximab, 10 mg



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
ERTAPENEM	J1335	Injection, ertapenem sodium, 500 mg
ERWINAZE	J9019	Injection, asparaginase (Erwinaze), 1,000 IU
ERYTHROCIN LACTOBIONATE/ERYTHROMYCIN LACTOBIONATE	J1364	Injection, erythromycin lactobionate, per 500 mg
ESPEROCT	J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU
EVENITY	J3111	Injection, romosozumab-aqqg, 1 mg
EVKEEZA	J1305	Injection, evinacumab-dgnb, 5 mg
EVOMELA	J9246	Injection, melphalan (Evomela), 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) not therapeutically equivalent to J9395, 25 mg
FASLODEX	J9394	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg
FEIBA NF	J7198	Antiinhibitor, per IU
FENSOLVI	J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg
FERRLECIT/SODIUM FERRIC GLUCONATE COMPLEX SUC	J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
FETROJA	J0699	Injection, cefiderocol, 10 mg
FIRAZYR	J1744	Injection, icatibant, 1 mg
FIRMAGON	J9155	Injection, degarelix, 1 mg
FLEBOGAMMA/DIF	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
FLOLAN/VELETRI	J1325	Injection, epoprostenol, 0.5 mg
FLUCONAZOLE/ DIFLUCAN IV	J1450	Injection, fluconazole, 200 mg
FLUDARA	J9185	Injection, fludarabine phosphate, 50 mg
FOLOTYN	J9307	Injection, pralatrexate, 1 mg
FORTEO	J3110	Injection, teriparatide, 10 mcg
FOSCAVIR/FOSCARNET SODIUM	J1455	Injection, foscarnet sodium, per 1,000 mg
FUDR	J9200	Injection, floxuridine, 500 mg
FULPHILA	Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg
FUROSEMIDE/LASIX	J1940 Deleted code effective 4/01/2025	Injection, furosemide, up to 20 mg



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
FUSILEV	J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg
FYARRO	J9331	Injection, sirolimus protein-bound particles, 1 mg
FYLNETRA	J3590	Unclassified biologics
FYLNETRA	Q5130	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg
GAMASTAN/ GAMASTAN S/D	J1560	Injection, gamma globulin, intramuscular, over 10 cc
GAMIFANT	J9210	Injection, emapalumab-lzsg, 1 mg
GAMMAGARD LIQUID	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
GAMMAPLEX	J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg
GAMUNEX-C/GAMMAKED	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
GANCICLOVIR/CYTOVENE IV	J1570	Injection, ganciclovir sodium, 500 mg
GANCICLOVIR-SODIUM CHLORIDE	J1574	Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg
GAZYVA	J9301	Injection, obinutuzumab, 10 mg
GEMZAR	J9201	Injection, gemcitabine HCl, not otherwise specified, 200 mg
GENTAMICIN SULFATE/GENTAMICIN SULFATE/SODIUM CHLORIDE	J1580	Injection, garamycin, gentamicin, up to 80 mg
GIVLAARI	J0223	Injection, givosiran, 0.5 mg
GLASSIA	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg
GLUCAGON	J1610	Injection, glucagon HCl, per 1 mg
GLUCAGON	J1611	Injection, glucagon HCl (Fresenius Kabi), not therapeutically equivalent to J1610, per 1 mg
GRANIX	J1447	Injection, tbo-filgrastim, 1 mcg
HAEGARDA	J0599	Injection, C1 esterase inhibitor (human), (Haegarda), 10 units
HALAVEN	J9179	Injection, eribulin mesylate, 0.1 mg
HALOPERIDOL LACTATE/HALDOL	J1630	Injection, haloperidol, up to 5 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, not otherwise classified
HEPAGAM B (IM)	J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml
HEPAGAM B (IV)	J1573	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml
HEPARIN SODIUM	J1643	Injection, heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
HEPARIN SODIUM-SODIUM CHLORIDE/HEPARIN SODIUM-DEXTROSE/	J1644	Injection, Heparin sodium, per 1000 units
HERCEPTIN	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg
HERCEPTIN HYLECTA	J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk
HERCESSI (HERCEPTIN BIOSIMILAR)	Q5146 New Code Effective 1/01/2025	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg
HERZUMA	Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 m
HIZENTRA	J1559	Injection, immune globulin (Hizentra), 100 mg
HUMALOG/NOVOLOG/LANTUS	J1815	Injection, insulin, per 5 units
HUMATE-P	J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO
HUMIRA	J0135 Deleted Code effective 1/1/2025	Injection, adalimumab, 20 mg
HYCAMTIN	J9351	Injection, topotecan, 0.1 mg
HYDROCORTISONE SODIUM SUCCINATE/A-HYDROCORT/SOLU-CORTEF/	J1720	Injection, hydrocortisone sodium succinate, up to 100 mg
HYDROXOCOBALAMIN/VITAMIN B12	J3425 New code effective 1/01/2024	Injection, hydroxocobalamin, 10 mcg
HYDROXYPROGESTERONE CAPROATE (OIL)	J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg
HYDROXYZINE HCL/VISTARIL IM	J3410	Injection, hydroxyzine HCl, up to 25 mg
HYPERSAL	J7131	Hypertonic saline solution, 1 ml
HYQVIA	J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin
IDAMYCIN	J9211	Injection, idarubicin HCl, 5 mg
IDELVION	J7202	Injection, Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU
IFEX	J9208	Injection, ifosfamide, 1 g
ILARIS	J0638	Injection, canakinumab, 1 mg
ILUMYA	J3245	Injection, tildrakizumab, 1 mg
ILUVIEN	J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg
IMFINZI	J9173	Injection, durvalumab, 10 mg
IMIPENEM AND CILASTATIN	J0743	Injection, cilastatin sodium; imipenem, per 250 mg
IMLYGIC	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
IMMPHENTIV	J2373 New Code effective 7/01/2024	Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms
INFED/IRON DEXTRAN/DEXFERRUM	J1750	Injection, iron dextran, 50 mg
INFLECTRA	Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg
INFUGEM	J9198	Injection, gemcitabine HCl, (Infugem), 100 mg
INFUMORPH	J2274	Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg
INJECTAFER	J1439	Injection, ferric carboxymaltose, 1 mg
INTRON-A	J9214	Injection, interferon, alfa-2b, recombinant, 1 million units
ISTODAX	J9319	Injection, romidepsin, lyophilized, 0.1 mg
IXEMPRA	J9207	Injection, ixabepilone, 1 mg
IXINITY	J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.
JELMYTO	J9281	Mitomycin pyelocalyceal instillation, 1 mg
JEMPERLI	J9272	Injection, dostarlimab-gxly, 10 mg
JETREA	J7316	Injection, ocriplasmin, 0.125 mg
JEVTANA	J9043	Injection, cabazitaxel, 1 mg
JIVI	J7208	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 IU
KADCYLA	J9354	Injection, ado-trastuzumab emtansine, 1 mg
KALBITOR	J1290	Injection, ecallantide, 1 mg
KANJINTI	Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg
KANTREX/KANAMYCIN SULFATE	J1840 Deleted code effective 4/01/2024	Injection, kanamycin sulfate, up to 500 mg
KANUMA	J2840	Injection, sebelipase alfa, 1 mg
KCENTRA	J7165 New code effective 4/01/2024	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity
KETOROLAC TROMETHAMINE/TORADOL	J1885	Injection, ketorolac tromethamine, per 15 mg
KEYTRUDA	J9271	Injection, pembrolizumab, 1 mg
KHAPZORY	J0642	Injection, levoleucovorin (Khapzory), 0.5 mg
KIMMTRAK	J9274	Injection, tebentafusp-tebn, 1 mcg
KINLYTIC, ABBOKINASE	J3364	Injection, perphenazine, up to 5 mg
KORSUVA	J0879	Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis)



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
KOVALTRY	J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
KRYSTEXXA	J2507	Injection, pegloticase, 1 mg
KYPROLIS	J9047	Injection, carfilzomib, 1 mg
LAMZEDE	J0217 New code effective 1/01/2024	Injection, velmanase alfa-tycv, 1 mg
LAMZEDE	J3590	Injection, velmanase alfa-tycv
LANREOTIDE ACETATE	J1932	Injection, lanreotide, (Cipla), 1 mg
LEQEMBI	J3590	Injection, lecanemab-irmb
LEQEMBI	J0174	Injection, lecanemab-irmb, 1 mg
LEQVIO	J1306	Injection, inclisiran, 1 mg
LEUCOVORIN	J0640	Injection, leucovorin calcium, per 50 mg
LEUKINE	J2820	Injection, sargramostim (GM-CSF), 50 mcg
LEUSTATIN	J9065	Injection, cladribine, per 1 mg
LEVETIRACETAM	J1953	Injection, levetiracetam, 10 mg
LEVOCARNITINE/CARNITOR	J1955	Injection, levocarnitine, per 1 g
LEVOFLOXACIN/LEVAQUIN	J1956	Injection, levofloxacin, 250 mg
LIBTAYO	J9119	Injection, cemiplimab-rwlc, 1 mg
LIDOCAINE HCL/XYLOCAINE	J2001 Deleted Code effective 10/01/2024	Injection, lidocaine HCl for intravenous infusion, 10 mg
LINEZOLID	J2021	Injection, linezolid (Hospira) not therapeutically equivalent to J2020, 200 mg
LINEZOLID/ZYVOX	J2020	Injection, linezolid, 200 mg
LIPODOX	Q2049	Injection, doxorubicin HCl, liposomal, imported Lipodox, 10 mg
LOQTORZI	J3263 New Code effective 7/01/2024	Injection, toripalimab-tpzi, 1 mg
LOQTORZI	J9999	Injection, toripalimab-tpzi
LUCENTIS	J2778	Injection, ranibizumab, 0.1 mg
LUMIZYME	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg
LUMOXITI	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
LUPRON	J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
LUPRON	J9217	Leuprolide acetate (for depot suspension), 7.5 mg



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
LUPRON	J1954	Injection, leuprolide acetate for depot suspension (cipra), 7.5 mg
LUTATHERA	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi
MACUGEN	J2503	Injection, pegaptanib sodium, 0.3 mg
MAGNESIUM SULFATE	J3475	Injection, magnesium sulfate, per 500 mg
MAKENA	J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg
MARGENZA	J9353	Injection, margetuximab-cmkb, 5 mg
MARQIBO	J9371 Deleted Code effective 7/01/2024	Injection, vincristine sulfate liposome, 1 mg
MEPSEVII	J3397	Injection, vestronidase alfa-vjbc, 1 mg
MEROPENEM	J2183 New Code effective 7/01/2024	Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg
MEROPENEM	J1850 Deleted code effective 4/01/2024	Injection, kanamycin sulfate, up to 75 mg
MEROPENEM	J2184	Injection, meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg
MEROPENEM/MERREM IV	J2185	Injection, meropenem, 100 mg
MESNEX	J9209	Injection, mesna, 200 mg
METHOTREXATE	J9255 New code effective 1/01/2024	Injection, methotrexate (accord) not therapeutically equivalent to j9250 and j9260, 50 mg
METOCLOPRAMIDE/REGLAN	J2765	Injection, metoclopramide HCl, up to 10 mg
MICAFUNGIN	J2246 New Code effective 7/01/2024	Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg
MICAFUNGIN	J2247	Injection, micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg
MICAFUNGIN SODIUM/MYCAMINE	J2248	Injection, micafungin sodium, 1 mg
MIDAZOLAM-SODIUM CHLORIDE	J2251	Injection, midazolam in 0.9% sodium chloride, intravenous, not therapeutically equivalent to j2250, 1 mg Injection, midazolam HCl (WG Critical Care) not therapeutically equivalent to J2250, per 1 mg
MILRINONE LACTATE/PRIMACOR	J2260	Injection, milrinone lactate, 5 mg
MINOCIN	J2265	Injection, minocycline HCl, 1 mg

Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
MONJUVI	J9349	Injection, tafasitamab-cxix, 2 mg
MORPHINE SULFATE	J2272	Injection, morphine sulfate (Fresenius Kabi) not therapeutically equivalent to J2270, up to 10 mg
MOXIFLOXACIN HCL	J2281	Injection, moxifloxacin (Fresenius Kabi) not therapeutically equivalent to J2280, 100 mg
MOXIFLOXACIN HCL/AVELOX I.V.	J2280	Injection, moxifloxacin, 100 mg
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-maly, biosimilar, (Alymsys), 10 mg
MYLOTARG	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
MYOBLOC	J0587	Injection, rimabotulinumtoxinB, 100 units
MYOZYME	J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified
NAGLAZYME	J1458	Injection, galsulfase, 1 mg
NAVELBINE	J9390	Injection, vinorelbine tartrate, 10 mg
NEULASTA	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
NEUPOGEN	J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg
NEXTERONE	J0283	Injection, amiodarone HCl (Nexterone), 30 mg
NEXVIAZYME	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg
NICARDIPINE	J2404 New code effective 1/01/2024	Injection, nicardipine, 0.1 mg
NIPENT	J9268	Injection, pentostatin, 10 mg
NIVESTYM	Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg
NOVANTRONE	J9293	Injection, mitoxantrone HCl, per 5 mg
NOVOEIGHT	J7182	Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU
NOVOSEVEN RT	J7189	Factor VIIa (antihemophilic factor, recombinant), (NovoSeven RT), 1 mcg
NPLATE	J2796 Deleted Code effective 1/1/2025	Injection, romiplostim, 10 mcg
NUCALA	J2182	Injection, mepolizumab, 1 mg
NULIBRY	J3490	Unclassified drugs



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
NULOJIX	J0485	Injection, belatacept, 1 mg
NUWIQ	J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU
NYVEPRIA	Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg
OBIZUR	J7188	Injection, Factor VIII (antihemophilic factor, recombinant) (Obizur), per IU
OCREVUS	J2350	Injection, ocrelizumab, 1 mg
OCTAGAM	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg
OGIVRI	Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
OMVOH	J2267 New Code effective 7/01/2024	Injection, mirikizumab-mrkz, 1 mg
ONCASPAR	J9266	Injection, pegaspargase, per single dose vial
ONDANSETRON/ZOFRAN	J2405	Injection, ondansetron HCl, per 1 mg
ONIVYDE	J9205	Injection, irinotecan liposome, 1 mg
ONPATTRO	J0222	Injection, patisiran, 0.1 mg
ONTRUZANT	Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
OPDIVO	J9299	Injection, nivolumab, 1 mg
OPDUALAG	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
ORAVERSE	J2760	Injection, phentolamine mesylate, up to 5 mg
ORENCIA	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
OXACILLIN SODIUM/BACTOCILL/PROSTAPHLIN	J2700	Injection, oxacillin sodium, up to 250 mg
OXLUMO	J0224	Injection, lumasiran, 0.5 mg
OZURDEX	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
PADCEV	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg
PANTOPRAZOLE	J2470 New Code effective 7/01/2024	Injection, pantoprazole sodium, 40 mg
PANTOPRAZOLE	J2471 New Code effective 7/01/2024	Injection, pantoprazole (hikma), not therapeutically equivalent to J2470, 40 mg



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
PANZYGA	J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
PANZYGA	J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg
PAPACON	J2440	Injection, papaverine HCl, up to 60 mg
PAPAVERINE HCL	J2440	Injection, papaverine HCl, up to 60 mg
PARAPLATIN	J9045	Injection, carboplatin, 50 mg
PARA-TIME S.R.	J2440	Injection, papaverine HCl, up to 60 mg
PARSABIV	J0606	Injection, etelcalcetide, 0.1 mg
PAVABID PLATEAU	J2440	Injection, papaverine HCl, up to 60 mg
PAVAGEN	J2440	Injection, papaverine HCl, up to 60 mg
PEMFEXY	J9304	Injection, pemetrexed (Pempfexy), 10 mg
PENICILLIN G POTASSIUM/PFIZERPEN	J2540	Injection, penicillin G potassium, up to 600,000 units
PENTAMIDINE ISETHIONATE	J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 300 mg
PEPAXTO	J9247 Deleted code effective 4/01/2025	Injection, melphalan flufenamide, 1 mg
PERJETA	J9306	Injection, pertuzumab, 1 mg
PHESGO	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
PHOTOFRIN	J9600	Injection, porfimer sodium, 75 mg
PIASKY	J1307 New Code Effective 1/01/2025	Injection, crovalimab-akkz, 10 mg
PIPERACILLIN AND TAZOBACTAM/ZOSYN	J2543	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)
PLASBUMIN-25/ALBUTEIN/ALBUMIN HUMAN/ALBUKED 25	P9047	Infusion, albumin (human), 25%, 50 ml
PLATINOL	J9060	Injection, cisplatin, powder or solution, 10 mg
PLUVICTO™	A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 mCi
POLIVY	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
POMBILITI	J1203 New code effective 4/01/2024	Injection, cipaglifosidase alfa-atga, 5 mg
POMBILITI	J3590	Injection, cipaglifosidase alfa-atga



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
PORTRAZZA	J9295	Injection, necitumumab, 1 mg
POTASSIUM CHLORIDE	J3480	Injection, potassium chloride, per 2 mEq
POTELIGEO	J9204	Injection, mogamulizumab-kpkc, 1 mg
PRIALT	J2278	Injection, ziconotide, 1 mcg
PRIVIGEN	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
PROBUPHINE IMPLANT	J0570 Deleted Code effective 1/1/2025	Buprenorphine implant, 74.2 mg
PROCHLORPERAZINE EDISYLATE/COMPАЗINE	J0780	Injection, prochlorperazine, up to 10 mg
PROCRIT/EPOGEN	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units
PROLEUKIN	J9015	Injection, aldesleukin, per single use vial
PROLIA/XGEVA	J0897	Injection, denosumab, 1 mg
PROMETHAZINE HCL/ PHENERGAN/PROREX	J2550	Injection, promethazine HCl, up to 50 mg
PROTONIX	J2472 New Code Effective 1/01/2025	Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg
PROVENGE	Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
PYRIDOXINE HCL/VITAMIN B6	J3415	Injection, pyridoxine HCl, 100 mg
PYZCHIVA	Q9997 New Code Effective 1/01/2025	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg
QALSODY	J3490	Injection, tofersen, 1 mg
QUTENZA	J7336	Capsaicin 8% patch, per sq cm
RADICAVA	J1301	Injection, edaravone, 1 mg
RANITIDINE/ZANTAC	J2780 Deleted Code effective 7/01/2024	Injection, ranitidine HCl, 25 mg
REBINYN	J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebinyn), 1 IU
REBLOZYL	J0896	Injection, luspatercept-aamt, 0.25 mg
RECLAST/ZOMETΑ	J3489	Injection, zoledronic acid, 1 mg
REGITINE	J2760	Injection, phentolamine mesylate, up to 5 mg
RELEUKO	Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg
RELISTOR	J2212	Injection, methylnaltrexone, 0.1 mg

Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
RELIZORB	B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each
REMICADE	J1745	Injection, infliximab, excludes biosimilar, 10 mg
REMODULIN	J3285	Injection, treprostinil, 1 mg
RENFLEXIS	Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg
RETACRIT	Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units
RETACRIT	Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units
RETISERT	J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg
REVCOVI	J3590	Injection, elapegamase-lvlr, 1.6 mg
REZZAYO	J0349	Injection, rezafungin, 1 mg
RIABNI	Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg
RIASTAP	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
RITUXAN	J9312	Injection, rituximab, 10 mg
RITUXAN HYCELA	J9311	Injection, rituximab 10 mg and hyaluronidase
RIXUBIS	J7200	Injection, Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU
ROMIDEPSIN	J9319	Injection, romidepsin, lyophilized, 0.1 mg
ROMIDEPSIN (LIQUID)	J9318	Injection, romidepsin, nonlyophilized, 0.1 mg
RUCONEST	J0596	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units
RUXIENCE	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
RYBREVANT	J9061	Injection, amivantamab-vmjw, 2 mg
RYLAZE	J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg
RYPLAZIM	J2998	Injection, plasminogen, human-tvmh, 1 mg
RYSTIGGO	J9333 New code effective 1/01/2024	Injection, rozanolixizumab-noli, 1 mg
RYSTIGGO	J3590	Injection, rozanolixizumab-noli, for subcutaneous use
SANDOSTATIN LAR	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
SANDOSTATIN SQ	J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg
SAPHNELO	J0491	Injection, anifrolumab-fnia, 1 mg
SARCLISA	J9227	Injection, isatuximab-irfc, 10 mg
SEVENFACT	J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg
SIGNAFOR LAR	J2502	Injection, pasireotide long acting, 1 mg



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
SIMPONI ARIA	J1602	Injection, golimumab, 1 mg, for intravenous use
SIMULECT	J0480	Injection, basiliximab, 20 mg
SIVEXTRO	J3090	Injection, tedizolid phosphate, 1 mg
SKYRIZI	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
SOLIRIS	J1271 New code effective 4/01/2025	Injection, doxycycline hyclate, 1 mg
SOLIRIS	J1300 Deleted code effective 4/01/2025	Injection, eculizumab, 10 mg
SOLIRIS	Q5139 Deleted code effective 4/01/2025 New Code Effective 1/01/2025	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg
SOLUMEDROL / DEPO MEDROL	J1010 New code effective 4/01/2024	Injection, methylprednisolone acetate, 1 mg
SOLUMEDROL / DEPO MEDROL	J2919 New code effective 4/01/2024	Injection, methylprednisolone sodium succinate, 5 mg
SOLU-MEDROL/METHYLPREDNISOLONE SODIUM SUCCINATE	J2920 Deleted code effective 4/01/2024	Injection, methylprednisolone sodium succinate, up to 40 mg
SOMATULINE DEPOT	J1930	Injection, lanreotide, 1 mg
SOMAVERT	J3590	Unclassified biologics
SPEVIGO	J3590	Unclassified biologics
SPEVIGO	J1747	Injection, spesolimab-sbzo, 1 mg
SPINRAZA	J2326	Injection, nusinersen, 0.1 mg
STELARA	J3358	Ustekinumab, for intravenous injection, 1 mg
STELARA (SQ)	J3357	Ustekinumab, for subcutaneous injection, 1 mg
STREPTOMYCIN SULFATE	J3000	Injection, streptomycin, up to 1 g
SUPPRELIN LA	J9226	Histrelin implant (Supprelin LA), 50 mg
SUSTOL	J1627	Injection, granisetron, extended-release, 0.1 mg
SUSVIMO	J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
SYLVANT	J2860	Injection, siltuximab, 10 mg
SYNAGIS	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
SYNRIBO	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
SYNTHROID / LEVOXYL / LEVOTHROID	J0650 New code effective 4/01/2024	Injection, levothyroxine sodium, not otherwise specified, 10 mcg
SYNTHROID / LEVOXYL / LEVOTHROID	J0651 New code effective 4/01/2024	Injection, levothyroxine sodium (fresenius kabi) not therapeutically equivalent to j0650, 10 mcg
SYNTHROID / LEVOXYL / LEVOTHROID	J0652 New code effective 4/01/2024	Injection, levothyroxine sodium (hikma) not therapeutically equivalent to j0650, 10 mcg
TAKHZYRO	J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
TALVEY	J9999	Injection, talquetamab-tgvs
TAXOL	J9267	Injection, paclitaxel, 1 mg
TAXOTERE	J9171	Injection, docetaxel, 1 mg
TECENTRIQ	J9022	Injection, atezolizumab, 10 mg
TEFLARO	J0712	Injection, ceftaroline fosamil, 10 mg
TEGSEDI	J3490	Unclassified drugs
TEMODAR INJECTION	J9328	Injection, temozolomide, 1 mg
TEPADINA/THIOPLEX	J9340	Injection, thiotepa, 15 mg
TEPEZZA	J3241	Injection, teprotumumab-trbw, 10 mg
TEZPIRE	J2356	Injection, tezepelumab-ekko, 1 mg
THIAMINE HCL	J3411	Injection, thiamine HCl, 100 mg
THROMBATE III	J7197	Antithrombin III (human), per IU
THYROGEN	J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial
TICE BCG	J9030	BCG live intravesical instillation, 1 mg
TIGECYCLINE	J3244	Injection, tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg
TIGECYCLINE/TYGACIL	J3243	Injection, tigecycline, 1 mg
TIVDAK	J9273	Injection, tisotumab vedotin-tftv, 1 mg
TOBRAMYCIN SULFATE	J3260	Injection, tobramycin sulfate, up to 80 mg



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
TOFIDENCE (ACTEMRA BIOSIMILAR)	Q5133 New code effective 4/01/2024	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg
TOPOSAR	J9181	Injection, etoposide, 10 mg
TORISEL	J9330	Injection, temsirolimus, 1 mg
TRAZIMERA	Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg
TREANDA	J9033	Injection, bendamustine HCl (Treanda), 1 mg
TRELSTAR	J3315	Injection, triptorelin pamoate, 3.75 mg
TREMFYA	J1628	Injection, guselkumab, 1 mg
TRETTEN	J7181	Injection, Factor XIII A-subunit, (recombinant), per IU
TRISENOX	J9017	Injection, arsenic trioxide, 1 mg
TRODELVY	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
TROGARZO	J1746	Injection, ibalizumab-uiyk, 10 mg
TRUXIMA	Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg
TYRUKO (TYSABRI BIOSIMILAR)	Q5134 New code effective 4/01/2024	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg
TYSABRI	J2323	Injection, natalizumab, 1 mg
TYVASO	J7686	Treprostnil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg
TZIELD	J9381	Injection, teplizumab-mzwv, 5 mcg
UDENYCA	Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg
ULTOMIRIS	J1303	Injection, ravulizumab-cwvz, 10 mg
UNITUXIN	J9999	Not otherwise classified, antineoplastic drugs
UNLISTED	C9399	Unclassified drugs or biologicals
UPLIZNA	J1823	Injection, inebilizumab-cdon, 1 mg
VABYSMO	J2777	Injection, faricimab-svoa, 0.1 mg
VALSTAR	J9357	Injection, valrubicin, intravesical, 200 mg
VANCOMYCIN HCL	J3370	Injection, vancomycin HCl, 500 mg
VANCOMYCIN HCL	J3371	Injection, vancomycin HCl (Mylan) not therapeutically equivalent to J3370, 500 mg
VANCOMYCIN HCL	J3372	Injection, vancomycin HCl (Xellia) not therapeutically equivalent to J3370, 500 mg
VANTAS	J9225	Histrelin implant (Vantas), 50 mg
VECTIBIX	J9303	Injection, panitumumab, 10 mg



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
VEGZELMA	Q5129	Injection, bevacizumab-adcd (vezgelma), biosimilar, 10 mg
VELBAN	J9360	Injection, vinblastine sulfate, 1 mg
VELCADE	J9041	Injection, bortezomib, 0.1 mg
VELCADE	J9046	Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg
VELCADE	J9048	Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg
VELCADE	J9049	Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg
VENOFER	J1756	Injection, iron sucrose, 1 mg
VENOGLOBULIN / GAMMAR I.V.AND I.M. / GAMASTAN / GAMMAGARD S/D/ POLYGAM S/D/ SANDOGLOBULIN / BAYGAM/ GAMIMUNE N / OCTAGAM	J1460	Injection, gamma globulin, intramuscular, 1 cc
VENTAVIS	Q4074	Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg
VEOPOZ	J9376 New code effective 4/01/2024	Injection, pozelimab-bbfg, 1 mg
VIBATIV	J3095	Injection, telavancin, 10 mg
VIDAZA	J9025	Injection, azacitidine, 1 mg
VILTEPSO	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), (Vonvendi), 1 IU VWF:RCO
VORICONAZOLE	J3465	Injection, voriconazole, 10 mg
VPRIV	J3385	Injection, velaglucerase alfa, 100 units
VUMON	Q2017	Injection, teniposide, 50 mg
VYALEV	J7799	NOC drugs, other than inhalation drugs, administered through DME
VYEPTI	J3032	Injection, eptinezumab-jjmr, 1 mg
VYONDYS 53	J1429	Injection, golodirsen, 10 mg
VYVGART	J3590	Injection, efgartigimod alfa-fcab, 2 mg
VYVGART	J9332	Injection, efgartigimod alfa-fcab, 2 mg
VYXEOS	J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine
WILATE	J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO



Home Infusion Therapy Drug Preauthorization List

Home Infusion Therapy Drugs		
Brand Name	Code	Generic Name
XARACOLL	J3490	Unclassified drugs
XARACOLL	C9089	Bupivacaine, collagen-matrix implant, 1 mg
XEMBIFY	J1558	Injection, immune globulin (xembify), 100 mg
XENPOZYME	J3590	Unclassified biologics
XENPOZYME	J0218	Injection, olipudase alfa-rpcp, 1 mg
XEOMIN	J0588	Injection, incobotulinumtoxinA, 1 unit
XIAFLEX	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
XOFIGO	A9606	Radium RA-223 dichloride, therapeutic, per UCI
XOLAIR	J2357	Injection, omalizumab, 5 mg
XYNTHA	J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU
YERVOY	J9228	Injection, ipilimumab, 1 mg
YONDELIS	J9352	Injection, trabectedin, 0.1 mg
YUTIQ	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
ZALTRAP	J9400	Injection, ziv-aflibercept, 1 mg
ZANOSAR	J9320	Injection, streptozocin, 1 g
ZARXIO	Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg
ZEMAIRA/ARALAST/ PROLASTIN/PROLASTIN-C	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
ZEPZELCA	J9223	Injection, lurbinedin, 0.1 mg
ZERBAXA	J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg
ZEVALIN	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi
ZIEXTENZO	Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg
ZILRETTA	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
ZIMHI	J2311	Injection, naloxone HCl (Zimhi), 1 mg
ZINPLAVA	J0565	Injection, bezlotoxumab, 10 mg
ZIRABEV	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
ZOLADEX	J9202	Goserelin acetate implant, per 3.6 mg
ZOLEDRONIC ACID/ZOMETA	J3489	Injection, zoledronic acid, 1 mg
ZULRESSO	J1632	Injection, brexanolone, 1 mg
ZYNLONTA	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg



Home Infusion Therapy Drug Preauthorization List

Revision History:

Company(ies)	DATE	REVISION
EmblemHealth	4/10/2025	<p><u>Two New Codes added effective 4/1/2025:</u></p> <ul style="list-style-type: none"> J1271 (Soliris) J2865 (Bactrim IV) <p><u>5 Deleted Code effective 4/01/2025:</u></p> <ul style="list-style-type: none"> J1300 (Soliris) J1940 (Furosemide/Lasix) J9037 (Blenrep) J9247 (Pepaxto) Q5139 (Soliris)
EmblemHealth	3/10/2025	<p>Removed the following:</p> <ul style="list-style-type: none"> J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331 and J7332
EmblemHealth	3/06/2025	<p>One New Drug added effective 2/06/2025:</p> <ul style="list-style-type: none"> Vyalev (J7799)
EmblemHealth	3/06/2025	<p>Brand Name for Q5146 updated from Herceptin to Hercessi (Herceptin Biosimilar)</p>
EmblemHealth	3/06/2025	<p>Transferred policy content to individual company-branded template.</p>
EmblemHealth ConnectiCare	1/10/2025	<p><u>9 New Codes added effective 1/1/2025:</u></p> <ul style="list-style-type: none"> J1307 (PiaSky) J1414 (Beqvez) J1552 (Alyglo) J2472 (Protonix) J7514 (Cellcept) J9076 (Cyclophosphamide (Baxter)) Q5139 (Soliris) Q5146 (Herceptin) Q9997 (Pyzchiva) <p><u>3 Deleted Code effective 1/01/2025:</u></p>



Home Infusion Therapy Drug Preauthorization List

Company(ies)	DATE	REVISION
		<ul style="list-style-type: none"> • J0135 (Humira) • J0570 (Probuphine Implant) • J2796 (Nplate)
EmblemHealth ConnectiCare	1/2025	<u>Removed Following Drugs:</u> <ul style="list-style-type: none"> • J1171 (Dilaudid) • J2002 (Xylocaine) • J2003 (Xylocaine) • J2004 (Xylocaine-Epinephrine) • J2252 (Exela) • J2253 (Seizalam) • J2601 (Baxter)
EmblemHealth ConnectiCare	12/3/2024	<u>One drug added effective 4/15/2025:</u> <ul style="list-style-type: none"> • Cutaquig – J1551
EmblemHealth ConnectiCare	12/3/2024	<u>Following drugs removed from this list:</u> <ul style="list-style-type: none"> • Elevidys - J1413 • Luxturna - J3398 • Lyfgenia - J3394 • Roctavian - J1412 • Zolgensma - J3399 • Zynteglo - J3393 • Abecma - Q2055 • Breyanzi - Q2054 • Carvykti - Q2056 • Kymriah - Q2042 • Tecartus - Q2053 • Yescarta - Q2041 • Spravato – S0013
EmblemHealth ConnectiCare	9/26/2024	<u>Added 9 new codes effective 10/01/2024:</u> <ul style="list-style-type: none"> • J1749 (Aurlymyn) • J2601 (Baxter) • J0138 (Combogesic IV)



Home Infusion Therapy Drug Preauthorization List

Company(ies)	DATE	REVISION
		<ul style="list-style-type: none"> • J1171 (Dilaudid) • J2252 (Exela) • J2253 (Seizalam) • J2002 (Xylocaine) • J2003 (Xylocaine) • J2004 (Xylocaine-Epinephrine) <p><u>1 Revised Description effective 10/01/2024:</u></p> <ul style="list-style-type: none"> • J2251 (Midazolam-Sodium Chloride) <p><u>1 Deleted Code effective 10/01/2024:</u></p> <ul style="list-style-type: none"> • J2001 (Lidocaine HCL/Xylocaine)
EmblemHealth ConnectiCare	6/27/2024	<p><u>Added 12 new codes effective 7/01/2024:</u></p> <ul style="list-style-type: none"> • J2183 (Meropenem) • J2246 (Micafungin) • J2267 (Omvoh) • J2373 (Immphantiv) • J2468 (Aloxi) • J2470 (Pantoprazole) • J2471 (Pantaprzaole) • J3247 (Cosentyx) • J3263 (Loqtorzi) relacing J9999 • J3393 (Zynteglo) replacing J3590 • J3394 (Lyfgenia) replacing J3590 • J7171 (Adzyna) <p><u>2 codes deleted effective 7/01/2024:</u></p> <ul style="list-style-type: none"> • J2780 and J9371 <p><u>1 code with Revised Description effective 7/01/2024:</u></p> <ul style="list-style-type: none"> • J0873
EmblemHealth ConnectiCare	6/11/2024	<p><u>Added 1 new drug effective 3/28/2024:</u></p> <ul style="list-style-type: none"> • J3590 (Cosentyx)
EmblemHealth ConnectiCare	3/26/2024	<p><u>Added 12 new codes effective 4/01/2024:</u></p> <ul style="list-style-type: none"> • J0650 (Synthroid, Levoxyl, Levothroid)



Home Infusion Therapy Drug Preauthorization List

Company(ies)	DATE	REVISION
		<ul style="list-style-type: none"> • J0651 (Synthroid, Levoxyl, Levothroid) • J0652 (Synthroid, Levoxyl, Levothroid) • J1010 (Solumedrol, Depo Medrol) • J1203 (Pombiliti) <i>replacing J3590</i> • J1434 (Emend) • J2919 (Solumedrol, Depo Medrol) • J3424 (Cyanokit-B12a) • J7165 (Kcentra) • J9376 (Veopoz) • Q5133 (Tofidence) • Q5134 (Tyruko) <p><u>4 Deleted codes effective 4/01/2024:</u></p> <ul style="list-style-type: none"> • J1840, J1850, J2920, J9070
EmblemHealth ConnectiCare	3/26/2024	<p><u>Added One New Drug effective 2/28/2024:</u></p> <ul style="list-style-type: none"> • J9999 Loqtorzi
EmblemHealth ConnectiCare	3/26/2024	<p><u>Updated: 1 Deleted Code effective 10/01/2023:</u></p> <p>J0800 – see J0801, J0802</p>



Home Infusion Therapy Drug Preauthorization List

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	12/28/2023	<p><u>Added 14 new codes effective 1/01/2024:</u></p> <ul style="list-style-type: none"> • J0184 (Barhemsys) replacing C9153 • J0217 (Lamzedo) replacing J3590 • J0321 (Artesumate) • J0688 (Cefazolin Sodium) • J0873 (Daptomycin) • J1412 (Roctavian) replacing J3590 • J1413 (Elevidys) replacing J3590 • J2404 (Nicardipine) • J2508 (Elfabrio) replacing J3590 • J3425 (Hydroxocobalamin/Vitamin B12) • J9052 (BICNU) • J9255 (Methotrexate) • J9333 (Rystiggo) replacing J3590 • Q5132 (Abrilada) <p><u>One code deleted effective 1/01/2024:</u></p> <ul style="list-style-type: none"> • C9153 (Barhemsys) replaced by J0184
EmblemHealth ConnectiCare	12/13/2023	<ul style="list-style-type: none"> • Added 4 new drugs: <u>Effective 10/03/2023</u> Elevidys (J3590) and Talvey (J9999) • <u>Effective 10/13/2023</u> Roctavian (J3590) • <u>Effective 10/30/2023</u> Pombiliti (J3590)
EmblemHealth ConnectiCare	9/26/2023	<ul style="list-style-type: none"> • Added 6 new codes effective 10/01/2023: Acthar HP (J0802) Altuviio (J7214) Barhemsys (C9153) replacing J3490 CellCept (J7519) Daptomycin (J0874) Rezzayo (J0349)



Home Infusion Therapy Drug Preauthorization List

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	9/2023	<ul style="list-style-type: none"> Added 2 new drugs effective 7/28/2023: Elfabrio (J3590) and Rystiggo (J3590)
EmblemHealth ConnectiCare	7/27/2023	<ul style="list-style-type: none"> Added 1 new drug code effective 7/6/2023: J0174 (Leqembi) replacing J3590
EmblemHealth ConnectiCare	6/21/2023	<ul style="list-style-type: none"> Added 4 new drugs effective 7/1/2023: J2329(Briumvi) replacing J3590, J7213 (Ixinity), J1576 (Panzyga), and J9381 (Tzield)
EmblemHealth ConnectiCare	5/17/2023	<ul style="list-style-type: none"> Added 1 new drug effective 3/30/2023: J3590 – Leqembi Added 2 new drugs effective 4/21/2023: J7199 – Altuviio, J3590 – Lamzede
EmblemHealth ConnectiCare	4/5/2023	<ul style="list-style-type: none"> Updated to include 5 new drugs effective 4/1/2023: J0218, J1747, Q5128, Q5129, Q5130 Deleted code(s) effective 4/1/2023: J0610, J0611 Code Description update(s) effective 4/1/2023: J1954, Q5108, Q5111, Q5120, Q5122
EmblemHealth ConnectiCare	2/17/2023	<ul style="list-style-type: none"> Updated to include 1 new drug effective 2/9/2023: (Briumvi) J3590
EmblemHealth ConnectiCare	1/25/2023	<ul style="list-style-type: none"> Reformatted and reorganized policy, transferred content to new template.