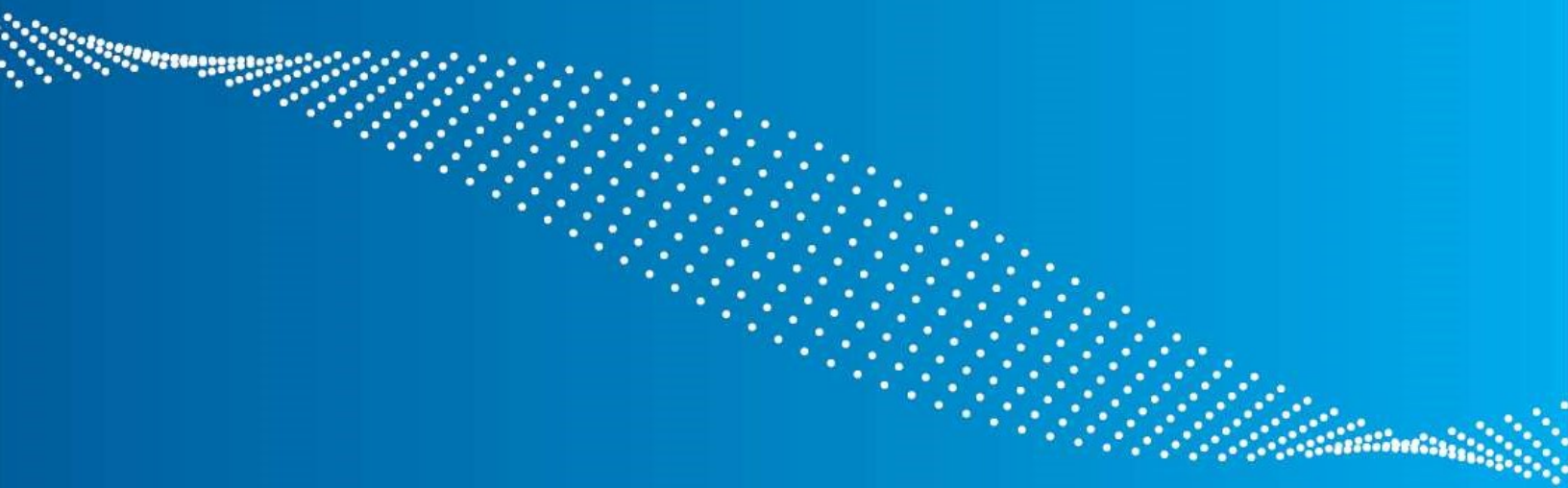


Medicare Prior Authorization List

Effective 8/1/2021





Medicare Prior Authorization

List effective 8/1/2021

Absolute Total Care requires prior authorization as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by Absolute Total Care.

Absolute Total Care is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Effective August 1st, 2021, Prior Authorization will be required for the following services:



Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on Health Plan website at <https://www.absolutetotalcare.com/providers/preauth-check.html>.

Service Category	Services/Procedures	Comments
Acupuncture	An alternate form of medicine in which thin needles are inserted into the body. Medicare doesn't cover acupuncture (including dry needling) for any condition other than chronic low back pain. Limit to 20 visits	<p>Prior Auth Required:</p> <ul style="list-style-type: none"> • Health Net Medicare Advantage for California • Arizona Complete Health • Oregon Health Net Medicare Advantage • MHS Indiana • Sunflower • Louisiana Healthcare Connections • Superior HealthPlan • Medicare Advantage from MHS Health Wisconsin • Western Sky Community Care • Ascension Complete <p>Contracted Providers: Visit ashlink.com</p> <p>Non-Contracted providers: Call (800) 972-4226</p>
Ambulance Nonemergent Fixed Wing	Requires prior authorization before transport	
Behavioral Health Services	Day Treatment Electroconvulsive Therapy (ECT) Inpatient Psychiatric Intensive Outpatient Therapy Neuropsychological Testing Partial hospitalization Psychological Testing Substance Use Disorder Treatment/Rehabilitation	
Bronchial Thermoplasty	Outpatient procedure for the treatment of asthma	

Service Category	Services/Procedures	Comments
Chiropractor Services	Medicare coverage for chiropractic services extends only to treatment by means of manual manipulation of the spine to correct a subluxation, provided such treatment is reasonable and medically necessary	<p>Prior Auth Required:</p> <ul style="list-style-type: none"> • Health Net Medicare Advantage for California • Arizona Complete Health • Oregon Health Net • Allwell from Louisiana Healthcare Connections <p>Contracted Providers: Visit ashlink.com</p> <p>Non-Contracted providers: Call (800) 972-4226</p>
Clinical Trials: Notification Only	A clinical trial is one type of clinical research that follows a pre-defined plan or protocol	
Cochlear Implants & Surgery	Provides direct electrical stimulation to the auditory nerve, bypassing the usual transducer cells that are absent or nonfunctional in deaf cochlea	
Cosmetic Procedures/Dermatology	<p>Includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member Including, but not limited to the following:</p> <p>Chemical exfoliation, electrolysis Dermabrasion/chemical peel Laser treatment Skin injections and implants</p>	
Drug Testing	Quantitative tests for drugs of abuse	
Durable Medical Equipment (DME)	Ambulatory Infusion Pumps BIPAP Bone Growth Stimulator Continuous Glucose Monitor Hospital Bed/Mattress Implantable Neurostimulator Lift Devices including Hoyer Lymphedema Pumps and Supplies Oxygen Concentrators TENS Units Vagus Nerve Stimulator Ventilators Wheelchairs, Custom Wheelchairs, Power Wound Vacuum (Negative Pressure) Devices	

Service Category	Services/Procedures	Comments
Enhanced External Counterpulsation (EECP)	The noninvasive outpatient treatment for patients with coronary artery disease (CAD)	
Experimental/Investigational Services	Any item or service potentially considered investigational or experimental must be authorized in advance	
Gender Reassignment	General term to describe a surgery or surgeries that affirm a person's gender identity	
Genetic Counseling and Testing	Genetic testing is a type of medical test that identifies changes in chromosomes, genes, or proteins	
Infertility	Drug Therapy, Testing, Treatment	
Home Health Services	Home Health Aide Occupational Therapy Physical Therapy Skilled Nursing Visits Social Work Visits Speech Therapy	
Hospice: Notification only	Home or Inpatient	
Hospital Admission	Acute Inpatient Hospital Inpatient Rehabilitation Hospital Long Term Acute Care Hospital (LTAC) Skilled Nursing Facility (SNF)	
Hyperbaric O2 Therapy	Includes HBO therapy administered in a chamber	
Neuropsychological Testing	Evaluations for members with a history of psychological, neurologic or medical disorders known to impact cognitive or neurobehavioral functioning	
Nutritional Supplements and/or services	Formula administered via a enteral feeding tube	
Observation Stay	Prior Authorization required if >48 hours	
Orthotics/Prosthetics	Prosthetic devices needed to replace a body part or function Limited coverage options for orthotic shoes and devices, including artificial limbs and eyes as well as braces for arms, legs, back, or neck, penile prosthetics	

Service Category	Services/Procedures	Comments
Outpatient Therapy · Occupational Therapy · Physical Therapy · Speech-Language Therapy	Therapeutic treatment: as a remedial treatment of mental or bodily disorder or an agency (as treatment) designed or serving to bring about rehabilitation or social adjustment	Requires authorization after 12 combined visits
Pain Management	Facet Injections Median Branch Block Radio Frequency Ablation Sacroiliac joint injection (SI) Trigger Point	
Part B Drugs		See attached Appendix A
Radiation Therapy	Intensity modulated radiotherapy (IMRT) Neutron beam therapy Proton beam therapy Stereotactic radiotherapy	
Radiology	Cardiac Imaging CT MRA MRI, MRA, PET Scan, CT, Cardiac Imaging PET	All Health Plans Excluding Medicare Advantage from MHS Health Wisconsin visit www.radmd.com
Sleep Studies	Surgery and treatment Hospital Sleep Study	
Surgeries, regardless of place of service	Abortion Bariatric Surgery Blepharoplasty Breast Augmentation (except following mastectomy) Breast Reduction Capsule Endoscopy Chondrocyte Implants Cochlear Implant Facial Osteotomy Hysterectomy Joint Replacements Mastectomy for Gynecomastia	

Service Category	Services/Procedures	Comments
Surgeries, regardless of place of service continued	Oral Surgery -- Temporomandibular Joint Surgery Otoplasty Reconstructive and Plastic Surgery Rhinoplasty Sacral Nerve Neuromodulation Septoplasty Spinal Surgeries including Fusion, Stabilization, Discectomy Uvulopalatopharyngoplasty/ Uvulopharyngoplasty Veins (ablation, ligation, stripping, sclerotherapy) X-Stop: Spinal Surgery	
Transplants	All transplant evaluations and procedures, including but not limited to evaluation, transplant consult visits, HLA typing, donor search and transplant procedure	

Medicare Prior Authorization Appendix A – Part B Drugs

List effective 8/1/2021

Part B Drugs: STEP THERAPY	Drug Code	Action	Effective Date (if available)	Drug Description
	892			SPECIAL PROCESSED DRUGS - FDA APPROVED GENE THERAPY
	A9513			LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI
	C9065			INJECTION ROMIDEPSIN NON-LYPOHILIZED 1MG
	C9074	Added to PA list	8/1/2021	INJECTION LUMASIRAN 0.5 MG
	C9399			UNCLASSIFIED DRUGS OR BIOLOGICALS
STEP THERAPY	J0129			ABATACEPT INJECTION
	J0135			INJECTION, ADALIMUMAB, 20 MG
STEP THERAPY	J0178			AFLIBERCEPT INJECTION
STEP THERAPY	J0179			INJECTION BROLUCIZUMAB-DBLL 1 MG
	J0180			INJECTION, AGALSIDASE BETA, 1 MG
	J0202			INJECTION ALEMTUZUMAB 1 MG
	J0220			ALGLUCOSIDASE ALFA INJECTION
	J0221			LUMIZYME INJECTION
	J0222			INJECTION PATISIRAN 0.1 MG
	J0223			INJECTION GIVOSIRAN 0.5 MG
	J0256			ALPHA 1 PROTEINASE INHIBITOR
	J0257			GLASSIA INJECTION
	J0364			INJECTION APOMORPHINE HYDROCHLORIDE 1 MG
	J0490			BELIMUMAB INJECTION
	J0517			INJECTION BENRALIZUMAB 1 MG
	J0567			INJECTION CERLIPONASE ALFA 1 MG
STEP THERAPY	J0570			BUPRENORPHINE IMPLANT 74.2MG
	J0584			INJECTION BUROSUMAB-TWZA 1 MG
STEP THERAPY	J0585			INJECTION,ONABOTULINUMTOXINA
	J0586			ABOBOTULINUMTOXINA
	J0587			INJ, RIMABOTULINUMTOXINB
	J0588			INCOBOTULINUMTOXIN A
	J0591			INJECTION DEOXYCHOLIC ACID 1 MG
	J0593			INJECTION LANADELUMAB-FLYO 1 MG
	J0598			C-1 ESTERASE, CINRYZE
	J0599			INJECTION C-1 ESTERASE INHIBITOR 10 UNITS
	J0604	Remove from PA list	8/1/2021	CINACALCET ORAL 1 MG
	J0606			INJECTION ETELCALCETIDE 0.1 MG
	J0630			INJECTION, CALCITONIN SALMON, UP TO 400 UNITS
	J0638			CANAKINUMAB INJECTION
	J0641			INJECTION LEVOLEUCOVORIN NOS 0.5 MG
	J0642			INJECTION LEVOLEUCOVORIN (KHAPZORY), 0.5 MG

Part B Drugs: STEP THERAPY	Drug Code	Action	Effective Date (if available)	Drug Description
STEP THERAPY	J0717			CERTOLIZUMAB PEGOL INJ 1MG
STEP THERAPY	J0718	Added to Step Therapy	8/1/2021	CERTOLIZUMAB PEGOL INJ
	J0775			COLLAGENASE, CLOST HIST INJ
STEP THERAPY	J0791			INJECTION CRIZANLIZUMAB-TMCA 5 MG
STEP THERAPY	J0800			INJECTION, CORTICOTROPIN, UP TO 40 UNITS
	J0881			INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
	J0885			INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
	J0888			EPOETIN BETA NON ESRD
	J0894			INJECTION DECITABINE 1 MG
STEP THERAPY	J0896			INJECTION LUSPATERCEPT-AAMT 0.25 MG
STEP THERAPY	J0897			DENOSUMAB INJECTION
	J1190			INJECTION, DEXRAZOXANE HCL, PER 250 MG
STEP THERAPY	J1300			ECULIZUMAB INJECTION
	J1301			INJECTION EDARAVONE 1 MG
	J1303			INJECTION RAVULIZUMAB-CWVZ 10 MG
	J1324			Enfuvirtide injection
STEP THERAPY	J1427	Added to PA list and Step Therapy	8/1/2021	INJECTION VILTOLARSEN 10 MG
STEP THERAPY	J1428			INJECTION ETEPLIRSEN 10 MG
STEP THERAPY	J1429			INJECTION GOLODIRSEN 10 MG
	J1437			INJECTION FERRIC DERISOMALTOSE 10 MG
	J1438			INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG AD
	J1439			INJ FERRIC CARBOXYMALTOS 1MG
STEP THERAPY	J1442			INJ FILGRASTIM EXCL BIOSIMIL
	J1443			INJ FERRIC PRPP CIT SOL 0.1 MG IRON
STEP THERAPY	J1447			INJECTION TBO-FILGRASTIM 1 MICROG
	J1458			INJECTION GALSULFASE 1 MG
STEP THERAPY	J1459			INJ IVIG PRIVIGEN 500 MG
STEP THERAPY	J1554	Added to PA list and Step Therapy	8/1/2021	INJECTION IMMUNE GLOBULIN ASCENIV 500 MG
STEP THERAPY	J1555			INJECTION IMMUNE GLOBULIN 100 MG
STEP THERAPY	J1556			INJ, IMM GLOB BIVIGAM, 500MG
STEP THERAPY	J1557			GAMMAPLEX INJECTION
STEP THERAPY	J1558			INJECTION IMMUNE GLOBULIN XEMBIFY 100 MG
STEP THERAPY	J1559			HIZENTRA INJECTION
STEP THERAPY	J1561			GAMUNEX-C/GAMMAKED
STEP THERAPY	J1562			INJECTION; IMMUNE GLOBULIN 10%, 5 GRAMS
STEP THERAPY	J1566			INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. P

Part B Drugs: STEP THERAPY	Drug Code	Action	Effective Date (if available)	Drug Description
STEP THERAPY	J1568			OCTAGAM INJECTION
STEP THERAPY	J1569			GAMMAGARD LIQUID INJECTION
STEP THERAPY	J1572			FLEBOGAMMA INJECTION
STEP THERAPY	J1575			INJ IG/HYALURONIDASE 100 MG IG
STEP THERAPY	J1599			IVIG NON-LYOPHILIZED, NOS
STEP THERAPY	J1602			GOLIMUMAB FOR IV USE 1MG
	J1628			INJECTION GUSELKUMAB 1 MG
	J1632			INJECTION BREXANOLONE 1 MG
	J1640			INJECTION, HEMIN, 1 MG
	J1645			INJECTION, DALTEPARIN SODIUM, PER 2500 IU
	J1675			INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS
	J1743			IDURSULFASE INJECTION
	J1744			ICATIBANT INJECTION
STEP THERAPY	J1745			INJ INFLIXIMAB EXCL BIOSIMILR 10 MG
	J1746			INJECTION IBALIZUMAB-UIYK 10 MG
	J1786			IMUGLUCERASE INJECTION
	J1817			INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
	J1823			INJECTION INEBILIZUMAB CDON 1 MG
	J1930			INJECTION, PROPIOMAZINE, UP TO 20 MG
	J1931			INJECTION, LARONIDASE, 0.1 MG
	J2170			Mecasermin injection
	J2182			INJECTION MEPOLIZUMAB 1MG
	J2212			METHYLNALTREXONE INJECTION
	J2315			INJECTION NALTREXONE DEPOT FORM 1 MG
STEP THERAPY	J2323			NATALIZUMAB INJECTION
STEP THERAPY	J2326			INJECTION NUSINERSEN 0.1 MG
STEP THERAPY	J2350			INJECTION OCRELIZUMAB 1 MG
	J2353			INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
	J2355			INJECTION, OPRELVEKIN, 5 MG
STEP THERAPY	J2357			INJECTION, OMALIZUMAB, 5 MG
	J2440			INJECTION, PAPAVERINE HCL, UP TO 60 MG
STEP THERAPY	J2503			INJECTION, PEGAPTANIB SODIUM, 0.3 MG
STEP THERAPY	J2505			INJECTION, PEGFILGRASTIM, 6 MG
STEP THERAPY	J2507			PEGLOTICASE INJECTION
	J2562			PLERIXAFOR INJECTION
STEP THERAPY	J2778			RANIBIZUMAB INJECTION
	J2783			INJECTION, RASBURICASE, 0.5 MG
STEP THERAPY	J2786			INJECTION RESLIZUMAB 1MG
	J2793			RILONACEPT INJECTION
STEP THERAPY	J2796			ROMIPLOSTIM INJECTION

Part B Drugs: STEP THERAPY	Drug Code	Action	Effective Date (if available)	Drug Description
	J2797			INJECTION ROLAPITANT 0.5 MG
STEP THERAPY	J2820			INJECTION, SARGRAMOSTIM (CM-CSF), 50 MCG
	J2840			INJ SEBELIPASE ALFA 1 MG
	J2940			INJECTION, SOMATREM, 1 MG
	J2941			INJECTION, SOMATROPIN, 1 MG
	J3032			INJECTION EPTINEZUMAB-JJMR 1 MG
	J3095			TELEVANCIN INJECTION
	J3110			INJECTION, TERIPARATIDE, 10 MCG
STEP THERAPY	J3111			INJECTION ROMOSOZUMAB-AQQG 1 MG
Step Therapy	J3140	Added to Step Therapy	8/1/2021	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
	J3240			INJECTION, THYROTROPIN, UP TO 10 I.U.
STEP THERAPY	J3241			INJECTION TEPROTUMUMAB-TRBW 10 MG
	J3245			INJECTION TILDRAKIZUMAB 1 MG
STEP THERAPY	J3262			TOCILIZUMAB INJECTION
	J3285			INJECTION, TREPROSTINIL, 1 MG
STEP THERAPY	J3304			INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG
	J3316			INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG
STEP THERAPY	J3357			USTEKINUMAB FOR SUBQ INJECTION 1 MG
	J3358	Added to PA list	8/1/2021	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG
STEP THERAPY	J3380			INJECTION VEDOLIZUMAB 1 MG
	J3385			VELAGLUCERASE ALFA
STEP THERAPY	J3396			INJECTION, VERTEPORFIN, 0.1 MG
	J3397			INJECT VESTRONIDASE ALFA-VJBK 1 MG
	J3398			INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G
	J3399			INJ AVSX-101-XIOI P-TX TO 5X10 ¹⁵ VCTR GNOMS
	J3490			UNCLASSIFIED DRUGS
	J3590			UNCLASSIFIED BIOLOGICS
	J3591			UNCLASS RX/BIOLOGICAL USED FOR ESRD ON DIALYSIS
	J7169			INJ COAGULATION FACTOR XA INACTIVATED-ZHZO 10 MG
	J7170			INJECTION EMICIZUMAB-KXWH 0.5 MG
	J7175			INJ FACTOR X (HUMAN) 1IU
	J7177			INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG
	J7179			VONVENDI INJ 1 IU VWF:RCO
	J7180			FACTOR XIII ANTI-HEM FACTOR
	J7181			FACTOR XIII RECOMB A-SUBUNIT
	J7182			FACTOR VIII RECOMB NOVOEIGHT
	J7183			WILATE INJECTION
	J7185			XYNTHA INJ
	J7186			ANTIHEMOPHILIC VIII/VWF COMP

Part B Drugs: STEP THERAPY	Drug Code	Action	Effective Date (if available)	Drug Description
	J7187			INJECTION VON WILLEBRAND FACTOR COMPLEX HUMAN RISTOCETIN COFACTOR PER IV
	J7188			INJECTION FACTOR VIII PER I.U.
	J7189			FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG
	J7190			FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (HUMAN)), PER I.U.
	J7191			FACTOR VIII (PORCINE)
	J7192			FACTOR VIII RECOMBINANT NOS
	J7193			FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.
	J7194			FACTOR IX, COMPLEX, PER I.U.
	J7195			FACTOR IX RECOMBINANT NOS
	J7196			ANTITHROMBIN RECOMBINANT
	J7197			ANTITHROMBIN III (HUMAN), PER I.U.
	J7198			ANTI-INHIBITOR, PER I.U.
	J7199			HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED
	J7200			FACTOR IX RECOMBINAN RIXUBIS
	J7201			INJ FACTOR IX FC FUS PROTEIN PER IU
	J7202			FACTOR IX IDELVION INJ
	J7203			INJECTION FACTOR IX GLYCOPEGYLATED 1 IU
	J7204			INJ FAC VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU
	J7207			FACTOR VIII PEGYLATED RECOMB
	J7208			INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU
	J7209			FACTOR VIII NUWIQ RECOMB 1IU
	J7212			FACTOR VIIA JNCW 1 MCG
STEP THERAPY	J7311			INJECTION FA INTRAVITREAL IMPL 0.01 MG
STEP THERAPY	J7312			DEXAMETHASONE INTRA IMPLANT
STEP THERAPY	J7313			INJECTION FA INTRAVITREAL IMPL 0.01 MG
STEP THERAPY	J7314			INJECTION FA INTRAVITREAL IMPL 0.01 MG
STEP THERAPY	J7318			HYALURONAN/DERIVATIVE DUROLANE FOR IA INJ 1 MG
STEP THERAPY	J7320			HYALURONAN/DERIVATIVE GENVISC 850 IA INJ 1 MG
STEP THERAPY	J7321			HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE
STEP THERAPY	J7322			HYALURONAN/DRIV HYMOVIS IA INJ 1 MG
STEP THERAPY	J7323			EUFLEXXA INJ PER DOSE
STEP THERAPY	J7324			ORTHOVISC INJ PER DOSE
STEP THERAPY	J7325			SYNVISC OR SYNVISC-ONE
STEP THERAPY	J7326			GEL-ONE
STEP THERAPY	J7327			MONOVISC INJ PER DOSE
STEP THERAPY	J7328			HYAL/DERIV GELSYN-3 IA INJ 0.1 MG

Part B Drugs: STEP THERAPY	Drug Code	Action	Effective Date (if available)	Drug Description
STEP THERAPY	J7329			HYALURONAN/DERIVATIVE TRIVISC FOR IA INJ 1 MG
STEP THERAPY	J7331			HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG
STEP THERAPY	J7332			HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG
STEP THERAPY	J7351			INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG
	J7352			AFAMELANOTIDE IMPLANT 1 MG
STEP THERAPY	J7402			MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG
	J7518			MYCOPHENOLIC ACID, ORAL, 180 MG
	J7527			ORAL EVEROLIMUS
	J7677			REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG
	J7686			TREPROSTINIL, NON-COMP UNIT
	J8499	Removed from PA list	8/1/2021	NOS DRUG, ORAL
	J8565			GEFITINIB, ORAL, 250 MG
	J8650			Nabilone oral
	J8705			TOPOTECAN ORAL
MISC PART B DRUG	J8999			NOS PRES DRUG, ORAL, CHEMO
	J9015			ALDESLEUKIN/SINGLE USE VIAL
	J9017			ARSENIC TRIOXIDE, 1MG
	J9019			ERWINAZE INJECTION
STEP THERAPY	J9022			INJECTION ATEZOLIZUMAB 10 MG
	J9023			INJECTION AVELUMAB 10 MG
	J9027			INJECTION, CLOFARABINE, 1 MG
	J9034			INJ. BENDEKA 1 MG
STEP THERAPY	J9035	Added to PA list	8/1/2021	Injection, bevacizumab, 10 mg
	J9036			INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG
	J9037			INJECTION BELANTAMAB MAFODONTIN-BLMF 0.5 MG
	J9039			INJECTION BLINATUMOMAB 1 MICROGRAM
	J9041			INJECTION BORTEZOMIB 0.1 MG
	J9042			BRENTUXIMAB VEDOTIN INJ
	J9043			CABAZITAXEL INJECTION
	J9044			INJECTION BORTEZOMIB NOS 0.1 MG
	J9047			INJECTION, CARFILZOMIB, 1 MG
	J9050			CARMUSTINE, 100 MG
	J9055			INJECTION, CETUXIMAB, 10 MG
	J9057			INJECTION COPANLISIB 1 MG
	J9118			INJECTION CALASPARGASE PEGOL-MKNL 10 UNITS
	J9119			INJECTION CEMIPIMAB-RWLC 1 MG
	J9144	Removed from PA list		INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ

Part B Drugs: STEP THERAPY	Drug Code	Action	Effective Date (if available)	Drug Description
STEP THERAPY	J9145			INJECTION DARATUMUMAB 10 MG
	J9153			INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA
STEP THERAPY	J9173			INJECTION DURVALUMAB 10 MG
STEP THERAPY	J9176			INJECTION ELOTUZUMAB 1MG
	J9177			INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG
	J9179			ERIBULIN MESYLATE INJECTION
	J9198			INJ GEMCITABINE HYDROCHLORIDE INFUGEM 100 MG
	J9203			INJ GEMTUZUMAB OZOGAMICIN 0.1 MG
	J9204			INJECTION MOGAMULIZUMAB-KPKC 1 MG
	J9205			INJ IRINOTECAN LIPOSOME 1 MG
STEP THERAPY	J9210	Added to PA list		INJECTION, EMAPALUMAB-LZSG, 1MG
	J9212			INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG
	J9213			INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS
	J9215			INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU
	J9216			INTERFERON, GAMMA 1-B, 3 MILLION UNITS
	J9223			INJECTION LURBINECTEDIN 0.1 MG
	J9225			HISTRELIN IMPLANT, 50 MG
	J9226			SUPPRELIN LA IMPLANT
	J9227			INJECTION ISATUXIMAB-IRFC 10 MG
	J9228			IPILIMUMAB INJECTION
	J9229			INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG
	J9246			INJECTION MELPHALAN EVOMELA 1 MG
	J9261			INJECTION NELARABINE 50 MG
	J9262			INJ, OMACETAXINE MEP, 0.01MG
	J9264			INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG
	J9266			PEGASPARGASE/SINGL DOSE VIAL
	J9269			INJECTION TAGRAXOFUSP-ERZS 10 MCG
	J9271			INJECTION PEMBROLIZUMAB 1 MG
	J9281			MITOMYCIN PYELOALYCEAL INSTILLATION 1 MG
	J9285			INJECTION OLARATUMAB 10 MG
	J9299			INJECTION NIVOLUMAB 1 MG
	J9301			OBINUTUZUMAB INJ
	J9303			PANITUMUMAB INJECTION
	J9304			INJECTION PEMETREXED PEMFEXY 10 MG
	J9305			INJECTION PEMETREXED NOS10 MG
	J9306			INJECTION, PERTUZUMAB, 1 MG
STEP THERAPY	J9308			INJECTION RAMUCIRUMAB 5 MG
	J9309			INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG

Part B Drugs: STEP THERAPY	Drug Code	Action	Effective Date (if available)	Drug Description
STEP THERAPY	J9311			INJECTION RITUXIMAB 10 MG AND HYALURONIDASE
STEP THERAPY	J9312			INJECTION RITUXIMAB 10 MG
	J9313			INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG
	J9316			INJ PERTUZUMAB TRASTUZUMAB AND HYAL ZZXF PER 10 MG
	J9317			INJECTION SACITUZUMAB GOVITECAN HZIIY 2.5 MG
	J9325			INJ TALIMOGENE LAHERPAREPVEC
	J9349			INJECTION TAFASITAMAB-CXIX 2 MG
	J9352			INJECTION TRABECTEDIN 0.1MG
	J9354			INJ, ADO-TRASTUZUMAB EMT 1MG
STEP THERAPY	J9355			INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG
STEP THERAPY	J9356			INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK
	J9358	Remove from PA list	8/1/2021	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG
	J9395			INJECTION, FULVESTRANT, 25 MG
	J9400			INJ, ZIV-AFLIBERCEPT, 1MG
	J9999			NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
	Q0138			FERUMOXYTOL, NON-ESRD
	Q0515			INJECTION, SERMORELIN ACETATE, 1 MICROGRAM
	Q2026			RADIESSE INJECTION
	Q2027	Added to PA list	8/1/2021	SCULPTRA INJECTION
	Q2028			INJ, SCULPTRA, 0.5MG
STEP THERAPY	Q2041			KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD
STEP THERAPY	Q2042			TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD
STEP THERAPY	Q2043			SIPLEUCEL-T AUTO CD54+
	Q2050			DOXORUBICIN INJ 10MG
STEP THERAPY	Q2053			BREXUCABTAGENE AUTOLCL AU ANTI-CD19 CAR P V T C
	Q3027			INJ BETA INTERFERON IM 1 MCG
	Q4074			ILOPROST NON-COMP UNIT DOSE
STEP THERAPY	Q5101			INJ FILGRASTIM BIOSIMILAR 1 MCG
	Q5103	Removed from Step Therapy	8/1/2021	INJECTION, INFLECTRA
STEP THERAPY	Q5104			INJECTION, RENFLEXIS
	Q5106			INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U
	Q5107	Removed from Step Therapy	8/1/2021	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG
STEP THERAPY	Q5108			INJ PEGFLGRSTM-JMDB BIOSIMILR 0.5 MG
STEP THERAPY	Q5109			INJECTION INFliximab-QBTX BIOSIMILAR 10 MG
STEP THERAPY	Q5110			INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG

Part B Drugs: STEP THERAPY	Drug Code	Action	Effective Date (if available)	Drug Description
STEP THERAPY	Q5111			INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG
STEP THERAPY	Q5112			INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG
STEP THERAPY	Q5113			INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG
STEP THERAPY	Q5114			INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG
STEP THERAPY	Q5115			INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG
STEP THERAPY	Q5116			INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG
STEP THERAPY	Q5117			INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG
	Q5118	Removed from Step Therapy	8/1/2021	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG
STEP THERAPY	Q5119			INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG
STEP THERAPY	Q5120			INJ PEGFILGRASTIM-BMEZ BIOSIMILR ZIEXTENZO 0.5 MG
STEP THERAPY	Q5121			INJ INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG
STEP THERAPY	Q5122			INJECTION PEGFILGRASTIM APGF BIOSIMILAR 0.5 MG
STEP THERAPY	Q9991			BUPRENORPH XR 100 MG OR LESS
STEP THERAPY	Q9992			BUPRENORPHINE XR OVER 100 MG
STEP THERAPY	S0013			ESKETAMINE NASAL SPRAY 1 MG
	S0145			INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML