



Blue Medicare HMO/ PPO Medical Oncology Program Prior Review Code List Effective January 1, 2019

Unlisted and Miscellaneous health service codes should only be used if a specific code has not been established by the American Medical Association.

Notice Date: The listed date is when the notice of the existing code was added.

Effective Date: The listed date is when the code will require prior authorization for correct claims processing. If there is no date in this field, the requirement is in effect.

Ineffective Date: The listed date is when the code became invalid.

***Prior approval is required for all drugs listed below regardless of the HCPCS code submitted on the claim. The requirement is based on the drug itself—not the code chosen to submit on the claim.**

CPT	Service Description	Effective Date	Notice Date	Ineffective Date
J0881	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	4/1/2017	12/30/2016	
J0885	INJECTION, EPOETIN ALFA, (NON-ESRD USE), 1000 UNITS	4/1/2017	12/30/2016	
J0897	INJECTION, DENOSUMAB, 1 MG FOR ONCOLOGY INDICATIONS ONLY	4/1/2017	12/30/2016	
J0185	Injection, aprepitant, 1 mg (Cinvanti TM)	1/1/2020	10/1/2019	
J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	4/1/2017	12/30/2016	
J1453	INJECTION, FOSAPREPITANT, 1 MG	4/1/2017	12/30/2016	
J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	4/1/2017	12/30/2016	
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg [AKYNZEO®]	1/1/2020	10/1/2019	

J1627	INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	4/1/2017	12/30/2016	
J2469	Injection, palonosetron hcl, 25 mcg	4/1/2017	12/30/2016	
J2505	INJECTION, PEGFILGRASTIM, 6 MG	4/1/2017	12/30/2016	
J2797	Injection, rolapitant, 0.5 mg[VARUBI®]	1/1/2020	10/1/2019	
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	4/1/2017	12/30/2016	
J2860	INJECTION, SILTUXIMAB, 10 MG	4/1/2017	12/30/2016	
J9022	INJECTION, ATEZOLIZUMAB, 10 MG [TECENTRIQ™]	1/1/2018	12/29/2017	
J9023	INJECTION, AVELUMAB, 10 MG [BAVENCIO™]	1/1/2019	10/1/2018	
J9035	INJECTION, BEVACIZUMAB, 10 MG	4/1/2017	12/30/2016	
J9039	INJECTION, BLINATUMOMAB, 1 MG	1/1/2018	10/1/2017	
J9041	BORTEZOMIB (VELCADE), INJECTION 0.1 MG	1/1/2019	10/1/2018	10/1/2019
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	4/1/2017	12/30/2016	
J9043	INJECTION, CABAZITAXEL, 1 MG	4/1/2017	12/30/2016	
J9047	INJECTION, CARFILZOMIB, 1 MG	4/1/2017	12/30/2016	
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine[VYXEOS™]	1/1/2020	10/1/2019	
J9055	INJECTION, CETUXIMAB, 10 MG	4/1/2017	12/30/2016	
J9057	Injection, copanlisib, 1 mg (ALIQOPA™)	1/1/2020	10/1/2019	
J9119	Injection, cemiplimab-rwlc, 1 mg	1/1/2020	10/1/2019	
J9145	INJECTION, DARATUMUMAB, 10 MG	4/1/2017	12/30/2016	
J9173	Injection, durvalumab, 10 mg (IMFINZI™)	1/1/2020	10/1/2019	
J9176	INJECTION, ELOTUZUMAB, 1 MG	4/1/2017	12/30/2016	
J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	4/1/2017	12/30/2016	
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	4/1/2017	12/30/2016	
J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG [MYLOTARG™]	1/1/2019	10/1/2018	
J9204	Injection, mogamulizumab-kpkc, 1 mg	1/1/2020	10/1/2019	
J9228	INJECTION, IPILIMUMAB, 1 MG [YERVOY]	4/1/2017	12/30/2016	
J9229	Injection, inotuzumab ozogamicin, 0.1 mg (Besponsa®)	1/1/2020	10/1/2019	
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	4/1/2017	12/30/2016	
J9269	Injection, tagraxofusp-erzs, 10 mcg	1/1/2020	10/1/2019	
J9271	INJECTION, PEMBROLIZUMAB, 1 MG	4/1/2017	12/30/2016	
J9285	INJECTION, OLARATUMAB, 10 MG [LARTUVO™]	1/1/2019	10/1/2018	
J9295	INJECTION, NECITUMUMAB, 1 MG	4/1/2017	12/30/2016	
J9299	INJECTION, NIVOLUMAB, 1 MG	4/1/2017	12/30/2016	

J9301	INJECTION, OBINUTUZUMAB, 10 MG	4/1/2017	12/30/2016	
J9302	INJECTION, OFATUMUMAB, 10 MG	4/1/2017	12/30/2016	
J9303	INJECTION, PANITUMUMAB, 10 MG	4/1/2017	12/30/2016	
J9305	INJECTION, PEMETREXED, 10 MG	4/1/2017	12/30/2016	
J9306	INJECTION, PERTUZUMAB, 1 MG	4/1/2017	12/30/2016	
J9310	INJECTION, RITUXIMAB, 100 MG	4/1/2017	12/30/2016	12/31/2018
J9311	Injection, rituximab 10 mg and hyaluronidase [RITUXAN HYCELA®]	1/1/2020	10/1/2019	
J9312	INJECTION, RITUXIMAB, 10 MG	1/1/2019	1/1/2019	
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	1/1/2020	10/1/2019	
J9351	INJECTION, TOPOTECAN, 0.1 MG	4/1/2017	12/30/2016	
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	4/1/2017	12/30/2016	
J9355	INJECTION, TRASTUZUMAB, 10 MG	4/1/2017	12/30/2016	
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk (Herceptin Hylectra)	1/1/2020	10/1/2019	
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, XINCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION	4/1/2017	12/30/2016	
Q5101	INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM	4/1/2017	12/30/2016	
Q5106	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (NON-ESRD USE), 1000 UNITS	1/1/2019	10/1/2018	
Q5107	Injection, bevacizumab-awwb, biosimilar (mvasi) 10 mg	1/1/2020	10/1/2019	
Q5108	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	1/1/2019	10/1/2018	
Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	1/1/2019	10/1/2018	
Q5111	Injection, Pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	1/1/2020	10/1/2019	
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	1/1/2020	10/1/2019	
S0353	TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER INITIAL TREATMENT	4/1/2017	12/30/2016	
S0354	TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER ESTABLISHED PATIENT WITH A CHANGE OF REGIMEN	4/1/2017	12/30/2016	
*** AIM Specialty Health does NOT currently review drugs with unlisted, miscellaneous, or unclassified codes (codes listed below for Medicare				

Advantage or Experience Health Medicare Advantage SM (HMO) members)

Please ALWAYS refer to other Medicare Advantage and Experience Health Medicare Advantage SM (HMO) Prior Approval Lists to review for other Prior Review Requirements

J3490	UNCLASSIFIED DRUGS		10/1/2017	
J3590	UNCLASSIFIED BIOLOGICALS		10/1/2017	
J3591	UNCLASSIFIED DRUG OR BIOLOGICAL USED FOR ESRD ON DIALYSIS		1/1/2019	
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS		10/1/2017	
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS [C CODES FOR FACILITY USE ONLY]		10/1/2017	