



Blue Medicare Advantage SM (HMO) Medical Oncology Program Prior Review Code List Effective January 1, 2023

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

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	
J0882	INJECTION, DARBEPOETIN ALFA, 1 MCG (FOR ESRD ON DIALYSIS)	3/1/2022	1/1/2022	
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	
J1453	INJECTION, FOSAPREPITANT, 1 MG	4/1/2017	12/30/2016	
J1448	INJECTION, TRILACICLIB, 1 MG	3/1/2022	1/1/2022	
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	
J2860	INJECTION, SILTUXIMAB, 10 MG	4/1/2017	12/30/2016	
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	3/1/2022	1/1/2022	
J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1 MG	3/1/2022	1/1/2022	
J9022	INJECTION, ATEZOLIZUMAB, 10 MG [TECENTRIQ™]	1/1/2018	12/29/2017	
J9023	INJECTION, AVELUMAB, 10 MG [BAVENCIO™]	1/1/2019	10/1/2018	
J9037	INJECTION, BELANTAMAB MAFODONTIN -BLMF, 0.5 MG	3/1/2022	1/1/2022	
J9039	INJECTION, BLINATUMOMAB, 1 MG	1/1/2018	10/1/2017	
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	
J9061	INJECTION, AMIVANTAMAB -VMJW, 2 MG	3/1/2022	1/1/2022	
J9119	INJECTION, CEMIPIMAB -RWLC, 1 MG	1/1/2020	10/1/2019	
J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE -FIHJ	3/1/2022	1/1/2022	
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	
J9177	INJECTION, ENFORTUMAB VEDOTIN -EJFV, 0.25 MG	1/1/2021	10/1/2020	
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	

J9223	INJECTION, LURBINECTEDIN, 0.1 MG	3/1/2022	1/1/2022	
J9227	INJECTION, ISATUXIMAB -IRFC, 10 MG	1/1/2021	10/1/2020	
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	
J9272	INJECTION, DOSTARLIMAB -GXLY, 10 MG	3/1/2022	1/1/2022	
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	1/1/2023	10/1/2022	
J9274	INJECTION, TEBENTAFUSP-TEBN, 1 MICROGRAM	1/1/2023	10/1/2022	
J9285	INJECTION, OLARATUMAB, 10 MG [LARTUVO™]	1/1/2019	10/1/2018	
J9295	INJECTION, NECITUMUMAB, 1 MG	4/1/2017	12/30/2016	
J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-RMBW, 3 MG/1 MG	1/1/2023	10/1/2022	
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	
J9306	INJECTION, PERTUZUMAB, 1 MG	4/1/2017	12/30/2016	
J9309	INJECTION, POLATUZUMAB VEDOTIN -PIIQ, 1 MG	1/1/2021	10/1/2020	
J9310	INJECTION, RITUXIMAB, 100 MG	4/1/2017	12/30/2016	1/1/2019
J9313	INJECTION, MOXETUMOMAB PASUDOTOX -TDFK, 0.01 MG	1/1/2020	10/1/2019	
J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE -ZZXF, PER 10 MG	3/1/2022	1/1/2022	
J9317	INJECTION, SACITUZUMAB GOVITECAN -HZIY, 2.5 MG	3/1/2022	1/1/2022	
J9325	INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS	1/1/2021	10/1/2020	
J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	1/1/2023	10/1/2022	
J9348	INJECTION, NAXITAMAB -GQGK, 1 MG	3/1/2022	1/1/2022	
J9349	INJECTION, TAFASITAMAB -CXIX, 2 MG	3/1/2022	1/1/2022	
J9351	INJECTION, TOPOTECAN, 0.1 MG	4/1/2017	12/30/2016	
J9353	INJECTION, MARGETUXIMAB -CMKB, 5 MG	3/1/2022	1/1/2022	
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	4/1/2017	12/30/2016	
J9358	INJECTION, FAM -TRASTUZUMAB DERUXTECAN -NXKI, 1 MG	1/1/2021	10/1/2020	

January 2023

J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG	1/1/2023	10/1/2022	
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	
Q2056	CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATIO	1/1/2023	10/1/2022	
Q5106	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (NON-ESRD USE), 1000 UNITS	1/1/2019	10/1/2018	
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	
<p>***Carelon Medical Benefits Management 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) ***</p> <p>Please <u>ALWAYS</u> refer to other Medicare Advantage and Experience Health Medicare Advantage SM (HMO) Prior Approval Lists to review for other Prior Review Requirements</p>				
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	