



FROM |  pa health
& wellness.

Medicare Prior Authorization

List effective 1/1/2021

Dear Participating Allwell from PA Health & Wellness Provider,

Allwell from PA Health & Wellness 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 Allwell from PA Health & Wellness.

Allwell from PA Health & Wellness 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 ordering physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria.

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

Thank you for your continued partnership,

Allwell from PA Health & Wellness



Effective January 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.pahealthwellness.com/providers/preauth-check/medicare-pre-auth.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 • Allwell from MHS - MHS Indiana • Allwell from Sunflower • Allwell from Louisiana Healthcare Connections • Allwell from Superior HealthPlan (MA & MMP) • Allwell Medicare Advantage from MHS Health Wisconsin • Ascension Complete (FL, IL, KS) <p>Contracted Providers: Visit ashlink.com</p> <p>Non-Contracted providers: Call 877-248-2746</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 877-248-2746</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</p> <p>Dermabrasion/chemical peel</p> <p>Laser treatment</p> <p>Skin injections and implants</p>	
Drug Testing	Quantitative tests for drugs of abuse	
Durable Medical Equipment (DME)	<p>Ambulatory Infusion Pumps</p> <p>BIPAP</p> <p>Bone Growth Stimulator</p> <p>Continuous Glucose Monitor</p> <p>Hospital Bed/Mattress</p> <p>Implantable Neurostimulator</p> <p>Lift Devices including Hoyer</p> <p>Lymphedema Pumps and Supplies</p> <p>TENS Units</p> <p>Vagus Nerve Stimulator</p> <p>Ventilators</p> <p>Wheelchairs, Custom</p> <p>Wheelchairs, Power</p> <p>Wound Vacuum (Negative Pressure) Devices</p>	



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 Allwell 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	



Part B – Appendix A

Drug Code	Action	Effective Date (if available)	Drug Description
C9050			INJECTION, EMAPALUMAB-LZSG, 1 MG
C9122			MOMETASONE FUROATE SINUS IMPLANT 10 MCG SINUVA
J0129			ABATACEPT INJECTION
J0178			AFLIBERCEPT INJECTION
J0570			BUPRENORPHINE IMPLANT 74.2MG
J0585			INJECTION,ONABOTULINUMTOXINA
J0717			CERTOLIZUMAB PEGOL INJ 1MG
J0718			CERTOLIZUMAB PEGOL INJ
J0791			INJECTION CRIZANLIZUMAB-TMCA 5 MG
J0800			INJECTION, CORTICOTROPIN, UP TO 40 UNITS
J0896			INJECTION LUSPATERCEPT-AAMT 0.25 MG
J0897			DENOSUMAB INJECTION
J1300			ECULIZUMAB INJECTION
J1428			INJECTION ETEPLIRSEN 10 MG
J1429			INJECTION GOLODIRSEN 10 MG
J1442			INJ FILGRASTIM EXCL BIOSIMIL
J1447			INJECTION, TBO-FILGRASTIM, 1 MICROGRAM
J1459			INJ IVIG PRIVIGEN 500 MG
J1555			INJECTION IMMUNE GLOBULIN 100 MG
J1556			INJ, IMM GLOB BIVIGAM, 500MG
J1557			GAMMAPLEX INJECTION
J1558			INJECTION IMMUNE GLOBULIN XEMBIFY 100 MG
J1559			HIZENTRA INJECTION
J1561			GAMUNEX-C/GAMMAKED
J1562			INJECTION; IMMUNE GLOBULIN 10%, 5 GRAMS
J1566			INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. P
J1568			OCTAGAM INJECTION
J1569			GAMMAGARD LIQUID INJECTION

Drug Code	Action	Effective Date (if available)	Drug Description
J1572			FLEBOGAMMA INJECTION
J1599			IVIG NON-LYOPHILIZED, NOS
J1602			GOLIMUMAB FOR IV USE 1MG
J1745			INJ INFLIXIMAB EXCL BIOSIMILR 10 MG
J1930	Remove	1/1/2021	INJECTION, LANREOTIDE, 1 MG
J2323			NATALIZUMAB INJECTION
J2350			INJECTION OCRELIZUMAB 1 MG
J2353	Remove	1/1/2021	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
J2357			INJECTION, OMALIZUMAB, 5 MG
J2503			INJECTION, PEGAPTANIB SODIUM, 0.3 MG
J2505			INJECTION, PEGFILGRASTIM, 6 MG
J2507			PEGLOTICASE INJECTION
J2778			RANIBIZUMAB INJECTION
J2786			INJECTION RESLIZUMAB 1MG
J2796			ROMIPLOSTIM INJECTION
J2820			INJECTION, SARGRAMOSTIM (CM-CSF), 50 MCG
J3111	Add		INJECTION ROMOSUZUMAB-AQQG 1 MG
J3304			INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG
J3357			USTEKINUMAB FOR SUBQ INJECTION 1 MG
J3380			INJECTION VEDOLIZUMAB 1 MG
J3396			INJECTION, VERTEPORFIN, 0.1 MG
J7311			INJECTION FA INTRAVITREAL IMPL 0.01 MG
J7312			DEXAMETHASONE INTRA IMPLANT
J7313			INJECTION FA INTRAVITREAL IMPL 0.01 MG
J7314			INJECTION FA INTRAVITREAL IMPL 0.01 MG
J7318			HYALURONAN/DERIVATIVE DUROLANE FOR IA INJ 1 MG
J7320			HYALURONAN/DERIVATIVE GENVISC 850 IA INJ 1 MG
J7321			HYAL HYALGN SUPARTZ/VSCO-3 IA INJ-D



Drug Code	Action	Effective Date (if available)	Drug Description
J7322			HYALURONAN/DRIV HYMOVIS IA INJ 1 MG
J7324			ORTHOVISC INJ PER DOSE
J7325			SYNVISC OR SYNVISC-ONE
J7326			GEL-ONE
J7327			MONOVISC INJ PER DOSE
J7328			HYAL/DERIV GELSYN-3 IA INJ 0.1 MG
J7329			HYALURONAN/DERIVATIVE TRIVISC FOR IA INJ 1 MG
J7331			HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG
J7332			HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG
J7333			HYALURONAN/DERIVATIVE VISCO-3 IA INJ PER DOSE
J7401			MOMETASONE FUROATE SINUS IMPLANT 10 MCG
J9022			INJECTION ATEZOLIZUMAB 10 MG
J9145			INJECTION DARATUMUMAB 10 MG
J9173			INJECTION DURVALUMAB 10 MG
J9176			INJECTION ELOTUZUMAB 1MG
J9308			INJECTION RAMUCIRUMAB 5 MG
J9311			INJECTION RITUXIMAB 10 MG AND HYALURONIDASE
J9312			INJECTION RITUXIMAB 10 MG
J9355			INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG
J9356			INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK
J9358			INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG
Q2041			KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD
Q2042			TISAGENLEUCEL TO 600 M CAR-POS VI T CE PER TD
Q2043			SIPLEUCEL-T AUTO CD54+
Q5101			INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO)
Q5103			INJECTION, INFLECTRA
Q5104			INJECTION, RENFLEXIS
Q5107			INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG
Q5108			INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG
Q5109			INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG

Drug Code	Action	Effective Date (if available)	Drug Description
Q5110			INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM
Q5111			INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG
Q5112			INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG
Q5113			INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG
Q5114			INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG
Q5115			INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG
Q5116			INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG
Q5117			INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG
Q5118			INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG
Q5119			INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG
Q5120			INJ PEGFILGRASTIM-BMEZ BIOSIMLR ZIEXTENZO 0.5 MG
Q5121			INJ INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG
Q9991			BUPRENORPH XR 100 MG OR LESS
Q9992			BUPRENORPHINE XR OVER 100 MG
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
C9035 C9036			INJECTION ARIPIRAZOLE LAUROXIL 1 MG INJECTION PATISIRAN 0.1 MG
C9037			INJECTION RISPERIDONE 0.5 MG
C9038			INJECTION MOGAMULIZUMAB-KPKC 1 MG
C9040			INJECTION FREMANEZUMAB-VFRM 1 MG
C9043			INJECTION LEVOLEUCOVORIN 1 MG
C9044			INJECTION CEMIPILIMAB-RWLC 1 MG
C9045			INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG
C9049			INJECTION, TAGRAXOFUSP-ERZS, 10 MCG



Drug Code	Action	Effective Date (if available)	Drug Description
C9050			INJECTION, EMAPALUMAB-LZSG, 1 MG
C9051			INJECTION, OMADACYCLINE, 1 MG
C9052			INJECTION, RAVULIZUMAB-CWVZ, 10 MG
C9053			INJECTION CRIZANLIZUMAB-TMCA 1 MG
C9054	Remove	1/1/2021	INJECTION LEFAMULIN XENLETA 1 MG
C9055			INJECTION BREXANOLONE 1 MG
C9056	Remove	1/1/2021	INJECTION GIVOSIRAN 0.5 MG
C9057	Remove	1/1/2021	INJECTION CETIRIZINE HCL 1 MG
C9058	Remove	1/1/2021	INJECTION PEGFILGRASTIM-BMEZ BIOSIMILAR 0.5
C9061			INJECTION TEPROTUMUMAB-TRBW 10 MG
C9063			INJECTION EPTINEZUMAB-JJMR 1 MG
C9122			MOMETASONE FUROATE SINUS IMPLANT 10 MCG SINUVA
C9130	Remove	1/1/2021	INJ IMMUNE GLOBULIN BIVIGAM 500 MG
C9133			FACTOR IX RECOMBINANT
C9134			FACTOR XIII A-SUBUNIT RECOMB
C9136			FACTOR VIII (ELOCTATE)
C9399			UNCLASSIFIED DRUGS OR BIOLOGICALS
C9399			UNCLASSIFIED DRUGS OR BIOLOGICALS
J0129			ABATACEPT INJECTION
J0135			INJECTION, ADALIMUMAB, 20 MG
J0178			AFLIBERCEPT INJECTION
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

Drug Code	Action	Effective Date (if available)	Drug Description
J0517			INJECTION BENRALIZUMAB 1 MG
J0567			INJECTION CERLIPONASE ALFA 1 MG
J0570			BUPRENORPHINE IMPLANT 74.2MG
J0584			INJECTION BUROSUMAB-TWZA 1 MG
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			CINACALCET ORAL 1 MG
J0606			INJECTION ETELCALCETIDE 0.1 MG
J0630			INJECTION, CALCITONIN SALMON, UP TO 400 UNITS
J0638			CANAKINUMAB INJECTION
J0641			INJECTION LEVOLEUCOVORIN 0.5 MG
J0642			INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG
J0717			CERTOLIZUMAB PEGOL INJ 1MG
J0718			CERTOLIZUMAB PEGOL INJ
J0775			COLLAGENASE, CLOST HIST INJ
J0791			INJECTION CRIZANLIZUMAB-TMCA 5 MG
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
J0896			INJECTION LUSPATERCEPT-AAMT 0.25 MG
J0897			DENOSUMAB INJECTION
J1190			INJECTION, DEXRAZOXANE HCL, PER 250 MG
J1300			ECULIZUMAB INJECTION
J1301			INJECTION EDARAVONE 1 MG



Drug Code	Action	Effective Date (if available)	Drug Description
J1303			INJECTION RAVULIZUMAB-CWVZ 10 MG
J1324			INJECTION, ENFUVRTIDE, 1 MG
J1428			INJECTION ETEPLIRSEN 10 MG
J1429			INJECTION GOLODIRSEN 10 MG
J1438			INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG AD
J1439			INJ FERRIC CARBOXYMALTOS 1MG
J1442			INJ FILGRASTIM EXCL BIOSIMIL
J1443			INJ FERRIC PRPP CIT SOL 0.1 MG IRON
J1447			INJECTION, TBO-FILGRASTIM, 1 MICROGRAM
J1458			INJECTION GALSULFASE 1 MG
J1459			INJ IVIG PRIVIGEN 500 MG
J1555			INJECTION IMMUNE GLOBULIN 100 MG
J1556			INJ, IMM GLOB BIVIGAM, 500MG
J1557			GAMMAPLEX INJECTION
J1558			INJECTION IMMUNE GLOBULIN XEMBIFY 100 MG
J1559			HIZENTRA INJECTION
J1561			GAMUNEX-C/GAMMAKED
J1562			INJECTION; IMMUNE GLOBULIN 10%, 5 GRAMS
J1566			INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. P
J1568			OCTAGAM INJECTION
J1569			GAMMAGARD LIQUID INJECTION
J1572			FLEBOGAMMA INJECTION
J1575			INJ IG/HYALURONIDASE 100 MG IG
J1599			IVIG NON-LYOPHILIZED, NOS
J1599			IVIG NON-LYOPHILIZED, NOS
J1602			GOLIMUMAB FOR IV USE 1MG
J1628			INJECTION GUSELKUMAB 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

Drug Code	Action	Effective Date (if available)	Drug Description
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
J1930			INJECTION, LANREOTIDE, 1 MG
J1931			INJECTION, LARONIDASE, 0.1 MG
J2170			Mecasermin injection
J2182			INJECTION MEPOLIZUMAB 1MG
J2212			METHYLNALTREXONE INJECTION
J2315			INJECTION NALTREXONE DEPOT FORM 1 MG
J2323			NATALIZUMAB INJECTION
J2350			INJECTION OCRELIZUMAB 1 MG
J2353			INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
J2355			INJECTION, OPRELVEKIN, 5 MG
J2357			INJECTION, OMALIZUMAB, 5 MG
J2440			INJECTION, PAPAVERINE HCL, UP TO 60 MG
J2503			INJECTION, PEGAPTANIB SODIUM, 0.3 MG
J2505			INJECTION, PEGFILGRASTIM, 6 MG
J2507			PEGLOTICASE INJECTION
J2562			PLERIXAFOR INJECTION
J2778			RANIBIZUMAB INJECTION
J2783			INJECTION, RASBURICASE, 0.5 MG
J2786			INJECTION RESLIZUMAB 1MG
J2793			RILONACEPT INJECTION
J2796			ROMIPLOSTIM INJECTION
J2797			INJECTION ROLAPITANT 0.5 MG
J2820			INJECTION, SARGRAMOSTIM (CM-CSF), 50 MCG
J2840			INJ SEBELIPASE ALFA 1 MG
J2940			INJECTION, SOMATREM, 1 MG
J2941			INJECTION, SOMATROPIN, 1 MG
J3095			TELEVANCIN INJECTION
J3110			INJECTION, TERIPARATIDE, 10 MCG



Drug Code	Action	Effective Date (if available)	Drug Description
J3111	Add		INJECTION ROMOSUZUMAB-AQQG 1 MG
J3140			INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
J3240			INJECTION, THYROTROPIN, UP TO 10 I.U.
J3245			INJECTION TILDRAKIZUMAB 1 MG
J3262			TOCILIZUMAB INJECTION
J3285			INJECTION, TREPROSTINIL, 1 MG
J3304			INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG
J3316			INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG
J3357			USTEKINUMAB FOR SUBQ INJECTION 1 MG
J3380			INJECTION VEDOLIZUMAB 1 MG
J3385			VELAGLUCERASE ALFA
J3396			INJECTION, VERTEPORFIN, 0.1 MG
J3397			INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 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
J7187			INJECTION VON WILLEBRAND FACTOR COMPLEX HUMAN RISTOCETIN COFACTOR PER IV

Drug Code	Action	Effective Date (if available)	Drug Description
J7188			INJECTION FACTOR VIII PER I.U.
J7189			FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICR
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
J7311			INJECTION FA INTRAVITREAL IMPL 0.01 MG
J7312			DEXAMETHASONE INTRA IMPLANT
J7313			INJECTION FA INTRAVITREAL IMPL 0.01 MG
J7314			INJECTION FA INTRAVITREAL IMPL 0.01 MG
J7318			HYALURONAN/DERIVATIVE DUROLANE FOR IA INJ 1 MG
J7320			HYALURONAN/DERIVATIVE GENVISC 850 IA INJ 1 MG
J7321			HYAL HYALGN SUPARTZ/VSCO-3 IA INJ-D
J7322			HYALURONAN/DRIV HYMOVIS IA INJ 1 MG



Drug Code	Action	Effective Date (if available)	Drug Description
J7323			EUFLEXXA INJ PER DOSE
J7324			ORTHOVISC INJ PER DOSE
J7325			SYNVISC OR SYNVISC-ONE
J7326			GEL-ONE
J7327			MONOVISC INJ PER DOSE
J7328			HYAL/DERIV GELSYN-3 IA INJ 0.1 MG
J7329			HYALURONAN/DERIVATIVE TRIVISC FOR IA INJ 1 MG
J7331			HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG
J7332			HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG
J7333			HYALURONAN/DERIVATIVE VISCO-3 IA INJ PER DOSE
J7401			MOMETASONE FUROATE SINUS IMPLANT 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	Remove	1/1/2021	NOS DRUG, ORAL
J8565			GEFITINIB, ORAL, 250 MG
J8650			Nabilone oral
J8705			TOPOTECAN ORAL
J8999			NOS PRES DRUG, ORAL, CHEMO
J9015			ALDESLEUKIN/SINGLE USE VIAL
J9017			ARSENIC TRIOXIDE, 1MG
J9019			ERWINAZE INJECTION
J9022			INJECTION ATEZOLIZUMAB 10 MG
J9023			INJECTION AVELUMAB 10 MG
J9027			INJECTION, CLOFARABINE, 1 MG
J9034			INJ. BENDEKA 1 MG
J9036			INJECTION BENDAMUSTINE HYDROCHLORIDE 1 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

Drug Code	Action	Effective Date (if available)	Drug Description
J9047			INJECTION, CARFILZOMIB, 1 MG
J9050			CARMUSTINE INJECTION
J9055			INJECTION, CETUXIMAB, 10 MG
J9057			INJECTION COPANLISIB 1 MG
J9118	Add		INJECTION CALASPARGASE PEGOL-MKNL 10 UNITS
J9145			INJECTION DARATUMUMAB 10 MG
J9153			INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA
J9173			INJECTION DURVALUMAB 10 MG
J9176			INJECTION ELOTUZUMAB 1MG
J9177			INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG
J9198			INJ GEMCITABINE HYDROCHLORIDE INFUGEM 100 MG
J9199			INJECTION GEMCITABINE HCL INFUGEM 200 MG
J9203			INJ GEMTUZUMAB OZOGAMICIN 0.1 MG
J9205			INJ IRINOTECAN LIPOSOME 1 MG
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
J9225			HISTRELIN IMPLANT, 50 MG
J9226			SUPPRELIN LA IMPLANT
J9228			IPIILIMUMAB 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
J9271			INJECTION PEMBROLIZUMAB 1 MG
J9285			INJECTION OLARATUMAB 10 MG



Drug Code	Action	Effective Date (if available)	Drug Description
J9299			INJECTION NIVOLUMAB 1 MG
J9301			OBINUTUZUMAB INJ
J9303			PANITUMUMAB INJECTION
J9305			INJECTION, PEMETREXED, 10 MG
J9306			INJECTION, PERTUZUMAB, 1 MG
J9308			INJECTION RAMUCIRUMAB 5 MG
J9309			INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG
J9311			INJECTION RITUXIMAB 10 MG AND HYALURONIDASE
J9312			INJECTION RITUXIMAB 10 MG
J9325			INJ TALIMOGENE LAHERPAREPVEC
J9352			INJECTION TRABECTEDIN 0.1MG
J9354			INJ, ADO-TRASTUZUMAB EMT 1MG
J9355			INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG
J9356			INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK
J9358			INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG
J9395			INJECTION, FULVESTRANT, 25 MG
J9400			INJ, ZIV-AFLIBERCEPT, 1MG
J9999			NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
J9999			NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
Q0138			FERUMOXYTOL, NON-ESRD
Q0515			INJECTION, SERMORELIN ACETATE, 1 MICROGRAM
Q2026			RADIESSE INJECTION
Q2027			SCULPTRA INJECTION
Q2028			INJ, SCULPTRA, 0.5MG
Q2041			KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD
Q2042			TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD
Q2043			SIPLEUCEL-T AUTO CD54+
Q2050			DOXORUBICIN INJ 10MG
Q3025			INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE
Q3026			INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE

Drug Code	Action	Effective Date (if available)	Drug Description
Q3027			INJ BETA INTERFERON IM 1 MCG
Q4074			ILOPROST NON-COMP UNIT DOSE
Q5101			INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO)
Q5103			INJECTION, INFLECTRA
Q5104			INJECTION, RENFLEXIS
Q5106			INJ EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
Q5107			INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG
Q5108			INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG
Q5109			INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG
Q5110			INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM
Q5111			INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG
Q5112			INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG
Q5113			INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG
Q5114			INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG
Q5115			INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG
Q5116			INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG
Q5117			INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG
Q5118			INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG
Q5119			INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG
Q5120			INJ PEGFILGRASTIM-BMEZ BIOSIMLR ZIEXTENZO 0.5 MG
Q5121			INJ INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG
Q9991			BUPRENORPH XR 100 MG OR LESS
Q9992			BUPRENORPHINE XR OVER 100 MG
S0145			INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML
J9119			CEMIPLIMAB-RWLC
J9204			MOGAMULIZUMAB - KPKC



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Drug Code	Action	Effective Date (if available)	Drug Description
J9269			TAGRAXOFUSP-ERZS
J9313			MOXETUMOMAB PASUDOTOX-TDFK
J9179			ERIBULIN MESYLATE INJECTION