

NOTICE: Prior Authorization Updates – Provider Administered Drugs

July 2, 2020

Dear Provider,

Effective July 2, 2020 the following drugs previously reported under J3490, which require prior authorization, have been assigned a new code. These codes also require prior authorization.

Q5119	Rituximab-pvvr, biosimilar (Ruxience)	J0896	Luspatercept-aamt (REBLOZYL)
J7169	Coagulation factor xa (Andexxa)	J1558	Immune globulin (Xembify)
J0791	Crizanlizumab-tmca (Adakveo)	J3399	Onasemnogene abeparvovec-xioi (Zolgensma)
J0223	Givosiran (GIVLAARI)	J7333	Hyaluronan for intraarticular injection (Visco-3)
J1201	Cetirizine hydrochloride (Quzyttir)	J9177	Enfortumab vedotin-ejfv (Padcev)
Q5120	Pegfilgrastim-bmez, biosimilar (Ziextenzo)	J9198	Gemcitabine hydrochloride, 100 mg (Infugem)
J7204	Factor viii, antihemophilic factor (Esperoct)	J9358	Fam-trastuzumab deruxtecan-nxki (Enhertu)
J0591	Deoxycholic acid (Kybella)	Q5121	Infliximab-axxq, biosimilar (Avsola)
J1429	Golodirsen (Vyondys)		

Effective August 2, 2020 the following codes will require prior authorization.

J0135	Adalimumab (Humira)	J7331	Hyaluronan, intra-articular (Synojoynt)
J0717	Certolizumab (Cimzia)	J1726	Hydroxyprogesterone caproate (Makena)
J1438	Etanercept (Enbrel)	J1729	Hydroxyprogesterone caproate, not specified
J1595	Glatiramer acetate (Copaxone)	J2212	Methylsulfonamide (Relistor)
J1744	Icatibant (Firazyr)	J7401	Mometasone furoate sinus implant (Sinuva)
Q3027	Interferon beta-1a (Avonex Pen)	J9309	Polatuzumab vedotin-piiq (Polivy)
Q3028	Interferon beta-1a (Plegridy)	J2941	Somatropin (various brand names)
J1830	Interferon beta-1b (Betaseron, Extavia)	J3110	Teriparatide (Forteo)
J3030	Sumatriptan succinate (Imitrex)	J3355	Urofollitropin (Bravelle)
J3357	Ustekinumab subcutaneous (Stelara)		
J0179	Brolucizumab-dblI (Beovu)		

Prior Authorization (PA) Guidelines and Grids are available online by visiting:

<https://www.healthchoiceaz.com>

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