



# Point32Health PA Required HCPCS Codes – Oncology Treatments

Updated for 4/01/2024

HCPCS	HCPCS Description	Brand Name	Commercial Policy	Medicare Policy
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	Lutathera	Chemotherapy Review Criteria	Chemotherapy Review Criteria
A9543	Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Zevalin	Chemotherapy Review Criteria	Chemotherapy Review Criteria
A9590	Iodine i-131 iobenguane tx,1 millicurie	Azedra	Chemotherapy Review Criteria	Chemotherapy Review Criteria
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	Xofigo	Chemotherapy Review Criteria	Chemotherapy Review Criteria
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Pluvicto	Pluvicto Policy	Chemotherapy Review Criteria
J0185	Aprepitant, 1 mg	Cinvanti	Oncology IV Anti-emetics	Chemotherapy Review Criteria
J0208	Sodium thiosulfate, 100 mg	Pedmark	Chemotherapy Review Policy	Chemotherapy Review Criteria
J0641	Levoleucovorin, not otherwise specified, 0.5 mg	Fusilev	Chemotherapy Review Criteria	Medicare Part B Step
J0642	Levoleucovorin (khapsory), 0.5 mg	Khapsory	Chemotherapy Review Criteria	Medicare Part B Step
J0881	Darbepoetin alfa, 1 microgram (non-esrd use)	Aranesp	ESA Policy	Chemotherapy Review Criteria
J0885	Epoetin alfa, (for non-esrd use), 1000 units	Procrit/Epogen	ESA Policy	Chemotherapy Review Criteria
J0893	Decitabine – Injection, (sun pharma) not therapeutically equivalent to J0894, 1mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J0894	Decitabine inj, 1 mg	Dacogen	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J0896	Luspatercept-aamt Inj, 0.25 mg	Reblozyl	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J0897	Denosumab inj, 1 mg	Xgeva/Prolia	Xgeva Policy	Chemotherapy Review Criteria
J1323	Elranatamab-bcmm, 1 mg	Elrexio	Elrexio Policy	Chemotherapy Review Criteria
J1442	Filgrastim (g-csf), excludes biosimilars, 1 microgram	Neupogen	Short-acting GCSFs Policy	Medicare Part B Step
J1447	Tbo-filgrastim inj, 1 mcg	Granix	Short-acting GCSFs Policy	Medicare Part B Step
J1448	Trilaciclib inj, 1 mg	Cosela	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J1449	Eflapegrastim-xnst, 0.1 mg	Rolvdedon	Long-acting GCSFs Policy	Medicare Part B Step
J1453	Fosaprepitant inj, 1 mg	Emend IV	Oncology IV Anti-emetics	Chemotherapy Review Criteria
J1454	Fosnetupitant 235 mg and palonosetron 0.25 mg	Akynzeo	Oncology IV Anti-emetics	Chemotherapy Review Criteria

J1456	Fosaprepitant Injection (Teva) not therapeutically equivalent to J1453, 1mg	N/A	Oncology IV Anti-emetics	Chemotherapy Review Criteria
J1459	Immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Privigen	IVIG Policy	Chemotherapy Review Criteria
J1554	Immune globulin (asceniv), 500 mg	Asceniv	IVIG Policy	Chemotherapy Review Criteria
J1555	Immune globulin (cuvitru), 100 mg	Cuvitru	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J1556	Imm glob bivigam inj, 500 mg	Bivigam	IVIG Policy	Chemotherapy Review Criteria
J1557	Immune globulin, (gammplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammplex	IVIG Policy	Chemotherapy Review Criteria
J1561	Immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Gamunex-C and Gammaked	IVIG Policy	Chemotherapy Review Criteria
J1566	Immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Gammagard S/D	IVIG Policy	Chemotherapy Review Criteria
J1568	Immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Octagam	IVIG Policy	Chemotherapy Review Criteria
J1569	Immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Gammagard	IVIG Policy	Chemotherapy Review Criteria
J1572	Immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Flebogamma	IVIG Policy	Chemotherapy Review Criteria
J1576	Immune globulin, (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Panzyga	IVIG Policy	Chemotherapy Review Criteria
J1599	Immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	N/A	IVIG Policy	Chemotherapy Review Criteria
J1627	Granisetron, extended-release, 0.1 mg	Sustol	Oncology IV Anti-emetics	Chemotherapy Review Criteria
J1930	Lanreotide inj, 1 mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J1932	Lanreotide, (cipla), 1mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J1950	Leuprolide acetate (for depot suspension), per 3.75 mg	Lupron Depot	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J1952	Leuprolide mesylate, 42 MG	Camcevi	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J1954	Leuprolide acetate for depot suspension – injection (lutrate), 7.5mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria

J2353	Octreotide depot inj, 1 mg	Sandostatin LAR	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J2354	Octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Sandostatin	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J2506	Pegfilgrastim, excludes biosimilar, 0.5 mg	Neulasta	Long-acting GCSFs Policy	Medicare Part B Step
J2783	Rasburicase, 0.5 MG	Elitek	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J2796	Romiplostim inj, 10 mcg	Nplate	Nplate Policy	Chemotherapy Review Criteria
J2797	Rolapitant inj, 0.5 mg	Varubi	Oncology IV Anti-emetics	Chemotherapy Review Criteria
J2820	Sargramostim inj, 50 mcg	Leukine	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J2860	Siltuximab inj, 10 mg	Sylvant	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J3055	talquetamab-tgvs, 0.25 mg	Talvey	Talvey Policy	Chemotherapy Review Criteria
J3315	Triptorelin pamoate, 3.75 mg	Trelstar	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J3590	Caplacizumab-yhdp	Cablivi	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J3590	Efbemalenograstim alfa	Ryzneuta	Long-Acting GCSFs Policy	Chemotherapy Review Criteria
J9015	Aldesleukin, per single use vial	Proleukin	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9019	Asparaginase (erwinaze), 1,000 iu	Erwinaze	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9021	Asparaginase, recombinant, (rylaze), 0.1 mg	Rylaze	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9022	Atezolizumab, 10 mg	Tecentriq	PD-1/PD-L1 Policy	Chemotherapy Review Criteria
J9023	Avelumab, 10 mg	Bavencio	PD-1/PD-L1 Policy	Chemotherapy Review Criteria
J9032	Belinostat inj, 10 mg	Beleodaq	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9033	Bendamustine hcl (treanda), 1 mg	Treanda	Chemotherapy Review Criteria	Medicare Part B Step
J9034	Bendamustine hcl (bendeka), 1 mg	Bendeka	Chemotherapy Review Criteria	Medicare Part B Step
J9035	Bevacizumab, 10 mg	Avastin	Bevacizumab policy	Medicare Part B Step
J9036	Bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Belrapzo and bendamustine	Chemotherapy Review Criteria	Medicare Part B Step
J9037	Belantamab mafodotin-blmf, 0.5 mg	Blenrep	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9039	Blinatumomab inj, 1 mcg	Blinicyto	Blinicyto Policy	Chemotherapy Review Criteria

J9041	Bortezomib inj, 0.1 mg	Velcade	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9042	Brentuximab vedotin inj, 1 mg	Adcetris	Adcetris Policy	Chemotherapy Review Criteria
J9043	Cabazitaxel inj, 1 mg	Jevtana	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9046	Bortezomib, (Dr. Reddy's), not therapeutically equivalent	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9047	Carfilzomib inj, 1 mg	Kyprolis	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9048	Bortezomib (Fresenius kabi), not therapeutically equivalent to J9041, 0.1mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9049	Bortezomib (Hospira), not therapeutically equivalent	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9054	Bortezomib (maia), not therapeutically equivalent to J9041, 0.1 mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9055	Cetuximab inj, 10 mg	Erbix	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9056	Bendamustine hydrochloride (vivimusta), 1 mg	Vivimusti	Chemotherapy Review Criteria	Medicare Part B Step
J9057	Copanlisib inj, 1 mg	Aliqopa	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9058	Bendamustine hydrochloride (apotex), 1 mg	N/A	Chemotherapy Review Criteria	Medicare Part B Step
J9061	Amivantamab-vmjw, 2 mg	Rybrevant	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9063	Mirvetuximab soravtansine-gynx, 1 mg	Elahere	Elahere Policy	Chemotherapy Review Criteria
J9098	Cytarabine liposome inj, 10 mg	DepoCyt	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9118	Calaspargase pegol-mknl inj, 10 units	Asparlas	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9119	Cemiplimab-rwlc, 1 mg	Libtayo	PD-1/PD-L1 Policy	Chemotherapy Review Criteria
J9144	Daratumumab, 10 mg and hyaluronidase-fihj	Darzalex Faspro	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9145	Daratumumab, 10 mg	Darzalex	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9153	Daunorubicin cytarabine, 1-2.27 mg	Vyxeos	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9155	Degarelix inj, 1 mg	Firmagon	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9173	Durvalumab inj, 10 mg	Imfinzi	PD-1/PD-L1 Policy	Chemotherapy Review Criteria
J9176	Elotuzumab, 1 mg	Empliciti	Chemotherapy Review Criteria	Chemotherapy Review Criteria

J9177	Enfortumab vedotin-ejfv inj, 0.25 mg	Padcev	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9179	Eribulin mesylate inj, 0.1 mg	Halaven	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9198	Gemcitabine hcl (Infugem)	Infugem	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9202	Goserelin acetate implant, 3.6 mg	Zoladex	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9203	Gemtuzumab ozogamicin, 0.1 mg	Mylotarg	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9204	Mogamulizumab-kpkc, 1 mg	Poteligeo	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9205	Irinotecan liposome inj, 1 mg	Onivyde	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9207	Ixabepilone inj, 1 mg	Ixempra	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Eligard and Lupron Depot	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9223	Lurbinectedin, 0.1 mg	Zepzelca	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9227	Isatuximab-irfc inj, 10 mg	Sarclisa	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9228	Ipilimumab inj, 1 mg	Yervoy	Yervoy Policy	Chemotherapy Review Criteria
J9229	Inotuzumab ozogam inj, 0.1 mg	Besponsa	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9258	Paclitaxel protein-bound particles (teva) not therapeutically equivalent to J9264, 1 mg	N/A	Abraxane Policy	Chemotherapy Review Criteria
J9259	Paclitaxel protein-bound particles (american regent) not therapeutically equivalent to J9264, 1 mg	N/A	Abraxane Policy	Chemotherapy Review Criteria
J9261	Nelarabine inj, 50 mg	Arranon	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9262	Omacetaxine mep inj, 0.01 mg	Synribo	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9264	Paclitaxel protein-bound particles, 1 mg	Abraxane	Abraxane Policy	Chemotherapy Review Criteria
J9266	Pegaspargase inj, 1 ea	Oncaspar	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9269	Tagraxofusp-erzs inj, 10 mcg	Elzonris	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9271	Pembrolizumab inj, 1 mg	PD-1/PD-L1 Policy	Keytruda policy	Chemotherapy Review Criteria
J9272	Dostarlimab-gxly, 10 mg	PD-1/PD-L1 Policy	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9273	Tisotumab vedotin (tivdak)	Tivdak	Chemotherapy Review Criteria	Chemotherapy Review Criteria

J9274	Tebentafusp-tebn, 1 microgram	Kimmtrak	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9285	Olaratumab, 10 mg	Latruvo	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9286	Glofitamab-gxbm, 2.5 mg	Columvi	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9294	Pemetrexed (hospira) not therapeutically equivalent to J9305, 10 mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9295	Necitumumab injection, 1 mg	Portrazza	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9296	Pemetrexed (accord) not therapeutically equivalent to J9305, 10 mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9297	Pemetrexed (sandoz), not therapeutically equivalent to J9305, 10 mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9298	Nivolumab and relatlimab-rmbw, 3 mg/1 mg	Opdualag	PD-1/PD-L1 Policy	Chemotherapy Review Criteria
J9299	Nivolumab inj, 1 mg	Opdivo	PD-1/PD-L1 Policy	Chemotherapy Review Criteria
J9301	Obinutuzumab inj, 10 mg	Gazyva	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9302	Ofatumumab inj, 10 mg	Arzerra	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9303	Panitumumab inj, 10 mg	Vectibix	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9304	Pemetrexed (pemfexy), 10 mg	Pemfexy	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9305	Pemetrexed, not otherwise specified, 10 mg	Alimta	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9306	Pertuzumab inj, 1 mg	Perjeta	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9307	Pralatrexate inj, 1 mg	Folotyn	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9308	Ramucirumab inj, 5 mg	Cyramza	Cyramza Policy	Chemotherapy Review Criteria
J9309	Polatuzumab vedotin-piiq inj, 1 mg	Polivy	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9311	Rituximab 10 mg and hyaluronidase	Rituxan Hycela	Rituximab Policy	Medicare Part B Step
J9312	Rituximab inj, 10 mg	Rituxan	Rituximab Policy	Medicare Part B Step
J9313	Moxetumomab pasudotox-tdfk, 0.01 mg	Lumoxity	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9314	Pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9317	Sacituzumab Govitecan-hziy Inj, 2.5 MG	Trodelyv	Chemotherapy Review Criteria	Chemotherapy Review Criteria

J9318	Romidepsin, non-lyophilized, 0.1 mg	Romidepsin	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9319	Romidepsin, lyophilized, 0.1 mg	Istodax	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9321	Epcoritamab-bysp, 0.16 mg	Epkinley	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9322	Pemetrexed (bluepoint) not therapeutically equivalent to J9305, 10 mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9323	Pemetrexed ditromethamine, 10 mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9324	Pemetrexed (pemytyd rtu), 10mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9325	Inj talimogene laherparepvec, 1000000 pfu	Imlygic	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9328	Temozolomide inj, 1 mg	Temodar	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9331	Sirolimus protein-bound particles, 1 mg	Fyarro	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9340	Thiotepa inj, 15 mg	Tepadina	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9345	Retifanlimab-dlwr, 1 mg	PD-1/PD-L1 Policy	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9347	Tremelimumab-actl, 1 mg	Imjudo	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9348	Naxitamab-gqgk, 1 mg	Danyelza	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9349	Tafasitamab-cxix, 2 mg	Monjuvi	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9350	Mosunetuzumab-axgb, 1 mg	Lunsumio	Lunsumio Policy	Chemotherapy Review Criteria
J9352	Trabectedin, 0.1 mg	Yondelis	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9353	Margetuximab-cmkb inj, 5 MG	Margenza	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9354	Ado-trastuzumab emt inj, 1 mg	Kadcyla	Kadcyla Policy	Chemotherapy Review Criteria
J9355	Trastuzumab excl biosimi inj, 10 mg	Herceptin	Trastuzumab Policy	Medicare Part B Step
J9356	Trastuzumab, 10 mg and Hyaluronidase-oysk	Hereptin Hylecta	Trastuzumab Policy	Medicare Part B Step
J9357	Valrubicin, intravesical, 200 mg	Valstar	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9358	Fam-trastuzumab deruxtecan-nxki inj, 1 mg	Enhertu	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9359	Loncastuximab tesirine-lpyl, 0.075 mg	Zynlonta	Chemotherapy Review Criteria	Chemotherapy Review Criteria



J9371	Vincristine sulfate liposome, 1 mg	Marqibo	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9380	Teclistamab-cqyv, 0.5 mg	Tecvayli	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9390	Vinorelbine tartrate inj, 10 mg	Navelbine	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9393	Fulvestrant Injection (teva) not therapeutically equivalent to J9395, 25mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9394	Fulvestrant (fresenius kabi) not therapeutically equivalent to J9395, 25 mg	N/A	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9395	Fulvestrant inj, 25 mg	Faslodex	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9400	Ziv-aflibercept inj, 1 mg	Zaltrap	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9600	Porfimer sodium inj, 75 mg	Photofrin	Chemotherapy Review Criteria	Chemotherapy Review Criteria
J9999	Not otherwise classified, antineoplastic drugs	Loqtorzi	PD-1/PD-L1 Policy	Chemotherapy Review Criteria
J9999	Peginterferon Alfa-2b Inj, 10 MCG	Sylatron and PegIntron	Chemotherapy Review Criteria	Chemotherapy Review Criteria
Q2017	Teniposide, 50 MG	Vumon	Chemotherapy Review Criteria	Chemotherapy Review Criteria
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Provenge	Provenge Policy	Chemotherapy Review Criteria
Q2049	Doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	Lipodox	Chemotherapy Review Criteria	Chemotherapy Review Criteria
Q2050	Doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Doxil	Chemotherapy Review Criteria	Chemotherapy Review Criteria
Q5106	Epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Retacrit	ESA Policy	Chemotherapy Review Criteria
Q5108	Pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	Fulphila	Long-acting GCSFs Policy	Medicare Part B Step
Q5110	Filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Nivestym	Short-acting GCSFs Policy	Medicare Part B Step
Q5111	Pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Udenyca	Long-acting GCSF Policy	Medicare Part B Step
Q5112	Trastuzumab-dttb, biosimilar (ontruzant), 10 mg	Ontruzant	Trastuzumab Policy	Medicare Part B Step
Q5113	Trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Herzuma	Trastuzumab Policy	Medicare Part B Step
Q5114	Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Ogivri	Trastuzumab Policy	Medicare Part B Step

Q5115	Rituximab-abbs, biosimilar, (truxima), 10 mg	Truxima	Rituximab Policy	Medicare Part B Step
Q5119	Rituximab-pvvr, biosimilar, (ruxience), 10 mg	Ruxience	Rituximab Policy	Medicare Part B Step
Q5120	Pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Ziextenzo	Long-acting GCSFs Policy	Medicare Part B Step
Q5122	Pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Nyvepria	Long-acting GCSFs Policy	Medicare Part B Step
Q5123	Rituximab-arrx, biosimilar, (riabni), 10 mg	Riabni	Rituximab Policy	Medicare Part B Step
Q5125	Filgrastim-ayow, biosimilar, (releuko), 1 microgram	Releuko	Short-acting GCSFs Policy	Medicare Part B Step
Q5126	Bevacizumab-maly, biosimilar, (alymsys), 10 mg	Alymsys	Bevacizumab policy	Medicare Part B Step
Q5127	Pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Stimufend	Long-acting GCSFs Policy	Medicare Part B Step
Q5129	Bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Vegzelma	Bevacizumab policy	Medicare Part B Step
Q5130	Pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	Fynetra	Long-acting GCSFs Policy	Medicare Part B Step

**Version Updates:**

<b>Effective Date:</b>	<b>Update Type:</b>
9/1/2023	<ul style="list-style-type: none"> <li>Removed 60 drugs from PA</li> </ul>
10/1/2023	<ul style="list-style-type: none"> <li>Updated HCPCS codes for bortezomib, Zynyz to reflect CMS updates</li> <li>Updated coverage policy for Elahere</li> <li>Added Columvi</li> </ul>
11/1/2023	<ul style="list-style-type: none"> <li>Updated Erbitux, Vectibix and Empliciti to reflect that they use the chemotherapy review criteria policy for medical necessity reviews</li> </ul>
12/1/2023	<ul style="list-style-type: none"> <li>Added Epkinly as a PA drug</li> <li>Updated HCPCS codes for Zynyz and bortezomib (Fosun) to reflect newly assigned codes</li> </ul>
1/1/2024	<ul style="list-style-type: none"> <li>Updated HCPCS codes for: Columvi, Epkinly, paclitaxel protein-bound (Teva), and pemetrexed (pemrydi).</li> </ul>
1/5/2024	<ul style="list-style-type: none"> <li>Updated Cuvitru to use Chemotherapy Review Criteria</li> <li>Removed Carimune NF as it's not on the market</li> <li>Added Zepzelca (has been on PA since 2021).</li> </ul>
3/1/2024	<ul style="list-style-type: none"> <li>Ryzneuta and Ogivri added</li> </ul>
4/1/2024	<ul style="list-style-type: none"> <li>Updated Commercial policy to "PD-1/PD-L1 Policy" for the following drugs: Bavencio, Imfinzi, Jemperli, Keytruda, Libtayo, Opdivo, Opdualag, Tecentriq, Zynyz.</li> <li>Added Loqtorzi, Tecvayli, Elrexfio, and Talvey</li> </ul>