



Point32Health PA Required HCPCS Codes – Oncology Treatments

Updated for 1/1/2025

| HCPCS | HCPCS Description | Brand Name | Commercial Policy |
|-------|--|-------------------------|--|
| A9513 | Lutetium lu 177, dotatate, therapeutic, 1 millicurie | Lutathera | Chemotherapy Review Criteria |
| A9543 | Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries | Zevalin | Chemotherapy Review Criteria |
| A9590 | Iodine i-131 iobenguane tx,1 millicurie | Azedra | Chemotherapy Review Criteria |
| A9606 | Radium ra-223 dichloride, therapeutic, per microcurie | Xofigo | Chemotherapy Review Criteria |
| A9607 | Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie | Pluvicto | Pluvicto Policy |
| J0185 | Aprepitant, 1 mg | Cinvanti | Medical Benefit Step Therapy MNG |
| J0208 | Sodium thiosulfate, 100 mg | Pedmark | Chemotherapy Review Policy |
| J0641 | Levoleucovorin, not otherwise specified, 0.5 mg | Levoleucovorin, Fusilev | Medical Benefit Step Therapy MNG |
| J0642 | Levoleucovorin (khapzory), 0.5 mg | Khapzory | Medical Benefit Step Therapy MNG |
| J0870 | Injection, imetelstat, 1 mg | Rytelo | Chemotherapy Review Criteria |
| J0881 | Darbepoetin alfa, 1 microgram (non-esrd use) | Aranesp | ESA Policy |
| J0885 | Epoetin alfa, (for non-esrd use), 1000 units | Procrit/Epogen | ESA Policy |
| J0893 | Decitabine – Injection, (sun pharma) not therapeutically equivalent to J0894, 1mg | N/A | Chemotherapy Review Criteria |
| J0894 | Decitabine inj, 1 mg | Dacogen | Chemotherapy Review Criteria |
| J0896 | Luspatercept-aamt Inj, 0.25 mg | Reblozyl | Chemotherapy Review Criteria |
| J0897 | Denosumab inj, 1 mg | Xgeva/Prolia | Xgeva Policy and Medical Benefit Step Therapy MNG |
| J1323 | Elranatamab-bcmm, 1 mg | Elrexfio | Elrexfio Policy |
| J1434 | Fosaprepitant inj (focinvez), 1 mg | N/A | Medical Benefit Step Therapy MNG |
| J1442 | Filgrastim (g-csf), excludes biosimilars, 1 microgram | Neupogen | Short-acting GCSFs Policy and Medical Benefit Step Therapy MNG |
| J1447 | Tbo-filgrastim inj, 1 mcg | Granix | Short-acting GCSFs Policy and Medical Benefit Step Therapy MNG |
| J1448 | Trilaciclib inj, 1 mg | Cosela | Chemotherapy Review Criteria |
| J1449 | Eflapegrastim-xnst, 0.1 mg | Rolvedon | Long-acting GCSFs Policy and Medical Benefit Step Therapy MNG |

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| J1453 | Fosaprepitant inj, 1 mg | Emend IV | Medical Benefit Step Therapy MNG |
| J1454 | Fosnetupitant 235 mg and palonosetron 0.25 mg | Akynzeo | Medical Benefit Step Therapy MNG |
| J1456 | Fosaprepitant Injection (Teva) not therapeutically equivalent to J1453, 1mg | N/A | Medical Benefit Step Therapy MNG |
| J1459 | Immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg | Privigen | IVIG Policy |
| J1552 | Injection, immune globulin (alyglo), 500 mg | Alyglo | IVIG Policy |
| J1554 | Immune globulin (asceniv), 500 mg | Asceniv | IVIG Policy |
| J1555 | Immune globulin (cuvitru), 100 mg | Cuvitru | IVIG Policy |
| J1556 | Imm glob bivigam inj, 500 mg | Bivigam | IVIG Policy |
| J1557 | Immune globulin, (gammplex), intravenous, non-lyophilized (e.g., liquid), 500 mg | Gammplex | IVIG Policy |
| J1561 | Immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg | Gamunex-C and Gammaked | IVIG Policy |
| J1566 | Immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg | Gammagard S/D | IVIG Policy |
| J1568 | Immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg | Octagam | IVIG Policy |
| J1569 | Immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg | Gammagard | IVIG Policy |
| J1572 | Immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg | Flebogamma | IVIG Policy |
| J1576 | Immune globulin, (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg | Panzyga | IVIG Policy |
| J1599 | Immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg | Immune Globulin (Human), and Yimmugo | IVIG Policy |
| J1627 | Granisetron, extended-release, 0.1 mg | Sustol | Medical Benefit Step Therapy MNG |
| J1930 | Lanreotide inj, 1 mg | N/A | Chemotherapy Review Criteria |
| J1932 | Lanreotide, (cipl), 1mg | N/A | Chemotherapy Review Criteria |

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| J1950 | Leuprolide acetate (for depot suspension), per 3.75 mg | Lupron Depot | Chemotherapy Review Criteria |
| J1952 | Leuprolide mesylate, 42 MG | Camcevi | Chemotherapy Review Criteria |
| J1954 | Leuprolide acetate for depot suspension – injection (lutrate), 7.5mg | N/A | Chemotherapy Review Criteria |
| J2353 | Octreotide depot inj, 1 mg | Sandostatin LAR | Chemotherapy Review Criteria |
| J2354 | Octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg | Sandostatin | Chemotherapy Review Criteria |
| J2468 | Injection, palonosetron hydrochloride (posfrea), 25 micrograms | Posfrea | Medical Benefit Step Therapy MNG |
| J2506 | Pegfilgrastim, excludes biosimilar, 0.5 mg | Neulasta | Long-acting GCSFs Policy and Medical Benefit Step Therapy MNG |
| J2783 | Rasburicase, 0.5 MG | Elitek | Chemotherapy Review Criteria |
| J2802 | Romiplostim inj, 10 mcg | Nplate | Nplate Policy |
| J2797 | Rolapitant inj, 0.5 mg | Varubi | Chemotherapy Review Criteria |
| J2820 | Sargramostim inj, 50 mcg | Leukine | Chemotherapy Review Criteria |
| J2860 | Siltuximab inj, 10 mg | Sylvant | Chemotherapy Review Criteria |
| J3055 | talquetamab-tgvs, 0.25 mg | Talvey | Talvey Policy |
| J3263 | Toripalimab-tpzi, 1 mg | Loqtorzi | PD-1/PD-L1 Policy |
| J3315 | Triptorelin pamoate, 3.75 mg | Trelstar | Chemotherapy Review Criteria |
| J3590 | Caplacizumab-yhdp | Cablivi | Chemotherapy Review Criteria |
| J9015 | Aldesleukin, per single use vial | Proleukin | Chemotherapy Review Criteria |
| J9019 | Asparaginase (erwinaze), 1,000 iu | Erwinaze | Chemotherapy Review Criteria |
| J9021 | Asparaginase, recombinant, (rylaze), 0.1 mg | Rylaze | Chemotherapy Review Criteria |
| J9022 | Atezolizumab, 10 mg | Tecentriq | PD-1/PD-L1 Policy |
| J9023 | Avelumab, 10 mg | Bavencio | PD-1/PD-L1 Policy |
| J9026 | Injection, tarlatamab-dlle, 1 mg | Imdelltra | Chemotherapy Review Criteria |
| J9028 | Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram | Anktiva | Chemotherapy Review Criteria |

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| J9032 | Belinostat inj, 10 mg | Beleodaq | Chemotherapy Review Criteria |
| J9033 | Injection, bendamustine hydrochloride, 1 mg | Treanda and bendamustine | Medical Benefit Step Therapy MNG |
| J9034 | Bendamustine hcl (bendeka), 1 mg | Bendeka | Medical Benefit Step Therapy MNG |
| J9035 | Bevacizumab, 10 mg | Avastin | Medical Benefit Step Therapy MNG |
| J9036 | Bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg | Belrapzo and bendamustine | Medical Benefit Step Therapy MNG |
| J9037 | Belantamab mafodotin-blmf, 0.5 mg | Blenrep | Chemotherapy Review Criteria |
| J9039 | Blinatumomab inj, 1 mcg | Blinicyto | Chemotherapy Review Criteria |
| J9041 | Bortezomib inj, 0.1 mg | Velcade | Chemotherapy Review Criteria |
| J9042 | Brentuximab vedotin inj, 1 mg | Adcetris | Chemotherapy Review Criteria |
| J9043 | Cabazitaxel inj, 1 mg | Jevtana | Chemotherapy Review Criteria |
| J9046 | Bortezomib, (Dr. Reddy's), not therapeutically equivalent | N/A | Chemotherapy Review Criteria |
| J9047 | Carfilzomib inj, 1 mg | Kyprolis | Chemotherapy Review Criteria |
| J9048 | Bortezomib (Fresenius kabi), not therapeutically equivalent to J9041, 0.1mg | N/A | Chemotherapy Review Criteria |
| J9049 | Bortezomib (Hospira), not therapeutically equivalent | N/A | Chemotherapy Review Criteria |
| J9051 | Injection, bortezomib (maia), not therapeutically equivalent to J9041, 0.1 mg | N/A | Chemotherapy Review Criteria |
| J9054 | Bortezomib (maia), not therapeutically equivalent to J9041, 0.1 mg | N/A | Chemotherapy Review Criteria |
| J9055 | Cetuximab inj, 10 mg | Erbix | Chemotherapy Review Criteria |
| J9056 | Bendamustine hydrochloride (vivimusta), 1 mg | Vivimusti | Medical Benefit Step Therapy MNG |
| J9057 | Copanlisib inj, 1 mg | Aliqopa | Chemotherapy Review Criteria |
| J9061 | Amivantamab-vmjw, 2 mg | Rybrevent | Chemotherapy Review Criteria |
| J9063 | Mirvetuximab soravtansine-gynx, 1 mg | Elahere | Chemotherapy Review Criteria |
| J9064 | Injection, cabazitaxel (sandoz), not therapeutically equivalent to J9043, 1 mg | N/A | Chemotherapy Review Criteria |
| J9098 | Cytarabine liposome inj, 10 mg | DepoCyt | Chemotherapy Review Criteria |
| J9118 | Calaspargase pegol-mknl inj, 10 units | Asparlas | Chemotherapy Review Criteria |

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| J9119 | Cemiplimab-rwlc, 1 mg | Libtayo | PD-1/PD-L1 Policy |
| J9144 | Daratumumab, 10 mg and hyaluronidase-fihj | Darzalex Faspro | Chemotherapy Review Criteria |
| J9145 | Daratumumab, 10 mg | Darzalex | Chemotherapy Review Criteria |
| J9153 | Daunorubicin cytarabine, 1-2.27 mg | Vyxeos | Chemotherapy Review Criteria |
| J9155 | Degarelix inj, 1 mg | Firmagon | Chemotherapy Review Criteria |
| J9173 | Durvalumab inj, 10 mg | Imfinzi | PD-1/PD-L1 Policy |
| J9172 | Docetaxel (docivyx), 1 mg | Docivyx | Chemotherapy Review Criteria |
| J9176 | Elotuzumab, 1 mg | Empliciti | Chemotherapy Review Criteria |
| J9177 | Enfortumab vedotin-ejfv inj, 0.25 mg | Padcev | Chemotherapy Review Criteria |
| J9179 | Eribulin mesylate inj, 0.1 mg | Halaven | Chemotherapy Review Criteria |
| J9198 | Gemcitabine hcl (Infugem) | Infugem | Chemotherapy Review Criteria |
| J9202 | Goserelin acetate implant, 3.6 mg | Zoladex | Chemotherapy Review Criteria |
| J9203 | Gemtuzumab ozogamicin, 0.1 mg | Mylotarg | Chemotherapy Review Criteria |
| J9204 | Mogamulizumab-kpkc, 1 mg | Poteligeo | Chemotherapy Review Criteria |
| J9205 | Irinotecan liposome inj, 1 mg | Onivyde | Chemotherapy Review Criteria |
| J9207 | Ixabepilone inj, 1 mg | Ixempra | Chemotherapy Review Criteria |
| J9217 | Leuprolide acetate (for depot suspension), 7.5 mg | Eligard and Lupron Depot | Chemotherapy Review Criteria |
| J9223 | Lurbinectedin, 0.1 mg | Zepzelca | Chemotherapy Review Criteria |
| J9227 | Isatuximab-irfc inj, 10 mg | Sarclisa | Chemotherapy Review Criteria |
| J9228 | Ipilimumab inj, 1 mg | Yervoy | Chemotherapy Review Criteria |
| J9229 | Inotuzumab ozogam inj, 0.1 mg | Besponsa | Chemotherapy Review Criteria |
| J9261 | Nelarabine inj, 50 mg | Arranon | Chemotherapy Review Criteria |
| J9262 | Omacetaxine mep inj, 0.01 mg | Synribo | Chemotherapy Review Criteria |
| J9264 | Paclitaxel protein-bound particles, 1 mg | Abraxane | Medical Benefit Step Therapy MNG |

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| J9266 | Pegaspargase inj, 1 ea | Oncaspar | Chemotherapy Review Criteria |
| J9269 | Tagraxofusp-erzs inj, 10 mcg | Elzonris | Chemotherapy Review Criteria |
| J9271 | Pembrolizumab inj, 1 mg | Keytruda | PD-1/PD-L1 Policy |
| J9272 | Dostarlimab-gxly, 10 mg | Jemperli | PD-1/PD-L1 Policy |
| J9273 | Tisotumab vedotin (tivdak) | Tivdak | Chemotherapy Review Criteria |
| J9274 | Tebentafusp-tebn, 1 microgram | Kimtrak | Chemotherapy Review Criteria |
| J9285 | Olaratumab, 10 mg | Latruvo | Chemotherapy Review Criteria |
| J9286 | Glofitamab-gxbm, 2.5 mg | Columvi | Chemotherapy Review Criteria |
| J9292 | Injection, pemetrexed (avyxa), not therapeutically equivalent to J9305, 10 mg | N/A | Medical Benefit Step Therapy MNG |
| J9294 | Pemetrexed (hospira) not therapeutically equivalent to J9305, 10 mg | N/A | Medical Benefit Step Therapy MNG |
| J9295 | Necitumumab injection, 1 mg | Portrazza | Chemotherapy Review Criteria |
| J9296 | Pemetrexed (accord) not therapeutically equivalent to J9305, 10 mg | N/A | Medical Benefit Step Therapy MNG |
| J9297 | Pemetrexed (sandoz), not therapeutically equivalent to J9305, 10 mg | N/A | Medical Benefit Step Therapy MNG |
| J9298 | Nivolumab and relatlimab-rmbw, 3 mg/1 mg | Opdualag | PD-1/PD-L1 Policy |
| J9299 | Nivolumab inj, 1 mg | Opdivo | PD-1/PD-L1 Policy |
| J9301 | Obinutuzumab inj, 10 mg | Gazyva | Chemotherapy Review Criteria |
| J9302 | Ofatumumab inj, 10 mg | Arzerra | Chemotherapy Review Criteria |
| J9303 | Panitumumab inj, 10 mg | Vectibix | Chemotherapy Review Criteria |
| J9304 | Pemetrexed (pemfexy), 10 mg | Pemfexy | Medical Benefit Step Therapy MNG |
| J9305 | Pemetrexed, not otherwise specified, 10 mg | Alimta | Medical Benefit Step Therapy MNG |
| J9306 | Pertuzumab inj, 1 mg | Perjeta | Chemotherapy Review Criteria |
| J9307 | Pralatrexate inj, 1 mg | Folotyn | Chemotherapy Review Criteria |

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| J9308 | Ramucirumab inj, 5 mg | Cyramza | Cyramza Policy |
| J9309 | Polatuzumab vedotin-piiq inj, 1 mg | Polivy | Chemotherapy Review Criteria |
| J9311 | Rituximab 10 mg and hyaluronidase | Rituxan Hycela | Medical Benefit Step Therapy MNG |
| J9312 | Rituximab inj, 10 mg | Rituxan | Medical Benefit Step Therapy MNG |
| J9313 | Moxetumomab pasudotox-tdfk, 0.01 mg | Lumoxity | Chemotherapy Review Criteria |
| J9314 | Pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg | N/A | Medical Benefit Step Therapy MNG |
| J9316 | Pertuzumab, trastuzumab, and hyaluronidase-zzxf, 10 mg | Phesgo | Chemotherapy Review Criteria |
| J9317 | Sacituzumab Govitecan-hziy Inj, 2.5 MG | Trodelyv | Chemotherapy Review Criteria |
| J9318 | Romidepsin, non-lyophilized, 0.1 mg | Romidepsin | Chemotherapy Review Criteria |
| J9319 | Romidepsin, lyophilized, 0.1 mg | Istodax | Chemotherapy Review Criteria |
| J9321 | Epcoritamab-bysp, 0.16 mg | Epkinley | Chemotherapy Review Criteria |
| J9322 | Pemetrexed (bluepoint) not therapeutically equivalent to J9305, 10 mg | N/A | Medical Benefit Step Therapy MNG |
| J9323 | Pemetrexed ditromethamine, 10 mg | N/A | Medical Benefit Step Therapy MNG |
| J9324 | Pemetrexed (pemtydi rtu), 10mg | N/A | Medical Benefit Step Therapy MNG |
| J9325 | Inj talimogene laherparepvec, 1000000 pfu | Imlygic | Chemotherapy Review Criteria |
| J9328 | Temozolomide inj, 1 mg | Temodar | Chemotherapy Review Criteria |
| J9329 | Tislelizumab-jsgr, 1 mg | Tevimbra | PD-1/PD-L1 Policy |
| J9331 | Sirolimus protein-bound particles, 1 mg | Fyarro | Chemotherapy Review Criteria |
| J9340 | Thiotepa inj, 15 mg | Tepadina | Chemotherapy Review Criteria |
| J9345 | Retifanlimab-dlwr, 1 mg | Zynyz | PD-1/PD-L1 Policy |
| J9347 | Tremelimumab-actl, 1 mg | Imjudo | Chemotherapy Review Criteria |
| J9348 | Naxitamab-gqgk, 1 mg | Danyelza | Chemotherapy Review Criteria |
| J9349 | Tafasitamab-cxix, 2 mg | Monjuvi | Chemotherapy Review Criteria |
| J9350 | Mosunetuzumab-axgb, 1 mg | Lunsumio | Lunsumio Policy |

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| J9352 | Trabectedin, 0.1 mg | Yondelis | Chemotherapy Review Criteria |
| J9353 | Margetuximab-cmkb inj, 5 MG | Margenza | Chemotherapy Review Criteria |
| J9354 | Ado-trastuzumab emt inj, 1 mg | Kadcyla | Chemotherapy Review Criteria |
| J9355 | Trastuzumab excl biosimi inj, 10 mg | Herceptin | Medical Benefit Step Therapy MNG |
| J9356 | Trastuzumab, 10 mg and Hyaluronidase-oysk | Herceptin Hylecta | Medical Benefit Step Therapy MNG |
| J9357 | Valrubicin, intravesical, 200 mg | Valstar | Chemotherapy Review Criteria |
| J9358 | Fam-trastuzumab deruxtecan-nxki inj, 1 mg | Enhertu | Chemotherapy Review Criteria |
| J9359 | Loncastuximab tesirine-lpyl, 0.075 mg | Zynlonta | Chemotherapy Review Criteria |
| J9361 | Efbemalenograstim alfa-vuxw, 0.5 mg | Ryzneuta | Long-Acting GCSFs Policy and Medical Benefit Step Therapy MNG |
| J9380 | Teclistamab-cqyv, 0.5 mg | Tecvayli | Tecvayli |
| J9390 | Vinorelbine tartrate inj, 10 mg | Navelbine | Chemotherapy Review Criteria |
| J9393 | Fulvestrant Injection (teva) not therapeutically equivalent to J9395, 25mg | N/A | Chemotherapy Review Criteria |
| J9394 | Fulvestrant (fresenius kabi) not therapeutically equivalent to J9395, 25 mg | N/A | Chemotherapy Review Criteria |
| J9395 | Fulvestrant inj, 25 mg | Faslodex | Chemotherapy Review Criteria |
| J9400 | Ziv-aflibercept inj, 1 mg | Zaltrap | Chemotherapy Review Criteria |
| J9600 | Porfimer sodium inj, 75 mg | Photofrin | Chemotherapy Review Criteria |
| J9999 | Not otherwise classified, antineoplastic drugs | Sylatron and PegIntron | Chemotherapy Review Criteria |
| J9999 | Not otherwise classified, antineoplastic drugs | Caelyx | Chemotherapy Review Criteria |
| J9999 | Not otherwise classified, antineoplastic drugs | Pemetrexed (Apotex) | Chemotherapy Review Criteria |
| J9999 | Not otherwise classified, antineoplastic drugs | Lymphir | Chemotherapy Review Criteria |
| J9999 | Not otherwise classified, antineoplastic drugs | Lacluze | Chemotherapy Review Criteria |
| J9999 | Not otherwise classified, antineoplastic drugs | Tecentriq Hybreza | PD-1/PD-L1 Policy |
| J9999 | Not otherwise classified, antineoplastic drugs | Boruzu | Chemotherapy Review Criteria |
| Q2017 | Teniposide, 50 MG | Vumon | Chemotherapy Review Criteria |

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| 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 |
| Q2049 | Doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg | Lipodox | Chemotherapy Review Criteria |
| Q2050 | Doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg | Doxil | Chemotherapy Review Criteria |
| Q5106 | Epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units | Retacrit | ESA Policy |
| Q5108 | Pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg | Fulphila | Long-acting GCSFs Policy and Medical Benefit Step Therapy MNG |
| Q5110 | Filgrastim-aafi, biosimilar, (nivestym), 1 microgram | Nivestym | Short-acting GCSFs Policy and Medical Benefit Step Therapy MNG |
| Q5111 | Pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg | Udenyca | Long-acting GCSF Policy and Medical Benefit Step Therapy MNG |
| Q5112 | Trastuzumab-dttb, biosimilar (ontruzant), 10 mg | Ontruzant | Medical Benefit Step Therapy MNG |
| Q5113 | Trastuzumab-pkrb, biosimilar, (herzuma), 10 mg | Herzuma | Medical Benefit Step Therapy MNG |
| Q5114 | Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg | Ogivri | Medical Benefit Step Therapy MNG |
| Q5115 | Rituximab-abbs, biosimilar, (truxima), 10 mg | Truxima | Medical Benefit Step Therapy MNG |
| Q5119 | Rituximab-pvvr, biosimilar, (ruxience), 10 mg | Ruxience | Medical Benefit Step Therapy MNG |
| Q5120 | Pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg | Ziextenzo | Long-acting GCSFs Policy and Medical Benefit Step Therapy MNG |
| Q5122 | Pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg | Nyvepria | Long-acting GCSFs Policy and Medical Benefit Step Therapy MNG |
| Q5123 | Rituximab-arrx, biosimilar, (riabni), 10 mg | Riabni | Medical Benefit Step Therapy MNG |
| Q5125 | Filgrastim-ayow, biosimilar, (releuko), 1 microgram | Releuko | Short-acting GCSFs Policy and Medical Benefit Step Therapy MNG |
| Q5126 | Bevacizumab-maly, biosimilar, (alymysys), 10 mg | Alymysys | Medical Benefit Step Therapy MNG |
| Q5127 | Pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg | Stimufend | Long-acting GCSFs Policy and Medical Benefit Step Therapy MNG |
| Q5129 | Bevacizumab-adcd (vezzelma), biosimilar, 10 mg | Vezzelma | Medical Benefit Step Therapy MNG |
| Q5130 | Pegfilgrastim-pbbk (flyneta), biosimilar, 0.5 mg | Flyneta | Long-acting GCSFs Policy and Medical Benefit Step Therapy MNG |
| Q5146 | Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg | Hercessi | Medical Benefit Step Therapy MNG |

Version Updates:

| Effective Date: | Update Type: |
|------------------------|---|
| 9/1/2023 | <ul style="list-style-type: none"> Removed 60 drugs from PA |
| 10/1/2023 | <ul style="list-style-type: none"> Updated HCPCS codes for bortezomib, Zynyz to reflect CMS updates Updated coverage policy for Elahere Added Columvi |
| 11/1/2023 | <ul style="list-style-type: none"> Updated Erbitux, Vectibix and Empliciti to reflect that they use the chemotherapy review criteria policy for medical necessity reviews |
| 12/1/2023 | <ul style="list-style-type: none"> Added Epkinly as a PA drug Updated HCPCS codes for Zynyz and bortezomib (Fosun) to reflect newly assigned codes |
| 1/1/2024 | <ul style="list-style-type: none"> Updated HCPCS codes for: Columvi, Epkinly, paclitaxel protein-bound (Teva), and pemetrexed (pemrydi). |
| 1/5/2024 | <ul style="list-style-type: none"> Updated Cuvitru to use Chemotherapy Review Criteria Removed Carimune NF as it's not on the market Added Zepzelca (has been on PA since 2021). |
| 3/1/2024 | <ul style="list-style-type: none"> Ryzneuta and Ogivri added |
| 4/1/2024 | <ul style="list-style-type: none"> Updated Commercial policy to "PD-1/PD-L1 Policy" for the following drugs: Bavencio, Imfinzi, Jemperli, Keytruda, Libtayo, Loqtorzi, Opdivo, Opdualag, Tecentriq, Zynyz. Added Loqtorzi, Tecvayli, Elrexfio, and Talvey |
| 5/1/2024 | <ul style="list-style-type: none"> Retired IV Oncology IV Anti-emetics policies. All drugs previously reviewed under that policy will now use Chemotherapy Review Criteria. Added J9064, J1434, and J9051 (new codes for previously approved drugs) Added J9999 Caelyx |
| 7/1/2024 | <ul style="list-style-type: none"> Added J9316 Phesgo, J9059 Bendamustine (baxter), J9999 Anktiva, J9999 Hercessi, J9999 Tevimbra (PA to start 10/1/24 for Medicare), J9999 Docivyx HCPCS Updated: Loqtorzi, Ryzneuta Removed: Marqibo (HCPCS Inactivated) |
| 8/1/2024 | <ul style="list-style-type: none"> Added J9999 Rytelo (PA to start 10/1/24 for both LOB) |
| 10/1/2024 | <ul style="list-style-type: none"> Added J9999 Pemetrexed (Apotex); J9999 Lymphir (PA to start 11/1/24 for Commercial and 1/1/25 for Medicare); J9999 Lacluze (PA to start 11/1/24 for Commercial and 1/1/25 for Medicare) HCPCS Updated: Tevimbra, Docivyx Removed: Paclitaxel Protein-Bound Particles (Teva) (HCPCS Inactivated) |
| 11/1/2024 | <ul style="list-style-type: none"> Added J9999 Tecentriq Hybreza, J9999 Boruzu J9039 Bincyto now falls under Chemotherapy Review Criteria. Bincyto specific policy has been archived. |
| 1/1/2025 | <ul style="list-style-type: none"> Added Yimmugo to J1599 Added J2468 Posfrea, J9292 Pemetrexed Updated J1454, J0185, J1453, J1434, J1456, and J1627; J9033, J9034, J9036, J9056, J9058, and J9059; J0641 and J0642; J9294, J9296, J9297, J9304, J9305 J9314, J9322, and J9324 to reflect newly adopted Medical Benefit Step Therapy Medical Necessity Guidelines (MNG) Retired the following Drug Specific Policies and moved corresponding HCPCS to Medical Benefit Step Therapy MNG: Abraxane Policy, Bevacizumab Policy, Rituximab Policy, Trastuzumab Policy Added prompt that Medical Benefit Step Therapy MNG also applies to HCPCS within: Long-Acting GCSFs Policy, Short-Acting GCSFs Policy, and Xgeva Policy HCPCS Updated: Rytelo, Alyglo, Imdelltra, Anktiva, Hercessi, Nplate HCPCS Description Updated: Bendamustine (J9033) |

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| | <ul style="list-style-type: none">Removed: Bendamustine (J9058), Bendamustine (J9059), and Paclitaxel Protein-Bound Particles (J9259) |
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