



Point32Health PA Required HCPCS Codes – Oncology Treatments

Updated for 2/1/2025

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

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

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

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	Erbitux	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

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
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
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
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-ggqk, 1 mg	Danyelza	Chemotherapy Review Criteria
J9349	Tafasitamab-cxix, 2 mg	Monjuvi	Chemotherapy Review Criteria
J9350	Mosunetuzumab-axgb, 1 mg	Lunsumio	Lunsumio Policy
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
J9999	Not otherwise classified, antineoplastic drugs	Vyloy	Chemotherapy Review Criteria
J9999	Not otherwise classified, antineoplastic drugs	Ziihera	Chemotherapy Review Criteria

J9999	Not otherwise classified, antineoplastic drugs	Bizengri	Chemotherapy Review Criteria
J9999	Not otherwise classified, antineoplastic drugs	Unloxcyt	Chemotherapy Review Criteria
J9999	Not otherwise classified, antineoplastic drugs	Opdivo Quantig	Chemotherapy Review Criteria
Q2017	Teniposide, 50 MG	Vumon	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
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 (vegzelma), biosimilar, 10 mg	Vegzelma	Medical Benefit Step Therapy MNG

Q5130	Pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	Fynetra	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 Blynicyto now falls under Chemotherapy Review Criteria. Blynicyto specific policy has been archived.
1/1/2025	<ul style="list-style-type: none"> Added Yimmugo to J1599 Added J2468 Posfrea, J9292 Pemetrexed

	<ul style="list-style-type: none"> • 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) • Removed: Bendamustine (J9058), Bendamustine (J9059), and Paclitaxel Protein-Bound Particles (J9259)
2/1/2025	<ul style="list-style-type: none"> • Added J9999 Vyloy; J9999 Ziihera; J9999 Bizengri; J9999 Unloxcyt; J9999 Opdivo Qvantig • Removed J9172 Docivyx from PA