



Point32Health PA Required HCPCS Codes – Oncology Treatments

Updated for 6/1/2025

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	Injection, aprepitant, 1 mg	Cinvanti	Medical Benefit Step Therapy MNG
J0208	Injection, sodium thiosulfate (pedmark), 100 mg	Pedmark	Chemotherapy Review Policy
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Levoleucovorin	Medical Benefit Step Therapy MNG
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	Khapzory	Medical Benefit Step Therapy MNG
J0870	Injection, imetelstat, 1 mg	Rytelo	Chemotherapy Review Criteria
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Aranesp	ESA Policy
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	Procrit, Epogen	ESA Policy
J0893	Injection, decitabine (sun pharma), not therapeutically equivalent to j0894, 1 mg	N/A	Chemotherapy Review Criteria
J0894	Injection, decitabine, 1 mg	Dacogen	Chemotherapy Review Criteria
J0896	Injection, luspatercept-aamt, 0.25 mg	Reblozyl	Chemotherapy Review Criteria
J0897	Injection, denosumab, 1 mg	Xgeva, Prolia	Xgeva Policy and Medical Benefit Step Therapy MNG
J1323	Injection, elranatamab-bcmm, 1 mg	Elrexio	Elrexio Policy
J1434	Injection, fosaprepitant (focinvez), 1 mg	N/A	Medical Benefit Step Therapy MNG
J1442	Injection, filgrastim (g-CSF), excludes biosimilars, 1 microgram	Neupogen	Medical Benefit Step Therapy MNG
J1447	Injection, tbo-filgrastim, 1 microgram	Granix	Medical Benefit Step Therapy MNG
J1448	Injection, trilaciclib, 1mg	Cosela	Chemotherapy Review Criteria
J1449	Injection, eflapegrastim-xnst, 0.1 mg	Rolvedon	Medical Benefit Step Therapy MNG

J1453	Injection, fosaprepitant, 1 mg	Emend IV	Medical Benefit Step Therapy MNG
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Akynzeo	Medical Benefit Step Therapy MNG
J1456	Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg	N/A	Medical Benefit Step Therapy MNG
J1459	Injection, 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	Injection, immune globulin (asceniv), 500 mg	Asceniv	IVIG Policy
J1556	Injection, immune globulin (bivigam), 500 mg	Bivigam	IVIG Policy
J1557	Injection, immune globulin, (gammplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammplex	IVIG Policy
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Gamunex-C, Gammaked	IVIG Policy
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Gammagard S/D	IVIG Policy
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Octagam	IVIG Policy
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Gammagard	IVIG Policy
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Flebogamma	IVIG Policy
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Panzyga	IVIG Policy
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Immune Globulin (Human), Yimmugo	IVIG Policy
J1627	Injection, granisetron, extended-release, 0.1 mg	Sustol	Medical Benefit Step Therapy MNG
J1930	Injection, lanreotide, 1 mg	Somatuline Depot	Chemotherapy Review Criteria
J1932	Injection, lanreotide, (cipla), 1 mg	N/A	Chemotherapy Review Criteria
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Lupron Depot	Chemotherapy Review Criteria

J1952	Leuprolide injectable, camcevi, 1 mg	Camcevi	Chemotherapy Review Criteria
J1954	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	Lutrate Depot	Chemotherapy Review Criteria
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Sandostatin LAR Depot	Chemotherapy Review Criteria
J2354	Injection, 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
J2783	Injection, rasburicase, 0.5 mg	Elitek	Chemotherapy Review Criteria
J2802	Injection, romiplostim, 1 microgram	Nplate	Nplate Policy
J2820	Injection, sargramostim (gm-csf), 50 mcg	Leukine	Chemotherapy Review Criteria
J2860	Injection, siltuximab, 10 mg	Sylvant	Chemotherapy Review Criteria
J3055	Injection, talquetamab-tgvs, 0.25 mg	Talvey	Talvey Policy
J3263	Injection, toripalimab-tpzi, 1 mg	Loqtorzi	PD-1/PD-L1 Policy
J3315	Injection, triptorelin pamoate, 3.75 mg	Trelstar	Chemotherapy Review Criteria
J3590	Unclassified biologics	Cablivi	Chemotherapy Review Criteria
J9015	Injection, aldesleukin, per single use vial	Proleukin	Chemotherapy Review Criteria
J9019	Injection, asparaginase (erwinaze), 1,000 iu	Erwinaze	Chemotherapy Review Criteria
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Rylaze	Chemotherapy Review Criteria
J9022	Injection, atezolizumab, 10 mg	Tecentriq	PD-1/PD-L1 Policy
J9023	Injection, avelumab, 10 mg	Bavencio	PD-1/PD-L1 Policy
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Tecentriq Hybreza	PD-1/PD-L1 Policy
J9026	Injection, tarlatamab-dlle, 1 mg	Imdelltra	Chemotherapy Review Criteria
J9028	Injection, nogapendekin alfa inbakicept-pmIn, for intravesical use, 1 microgram	Anktiva	Chemotherapy Review Criteria
J9032	Injection, belinostat, 10 mg	Beleodaq	Chemotherapy Review Criteria
J9033	Injection, bendamustine hydrochloride, 1 mg	Treanda, bendamustine	Medical Benefit Step Therapy MNG

J9034	Injection, bendamustine hcl (bendeke), 1 mg	Bendeke	Medical Benefit Step Therapy MNG
J9035	Injection, bevacizumab, 10 mg	Avastin	Medical Benefit Step Therapy MNG
J9036	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Belrapzo, bendamustine	Medical Benefit Step Therapy MNG
J9039	Injection, blinatumomab, 1 microgram	Blinicyto	Chemotherapy Review Criteria
J9041	Injection, bortezomib, 0.1 mg	Velcade	Chemotherapy Review Criteria
J9042	Injection, brentuximab vedotin, 1 mg	Adcetris	Chemotherapy Review Criteria
J9043	Injection, cabazitaxel, 1 mg	Jevtana	Chemotherapy Review Criteria
J9046	Injection, bortezomib (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	N/A	Chemotherapy Review Criteria
J9047	Injection, carfilzomib, 1 mg	Kyprolis	Chemotherapy Review Criteria
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	N/A	Chemotherapy Review Criteria
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	N/A	Chemotherapy Review Criteria
J9051	Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg	N/A	Chemotherapy Review Criteria
J9054	Injection, bortezomib (boruzu), 0.1 mg	N/A	Chemotherapy Review Criteria
J9055	Injection, cetuximab, 10 mg	Erbitux	Chemotherapy Review Criteria
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Vivimusta	Medical Benefit Step Therapy MNG
J9061	Injection, amivantamab-vmjw, 2 mg	Rybrevant	Chemotherapy Review Criteria
J9063	Injection, 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
J9118	Injection, calaspargase pegol-mknl, 10 units	Asparlas	Chemotherapy Review Criteria
J9119	Injection, cemiplimab-rwlc, 1 mg	Libtayo	PD-1/PD-L1 Policy
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Darzalex Faspro	Chemotherapy Review Criteria
J9145	Injection, daratumumab, 10 mg	Darzalex	Chemotherapy Review Criteria
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Vyxeos	Chemotherapy Review Criteria
J9155	Injection, degarelix, 1 mg	Firmagon	Chemotherapy Review Criteria

J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Lymphir	Chemotherapy Review Criteria
J9173	Injection, durvalumab, 10 mg	Imfinzi	PD-1/PD-L1 Policy
J9176	Injection, elotuzumab, 1 mg	Empliciti	Chemotherapy Review Criteria
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Padcev	Chemotherapy Review Criteria
J9179	Injection, eribulin mesylate, 0.1 mg	Halaven	Chemotherapy Review Criteria
J9198	Injection, gemcitabine hydrochloride, (infugem), 100 mg	Infugem	Chemotherapy Review Criteria
J9202	Goserelin acetate implant, per 3.6 mg	Zoladex	Chemotherapy Review Criteria
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Mylotarg	Chemotherapy Review Criteria
J9204	Injection, mogamulizumab-kpkc, 1 mg	Poteligeo	Chemotherapy Review Criteria
J9205	Injection, irinotecan liposome, 1 mg	Onivyde	Chemotherapy Review Criteria
J9207	Injection, ixabepilone, 1 mg	Ixempra	Chemotherapy Review Criteria
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Eligard, Lupron Depot	Chemotherapy Review Criteria
J9223	Injection, lurbinectedin, 0.1 mg	Zepzelca	Chemotherapy Review Criteria
J9227	Injection, isatuximab-irfc, 10 mg	Sarclisa	Chemotherapy Review Criteria
J9228	Injection, ipilimumab, 1 mg	Yervoy	Chemotherapy Review Criteria
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Besponsa	Chemotherapy Review Criteria
J9261	Injection, nelarabine, 50 mg	Arranon	Chemotherapy Review Criteria
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Synribo	Chemotherapy Review Criteria
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Abraxane	Medical Benefit Step Therapy MNG
J9266	Injection, pegaspargase, per single dose vial	Oncaspar	Chemotherapy Review Criteria
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Elzonris	Chemotherapy Review Criteria
J9271	Injection, pembrolizumab, 1 mg	Keytruda	PD-1/PD-L1 Policy
J9272	Injection, dostarlimab-gxly, 10 mg	Jemperli	PD-1/PD-L1 Policy
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Tivdak	Chemotherapy Review Criteria

J9274	Injection, tebentafusp-tebn, 1 microgram	Kimtrak	Chemotherapy Review Criteria
J9286	Injection, 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	Injection, pemetrexed (hospira), not therapeutically equivalent to J9305, 10 mg	N/A	Medical Benefit Step Therapy MNG
J9295	Injection, necitumumab, 1 mg	Portrazza	Chemotherapy Review Criteria
J9296	Injection, pemetrexed (accord), not therapeutically equivalent to J9305, 10 mg	N/A	Medical Benefit Step Therapy MNG
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to J9305, 10 mg	N/A	Medical Benefit Step Therapy MNG
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Opdualag	PD-1/PD-L1 Policy
J9299	Injection, nivolumab, 1 mg	Opdivo	PD-1/PD-L1 Policy
J9301	Injection, obinutuzumab, 10 mg	Gazyva	Chemotherapy Review Criteria
J9302	Injection, ofatumumab, 10 mg	Arzerra	Chemotherapy Review Criteria
J9303	Injection, panitumumab, 10 mg	Vectibix	Chemotherapy Review Criteria
J9304	Injection, pemetrexed (pemfexy), 10 mg	Pemfexy	Medical Benefit Step Therapy MNG
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	Alimta	Medical Benefit Step Therapy MNG
J9306	Injection, pertuzumab, 1 mg	Perjeta	Chemotherapy Review Criteria
J9307	Injection, pralatrexate, 1 mg	Folotyn	Chemotherapy Review Criteria
J9308	Injection, ramucirumab, 5 mg	Cyramza	Cyramza Policy
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Polivy	Chemotherapy Review Criteria
J9311	Injection, rituximab 10 mg and hyaluronidase	Rituxan Hycela	Medical Benefit Step Therapy MNG
J9312	Injection, rituximab, 10 mg	Rituxan	Medical Benefit Step Therapy MNG
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Lumoxiti	Chemotherapy Review Criteria
J9314	Injection, pemetrexed (teva), not therapeutically equivalent to J9305, 10 mg	N/A	Medical Benefit Step Therapy MNG
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Phesgo	Chemotherapy Review Criteria

J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Trodelvy	Chemotherapy Review Criteria
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	Romidepsin	Chemotherapy Review Criteria
J9319	Injection, romidepsin, lyophilized, 0.1 mg	Istodax	Chemotherapy Review Criteria
J9321	Injection, epcoritamab-bysp, 0.16 mg	Epkinley	Chemotherapy Review Criteria
J9322	Injection, pemetrexed (bluepoint), not therapeutically equivalent to j9305, 10 mg	N/A	Medical Benefit Step Therapy MNG
J9323	Injection, pemetrexed ditromethamine, 10 mg	N/A	Medical Benefit Step Therapy MNG
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	N/A	Medical Benefit Step Therapy MNG
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Imlygic	Chemotherapy Review Criteria
J9328	Injection, temozolomide, 1 mg	Temodar	Chemotherapy Review Criteria
J9329	Injection, tislelizumab-jsgr, 1mg	Tevimbra	PD-1/PD-L1 Policy
J9331	Injection, sirolimus protein-bound particles, 1 mg	Fyarro	Chemotherapy Review Criteria
J9340	Thiotepa inj, 15 mg	Tepadina	Chemotherapy Review Criteria
J9345	Injection, retifanlimab-dlwr, 1 mg	Zynyz	PD-1/PD-L1 Policy
J9347	Injection, tremelimumab-actl, 1 mg	Imjudo	Chemotherapy Review Criteria
J9348	Injection, naxitamab-gqgk, 1 mg	Danyelza	Chemotherapy Review Criteria
J9349	Injection, tafasitamab-cxix, 2 mg	Monjuvi	Chemotherapy Review Criteria
J9350	Injection, mosunetuzumab-axgb, 1 mg	Lunsumio	Lunsumio Policy
J9352	Injection, trabectedin, 0.1 mg	Yondelis	Chemotherapy Review Criteria
J9353	Injection, margetuximab-cmkb, 5 mg	Margenza	Chemotherapy Review Criteria
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Kadcyla	Chemotherapy Review Criteria
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Herceptin	Medical Benefit Step Therapy MNG
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Herceptin Hylecta	Medical Benefit Step Therapy MNG
J9357	Injection, valrubicin, intravesical, 200 mg	Valstar	Chemotherapy Review Criteria
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Enhertu	Chemotherapy Review Criteria

J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Zynlonta	Chemotherapy Review Criteria
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Ryzneuta	Medical Benefit Step Therapy MNG
J9380	Injection, teclistamab-cqyv, 0.5 mg	Tecvayli	Tecvayli
J9390	Injection, vinorelbine tartrate, 10 mg	Navelbine	Chemotherapy Review Criteria
J9393	Injection, fulvestrant (teva), not therapeutically equivalent to j9395, 25 mg	N/A	Chemotherapy Review Criteria
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	N/A	Chemotherapy Review Criteria
J9395	Injection, fulvestrant, 25 mg	Faslodex	Chemotherapy Review Criteria
J9400	Injection, ziv-aflibercept, 1 mg	Zaltrap	Chemotherapy Review Criteria
J9600	Injection, porfimer sodium, 75 mg	Photofrin	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	Vyloy	Chemotherapy Review Criteria
J9999	Not otherwise classified, antineoplastic drugs	Zihera	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 Qvantig	Chemotherapy Review Criteria
J9999	Not otherwise classified, antineoplastic drugs	Avzivi	Medical Benefit Step Therapy MNG
J9999	Not otherwise classified, antineoplastic drugs	Datroway	Chemotherapy Review Criteria
Q2017	Injection, 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	Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	Lipodox	Chemotherapy Review Criteria
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Doxil	Chemotherapy Review Criteria

Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Retacrit	ESA Policy
Q5110	Injection, filgrastim-aafi, biosimilar, (nivistym), 1 microgram	Nivistym	Medical Benefit Step Therapy MNG
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Udenyca	Medical Benefit Step Therapy MNG
Q5112	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	Ontruzant	Medical Benefit Step Therapy MNG
Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Herzuma	Medical Benefit Step Therapy MNG
Q5114	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	Ogivri	Medical Benefit Step Therapy MNG
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Truxima	Medical Benefit Step Therapy MNG
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Ruxience	Medical Benefit Step Therapy MNG
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Ziextenzo	Medical Benefit Step Therapy MNG
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Nyvepria	Medical Benefit Step Therapy MNG
Q5123	Injection, rituximab-arrr, biosimilar, (riabni), 10 mg	Riabni	Medical Benefit Step Therapy MNG
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Releuko	Medical Benefit Step Therapy MNG
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Alymsys	Medical Benefit Step Therapy MNG
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Stimufend	Medical Benefit Step Therapy MNG
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Vegzelma	Medical Benefit Step Therapy MNG
Q5130	Injection, pegfilgrastim-pbbk (flyneta), biosimilar, 0.5 mg	Flyneta	Medical Benefit Step Therapy MNG
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Hercessi	Medical Benefit Step Therapy MNG
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Nypozi	Medical Benefit Step Therapy MNG

Version Updates:

Effective Date:	Update Type:
9/1/2023	Removed 60 drugs from PA
10/1/2023	- Updated HCPCS codes for bortezomib, Zynyz to reflect CMS updates - Updated coverage policy for Elahere - Added Columvi

11/1/2023	Updated Erbitux, Vectibix and Empliciti to reflect that they use the chemotherapy review criteria policy for medical necessity reviews
12/1/2023	- Added Epkinly as a PA drug - Updated HCPCS codes for Zynyz and bortezomib (Fosun) to reflect newly assigned codes
1/1/2024	Updated HCPCS codes for: Columvi, Epkinly, paclitaxel protein-bound (Teva), and pemetrexed (pemydi).
1/5/2024	- 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	Ryzneuta and Ogivri added
4/1/2024	- 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	- 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	- 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	Added J9999 Rytelo (PA to start 10/1/24 for both LOB)
10/1/2024	- 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	- Added J9999 Tecentriq Hybreza, J9999 Boruzu - J9039 Bincyto now falls under Chemotherapy Review Criteria. Bincyto specific policy has been archived.
1/1/2025	- 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) - Removed: Bendamustine (J9058), Bendamustine (J9059), and Paclitaxel Protein-Bound Particles (J9259)
2/1/2025	- Added J9999 Vyloy; J9999 Ziihera; J9999 Bizengri; J9999 Unloxcyt; J9999 Opdivo Qvantig - Removed J9172 Docivyx from PA
3/1/2025	Added J9999 Datroway
4/1/2025	- Removed: Rolapitant (J2797), Alqopa (J9057), Depocyt (J9098), Sylatron and Pegintron (J9999), Lazcluze (J8999), Blenrep (J9037) - HCPCS Description Updated: bortezomib (J9054)

	HCPCS Updated: Tecentriq Hybreza, Lymphir
6/1/2025	- Added Nypozi (Q5148), Avzivi (J9999) - Deleted reference to LA-CSF (Rolvedon, Ryzneuta, Udenyca, Ziextenzo, Nyvepria, Stimufend, Fylnetra), SA-CSF (Neupogen, Granix, Nivestym, Releuko) policies - Removed Neulasta (J2506), Fulphila (Q5108) from PA - Additional edits – removal of J9285, J1555 updates to several HCPCS descriptions per CMS April 2025 HCPCS File