

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION	Notification Requirement	
	Within 1 business day	Prior to Service
Acute admissions that are urgent or emergent (including direct admissions) except maternity admissions that fall within federal timelines (see below for exception)	√	
Acute maternity admissions that exceed federal mandated LOS (48 hours after vaginal delivery or 96 hours after cesarean section delivery)	√	
Acute pre-operative admission days		√
Acute psychiatric/substance abuse admissions that are urgent or emergent (facility notification)	√	
Acute rehabilitation admission		√
Acute scheduled admissions	√	
Acute scheduled psychiatric or substance abuse admissions (facility notification)		√
Applied Behavioral Analysis (ABA) Therapy for Treatment of Autism Spectrum Disorders		√
Bariatric surgery		√
Behavioral Health Services - certain outpatient services (e.g. ECT, TMS, cognitive testing health, and behavioral assessment outpatient/ambulatory detoxification etc.)		√
Behavioral Health Services - intermediate (day treatment, partial hospitalization, or residential treatment)		√
Biofeedback training		√
CAR-T Cell Immunotherapy		√
Cosmetic - procedures may be found medically necessary if criteria is met: e.g. abdominoplasty, breast reduction procedures for gynecomastia breast reconstruction and associated implants, jaw/orthognathic surgeries, photodynamic therapy & special dermatologic procedures, sclerotherapy, varicose vein procedures including stripping and ligation, eyelid repair (blepharoplasty brow ptosis blepharoptosis), rhinoplasty, keloid scar revision.		√
Dental services - accidental		√
Durable medical equipment: Implantable devices (e.g. bone stimulators infusion pumps); insulin pumps continuous glucose monitors and supplies power wheelchairs and accessories mobility devices automatic external defibrillators oral appliances for OSA lower extremity prosthetic microprocessors, continuous passive motion (CPM) machine.		√
Electrical stimulation device used for cancer treatment		√
Experimental/ investigational/ unproven services emerging technology/category III codes (including tissue engineered skin substitutes)		√
Facet joint and facet neurotomy injections (all dates of service)		√
Femoro-Acetabular Hip Impingement Surgery		√
Gender Affirmation Surgery		√
High Intensity Focused Ultrasound (CPT: 55880, 0398T; HCPCS C9734)		√
Home care services		√
Home infusion services - Home visits, see pharmacy list for medication PA requirements		√
Hyperbaric oxygen therapy		√
Lab tests - (e.g. genetic testing, salivary testing, substance use treatment drug screening)		√
Long term acute care admission		√
Prosthetic devices over \$1000; including scleral shells, cochlear implants bone-anchored hearing aids and replacement parts, spinal cord stimulators and associated supplies		√
Outpatient rehab/ rehabilitative therapy (PT/OT) – Prior Approval (PA) remains for ASO groups L0002184 and L0002237. All other groups are subject to benefit limit as stated in their benefit plan document.		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
Outpatient rehab/ habilitative therapy (ST)			√
Peripheral nerve neurostimulators			√
Revascularization procedures (CPT 37184, 37220, 37221, 37222, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231)			√
Skilled nursing facility subacute nursing & rehabilitation services			√
Spinal cord stimulators/sacral nerve stimulators and associated supplies (generator, transmitter, battery, leads, etc.)			√
Temporomandibular joint dysfunction/syndrome treatment			√
Tissue engineered skin substitutes			√
Total disc arthroplasty cervical			√
Transplantation - solid organ and hematopoietic stem cell; (including evaluation and post-transplant) and related services; ventricular assist devices (VAD); travel and lodging reimbursement if included in members benefit.			√
Code	Drug Name		
90378	# palivizumab (Synagis)		√
90589	# Chikungunya virus vaccine		*
90593	# Chikungunya virus vaccine, recombinant, for intramuscular use		*
90625	# cholera vaccine (Dukoral-ShanChol)		√
90626	# Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use		*
90627	# Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use		*
C9101	# oliceridine, 0.1 mg (Olinvyk)		*
C9143	# Cocaine hydrochloride nasal solution (Numbrino), 1 mg		√
C9144	# bupivacaine (Posimir), 1 mg		√
C9145	# aprepitant, (Aponvie), 1 mg		√
C9151	# pegcetacoplan, 1 mg (Empaveli)		√
C9159	# prothrombin complex concentrate (human), per IU of Factor IX activity (Balfaxar)		*
C9173	# filgrastim-txid (Nypozi), biosimilar, 1 mcg		*
C9248	# clevidipine butyrate (Cleviprex)		√
C9257	# bevacizumab, 0.25 mg (Avastin)		√
C9293	# glucarpidase (Voraxaze)		√
C9462	# delafloxacin 1mg (Baxdela)		√
C9482	# sotalol hydrochloride		√
C9488	# conivaptan hydrochloride (Vaprisol)		√
J0121	# omadacycline 1 mg (Nuzyra)		√
J0122	# eravacycline, 1 mg (Xerava)		√
J0129	# abatacept (Orencia)		√
J0175	# donanemab-azbt, 2 mg (Kisunla)		√
J1302	# sutimlimab-jome, 10 mg (Enjaymo)		√
J0138	# acetaminophen 10 mg and ibuprofen 3 mg (Combogesic)		*

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J0139	# adalimumab, 1 mg (Humira)		√
J0172	# aducanumab-avwa, 2 mg (Aduhelm)		√
J0174	# lecanemab-irmb, 1 mg (Leqembi)		*
J0177	# aflibercept HD (Eylea HD), 1 mg		√
J0178	# aflibercept (Eylea)		√
J0179	# brolucizumab-dbli 1mg (Beovu)		√
J0180	# agalsidease beta (Fabrazyme)		√
J0184	# amisulpride, 1 mg (Barhemsys)		*
J0202	# alemtuzumab 1 mg (Lemtrada, Campath)		*
J0205	# alglucerase (Ceredase)		√
J0208	# sodium thiosulfate, 100 mg		√
J0216	# alfentanil HCl, 500 mcg (Alfenta)		*
J0217	# velmanase alfa-tycv, 1 mg (Lamzede)		*
J0218	# olipudase alfa-rpcp (Xenpozyme) 1 mg		√
J0219	# avalglucosidase alfa-ngpt (Nexviazyme)		√
J0220	# alglucosidase alfa (Myozyme)		√
J0221	# alpha alglucosidase alfa (Lumizyme)		√
J0222	# patisiran 0.1mg (Onpatro)		√
J0223	# givosiran, 0.5 mg (Givlaari)		√
J0224	# lumasiran, 0.5 mg (Oxlumo)		√
J0225	# vutrisiran, 1 mg (Amvuttra)		*
J0256	# alpha 1 proteinase inhibitor - human (Aralast, Aralast NP, Prolastin, Prolastin-C, Zemaira)		√
J0257	# alpha 1 Antitrypsin-AAT (Glassia)		√
J0270	# aprostadil 1.25 mcg (Muse)		*
J0275	# aprostadil (Muse)		√
J0283	# amiodarone HCl (Nexterone), 30 mg		*
J0291	# plazomicin 5 mg (Zemdri)		√
J0349	# rezafungin, 1 mg (Rezzayo)		*
J0365	# aprotinin (Trasylol)		√
J0391	# artesunate, 1 mg		*
J0402	# aripiprazole, 1mg (Abilify Asimtufii)		√
J0480	# basiliximab, 20 mg (Simulect)		√
J0485	# belatacept (Nulojix)		√
J0517	# benralizumab 1 mg (Fasenra)		√
J0565	# bezlotoxumab (Zinplava)		√
J0567	# B56cerliponase alfa 1 mg		√
J0571	# buprenorphine oral 1 mg (Subutex)		√
J0572	# buprenorphine/naloxone (Zubsolv, Bunavail, Suboxone)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J0573	# buprenorphine/naloxone (Zubsolv, Bunavail, Suboxone)		√
J0574	# buprenorphine/naloxone (Zubsolv, Suboxone)		√
J0575	# buprenorphine/naloxone (Cassipa, Zubsolv)		√
J0577	# buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy		√
J0578	# buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy		√
J0584	# burosumab-twza 1 mg (Crysvita)		√
J0585	# onabotulinumtoxinA, 1 unit (Botox)- Excluded for off-label and cosmetic use		√
J0586	# abobotulinumtoxinA, 5 units (Dysport)- Excluded for off-label and cosmetic use		√
J0587	# rimabotulinumtoxinB, 100 units (Myobloc)- Excluded for off-label and cosmetic use		√
J0588	# IncobotulinumtoxinA, 1 unit (Xeomin)- Excluded for off-label and cosmetic use		√
J0589	# daxibotulinumtoxina-lanm (Daxxify), 1 unit		*
J0591	# deoxycholic acid, 1 mg		√
J0593	# lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered) (Takhzyro)		√
J0596	# C-1 esterase inhibitor (Ruconest)		√
J0597	# C-1 esterase inhibitor (Berinert)		√
J0598	# C-1 esterase inhibitor (Cinryze)		√
J0599	# C-1 esterase inhibitor (human) 10 units (Haegarda)		√
J0604	# Cinacalcet, oral, 1 mg, (for ESRD on dialysis) Sensipar		√
J0609	# Ferric citrate, oral, 3 mg ferric iron, (for ESRD on dialysis)		√
J0612	# calcium gluconate (Fresenius Kabi), per 10 mg		√
J0613	# calcium gluconate (WG Critical Care), per 10 mg		√
J0615	# Calcium acetate, oral, 23 mg (for ESRD on dialysis)		√
J0638	# canakimab (Ilaris)		√
J0691	# lefamulin, 1 mg (Xenleta)		√
J0693	# cefiderocol, 5 mg (Fetroja)		√
J0699	# cefiderocol, 10 mg (Fetroja)		√
J0712	# ceftaroline fosamil (Teflaro)		√
J0714	# ceftazidime and avibactam (Avycaz)		√
J0716	# centruroides immune f(ab) (Anascorp)		√
J0717	# certolizumab pegol 1 mg (Cimzia)		√
J0739	# cabotegravir, 1 mg (Apretude)		√
J7353	# Anacaulase-bcdb, 8.8% gel, 1 gm (NexoBrid)		*
J0741	# cabotegravir and rilpivirine, 2 mg/3 mg (Cabenuva)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J0742	# imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg (Recarbrio)		√
J0791	# crizanlizumab-tmca, 5 mg (Adakveo)		√
J0795	# corticorelin ovine triflutate (Acthrel)		√
J0800	# corticotropin (Acthar)		√
J0801	# corticotropin (Acthar Gel), up to 40 units		√
J0802	# corticotropin (ANI), up to 40 units		√
J0841	# crotalidae immune F(ab')2 (equine) 120 mg (Anavip)		√
J0870	# imetelstat, 1 mg (Rytelo)		√
J0872	# daptomycin (Xellia), unrefrigerated, not therapeutically equivalent to J0878 or J0873, 1 mg		√
J0873	# daptomycin (Xellia), not therapeutically equivalent to J0878, 1 mg		√
J0874	# daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg		√
J0875	# dalbavancin (Dalvance)		√
J0877	# daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg		√
J0878	# daptomycin 1 mg (Cubicin)		√
J0881	# darbepoetin alfa, non-ESRD use (Aranesp)		√
J0882	# darbepoetin alfa, for ESRD on dialysis (Aranesp)		√
J0885	# epoetin alfa (Epogen Procrit)		√
J0887	# epoetin beta (for ESRD on dialysis) (Mircera)		√
J0888	# epoetin beta (for non-ESRD use) (Mircera)		√
J0889	# Daprodustat, oral, 1 mg, (for ESRD on dialysis) (Jesduvroq)		√
J0890	# peginesatide (for non-ESRD use) (Omontys)		√
J0896	# luspatercept-aamt, 0.25 mg (Reblozyl)		√
J0897	# denosumab (Prolia, Xgeva)**		√
J0901	# Vadadustat, oral, 1 mg (for ESRD on dialysis) (Vafseo)		*
J1095	# dexamethasone 9% (Dexycu)		√
J1096	# dexamethasone 0.1 mg (Dextenza)		√
J1097	# phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic solution 1 ml (Omidria)		√
J1105	# Dexmedetomidine, oral, 1 mcg (Igalmi)		*
J1201	# cetirizine hydrochloride, 0.5 mg		√
J1202	# Miglustat (Opfolda), oral, 65 mg		√
J1203	# ciproglucosidase alfa-atga (Pombiliti), 5 mg		√
J1246	# dinutuximab, 0.1 mg (Qarziba)		√
J1290	# ecallantide (Kalbitor)		√
J1300	# eculizumab (Soliris)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J1301	# edaravone 1 mg (Radicava)		√
J1302	# sutimlimab-jome, 10 mg (Enjaymo)		√
J1303	# ravulizumab-cwvz, 10 mg (Ultomiris)		√
J1304	# tofersen, 1 mg (Qalsody)		*
J1305	# evinacumab-dgnb, 5 mg (Evkeeza)		√
J1307	# crovalimab-akkz, 10 mg (Piasky)		*
J1322	# elosulfase alfa (Vimizim)		√
J1323	# elranatamab-bcmm (Elfrexio), 1 mg		√
J1325	# epoprostenol (Flolan)		√
J1396	# inclisiran, 1 mg (Leqvio)		√
J1411	# etranacogene dezaparvovec-drlb (Hemgenix) per therapeutic dose		√
J1412	# valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes (Roctavian)		*
J1413	# delandistrogene moxeparvovec-rokl, per therapeutic dose (Elevidys)		*
J1414	# fidanacogene elaparvovec-dzkt, per therapeutic dose (Beqvez)		√
J1426	# casimersen, 10 mg (Amondys 45)		*
J1427	# viltolarsen, 10 mg (Viltepso)		√
J1428	# eteplirsen (Exondys 51)		√
J1429	# golodirsen, 10 mg (Vyondys 53)		√
J1437	# ferric derisomaltose, 10 mg (Monoferric)		√
J1438	# etanercept (Enbrel)		√
J1439	# ferric carboxymaltose 1 mg (Injectafer)		√
J1440	# Fecal microbiota, live - jslm, 1 ml		*
J1442	# filgrastim (G-CSF) (Neupogen)		√
J1444	# ferric pyrophosphate (Triferic)		√
J1445	# ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron		√
J1447	# tbo-filgrastim 1 microgram (Granix)		√
J1448	# trilaciclib, 1 mg (Cosela)		√
J1449	# eflapegrastim-xnst (Rovedon) 0.1 mg		√
J1454	# fosnetupitant 235 mg and palonosetron 0.25 mg (Akynteo)		√
J1458	# galsulfase (Naglazyme)		√
J1459	# immune globulin (Privigen)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J1460	# gamma globulin, intramuscular, 1 cc (Gamastan)		√
J15523	# immune globulin (Alyglo), 500 mg		√
J1554	# immune globulin (Asceniv), 500 mg		√
J1555	# immune globulin 1000mg (Cuvitru)		√
J1556	# immune globulin 500mg (Bivigam)		√
J1557	# immune globulin (Gammaplex)		√
J1558	# immune globulin, 100 mg (Xembify)		√
J1559	# immune Globulin (Hizentra)		√
J1560	# gamma globulin, intramuscular, over 10 cc (Gamastan)		√
J1561	# immune globulin (Gamunex/Gammaked)		√
J1566	# immune globulin (Cariumne/Gammagard)		√
J1568	# immune globulin 500mg (Octagam)		√
J1569	# immune globulin 500mg (Gammagard)		√
J1571	# hepatitis B immune globulin (hepagam b), intramuscular, 0.5 ml		√
J1572	# immune globulin (Flebogamma/Flebogamma DIF)		√
J1573	# hepatitis B immune globulin (hepagam b), intravenous, 0.5 ml		√
J1575	# immune globulin/hyaluronidase (HyQvia)		√
J1576	# immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg		√
J1595	# glatiramer acetate, 20 mg (copaxone)		√
J1596	# glycopyrrolate, 0.1 mg		√
J1597	# glycopyrrolate (Glyrx-PF), 0.1 mg		√
J1598	# glycopyrrolate (Fresenius Kabi), not therapeutically equivalent to J1596, 0.1 mg		√
J1599	# Immune globulin intravenous, human - ifas (Panzyga)		√
J1602	# golimumab (Simponi)		√
J1628	# guselkumab, 1 mg (Tremfya)		√
J1632	# brexanolone, 1 mg (Zulresso)		√
J1640	# panhematin (Hemin)		√
J1675	# histrelin acetate (Vantas, Supprelin LA)		√
J1738	# meloxicam, 1 mg (Anjeso)		√
J1743	# idursulfase (Elapraxe)		√
J1744	# icatibant (Firazyr)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J1745	# infliximab (Remicade)		√
J1746	# ibalizumab-uiyk 10 mg (Trogarzo)		√
J1747	# spesolimab-sbzo (Spevigo) 1 mg		√
J1748	# infliximab-dyyb (Zymfentra), 10 mg		*
J1749	# iloprost, 0.1 mcg (Aurlymyn)		√
J1786	# imiglucerase (Cerezyme)		√
J1805	# esmolol HCl, 10 mg (Brevibloc)		*
J1806	# esmolol HCl (WG Critical Care) not therapeutically equivalent to J1805, 10 mg		*
J1813	# Insulin (Lyumjev) for administration through DME (i.e., insulin pump) per 50 units		*
J1814	# Insulin (Lyumjev), per 5 units		*
J1823	# inebilizumab-cdon, 1 mg (Uplinza)		√
J1826	# interferon Beta-1A (Avonex)		√
J1830	# Interferon Beta-1B (Betaseron)		√
J1833	# isavuconazonium (Cresemba)		√
J1920	# labetalol HCl, 5 mg		*
J1921	# labetalol HCl (Hikma) not therapeutically equivalent to J1820, 5 mg		*
J1930	# lanreotide 1 mg (Somatuline)		√
J1931	# laronidase (Aldurazyme)		√
J1932	# lanreotide, (Cipla), 1 mg		√
J1941	# furosemide (Furoscix), 20 mg		*
J1961	# lenacapavir, 1 mg (Sunlenca)		√
J2020	# linezolid, 200 mg (Zyvox)		√
J2021	# linezolid (Hospira) not therapeutically equivalent to J2020, 200 mg		√
J2062	# Loxapine for inhalation, 1 mg		*
J2170	# mecasermin (Increlex)		√
J2182	# mepolizumab (Nucala)		√
J2186	# meropenem vaborbactam (Vabomere)		√
J2212	# methylsantrexone (Relistor)		√
J2249	# remimazolam, 1 mg (Byfavo)		*
J2260	# milrinone lactate (Primacor)		√
J2267	# mirikizumab-mrkz, 1 mg (Omvoh)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J2274	# morphine sulfate PF (Duramorph, Infumorph, Mitigo)		√
J2277	# motixafortide (Aphexda), 0.25 mg		√
J2323	# natalizumab (Tysabri)		√
J2326	# nusinersen (Spinraza)		√
J2327	# risankizumab-rzaa (Skyrizi), intravenous, 1 mg		√
J2329	# ublituximab-xiiy, 1mg (Briumvi)		√
J2350	# ocrelizumab 1 mg (Ocrevus)		√
J2353	# octreotide (Sandostatin)		√
J2356	# tezepelumab-ekko, 1 mg (Tezspire)		√
J2357	# omalizumab (Xolair)		√
J2371	# phenylephrine HCl, 20 mcg		*
J2372	# phenylephrine HCl (Biorphen), 20 mcg		*
J2373	# phenylephrine HCl (Immphentiv), 20 mcg		*
J2403	# Chloroprocaine HCl ophthalmic, 3% gel (Iheezo) 1 mg		*
J2406	# oritavancin (Kimyrsa), 10 mg		√
J2407	# oritavancin (Orbactiv)		√
J2480	# seblipase alfa 20 mg/10ml (Kanuma)		√
J2502	# pasireotide (Signifor LAR)		√
J2503	# pegaptanib sodium 0.3 mg (Macugen)		√
J2504	# pegademase bovine (Adagen)		√
J2505	# pegfilgrastim (Neulasta)		*
J2506	# pegfilgrastim, excludes biosimilar, 0.5 mg (Neulasta Products)		√
J2507	# pegloticase (Krystexxa)		√
J2508	# pegunigalsidase alfa-iwxj, 1 mg (Elfabrio)		√
J2561	# phenobarbital sodium (Sezaby), 1 mg		√
J2562	# plerixafor (Mozobil)		√
J2598	# vasopressin, 1 unit		*
J2599	# vasopressin (American Regent) not therapeutically equivalent to J2598, 1 unit		*
J2601	# vasopressin (Baxter), 1 unit		√
J2704	# propofol 10 mg (Diprivan)		√
J2724	# protein c concentrate (Ceprotrin)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J2777	# faricimab-svoa, 0.1 mg (Vabysmo)		√
J2779	# ranibizumab, via intravitreal implant (Susvimo), 0.1 mg		√
J2781	# pegcetacoplan, intravitreal, 1 mg (Syfovre)		√
J2782	# avacincaptad pegol (Izervay), 0.1 mg		*
J2783	# rasburicase (Elitek)		√
J2785	# regadenoson 0.1 mg (Lexiscan)		√
J2786	# reslizumab (Cinqair)		√
J2787	# riboflavin 5'-phosphate (Photrexa)		√
J2793	# rilonacept (Arcalyst)		√
J2797	# rolapitant, 0.5 mg (Varubi)		√
J2799	# risperidone, 1mg (Uzedy)		*
J2802	# romiplostim, 1 mcg (Nplate)		√
J2820	# sargramostim (GM-CSF), 50 mcg (Leukine)		√
J2840	# sebelipase alfa (Kanuma)		√
J2860	# siltuximab (Sylvant)		√
J2940	# somatrem (Protropin)		√
J2941	# somatropin (all growth hormones)		√
J2998	# Plasminogen, Human (Ryplazim)		√
J3031	# fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) (Ajovy)		√
J3032	# eptinezumab-jjmr, 1 mg (Vyepiti)		√
J3055	# talquetamab-tgvs (Talvey), 0.25 mg		√
J3060	# taliglucerase alfa (Elelyso)		√
J3090	# tedizolid phosphate (Sivextro)		√
J3095	# televancin (Vibativ)		√
J3110	# teriparatide (Forteo)		√
J3111	# romosozumab-aqqg, 1 mg (Evenity)		√
J3121	# testosterone enanthate (Delatestryl)		√
J3145	# testosterone undecanoate (Andriol)		√
J3241	# teprotumumab-trbw, 10 mg (Tepazza)		√
J3245	# tildrakizumab 1 mg (Ilumya)		*
J3247	# secukinumab, IV, 1 mg (Cosentyx)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J3262	# tocilizumab (Actemra)		√
J3263	# toripalimab-tpzi, 1 mg (Loqtorzi)		√
J3285	# trestoninil (Remodulin)		√
J3299	# triamcinolone acetonide (Xipere), 1 mg		√
J3304	# triamcinolone acetamid ER 1 mg (Zilretta)		*
J3315	# triptorelin pamoate, 3.75 mg (Trelstar)		√
J3316	# triptorelin ER 3.75 mg (Triptodur, Trelstar Depot)		√
J3357	# ustekinumab, subcutaneous (Stelara)		√
J3358	# ustekinumab, intravenous (Stelara)		√
J3380	# vedolizumab (Entyvio)		√
J3385	# velaglucerase alfa (VPRIV)		√
J3392	# exagamglogene autotemcel, per treatment (Casgevy)		*
J3393	# betibeglogene autotemcel, per treatment (Zynteglo)		*
J3394	# lovetibeglogene autotemcel, per treatment (Lyfgenia)		*
J3397	# vestronidase alfa-vjbc 1 mg (Mepsevii)		√
J3398	# voretigene neparvovec-rzyl 1 billion vector genomes (Luxturna)		√
J3399	# onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes (Zolgensma)		√
J3401	# Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ PFU/ml vector genomes, per 0.1 ml (Vyjuvek)		√
J3465	# voriconazole, 10 mg (Vfend)		√
J3489	# zoledronic acid (Brand Reclast Brand and Generic Zometa) Claims that exceed \$3000.00		√
J3490	# Unclassified drugs. Unituxin (dinutuximab), Nulibry (fosdenopterin), Voxzogo (vosoritide), Ponvory (ponesimod), Recorlev (levoketoconazole), Omisirge (omidubicel), Vyloy (zolbetuximabcizb)		√
J3530	# nasal vaccine inhalation		√
J3570	# laetrile amygdalin (Vitamin B17)		√
J3590	required for all of the following medications (the list is subject to change) : Avastin for the eye (J3490/J3590) does not require authorization.		√
J3591	# Unclassified drug or biological used for ESRD on dialysis		√
J7165	# prothrombin complex concentrate (Balfaxar), human-lans, per IU of Factor IX activity		*
J7168	# Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity		√
J7169	# coagulation Factor Xa (recombinant), inactivated-zhzo, 10 mg (Andexxa)		√
J7170	# emicizumab-kxwh 0.5 mg (Hemlibra)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J7171	# ADAMTS13, recombinant-krhn, 10 IU (Adzynma)		√
J7175	# factor X (human) 1 IU (Coagadex)		√
J7177	# h+B220:B251uman fibrinogen concentrate (Fibryga)		√
J7178	# human fibrinogen concentrate (Riastap)		√
J7179	# von Willebrand factor, recombinant (Vonvendi)		√
J7180	# factor VIII, antihemophilic factor, human (Corifact)		√
J7181	# factor XIII A-subunit, recombinant (Tretten)		√
J7182	# factor VIII, antihemophilic factor, recombinant (NovoEight)		√
J7183	# von Willebrand factor complex, human (Wilate)		√
J7185	# factor VIII, antihemophilic factor, recombinant (Xyntha)		√
J7186	# antihemophilic Factor VIII/von Willebrand factor complex (human), per Factor VIII I.U. (Alphanate)		√
J7187	# von Willebrand factor complex,VWF:Rco (Humate-P)		√
J7188	# factor VIII, antihemophilic factor, recombinant (Obizur)		√
J7189	# factor VIII, antihemophilic factor, recombinant (Novoseven)		√
J7190	# factor VIII, antihemophilic factor, human (Alphanate/Hemofil/Koate)		√
J7191	# factor VIII, antihemophilic factor, porcine		√
J7192	# factor VIII, antihemophilic factor, recombinant (Advate/Helixate/Kogenate)		√
J7193	# factor IX, antihemophilic factor, purified, non-recombinant (Alpha Nine SD)		√
J7194	# factor IX, complex, per I.U. (Profilnine)		√
J7195	# factor IX, antihemophilic factor, recombinant (Benefix, Ixinity)		√
J7196	# antithrombin recombinant, 50 IU (Atryn)		√
J7197	# antithrombin III, human (Thrombate III)		√
J7198	# anti-inhibitor, per I.U. (Feiba)		√
J7199	# hemophilia clotting factor, not otherwise classified		√
J7200	# factor IX, antihemophilic factor, recombinant (Rixubis)		√
J7201	# factor IX, FC fusion protein, recombinant (Alprolix)		√
J7202	# factor IX, albumin fusion protein, recombinant (Idelvion)		√
J7303	# factor IX, (antihemophilic factor, recombinant), glycopegylated (Rebinyn)		√
J7204	# Factor VIII, antihemophilic factor (recombinant), glycopegylated-exei, per IU (Esperoct)		√
J7205	# factor VIII Fc fusion protein, recombinant (Eloctate)		√
J7207	# factor VIII antihemophilic factor recombinant, PEGylated (Adynovate)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J7208	# factor VIII antihemophilic factor recombinant (Jivi)		√
J7209	# factor VIII antihemophilic factor, recombinant (Nuwiq)		√
J7210	# Factor VIII antihemophilic factor, recombinant (Afstyla)		√
J7211	# Factor VIII antihemophilic factor, recombinant (Kovaltry)		√
J7212	# Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg		√
J7213	# coagulation factor IX (recombinant), (Ixinity), 1 IU		√
J7214	# Factor VIII/von Willebrand factor complex, recombinant (Altuviiio), per Factor VIII IU		√
J7309	# methyl aminolevulinate (MAL) (Metvixia)		√
J7311	# fluocinolone acetonide (Retisert)		√
J7312	# dexamethasone (Ozurdex)		√
J7313	# fluocinolone acetonide (Iluvien)		√
J7314	# fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg		√
J7316	# ocriplasmin (Jetrea)		√
J7330	# autologous cultured chondrocytes, implant		√
J7336	# capsaicin patch (Qutenza)		√
J7340	# carbidopa 5 mg/levodopa 20 mg enteral suspension (Duopa)		√
J7342	# ciprofloxacin otic (Cipro)		√
J7351	# bimatoprost, intracameral implant, 1 mcg (Durysta)		√
J7352	# Afamelanotide implant, 1 mg (Scenesse)		√
J7354	# Cantharidin for topical administration (Ycanth), 0.7%, single unit dose applicator (3.2 mg)		√
J7355	# travoprost, intracameral implant, 1 mcg (iDose TR)		√
J7401	# mometasone furoate 10mcg (Sinuva)		√
J7402	# Mometasone furoate sinus implant, (Sinuva), 10 mcg		√
J7500	# azathioprine oral 50 mg (Imuran)		√
J7502	# cyclosporine oral 100 mg (Neoral, Sandimmune, Gengraf)		√
J7503	# tacrolimus ER oral 0.25mg (Envarsus)		√
J7507	# tacrolimus oral per 1mg (Prograf)		√
J7508	# tacrolimus ER oral 0.1mg (Astagraf XL)		√
J7514	# Mycophenolate mofetil (Myhibbin), oral suspension, 100 mg		√
J7515	# cyclosporine oral 25 mg (Neoral, Gengraf, Sandimmune)		√
J7516	# cyclosporine parenteral 250 mg (Sandimmune)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J7517	# mycophenolate mofetil oral 250 mg (Cellcept)		√
J7518	# mycophenolic acid oral 180 mg (Myfortic)		√
J7520	# sirolimus oral 1 mg (Rapamune)		√
J7525	# tacrolimus parenteral 5 mg (Prograf)		√
J7527	# everolimus (Zortress)		√
J7601	# Ensifentrine, inhalation suspension, FDA-approved final product, noncompounded, administered through DME, unit dose form, 3 mg (Ohtuvayre)		√
J7677	# revefenacin 1 mcg (Yupelri)		√
J7686	# treprostinil (Tyvaso)		√
J7699	# NOC drugs inhalation solution administered through DME		√
J7799	# NOC drugs other than inhalation drugs administered through DME		√
J7999	# Compounded drug not otherwise classified		√
J8498	# antiemetic drug rectal/suppository not otherwise specified		√
J8499	# prescription drug oral non chemotherapeutic NOS		√
J8501	# aprepitant oral 5 mg (Emend)		√
J8510	# busulfan oral 2 mg (Myleran)		√
J8515	# cabergoline oral 0.25 mg (Cabaser, Dostinex)		√
J8522	# Capecitabine, oral, 50 mg (Xeloda)		*
J8530	# cyclophosphamide oral 25mg		√
J8541	# Dexamethasone (Hemady), oral, 0.25 mg		*
J8560	# etoposide oral 50 mg (Toposar)		√
J8562	# fludarabine phosphate (Oforta)		√
J8565	# gefitinib (Iressa)		√
J8597	# antiemetic drug oral not otherwise specified		√
J8600	# melphalan oral 2 mg (Alkeran)		√
J8610	# methotrexate oral 2.5 mg		√
J8611	# Methotrexate (Jylamvo), oral, 2.5 mg		√
J8612	# Methotrexate (Xatmep), oral, 2.5 mg		√
J8650	# nabilone oral 1 mg (Cesamet)		√
J8655	# netupitant/palonosetron (Akynzeo)		√
J8670	# rolapitant oral 1 mg (Varubi)		√
J8700	# temozolomide (Temodar)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J8705	# topotecan oral 0.25 mg (Hycamtin)		√
J8999	# prescription drug oral chemotherapeutic NOS		√
J9019	# asparaginase (Erwinaze)		√
J9021	# asparaginase, recombinant, (Rylaze), 0.1 mg		√
J9026	# tarlatamab-dlle, 1 mg (Imdeltra)		√
J9027	# clofarabine (Clolar)		√
J9028	# nogapendekin alfa inbakicept-pmln, for intravesical use, 1 mcg (Anktiva)		√
J9029	# nadofaragene firadenovec-vncg, per therapeutic dose (Adstiladrin)		√
J9032	# belinostat (Beleodaq)		√
J9033	# bendamustine hydrochloride (Treanda)		√
J9034	# bendamustine HCl (Bendeka)		√
J9035	# bevacizumab 10 mg (Avastin)- If for the eye, must bill J3590		√
J9036	# bendamustine hydrochloride 1mg (Belrapzo)		√
J9037	# belantamab mafodotin-blmf, 0.5 mg (Blenrep)		√
J9039	# blinatumomab (Blincyto)		√
J9041	# bortezomib (Velcade)		√
J9042	# brentuximab vedotin (Adcetris)		√
J9043	# cabazitaxel (Jevtana)		√
J9046	# bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg		√
J9048	# bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg		√
J9049	# bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg		√
J9050	# carmustine 100mg (BiCNU)		√
J9051	# bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg		√
J9052	# carmustine (Accord), not therapeutically equivalent to J9050, 100 mg		√
J9055	# cetuximab, 10 mg (Erbix)		√
J9056	# bendamustine HCl (Vivimusta), 1 mg		√
J9057	# copanlisib 1 mg (Aliqopa)		√
J9061	# amivantamab-vmjw, 2 mg (Rybrevant)		√
J9063	# mirvetuximab soravtansine-gynx, 1 mg (Elahere)		√
J9064	# cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg		√
J9118	# calaspargase (Asparlas)		√
J9119	# cemiplimab-rwlc 1 mg (Libtayo)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J9144	# daratumumab, 10 mg and hyaluronidase-fihj (Darzalex Faspro)		√
J9145	# daratumumab (Darzalex)		√
J9153	# liposomal 1 mg daunorubicin and 2.27 mg cytarabine (Vyxeos)		√
J9155	# degarelix (Firmagon)		√
J9173	# durvalumab 10 mg (Imfinzi)		√
J9176	# elotuzumab (Empliciti)		√
J9177	# enfortumab vedotin-efv, 0.25 mg (Padcev)		√
J9179	# eribulin (Halaven)		√
J9185	# fludarabine phosphate (Fludara)		√
J9198	# gemcitabine hydrochloride, 100 mg (Infugem)		√
J9203	# gemtuzumab ozogamicin (Mylotarg)		√
J9204	# mogamulizumab-kpkc 1 mg (Poteligeo)		√
J9205	# irinotecan liposome (Onivyde)		√
J9210	# emapalumab-lzsg 1 mg (Gamifant)		√
J9216	# interferon, gamma 1-B, 3 million units (Actimunne)		√
J9218	# leuprolide acetate per 1 mg (Viadur)		√
J9223	# lurbnectedin, 0.1 mg (Zepzelca)		√
J9225	# histrelin implant (Vantas)		√
J9226	# histrelin implant (Supprelin LA)		√
J9227	# isatuximab-irfc, 10 mg (Sarclisa)		√
J9228	# Ipilimumab (Yervoy)		√
J9229	# inotuzumab ozogamicin 0.1 mg (Besponsa)		√
J9246	# melphalan, 1 mg (Evomela)		√
J9247	# melphalan flufenamide, 1 mg (Pepaxto)		√
J9262	# omacetaxine mepesuccinate (Synribo)		√
J9264	# paclitaxel protein-bound particles 1 mg (Abraxane)		√
J9268	# pentostatin (Nipent)		√
J9269	# tagraxofusp-erzs 10 mcg (Elzonris)		√
J9273	# tisotumab vedotin-tftv (Tivdak)		√
J9281	# Mitomycin pyelocalyceal instillation, 1 mg (Jelmyto)		√
J9285	# olaratumab (Lartruvo)		√
J9286	# glofitamab-gxbm, 2.5 mg (Columvi)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J9295	# necitumumab (Portrazza)		√
J2998	# Plasminogen, Human (Ryplazim)		√
J9298	# nivolumab and relatlimab-rmbw, 3 mg/1 mg (Opdualag)		√
J9302	# ofatumumab (Arzerra)		√
J9303	# panitumumab, 10 mg (Vectibix)		√
J9307	# pralatrexate(Folotyn)		√
J9308	# ramucirumab (Cyramza)		√
J9311	# rituximab 10 mg and hyaluronidase (Rituxan Hycela)		√
J9312	# rituximab 10 mg (Rituxan)		√
J9313	# moxetumomab pasudotox-tdfk 0.01 mg (Lumoxiti)		√
J9314	# romidepsin, nonlyophilized (e.g., liquid), 0.1 mg (Istodax)		√
J9316	# pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg (Phesgo)		√
J9317	# sacituzumab govitecan-hziy, 2.5 mg (Trodelvy)		√
J9318	# romidepsin, nonlyophilized, 0.1 mg (Istodax)		√
J9319	# romidepsin (Istodax)		√
J9325	# talimogene laherparepvec (Imlygic)		√
J9328	# temozolomide (Temodar)		√
J9329	# tislelizumab-jsgr, 1mg (Tevimbra)		√
J9331	# sirolimus Protein-Bound Particles (Fyarro)		√
J9332	# efgartigimod Alfa (Vyvgart)		√
J9333	# rozanolixizumab-noli, 1 mg (Rystiggo)		*
J9334	# efgartigimod alfa, 2 mg and hyaluronidase-qvfc (Vyvgart Hytrulo)		√
J9340	# thiotepa, 15 mg (Thioplex)		√
J9345	# retifanlimab-dlwr, 1 mg (Zynyz)		√
J9347	# tremelimumab-actl, 1 mg (Imjudo)		√
J9348	# naxitamab-gqgk, 1 mg (Danyelza)		√
J9349	# tafasitamab-cxix, 2 mg (Monjuvi)		√
J9350	# mosunetuzumab-axgb, 1 mg (Lunsumio)		√
J9352	# trabectedin (Yondelis)		√
J9353	# margetuximab-cmkb, 5 mg (Margenza)		√
J9354	# ado-trastuzumab emtansine (Kadcyla)		√
J9355	# trastuzumab 10 mg (Herceptin)		*

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
J9356	# trastuzumab 10 mg and hyaluronidase-oysk (Herceptin Hylecta)		√
J9358	# fam-trastuzumab deruxtecan-nxki, 1 mg (Enhertu)		√
J9359	# Loncastuximab tesirine-lpyl (Zynlonta)		√
J9361	# efbemalenograstim alfa-vuxw, 0.5 mg (Ryzneuta)		√
J9376	# pozelimab-bbfg (Veopoz), 1 mg		*
J9380	# teclistamab-cqyv, 0.5 mg (Tecvayli)		√
J9381	# teplizumab-mzww, 5 mcg (Tzielid)		*
J9400	# ziv-aflibercept (Zaltrap)		√
J9999	# Unclassified biologics		√
Q0144	# Azithromycin dihydrate, oral, capsules/powder, 1 gm (Zithromax)		√
Q0155	# Dronabinol (Syndros), 0.1 mg, oral, FDA-approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen		√
Q0166	# Granisetron HCL, 1 mg, oral (Kytril)		√
Q0167	# Dronabinol, 2.5 mg, oral (Marinol)		√
Q0173	# Trimethobenzamide HCL, 250 mg, oral (Tigan)		√
Q0174	# Thiethylperazine maleate, 10 mg, oral (Torecan)		√
Q0175	# Perphenazine, 4 mg, oral (Trilafon, Etrafon, Triptafen)		√
Q0177	# Hydroxyzine pamoate, 25 mg, oral (Vistaril)		√
Q0180	# Dolasetron mesylate, oral 100 mg (Anzemet)		√
Q2026	# Radiesse, 0.1 ml		√
Q2028	# Sculptra, 0.5 mg		√
Q2041	# Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, per infusion (Yescarta)		√
Q2042	# tisagenlecleucel-t suspension (Kymriah)		√
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)		√
Q2049	# doxorubicin hydrochloride liposomal doxil (Lipodox)		√
Q2050	# doxorubicin HCL, liposomal, NOS, 10 mg		√
Q2053	# Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Tecartus)		√
Q2054	# lisocabtagene maraleucel (Breyanzi)		√
Q2055	# idecabtagene vicleucel (Abecma)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
Q2056	# Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Carvykti)		√
Q3027	# Interfuron beta-1a IM (Avonex, Rebif)		√
Q3028	# Interfuron beta-1a SQ		√
Q4074	# Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 mcg		√
Q4081	# epoetin alfa (Epoegen Procrit)		√
Q5015	# epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units		√
Q5101	# filgrastim (G-CSF), biosimilar, (Zarxio) 1 microgram		√
Q5103	# Infliximab (Inflectra)		√
Q5104	# Infliximab (Renflexis)		√
Q5105	# epoetin alfa biosimilar (Retacrit) (for esrd on dialysis) 100 units		√
Q5106	# epoetin alfa biosimilar (Retacrit) (for non-esrd use) 1000 units		√
Q5108	# pegfilgrastim-jmdb, biosimilar, (Fulphila)		√
Q5109	# infliximab-qbtx biosimilar (Ixifi) 10 mg		√
Q5110	# filgrastim-aafi (Nivestym)		√
Q5111	# pegfilgrastim-cbqv (Udenyca)		√
Q5114	# trastuzumab-dkst biosimilar (Ogivri) 10 mg		√
Q5115	# rituximab-abbs biosimilar 10 mg (Truxima)		√
Q5118	# bevacizumab-bvzr (Zirabev)		√
Q5119	# rituximab-pvvr, biosimilar, 10 mg (Ruxience)		√
Q5120	# pegfilgrastim-bmez, biosimilar, 0.5 mg (ZIENTENZO)		√
Q5121	# infliximab-axxq, biosimilar, 10 mg (AVSOLA)		√
Q5122	# pegfilgrastim-apgf, biosimilar, (Nyvepria), 0.5 mg		√
Q5123	# rituximab-arrx, biosimilar, (Riabni), 10 mg		√
Q5125	# filgrastim-ayow, biosimilar, (Releuko), 1 mcg		*
Q5126	# bevacizumab-maly, biosimilar, (Alymsys), 10 mg		√
Q5127	# pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg		√
Q5128	# ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg		√
Q5129	# bevacizumab-adcd (Vegzelma), biosimilar, 10 mg		√
Q5130	# pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg		√
Q5133	# tocilizumab-bavi (Tofidence), biosimilar, 1 mg		√
Q5134	# natalizumab-sztn (Tyruko), biosimilar, 1 mg		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
Q5135	# tocilizumab-aazg (Tyenne), biosimilar, 1 mg		*
Q5136	# denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg		√
Q5137	# ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg		√
Q5138	# ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg		√
Q5139	# eculizumab-aeeb (bkemv), biosimilar, 10 mg		√
Q5140	# adalimumab-fkjp, biosimilar, 1 mg (Hulio)		√
Q5141	# adalimumab-aaty, biosimilar, 1 mg (Yuflyma)		√
Q5142	# adalimumab-ryvk biosimilar, 1 mg (Simlandi)		*
Q5143	# adalimumab-adbm, biosimilar, 1 mg (Cyltezo)		√
Q5144	# adalimumab-aacf (Idacio), biosimilar, 1 mg		√
Q5145	# adalimumab-afzb (Abrilada), biosimilar, 1 mg		√
Q9991	# buprenorphine extended-release (Sublocade) less than or equal to 100 mg		√
Q9992	# buprenorphine extended-release (Sublocade) greater than 100 mg		√
Q9996	# ustekinumab-ttwe (Pyzchiva), subcutaneous, 1 mg		√
Q9997	# ustekinumab-ttwe (Pyzchiva), intravenous, 1 mg		√
Q9998	# ustekinumab-aeqn (Selarsdi), 1 mg		√
S0012	# Butorphanol tartrate, nasal spray, 25 mg (Stadol)		√
S0013	# Esketamine, nasal spray, 1 mg (Spravato)		√
S0088	# Imatinib, 100 mg (Gleevec)		√
S0090	# Sildenafil citrate, 25 mg (Viagra)		√
S0091	# Granisetron hydrochloride, 1 mg (for circumstances falling under the Medicare statute, use Q0166) (Kytiril)		√
S0104	# Zidovudine, oral, 100 mg (Retrovir)		√
S0106	# Bupropion HCL sustained release tablet, 150 mg, per bottle of 60 tablets (Wellbutrin SR)		√
S0108	# Mercaptopurine, oral 50 mg (Purinethol)		√
S0109	# Methadone, oral, 5 mg (Dolophine)		√
S0117	# Tretinoin, topical, 5 gms		√
S0136	# Clozapine, 25 mg (Clozaril)		√
S0137	# Didanosine (ddl), 25 mg (Videx)		√
S0138	# Finasteride, 5 mg (Propecia, Proscar)		√
S0139	# Minoxidil, 10 mg		√
S0140	# Saquinavir, 200 mg (Fortovase, Invirase)		√

Authorization-Notification Table Effective 02/26/25

SERVICES / ITEMS / PROCEDURES/ MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
S0145	# pegylated interferon alfa-21, 180 mcg per ml (Pegasys)		√
S0148	# pegylated interferon alfa-2a, 180 mcg per ml		√
S0156	# Exemestane, 25 mg (Aromasin)		√
S0157	# Becaplermin gel 0.01%, 0.5 gm (Regraex Gel)		√
S0160	# Dextroamphetamine sulfate, 5 mg		√
S0169	# Calcitrol, 0.25 microgram (Calcijex)		√
S0170	# Anastrozole, oral, 1 mg (Arimidex)		√
S0172	# Chlorambucil, oral, 2 mg (Leukeran)		√
S0174	# Dolasetron mesylate, oral 50mg (for circumstances falling under the Medicare Statute, use Q0180) (Anzement)		√
S0175	# Flutamide, oral, 125mg (Eulexin)		√
S0176	# Hydroxyurea, oral, 500mg (Hydrea)		√
S0177	# Levamisole HCL, oral, 50mg (Ergamisole)		*
S0178	# Lomustine, oral, 10mg (Ceenu)		√
S0179	# Megestrol acetate, oral, 20 mg (Megace)		√
S0182	# Procarbazine hydrochloride, oral, 50mg (Matulane)		√
S0187	# Tamoxifen citrate, oral, 10mg (Soltamox, Nolvadex)		√
S0194	# Dialysis/stress vitamin supplement, oral, 100 capsules		*
	# Compounded drugs: All		√

University of Michigan Health Plan Notification/Prior Authorization/Prior Approval Table is not an all-inclusive list of all possible services and medications that may require prior approval/authorization. It depends on the member's specific plan as to which of these services or medications do require prior approval/authorization. Medical and Drug Policies are located on the University of Michigan Health Plan website at <https://www.uofmhealthplan.org/providers/medical-drug-policies>

Services requiring prior authorization must be reviewed in advance of the service even if University of Michigan Health Plan is a secondary payor.

University of Michigan Health Plan Notification/Prior Authorization/Prior Approval Table does not define benefit coverage. Benefit coverage is determined by the Member's COC or SPD. This means that there may be services and medications listed in this document that are not covered under a particular member's COC or SPD. This list is subject to change. For questions about a member's benefit and coverage please contact the University of Michigan Health Plan Customer Service Department at 1.800.832.9186

Non-emergent/urgent requests for benefit review are to be submitted at least 7 days in advance of the service or as soon as the service is determined to be appropriate by the practitioner.

Urgent requests for benefit review are to be submitted at least 3 days in advance of the service or as soon as the service is determined to be appropriate by the practitioner. Requests are considered urgent when a delay in treatment could seriously jeopardize members life or health or the ability to regain maximum function.

Medications that are reviewed and processed by the Pharmacy Department. Drugs administered at an out of network provider office or facility require authorization.

* Excluded medication that is determined not to be a covered benefit however, it can be reviewed through the exception process by the pharmacy department

** Effective 1/1/22, covered for dx codes M80.0, M81.0 & M81.8. All other dx codes need PA.