

MEDICARE COVERAGE

MEDICAL BENEFIT DRUGS

Not Managed By Carelon - REFERRED BACK TO OPTIMA HEALTH

(**this is not an all inclusive list of therapies used for oncology diagnoses**)

Medicare Coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. Additional indications may be covered at the discretion of the health plan.

USE THE FOLLOWING DOCUMENT TO CHECK PRIOR AUTHORIZATION DESIGNATION ON INJECTABLE-INFUSION DRUGS:

<https://www.optimahealth.com/documents/drug-lists/form-doc-medication-list-injectable-infusion.pdf>

IF A PRIOR AUTHORIZATION IS REQUIRED, USE THE FOLLOWING TO ACCESS THAT FORM:

<https://www.optimahealth.com/providers/authorizations/prescription-drugs/drug-authorization-forms>

PHARMACY BENEFIT DRUGS - USE THE FOLLOWING IF REFERRED BACK:

<https://www.express-scripts.com/corporate/healthcare-providers/physician-resources>

| Codes | Generic Drug Name | Brand Name |
|--------------|--|--------------|
| Q2041 | Axicabtagene ciloleucel | Yescarta |
| J0565 | Bezlotoxumab | Zinplava |
| Q2053 | Brexucabtagene Autoleucel | Tecartus |
| Q2056 | Ciltacabtagene Autoleucel | Carvykti |
| J1300 | Eculizumab | Soliris |
| J9202 | Goserelin Acetate | Zoladex |
| J9226 | Histrelin Acetate | Supprelin LA |
| A9543 | Ibritumomab Tiuxetan for Yttrium-90 (Y-90) | ZEVALIN Y-90 |
| Q2055 | Idecabtagene Vicleucel | Abecma |
| J1460, J1560 | Immune Globulin (Human) IM | GAMASTAN S/D |
| J1460, J1560 | Immune Globulin (Human) IM | GAMASTAN |
| J1556, J1599 | Immune Globulin (Human) IV | BIVIGAM |

| Codes | Generic Drug Name | Brand Name |
|--------------|--|---------------------------------------|
| J1566 | Immune Globulin (Human) IV | CARIMUNE NANOFILTERED |
| J1572 | Immune Globulin (Human) IV | FLEBOGAMMA DIF |
| J1566 | Immune Globulin (Human) IV | GAMMAGARD S/D IGA LESS THAN 1MCG/ML |
| J1557 | Immune Globulin (Human) IV | GAMMAPLEX |
| J1568, J1599 | Immune Globulin (Human) IV | OCTAGAM |
| J1459 | Immune Globulin (Human) IV | PRIVIGEN |
| J1569 | Immune Globulin (Human) IV or Subcutaneous | GAMMAGARD LIQUID |
| J1561 | Immune Globulin (Human) IV or Subcutaneous | GAMMAKED |
| J1561 | Immune Globulin (Human) IV or Subcutaneous | GAMUNEX-C |
| J1559 | Immune Globulin (Human) Subcutaneous | HIZENTRA |
| J1555 | Immune Globulin (Human) Subcutaneous | CUVITRU |
| J1575 | Immune Globulin (Human)-Hyaluronidase | HYQVIA |
| J1554 | Immune Globulin (Human)-slra | Asceniv |
| A9590 | lobenguane I 131 | Azedra Therapeutic, Azedra Dosimetric |
| J1930 | Lanreotide Acetate | Somatuline Depot |
| J9218 | Leuprolide Acetate | Lupron Subcutaneous Solution |
| J9217, J1950 | Leuprolide Acetate | Lupron Depot, Eligard |
| J1951 | Leuprolide Acetate | Fensolvi |
| J1952 | Leuprolide Mesylate | Camcevi |
| Q2054 | Lisocabtagene Maraleucel | Breyanzi |
| A9513 | Lutetium Lu 177 Dotatate | Lutathera |
| A9607 | Lutetium Lu 177 Vipivotide Tetraxetan | Pluvicto |
| J2353 | Octreotide Acetate | Sandostatin Lar Depot |
| J2354 | Octreotide Acetate | Sandostatin |
| J3490 | Pasireotide Diaspartate | SIGNIFOR |

| Codes | Generic Drug Name | Brand Name |
|-------|--------------------------|--------------|
| J2502 | Pasireotide Pamoate | SIGNIFOR LAR |
| J2562 | Plerixafor | Mozobil |
| A9606 | Radium-223 Dichloride | Xofigo |
| J2796 | Romiplostim | Nplate |
| J9325 | Talimogene laherparepvec | Imlygic |
| Q2042 | Tisagenlecleucel | Kymriah |
| J3262 | Tocilizumab | Actemra |
| J3315 | Triptorelin Pamoate | Trelstar |
| J3316 | Triptorelin Pamoate | Triptodur |