

# Medicare Prior Authorization List

Effective August 1, 2021



Allwell from Superior HealthPlan (HMO and HMO SNP) requires prior authorization as a condition of payment for many services. This notice contains information regarding prior authorization requirements and is applicable to all Medicare products offered by Allwell.

Allwell is committed to delivering cost effective quality care to members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the ordering physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in-network utilization, where applicable.

**It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.**

*Please note: Prior authorization is subject to covered benefit review and is not a guarantee of payment.*

**Effective August 1, 2021, prior authorization will be required for the following services:**

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Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS AND FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please visit [Superior's Medicare Prior Authorization Tool](#).

Service Category	Services/Procedures	Comments
Acupuncture	An alternate form of medicine in which thin needles are inserted into the body. Medicare doesn't cover acupuncture (including dry needling) for any condition other than chronic low back pain. Limit to 20 visits	<p><b>Prior Authorization Required:</b></p> <ul style="list-style-type: none"> <li>• Health Net Medicare Advantage for California</li> <li>• Arizona Complete Health</li> <li>• Oregon Health Net Medicare Advantage</li> <li>• Allwell from MHS - MHS Indiana</li> <li>• Allwell from Sunflower</li> <li>• Allwell from Louisiana Healthcare Connections</li> <li>• Allwell from Superior HealthPlan (MA and MMP)</li> <li>• Western Sky Community Care</li> <li>• Allwell Medicare Advantage from MHS Health Wisconsin</li> <li>• Ascension Complete (FL, IL, KS)</li> </ul> <p><b>Contracted Providers:</b> Visit <a href="http://ashlink.com">ashlink.com</a></p> <p><b>Non-Contracted providers:</b> Call 877-248-2746</p>
Ambulance Nonemergent Fixed Wing	Requires prior authorization before transport	
Behavioral Health Services	Day Treatment Electroconvulsive Therapy (ECT) Inpatient Psychiatric Intensive Outpatient Therapy Neuropsychological Testing Partial hospitalization Psychological Testing Substance Use Disorder Treatment/Rehabilitation	
Bronchial Thermoplasty	Outpatient procedure for the treatment of asthma	

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Service Category	Services/Procedures	Comments
Chiropractor Services	Medicare coverage for chiropractic services extends only to treatment by means of manual manipulation of the spine to correct a subluxation, provided such treatment is reasonable and medically necessary	<p><b>Prior Authorization Required:</b></p> <ul style="list-style-type: none"> <li>• Health Net Medicare Advantage for California</li> <li>• Arizona Complete Health</li> <li>• Oregon Health Net</li> <li>• Allwell from Louisiana Healthcare Connections</li> </ul> <p><b>Contracted Providers:</b> Visit <a href="http://ashlink.com">ashlink.com</a></p> <p><b>Non-Contracted providers:</b> Call 877-248-2746</p>
Clinical Trials: Notification Only	A clinical trial is one type of clinical research that follows a pre-defined plan or protocol	
Cochlear Implants and Surgery	Provides direct electrical stimulation to the auditory nerve, bypassing the usual transducer cells that are absent or nonfunctional in deaf cochlea	
Cosmetic Procedures/Dermatology	Includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member including, but not limited to the following: Chemical exfoliation, electrolysis Dermabrasion/chemical peel Laser treatment Skin injections and implants	
Drug Testing	Quantitative tests for drugs of abuse	
Durable Medical Equipment (DME)	Ambulatory Infusion Pumps BIPAP Bone Growth Stimulator Continuous Glucose Monitor Hospital Bed/Mattress Implantable Neurostimulator Lift Devices including Hoyer Lymphedema Pumps and Supplies Oxygen Concentrators TENS Units Vagus Nerve Stimulator Ventilators Wheelchairs, Custom Wheelchairs, Power Wound Vacuum (Negative Pressure) Devices	

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Enhanced External Counterpulsation (EECP)	The noninvasive outpatient treatment for patients with coronary artery disease (CAD)	
Experimental/Investigational Services	Any item or service potentially considered investigational or experimental must be authorized in advance	
Gender Reassignment	General term to describe a surgery or surgeries that affirm a person's gender identity	
Genetic Counseling and Testing	Genetic testing is a type of medical test that identifies changes in chromosomes, genes or proteins	
Infertility	Drug Therapy, Testing, Treatment	
Home Health Services	Home Health Aide Occupational Therapy Physical Therapy Skilled Nursing Visits Social Work Visits Speech Therapy	
Hospice: Notification only	Home or Inpatient	
Hospital Admission	Acute Inpatient Hospital Inpatient Rehabilitation Hospital Long Term Acute Care Hospital (LTAC) Skilled Nursing Facility (SNF)	
Hyperbaric O2 Therapy	Includes HBO therapy administered in a chamber	
Interventional Pain Management through NIA (Effective January 1, 2021)	Spinal epidural injections Paravertebral Facet Joint Injections or Blocks Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis) Sacroiliac Joint Injections	Visit <a href="http://www.RadMD.com">www.RadMD.com</a> , or call 1-866-214-1703.
Neuropsychological Testing	Evaluations for members with a history of psychological, neurologic or medical disorders known to impact cognitive or neurobehavioral functioning	
Nutritional Supplements and/or services	Formula administered via a enteral feeding tube	
Observation Stay	Prior Authorization required if >48 hours	
Orthotics/Prosthetics	Prosthetic devices needed to replace a body part or function Limited coverage options for orthotic shoes and devices, including artificial limbs and eyes as well as braces for arms, legs, back, or neck, penile prosthetics	

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Outpatient Therapy <ul style="list-style-type: none"> <li>Occupational Therapy</li> <li>Physical Therapy</li> <li>Speech-Language Therapy</li> </ul>	Therapeutic treatment: as a remedial treatment of mental or bodily disorder or an agency (as treatment) designed or serving to bring about rehabilitation or social adjustment	Requires authorization after 12 combined visits
Pain Management	Facet Injections Median Branch Block Radio Frequency Ablation Sacroiliac joint injection (SI) Trigger Point	
Part B Drugs		See Appendix A at the end of this document.
Radiation Therapy	Intensity modulated radiotherapy (IMRT) Neutron beam therapy Proton beam therapy Stereotactic radiotherapy	
Radiology	Cardiac Imaging CT MRA MRI, MRA, PET Scan, CT, Cardiac Imaging PET	All Health Plans <b>Excluding</b> Allwell Medicare Advantage from MHS Health Wisconsin  Visit <a href="http://www.radmd.com">www.radmd.com</a> .
Sleep Studies	Surgery and treatment Hospital Sleep Study	
Surgeries, regardless of place of service	Abortion Bariatric Surgery Blepharoplasty Breast Augmentation (except following mastectomy) Breast Reduction Capsule Endoscopy Chondrocyte Implants Cochlear Implant Facial Osteotomy Hysterectomy Joint Replacements Mastectomy for Gynecomastia	

**Medicare Prior Authorization List**  
*Effective August 1, 2021*



Service Category	Services/Procedures	Comments
Surgeries, regardless of place of service continued	Oral Surgery -- Temporomandibular Joint Surgery Otoplasty Reconstructive and Plastic Surgery Rhinoplasty Sacral Nerve Neuromodulation Septoplasty Spinal Surgeries including Fusion, Stabilization, Discectomy Uvulopalatopharyngoplasty/ Uvulopharyngoplasty Veins (ablation, ligation, stripping, sclerotherapy) X-Stop: Spinal Surgery	
Transplants	All transplant evaluations and procedures, including but not limited to evaluation, transplant consult visits, HLA typing, donor search and transplant procedure	

Medicare Part B PA List Effective 2021



Part B Drugs: STEP THERAPY	Drug Code	Drug Name	Action	Last Updated Date	Effective Date (if available)	Drug Description	Comments
	892					SPECIAL PROCESSED DRUGS - FDA APPROVED GENE THERAPY	
	A9513					LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	
	C9065					INJECTION ROMIDEPSIN NON-LYPOHILIZED 1MG	
	C9074		Added to PA list		8/1/2021	INJECTION LUMASIRAN 0.5 MG	
	C9399					UNCLASSIFIED DRUGS OR BIOLOGICALS	
STEP THERAPY	J0129					ABATACEPT INJECTION	
	J0135					INJECTION, ADALIMUMAB, 20 MG	
STEP THERAPY	J0178					AFLIBERCEPT INJECTION	
STEP THERAPY	J0179					INJECTION BROLUCIZUMAB-DBLL 1 MG	
	J0180					INJECTION, AGALSIDASE BETA, 1 MG	
	J0202					INJECTION ALEMTUZUMAB 1 MG	
	J0220					ALGLUCOSIDASE ALFA INJECTION	
	J0221					LUMIZYME INJECTION	
	J0222					INJECTION PATISIRAN 0.1 MG	
	J0223					INJECTION GIVOSIRAN 0.5 MG	
	J0256					ALPHA 1 PROTEINASE INHIBITOR	
	J0257					GLASSIA INJECTION	
	J0364					INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	
	J0490					BELIMUMAB INJECTION	
	J0517					INJECTION BENRALIZUMAB 1 MG	
	J0567					INJECTION CERLIPONASE ALFA 1 MG	
STEP THERAPY	J0570					BUPRENORPHINE IMPLANT 74.2MG	
	J0584					INJECTION BUROSUMAB-TWZA 1 MG	
STEP THERAPY	J0585					INJECTION, ONABOTULINUMTOXINA	
	J0586					ABOBOTULINUMTOXINA	
	J0587					INJ. RIMABOTULINUMTOXINB	
	J0588					INCOBOTULINUMTOXIN A	
	J0591					INJECTION DEOXYCHOLIC ACID 1 MG	
	J0593					INJECTION LANADELUMAB-FLYO 1 MG	
	J0598					C-1 ESTERASE, CINRYZE	
	J0599					INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	
	J0604		Remove from PA list		8/1/2021	CINACALCET ORAL 1 MG	
	J0606					INJECTION ETELCALCETIDE 0.1 MG	
	J0630					INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	
	J0638					CANAKINUMAB INJECTION	
	J0641					INJECTION LEVOLEUCOVORIN NOS 0.5 MG	
	J0642					INJECTION LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	
STEP THERAPY	J0717					CERTOLIZUMAB PEGOL INJ 1MG	
STEP THERAPY	J0718		Added to Step Therapy		8/1/2021	CERTOLIZUMAB PEGOL INJ	
	J0775					COLLAGENASE, CLOST HIST INJ	
STEP THERAPY	J0791					INJECTION CRIZANLIZUMAB-TMCA 5 MG	
STEP THERAPY	J0800					INJECTION, CORTICOTROPIN, UP TO 40 UNITS	
	J0881					INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	
	J0885					INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	
	J0888					EPOETIN BETA NON ESRD	
	J0894					INJECTION DECITABINE 1 MG	
STEP THERAPY	J0896					INJECTION LUSPATERCEPT-AAMT 0.25 MG	
STEP THERAPY	J0897					DENOSUMAB INJECTION	
	J1190					INJECTION, DEXRAZOXANE HCL, PER 250 MG	
STEP THERAPY	J1300					ECULIZUMAB INJECTION	
	J1301					INJECTION EDARAVONE 1 MG	
	J1303					INJECTION RAVULIZUMAB-CWVZ 10 MG	
	J1324					Enfuvirtide injection	
STEP THERAPY	J1427		Added to PA list and Step Therapy		8/1/2021	INJECTION VILTOLARSEN 10 MG	
STEP THERAPY	J1428					INJECTION ETEPLIRSEN 10 MG	
STEP THERAPY	J1429					INJECTION GOLODIRSEN 10 MG	
	J1437					INJECTION FERRIC DERISOMALTOSE 10 MG	
	J1438					INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG AD	
	J1439					INJ FERRIC CARBOXYMALTOS 1MG	
STEP THERAPY	J1442					INJ FILGRASTIM EXCL BIOSIMIL	
	J1443					INJ FERRIC PRPP CIT SOL 0.1 MG IRON	
STEP THERAPY	J1447					INJECTION TBO-FILGRASTIM 1 MICROG	
	J1458					INJECTION GALSULFASE 1 MG	
STEP THERAPY	J1459					INJ IVIG PRIVIGEN 500 MG	
STEP THERAPY	J1554		Added to PA list and Step Therapy		8/1/2021	INJECTION IMMUNE GLOBULIN ASCENIV 500 MG	
STEP THERAPY	J1555					INJECTION IMMUNE GLOBULIN 100 MG	
STEP THERAPY	J1556					INJ. IMM GLOB BIVIGAM, 500MG	
STEP THERAPY	J1557					GAMMAPLEX INJECTION	
STEP THERAPY	J1558					INJECTION IMMUNE GLOBULIN XEMBIFY 100 MG	
STEP THERAPY	J1559					HIZENTRA INJECTION	
STEP THERAPY	J1561					GAMUNEX-C/GAMMAKED	

STEP THERAPY	J1562					INJECTION; IMMUNE GLOBULIN 10%, 5 GRAMS
STEP THERAPY	J1566					INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. P
STEP THERAPY	J1568					OCTAGAM INJECTION
STEP THERAPY	J1569					GAMMAGARD LIQUID INJECTION
STEP THERAPY	J1572					FLEBOGAMMA INJECTION
STEP THERAPY	J1575					INJ IG/HYALURONIDASE 100 MG IG
STEP THERAPY	J1599					IVIG NON-LYOPHILIZED, NOS
STEP THERAPY	J1602					GOLIMUMAB FOR IV USE 1MG
	J1628					INJECTION GUSELKUMAB 1 MG
	J1632					INJECTION BREXANOLONE 1 MG
	J1640					INJECTION, HEMIN, 1 MG
	J1645					INJECTION, DALTEPARIN SODIUM, PER 2500 IU
	J1675					INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS
	J1743					IDURSULFASE INJECTION
	J1744					ICATIBANT INJECTION
STEP THERAPY	J1745					INJ INFLIXIMAB EXCL BIOSIMILR 10 MG
	J1746					INJECTION IBALIZUMAB-UIYK 10 MG
	J1786					IMUGLUCERASE INJECTION
	J1817					INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
	J1823					INJECTION INEBILIZUMAB CDON 1 MG
	J1930					INJECTION, PROPIOMAZINE, UP TO 20 MG
	J1931					INJECTION, LARONIDASE, 0.1 MG
	J2170					Mecasermin injection
	J2182					INJECTION MEPOLIZUMAB 1MG
	J2212					METHYLNALTREXONE INJECTION
	J2315					INJECTION NALTREXONE DEPOT FORM 1 MG
STEP THERAPY	J2323					NATALIZUMAB INJECTION
STEP THERAPY	J2326					INJECTION NUSINERSEN 0.1 MG
STEP THERAPY	J2350					INJECTION OCRELIZUMAB 1 MG
	J2353					INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
	J2355					INJECTION, OPRELVEKIN, 5 MG
STEP THERAPY	J2357					INJECTION, OMALIZUMAB, 5 MG
	J2440					INJECTION, PAPAVERINE HCL, UP TO 60 MG
STEP THERAPY	J2503					INJECTION, PEGAPTANIB SODIUM, 0.3 MG
STEP THERAPY	J2505					INJECTION, PEGFILGRASTIM, 6 MG
STEP THERAPY	J2507					PEGLOTICASE INJECTION
	J2562					PLERIXAFOR INJECTION
STEP THERAPY	J2778					RANIBIZUMAB INJECTION
	J2783					INJECTION, RASBURICASE, 0.5 MG
STEP THERAPY	J2786					INJECTION RESLIZUMAB 1MG
	J2793					RILONACEPT INJECTION
STEP THERAPY	J2796					ROMIPLOSTIM INJECTION
	J2797					INJECTION ROLAPITANT 0.5 MG
STEP THERAPY	J2820					INJECTION, SARGRAMOSTIM (CM-CSF), 50 MCG
	J2840					INJ SEBELIPASE ALFA 1 MG
	J2940					INJECTION, SOMATREM, 1 MG
	J2941					INJECTION, SOMATROPIN, 1 MG
	J3032					INJECTION EPTINEZUMAB-JJMR 1 MG
	J3095					TELEVANCIN INJECTION
	J3110					INJECTION, TERIPARATIDE, 10 MCG
STEP THERAPY	J3111					INJECTION ROMOSOZUMAB-AQQG 1 MG
Step Therapy	J3140		Added to Step Therapy		8/1/2021	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
	J3240					INJECTION, THYROTROPIN, UP TO 10 I.U.
STEP THERAPY	J3241					INJECTION TEPROTUMUMAB-TRBW 10 MG
	J3245					INJECTION TILDRAKIZUMAB 1 MG
STEP THERAPY	J3262					TOCILIZUMAB INJECTION
	J3285					INJECTION, TREPROSTINIL, 1 MG
STEP THERAPY	J3304					INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG
	J3316					INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG
STEP THERAPY	J3357					USTEKINUMAB FOR SUBQ INJECTION 1 MG
	J3358		Added to PA list		8/1/2021	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG
STEP THERAPY	J3380					INJECTION VEDOLIZUMAB 1 MG
	J3385					VELAGLUCERASE ALFA
STEP THERAPY	J3396					INJECTION, VERTEPORFIN, 0.1 MG
	J3397					INJECT VESTRONIDASE ALFA-VJBK 1 MG
	J3398					INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G
	J3399					INJ AVSX-101-XIOI P-TX TO 5X10^15 VCTR GNOMS
	J3490					UNCLASSIFIED DRUGS
	J3590					UNCLASSIFIED BIOLOGICS
	J3591					UNCLASS RX/BIOLOGICAL USED FOR ESRD ON DIALYSIS
	J7169					INJ COAGULATION FACTOR XA INACTIVATED-ZHZO 10 MG
	J7170					INJECTION EMICIZUMAB-KXWH 0.5 MG
	J7175					INJ FACTOR X (HUMAN) 1IU
	J7177					INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG
	J7179					VONVENDI INJ 1 IU VWF:RCO
	J7180					FACTOR XIII ANTI-HEM FACTOR
	J7181					FACTOR XIII RECOMB A-SUBUNIT
	J7182					FACTOR VIII RECOMB NOVOEIGHT
	J7183					WILATE INJECTION
	J7185					XYNTHA INJ
	J7186					ANTHEMOPHILIC VIII/VWF COMP
	J7187					INJECTION VON WILLEBRAND FACTOR COMPLEX HUMAN RISTOCETIN COFACTOR PER IV
	J7188					INJECTION FACTOR VIII PER I.U.
	J7189					FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG
	J7190					FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (HUMAN)), PER I.U.
	J7191					FACTOR VIII (PORCINE)
	J7192					FACTOR VIII RECOMBINANT NOS



	J7193				FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.
	J7194				FACTOR IX, COMPLEX, PER I.U.
	J7195				FACTOR IX RECOMBINANT NOS
	J7196				ANTITHROMBIN RECOMBINANT
	J7197				ANTITHROMBIN III (HUMAN), PER I.U.
	J7198				ANTI-INHIBITOR, PER I.U.
	J7199				HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED
	J7200				FACTOR IX RECOMBINAN RIXUBIS
	J7201				INJ FACTOR IX FC FUS PROTEIN PER IU
	J7202				FACTOR IX IDELVION INJ
	J7203				INJECTION FACTOR IX GLYCOPEGYLATED 1 IU
	J7204				INJ FAC VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU
	J7207				FACTOR VIII PEGYLATED RECOMB
	J7208				INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU
	J7209				FACTOR VIII NUWIQ RECOMB 1IU
	J7212				FACTOR VIIA JNCW 1 MCG
STEP THERAPY	J7311				INJECTION FA INTRAVITREAL IMPL 0.01 MG
STEP THERAPY	J7312				DEXAMETHASONE INTRA IMPLANT
STEP THERAPY	J7313				INJECTION FA INTRAVITREAL IMPL 0.01 MG
STEP THERAPY	J7314				INJECTION FA INTRAVITREAL IMPL 0.01 MG
STEP THERAPY	J7318				HYALURONAN/DERIVATIVE DUROLANE FOR IA INJ 1 MG
STEP THERAPY	J7320				HYALURONAN/DERIVATIVE GENVISC 850 IA INJ 1 MG
STEP THERAPY	J7321				HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE
STEP THERAPY	J7322				HYALURONAN/DRIV HYMOVIS IA INJ 1 MG
STEP THERAPY	J7323				EUFLEXXA INJ PER DOSE
STEP THERAPY	J7324				ORTHOVISC INJ PER DOSE
STEP THERAPY	J7325				SYNVISC OR SYNVISC-ONE
STEP THERAPY	J7326				GEL-ONE
STEP THERAPY	J7327				MONOVISC INJ PER DOSE
STEP THERAPY	J7328				HYAL/DERIV GELSYN-3 IA INJ 0.1 MG
STEP THERAPY	J7329				HYALURONAN/DERIVATIVE TRIVISC FOR IA INJ 1 MG
STEP THERAPY	J7331				HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG
STEP THERAPY	J7332				HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG
STEP THERAPY	J7351				INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG
	J7352				AFAMELANOTIDE IMPLANT 1 MG
STEP THERAPY	J7402				MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG
	J7518				MYCOPHENOLIC ACID, ORAL, 180 MG
	J7527				ORAL EVEROLIMUS
	J7677				REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG
	J7686				TREPROSTINIL, NON-COMP UNIT
	J8499	Removed from PA list		8/1/2021	NOS DRUG, ORAL
	J8565				GEFITINIB, ORAL, 250 MG
	J8650				Nabilone oral
	J8705				TOPOTECAN ORAL
MISC PART B DRUG	J8999				NOS PRES DRUG, ORAL, CHEMO
	J9015				ALDESLEUKIN/SINGLE USE VIAL
	J9017				ARSENIC TRIOXIDE, 1MG
	J9019				ERWINAZE INJECTION
STEP THERAPY	J9022				INJECTION ATEZOLIZUMAB 10 MG
	J9023				INJECTION AVELUMAB 10 MG
	J9027				INJECTION, CLOFARABINE, 1 MG
	J9034				INJ. BENDEKA 1 MG
STEP THERAPY	J9035	Added to PA list		8/1/2021	Injection, bevacizumab, 10 mg
	J9036				INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG
	J9037				INJECTION BELANTAMAB MAFODONTIN-BLMF 0.5 MG
	J9039				INJECTION BLINATUMOMAB 1 MICROGRAM
	J9041				INJECTION BORTEZOMIB 0.1 MG
	J9042				BRENTUXIMAB VEDOTIN INJ
	J9043				CABAZITAXEL INJECTION
	J9044				INJECTION BORTEZOMIB NOS 0.1 MG
	J9047				INJECTION, CARFILZOMIB, 1 MG
	J9050				CARMUSTINE, 100 MG
	J9055				INJECTION, CETUXIMAB, 10 MG
	J9057				INJECTION COPANLISIB 1 MG
	J9118				INJECTION CALASPARGASE PEGOL-MKNL 10 UNITS
	J9119				INJECTION CEMPLIMAB-RWLC 1 MG
	J9144	Removed from PA list			INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ
STEP THERAPY	J9145				INJECTION DARATUMUMAB 10 MG
	J9153				INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA
STEP THERAPY	J9173				INJECTION DURVALUMAB 10 MG
STEP THERAPY	J9176				INJECTION ELOTUZUMAB 1MG
	J9177				INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG
	J9179				ERIBULIN MESYLATE INJECTION
	J9198				INJ GEMCITABINE HYDROCHLORIDE INFUGEM 100 MG
	J9203				INJ GEMTUZUMAB OZOGAMICIN 0.1 MG
	J9204				INJECTION MOGAMULIZUMAB-KPKC 1 MG
	J9205				INJ IRINOTECAN LIPOSOME 1 MG
STEP THERAPY	J9210	Added to PA list			INJECTION, EMAPALUMAB-LZSG, 1MG
	J9212				INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG
	J9213				INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS
	J9215				INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU
	J9216				INTERFERON, GAMMA 1-B, 3 MILLION UNITS
	J9223				INJECTION LURBINECTEDIN 0.1 MG
	J9225				HISTRELIN IMPLANT, 50 MG
	J9226				SUPPRELIN LA IMPLANT
	J9227				INJECTION ISATUXIMAB-IRFC 10 MG

	J9228					IPILIMUMAB INJECTION	
	J9229					INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	
	J9246					INJECTION MELPHALAN EVOMELA 1 MG	
	J9261					INJECTION NELARABINE 50 MG	
	J9262					INJ. OMACETAXINE MEP, 0.01MG	
	J9264					INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	
	J9266					PEGASPARGASE/SINGL DOSE VIAL	
	J9269					INJECTION TAGRAXOFUSP-ERZS 10 MCG	
	J9271					INJECTION PEMBROLIZUMAB 1 MG	
	J9281					MITOMYCIN PYELOCALYCEAL INSTILLATION 1 MG	
	J9285					INJECTION OLARATUMAB 10 MG	
	J9299					INJECTION NIVOLUMAB 1 MG	
	J9301					OBINUTUZUMAB INJ	
	J9303					PANITUMUMAB INJECTION	
	J9304					INJECTION PEMETREXED PEMFEXY 10 MG	
	J9305					INJECTION PEMETREXED NOS10 MG	
	J9306					INJECTION, PERTUZUMAB, 1 MG	
STEP THERAPY	J9308					INJECTION RAMUCIRUMAB 5 MG	
	J9309					INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG	
STEP THERAPY	J9311					INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	
STEP THERAPY	J9312					INJECTION RITUXIMAB 10 MG	
	J9313					INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	
	J9316					INJ PERTUZUMAB TRASTUZUMAB AND HYAL ZZXF PER 10 MG	
	J9317					INJECTION SACITUZUMAB GOVITECAN HZIY 2.5 MG	
	J9325					INJ TALIMOGENE LAHERPAREPVEC	
	J9349					INJECTION TAFASITAMAB-CXIX 2 MG	
	J9352					INJECTION TRABECTEDIN 0.1MG	
	J9354					INJ. ADO-TRASTUZUMAB EMT 1MG	
STEP THERAPY	J9355					INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	
STEP THERAPY	J9356					INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	
	J9358	Remove from PA list		8/1/2021		INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG	
	J9395					INJECTION, FULVESTRANT, 25 MG	
	J9400					INJ. ZIV-AFLIBERCEPT, 1MG	
	J9999					NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	
	Q0138					FERUMOXYTOL, NON-ESRD	
	Q0515					INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	
	Q2026					RADIESSE INJECTION	
	Q2027	Added to PA list		8/1/2021		SCULPTRA INJECTION	
	Q2028					INJ. SCULPTRA, 0.5MG	
STEP THERAPY	Q2041					KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	
STEP THERAPY	Q2042					TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	
STEP THERAPY	Q2043					SIPLEUCEL-T AUTO CD54+	
	Q2050					DOXORUBICIN INJ 10MG	
STEP THERAPY	Q2053					BREXUCABTAGENE AUTOLCL AU ANTI-CD19 CAR P V T C	
	Q3027					INJ BETA INTERFERON IM 1 MCG	
	Q4074					ILOPROST NON-COMP UNIT DOSE	
STEP THERAPY	Q5101					INJ FILGRASTIM BIOSIMILAR 1 MCG	
	Q5103	Removed from Step Therapy		8/1/2021		INJECTION, INFLECTRA	
STEP THERAPY	Q5104					INJECTION, RENFLEXIS	
	Q5106					INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	
	Q5107	Removed from Step Therapy		8/1/2021		INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	
STEP THERAPY	Q5108					INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG	
STEP THERAPY	Q5109					INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	
STEP THERAPY	Q5110					INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG	
STEP THERAPY	Q5111					INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	
STEP THERAPY	Q5112					INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	
STEP THERAPY	Q5113					INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	
STEP THERAPY	Q5114					INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	
STEP THERAPY	Q5115					INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	
STEP THERAPY	Q5116					INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG	
STEP THERAPY	Q5117					INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG	
	Q5118	Removed from Step Therapy		8/1/2021		INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	
STEP THERAPY	Q5119					INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	
STEP THERAPY	Q5120					INJ PEGFILGRASTIM-BMEZ BIOSIMLR ZIEXTENZO 0.5 MG	
STEP THERAPY	Q5121					INJ INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG	
STEP THERAPY	Q5122					INJECTION PEGFILGRASTIM APGF BIOSIMILAR 0.5 MG	
STEP THERAPY	Q9991					BUPRENORPH XR 100 MG OR LESS	
STEP THERAPY	Q9992					BUPRENORPHINE XR OVER 100 MG	
STEP THERAPY	S0013					ESKETAMINE NASAL SPRAY 1 MG	
	S0145					INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML	