Post Service Claim Edits Drug List

Effective February 14, 2023

The following is a list of drugs that are included in our post service claim edits program. The fact that a particular drug is not included on this list does not mean that such drug is not reviewed for appropriate billing and reimbursement. See the policy for each medication listed on our website for more information on guidelines and limitations for claims.

Any prior authorization determination from a medical necessity review is specific only to the drug being requested, unless stated otherwise, and is not a guarantee of payment or benefits. For all medications billed under the member's medical benefit, claims received for a dose, duration, and/or frequency exceeding what is recommended in Food and Drug Administration (FDA) labeling may be subject to review and may result in partial or denied payment. Claims for excessive drug wastage will not be reimbursed.

For certain drugs billed under the medical benefit, pre-payment claims edits are applied based on the policy for that particular drug. These pre-payment claims edits verify that claims are paid in accordance with each policy's diagnosis, frequency, and maximum billable units allowed.

PLEASE NOTE: Each policy for a particular drug provides specific guidelines which is used to determine pre-payment edits and can subsequently result in a partial or denied payment based on the submitted claim. The guidelines include, but are not limited to, covered and non-covered drugs, preferred/non-preferred drugs, step therapy requirements and exceptions, covered diagnosis code, maximum billable units, dose, frequency, and duration.

Prior authorization is not required for all drugs in scope for pre-payment claims edits. For drugs that do not require prior authorization, the guidelines within their respective policies will still be applied to claims, specifically as it relates to covered/non-covered drugs, preferred/non-preferred drugs, diagnosis, dose, frequency, duration, and maximum billable units. The clinical criteria for approval of a medication will not apply to drugs that do not require prior authorization. A list of drugs that do not require prior authorization, but are subject to pre-payment claims edits, are noted below.

For drugs that require prior authorization, they will be noted in our prior authorization list along with their corresponding policies. A list of drugs that are subject to pre-payment claim edits are noted below.

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION		
Asceniv (subcutaneous immune globulin)	J1554	
Avastin (bevacizumab)	J9032	Prior auth required only for oncology indications
Bivigam (subcutaneous immune globulin)	J1556	
Cuvitru (subcutaneous immune globulin)	J1555	
Entyvio (vedolizumab)	J3380	
Flebogamma (subcutaneous immune globulin)	J1572	
Gammagard Liquid (intravenous immune globulin)	J1569	
Gammagard S/D (subcutaneous immune globulin)	J1566	
Gammaked (intravenous immune globulin)	J1561	
Gammaplex (subcutaneous immune globulin)	J1557	
Gamunex- C (subcutaneous immune globulin)	J1561	
Herceptin (trastuzumab)	J9355	Non-Preferred product
Hizentra (subcutaneous immune globulin)	J1559	
HyQvia (subcutaneous immune globulin)	J1575	
Inflectra (infliximab-dyyb)	Q5103	Preferred product
Octagam (intravenous immune globulin)	J1568	
Panzyga (subcutaneous immune globulin)	J1599	
Privigen (intravenous immune globulin)	J1459	
Remicade (infliximab)	J1745	Preferred product
Xembify (subcutaneous immune globulin)	J1558	

PRODUCTS THAT DO NOT REQUIRE PRIOR AUTHORIZATION		
Abraxane (paclitaxel protein-bound)	J9264	
Akynzeo IV (fosnetupitant/palonosetron)	J1545	
Aloxi (palonosetron)	J2469	
Aranesp (darbepoetin)	J0881	
Bortezomib (bortezomib)	J9046, J9048, J9049	
Botox (onabotulinumtoxina)	J0585	
Cinvanti (aprepitant)	J0185	
Darzalex (daratumumab)	J9145	
Dysport (abobotulinumtoxina)	J0586	
Emend (fosaprepitant)	J1453	
Erbitux (cetuximab)	J9055	
Euflexxa (hyaluronan or derivative)	J7323	Only covered for OA of the knee
Faslodex (fulvestrant)	J9395	
Firazyr (icatibant)	J1744	

PRODUCTS THAT DO NOT REQUIRE PRIOR AUTHORIZATION		
Fulphila (pegfilgrastim-jmdb)	Q5108	Preferred product
Fusilev (levoleucovorin calcium)	J0641	
Gazyva (obinutuzumab)	J9301	
Granix (tbo-filgrastim)	J1447	
Halaven (eribulin)	J9179	
Kanjinti (trastuzumab-anns)	Q5117	Preferred product
Khapzory (levoleucovorin sodium)	J0642	
Leukine (sargramostim)	J2820	
Mircera (methoxy polyethylene glycol-epoetin beta (non-esrd))	J0888	
Mvasi (bevacizumab-awwb)	Q5107	Preferred product
Neulasta (pegfilgrastim)	J2505	Preferred product
Neupogen (filgrastim)	J1442	
Nivestym (filgrastim-aafi)	Q5110	
Nplate (romiplostim)	J2796	
Ogivri (trastuzumab-dkst)	Q5114	Preferred product
Pemfexy (pemetrexed)	J9304	
Procrit/Epogen (epoetin alfa)	J0885	
Retacrit (epoetin alfa-epbx)	Q5106	
Sandostatin_LAR (octreotide depot)	J2353	
Sarclisa (isatuximab-irfc)	J9227	
Sustol (granisetron extended-release)	J1627	
Synvisc/Synvisc-One (hyaluronan or derivative)	J7325	Only covered for OA of the knee
Takhzyro (lanadelumab-flyo)	J0593	Only if not self-administered
Trazimera (trastuzumab-qyyp)	Q5116	Preferred product
Vectibix (panitumumab)	J9303	
Velcade (bortezomib)	J9041	
Xeomin (incobotulinumtoxina)	J0588	
Zarxio (filgrastim-sndz)	Q5101	
Zirabev (bevacizumab-bvzr)	Q5118	Preferred product
PRODUCTS THAT REQUIRE P.A. FOR TREATMENT OF GENDER DYSPHORIA AND ASSOCIATED INDICATIONS		
Eligard (leuprolide acetate (for depot suspension))	J9217	
Lupron Depot (leuprolide acetate (for depot suspension))	J1950, J9217	
Zoladex (goserelin acetate implant)	J9202	
HYALURONIC ACID PRODUCTS EXCLUDED FOR COVERAGE		
Durolane (hyaluronan or derivative)	J7318	
Gel-One (hyaluronan or derivative)	J7326	
Gelsyn-3 (hyaluronan or derivative)	J7328	
Genvisc 850 (hyaluronan or derivative)	J7320	
Hyalgan (hyaluronan or derivative)	J7321	
Hymovis (hyaluronan or derivative)	J7322	
Monovisc (hyaluronan or derivative)	J7327	
Orthovisc (hyaluronan or derivative)	J7324	
Supartz (hyaluronan or derivative)	J7321	
Synojoynt (hyaluronan or derivative)	J7331	
Triluron (Sodium Hyaluronate)	J7332	
TriVisc (hyaluronan or derivative)	J7329	
Visco-3 (hyaluronan or derivative)	J7321, J7333	

Revisions:

02/14/2023 Removed Opdivo (nivolumab) J9299
Added J1456 to Emend (fosaprepitant)
Added J9393 and J9394 to Faslodex (Fulvestrant)
Added J1954 to Lupron (leuprolide)
Added J9314 to Pemfexy (pemetrexed)
01/01/2023 Removed J9044 from Bortezomib and replaced with J9046, J9048, and J9049
12/01/2022 Removed Rituxan (rituximab) J9312, Ruxience (rituximab-pvvr) Q5119, and Truxima (rituximab-abbs) Q5115
11/01/2021 Removed: Zofran (ondansetron) J2405