

Drug Prior Authorization Requirements (Office, Home or Outpatient Setting)

▶ **Effective January 1, 2021***

Drug Code	Drug Description	Drug Code	Drug Description
J0202	ALEMTUZUMAB	J1745	INJECTION, INFLIXIMAB, 10 MG
J0220	AGLUCOSIDASE ALFA	J1786	IMUGLUCERASE INJECTION
J0221	LUMIZYME	J1833	ISAVUCONAZONIUM
J0222	PATISIRAN, 0.1 MG	J2502	PASIREOTIDE LONG ACTING
J0223	GIVOSIRAN 0.5 MG	J2787	RIBOFLAVIN 5'PHOS OPTH<=3ML
J0257	GLASSIA INJECTION	J2840	INJ SEBELIPASE ALFA 1 MG
J0517	INJ., BENRALIZUMAB, 1 MG	J2860	INJECTION, SILTUXIMAB
J0567	INJ., CERLIPONASE ALFA 1 MG	J3032	EPTINEZUMAB-JJMR, 1 MG
J0596	RUCONEST	J3060	TALIGLUCERACE ALFA 10 U
J0597	C-1 ESTERASE, BERINERT	J3111	ROMOSUZUMAB-AQQG 1 MG
J0598	C1 ESTERASE INHIBITOR(HUMAN), CINRYZE,10 UNITS	J3241	TEPROTUMUMAB-TRBW, 10 MG
J0641	LEVOLEUCOVORIN INJECTION	J3315	INJ. TRIPTORELIN PAMOATE, 3.75MG
J0642	KHAPZORY, 0.5 MG	J3316	INJ., TRIPTORELIN XR 3.75 MG
J0781	CRIZANLIZUMAB-TMCA 5MG	J3397	INJ., VESTRONIDASE ALFA-VJBK
J0894	DECITABINE, 1MG	J3398	INJ LUXTURNA 1 BILLION VEC G
J1300	ECULIZUMAB	J7401	MOMETASONE FUROATE SINUS IMP
J1303	RAVULIZUMAB-CWVZ 10 MG	J7677	REVEFENACIN INH NON-COM 1MCG
J1322	ELOSULFASE ALFA, INJECTION	J7686	TREPROSTINIL, NON-COMP UNIT
J1458	GALSULFASE, 1MG	J9015	ALDESLEUKIN, PER SINGLE
J1602	GOLIMUMAB FOR IV USE 1MG	J9017	ARSENIC TRIOXIDE, 1MG
J1743	IDURSULFASE	J9019	ERWINAZE INJECTION

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J9022	INJ, ATEZOLIZUMAB,10 MG	J9130	DACARBAZINE 100 MG INJ
J9023	INJECTION, AVELUMAB, 10 MG	J9145	INJECTION, DARATUMUMAB 10 MG
J9025	AZACITIDINE, 1MG	J9150	DAUNORUBICIN INJECTION, 10 MG
J9027	CLOFARABINE, 1MG	J9153	INJ DAUNORUBICIN, CYTARABINE
J9030	BCG LIVE INTRAVESICAL 1MG	J9155	DEGARELIX
J9032	BELINOSTAT, 10MG	J9171	DOCETAXEL
J9033	BENDAMUSTINE INJECTION	J9173	INJ., DURVALUMAB, 10 MG
J9034	INJ., BENDEKA 1 MG	J9176	INJECTION, ELOTUZUMAB, 1MG
J9035	BEVACIZUMAB 10 MG	J9177	ENFORT VEDO-EJFV 0.25MG
J9036	BELRAPZO/BENDAMUSTINE	J9178	EPIRUBICIN HCL, 2 MG
J9039	BLINATUMOMAB	J9179	ERIBULIN MESYLATE INJECTION
J9040	BLEOMYCIN SULFATE INJECTION, 15 UNITS	J9181	CHEMOTHERAPEUTIC DRUG
J9041	INJ, BORTEZOMIB	J9185	FLUDARABINE PHOSPHATE 50MG
J9042	BRENTUXIMAB VEDOTIN INJ	J9190	FLUOROURACIL INJECTION, 500 MG
J9043	JEFTANA (CABAZITAXEL) INJECTION	J9198	INFUGEM, 100 MG
J9044	INJ, BORTEZOMIB, NOS, 0.1 MG	J9200	FLOXURIDINE INJECTION, 500 MG
J9045	INJECTION, CARBOPLATIN	J9201	GEMCITABINE HCL, 200 MG
J9047	CARFILZOMIB, 1 MG	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 M
J9050	CARMUSTINE INJECTION, 100 MG	J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG
J9055	INJ, CETUXIMAB	J9204	MOGAMULIZUMAB-KPKC, 1 MG
J9057	INJ., COPANLISIB, 1 MG	J9205	INJ IRINOTECAN LIPOSOME 1 MG
J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	J9206	IRINOTECAN, 20 MG
J9065	INJECTION, CLADRIBINE	J9207	IXABEPILONE INJECTION
J9098	CYTARABINE LIPOSOME, 10MG	J9208	IFOSFAMIDE INJECTION, 1 GRAM
J9100	CYTARABINE INJECTION, 100 MG	J9210	EMAPALUMAB-LZSG, 1 MG
J9118	CALASPARGASE PEGOL-MKNL	J9211	IDARUBICIN HYDROCHLORIDE
J9119	CEMIPLIMAB-RWLC, 1 MG	J9213	INTERFERON ALFA 2A
J9120	DACTINOMYCIN INJECTION, 0.5 MG	J9214	INTERFERON ALFA 2B

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J9215	INTERFERON ALFA N3	J9304	PEMETREXED (PEMFEXY), 10 MG
J9216	INTERFERON GAMMA 1B	J9305	INJ. PEMETREXED NOS 10MG
J9217	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION, 7.5MG	J9306	PERTUZUMAB, 1 MG
J9225	HISTRELIN IMPLANT, 50MG	J9307	PRALATREXATE INJECTION
J9227	ISATUXIMAB-IRFC, 10 MG	J9308	RAMUCIRUMAB
J9228	IPILIMUMAB INJECTION	J9309	POLATUZUMAB VEDOTIN 1MG
J9229	INJ INOTUZUMAB OZOGAM 0.1 MG	J9313	LUMOXITI, 0.01 MG
J9230	MECHLORETHAMINE HCl, (NITROGEN MUSTARD) 10MG	J9315	ROMIDEPSIN INJECTION
J9245	MELPHA HYDROCH NOS 50 MG	J9320	STREPTOZOCIN 1 GM
J9246	EVOMELA, 1 MG	J9325	TALIMOGENE LAHERPAREPVEC
J9261	NELARABINE, 50MG	J9328	TEMOZOLOMIDE
J9262	OMACETAXINE MEP, 0.01MG	J9330	TEMSIROLIMUS INJECTION
J9263	OXALIPLATIN, 0.5 MG	J9340	THIOTEPA, 15 MG
J9264	PACLITAXEL PROEOIN-BOUND PARTICLES 1MG	J9351	TOPOTECAN INJECTION
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	J9352	INJECTION TRABECTEDIN 0.1MG
J9267	PACLITAXEL INJECTION	J9354	ADO-TRASTUZUMAB EMT 1MG
J9268	PENTOSTATIN 10MG	J9355	TRASTUZUMAB EXCL BIOSIMI, 10 MG
J9269	INJ. TAGRAXOFUSP-ERZS 10 MCG	J9356	HERCEPTIN HYLECTA, 10MG
J9271	PEMBROLIZUMAB	J9357	VALRUBICIN, INTRAVESICAL, 200 MG
J9280	MITOMYCIN, 5 MG	J9358	FAM-TRASTU DERU-NXKI 1MG
J9285	OLARATUMAB, 10 MG	J9360	VINBLASTINE SULFATE, 1MG
J9293	MITOXANTRONE HCl, PER 5MG	J9370	VINCRISTINE SULFATE, 1 MG
J9295	INJECTION, NECITUMUMAB, 1 MG	J9371	VINCRISTINE SUL LIP 1MG
J9299	NIVOLUMAB	J9390	VINORELBINE TARTRATE, PER 10 MG
J9301	OBINUTUZUMAB INJ	J9395	FULVESTRANT, 25 MG
J9302	OFATUMUMAB INJECTION	J9400	INJ, ZIV-AFLIBERCEPT, 1MG
J9303	PANITUMUMAB	J9600	PORFIMER SODIUM, 75 MG

NOTE: This list represents the most common HCPC codes requiring prior authorization. To determine if an item is covered or how it is covered, please contact the customer service number on the back of the member's identification card or visit www.FirstCarolinaCare.com for providers. Miscellaneous Drug codes such as J3490, J3590, J9999 may require prior authorization. Please submit for review.

*Effective for Medicare Advantage plans on 1/1/2021; Commercial Groups effective with their 2021 renewal date.

** For questions regarding prior authorization requirement on a specific medication please visit www.FirstCarolinaCare.com for providers.