

Additional HCPCS medication codes requiring prior authorization

As you are aware, AmeriHealth Caritas Pennsylvania Community HealthChoices (CHC) uses the Pennsylvania Department of Human Services (DHS) prior authorization guidelines for drugs dispensed or administered in an outpatient setting on the statewide preferred drug list (PDL).

Not all provider types have been required to obtain prior authorization of all HCPCS codes requiring prior authorization. Therefore, we are aligning medical claim configuration with drug formulary and prior authorization reference resources to identify when authorization is required for all provider types who dispense or administer drugs in an outpatient setting.

Below is a list of HCPCS codes undergoing updates to align medical claim configuration with drug formulary and prior authorization reference resources (link at bottom). If these codes did not previously require prior authorization for your provider type, the prior authorization requirement will be effective July 1, 2021.

Procedure code	HCPCS Description
C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch
J2323	Injection, natalizumab, 1 mg
J2783	Injection, rasburicase, 0.5 mg
J3090	Injection, tedizolid phosphate, 1 mg
J3111	Injection, romosozumab-aqqg, 1 mg
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial
J3486	Injection, ziprasidone mesylate, 10 mg
J7615	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg
J7639	Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J9202	Goserelin acetate implant, per 3.6 mg
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units
J9216	Injection, interferon, gamma 1-b, 3 million units
J9217	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	Leuprolide acetate, per 1 mg
Q2017	Injection, teniposide, 50 mg
Q2026	Injection, Radiesse, 0.1 ml
Q2028	Injection, sculptra, 0.5 mg
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg

Please refer to most recent drug formulary and prior authorization information available on-line at: www.amerihealthcaritaschc.com → Providers → Pharmacy

Should you have any questions about this communication, please call the Pharmacy Services department: 1-800-674-8720.

May 27, 2021