

COMMERCIAL COVERAGE MEDICAL BENEFIT DRUGS

Not Managed By Carelon

WILL BE REFERRED BACK TO SENTARA HEALTH PLANS

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

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

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

PHARMACY BENEFIT DRUGS - USE THE FOLLOWING IF REFERRED BACK:

<https://www.sentarahealthplans.com/documents/forms/general/paoraloncology.pdf>

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
J1575	Immune Globulin (Human)-Hyaluronidase	HYQVIA
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
J1554	Immune Globulin (Human)-sira	Asceniv
A9590	Iobenguane 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
J9029	Nadofaragene Firadenovec	Adstiladrin
J2353	Octreotide Acetate	Sandostatin Lar Depot
J2354	Octreotide Acetate	Sandostatin

Codes	Generic Drug Name	Brand Name
J3490	Pasireotide Diaspartate	SIGNIFOR
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
Carelon Will Display That The Following Drugs Do Not Require Additional Review		
J0881, J0882	Darbepoetin alfa	Aranesp
J0897	Denosumab	Prolia/Xgeva
J0885, Q4081	Epoetin Alfa	Epogen/Procrit
Q5105, Q5106	Epoetin alfa-epbx	Retacrit

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