Effective February 1, 2027, the medical code(s) listed below will require Prior Authorization/Precertification by Sentara Health Plans.

This applies to all Medicare products offered in Virginia.

CODE	LONG DESCRIPTION
J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG

Effective February 1, 2027, the medical code(s) listed below will require Prior Authorization (PA) and/or Step Therapy (ST) Precertification by Sentara Health Plans.

This applies to all Commercial products offered in Virginia.

Code	Long Description
J1442	INJECTION FILGRASTIM G-CSF 1 MIC
J2820	SARGRAMOSTIM/GM-CSF, 50 MCG, INJECTION
Q5110	INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG
Q5125	INJ, RELEUKO 1 MCG
Q5148	INJ, NYPOSI 1 MCG
J9035	BEVACIZUMAB INJECTION 10 MG
Q5126	INJ ALYMSYS 10 MG
Q5160	INJ, JOBEVNE, 10 MG
J1449	INJ EFLAPEGRASTIM-XNST 0.1MG
J2506	INJ PEGFILGRASTIM EXC BIOSIM 0.5 MG
Q5120	INJ PEGFILGRASTIM-BMEZ 0.5MG
Q5122	INJ, NYVEPRIA
Q5127	INJ, STIMUFEND, 0.5 MG
Q5130	INJ, FYLNETRA, 0.5 MG
J9311	INJ RITUXIMAB 10 MG & HYALURONIDASE
J9312	INJECTION RITUXIMAB 10 MG
J9355	TRASTUZUMAB, 10 MG, INJECTION
J9356	INJ TRA 10 MG & HYALURONIDASE-OYSK
Q5113	INJ TRASTUZUMAB-PKRB BIOSIM 10 MG
Q5117	INJ TRASTUZUMAB-ANNS BIOSIMLR 10 MG
Q5146	INJ, HERCESSI, 10 MG