

Evolut Preauthorization Medical Oncology Matrix

[For Medicare requests, please see the Medicare Part B Step Therapy Criteria if applicable.](#)

Prior authorization is required for the following Medical Oncology Services

Submit prior authorization to Evolut when ordered for a primary ICD-10 cancer diagnosis in the following range: **C00-D49.9, E34.0, E34.01, E34.09**

Submit to Evolut via:

Web: www.evolent.com/provider-portal (select Care Pro Portal)

Fax: 1-213-596-3783

Call: 1-866-500-7729 (Mon-Sat, 6 a.m. - 6 p.m., Sun 6 a.m. – 3 p.m. MST). Select option 1, medical oncology

Effective March 31, 2026

Specialty	HCPCS	Brand Name	Code Description	Comments
Medical Oncology	A9513	LUTATHERA	LUTETIUM LU 177 VIPIVOTIDE TETRAJETAN INJECTION	
Medical Oncology	A9590	AZEDRA	IODINE I-131, IOBENGUANE, 1 mCi	
Medical Oncology	A9606	XOFIGO	RADIUM RA 223 DICHLORIDE	
Medical Oncology	A9607	PLUVICTO	LUTETIUM LU 177 VIPIVOTIDE TETRAJETAN INJECTION	
Medical Oncology	C9047	CABLIVI	CAPLACIZUMAB-YHDP INJECTION	
Medical Oncology	C9293	VORAXAZE	GLUCARPIDASE	
Medical Oncology	C9399	LIDODERM	LIDOCAINE 5% TRANSDERMAL PATCH	**
Medical Oncology	J0185	CINVANTI	APREPITANT INJECTION	Medicare Part B Step Therapy Criteria applies to Medicare.
Medical Oncology	J0207	ETHYOL	INJECTION AMIFOSTINE 500 MG	
Medical Oncology	J0208	PEDMARK	SODIUM THIOSULFATE INJECTION	
Medical Oncology	J0594	BUSULFEX	INJECTION BUSULFAN 1 MG	
Medical Oncology	J0630	MIACALCIN	CALCITONIN SALMON	

**Drug has multiple indications. Presbyterian Health Plan Pharmacy Services will review requests for all non-oncology diagnoses.

Specialty	HCPCS	Brand Name	Code Description	Comments
Medical Oncology	J0641	FUSILEV	LEVOLEUCOVORIN CALCIUM INJECTION	Medicare Part B Step Therapy Criteria applies to Medicare.
Medical Oncology	J0642	KHAPZORY	LEVOLEUCOVORIN	Medicare Part B Step Therapy Criteria applies to Medicare.
Medical Oncology	J0870	RYTELO	IMETELSTAT INJECTION	
Medical Oncology	J0888	MIRCERA	EPOETIN BETA; NON-ESRD (MIRCERA)	J0855 (Epogen and Procrit) and Q5106 (Retacrit) are the preferred epoetin products. No prior authorization required for Epogen, Procrit or Retacrit if billed with one of the following diagnosis codes: C00.0 - D49.9, D61.1, D61.2 and D61.89.
Medical Oncology	J0893	DACOGEN	DECITABINE (SUN PHARMA) INJECTION	
Medical Oncology	J0894	DACOGEN	INJECTION DECITABINE 1 MG	
Medical Oncology	J0896	REBLOZYL	LUSPATERCEPT-AAMT	
Medical Oncology	J0897	PROLIA	DENOSUMAB PROLIA INJECTION	** Q5136 (Jubbonti and Wyost) are the preferred denosumab products. No prior authorization required for Jubbonti or Wyost. Medicare Part B Step Therapy applies for Medicare.
Medical Oncology	J0897	XGEVA	DENOSUMAB XGEVA INJECTION	Q5136 (Jubbonti and Wyost) are the preferred denosumab products. No prior authorization required for Jubbonti or Wyost. Medicare Part B Step Therapy applies for Medicare.
Medical Oncology	J1323	ELREXFIO	ELRANATAMAB-BCMM INJECTION	
Medical Oncology	J1326	VYLOY	ZOLBETUXIMAB-CLZB	
Medical Oncology	J1434	FOCINVEZ	FOSAPREPITANT INJECTION	
Medical Oncology	J1437	MONOFERRIC	FERRIC DERISOMALTOSE INJECTION	
Medical Oncology	J1437	MONOFERRIC (20MG/KG)	FERRIC DERISOMALTOSE INJECTION (20MG/KG)	**
Medical Oncology	J1442	NEUPOGEN	FILGRASTIM G-CSF 1 MCG INJECTION	Q5101 (Zarxio) is the preferred filgrastim product. No prior authorization for Zarxio is needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	J1447	GRANIX	TBO-FILGRASTIM	Q5101 (Zarxio) is the preferred filgrastim product. No prior authorization for Zarxio is needed when billed with one of the

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				following diagnosis codes: C00.0 - D49.9 and Z51.89. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	J1448	COSELA	TRILACICLIB INJECTION	
Medical Oncology	J1449	ROVEDON	EFLAPEGRASTIM-XNST INJECTION	
Medical Oncology	J1454	AKYNZEO (INJECTION)	FOSNETUPITANT/PALONOSETRON (INJECTION)	
Medical Oncology	J1456	EMEND	FOSAPREPITANT (TEVA) INJECTION	
Medical Oncology	J1459	PRIVIGEN	IMMUNE GLOBULIN (PRIVIGEN) INJECTION	** New Mexico Retiree Healthcare Authority (Group: A0000036) & Albuquerque Public Schools (Group: A0000037): HCPCS Carve-Out Benefit - Submit to Accredo (1-866-759-1557)
Medical Oncology	J1554	ASCENIV	IMMUNE GLOBULIN (ASCENIV) INJECTION	** New Mexico Retiree Healthcare Authority (Group: A0000036) & Albuquerque Public Schools (Group: A0000037): HCPCS Carve-Out Benefit - Submit to Accredo (1-866-759-1557)
Medical Oncology	J1556	BIVIGAM	IMMUNE GLOBULIN (BIVIGAM) INJECTION	**
Medical Oncology	J1557	GAMMAPLEX	IMMUNE GLOBULIN (GAMMAPLEX) INJECTION	** New Mexico Retiree Healthcare Authority (Group: A0000036) & Albuquerque Public Schools (Group: A0000037): HCPCS Carve-Out Benefit - Submit to Accredo (1-866-759-1557)
Medical Oncology	J1561	GAMUNEX	IMMUNE GLOBULIN (GAMUNEX) INJECTION	** New Mexico Retiree Healthcare Authority (Group: A0000036) & Albuquerque Public Schools (Group: A0000037): HCPCS Carve-Out Benefit - Submit to Accredo (1-866-759-1557)
Medical Oncology	J1561	GAMMAKED	IMMUNE GLOBULIN (GAMMAKED) INJECTION	New Mexico Retiree Healthcare Authority (Group: A0000036) & Albuquerque Public Schools (Group: A0000037): HCPCS Carve-Out Benefit - Submit to Accredo (1-866-759-1557)
Medical Oncology	J1561	GAMUNEX-C	IMMUNE GLOBULIN (GAMUNEX-C) INJECTION	**

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Specialty	HCPCS	Brand Name	Code Description	Comments
				New Mexico Retiree Healthcare Authority (Group: A0000036) & Albuquerque Public Schools (Group: A0000037): HCPCS Carve-Out Benefit - Submit to Accredo (1-866-759-1557)
Medical Oncology	J1566	CARIMUNE NF	IMMUNE GLOBULIN (CARIMUNE NF) INJECTION	** New Mexico Retiree Healthcare Authority (Group: A0000036) & Albuquerque Public Schools (Group: A0000037): HCPCS Carve-Out Benefit - Submit to Accredo (1-866-759-1557)
Medical Oncology	J1566	GAMMAGARD S/D	IMMUNE GLOBULIN (GAMMAGARD S/D) INJECTION	** New Mexico Retiree Healthcare Authority (Group: A0000036) & Albuquerque Public Schools (Group: A0000037): HCPCS Carve-Out Benefit - Submit to Accredo (1-866-759-1557)
Medical Oncology	J1568	OCTAGAM	IMMUNE GLOBULIN (OCTAGAM) INJECTION	** New Mexico Retiree Healthcare Authority (Group: A0000036) & Albuquerque Public Schools (Group: A0000037): HCPCS Carve-Out Benefit - Submit to Accredo (1-866-759-1557)
Medical Oncology	J1569	GAMMAGARD	IMMUNE GLOBULIN (GAMMAGARD) INJECTION	** New Mexico Retiree Healthcare Authority (Group: A0000036) & Albuquerque Public Schools (Group: A0000037): HCPCS Carve-Out Benefit - Submit to Accredo (1-866-759-1557)
Medical Oncology	J1572	FLEBOGAMMA	IMMUNE GLOBULIN (FLEBOGAMMA) INJECTION	** Medicare Part B Step Therapy Criteria applies to Medicare.
Medical Oncology	J1576	PANZYGA	IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED INJECTION	**
Medical Oncology	J1627	SUSTOL	GRANISETRON HCL EXTENDED-RELEASE INJECTION	
Medical Oncology	J1740	BONIVA	INJECTION IBANDRONATE SODIUM 1 MG	
Medical Oncology	J1930	SOMATULINE DEPOT	LANREOTIDE	
Medical Oncology	J1932	SOMATULINE DEPOT	LANREOTIDE INJECTION (CIPLA)	

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Specialty	HCPCS	Brand Name	Code Description	Comments
Medical Oncology	J1952	CAMCEVI	LEUPROLIDE INJECTION	
Medical Oncology	J2277	APHEXDA	MOTIXAFORTIDE INJECTION	
Medical Oncology	J2506	NEULASTA	PEGFILGRASTIM DELIVERY KIT (ON-BODY INJECTOR)	Q5108 (Fulphila), Q5111 (Udencya) and Q5120 (Ziextenzo) are the preferred pegfilgrastim products. No prior authorization for the preferred products is needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	J2506	NEULASTA	PEGFILGRASTIM INJECTION	Q5108 (Fulphila), Q5111 (Udencya) and Q5120 (Ziextenzo) are the preferred pegfilgrastim products. No prior authorization for the preferred products is needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	J2562	MOZOBIL	PLERIXAFOR INJECTION	
Medical Oncology	J2783	ELITEK	INJECTION RASBURICASE 0.5 MG	
Medical Oncology	J2802	NPLATE	INJECTION ROMIPLOSTIM 10 MCG	
Medical Oncology	J2820	LEUKINE	INJECTION SARGRAMOSTIM 50 MCG	
Medical Oncology	J2860	SYLVANT	SILTUXIMAB	
Medical Oncology	J3055	TALVEY	TALQUETAMAB-TGVS INJECTION	
Medical Oncology	J3263	LOQTORZI	TORIPALIMAB-TPZI INJECTION	
Medical Oncology	J3315	TRELSTAR	TRIPTORELIN PAMOATE INJECTION	
Medical Oncology	J3490		UNCLASSIFIED DRUGS	**
Medical Oncology	J3590		UNCLASSIFIED BIOLOGICS	**
Medical Oncology	J7171	ADZYNMA	ADAMTS13 RECOMBINANT-KRHN INJECTION	
Medical Oncology	J7527	AFINITOR	EVEROLIMUS ORAL	
Medical Oncology	J8499		PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	**
Medical Oncology	J8501	EMEND	APREPITANT ORAL SUSPENSION	

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Specialty	HCPCS	Brand Name	Code Description	Comments
Medical Oncology	J8501	EMEND	APREPITANT ORAL 5 MG	
Medical Oncology	J8501	EMEND TRIPAK 125-80 MG CAP	APREPITANT TRIPAK 125-80 MG CAP	
Medical Oncology	J8510	MYLERAN	BUSULFAN ORAL 2 MG	
Medical Oncology	J8522	XELODA	CAPECITABINE ORAL	
Medical Oncology	J8565	IRESSA	GEFITINIB	
Medical Oncology	J8597	VISTARIL	HYDROXYZINE PAMOATE 50MG	**
Medical Oncology	J8655	AKYNZEO (ORAL)	NETUPITANT/PALONOSETRON (ORAL)	
Medical Oncology	J8670	VARUBI	ROLAPITANT, ORAL, 1 MG	
Medical Oncology	J8700	TEMODAR	TEMOZOLOMIDE ORAL	
Medical Oncology	J8705	HYCAMTIN	TOPOTECAN ORAL 0.25 MG	
Medical Oncology	J8999		PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	
Medical Oncology	J9011	DATROWAY	DATOPOTAMAB DERUXTECAN-DLNK INJECTION	
Medical Oncology	J9021	RYLAZE	ASPARAGINASE ERWINIA CHRYSANTHEMI RECOMBINANT-RYWN INJECTION	
Medical Oncology	J9022	TECENTRIQ	ATEZOLIZUMAB	Medicare Part B Step Therapy Criteria applies to Medicare.
Medical Oncology	J9023	BAVENCIO	AVELUMAB	
Medical Oncology	J9024	TECENTRIQ HYBREZA	ATEZOLIZUMAB HYALURONIDASE TQJS INJECTION	Medicare Part B Step Therapy Criteria applies to Medicare.
Medical Oncology	J9026	IMDELLTRA	TARLATAMAB INJECTION	
Medical Oncology	J9028	ANKTIVA	NOGAPENDEKIN ALFA INBAKICEPT-PMLN INJECTION	
Medical Oncology	J9032	BELEODAQ	BELINOSTAT	
Medical Oncology	J9035	AVASTIN	INJECTION BEVACIZUMAB 10 MG	Q5118 (Zirabev) is the preferred bevacizumab product. Medicare Part B Step Therapy applies for Medicare.

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Specialty	HCPCS	Brand Name	Code Description	Comments
Medical Oncology	J9036	BELRAPZO	BENDAMUSTINE INJECTION (BELRAPZO)	J9033 (Treanda), J9034 (Bendeka) and J9056(Vivimusta) are the preferred bendamustine products. No prior authorization is required for Treanda, Bendeka or Vivimusta.
Medical Oncology	J9039	BLINCYTO	BLINATUMOMAB	
Medical Oncology	J9042	ADCETRIS	BRENTUXIMAB	
Medical Oncology	J9043	JEVTANA	CABAZITAXEL	
Medical Oncology	J9047	KYPROLIS	CARFILZOMIB	
Medical Oncology	J9054	BORUZU	BORTEZOMIB INJECTION IV/SQ	
Medical Oncology	J9055	ERBITUX	INJECTION CETUXIMAB 10 MG	
Medical Oncology	J9061	RYBREVAANT	AMIVANTAMAB-VMJW INJECTION	
Medical Oncology	J9063	ELAHERE	MIRVETUXIMAB SORAVTANSINE-GYNX INJECTION	
Medical Oncology	J9118	ASPARLAS	CALASPARGASE PEGOL-MKNL	
Medical Oncology	J9119	LIBTAYO	CEMIPLIMAB-RWLC	
Medical Oncology	J9144	DARZALEX FASPRO	DARATUMUMAB/HYALURONIDASE-FIHJ	
Medical Oncology	J9145	DARZALEX	DARATUMUMAB	
Medical Oncology	J9153	VYXEOS	DAUNORUBICIN AND CYTARABINE LIPOSOME	
Medical Oncology	J9161	LYMPHIR	DENILEUKIN DIFTITOX-CXDL INJECTION	
Medical Oncology	J9173	IMFINZI	DURVALUMAB	Medicare Part B Step Therapy Criteria applies to Medicare.
Medical Oncology	J9176	EMPLICITI	ELOTUZUMAB	
Medical Oncology	J9177	PADCEV	ENFORTUMAB VEDOTIN-EJFV	
Medical Oncology	J9179	HALAVEN	ERIBULIN MESYLATE INJECTION	
Medical Oncology	J9198	INFUGEM	GEMCITABINE HYDROCHLORIDE INJECTION	
Medical Oncology	J9203	MYLOTARG	GEMTUZUMAB OZOGAMICIN	

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Specialty	HCPCS	Brand Name	Code Description	Comments
Medical Oncology	J9204	POTELIGEO	MOGAMULIZUMAB - KPKC	
Medical Oncology	J9205	ONIVYDE	IRINOTECAN LIPOSOME	Medicare Part B Step Therapy Criteria applies to Medicare.
Medical Oncology	J9223	ZEPZELCA	LURBINECTEDIN	
Medical Oncology	J9227	SARCLISA	ISATUXIMAB-IRFC	
Medical Oncology	J9228	YERVOY	IPILIMUMAB	Medicare Part B Step Therapy Criteria applies to Medicare.
Medical Oncology	J9229	BESPONSA	INOTUZUMAB OZOGAMICIN	
Medical Oncology	J9248	HEPZATO	MELPHALAN INJECTION	
Medical Oncology	J9249	MELPHALAN	MELPHALAN (APOTEX) INJECTION	
Medical Oncology	J9266	ONCASPAR	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	
Medical Oncology	J9269	ELZONRIS	TAGRAXOFUSP-ERZS	
Medical Oncology	J9271	KEYTRUDA	PEMBROLIZUMAB	Medicare Part B Step Therapy Criteria applies to Medicare.
Medical Oncology	J9272	JEMPERLI	DOSTARLIMAB-GXLY INJECTION	
Medical Oncology	J9273	TIVDAK	TISOTUMAB VEDOTIN-TFTV	
Medical Oncology	J9274	KIMMTRAK	TEBENTAFUSP-TEBN	
Medical Oncology	J9276	ZIIHERA	ZANIDATAMAB-HRII INJECTION	
Medical Oncology	J9281	JELMYTO	MITOMYCIN PYELOCALYCEAL SOLUTION	
Medical Oncology	J9286	COLUMVI	GLOFITAMAB-GXBM INJECTION	
Medical Oncology	J9289	OPDIVO QVANTIG	NIVOLUMAB AND HYALURONIDASE-NVHY INJECTION	Medicare Part B Step Therapy Criteria applies to Medicare.
Medical Oncology	J9292	AXTLE	PEMETREXED DIPOTASSIUM INJECTION	
Medical Oncology	J9294	PEMETREXED	PEMETREXED (HOSPIRA) INJECTION, NOT THERAPEUTICALLY EQUIVALENT TO J9305	
Medical Oncology	J9295	PORTRAZZA	NECITUMUMAB	

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Specialty	HCPCS	Brand Name	Code Description	Comments
Medical Oncology	J9296	PEMETREXED	PEMETREXED (ACCORD) INJECTION, NOT THERAPEUTICALLY EQUIVALENT TO J9305	
Medical Oncology	J9297	PEMETREXED	PEMETREXED (SANDOZ) INJECTION, NOT THERAPEUTICALLY EQUIVALENT TO J9305	
Medical Oncology	J9298	OPDUALAG	NIVOLUMAB 240MG-RELATIMAB 80MG INJECTION	
Medical Oncology	J9299	OPDIVO	NIVOLUMAB	Medicare Part B Step Therapy Criteria applies to Medicare.
Medical Oncology	J9301	GAZYVA	OBINUTUZUMAB	
Medical Oncology	J9303	VECTIBIX	INJECTION PANITUMUMAB 10 MG	
Medical Oncology	J9304	PEMFEXY	PEMETREXED INJECTION	
Medical Oncology	J9305	ALIMTA	INJECTION PEMETREXED 10 MG	
Medical Oncology	J9306	PERJETA	PERTUZUMAB	
Medical Oncology	J9307	FOLOTYN	INJECTION PRALATREXATE 1 MG	
Medical Oncology	J9308	CYRAMZA	RAMUCIRUMAB	
Medical Oncology	J9309	POLIVY	POLATUZUMAB VEDOTIN-PIIQ	
Medical Oncology	J9311	RITUXAN HYCELA	RITUXIMAB AND HYALURONIDASE HUMAN	** Q5119 (Ruxience) is the preferred rituximab product. No prior authorization is required for Ruxience when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89. Medicare Part B Step Therapy applies for Medicare.
Medical Oncology	J9312	RITUXAN	RITUXIMAB INJECTION	** Q5119 (Ruxience) is the preferred rituximab product. No prior authorization is required for Ruxience when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89.
Medical Oncology	J9314	PEMETREXED	PEMETREXED (TEVA) INJECTION	
Medical Oncology	J9316	PHESGO	PERTUZUMAB/TRASTUZUMAB/HYALURONIDASE-ZZXF INJECTION	
Medical Oncology	J9317	TRODELVY	SACITUZUMAB GOVITECAN-HZIY	

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Specialty	HCPCS	Brand Name	Code Description	Comments
Medical Oncology	J9318	ISTODAX (SOLUTION)	ROMIDEPSIN INJECTION (SOLUTION)	
Medical Oncology	J9319	ISTODAX (POWDER)	ROMIDEPSIN INJECTION (POWDER)	
Medical Oncology	J9321	EPKINLY	EPCORITAMAB-BYSP	
Medical Oncology	J9322	PEMETREXED	PEMETREXED (BLUEPOINT) INJECTION, NOT THERAPEUTICALLY EQUIVALENT TO J9305	
Medical Oncology	J9323	PEMETREXED	PEMETREXED INJECTION, NOT THERAPEUTICALLY EQUIVALENT TO J9305	
Medical Oncology	J9325	IMLYGIC	TALIMOGENE LAHERPAREPVEC	
Medical Oncology	J9326	EMRELIS	TELISOTUZUMAB VEDOTIN-TLLV INJECTION	
Medical Oncology	J9329	TEVIMBRA	TISLELIZUMAB-JSGR INJECTION	
Medical Oncology	J9331	FYARRO	SIROLIMUS PROTEINBOUND PARTICLES INJECTION	
Medical Oncology	J9345	ZYNYZ	RETIFANLIMAB-DLWR INJECTION	
Medical Oncology	J9347	IMJUDO	TREMELIMUMAB-ACTL INJECTION	Medicare Part B Step Therapy Criteria applies to Medicare.
Medical Oncology	J9348	DANYELZA	NAXITAMAB-GQGK INJECTION	
Medical Oncology	J9349	MONJUVI	TAFASITAMAB-CXIX	
Medical Oncology	J9350	LUNSUMIO	MOSUNETUZUMAB-AXGB INJECTION	
Medical Oncology	J9350	LUNSUMIO VELO	MOSUNETUZUMAB-AXGB LUNSUMIO VELO INJECTION	
Medical Oncology	J9351	HYCANTIN	INJECTION TOPOTECAN 0.1 MG	
Medical Oncology	J9352	YONDELIS	TRABECTEDIN	
Medical Oncology	J9353	MARGENZA	MARGETUXIMAB-CMKB	
Medical Oncology	J9354	KADCYLA	ADO-TRASTUZUMAB EMTANSINE	Q5114 (Ogivri) and Q5116 (Trazimera) are the preferred trastuzumab products. No prior authorization is required for Ogivri or Trazimera. Medicare Part B Step Therapy applies to Medicare.

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Specialty	HCPCS	Brand Name	Code Description	Comments
Medical Oncology	J9355	HERCEPTIN	INJECTION TRASTUZUMAB 10 MG	Q5114 (Ogivri) and Q5116 (Trazimera) are the preferred trastuzumab products. No prior authorization is required for Ogivri or Trazimera. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	J9356	HERCEPTIN HYLECTA	TRASTUZUMAB/HYALURONIDASE-OYSK	Q5114 (Ogivri) and Q5116 (Trazimera) are the preferred trastuzumab products. No prior authorization is required for Ogivri or Trazimera. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	J9358	ENHERTU	FAM-TRASTUZUMAB DERUXTECAN-NXKI	
Medical Oncology	J9359	ZYNLONTA	LONCASTUXIMAB TESIRINE-LPYL INJECTION	
Medical Oncology	J9380	TECVAYLI	TECLISTAMAB-CQYV INJECTION	
Medical Oncology	J9382	BIZENGRI	ZENOCUTUZUMAB-ZBCO INJECTION	
Medical Oncology	J9400	ZALTRAP	INJECTION, ZIV-AFLIBERCEPT	
Medical Oncology	J9999		NOT OTHER CLASSIFIED, ANTINEOPLASTIC	
Medical Oncology	Q0166	KYTRIL	GRANISETRON HCL ORAL 1 MG	
Medical Oncology	Q0180	ANZEMET	DOLASETRON MESYLATE ORAL	
Medical Oncology	Q5107	MVASI	BEVACIZUMAB-AWWB	Q5118 (Zirabev) is the preferred bevacizumab product. Medicare Part B Step Therapy applies for Medicare.
Medical Oncology	Q5110	NIVESTYM	FILGRASTIM-AAFI (NIVESTYM BIOSIMILAR)	Q5101 (Zarxio) is the preferred filgrastim product. No prior authorization for Zarxio is needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	Q5112	ONTRUZANT	TRASTUZUMAB-DTTB	Q5114 (Ogivri) and Q5116 (Trazimera) are the preferred trastuzumab products. No prior authorization is required for Ogivri or Trazimera. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	Q5113	HERZUMA	TRASTUZUMAB-PKRB	Q5114 (Ogivri) and Q5116 (Trazimera) are the preferred trastuzumab products. No prior authorization is required for Ogivri or Trazimera. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	Q5115	TRUXIMA	RITUXIMAB-ABBS	**

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				Q5119 (Ruxience) is the preferred rituximab product. No prior authorization is required for Ruxience when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89.
Medical Oncology	Q5117	KANJINTI	TRASTUZUMAB-ANNS	Q5114 (Ogivri) and Q5116 (Trazimera) are the preferred trastuzumab products. No prior authorization is required for Ogivri or Trazimera. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	Q5118	ZIRABEV	BEVACIZUMAB-BVZR	
Medical Oncology	Q5122	NYVEPRIA	PEGFILGRASTIM-APGF	Q5108 (Fulphila), Q5111 (Udencya) and Q5120 (Ziextenzo) are the preferred pegfilgrastim products. No prior authorization for the preferred products is needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	Q5123	RIABNI	RITUXIMAB-ARRX	** Q5119 (Ruxience) is the preferred rituximab product. No prior authorization is required for Ruxience when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89. Medicare Part B Step Therapy applies for Medicare.
Medical Oncology	Q5125	RELEUKO	FILGRASTIM-AYOW INJECTION	Q5101 (Zarxio) is the preferred filgrastim product. No prior authorization for Zarxio is needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	Q5126	ALYMSYS	BEVACIZUMAB-MALY INJECTION	Q5118 (Zirabev) is the preferred bevacizumab product. Medicare Part B Step Therapy applies for Medicare.
Medical Oncology	Q5127	STIMUFEND	PEGFILGRASTIM-FPGK INJECTION	Q5108 (Fulphila), Q5111 (Udencya) and Q5120 (Ziextenzo) are the preferred pegfilgrastim products. No prior authorization for the preferred products is needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	Q5129	VEGZELMA	BEVACIZUMAB - ADCD INJECTION	Q5118 (Zirabev) is the preferred bevacizumab product. Medicare Part B Step Therapy applies for Medicare.
Medical Oncology	Q5130	FYLNETRA	PEGFILGRASTIM-PBBK INJECTION	Q5108 (Fulphila), Q5111 (Udencya) and Q5120 (Ziextenzo) are the preferred pegfilgrastim products. No prior authorization for the preferred products is needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89. Medicare Part B Step Therapy applies to Medicare.

**Drug has multiple indications. Presbyterian Health Plan Pharmacy Services will review requests for all Non-Oncology Diagnosis.

Specialty	HCPCS	Brand Name	Code Description	Comments
Medical Oncology	Q5146	HERCESSI	TRASTUZUMAB-STRF INJECTION	Q5114 (Ogivri) and Q5116 (Trazimera) are the preferred trastuzumab products. No prior authorization is required for Ogivri or Trazimera. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	Q5148	NYPOZI	FILGRASTIM-TXID INJECTION	Q5101 (Zarxio) is the preferred filgrastim product. No prior authorization for Zarxio is needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89. Medicare Part B Step Therapy applies to Medicare.
Medical Oncology	Q5157	OSENVELT	DENOSUMAB-BMWO OSENVELT INJECTION	** Q5136 (Jubbonti and Wyost) are the preferred denosumab products. No prior authorization required for Jubbonti or Wyost. Medicare Part B Step Therapy applies for Medicare.
Medical Oncology	Q5157	STOBOCLO	DENOSUMAB-BMWO STOBOCLO INJECTION	** Q5136 (Jubbonti and Wyost) are the preferred denosumab products. No prior authorization required for Jubbonti or Wyost. Medicare Part B Step Therapy applies for Medicare.
Medical Oncology	Q5158	BOMYNTRA	DENOSUMAB-BNHT BOMYNTRA INJECTION	** Q5136 (Jubbonti and Wyost) are the preferred denosumab products. No prior authorization required for Jubbonti or Wyost. Medicare Part B Step Therapy applies for Medicare.
Medical Oncology	Q5158	CONEXXENCE	DENOSUMAB-BNHT CONEXXENCE INJECTION	** Q5136 (Jubbonti and Wyost) are the preferred denosumab products. No prior authorization required for Jubbonti or Wyost. Medicare Part B Step Therapy applies for Medicare.
Medical Oncology	Q5159	OSPOMYV	DENOSUMAB-DSSB OSPOMYV INJECTION	** Q5136 (Jubbonti and Wyost) are the preferred denosumab products. No prior authorization required for Jubbonti or Wyost. Medicare Part B Step Therapy applies for Medicare.
Medical Oncology	Q5159	XBRYK	DENOSUMAB-DSSB XBRYK INJECTION	Q5136 (Jubbonti and Wyost) are the preferred denosumab products. No prior authorization required for Jubbonti or Wyost. Medicare Part B Step Therapy applies for Medicare.
Medical Oncology	Q5160	JOBEVNE	BEVACIZUMAB-NWGD INJECTION	Q5118 (Zirabev) is the preferred bevacizumab product. Medicare Part B Step Therapy applies for Medicare.

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Specialty	HCPCS	Brand Name	Code Description	Comments
Medical Oncology	S0172	LEUKERAN	CHLORAMBUCIL	
Medical Oncology	S0174	ANZEMET	DOLASETRON MESYLATE ORAL	
Medical Oncology	S0182	MATULANE	PROCARBAZINE	

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