

Horizon Blue Cross Blue Shield of New Jersey Medical Injectables Program

Injectable Medications subject to Medical Necessity and Appropriateness Review (MNAR)

The following injectable medications are subject to MNAR as part of the Horizon Blue Cross Blue Shield of New Jersey Medical Injectables Program (MIP). This list is organized alphabetically by generic name.

Generic Name	Brand Name	HCPCS Code	Recent Effective Date
ABATACEPT	ORENCIA	J0129	
ABOBOTULINUMTOXINA	DYSPORT	J0586	
ADO-TRASTUZUMAB	KADCYLA	J9354	
AFLIBERCEPT	EYLEA	J0178	
AGALSIDASE BETA	FABRAZYME	J0180	
ALEMTUZUMAB	LEMTRADA	J0202	
ALGLUCOSIDASE ALFA	LUMIZYME	J0221	
ATEZOLIZUMAB	TECENTRIQ	J9022	03/01/18
AVELUMAB	BAVENCIO	J9023	03/01/18
BELIMUMAB	BENLYSTA	J0490	
BENDAMUSTINE	TREANDA	J9033	
BENDAMUSTINE HCl	BENDEKA	J9034	
BEVACIZUMAB (Cancer DXs Only)	AVASTIN (Cancer DXs Only)	J9035	
BLINATUMOMAB	BLINCYTO	J9039	
BORTEZOMIB	VELCADE	J9041	
C1 ESTERASE INHIBITOR	BERINERT	J0597	
C1 ESTERASE INHIBITOR	CINRYZE	J0598	
C1 ESTERASE INHIBITOR	RUCONEST	J0596	
CABAZITAXEL	JEVTANA	J9043	
CARFILZOMIB	KYPROLIS	J9047	
CERTOLIZUMAB PEGOL	CIMZIA	J0717	
CETUXIMAB	ERBITUX	J9055	
CORTICOTROPIN	ACTHAR	J0800	
DARATUMUMAB	DARZALEX	J9145	
DARBEPOETIN	ARANESP	J0881	
DARBEPOETIN (ESRD Only)	ARANESP (ESRD Only)	J0882	
DENOSUMAB	PROLIA/XGEVA	J0897	
ECALLANTIDE	KALBITOR	J1290	
ECULIZUMAB	SOLIRIS	J1300	
ELOSULFASE ALFA	VIMIZIM	J1322	
ELOTUZUMAB	EMPLICITI	J9176	

¹ Reclassified

This document was last revised on May 2, 2018, and may be subject to change.

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Horizon Blue Cross Blue Shield of New Jersey

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Generic Name	Brand Name	HCPCS Code	Recent Effective Date
EPOETIN	PROCRIT/EPOGEN	J0885	
EPOETIN	PROCRIT/EPOGEN	J0886	
EPOETIN (ESRD Only)	MIRCERA (ESRD Only)	J0887	
EPOETIN (ESRD Only)	PROCRIT/EPOGEN (ESRD Only)	Q4081	
EPOETIN (Non-ESRD)	MIRCERA (Non-ESRD)	J0888	
ERIBULIN	HALAVEN	J9179	
FILGRASTIM-SNDZ	ZARXIO	Q5101	
FILGRASTIN	NEUPOGEN	J1442	
GALSULFASE	NAGLAZYME	J1458	
GEMTUZUMAB OZOGAMICIN	MYLOTARG	J9203	03/01/18
GOLIMUMAB	SIMPONI ARIA	J1602	
IDURSULFASE	ELAPRASE	J1743	
IMIGLUCERASE	CEREZYME	J1786	
IMMUNE GLOBULIN (IV)	BIVIGAM	J1556	
IMMUNE GLOBULIN (IV)	CARIMUE NF, GAMMAGARD S/D	J1566	
IMMUNE GLOBULIN (IV)	FLEBOGAMMA, FLEBOGAMMA DIF	J1572	
IMMUNE GLOBULIN (IV)	GAMMAGARD LIQUID	J1569	
IMMUNE GLOBULIN (IV)	GAMMAPLEX	J1557	
IMMUNE GLOBULIN (IV)	GAMUNEX-C, GAMMAKED	J1561	
IMMUNE GLOBULIN (IV)	OCTAGAM	J1568	
IMMUNE GLOBULIN (IV)	PRIVIGEN	J1459	
IMMUNE GLOBULIN (IV)	UNCLASSIFIED IV IMMUNE GLOBULIN	J1599	
IMMUNE GLOBULIN (SUB-Q) ¹	CUVITRU ¹	J1555	03/01/18
IMMUNE GLOBULIN (SUB-Q)	HIZENTRA	J1559	
IMMUNE GLOBULIN (SUB-Q)	HYQVIA	J1575	
INCOBOTULINUMTOXINA	XEOMIN	J0588	
INFLIXIMAB	REMICADE	J1745	
INFLIXIMAB-ADBA	RENFLEXIS	Q5104	4/1/2018
		Q5102	11/17/17-03/31/18
INFLIXIMAB-DYYB	INFLECTRA	Q5103	04/1/18
		Q5102	06/01/17-03/31/18
IPILIMUMAB	YERVOY	J9228	
IRINOTECAN LIPOSOMAL	ONIVYDE	J9205	
LARONIDASE	ALDURAZYME	J1931	
LEVOLEUCOVORIN CALCIUM	FUSILEV	J0641	
MEPOLIZUMAB	NUCALA	J2182	
NATALIZUMAB	TYSABRI	J2323	
NECITUMUMAB	PORTRAZZA	J9295	
NIVOLUMAB	OPDIVO	J9299	
NUSINERSEN	SPINRAZA	J2326	03/01/18
OCRELIZUMAB	OCREVUS	J2350	03/01/18
OCTREOTIDE	SANDOSTATIN LAR	J2353	
OFATUMUMAB	ARZERRA	J9302	
OLARATUMAB	LARTRUVO	J9285	03/01/18
OMALIZUMAB	XOLAIR	J2357	
ONABOTULINUMTOXINA	BOTOX	J0585	
PACLITAXEL (ROTEIN BOUND)	ABRAXANE	J9264	

Generic Name	Brand Name	HCPCS Code	Recent Effective Date
PALONOSETRON	ALOXI	J2469	
PANITUMUMAB	VECTIBIX	J9303	
PEGAPTANIB SODIUM	MACUGEN	J2503	
PEGFILGRASTIM	NEULASTA	J2505	
PEMBROLIZUMAB	KEYTRUDA	J9271	
PEMETREXED	ALIMTA	J9305	
PERTUZUMAB	PERJETA	J9306	
RAMIBIZUMAB	LUCENTIS	J2778	
RAMUCIRUMAB	CYRAMZA	J9308	
RESLIZUMAB	CINQAIR	J2786	
RITUXIMAB/HYALURIDASE	RITUXAN HYCELA	J9999	
RIMABOTULINUMTOXINB	MYOBLOC	J0587	
RITUXIMAN	RITUXAN	J9310	
ROMIPLOSTIM	NPLATE	J2796	
SARGRAMOSTIM	LEUKINE	J2820	
SEBELIPASE ALFA	KANUMA	J2840	
SILTUXIMAB	SYLVANT	J2860	
SIPULEUCEL-T	PROVENGE	Q2043	
SODIUM HYALURONATE	GEL-ONE	J7326	01/01/18
SODIUM HYALURONATE	GEL-SYN	J7328	01/01/18
SODIUM HYALURONATE	GENVISC 850	J7320	01/01/18
SODIUM HYALURONATE	HYALGAN	J7321	01/01/18
SODIUM HYALURONATE	HYMOVIS	J7322	01/01/18
SODIUM HYALURONATE	SUPARTZ FX	J7321	01/01/18
TALIGLUCERACE	ELEYSIO	J3060	
TALIMOGENE LAHERPAREPVEC	IMLYGIC	J9325	
TBO-FILGRASTIM	GRANIX	J1447	
TOCILIZUMAB	ACTEMRA	J3262	
TRABECTEDIN	YONDELIS	J9352	
TRASTUZUMAB	HERCEPTIN	J9355	
USTEKINUMAB	STELARA	J3357	
USTEKINUMAB	STELARA (IV)	J3358	01/01/18
		Q9989	07/01/17-12/31/17
		C9487	04/01/17-06/30/17
		J3590	01/01/17-03/31/17
VEDOLIZUMAB	ENTYVIO	J3380	
VELAGLUCERASE	ALFA VPRIV	J3385	
ZIV-AFLIBERCEPT	ZALTRAP	J9400	