



Horizon Blue Cross Blue Shield of New Jersey Medical Injectables Program

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

Injectable medications on the following pages are subject to MNAR as part of the Horizon BCBSNJ Medical Injectables Program (MIP). This list is organized alphabetically by generic name within the following therapeutic categories.

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Injectable Medication Codes Subject to MRxM Claim Review/Editing

Magellan Rx Management will review submitted claims that include the HCPCS codes listed in this section to help ensure that the billing details are appropriate per Horizon BCBSNJ medical policy guidelines. The codes in this section DO NOT require MNAR as part of this program.

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This document was last revised on September 1, 2020, and may be subject to change.

This document contains prescription brand name drugs that are registered marks or trademarks of pharmaceutical manufacturers that are not affiliated with either Horizon Blue Cross Blue Shield of New Jersey or the Blue Cross and Blue Shield Association.

Therapeutic Category	Generic Medication Name	Medication Brand Name	HCPCS Code	Effective Date ¹
Acute Hepatic Porphyria	givosiran	Givlaari®	J0223	10/1/2020
Amyloidosis	patisiran	Onpattro®	J0222	
Amyotrophic Lateral Sclerosis	edaravone	Radicava®	J1301	
Anemia	darbepoetin alfa	Aranesp®	J0881	
	epoetin alfa	Procrit®/Epogen®	J0885	
	epoetin alfa-epbx biosimilar (non-ESRD)	Retacrit™ (non-ESRD)	Q5106	
	methoxy polyethylene glycol-epoetin beta (non-ESRD)	Mircera® (non-ESRD)	J0888	
Anemia (Dialysis)	darbepoetin alfa (ESRD Only)	Aranesp® (ESRD Only)	J0882	
	epoetin alfa (ESRD Only)	Procrit®/Epogen® (ESRD Only)	Q4081	
	epoetin alfa-epbx biosimilar (ESRD Only)	Retacrit™ (ESRD Only)	Q5105	
	methoxy polyethylene glycol-epoetin beta (ESRD Only)	Mircera® (ESRD Only)	J0887	
Anti-emetics	aprepitant	Cinvanti®	J0185	
	fosnetupitant/palonosetron	Akynzeo IV®	J1454	
	granisetron extended-release	Sustol®	J1627	
	palonosetron	Aloxi®	J2469	
	rolapitant	Varubi®	J2797	
Asthma	benralizumab	Fasenra®	J0517	
	mepolizumab	Nucala®	J2182	
	omalizumab	Xolair®	J2357	
	reslizumab	Cinqair®	J2786	
Auto-inflammatory Conditions	abatacept	Orencia IV®	J0129	
	belimumab	Benlysta IV®	J0490	
	certolizumab pegol	Cimzia®	J0717	
	golimumab	Simponi_Aria®	J1602	
	infliximab	Remicade®	J1745	
	infliximab-abda	Renflexis®	Q5104	
	infliximab-axxq	Avsola™	Q5121	10/1/2020
	infliximab-dyyb	Inflectra®	Q5103	

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² Effective July 1, 2020., please use new HCPCS code **J9198** for Infugem™.

³ Effective July 1, 2020, please use new HCPCS code **J7333** for Visco-3™.

Therapeutic Category	Generic Medication Name	Medication Brand Name	HCPCS Code	Effective Date ¹
Auto-inflammatory Conditions	tildrakizumab-asmn	Ilumya™	J3245	
	tocilizumab	Actemra IV®	J3262	
	ustekinumab	Stelara®	J3357	
	ustekinumab	Stelara® IV	J3358	
	vedolizumab	Entyvio®	J3380	
Chemotherapy Protectant	levoleucovorin calcium	Fusilev®	J0641	
	levoleucoforin sodium	Khazory™	J0642	
Endocrine Disorders	corticotropin	H. P. Acthar®	J0800	
	lanreotide	Somatuline® Depot	J1930	
	octreotide	Sandostatin® LAR	J2353	
	pasireotide long acting	Signifor® LAR	J2502	
Enzyme Deficiency	agalsidase beta	Fabrazyme®	J0180	
	alglucosidase alfa	Lumizyme®	J0221	
	alpha-1-proteinase inhibitor	Aralast NP®	J0256	
	alpha-1-proteinase inhibitor	Glassia®	J0257	
	alpha-1-proteinase inhibitor	Prolastin®C	J0256	
	alpha-1-proteinase inhibitor	Zemaira®	J0256	
	cerliponase alfa	Brineura®	J0567	
	elosulfase alfa	Vimizim®	J1322	
	galsulfase	Naglazyme®	J1458	
	idursulfase	Elaprase®	J1743	
	imiglucerase	Cerezyme®	J1786	
	laronidase	Aldurazyme®	J1931	
	sebelipase alfa	Kanuma®	J2840	
	taliglucerase alfa	Elelyso®	J3060	
	velaglucerase alfa	Vpriv®	J3385	
	vestronidase alfa-vjkb	Mepsevii™	J3397	
	Hematological Conditions	eculizumab	Soliris®	J1300
ravulizumab-cwz		Ultomiris™	J1303	

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Therapeutic Category	Generic Medication Name	Medication Brand Name	HCPCS Code	Effective Date ¹
Hemophilia	antihemophiilc factor (recombinant)	Recombinat TM	J7192	
	antihemophilic factor (recombinant)	Kovaltry [®]	J7211	
	antihemophilic factor (human)	Koate [®] -DVI	J7190	
	antihemophilic factor (human)	Monoclate-P [®]	J7190	
	antihemophilic factor (recombinant)	Advate [®]	J7192	
	antihemophilic factor (recombinant)	Helixate [®] FS	J7192	
	antihemophilic factor (recombinant)	Kogenate [®]	J7192	
	antihemophilic factor (recombinant)	Novoeight [®]	J7182	
	antihemophilic factor (recombinant)	Nuwiq [®]	J7209	
	antihemophilic factor (recombinant)	Xyntha [®]	J7185	
	antihemophilic factor (recombinant), glycopegylated-exei	Esperoct [®]	J7204	10/1/2020
	antihemophilic factor (recombinant), pegylated	Adynovate [®]	J7207	
	antihemophilic factor (recombinant), pegylated-aucl	Jivi [®]	J7208	
	antihemophilic factor (recombinant), porcine sequence	Obizur [®]	J7188	
	antihemophilic factor (recombinant), single chain	Afstyla [®]	J7210	
	antihemophilic factor/von willebrand factor complex (human)	Alphanate [®]	J7186	
	antihemophilic factor/von willebrand factor complex (human)	Humate-P [®]	J7187	
	antihemophilic factor (human)	Hemofil [®] M	J7190	
	antihemophilic factor (recombinant), fc fusion protein	Eloctate [®]	J7205	
	anti-inhibitor coagulation complex	Feiba [®] NF	J7198	
	anti-inhibitor coagulation complex	Feiba [®]	J7198	
	coagulation factor VIIa (recombinant)-jncw	Sevenfact [®]	J7189	
	coagulation factor VIIa, recombinant	Novoseven [®] RT	J7189	
	coagulation factor IX (Human)	Alphanine [®] SD	J7193	
	coagulation factor IX (human)	Mononine [®]	J7193	
	coagulation factor IX (recombinant)	Ixinity [®]	J7195	
	coagulation factor IX (recombinant)	Rixubis [®]	J7200	
coagulation factor IX (recombinant), albumin fusion protein	Idelvion [®]	J7202		

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Therapeutic Category	Generic Medication Name	Medication Brand Name	HCPCS Code	Effective Date ¹
Hemophilia	coagulation factor IX (recombinant), fc fusion protein	Alprolix [®]	J7201	
	coagulation factor IX (recombinant), glycopegylated	Rebinyn [®]	J7203	
	coagulation factor VIIa (recombinant)	Novoseven [®] RT	J7189	
	coagulation factor X (human)	Coagadex [®]	J7175	
	coagulation factor XIII a-subunit (recombinant)	Tretten [®]	J7181	
	coagulation factor IX (recombinant)	BeneFIX [®]	J7195	
	emicizumab-kxwh	Hemlibra [®]	J7170	
	factor IX complex	Profilnine [®] S/D	J7194	
	factor VIII concentrate (human)	Corifact [®]	J7180	
	von willebrand factor (recombinant)	Vonvendi [®]	J7179	
	von willebrand factor/coagulation factor VIII compelx	Wilate [®]	J7183	
Hereditary Angioedema	c1 esterase inhibitor [recombinant]	Ruconest [®]	J0596	
	c1 inhibitor (human)	Berinert [®]	J0597	
	c1 inhibitor (human)	Cinryze [®]	J0598	
	ecallantide	Kalbitor [®]	J1290	
HIV/AIDS	ibalizumab-uiyk	Trogarzo [®]	J1746	
Immunodeficiency	emapalumab-lzsg	Gamifant [™]	J9210	
	IV immune globulin	Asceniv [™]	J1599	10/1/2020
	IV immune globulin	Bivigam [®]	J1556	
	IV immune globulin	Carimune [®] NF	J1566	
	IV immune globulin	Flebogamma [®] , Flebogamma [®] DIF	J1572	
	IV immune globulin	Gammagard Liquid [®]	J1569	
	IV immune globulin	Gammaplex [®]	J1557	
	IV immune globulin	Gamunex-C [®] , Gammaked [™]	J1561	
	IV immune globulin	Unclassified IV Immune Globulin	J1599	
	IV immune globulin	Octagam [®]	J1568	
	IV immune globulin	Panzyga [®]	J1599	

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Therapeutic Category	Generic Medication Name	Medication Brand Name	HCPCS Code	Effective Date ¹
Immunodeficiency	IV immune globulin	Privigen [®]	J1459	
	subcutaneous immune globulin	Cutaquig [®]	90284	10/1/2020
	subcutaneous immune globulin	Cuvitru [®]	J1555	
	subcutaneous immune globulin	Hizentra [®]	J1559	
	subcutaneous immune globulin	Hyqvia [®]	J1575	
	subcutaneous immune globulin	Xembify [®]	J1558	10/1/2020
Inflammatory Conditions	pegloticase	Krystexxa [®]	J2507	
Metabolic Conditions	burosumab-twza	Crysvita [®]	J0584	
Multiple Sclerosis	alemtuzumab	Lemtrada [®]	J0202	
	natalizumab	Tysabri [®]	J2323	
	ocrelizumab	Ocrevus [®]	J2350	
Myelodysplastic Syndrome	luspatercept-aamt	Reblozyl [®]	J0896	10/1/2020
Neutropenia	filgrastim	Neupogen [®]	J1442	
	filgrastim-aafi	Nivestym [™]	Q5110	
	filgrastim-sndz	Zarxio [®]	Q5101	
	pegfilgrastim	Neulasta [®]	J2505	
	pegfilgrastim-bmez	Ziextenzo [™]	Q5120	10/1/2020
	pegfilgrastim-cbqv	Udenyca [®]	Q5111	
	pegfilgrastim-jmbd	Fulphila [®]	Q5108	
	sargramostim	Leukine [®]	J2820	
	tbo-filgrastim	Granix [®]	J1447	
Oncology	ado-trastuzumab emtansine	Kadcyla [®]	J9354	
	aldesleukin	Proleukin [®]	J9015	10/1/2020
	asparaginase	Erwinaze [®]	J9019	
	atezolizumab	Tecentriq [®]	J9022	
	avelumab	Bavencio [®]	J9023	
	belinostat	Beleodaq [®]	J9032	
	bendamustine	Bendeka [®]	J9034	
	bendamustine	Treanda [®]	J9033	

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Therapeutic Category	Generic Medication Name	Medication Brand Name	HCPCS Code	Effective Date ¹
Oncology	bendamustine hydrochloride	Belrapzo™	J9036	
	bevacizumab (cancer dxs only)	Avastin® (Cancer Dxs Only)	J9035	
	bevacizumab-awwb	Mvasi™	Q5107	
	bevacizumab-awwb	Zirabev™	Q5118	
	blinatumomab	Blinicyto®	J9039	
	bortezomib	Bortezomib	J9044	
	bortezomib	Velcade®	J9041	
	brentuximab vedotin	Adcetris®	J9042	
	cabazitaxel	Jevtana®	J9043	
	calaspargase pegol-mknl	Asparlas™	J9118	
	carfilzomib	Kyprolis®	J9047	
	cemiplimab-rwlc	Libtayo®	J9119	
	cetuximab	Erbitux®	J9055	
	copanlisib	Aliqopa™	J9057	
	daratumumab	Darzalex®	J9145	
	daunorubicin; cytarabine liposomal	Vyxeos®	J9153	
	durvalumab	Imfinzi®	J9173	
	elotuzumab	Empliciti®	J9176	
	enfortumab vedotin-ejfv	Padcev™	J9177	10/1/2020
	fam-trastuzumab deruxtecan-nxki	Enhertu®	J9358	10/1/2020
	gemcitabine	Infugem™	J9198 ²	2/1/2020
	gemtuzumab ozogamicin	Mylotarg™	J9203	
	inotuzumab ozogamicin	Besponsa®	J9229	
	ipilimumab	Yervoy®	J9228	
	irinotecan liposome	Onivyde®	J9205	
	ixabepilone	Ixempra®	J9207	10/1/2020
	melphalan	Evomela®	J9246	10/1/2020
	mogamulizumab-kpkc	Poteligeo®	J9204	
	moxetumomab pasudotox-tdfk	Lumoxiti®	J9313	

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Therapeutic Category	Generic Medication Name	Medication Brand Name	HCPCS Code	Effective Date ¹
Oncology	necitumumab	Portrazza [®]	J9295	
	nivolumab	Opdivo [®]	J9299	
	obinutuzumab	Gazyva [®]	J9301	
	ofatumumab	Arzerra [®]	J9302	
	olaratumab	Lartruvo [®]	J9285	
	omacetaxine	Synribo [®]	J9262	
	paclitaxel protein-bound	Abraxane [®]	J9264	
	panitumumab	Vectibix [®]	J9303	
	pegaspargase	Oncaspar [®]	J9266	
	pembrolizumab	Keytruda [®]	J9271	
	pertuzumab	Perjeta [®]	J9306	
	plerixafor	Mozobil [®]	J2562	
	polatuzumab vedotin-piqq	Polivy [™]	J9309	2/1/2020
	pralatrexate	Folotyn [®]	J9307	10/1/2020
	ramucirumab	Cyramza [®]	J9308	
	rituximab	Rituxan [®]	J9312	
	rituximab-abbs	Truxima [®]	Q5115	
	rituximab-pvvr	Ruxience [®]	Q5119	10/1/2020
	rituximab/hyaluronidase	Rituxan Hycela [®]	J9311	
	romidepsin	Istodax [®]	J9315	10/1/2020
	siltuximab	Sylvant [®]	J2860	
	sipuleucel-T	Provenge [®]	Q2043	
	tagraxofusp-erzs	Elzonris [®]	J9269	
	talimogene laherparepvec	Imlygic [®]	J9325	
	trabectedin	Yondelis [®]	J9352	
	trastuzumab	Herceptin [®]	J9355	
	trastuzumab-anns	Kanjinti [™]	Q5117	
	trastuzumab-dkst	Ogiviri [®]	Q5114	
trastuzumab-dttb	Ontruzant [®]	Q5112		

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Therapeutic Category	Generic Medication Name	Medication Brand Name	HCPCS Code	Effective Date ¹
Oncology	trastuzumab-hyaluronidase-oysk	Herceptin Hylecta™	J9356	
	trastuzumab-pkrb	Herzuma®	Q5113	
	trastuzumab-qyyp	Trazimera™	Q5116	
	vincristine liposomal	Marqibo®	J9371	
	ziv-aflibercept	Zaltrap®	J9400	
Osteoarthritis	hyaluronan or derivative	Durolane®	J7318	
	hyaluronan or derivative	Gel-One®	J7326	
	hyaluronan or derivative	Gelsyn-3®	J7328	
	hyaluronan or derivative	Genvisc 850®	J7320	
	hyaluronan or derivative	Hyalgan®	J7321	
	hyaluronan or derivative	Hymovis®	J7322	
	hyaluronan or derivative	Supartz®	J7321	
	hyaluronan or derivative	Synojoynt™	J7331	
	hyaluronan or derivative	TriVisc®	J7329	
	hyaluronan or derivative	Visco-3™	J7333 ³	
	sodium hyaluronate	Triluron™	J7332	
	romosozumab-aqqg	Evenity®	J3111	
Osteoporosis	denosumab	Prolia®, Xgeva®	J0897	
Sickle Cell Disease	crizanlizumab-tmca	Adakveo®	J0791	10/1/2020
Spinal Muscular Atrophy	nusinersen	Spinraza®	J2326	
Thrombocytopenia	romiplostim	Nplate®	J2796	

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Horizon BCBSNJ Medical Injectables Program

Injectable Medication Codes Subject to MRxM Claim Review/Editing

Submitted claims that include the HCPCS codes (representing the injectable medications) listed below, will be reviewed by Magellan Rx Management to help ensure the billing details are appropriate per Horizon BCBSNJ medical policy guidelines.

Please note that the codes/injectable medications listed below DO NOT require Medical Necessity and Appropriateness Review (MNAR) as part of the Horizon BCBSNJ Medical Injectables Program (MIP).

This list is organized alphabetically by brand name.

BRAND NAME	GENERIC NAME	HCPCS	Claim Review Eff. Date
Alimta [®]	pemetrexed	J9305	4/24/2020
Beovu [®]	brolocizumab-dbll	J0179	4/24/2020
Botox [®]	onabotulinumtoxina	J0585	4/24/2020
Dysport [®]	abobotulinumtoxina	J0586	4/24/2020
Eligard [®]	leuprolide acetate (for depot suspension)	J9217	10/1/2020
Emend [®]	aprepitant	J1453	3/18/2019
Euflexxa [®]	1% sodium hyaluronate	J7323	3/18/2019
Eylea [®]	aflibercept	J0178	4/24/2020
Faslodex [®]	fulvestrant	J9395	3/18/2019
Firmagon [®]	degarelix	J9155	10/1/2020
Halaven [®]	eribulin	J9179	4/24/2020
Lucentis [®]	ranibizumab	J2778	4/24/2020
Lupron Depot [®]	leuprolide acetate (for depot suspension)	J1950	10/1/2020
Macugen [®]	pegaptanib sodium	J2503	4/24/2020
Monovisc [®]	high molecular weight hyaluronan injection	J7327	3/18/2019
Myobloc [®]	rimabotulinumtoxinb	J0587	4/24/2020
Orthovisc [®]	hyaluronic acid	J7324	3/18/2019
Supprelin LA [®]	histrelin	J9226	10/1/2020
Synvisc [®] /Synvisc-One [®]	hylan G-F 20	J7325	3/18/2019
Trelstar [®]	triptorelin pamoate	J3315	10/1/2020
Triptodur [®]	triptorelin	J3316	10/1/2020
Vantas [®]	histrelin acetate	J9225	10/1/2020
Xeomin [®]	incobotulinumtoxina	J0588	4/24/2020
Zolodex [®]	goserelin acetate implant	J9202	10/1/2020