

# ALAMEDA ALLIANCE FOR HEALTH

## OUTPATIENT INJECTABLE DRUG DESCRIPTION AND LIST

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We would like to share important information about our medical utilization management (UM) program for outpatient injectable drugs administered in an office or facility setting.

The purpose of this program is to manage patient safety and appropriate utilization while ensuring quality and access to care. These drugs are covered as part of our members' medical benefit. The program only affects members who are assigned to directly contracted Alliance providers, and is separate from our delegate provider UM programs. The program does not affect the majority of our in-office injectable drug utilizations. Additionally, the program does not affect drugs authorized and paid as a pharmacy benefit.

The Alliance UM program results in the following changes to injectable drugs:

- Drugs listed on the Outpatient Injectable Drugs Requiring Medical Authorization List now require prior authorization (PA) for claims payment (please see list on **page 3**).
- Claims without an authorization on file will be denied.
- National Drug Codes (NDCs) are required on claims submissions.
- Claims without a matching NDC submitted will be denied.

The Alliance encourages providers and clinic staff to submit a PA request before the administration of the drug to ensure reimbursement for appropriate care.

Determinations will be made by the Alliance within the following timeframes:

- Routine authorization requests – **Five (5) business days**
- Urgent or expedited authorization requests – **72 hours**

Before providing service, out-of-network providers are required to submit a PA indicating why an in-network provider cannot provide the service.

No PA is required for the following services:

- Emergency Services
- Family Planning Services
- Sensitive Services

PA is based on medical necessity and does not assure coverage or patient eligibility. Please note that the absence of a code from this list does not mean it is a covered benefit. If the code is a covered Medi-Cal benefit and is not on this list, it does not require a PA.

Providers can log in to verify whether a code is a covered benefit using the Medi-Cal website at [www.medi-cal.ca.gov/mcwebpub/Login.aspx](http://www.medi-cal.ca.gov/mcwebpub/Login.aspx).

**ALLIANCE PRIOR AUTHORIZATION (PA) REQUEST FORM**

Please use the Alliance Prior Authorization (PA) Request Form for drugs purchased by a provider office or clinic and billed to the Alliance.

**AUTHORIZATION AND BILLING INSTRUCTIONS**

Providers can supply in-office injectable drugs to Alliance members by purchasing directly from suppliers/manufacturers (commonly known as buy and bill) or Optum Specialty Pharmacy (Optum) (formerly known as Diplomat Specialty Pharmacy (Diplomat)). The authorization and billing processes differ based on the method of obtaining the drug and the member’s delegated provider.

Please use the table below as a guide for proper authorization and billing:

METHOD OF PROCUREMENT	DELEGATE	WHERE TO SUBMIT	REQUIRES PRIOR AUTHORIZATION	WHO TO BILL
Medical Benefit (Buy and Bill)	Alliance	Alliance	Refer to list below for Alliance delegate or check with member’s delegate	Alliance
	CFMG	CFMG		
	CHCN	CHCN		
Pharmacy Benefit (Optum)	All	PerformRx	Yes	Not necessary (pharmacy bills the Alliance directly)

CFMG – Children First Medical Group  
 CHCN – Community Health Center Network

Please use the corresponding authorization form for the type of request (forms can be used for both Medi-Cal and Group Care members):

**Medical Benefit**

- Alliance Prior Authorization (PA) Request Form

**Pharmacy Benefit**

- PerformRx Prescription Drug Prior Authorization Request Form

Forms can be accessed at [www.alamedaalliance.org/providers/provider-forms](http://www.alamedaalliance.org/providers/provider-forms).

**Questions?** Please call Alliance Provider Services Department  
 Monday – Friday, 7:30 am – 5 pm  
 Phone number: **1.510.747.4510**



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This list will be updated as new clinical guidelines or drugs are available.

**Effective, Saturday, May 1, 2021** the Healthcare Common Procedure Coding System (HCPCS) codes listed below will require a prior authorization (PA) before rendering service:

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Outpatient Injectable Drugs	J0129	ORENCIA (ABATACEPT) 10 MG	The Alliance or delegate group
	J0135	HUMIRA (ADALIMUMAB) 20 MG	The Alliance or delegate group
	J0178	EYLEA (AFLIBERCEPT) 1 MG	The Alliance or delegate group
	J0180	FABRAZYME (AGALSIDASE BETA) 1 MG	The Alliance or delegate group
	J0220	MYOZYME (ALGLUCOSIDASE ALFA) 10 MG	The Alliance or delegate group
	J0221	LUMIZYME INJECTION (ALGLUCOSIDASE ALFA) 10 MG	The Alliance or delegate group
	J0256	PROLASTIN (ALPHA 1 PROTEINASE INBITOR) 10 MG	The Alliance or delegate group
	J0257	GLASSIA (ALPHA 1 PROTEINASE INBITOR) 10 MG	The Alliance or delegate group
	J0480	SIMULECT (BASILIXIMAB) 10 MG	The Alliance or delegate group
	J0485	NULOJIX (BELATACEPT) 1 MG	The Alliance or delegate group
	J0585	BOTOX (ONABOTULINUMTOXINA), PER 1 UNIT	The Alliance or delegate group
	J0586	DYSPOET (ABOBOTULINUMTOXINA) 5 UNITS	The Alliance or delegate group
	J0587	MYOBLOC (RIMABOTULINUMTOXINB), BOTULINUM TOXIN TYPE B, PER 100 UNITS	The Alliance or delegate group
	J0588	XEOMIN (INCOBOTULINUMTOXIN A) 1 UNIT	The Alliance or delegate group
	J0597	BERINET (C-1 ESTERASE) 10 UNITS	The Alliance or delegate group
	J0598	CINRYZE (C-1 ESTERASE) 10 UNITS	The Alliance or delegate group
	J0638	ILARIS (CANAKINUMAB) 1 MG	The Alliance or delegate group
	J0641	LEVOLEUCOVORIN 0.5 MG	The Alliance or delegate group
	J0717	CERTOLIZUMAB PEGOL 1MG	The Alliance or delegate group
	J0881	ARANESP (DARBEPOETIN ALFA, NON-ESRD) 1 MCG	The Alliance or delegate group
	J0882	DARBEPOETIN ALFA, ESRD USE 1 MCG	The Alliance or delegate group
	J0885	EPOETIN ALFA, NON-ESRD 1000 UNITS	The Alliance or delegate group
	J0887	MIRCERA (EPOETIN BETA) ESRD USE 1 MCG	The Alliance or delegate group
	J0897	PROLIA (DENOSUMAB) 1 MG	The Alliance or delegate group
	J1300	SOLIRIS (ECULIZUMAB) 10 MG	The Alliance or delegate group
	J1303	RAVULIZUMAB-CWVZ 10 MG	The Alliance or delegate group
	J1439	FERRIC CARBOXYMALTOS 1MG	The Alliance or delegate group
	J1442	FILGRASTIM G-CSF 1MCG	The Alliance or delegate group

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SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Outpatient Injectable Drugs	J1447	TBO FILGRASTIM (GRANIX) BIOSIMILAR 1 MCG	The Alliance or delegate group
	J1453	FOSAPREPITANT 1.65 MG	The Alliance or delegate group
	J1458	NAGLAZYME (GALSULFASE) 1 MG	The Alliance or delegate group
	J1459	IMMUNE GLOBULIN PRIVIGEN 500 MG	The Alliance or delegate group
	J1460	GAMMA GLOBULIN 1 ML	The Alliance or delegate group
	J1555	IMMUNE GLOBULIN CUVITRU 100 MG	The Alliance or delegate group
	J1556	IMMUNE GLOBULIN GLOB BIVIGAM 500MG	The Alliance or delegate group
	J1557	GAMMAPLEX (IMMUNE GLOBULIN) 500 MG	The Alliance or delegate group
	J1559	HIZENTRA (IMMUNE GLOBULIN) 100 MG	The Alliance or delegate group
	J1560	GAMMA GLOBULIN 10 ML	The Alliance or delegate group
	J1561	GAMUNEX INJECTION, GAMUNEX-C/GAMMAKED (IMMUNE GLOBULIN) 500 MG	The Alliance or delegate group
	J1562	VIVAGLOBIN (IMMUNE GLOBULIN) 100 MG	The Alliance or delegate group
	J1566	IMMUNE GLOBULIN, POWDER 500 MG	The Alliance or delegate group
	J1568	OCTAGAM (IMMUNE GLOBULIN) 500 MG	The Alliance or delegate group
	J1569	GAMMAGARD LIQUID (IMMUNE GLOBULIN) 500 MG	The Alliance or delegate group
	J1572	FLEBOGAMMA (IMMUNE GLOBULIN)	The Alliance or delegate group
	J1575	HYQVIA 100MG IMMUNEGLOBULIN 100 MG	The Alliance or delegate group
	J1599	IVIG NON-LYOPHILIZED, NOS IMMUNE GLOBULIN	The Alliance or delegate group
	J1675	HISTRELIN ACETATE 10 MCG	The Alliance or delegate group
	J1726	MAKENA, 10 MG	The Alliance or delegate group
	J1743	ELAPRASE (IDURSULFASE) 1 MG	The Alliance or delegate group
	J1745	REMICADE (INFLIXIMAB) EXCLUDE BIOSIMILAR 10 MG	The Alliance or delegate group
	J1786	CEREZYME (IMUGLUCERASE) 10 UNITS	The Alliance or delegate group
	J1826	INTERFERON BETA-1A INJ REBIF OR AVONEX 30 MCG	The Alliance or delegate group
	J1930	SOMATULINE DEPOT (LANREOTIDE) 1 MG	The Alliance or delegate group
	J1931	ALDURAZYME (LARONIDASE) 0.1MG	The Alliance or delegate group
	J1950	LEUPROLIDE ACETATE PER 3. 75 MG	The Alliance or delegate group
	J2323	NATALIZUMAB 1 MG	The Alliance or delegate group
	J2350	OCRELIZUMAB, 1MG	The Alliance or delegate group
	J2353	SANDOSTATIN (OCTREOTIDE, DEPOT) 1 MG	The Alliance or delegate group
	J2354	SANDOSTATIN (OCTREOTIDE NON- DEPOT) 25 MCG	The Alliance or delegate group
	J2357	XOLAIR (OMALIZUMAB) 5 MG	The Alliance or delegate group

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Outpatient Injectable Drugs	J2503	MACUGEN (PEGAPTANIB SODIUM) 0.3 MG	The Alliance or delegate group
	J2504	ADAGEN (PEGADEMASE BOVINE) 25 IU	The Alliance or delegate group
	J2505	NEULASTA (PEGFILGRASTIM) 6 MG	The Alliance or delegate group
	J2507	KRYSTEXXA (PEGLOTICASE) 1 MG	The Alliance or delegate group
	J2562	MOZOBIL (PLERIXAFOR) 1 MG	The Alliance or delegate group
	J2778	LUCENTIS (RANIBIZUMAB INJECTION) 0.1 MG	The Alliance or delegate group
	J2793	ARCALYST (RILONACEPT) 1 MG	The Alliance or delegate group
	J2796	NPLATE (ROMIPLOSTIM) 10 MCG	The Alliance or delegate group
	J2820	LEUKINE (SARGRAMOSTIM) 50 MCG	The Alliance or delegate group
	J2916	NA FERRIC GLUCONATE COMPLEX 12.5 MG	The Alliance or delegate group
	J3111	ROMOSUZUMAB-AQQG (EVENITY) 1 MG	The Alliance or delegate group
	J3262	ACTEMRA (TOCILIZUMAB) 1 MG	The Alliance or delegate group
	J3285	TREPROSTINIL 1 MG	The Alliance or delegate group
	J3357	STELARA (USTEKINUMAB) 1 MG	The Alliance or delegate group
	J3380	VEDOLIZUMAB 1 MG	The Alliance or delegate group
	J3385	VPRIV (VELAGLUCERASE ALFA) 100 UNITS	The Alliance or delegate group
	J3396	VISUDYNE (VERTEPORFIN) 0.1 MG	The Alliance or delegate group
	J7321	HYALGAN/SUPARTZ (HYALURONATE) PER DOSE	The Alliance or delegate group
	J7322	HYMOVIS INJECTION 1 MG OR SYNVISIC (HYALURONIC ACID)	The Alliance or delegate group
	J7323	EUFLEXXA (SODIUM HYALURONATE) PER DOSE	The Alliance or delegate group
	J7324	ORTHOVISC (HYALURONIC ACID) PER DOSE	The Alliance or delegate group
	J7325	SYNVISC OR SYNVISIC-ONE (HYALURONIC ACID), 1 MG	The Alliance or delegate group
	J7326	GEL-ONE (HYALURONATE)	The Alliance or delegate group
	J7336	CAPSAICIN 8% PATCH	The Alliance or delegate group
	J7639	PULMOZYME (DORNASE ALFA) NON-COMP UNIT	The Alliance or delegate group
	J9015	ALDESLEUKIN 10 MG	The Alliance or delegate group
	J9019	ERWINAZE (ASPARAGINASE ERWINIA CHRYSANTHEMI) 1,000 IU	The Alliance or delegate group
	J9020	ELSPAR (ASPARAGINASE) 10,000 UNITS	The Alliance or delegate group
	J9025	VIDAZA (AZACITIDINE) 1MG	The Alliance or delegate group
	J9033	BENDAMUSTINE 1MG	The Alliance or delegate group
	J9034	BENDEKA 1 MG	The Alliance or delegate group
	J9035	BEVACIZUMAB 10 MG	The Alliance or delegate group

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Outpatient Injectable Drugs	J9160	ONTAK (DENILEUKIN DIFTITOX) 300 MCG	The Alliance or delegate group
	J9202	ZOLADEX (GOSERELIN ACETATE IMPLANT), PER 3.6 MG	The Alliance or delegate group
	J9214	INTERFERON ALFA2B, RECOMBINANT 1 MILL U	The Alliance or delegate group
	J9217	LEUPROLIDE ACETATE, FOR DEPOT SUSP 7.5MG	The Alliance or delegate group
	J9228	YERVOY (IPILIMUMAB) 1 MG	The Alliance or delegate group
	J9264	PACLITAXEL PROTEIN BOUND 1 MG	The Alliance or delegate group
	J9266	ONCASPAR (PEGASPARGASE), PER SINGLE DOSE VIAL	The Alliance or delegate group
	J9271	PEMBROLIZUMAB 1 MG	The Alliance or delegate group
	J9299	NIVOLUMAB, 1 MG	The Alliance or delegate group
	J9303	VECTIBIX (PANITUMUMAB) 10 MG	The Alliance or delegate group
	J9304	PEMETREXED (PEMFEXY), 10 MG	The Alliance or delegate group
	J9305	PEMETREXED 10 MG	The Alliance or delegate group
	J9306	PERJETA (PERTUZUMAB), 1 MG	The Alliance or delegate group
	J9307	FOLOTYN (PRALATREXATE) 1 MG	The Alliance or delegate group
	J9311	RITUXIMAB, HYALURONIDASE	The Alliance or delegate group
	J9312	RITUXIMAB, 10 MG	The Alliance or delegate group
	J9315	ISTODAX (ROMIDEPSIN)	The Alliance or delegate group
	J9354	KADCYLA (ADO-TRASTUZUMAB EMTANSINE) 1MG	The Alliance or delegate group
	J9355	HERCEPTIN (TRASTUZUMAB) EXCLUDE BIOSIMILAR 10 MG	The Alliance or delegate group
	J9356	HERCEPTIN HYLECTA (TRASTUZUMAB AND HYALURONIDASE-OYSK) SC INJECTION (600MG/10,000 UNITS)	The Alliance or delegate group
	J9358	INJ FAM-TRSTUZUMB DRUXTCN-NXKI 1 MG	The Alliance or delegate group
	Q0138	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	The Alliance or delegate group
	Q0139	INJ FERUMOXYTOL TX IDA 1 MG ESRD	The Alliance or delegate group
	Q2041	AXICABTAGENE CILOLEUCEL CAR	The Alliance or delegate group
	Q2042	TISAGENLECLEUCEL CAR-POS T	The Alliance or delegate group
	Q2043	PROVENGE (SIPULEUCEL -T)	The Alliance or delegate group
	Q2050	DOXORUBICIN HCL LIPOSOMAL	The Alliance or delegate group
	Q4081	EPOETIN ALFA, 100 UNITS ESRD	The Alliance or delegate group
	Q5101	FILGRASTIM-SNDZ (ZARXIO) 1 MCG BIOSIMILAR	The Alliance or delegate group
	Q5103	INFLIXIMAB-DYYB (INFLECTRA) 10 MG BIOSIMILAR	The Alliance or delegate group
	Q5104	INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	The Alliance or delegate group

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Outpatient Injectable Drugs	Q5105	EPOETIN ALFA-EPBX 100 UNITS BIOSIMILAR, (RETACRIT) ESRD	The Alliance or delegate group
	Q5106	EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	The Alliance or delegate group
	Q5107	BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	The Alliance or delegate group
	Q5108	PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	The Alliance or delegate group
	Q5109	INFLIXIMAB-QBTX, BIOSIMILAR, (IXIFI), 10 MG	The Alliance or delegate group
	Q5110	FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	The Alliance or delegate group
	Q5111	PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	The Alliance or delegate group
	Q5112	TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG	The Alliance or delegate group
	Q5113	TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MG	The Alliance or delegate group
	Q5114	TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	The Alliance or delegate group
	Q5115	RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	The Alliance or delegate group
	Q5116	TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	The Alliance or delegate group
	Q5117	TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	The Alliance or delegate group
	Q5118	BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	The Alliance or delegate group
	Q5119	RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	The Alliance or delegate group
	Q5120	PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO) 0.5 MG	The Alliance or delegate group
	Q5121	INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	The Alliance or delegate group

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