



Important Update: Outpatient Injectable Drug Codes that Require Prior Authorization (PA)

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important update we would like to share with you.

Our provider partner satisfaction is a top priority. We are working to improve our Utilization Management (UM) and Claims processes to help ensure proper claim payment to our provider partners, and alignment of authorized services. To accomplish this goal, we are reviewing each benefit and we will be sending you updates, as the information is ready to share.

This communication provides an update on Outpatient Injectable Drug codes that require prior authorization (PA).

This will affect claims with date(s) of service starting Saturday, May 1, 2021 and onward. Enclosed with this notice is a code specific list for Outpatient Injectable Drug codes that shows which codes require PA. The Outpatient Injectable Drug List can be found on our website at **www.alamedaalliance.org/providers/authorizations**. Please refer to our website for the most up-to-date information about codes or benefits that require authorization.

In addition to the codes, our claims system will also validate that claims received match the authorization when an authorization is required.

The following items will be validated:

- Member name
- Provider NPI
- CPT and HCPC coding
- Date(s) of service is within the authorized range
- Number of units and/or visits
- NDC as published by the Food and Drug Administration (FDA)
- Place of service matches site of care submitted on the authorization request form

This update has been validated based on current and published billable coding for 2021 and was confirmed to be covered by the California Department of Health Care Services (DHCS).

If you have questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

Thank you for your continued partnership and for providing high quality care to our members and the community.

Questions? Please call the Alliance Pharmacy Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4541**
www.alamedaalliance.org



ALAMEDA ALLIANCE FOR HEALTH REFERRAL AND PRIOR AUTHORIZATION (PA) PROCEDURE CODES FOR OUTPATIENT INJECTABLE DRUGS

Before services are provided, please check:

Member Eligibility ▪ Medical Group ▪ Benefit Coverage ▪ Contracted Provider ▪ Medi-Cal Excluded Code

QUESTIONS? Please call the Alliance Provider Services Department at **1.510.747.4510**

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	DYSPORE (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

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SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
	J1439	FERRIC CARBOXYMALTOS 1MG	The Alliance or delegate group
	J1442	FILGRASTIM G-CSF 1MCG	The Alliance or delegate group
	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

Please note: This list does not include all services.

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SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
	J2357	XOLAIR (OMALIZUMAB) 5 MG	The Alliance or delegate group
	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	ROMOSOZUMAB-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 SYNVISC (HYALURONIC ACID)	The Alliance or delegate group
	J7323	EUFLEXA (SODIUM HYALURONATE) PER DOSE	The Alliance or delegate group
	J7324	ORTHOVISC (HYALURONIC ACID) PER DOSE	The Alliance or delegate group
	J7325	SYNVISC OR SYNVISC-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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SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
	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 CILOLEUCCEL CAR	The Alliance or delegate group
	Q2042	TISAGENLECLEUCCEL CAR-POS T	The Alliance or delegate group
	Q2043	PROVENGE (SIPULEUCCEL -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
	Q5105	EPOETIN ALFA-EPBX 100 UNITS BIOSIMILAR, (RETACRIT) ESRD	The Alliance or delegate group

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SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
	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