

Additional HCPCS medication codes requiring prior authorization

As you are aware, Keystone First and Keystone First Community HealthChoices (CHC) use the Pennsylvania Department of Human Services (DHS) prior authorization guidelines for drugs dispensed or administered in an outpatient setting on the statewide preferred drug list (PDL).

Not all provider types have been required to obtain prior authorization of all HCPCS codes requiring prior authorization. Therefore, we are aligning medical claim configuration with drug formulary and prior authorization reference resources to identify when authorization is required for all provider types who dispense or administer drugs in an outpatient setting.

Below is a list of HCPCS codes undergoing updates to align medical claim configuration with drug formulary and prior authorization reference resources (link at bottom). If these codes did not previously require prior authorization for your provider type, the prior authorization requirement will be effective July 1, 2021.

| Procedure code | HCPCS Description |
|----------------|--|
| C9285 | Lidocaine 70 mg/tetracaine 70 mg, per patch |
| J2323 | Injection, natalizumab, 1 mg |
| J2783 | Injection, rasburicase, 0.5 mg |
| J3090 | Injection, tedizolid phosphate, 1 mg |
| J3111 | Injection, romosozumab-aqqg, 1 mg |
| J3240 | Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial |
| J3486 | Injection, ziprasidone mesylate, 10 mg |
| J7615 | Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg |
| J7639 | Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg |
| J9202 | Goserelin acetate implant, per 3.6 mg |
| J9214 | Injection, interferon, alfa-2b, recombinant, 1 million units |
| J9216 | Injection, interferon, gamma 1-b, 3 million units |
| J9217 | Leuprolide acetate (for depot suspension), 7.5 mg |
| J9218 | Leuprolide acetate, per 1 mg |
| Q2017 | Injection, teniposide, 50 mg |
| Q2026 | Injection, Radiesse, 0.1 ml |
| Q2028 | Injection, sculptra, 0.5 mg |
| Q4081 | Injection, epoetin alfa, 100 units (for ESRD on dialysis) |
| Q5105 | Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units |
| Q5114 | Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg |

Please refer to most recent drug formulary and prior authorization information available on-line at:
www.keystonefirstpa.com → Providers → Pharmacy Services or www.keystonefirstchc.com → Providers → Pharmacy Services

Should you have any questions about this communication, please call the Pharmacy Services department:

Keystone First: 1-800-588-6767 and **Keystone First Community HealthChoices:** 1-866-907-7088