

Upcoming Changes to Codes Requiring Prior Authorization

Code	Description	Drug Y/N	Current Coverage	Coverage Change	Posted Date	Effective Date
J2506	Inj pegfilgrast ex bio 0.5mg	Y	PA	C	6/2/22	8/1/22
J1442	Inj filgrastim excl biosimil	Y	C	PA	6/2/22	8/1/22
J1447	Inj tbo filgrastim 1 microg	Y	PA	C	6/2/22	8/1/22
Q5110	Nivestym	Y	C	N/C	6/2/22	8/1/22

Legend:

C - Covered

N/C – Not Covered

PA – Prior Authorization

OON - Out of Network

C-W/L - Covered with Limits