



## Important Update: Utilization Management (UM) Medication (Physician Administered Medications) That Require Authorization

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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 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 Utilization Management (UM) Medications (physician-administered medications) codes that require prior authorization.** This does not include outpatient pharmacy services through the member's pharmacy benefit.

Providers should follow billing instructions for non-capitated services (fee-for-service Medi-Cal or special programs) as specified in the policy sections of the Medi-Cal provider manuals.

Examples of non-capitated drugs may include but are not limited to: Selected HIV/AIDS/hepatitis B treatment drugs, alcohol and heroin detoxification and dependency treatment drugs, Blood Factors: Clotting Factor Disorder Treatment, and psychiatric drugs.

**This will affect claims with the date(s) of service starting Monday, June 3, 2024, and onward.** Enclosed with this notice is a code-specific list that shows which codes require PA. This list is also available on the Alliance website at [www.alamedaalliance.org/providers/authorizations](http://www.alamedaalliance.org/providers/authorizations). Please refer to our website for the most up-to-date information about codes or benefits that require authorization.

**Please Note:** For service codes that do not require prior authorization but are associated with a prior authorization required service, there must be an approved authorization on file for the primary service requiring authorization for the associated code(s) to be paid. Associated codes not on the prior authorization list will not be paid separately if the primary service was denied or does not have prior authorization. The Alliance uses code-auditing software for automated claims coding verification, and to ensure that the Alliance is processing claims in compliance with general industry and Medi-Cal standards.

In addition to the codes, our claims system will validate that the claim received matches the authorization when 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
- Place of service matches site of care submitted on the authorization request form
- National Drug Codes (NDCs) approved by the FDA are required on claims submissions
- Claims missing and/or without a matching NDC on a claim will be denied

This update has been validated based on current and published billable coding for 2024.

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

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**Questions?** Please call the Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**  
**[www.alamedaalliance.org](http://www.alamedaalliance.org)**

## Alameda Alliance for Health

### Referral and Prior Authorization (PA) Procedure Codes Utilization Management (UM) Medications

**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
UM Medications	A9513	LUTETIUM LU 177 DOTATATE	Alameda Alliance for Health or Delegate
	A9543	IBRITUMOMAB TIUXETAN	Alameda Alliance for Health or Delegate
	A9604	SAMARIUM SM-153 LEXIDRONAM	Alameda Alliance for Health or Delegate
	A9606	RADIUM RA 223 DICHLORIDE	Alameda Alliance for Health or Delegate
	J0129	ORENCIA (ABATACEPT) 10 MG	Alameda Alliance for Health or Delegate
	J0135	HUMIRA (ADALIMUMAB) 20MG	Alameda Alliance for Health or Delegate
	J0178	EYLEA (AFLIBERCEPT) 1 MG	Alameda Alliance for Health or Delegate
	J0180	FABRAZYME (AGALSIDASE BETA) 1 MG	Alameda Alliance for Health or Delegate
	J0185	APREPITANT, 1MG	Alameda Alliance for Health or Delegate
	J0220	MYOZYME (ALGLUCOSIDASE ALFA) 10 MG	Alameda Alliance for Health or Delegate
	J0221	LUMIZYME INJECTION (ALGLUCOSIDASE ALFA) 10 MG	Alameda Alliance for Health or Delegate
	J0256	PROLASTIN (ALPHA 1 PROTEINASE INBITOR) 10 MG	Alameda Alliance for Health or Delegate
	J0257	GLASSIA (ALPHA 1 PROTEINASE INBITOR) 10 MG	Alameda Alliance for Health or Delegate
	J0480	SIMULECT (BASILIXIMAB) 10 MG	Alameda Alliance for Health or Delegate
	J0485	NULOJIX (BELATACEPT) 1 MG	Alameda Alliance for Health or Delegate
	J0585	BOTOX (ONABOTULINUMTOXINA), PER 1 UNIT	Alameda Alliance for Health or Delegate
	J0586	DYSPORT (ABOBOTULINUMTOXINA) 5 UNITS	Alameda Alliance for Health or Delegate
	J0587	MYOBLOC (RIMABOTULINUMTOXINB), BOTULINUM TOXIN TYPE B, PER 100 UNITS	Alameda Alliance for Health or Delegate
	J0588	XEOMIN (INCOBOTULINUMTOXIN A) 1 UNIT	Alameda Alliance for Health or Delegate
	J0597	BERINERT (C-1 ESTERASE) 10 UNITS	Alameda Alliance for Health or Delegate
J0598	CINRYZE (C-1 ESTERASE) 10 UNITS	Alameda Alliance for Health or Delegate	
J0638	ILARIS (CANAKINUMAB) 1 MG	Alameda Alliance for Health or Delegate	

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J0641	LEVOLEUCOVORIN 0.5 MG	Alameda Alliance for Health or Delegate
	J0717	CERTOLIZUMAB PEGOL 1MG	Alameda Alliance for Health or Delegate
	J0801	CORTICOTROPIN (ACTHAR GEL) UP 40 UNITS	Alameda Alliance for Health or Delegate
	J0802	CORTICOTROPIN (ANI) UP TO 40 UNITS	Alameda Alliance for Health or Delegate
	J0881	ARANESP (DARBEPOETIN ALFA, NON-ESRD) 1 MCG	Alameda Alliance for Health or Delegate
	J0882	DARBEPOETIN ALFA, ESRD USE 1 MCG	Alameda Alliance for Health or Delegate
	J0885	EPOETIN ALFA, NON-ESRD 1000 UNITS	Alameda Alliance for Health or Delegate
	J0887	MIRCERA (EPOETIN BETA) ESRD USE 1 MCG	Alameda Alliance for Health or Delegate
	J0894	DECITABINE INJECTION 1 MG	Alameda Alliance for Health or Delegate
	J0897	PROLIA (DENOSUMAB) 1 MG	Alameda Alliance for Health or Delegate
	J1300	SOLIRIS (ECULIZUMAB) 10 MG	Alameda Alliance for Health or Delegate
	J1303	RAVULIZUMAB-CWVZ 10 MG	Alameda Alliance for Health or Delegate
	J1325	INJECTION EPOPROSTENOL 0.5 MG	Alameda Alliance for Health or Delegate
	J1439	FERRIC CARBOXYMALTOS 1MG	Alameda Alliance for Health or Delegate
	J1442	FILGRASTIM G-CSF 1MCG	Alameda Alliance for Health or Delegate
	J1447	TBO FILGRASTIM (GRANIX) BIOSIMILAR 1 MCG	Alameda Alliance for Health or Delegate
	J1449	ROLVEDON (EFLAPEGRASTIM-XNST)	Alameda Alliance for Health or Delegate
	J1454	FOSNETUPITANT, PALONOSET	Alameda Alliance for Health or Delegate
	J1456	FOSAPREPITANT 1.65 MG	Alameda Alliance for Health or Delegate
	J1458	NAGLAZYME (GALSULFASE) 1 MG	Alameda Alliance for Health or Delegate
	J1459	IMMUNE GLOBULIN PRIVIGEN 500 MG	Alameda Alliance for Health or Delegate
	J1460	GAMMA GLOBULIN 1 ML	Alameda Alliance for Health or Delegate
	J1555	IMMUNE GLOBULIN CUVITRU 100 MG	Alameda Alliance for Health or Delegate
	J1556	IMMUNE GLOBULIN GLOB BIVIGAM 500MG	Alameda Alliance for Health or Delegate
	J1557	GAMMAPLEX (IMMUNE GLOBULIN) 500 MG	Alameda Alliance for Health or Delegate
	J1559	HIZENTRA (IMMUNE GLOBULIN) 100 MG	Alameda Alliance for Health or Delegate
	J1560	GAMMA GLOBULIN 10 ML	Alameda Alliance for Health or Delegate
	J1561	GAMUNEX INJECTION, GAMUNEX-C/GAMMAKED (IMMUNE GLOBULIN) 500 MG	Alameda Alliance for Health or Delegate
	J1562	VIVAGLOBIN (IMMUNE GLOBULIN) 100 MG	Alameda Alliance for Health or Delegate
	J1566	IMMUNE GLOBULIN, POWDER 500 MG	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J1568	OCTAGAM (IMMUNE GLOBULIN) 500 MG	Alameda Alliance for Health or Delegate
	J1569	GAMMAGARD LIQUID (IMMUNE GLOBULIN) 500 MG	Alameda Alliance for Health or Delegate
	J1571	HEPAGAM B	Alameda Alliance for Health or Delegate
	J1572	FLEBOGAMMA (IMMUNE GLOBULIN)	Alameda Alliance for Health or Delegate
	J1575	HYQVIA 100MG IMMUNEGLOBULIN 100 MG	Alameda Alliance for Health or Delegate
	J1599	IVIG NON-LYOPHILIZED, NOS IMMUNE GLOBULIN	Alameda Alliance for Health or Delegate
	J1675	INJ HISTRELIN ACTAT 10 MICROGMS	Alameda Alliance for Health or Delegate
	J1743	ELAPRASE (IDURSULFASE) 1 MG	Alameda Alliance for Health or Delegate
	J1745	REMICADE (INFLIXIMAB) EXCLUDE BIOSIMILAR 10 MG	Alameda Alliance for Health or Delegate
	J1786	CEREZYME (IMIGLUCERASE) 10 UNITS	Alameda Alliance for Health or Delegate
	J1826	INTERFERON BETA-1A INJ REBIF OR AVONEX 30 MCG	Alameda Alliance for Health or Delegate
	J1930	SOMATULINE DEPOT (LANREOTIDE) 1 MG	Alameda Alliance for Health or Delegate
	J1931	ALDURAZYME (LARONIDASE) 0.1MG	Alameda Alliance for Health or Delegate
	J1950	LEUPROLIDE ACETATE PER 3. 75 MG	Alameda Alliance for Health or Delegate
	J2323	NATALIZUMAB 1 MG	Alameda Alliance for Health or Delegate
	J2326	SPINRAZA (NUSINERSEN)	Alameda Alliance for Health or Delegate
	J2350	OCRELIZUMAB, 1MG	Alameda Alliance for Health or Delegate
	J2353	SANDOSTATIN (OCTREOTIDE, DEPOT) 1 MG	Alameda Alliance for Health or Delegate
	J2354	SANDOSTATIN (OCTREOTIDE NON- DEPOT) 25 MCG	Alameda Alliance for Health or Delegate
	J2357	XOLAIR (OMALIZUMAB) 5 MG	Alameda Alliance for Health or Delegate
	J2503	MACUGEN (PEGAPTANIB SODIUM) 0.3 MG	Alameda Alliance for Health or Delegate
	J2504	ADAGEN (PEGADEMASE BOVINE) 25 IU	Alameda Alliance for Health or Delegate
	J2506	PEGFILGRASTIM (NEULASTA) NO BIOSIMILAR	Alameda Alliance for Health or Delegate
	J2507	KRYSTEXXA (PEGLOTICASE) 1 MG	Alameda Alliance for Health or Delegate
	J2562	MOZOBIL (PLERIXAFOR) 1 MG	Alameda Alliance for Health or Delegate
	J2778	LUCENTIS (RANIBIZUMAB INJECTION) 0.1 MG	Alameda Alliance for Health or Delegate
	J2793	ARCALYST (RILONACEPT) 1 MG	Alameda Alliance for Health or Delegate
	J2796	NPLATE (ROMIPLOSTIM) 10 MCG	Alameda Alliance for Health or Delegate
	J2797	ROLAPITANT 0.5 MG	Alameda Alliance for Health or Delegate
	J2820	LEUKINE (SARGRAMOSTIM) 50 MCG	Alameda Alliance for Health or Delegate
J2916	NA FERRIC GLUCONATE COMPLEX 12.5 MG	Alameda Alliance for Health or Delegate	

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J2941	INJECTION, SOMATROPIN, 1 MG	Alameda Alliance for Health or Delegate
	J1301	RADICAVA (EDARAVONE)	Alameda Alliance for Health or Delegate
	J3111	ROMOSOZUMAB-AQQG (EVENITY) 1 MG	Alameda Alliance for Health or Delegate
	J3240	THYROTROPIN	Alameda Alliance for Health or Delegate
	J3262	ACTEMRA (TOCILIZUMAB) 1 MG	Alameda Alliance for Health or Delegate
	J3285	TREPROSTINIL 1 MG	Alameda Alliance for Health or Delegate
	J3315	TRIPTORELIN PAMOATE 3.75 MG	Alameda Alliance for Health or Delegate
	J3357	STELARA (USTEKINUMAB) 1 MG	Alameda Alliance for Health or Delegate
	J3380	VEDOLIZUMAB 1 MG	Alameda Alliance for Health or Delegate
	J3385	VPRIV (VELAGLUCERASE ALFA) 100 UNITS	Alameda Alliance for Health or Delegate
	J3396	VISUDYNE (VERTEPORFIN) 0.1 MG	Alameda Alliance for Health or Delegate
	J3399	ONASEMNOGENE ABEPAR (ZOLGENSMA)	Alameda Alliance for Health or Delegate
	J3490	UNCLASSIFIED DRUGS	Alameda Alliance for Health or Delegate
	J3590	UNCLASSIFIED BIOLOGICS	Alameda Alliance for Health or Delegate
	J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I. U. VWF:RCO <b>(Alliance Group Care only; carved out to State for Medi-Cal FFS Intermediary)</b>	Alameda Alliance for Health or Delegate
	J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I. U. <b>(Alliance Group Care only; carved out to State for Medi-Cal FFS Intermediary)</b>	Alameda Alliance for Health or Delegate
	J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN) <b>(Alliance Group Care only; carved out to State for Medi-Cal FFS Intermediary)</b>	Alameda Alliance for Health or Delegate
	J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO <b>(Alliance Group Care only; carved out to State for Medi-Cal FFS Intermediary)</b>	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM <b>(Alliance Group Care only; carved out to State for Medi-Cal FFS Intermediary)</b>	Alameda Alliance for Health or Delegate
	J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I. U. <b>(Alliance Group Care only; carved out to State for Medi-Cal FFS Intermediary)</b>	Alameda Alliance for Health or Delegate
	J7191	FACTOR VIII AHF PORCINE PER IU	Alameda Alliance for Health or Delegate
	J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED <b>(Alliance Group Care only; carved out to State for Medi-Cal FFS Intermediary)</b>	Alameda Alliance for Health or Delegate
	J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I. U. <b>(Alliance Group Care only; carved out to State for Medi-Cal FFS Intermediary)</b>	Alameda Alliance for Health or Delegate
	J7194	FACTOR IX, COMPLEX, PER I. U. <b>(Alliance Group Care only; carved out to State for Medi-Cal FFS Intermediary)</b>	Alameda Alliance for Health or Delegate
	J7195	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I. U. <b>(Alliance Group Care only; carved out to State for Medi-Cal FFS Intermediary)</b>	Alameda Alliance for Health or Delegate
	J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED <b>(Alliance Group Care only; carved out to State for Medi-Cal FFS Intermediary)</b>	Alameda Alliance for Health or Delegate
	J7321	HYALGAN/SUPARTZ (HYALURONATE) PER DOSE	Alameda Alliance for Health or Delegate
	J7322	HYMOVIS INJECTION 1 MG OR SYNVISIC (HYALURONIC ACID)	Alameda Alliance for Health or Delegate
	J7323	EUFLEXXA (SODIUM HYALURONATE) PER DOSE	Alameda Alliance for Health or Delegate
	J7324	ORTHOVISC (HYALURONIC ACID) PER DOSE	Alameda Alliance for Health or Delegate
	J7325	SYNVISC OR SYNVISIC-ONE (HYALURONIC ACID), 1 MG	Alameda Alliance for Health or Delegate



SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J7326	GEL-ONE (HYALURONATE)	Alameda Alliance for Health or Delegate
	J7336	CAPSAICIN 8% PATCH	Alameda Alliance for Health or Delegate
	J7504	LYMPHCYT GLOB EQUINE PARNTRAL 250MG	Alameda Alliance for Health or Delegate
	J7511	LYMPHCYT GLOB RABBIT PARNTRAL 25MG	Alameda Alliance for Health or Delegate
	J7599	IMMUNOSUPPRESSIVE DRUG NOC <b>(Alliance Group Care only; not covered by Medi-Cal)</b>	Alameda Alliance for Health or Delegate
	J7682	TOBRAMYCIN INHAL NON-CP UNIT 300 MG <b>(Alliance Group Care only; not covered by Medi-Cal)</b>	Alameda Alliance for Health or Delegate
	J7685	TOBRAMYCIN INHAL CP THRU DME 300 MG <b>(Alliance Group Care only; not covered by Medi-Cal)</b>	Alameda Alliance for Health or Delegate
	J9000	DOXORUBICIN HCL, 10 MG	Alameda Alliance for Health or Delegate
	J9015	ALDESLEUKIN 10 MG	Alameda Alliance for Health or Delegate
	J9017	ARSENIC TRIOXIDE 1 MG	Alameda Alliance for Health or Delegate
	J9019	ERWINAZE (ASPARAGINASE ERWINIA CHRYSANTHEMI) 1,000 IU	Alameda Alliance for Health or Delegate
	J9020	ELSPAR (ASPARAGINASE) 10,000 UNITS	Alameda Alliance for Health or Delegate
	J9021	ASPARAGINASE, RECOMBINANT, (RYLAZE)	Alameda Alliance for Health or Delegate
	J9022	ATEZOLIZUMAB,10 MG	Alameda Alliance for Health or Delegate
	J9023	AVELUMAB, 10 MG	Alameda Alliance for Health or Delegate
	J9025	VIDAZA (AZACITIDINE) 1MG	Alameda Alliance for Health or Delegate
	J9027	CLOFARABINE, 1 MG	Alameda Alliance for Health or Delegate
	J9029	NADOFARAGENE FIRADENOVEC-VNCG (ADSTILADRIN)	Alameda Alliance for Health or Delegate
	J9030	BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	Alameda Alliance for Health or Delegate
	J9032	BELINOSTAT, 10MG	Alameda Alliance for Health or Delegate
	J9033	BENDAMUSTINE 1MG	Alameda Alliance for Health or Delegate
	J9034	BENDEKA 1 MG	Alameda Alliance for Health or Delegate
	J9035	BEVACIZUMAB 10 MG	Alameda Alliance for Health or Delegate
	J9039	BLINATUMOMAB 1 MCG	Alameda Alliance for Health or Delegate
	J9041	BORTEZOMIB 0.1 MG	Alameda Alliance for Health or Delegate
	J9042	BRENTUXIMAB VEDOTIN 1 MG	Alameda Alliance for Health or Delegate
	J9043	CABAZITAXEL 1 MG	Alameda Alliance for Health or Delegate



SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J9045	CARBOPLATIN 50 MG	Alameda Alliance for Health or Delegate
	J9047	CARFILZOMIB 1 MG	Alameda Alliance for Health or Delegate
	J9055	CETUXIMAB 10MG	Alameda Alliance for Health or Delegate
	J9057	COPANLISIB, 1 MG	Alameda Alliance for Health or Delegate
	J9060	CISPLATIN 10 MG INJECTION	Alameda Alliance for Health or Delegate
	J9065	CLADRIBINE PER 1 MG	Alameda Alliance for Health or Delegate
	J9070	CYCLOPHOSPHAMIDE, 100 MG	Alameda Alliance for Health or Delegate
	J9119	CEMIPLIMAB-RWLC 1 MG	Alameda Alliance for Health or Delegate
	J9144	DARATUMUMAB AND HYALURONIDASE-FIHJ (DARZALEX)	Alameda Alliance for Health or Delegate
	J9145	DARATUMUMAB 10 MG	Alameda Alliance for Health or Delegate
	J9150	DAUNORUBICIN 10 MG	Alameda Alliance for Health or Delegate
	J9153	LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	Alameda Alliance for Health or Delegate
	J9155	DEGARELIX INJECTION	Alameda Alliance for Health or Delegate
	J9160	ONTAK (DENILEUKIN DIFTITOX) 300 MCG	Alameda Alliance for Health or Delegate
	J9171	DOCETAXEL 1 MG	Alameda Alliance for Health or Delegate
	J9173	DURVALUMAB, 10 MG	Alameda Alliance for Health or Delegate
	J9176	ELOTUZUMAB, 1MG	Alameda Alliance for Health or Delegate
	J9177	ENFORTUMAB VEDOTIN-EJFV, 0.25 MG (PADCEV)	Alameda Alliance for Health or Delegate
	J9178	EPIRUBICIN HCL, 2 MG	Alameda Alliance for Health or Delegate
	J9179	ERIBULIN MESYLATE 0.1 MG	Alameda Alliance for Health or Delegate
	J9181	ETOPOSIDE 10 MG	Alameda Alliance for Health or Delegate
	J9185	FLUDARABINE PHOSPHATE, 50 MG	Alameda Alliance for Health or Delegate
	J9198	GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	Alameda Alliance for Health or Delegate
	J9201	GEMCITABINE HCL 200 MG	Alameda Alliance for Health or Delegate
	J9202	ZOLADEX (GOSERELIN ACETATE IMPLANT), PER 3.6 MG	Alameda Alliance for Health or Delegate
	J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG	Alameda Alliance for Health or Delegate
	J9204	MOGAMULIZUMAB-KPKC 1 MG	Alameda Alliance for Health or Delegate
	J9205	IRINOTECAN LIPOSOME 1 MG	Alameda Alliance for Health or Delegate
	J9206	IRINOTECAN 20 MG	Alameda Alliance for Health or Delegate
	J9207	IXABEPILONE 1 MG	Alameda Alliance for Health or Delegate
J9208	IFOSFAMIDE 1 GRAM	Alameda Alliance for Health or Delegate	

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J9210	EMAPALUMAB-LZSG 1 MG	Alameda Alliance for Health or Delegate
	J9214	INTERFERON ALFA2B, RECOMBINANT 1 MILL U	Alameda Alliance for Health or Delegate
	J9217	LEUPROLIDE ACETATE, FOR DEPOT SUSP 7.5MG	Alameda Alliance for Health or Delegate
	J9219	LEUPROLIDE ACETATE IMPLANT	Alameda Alliance for Health or Delegate
	J9227	ISATUXIMAB-IRFC	Alameda Alliance for Health or Delegate
	J9228	YERVOY (IPILIMUMAB) 1 MG	Alameda Alliance for Health or Delegate
	J9229	INOTUZUMAB OZOGAMICIN, 0.1 MG	Alameda Alliance for Health or Delegate
	J9259	PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN REGENT)	Alameda Alliance for Health or Delegate
	J9260	METHOTREXATE SODIUM, 50MG	Alameda Alliance for Health or Delegate
	J9261	NELARABINE 50 MG	Alameda Alliance for Health or Delegate
	J9263	OXALIPLATIN 0.5 MG	Alameda Alliance for Health or Delegate
	J9264	PACLITAXEL PROTEIN BOUND 1 MG	Alameda Alliance for Health or Delegate
	J9266	ONCASPAR (PEGASPARGASE), PER SINGLE DOSE VIAL	Alameda Alliance for Health or Delegate
	J9267	PACLITAXEL 1 MG	Alameda Alliance for Health or Delegate
	J9269	TAGRAXOFUSP-ERZS 10 MCG	Alameda Alliance for Health or Delegate
	J9271	PEMBROLIZUMAB 1 MG	Alameda Alliance for Health or Delegate
	J9280	MITOMYCIN, 5 MG	Alameda Alliance for Health or Delegate
	J9281	MITOMYCIN	Alameda Alliance for Health or Delegate
	J9285	OLARATUMAB, 10 MG	Alameda Alliance for Health or Delegate
	J9293	MITOXANTRONE HYDROCHLORIDE PER 5 MG	Alameda Alliance for Health or Delegate
	J9295	NECITUMUMAB, 1 MG	Alameda Alliance for Health or Delegate
	J9299	NIVOLUMAB, 1 MG	Alameda Alliance for Health or Delegate
	J9301	OBINUTUZUMAB 10 MG	Alameda Alliance for Health or Delegate
	J9302	OFATUMUMAB 10 MG	Alameda Alliance for Health or Delegate
	J9303	VECTIBIX (PANITUMUMAB) 10 MG	Alameda Alliance for Health or Delegate
	J9304	INJECTION PEMETREXED PEMFEXY 10 MG	Alameda Alliance for Health or Delegate
	J9305	PEMETREXED 10 MG	Alameda Alliance for Health or Delegate
	J9306	PERJETA (PERTUZUMAB), 1 MG	Alameda Alliance for Health or Delegate
	J9307	FOLOTYN (PRALATREXATE) 1 MG	Alameda Alliance for Health or Delegate
	J9308	RAMUCIRUMAB 5 MG	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J9309	POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Alameda Alliance for Health or Delegate
	J9311	RITUXIMAB, HYALURONIDASE	Alameda Alliance for Health or Delegate
	J9312	RITUXIMAB, 10 MG	Alameda Alliance for Health or Delegate
	J9313	MOXETUMOMAB PASUDOTOX-TDFK	Alameda Alliance for Health or Delegate
	J9317	SACITUZUMAB GOVITECH-HZII	Alameda Alliance for Health or Delegate
	J9318	ROMIDEPSIN	Alameda Alliance for Health or Delegate
	J9319	ROMIDEPSIN LYOPHILIZED	Alameda Alliance for Health or Delegate
	J9322	PEMETREXED (BLUEPOINT)	Alameda Alliance for Health or Delegate
	J9323	PEMETREXED (HOSPIRA)	Alameda Alliance for Health or Delegate
	J9325	TALIMOGENE LAHERPAREPVEC	Alameda Alliance for Health or Delegate
	J9328	TEMOZOLOMIDE 1 MG	Alameda Alliance for Health or Delegate
	J9330	TEMSIROLIMUS 1 MG	Alameda Alliance for Health or Delegate
	J9349	MONJUVI (tafasitamab-cxix)	Alameda Alliance for Health or Delegate
	J9350	MOSUNETUZUMAB-AXGB (LUNSUMIO)	Alameda Alliance for Health or Delegate
	J9352	TRABECTEDIN 0.1MG	Alameda Alliance for Health or Delegate
	J9354	KADCYLA (ADO-TRASTUZUMAB EMTANSINE) 1MG	Alameda Alliance for Health or Delegate
	J9355	HERCEPTIN (TRASTUZUMAB) EXCLUDE BIOSIMILAR 10 MG	Alameda Alliance for Health or Delegate
	J9356	HERCEPTIN HYLECTA (TRASTUZUMAB AND HYALURONIDASE-OYSK) SC INJECTION (600MG/10,000 UNITS)	Alameda Alliance for Health or Delegate
	J9358	INJ FAM-TRSTUZUMB DRUXTCN-NXKI 1 MG	Alameda Alliance for Health or Delegate
	J9370	VINCRISTINE SULFATE, 1 MG	Alameda Alliance for Health or Delegate
	J9371	VINCRISTINE SUL LIP 1MG	Alameda Alliance for Health or Delegate
	J9380	TECLISTAMAB-CGYV (TECVAYLI)	Alameda Alliance for Health or Delegate
	J9381	TEPLIZUMAB-MZWV (TZIELD)	Alameda Alliance for Health or Delegate
	J9390	VINORELBINE TARTRATE, PER 10 MG	Alameda Alliance for Health or Delegate
	J9395	FULVESTRANT 25 MG	Alameda Alliance for Health or Delegate
	J9400	ZIV-AFLIBERCEPT 1MG	Alameda Alliance for Health or Delegate
	J9999	NOT OTHERWISE CLASS ANTINEOPLSTC DRUG	Alameda Alliance for Health or Delegate
	Q0138	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	Alameda Alliance for Health or Delegate
	Q0139	INJ FERUMOXYTOL TX IDA 1 MG ESRD	Alameda Alliance for Health or Delegate
	Q2041	AXICABTAGENE CILOLEUCEL CAR	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	Q2042	TISAGENLECLEUCEL CAR-POS T	Alameda Alliance for Health or Delegate
	Q2043	PROVENGE (SIPULEUCEL -T)	Alameda Alliance for Health or Delegate
	Q2049	DOXORUBICIN HCL,LIPOSOMAL (LIPODOX) 10MG	Alameda Alliance for Health or Delegate
	Q2050	DOXORUBICIN HCL LIPOSOMAL	Alameda Alliance for Health or Delegate
	Q2053	BREXUCABTAGENE CAR POS T	Alameda Alliance for Health or Delegate
	Q2054	LISOCABTAGENE CAR POS T	Alameda Alliance for Health or Delegate
	Q2055	IDECABTAGENE VICLEUCEL	Alameda Alliance for Health or Delegate
	Q4081	EPOETIN ALFA, 100 UNITS ESRD	Alameda Alliance for Health or Delegate
	Q5101	FILGRASTIM-SNDZ (ZARXIO) 1 MCG BIOSIMILAR	Alameda Alliance for Health or Delegate
	Q5103	INFLIXIMAB-DYYB (INFLECTRA) 10 MG BIOSIMILAR	Alameda Alliance for Health or Delegate
	Q5104	INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	Alameda Alliance for Health or Delegate
	Q5105	EPOETIN ALFA-EPBX 100 UNITS BIOSIMILAR, (RETACRIT) ESRD	Alameda Alliance for Health or Delegate
	Q5106	EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Alameda Alliance for Health or Delegate
	Q5107	BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Alameda Alliance for Health or Delegate
	Q5108	PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	Alameda Alliance for Health or Delegate
	Q5109	INJ INFLIXIMAB-QBTX BIOSIMILR 10 MG	Alameda Alliance for Health or Delegate
	Q5110	FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	Alameda Alliance for Health or Delegate
	Q5111	PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	Alameda Alliance for Health or Delegate
	Q5112	TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG	Alameda Alliance for Health or Delegate
	Q5113	TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MG	Alameda Alliance for Health or Delegate
	Q5114	TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	Alameda Alliance for Health or Delegate
	Q5115	RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	Alameda Alliance for Health or Delegate
	Q5116	TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Alameda Alliance for Health or Delegate
	Q5117	TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Alameda Alliance for Health or Delegate
	Q5118	BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Alameda Alliance for Health or Delegate
	Q5119	RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Alameda Alliance for Health or Delegate
	Q5120	PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO) 0.5 MG	Alameda Alliance for Health or Delegate
	Q5121	INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Alameda Alliance for Health or Delegate
	Q5122	PEGFILGRASTIM-APGF (NYVPERIA) BIOSIMILAR	Alameda Alliance for Health or Delegate
	Q5126	BEVACIZUMAB-MALY (ALYMSYS) BIOSIMILAR	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	Q5127	PEGFILGRASTIM-FPGK (STIMUFEND) BIOSIMILAR	Alameda Alliance for Health or Delegate
	Q5128	RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR	Alameda Alliance for Health or Delegate
	Q5129	BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR	Alameda Alliance for Health or Delegate
	Q5130	PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR	Alameda Alliance for Health or Delegate
	Q5131	ADALIMUMAB-AACF (IDACIO)	Alameda Alliance for Health or Delegate
	S0013	ESKETAMINE	Alameda Alliance for Health or Delegate