



## **Important Update: Utilization Management (UM) Medication (Physician or Facility-Administered Medications/Injections in All Settings) 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 (including physician or facility-administered medications/injections in all settings) codes that require prior authorization.** This does not include outpatient pharmacy services through the member's pharmacy benefit.

**This will affect claims with the date(s) of service starting Friday, September 1, 2023, 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 in order 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.

In addition to the codes, our claims system will also 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 (enter year) and was confirmed to be covered by the California Department of Health Care Services (DHCS).

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<br>(cont.) | J0641          | LEVOLEUCOVORIN 0.5 MG   | Alameda Alliance for Health or Delegate |
|                           | J0717          | CERTOLIZUMAB PEGOL 1MG  | Alameda Alliance for Health or Delegate |
|                           | J0800          | INJECTION CORTICOTROPIN UP 40 UNITS<br><b>(Alliance Group Care only; not covered by Medi-Cal)</b> | 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 |
|                           | 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 |
|                           | J1568          | OCTAGAM (IMMUNE GLOBULIN) 500 MG  | Alameda Alliance for Health or Delegate |

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|---------------------------|-----------------------------|--|---|
| UM Medications<br>(cont.) | 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 |
|                           | J1726                       | MAKENA, 10 MG                                  | 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 |
|                           | 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 |
| J2941                     | INJECTION, SOMATROPIN, 1 MG | Alameda Alliance for Health or Delegate        |   |

| SERVICE CATEGORY          | PROCEDURE CODE | PROCEDURE CODE DESCRIPTION   | SUBMIT AUTHORIZATION REQUEST TO         |
|---------------------------|----------------|--|---|
| UM Medications<br>(cont.) | 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 |
|                           | J3490          | UNCLASSIFIED DRUGS   | Alameda Alliance for Health or Delegate |
|                           | J3490          | TECENTRIQ  | Alameda Alliance for Health or Delegate |
|                           | J3490 with     | HUMIRA (ADALIMUMAB) 20 MG  | 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<br><b>(Alliance Group Care only; carved out to State for Medi-Cal)</b>       | Alameda Alliance for Health or Delegate |
|                           | J7185          | INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I. U.<br><b>(Alliance Group Care only; carved out to State for Medi-Cal)</b> | Alameda Alliance for Health or Delegate |
|                           | J7186          | INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN)<br><b>(Alliance Group Care only; carved out to State for Medi-Cal)</b>     | Alameda Alliance for Health or Delegate |
|                           | J7187          | INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO<br><b>(Alliance Group Care only; carved out to State for Medi-Cal)</b>             | Alameda Alliance for Health or Delegate |
|                           | J7189          | FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM<br><b>(Alliance Group Care only; carved out to State for Medi-Cal)</b>               | Alameda Alliance for Health or Delegate |
|                           | J7190          | FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I. U.<br><b>(Alliance Group Care only; carved out to State for Medi-Cal)</b>                            | Alameda Alliance for Health or Delegate |

| SERVICE CATEGORY          | PROCEDURE CODE | PROCEDURE CODE DESCRIPTION   | SUBMIT AUTHORIZATION REQUEST TO         |
|---------------------------|----------------|--|---|
| UM Medications<br>(cont.) | J7191          | FACTOR VIII AHF PORCINE PER IU<br><b>(Alliance Group Care only; carved out to State for Medi-Cal)</b>  | Alameda Alliance for Health or Delegate |
|                           | J7192          | FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.,<br>NOT OTHERWISE SPECIFIED<br><b>(Alliance Group Care only; carved out to State for Medi-Cal)</b> | Alameda Alliance for Health or Delegate |
|                           | J7193          | FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-<br>RECOMBINANT) PER I. U.<br><b>(Alliance Group Care only; carved out to State for Medi-Cal)</b>            | Alameda Alliance for Health or Delegate |
|                           | J7194          | FACTOR IX, COMPLEX, PER I. U.<br><b>(Alliance Group Care only; carved out to State for Medi-Cal)</b>   | Alameda Alliance for Health or Delegate |
|                           | J7195          | FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I. U.<br><b>(Alliance Group Care only; carved out to State for Medi-Cal)</b>                              | Alameda Alliance for Health or Delegate |
|                           | J7199          | HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED<br><b>(Alliance Group Care only; carved out to State for Medi-Cal)</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          | ORTHOVISIC (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 |
|                           | 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<br><b>(Alliance Group Care only; not covered by Medi-Cal)</b>   | Alameda Alliance for Health or Delegate |
|                           | J7639          | PULMOZYME (DORNASE ALFA) NON-COMP UNIT<br><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<br><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<br><b>(Alliance Group Care only; not covered by Medi-Cal)</b>  | Alameda Alliance for Health or Delegate |

| SERVICE CATEGORY          | PROCEDURE CODE                                      | PROCEDURE CODE DESCRIPTION                            | SUBMIT AUTHORIZATION REQUEST TO         |
|---------------------------|---|---|---|
| UM Medications<br>(cont.) | 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 |
|                           | 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 |
|                           | 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               |   |

| SERVICE CATEGORY          | PROCEDURE CODE                                | PROCEDURE CODE DESCRIPTION                      | SUBMIT AUTHORIZATION REQUEST TO         |
|---------------------------|---|---|---|
| UM Medications<br>(cont.) | 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 |
|                           | 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 |
|                           | 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         |   |



| SERVICE CATEGORY          | PROCEDURE CODE | PROCEDURE CODE DESCRIPTION                       | SUBMIT AUTHORIZATION REQUEST TO         |
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| UM Medications<br>(cont.) | 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 |
|                           | 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-HZIY                        | Alameda Alliance for Health or Delegate |
|                           | J9318          | ROMIDEPSIN                                       | Alameda Alliance for Health or Delegate |
|                           | J9319          | ROMIDEPSIN LYOPHILIZED                           | 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 |
|                           | 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 |

| SERVICE CATEGORY          | PROCEDURE CODE                                       | PROCEDURE CODE DESCRIPTION   | SUBMIT AUTHORIZATION REQUEST TO         |
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| UM Medications<br>(cont.) | 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 |
|                           | 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 |
|                           | Q2042  | TISAGENLECLEUCEL CAR-POS T   | Alameda Alliance for Health or Delegate |
|                           | Q2043  | TISAGENLECLEUCEL CAR-POS T   | Alameda Alliance for Health or Delegate |
|                           | Q2049  | DOXORUBICIN HCL,LIPOSOMAL,LIPODOX 10MG   | Alameda Alliance for Health or Delegate |
|                           | Q2050  | PROVENGE (SIPULEUCEL -T)   | 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  | DOXORUBICIN HCL LIPOSOMAL  | Alameda Alliance for Health or Delegate |
|                           | Q5101  | EPOETIN ALFA, 100 UNITS ESRD   | 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  |   |

| SERVICE CATEGORY          | PROCEDURE CODE | PROCEDURE CODE DESCRIPTION                         | SUBMIT AUTHORIZATION REQUEST TO         |
|---------------------------|----------------|--|---|
| UM Medications<br>(cont.) | 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-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG | Alameda Alliance for Health or Delegate |