



## Ambetter from Buckeye Health Plan

**Medications that will require PA for Ambetter members of all ages through the MEDICAL benefit beginning 6/1/2021**

C9047 CAPLACIZUMAB-YHDP INJECTION

J0185 APREPITANT INJECTION

J0594 BUSULFAN 1 MG INJECTION

J0640 LEUCOVORIN CALCIUM PER 50 MG INJECTION

J0894 DECITABINE 1 MG INJECTION

J1453 FOSAPREPITANT 1 MG INJECTION

J1560 GAMMA GLOBULIN INTRAMUSCULAR, 10 CC

J1599 IVIG NON-LYOPHILIZED, NOS

J1626 GRANISETRON HYDROCHLORIDE 100 MCG INJECTION

J2430 PAMIDRONATE DISODIUM PER 30 MG INJECTION (PA required for hematology/oncology only)

J2790 RHO D IMMUNE GLOBULIN INJECTION (No PA required for OB/GYN & perinatologist)

J3490 TRILACICLIB INJECTION

J3590 GLUCARPIDASE INJECTION

J3590 CAPLACIZUMAB-YHDP INJECTION

J3590 NAXITAMAB-GQGK INJECTION

J3590 PEGINTERFERON ALFA-2A INJECTION

J9000 DOXORUBICIN HCL INJECTION

J9015 ALDESLEUKIN INJECTION PER SINGLE USE VIAL

J9017 ARSENIC TRIOXIDE INJECTION 1 MG

J9019 ERWINAZE INJECTION

J9025 AZACITIDINE 1 MG INJECTION

J9027 CLOFARABINE 1 MG INJECTION

J9032 BELINOSTAT INJECTION

J9033 BENDAMUSTINE INJECTION (TREANDA)

J9034 BENDAMUSTINE (RAPID INFUSION BENDEKA)

J9035 BEVACIZUMAB 10 MG INJECTION (No PA required for ophthalmology)\*\*\*This is not the preferred agent\*\*\*  
Mvasi or Zirabev are the preferred agents

J9037 BELANTAMAB MAFODOTIN-BLMF INJECTION

J9039 BLINATUMOMAB INJECTION

J9040 BLEOMYCIN SULFATE 15 UNITS INJECTION

J9041 BORTEZOMIB (VELCADE) FOR IV/SQ INJECTION

J9043 CABAZITAXEL INJECTION

J9045 CARBOPLATIN 50 MG INJECTION

J9050 CARMUSTINE 100 MG INJECTION

J9055 CETUXIMAB 10 MG INJECTION

J9060 CISPLATIN POWDER OR SOLUTION 10 MG INJECTION

J9065 CLADRIBINE PER 1 MG INJECTION

J9070 CYCLOPHOSPHAMIDE 100 MG INJECTION

J9100 CYTARABINE 100 MG INJECTION

J9120 DACTINOMYCIN 0.5 MG INJECTION

J9130 DACARBAZINE 100 MG INJECTION

J9145 DARATUMUMAB INJECTION

J9150 DAUNORUBICIN 10 MG INJECTION

J9171 DOCETAXEL 1 MG INJECTION

J9176 ELOTUZUMAB INJECTION

J9178 EPIRUBICIN INJECTION

J9179 ERIBULIN MESYLATE INJECTION

J9181 ETOPOSIDE INJECTION

J9185 FLUDARABINE PHOSPHATE 50 MG INJECTION

J9190 FLUOROURACIL 500 MG INJECTION

J9200 FLOXURIDINE 500 MG INJECTION

J9201 GEMCITABINE HCL 200 MG INJECTION

J9205 IRINOTECAN LIPOSOME INJECTION

J9206 IRINOTECAN 20 MG INJECTION

J9207 IXABEPILONE 1 MG INJECTION

J9208 IFOSFAMIDE 1 G INJECTION

J9209 MESNA 200 MG INJECTION

J9211 IDARUBICIN HCL 5 MG INJECTION  
J9223 LURBINECTEDIN INJECTION  
J9228 IPILIMUMAB INJECTION  
J9245 MELINJECTION MELPHALAN HCL 50 MG INJECTION  
J9250 METHOTREXATE SODIUM INJ 5 MG  
J9260 METHOTREXATE SODIUM INJ 50 MG  
J9261 NELARABINE 50 MG INJECTION  
J9263 OXALIPLATIN 0.5 MG INJECTION  
J9266 PEGASPARGASE INJECTION PER SINGLE DOSE VIAL  
J9267 PACLITAXEL INJECTION  
J9268 PENTOSTATIN 10 MG INJECTION  
J9280 MITOMYCIN 5 MG INJECTION  
J9295 NECITUMUMAB INJECTION  
J9301 OBINUTUZUMAB INJECTION  
J9302 OFATUMUMAB INJECTION  
J9303 PANITUMUMAB 10 MG INJECTION  
J9305 PEMETREXED 10 MG INJECTION  
J9307 PRALATREXATE 1 MG INJECTION  
J9308 RAMUCIRUMAB INJECTION  
J9315 ROMIDEPSIN INJECTION  
J9320 STREPTOZOCIN 1 G INJECTION  
J9325 TALIMOGENE LAHERPAREPVEC INJECTION  
J9328 TEMOZOLOMIDE 1 MG INJECTION  
J9330 TEMSIROLIMUS 1 MG INJECTION  
J9340 THIOTEPA 15 MG INJECTION  
J9349 TAFASITAMAB-CXIX INJECTION  
J9351 TOPOTECAN 0.1 MG INJECTION  
J9352 TRABECTEDIN INJECTION  
J9357 VALRUBICIN INTRAVESICAL 200 MG INJECTION  
J9360 VINBLASTINE SULFATE 1 MG INJECTION  
J9370 VINCRIStINE SULFATE 1 MG INJECTION

J9390 VINORELBINE TARTRATE 10 MG INJECTION

J9395 FULVESTRANT 25 MG INJECTION

J9600 PORFIMER SODIUM 75 MG INJECTION

J9999 MELPHALAN FLUFENMAIDE INJECTION

J9999 PEGINTERFERON ALFA-2B (SYLATRON) INJECTION

J9999 MARGETUXIMAB-CMKB INJECTION

J9999 DINUTUXIMAB INJECTION

J9999 RITUXIMAB-ARRX (RIABNI) INJECTION\*\*This is not the preferred agent\*\* Q5119 Ruxience is the preferred agent.

P9045 ALBUMIN (HUMAN) 5%, 250ML INJECTION

P9046 ALBUMIN (HUMAN) 25%, 20ML INJECTION

P9047 ALBUMIN (HUMAN) 25%, 50ML INJECTION

Q2017 TENIPOSIDE 50 MG INJECTION

Q2049 IMPORTED LIPODOX INJECTION

Q2050 LIPOSOMAL DOXORUBICIN INJECTION

Q5122 PEGFILGRASTIM-APGF INJECTION \*\*This is not the preferred agent\*\* Q5101 Zarxio is the preferred agent. If clinically unable to use Zarxio, Q5120 Ziextenzo is the preferred agent.