



Code updates

The following code is covered for all lines of business. No prior authorization is required:

Code	Description	Effective
V2785	Processing, preserving and transporting corneal tissue	9/1/2020

As a reminder the following codes are not covered under the medical benefit:

Code	Description
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant
Q0511	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for the first prescription in a 30-day period
Q0512	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for a subsequent prescription in a 30-day period
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days

As a reminder, the following code is covered when prior authorized:

Code	Description
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi

The following service is not covered for My Care Family members:

Code	Description	Effective
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	11/1/2020

The following services/devices are not covered per benefits for all lines of business:

Code	Description	Effective
NA	Sanesco/Neuro-Lab Specimen collection kit	NA

The following drugs/services are covered under the medical benefit for all lines of business when prior authorized:

Code	Description	Drug	Effective
J9217*	Leuprolide acetate (for depot suspension), 7.5 mg	Fensolvi	7/30/2020

*J9217 represents various leuprolides. Prior authorization request for **Fensolvi** should be submitted to AllWays Health Partners for review until such time the drug is added to [the medications authorized by NovoLogix list](#).

The following drugs/services are covered under the medical benefit for all lines of business. No prior authorization is required:

Code	Description	Drug	Effective
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Enhertu	7/30/2020
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Padcev	7/30/2020
No Specific code	Injection IV, isatuximab-irfc (<i>will be represent by J9999 Not otherwise classified, antineoplastic drugs (chemotherapy drug)</i>)	Sarclisa	7/30/2020
No Specific code	Injection subcutaneous, pertuzumab/ trastuzumab/ hyaluronidase-zzxf subcutaneous injection (<i>will be represent by J9999 Not otherwise classified, antineoplastic drugs (chemotherapy drug)</i>)	Phesgo	7/30/2020