Denied Drug Codes – Pharmacy Benefit Drugs (for Arizona Only)

Policy Number: CS2024D0990U
Effective Date: September 1, 2024

⮌ Instructions for Use

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Related Policies
None

Application

This Medical Benefit Drug Policy only applies to the state of Arizona.

Coverage Rationale

This Medical Benefit Drug Policy applies to the UnitedHealthcare Community Plan of Arizona.

This policy applies to services reported using both the 1500 Health Insurance Claim Form (also known as CMS-1500) and the UB-04 form, their electronic equivalent, and their successor forms. This policy applies to all:
- Network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals
- Network and non-network facilities including, but not limited to, non-network authorized and percent of charge contract facilities

The Arizona Health Care Cost Containment System (AHCCCS) provides direction on how Managed Care Organizations should handle claims for specific medications that fall under their Catastrophic Reinsurance Program. AHCCCS requires that all biologic/high-cost specialty drugs included in this program must be reimbursed on a pharmacy claim form. As such, to be in compliance with these state requirements, the injectable medications identified in this policy will only be reimbursed under the outpatient pharmacy benefit for UnitedHealthcare Community Plan of Arizona members.

The following specialty drugs (as identified by their HCPCS code) will be denied from paying on a medical professional and outpatient facility claim:

Medication/Brand Name	HCPCS Code	Medication/Brand Name	HCPCS Code
Acthar Gel	J0801	Ixinity	J7213
Advate	J7192	Jivi	J7208
Adynovate	J7207	Kalbitor	J1290
Afstyla	J7210	Kanuma	J2840
Aldurazyme	J1931	Koate / Koate DVI	J7190
Alphanate	J7186	Kovaltry	J7211
AlphaNine SD	J7193	Lumizyme	J0221
Alprolix	J7201	Luxturna	J3398
Altuviiio	J7214	Novoeight	J7182

Medication/Brand Name	HCPCS Code	Medication/Brand Name	HCPCS Code
Amondys 45	J1426	NovoSeven RT	J7189
Amvuttra	J0225	Nuwiq	J7209
Bebulin	J7194	Obizur	J7188
Benefix	J7195	Oxlumo	J0224
Breyanzi	Q2054	Profilnine SD	J7194
Ceprotin	J2724	Rebinyn	J7203
Cerezyme	J1786	Recombinate	J7192
Cinryze	J0598	Revcovi	J3490/J3590/C9399
Coagadex	J7175	RiaSTAP	J7178
Corifact	J7180	Rixubis	J7200
Elaprase	J1743	Ruconest	J0596
Elelyso	J3060	Sevenfact	J7212
Elevidys	J1413	Skysona	J3490/J3590/C9399
Eloctate	J7205	Soliris	J1300
Esperoct	J7204	Spinraza	J2326
Exondys 51	J1428	Takhzyro	J0593
Fabrazyme	J0180	Tretten	J7181
Feiba NF	J7198	Ultomiris	J1303
Fibryga	J7177	Viltepso	J1427
Firazyr	J1744	Vonvendi	J7179
Gamifant	J9210	VPRIV	J3385
Gattex	J3490/J3590/C9399	Vyjuvek	J3401
Haegarda	J0599	Vyondys 53	J1429
Hemlibra	J7170	Wilate	J7183
Hemofil M	J7190	Xyntha	J7185
Hemophilia Clotting Factor NOC	J7199	Zolgensma	J3399
Humate-P	J7187	Zynteglo	J3393
Idelvion	J7202		

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
C9399	Unclassified drugs or biologicals
J0180	Injection, agalsidase beta, 1 mg
J0205	Injection, alglucerase, per 10 units
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg
J0224	Injection, lumasiran, 0.5 mg
J0225	Injection, vutrisiran, 1 mg
J0593	Injection, lanadelumab-flyo, Takhzyro, 1 mg

HCPCS Code	Description
J0596	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units
J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units
J0599	Injection, C1 esterase inhibitor (human), Haegarda, 10 units
J0801	Injection, corticotropin (acthar gel), up to 40 units
J1290	Injection, ecallantide, 1 mg
J1300	Injection, eculizumab, 10 mg
J1303	Injection, ravulizumab-cwvz, 10 mg
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose
J1426	Injection, casimersen, 10 mg
J1427	Injection, viltolarsen, 10 mg
J1428	Injection, eteplirsen, 10 mg
J1429	Injection, golodirsen, 10 mg
J1743	Injection, idursulfase, 1 mg
J1744	Injection, icatibant, 1 mg
J1786	Injection, imiglucerase, 10 units
J1931	Injection, laronidase, 0.1 mg
J2326	Injection, nusinersen, 0.1 mg
J2724	Injection, protein C concentrate, intravenous, human, 10 IU
J2840	Injection, sebelipase alfa, 1 mg
J3060	Injection, taliglucerase alfa, 10 units
J3385	Injection, velaglucerase alfa, 100 units
J3393	Injection, betibeglogene autotemcel, per treatment
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
J3399	Injection, Onasemnogene abeparvovec-xioi, per treatment, up to $5x10^{15}$ vector genomes
J3490	Unclassified drugs
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml
J3590	Unclassified biologics
J7170	Injection, emicizumab-kxwh, 0.5 mg
J7175	Injection, factor X, (human), 1 IU
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
J7179	Injection, Von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo
J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU
J7181	Injection, factor XIII A-subunit, (recombinant), per IU
J7182	Injection, factor VIII, (antihemophilic factor, recombinant), (Novoeight), per IU
J7183	Injection, Von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO
J7185	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU
J7186	Injection, antihemophilic factor VIII/Von Willebrand factor complex (human), per factor VIII I.U.
J7187	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO
J7188	Injection, factor VIII (antihemophilic factor, recombinant), (Obizur), per IU
J7189	Factor VIIa (antihemophilic factor, recombinant), (NovoSeven RT), 1 mcg
J7190	Factor VIII [antihemophilic factor (human)] per IU
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU

HCPCS Code	Description
J7194	Factor IX, complex, per IU
J7195	Injection factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified
J7198	Anti-inhibitor, per IU
J7199	Hemophilia clotting factor, not otherwise classified
J7200	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU
J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU
J7202	Injection, factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu
J7205	Injection, factor VIII, Fc fusion protein (recombinant), per IU
J7207	Injection, factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.
J7209	Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU
J7210	Injection, factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU
J7211	Injection, factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg
J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviiio), per factor viii i.u.
J9210	Injection, emapalumab-lzsg, 1 mg
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose

Coding Clarification: When a drug product listed in the Coverage Rationale section does not have its own assigned J code or Q code, claim submission with either of the miscellaneous codes, J3490 or J3590, or with C9399, is also not reimbursable on a professional or UB claim.

References

1. Arizona Health Care Cost Containment System, Reinsurance Information. Available at Reinsurance Information (azahcccs.gov). Accessed March 31, 2023.

2. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.

3. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release & Code Sets.

Policy History/Revision Information

Date	Summary of Changes

09/01/2024	**Coverage Rationale**
	• Revised list of specialty drugs that will be denied from paying on a medical professional and outpatient facility claim:
	  o Added:
	    ▪ Elevidys (HCPCS code J1413)
	    ▪ Skysona (HCPCS codes C9399, J3490, and J3590)
	  o Updated list of applicable HCPCS codes for Zynteglo; replaced C9399, J3490, and J3590 with J3393
	Applicable Codes
	• Added HCPCS codes J1413 and J3393
	Supporting Information
	• Archived previous policy version CS2024D0990T

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.