

# Denied Drug Codes – Pharmacy Benefit Drugs

Policy Number: CS2021D0990J  
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[Instructions for Use](#)

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Related Policies
None

## Application

This Medical Benefit Drug Policy does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:

State	Policy/Guideline
Indiana	None
Kansas	None
Kentucky	None
Louisiana	<a href="#">Denied Drug Codes – Pharmacy Benefit Drugs (for Louisiana Only)</a>
Mississippi	None
North Carolina	None
Tennessee	None
Texas	None
Wisconsin	None

### Additional State Considerations

- For the state of Arizona: In addition to the drug codes identified in the [Coverage Rationale](#) section, Arizona Medicaid also utilizes their own state-identified drug codes list which is included in this policy: [Arizona Only Non-Covered Drug Codes List](#).
- For the states of California and New York: Only Synagis (90378) and Xolair (J2357) will be processed under the medical benefit and are excluded from this policy. All other codes will deny.
- For the state of Nebraska: Only Synagis (90378) will deny. All other codes listed will be processed under the medical benefit and will be excluded from this policy.

## Coverage Rationale

This Medical Benefit Drug Policy applies to UnitedHealthcare Community Plan Medicaid products.

This policy applies to services reported using both the 1500 Health Insurance Claim Form (a/k/a 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.

For UnitedHealthcare Community Plan Medicaid products with a pharmacy benefit that UnitedHealthcare Community Plan manages, there are certain specialty injectable products that are only covered under the members' pharmacy benefit. Therefore, they should not be reimbursed through the medical benefit on a medical claim. This policy serves two purposes:

- Prevent paying for the same medication for the same member twice, once on a pharmacy claim and once on a medical claim.
- Prevent inappropriate and/or excessive use of these medications that is not consistent with current practices and evidence-based literature. This is achieved through a clinical review of the medication, as performed by the UnitedHealthcare Community Plan pharmacy department, prior to claim processing on the pharmacy benefit through the Pharmacy Benefit Administrator.

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

Medication/Brand Name	CPT/HCPCS Code	Description
Avonex	J1826	Injection, interferon beta-1a, 30 mcg
	Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use
Betaseron, Extavia	J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Cimzia	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Copaxone, Glatiramer, Glatopa	J1595	Injection, glatiramer acetate, 20 mg
Enbrel	J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Firazyr	J1744	Injection, icatibant, 1 mg
Forteo	J3110	Injection, teriparatide, 10 mcg
Genotropin, Humatrope, Norditropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive (Somatroprin)	J2941	Injection, somatropin, 1 mg
Haegarda	J0599	Injection, C1 esterase inhibitor (human), (Haegarda), 10 units
Humira	J0135	Injection, adalimumab, 20 mg
Increlex	J2170	Injection, mecasecmin, 1 mg
Infergen	J9212	Injection, interferon alfacon-1, recombinant, 1 mcg
Pegasys	S0145	Injection, PEGylated interferon alfa-2A, 180 mcg per ml
Peg-Intron	S0148	Injection, PEGylated interferon alfa-2B, 10 mcg
Pulmozyme	J7639	Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
Rebif	J1826	Injection, interferon beta-1a, 30 mcg
	Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use
Stelara	J3357	Ustekinumab, for subcutaneous injection, 1 mg

Medication/Brand Name	CPT/HCPCS Code	Description
Synagis	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
Tobramycin (for inhalation)	J7682	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg
Tremfya	J1628	Injection, guselkumab, 1 mg
Xolair	J2357	Injection, omalizumab, 5 mg

Some states may include additional drugs as part of this policy due to specific requirements. Refer to the [Application](#) section for details.

## 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.

CPT Code	Description
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each

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HCPCS Code	Description
J0135	Injection, adalimumab, 20 mg
J0599	Injection, c-1 esterase inhibitor (human), (Haegarda), 10 units
J0717	Injection, certolizumab pegol, 1 mg (Code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1438	Injection, etanercept, 25 mg (Code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1595	Injection, glatiramer acetate, 20 mg
J1628	Injection, guselkumab, 1 mg
J1744	Injection, icatibant, 1 mg
J1826	Injection, interferon beta-1a, 30 mcg
J1830	Injection interferon beta-1b, 0.25 mg (Code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J2170	Injection, mecasecmin, 1 mg
J2357	Injection, omalizumab, 5 mg
J2941	Injection, somatropin, 1 mg
J3110	Injection, teriparatide, 10 mcg
J3357	Ustekinumab, for subcutaneous injection, 1 mg
J7639	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram
J7682	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use

HCPCS Code	Description
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml
S0148	Injection, pegylated interferon alfa-2B, 10 mcg

### Arizona Only Non-Covered Drug Codes List

In addition to the drugs/codes listed above, the following drugs/codes are also included in the non-covered drug codes list for Arizona.

HCPCS Code	Description
C9075	Injection, casimersen, 10 mg
C9399	Unclassified drugs or biologicals (for Revcovi only)
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
J0596	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units
J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units
J0800	Injection, corticotropin, up to 40 units
J1300	Injection, eculizumab, 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
J3060	Injection, taliglucerase alfa, 10 units
J3385	Injection, velaglucerase alfa, 100 units
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
J3490	Unclassified drugs (for Revcovi and Amondys 45 only)
J3590	Unclassified biologics (for Revcovi and Amondys 45 only)
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

HCPCS Code	Description
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
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

Coding Clarification: When a drug product in the above list 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. American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services.
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
09/01/2021	<p><b>Applicable Codes</b>  <b>Arizona Only Non-Covered Drug Codes List</b></p> <ul style="list-style-type: none"> <li>• Added HCPCS codes C9075, J0224, J1427, J1429, J3398, J7204, and J7212</li> <li>• Added notation to indicate HCPCS codes J3490 and J3590 apply to Amondys 45</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version CS2021D0990I</li> </ul>

## 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<sup>®</sup> 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.