Drugs and Biologicals Payment Policy

Payment Rules for Post-Service Claims Edit Drugs
for Commercial, Exchange, and Medicaid lines of business*.

***For Medicare Coverage Rules**: Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist, and where they do, Prime determinations are compliant with CMS guidance. CMS guidance can be accessed in the Medicare Coverage Database (MCD) at https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan. Medicare Part B Administrative Contractor (MAC) Jurisdictions can be found at the end of this document.*
†Applicable to Medicaid Line of Business Only   ***‡ Applicable to Exchange Line of Business Only***

<table>
<tr><th>Policy</th><th>Description</th></tr>
<tr><td rowspan="2">Paclitaxel Albumin-Bound (Abraxane®) †</td><td>Fallon Health limits coverage of J9264 to the following:
Kaposi Sarcoma
• 300 billable units per 28 days
NSCLC
• 900 billable units per 21 days
Cervical Cancer, Biliary Tract Cancers, Vaginal Cancer, & Ampullary Adenocarcinoma
• 900 billable units per 28 days
Breast Cancer, Small Bowel Adenocarcinoma, Pancreatic Adenocarcinoma, Ovarian Cancer, Fallopian Tube & Primary Peritoneal Cancer, Endometrial Carcinoma
• 2800 billable units per 84 days
Cutaneous & Uveal Melanoma
• 1200 billable units per 28 days</td></tr>
<tr><td>Coverage of J9264 will not be compensated when one of the following diagnoses is not present on the claim: C17.0, C17.1, C17.2, C17.3, C17.8, C17.9, C22.1, C23, C24.0, C24.1, C24.8, C24.9, C25.0, C25.1, C25.2, C25.3, C25.7, C25.8, C25.9, C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C43.0, C43.111, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, C46.0, C46.1, C46.2, C46.3, C46.4, C46.50, C46.51, C46.52, C46.7, C46.9, C48.1, C48.2, C48.8, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C52, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.3, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C69.30, C69.31, C69.32, C69.40, C69.41, C69.42, C69.60, C69.61, C69.62, Z85.068, Z85.07, Z85.09, Z85.118, Z85.3, Z85.42, Z85.43.</td></tr>
<tr><td>Aflibercept † (Ahzantive®, Enzeevu®, Eylea®, Eylea® HD, Opuviz®, Pavblu®</td><td>Fallon Health limits coverage of Aflibercept (J0178; J0177; Q5147; Q5249; Q5150; Q5153) to the following:
<table>
<tr><th rowspan="2">Diagnosis</th><th colspan="2">Eylea, Ahzantive, Enzeevu, Opuviz, Pavblu</th><th colspan="2">Eylea HD</th></tr>
<tr><th>Initial Dosing</th><th>Maintenance Dosing</th><th>Initial Dosing</th><th>Maintenance Dosing</th></tr>
</table></td></tr>
</table>

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	Neovascular age-related macular degeneration (AMD)	4 units (4 mg) every 28 days x 3 doses	4 units (4 mg) every 28 days	16 units (16 mg) every 25 days x 3 doses	16 units (16 mg) every 56 days
	Macular edema following retinal vein occlusion (RVO)	4 units (4 mg) every 28 days	4 units (4 mg) every 28 days	N/A	N/A
	Diabetic Macular Edema (DME)/ Diabetic Retinopathy (DR)	4 units (4 mg) every 28 days x 5 doses	4 units (4 mg) every 28 days	16 units (16 mg) every 25 days x 3 doses	16 units (16 mg) every 56 days
	Retinopathy of Prematurity (ROP)	4 unit (4 mg) x 1 dose	4 units (4 mg) every 10 days x 2 doses	N/A	N/A
	Coverage of J0178; J0177; Q5147; Q5249; Q5150; Q5153 will not be compensated when one of the following diagnoses is not present on the claim: E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3219, E08.3291, E08.3292, E08.3293, E08.3299, E08.3311, E08.3312, E08.3313, E08.3319, E08.3391, E08.3392, E08.3393, E08.3399, E08.3411, E08.3412, E08.3413, E08.3419, E08.3491, E08.3492, E08.3493, E08.3499, E08.3511, E08.3512, E08.3513, E08.3519, E08.3591, E08.3592, E08.3593, E08.3599, E08.37X1, E08.37X2, E08.37X3, E08.37X9, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3591, E09.3592, E09.3593, E09.3599, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E10.311 , E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491 ,E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3591, E10.3592, E10.3593, E10.3599, E10.37X1, E10.37X2, E10.37X3, E10.37X9,E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419 , E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3591, E11.3592, E11.3593, E11.3599, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3591, E13.3592, E13.3593, E13.3599, E13.37X1, E13.37X2, E13.37X3, E13.37X9, H34.8110, H34.8120, H34.8130, H34.8190, H34.8310, H34.8320, H34.8330, H34.8390, H35.1, H35.10, H35.101, H35.102, H35.103, H35.109, H35.111, H35.112, H35.113, H35.119, H35.121, H35.122, H35.123, H35.129, H35.131, H35.132, H35.133, H35.139, H35.141, H35.142, H35.143, H35.149, H35.151, H35.152, H35.153, H35.159, H35.161, H35.162, H35.163, H35.169, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233, H35.3290, H35.3291, H35.3292, H35.3293				
Pemetrexed (Alimta®; Axtle™; Pemetrexed; Pemfexy®; Pemrydi RTU®) †	Coverage of J9292, J9294, J9296, J9297, J9304, J9305, J9314, J9322, J9323, J9324 will be limited to the following maximum: • Pemfexy (500 mg MDV): ○ Primary CNS Lymphoma, Cervical Cancer, Vaginal Cancer, Ovarian Cancer, Fallopian Tube, and Primary Peritoneal Cancer: 225 billable units every 21 days ○ Leptomeningeal Metastases from NSCLC: 5 billable units on day 1 and 5 of a 7 day cycle, then 5 billable units every 21 days ○ Thymomas and Thymic Carcinomas, Non-Squamous NSCLC, Mesotheliomas, Thyroid Carcinoma, & Limited or extensive brain metastases: 125 billable units every 21 days				

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	• Pemetrexed (all other manufacturers) (100 mg, 500 mg, 750 mg, 850mg, and 1000 mg SDV):
	  ○ Primary CNS Lymphoma, Cervical Cancer, Vaginal Cancer, Ovarian Cancer, Fallopian Tube, and Primary Peritoneal Cancer: 230 billable units every 21 days
	  ○ Leptomeningeal Metastases from NSCLC: 10 billable units on day 1 and 5 of a 7 day cycle, then 10 billable units every 21 days
	  ○ Thymomas and Thymic Carcinomas, Non-Squamous NSCLC, Mesotheliomas, Thyroid Carcinoma, & Limited or extensive brain metastases: 130 billable units every 21 days

	Coverage of J9292, J9294, J9296, J9297, J9304, J9305, J9314, J9322, J9323, J9324 will not be compensated when one of the following diagnoses is not present on the claim: C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C37, C45.0, C45.1, C45.2, C45.7, C45.9, C48.1, C48.2, C48.8, C52, C53.0, C53.1, C53.8, C53.9, C56.1, C56.2, C56.3, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C73, C79.31, C79.32, C83.30, C83.390, C83.398, C83.59, C83.79, C83.80, C83.89, C84.49, C85.89, C85.99, D15.0, D38.4, Z85.118, Z85.238, Z85.43, Z85.850.
Alpha-1 proteinase inhibitors (Aralast®, Glassia®, Prolastin®, Zemaira®)	Fallon Health does not routinely compensate for alpha-1 proteinase inhibitors (J0256 or J0257) when a diagnosis for alpha-1-antitrypsin deficiency (E88.01) or for GVHD (D89.810, D89.812, D89.813, T86.09) is not also present on the claim.
	Coverage of J0256 or J0257 will be limited to the following maximum: • **Alpha-1-antitrypsin deficiency**: 2800 billable units every 28 days • **GVHD**: 700 billable units for a total of 8 doses in 28 days. (5600 billable units per 28 days)
Bendamustine † (Belrapzo®, Bendeka®, Treanda ®, Vivimusta®)	Coverage of J9033, J9034, J9036, or J9056 will be limited to the following maximum: • **NHL:** 600 billable units every 21 days • **WM/LPL:** 450 billable units every 28 days • **Hodgkin Lymphoma:** 600 billable units every 28 days • **CLL/SLL, Systemic Light Chain Amyloidosis & Multiple Myeloma:** 500 billable units every 28 days • **HSCT Conditioning:** 500 billable units for 2 doses
	Coverage of J9033, J9034, J9036, or J9056 will not be compensated when one of the following diagnoses is not present on the claim: C81.00, C81.01, C81.02, C81.03, C81.04, C81.05, C81.06, C81.07, C81.08, C81.09, C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.20, C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.40, C81.41, C81.42, C81.43, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.77, C81.78, C81.79, C81.90, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C82.00, C82.01, C82.02, C82.03, C82.04, C82.05, C82.06, C82.07, C82.08, C82.09, C82.10, C82.11, C82.12, C82.13, C82.14, C82.15, C82.16, C82.17, C82.18, C82.19, C82.20, C82.21, C82.22, C82.23, C82.24, C82.25, C82.26, C82.27, C82.28, C82.29, C82.30, C82.31, C82.32, C82.33, C82.34, C82.35, C82.36, C82.37, C82.38, C82.39, C82.40, C82.41, C82.42, C82.43, C82.44, C82.45, C82.46, C82.47, C82.48, C82.49, C82.50, C82.51, C82.52, C82.53, C82.54, C82.55, C82.56, C82.57, C82.58, C82.59, C82.60, C82.61, C82.62, C82.63, C82.64, C82.65, C82.66, C82.67, C82.68, C82.69, C82.80, C82.81, C82.82, C82.83, C82.84, C82.85, C82.86, C82.87, C82.88, C82.89, C82.90, C82.91, C82.92, C82.93, C82.94, C82.95, C82.96, C82.97, C82.98, C82.99, C83.00, C83.01, C83.02, C83.03, C83.04, C83.05, C83.06, C83.07, C83.08, C83.09, C83.10, C83.11, C83.12, C83.13, C83.14, C83.15, C83.16, C83.17, C83.18, C83.19, C83.30, C83.31, C83.32, C83.33, C83.34, C83.35, C83.37, C83.38, C83.398, C83.80, C83.81, C83.82, C83.83, C83.84, C83.85, C83.86, C83.87, C83.88, C83.89, C83.90, C83.91, C83.92, C83.93, C83.94, C83.95, C83.96, C83.97, C83.98, C83.99,

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	C84.40, C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, C84.49, C84.60, C84.61, C84.62, C84.63, C84.64, C84.65, C84.66, C84.67, C84.68, C84.69, C84.7A, C84.70, C84.71, C84.72, C84.73, C84.74, C84.75, C84.76, C84.77, C84.78, C84.79, C84.90, C84.91, C84.92, C84.93, C84.94, C84.95, C84.96, C84.97, C84.98, C84.99, C84.Z0, C84.Z1, C84.Z2, C84.Z3, C84.Z4, C84.Z5, C84.Z6, C84.Z7, C84.Z8, C84.Z9, C85.10, C85.11, C85.12, C85.13, C85.14, C85.15, C85.16, C85.17, C85.18, C85.19, C85.20, C85.21, C85.22, C85.23, C85.24, C85.25, C85.26, C85.27, C85.28, C85.29, C85.80, C85.81, C85.82, C85.83, C85.84, C85.85, C85.86, C85.87, C85.88, C85.89, C86.10, C86.20, C86.50, C88.00, C88.40, C90.00, C90.02, C90.10, C90.12, C90.20, C90.22, C90.30, C90.32, C91.10, C91.12, C91.50, C91.52, C91.60, C91.62, D47.Z1, E85.3, E85.4, E85.81, E85.89, E85.9, Z85.71, Z85.79, Z94.81, Z94.84, Z94.9.
Bortezomib	Coverage of J9046, J9048, J9051 will be limited to the following maximum: • **Multiple Myeloma & Systemic Light Chain Amyloidosis:** 280 billable units every 35 days • **Kaposi Sarcoma & Waldenström's Macroglobulinemia:** 210 billable units every 28 days • **Pediatric Hodgkin Lymphoma:** 105 billable units every 21 days • **All Other Indications:** 140 billable units every 21 days Coverage of J9049 will be limited to the following maximum: • **Multiple Myeloma & Systemic Light Chain Amyloidosis:** 160 billable units every 35 days • **Kaposi Sarcoma & Waldenström's Macroglobulinemia:** 120 billable units every 28 days • **Pediatric Hodgkin Lymphoma:** 90 billable units every 21 days • **All Other Indications:** 140 billable units every 21 days
	Coverage of J9046, J9048, J9051 will not be compensated when one of the following diagnoses is not present on the claim: C46.0, C46.1, C46.2, C46.3, C46.4, C46.50, C46.51, C46.52, C46.7, C46.9, C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.20, C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.40, C81.41, C81.42, C81.43, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.77, C81.78, C81.79, C81.90, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C83.10, C83.11, C83.12, C83.13, C83.14, C83.15, C83.16, C83.17, C83.18, C83.19, C83.50, C83.51, C83.52, C83.53, C83.54, C83.55, C83.56, C83.57, C83.58, C83.59, C88.00, C90.00, C90.01, C90.02, C90.10, C90.12, C90.20, C90.22, C90.30, C90.32, C91.00, C91.01, C91.02, C91.50, C91.52, D47.9, D47.Z2, D47.Z9, E31.9, E85.3, E85.4, E85.81, E85.89, E85.9, G62.9, G90.9, L98.9, Z85.71, Z85.79.
Velcade ‡	Coverage of J9041 will be limited to the following maximum: • **Multiple Myeloma & Systemic Light Chain Amyloidosis:** 280 billable units every 35 days • **Kaposi Sarcoma & Waldenström's Macroglobulinemia:** 210 billable units every 28 days • **Pediatric Hodgkin Lymphoma:** 105 billable units every 21 days • **All Other Indications:** 140 billable units every 21 days
	Coverage of J9046, J9048, J9051 will not be compensated when one of the following diagnoses is not present on the claim: C46.0, C46.1, C46.2, C46.3, C46.4, C46.50, C46.51, C46.52, C46.7, C46.9, C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.20, C81.21, C81.22,

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<table>
<tr><td></td><td>C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.40, C81.41, C81.42, C81.43, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.77, C81.78, C81.79, C81.90, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C83.10, C83.11, C83.12, C83.13, C83.14, C83.15, C83.16, C83.17, C83.18, C83.19, C83.50, C83.51, C83.52, C83.53, C83.54, C83.55, C83.56, C83.57, C83.58, C83.59, C88.00, C90.00, C90.01, C90.02, C90.10, C90.12, C90.20, C90.22, C90.30, C90.32, C91.00, C91.01, C91.02, C91.50, C91.52, D47.9, D47.Z2, D47.Z9, E31.9, E85.3, E85.4, E85.81, E85.89, E85.9, G62.9, G90.9, L98.9, Z85.71, Z85.79.</td></tr>
<tr><td rowspan="2">Brolucizumab † (Beovu®)</td><td>Fallon Health limits coverage of Aflibercept (J0178; J0177; Q5147; Q5249; Q5150; Q5153) to the following:
<table>
<tr><th>Diagnosis</th><th>Initial Dosing</th><th>Maintenance Dosing</th></tr>
<tr><td>Neovascular age-related macular degeneration (AMD)</td><td>12 billable units every 28 days x 3 doses</td><td>12 billable units every 56-84 days</td></tr>
<tr><td>Diabetic Macular Edema (DME)/ Diabetic Retinopathy (DR)</td><td>12 billable units every 42 days x 5 doses</td><td>12 billable units every 56-84 days</td></tr>
</table></td></tr>
<tr><td>Coverage of J0178; J0177; Q5147; Q5249; Q5150; Q5153 will not be compensated when one of the following diagnoses is not present on the claim:
E08.311, E08.3211, E08.3212, E08.3213, E08.3219, E08.3311, E08.3312, E08.3313, E08.3319, E08.3411, E08.3412, E08.3413, E08.3419, E08.3511, E08.3512, E08.3513, E08.3519, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3311, E09.3312, E09.3313, E09.3319, E09.3411, E09.3412, E09.3413, E09.3419, E09.3511, E09.3512, E09.3513, E09.3519, E10.311, E10.3211, E10.3212, E10.3213, E10.3219, E10.3311, E10.3312, E10.3313, E10.3319, E10.3411, E10.3412, E10.3413, E10.3419, E10.3511, E10.3512, E10.3513, E10.3519, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3311, E11.3312, E11.3313, E11.3319, E11.3411, E11.3412, E11.3413, E11.3419 , E11.3511, E11.3512, E11.3513, E11.3519, E13.311, E13.3211, E13.3212, E13.3213, E13.3219, E13.3311, E13.3312, E13.3313, E13.3319, E13.3411, E13.3412, E13.3413, E13.3419,, 13.3511, E13.3512, E13.3513, E13.3519, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233, H35.3290, H35.3291, H35.3292, H35.3293</td></tr>
<tr><td rowspan="2">Inotuzumab ozogamicin (Besponsa®)</td><td>Fallon Health does not routinely compensate for inotuzumab ozogamicin (J9229) when a diagnosis for Acute lymphoblastic leukemia (not having achieved remission, in remission, or in relapse) (C83.50-C83.59, C91.00, C91.01, C91.02) is not also present on the claim.</td></tr>
<tr><td>Coverage of J9229 will be limited to:
63 billable units every 21 days (for up to a maximum of 6 cycles)</td></tr>
<tr><td>OnabotulinumtoxinA (Botox®)</td><td>Fallon Health limits coverage of onabotulinumtoxinA (J0585) to the following:
Blepharospasm 200 billable units every 84 days
Cervical Dystonia 300 billable units every 84 days
Strabismus 100 billable units every 84 days
Esophageal Achalasia 100 billable units every 168 days
Upper Limb Spasticity 400 billable units every 84 days
Lower Limb Spasticity 400 billable units every 84 days
Chronic Migraine 200 billable units every 84 days
Severe Primary Axillary Hyperhidrosis 100 billable units every 112 days
Sialorrhea 100 billable units every 84 days
Neurogenic Bladder/Detrusor Overactivity 200 billable units every 84 days
Overactive Bladder 100 billable units every 84 days
Chronic Anal Fissures 100 billable units every 84 days
Palmar Hyperhidrosis 200 billable units every 168 days
Laryngeal Dystonia 100 billable units every 84 days
Hemifacial Spasms 100 billable units every 84 days</td></tr>
</table>

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	• **Oromandibular Dystonia** 200 billable units every 84 days • **Ventral Hernia** 500 billable units one time only • **Tempromandibular Disorders** 200 units every 84 days • **All other indications** 400 billable units every 84 days
	Coverage of J0585 will not be compensated when one of the following diagnosis is not present on the claim: G11.4, G24.3, G24.4, G24.5, G24.8, G24.9, G25.89, G35, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1, G35.C2, G35.D, G37.0, G43.E01, G43.E09, G43.E11, G43.E19, G43.701, G43.709, G43.711, G43.719, G51.3, G51.31, G51.32, G51.33, G51.39, G80.0, G80.1, G80.2, G80.3, G80.4, G80.8, G80.9, G81.10, G81.11, G81.12, G81.13, G81.14, G82.20, G82.21, G82.22, G82.50, G82.51, G82.52, G82.53, G82.54, G83.0, G83.10, G83.11, G83.12, G83.13, G83.14, G83.20, G83.21, G83.22, G83.23, G83.24, G83.4, H49.00, H49.01, H49.02, H49.03, H49.10, H49.11, H49.12, H49.13, H49.20, H49.21, H49.22, H49.23, H49.30, H49.31, H49.32, H49.33, H49.40, H49.41, H49.42, H49.43, H49.881, H49.882, H49.883, H49.889, H49.9, H50.00, H50.011, H50.012, H50.021, H50.022, H50.031, H50.032, H50.041, H50.042, H50.05, H50.06, H50.07, H50.08, H50.10, H50.111, H50.112, H50.121, H50.122, H50.131, H50.132, H50.141, H50.142, H50.15, H50.16, H50.17, H50.18, H50.21, H50.22, H50.30, H50.311, H50.312, H50.32, H50.331, H50.332, H50.34, H50.40, H50.411, H50.412, H50.42, H50.43, H50.50, H50.51, H50.52, H50.53, H50.54, H50.55, H50.60, H50.611, H50.612, H50.621, H50.622, H50.629, H50.631, H50.632, H50.639, H50.641, H50.642, H50.649, H50.651, H50.652, H50.659, H50.661, H50.662, H50.669, H50.671, H50.672, H50.679, H50.681, H50.682, H50.689, H50.811, H50.812, H50.89, H50.9, H51.0, H51.11, H51.12, H51.20, H51.21, H51.22, H51.23, H51.8, H51.9, I69.031 , I69.032, I69.033, I69.034, I69.039 , I69.041, I69.042, I69.043, I69.044, I69.049, I69.051. I69.052, I69.053, I69.054, I69.059, I69.131, I69.132, I69.133, I69.134, I69.139, I69.141, I69.142, I69.143, I69.144, I69.149, I69.151, I69.152, I69.153, I69.154, I69.159, I69.231, I69.232, I69.233, I69.234, I69.239, I69.241, I69.242, I69.243, I69.244, I69.249, I69.251, I69.252, I69.253, I69.254, I69.259, I69.331, I69.332, I69.333, I69.334, I69.339, I69.341, I69.342, I69.343, I69.344, I69.349, I69.351, I69.352, I69.353, I69.354, I69.359, I69.831, I69.832, I69.833, I69.834, I69.839, I69.841, I69.842, I69.843, I69.844, I69.849, I69.851, I69.852, I69.853, I69.854, I69.859, I69.931, I69.932, I69.933, I69.934, I69.939, I69.941, I69.942, I69.943, I69.944, I69.949, I69.951, I69.952, I69.953, I69.954, I69.959, J38.3, K11.7, K22.0, K43.6, K43.7, K43.9, K60.1, K60.2, L74.510, L74.512, M43.6, M26.601, M26.602, M26.603, M26.609, N31.0, N31.1, N31.8, N31.9, N32.81
Cerliponase alfa (Brineura®)	Fallon Health does not routinely compensate for cerliponase alfa (J0567) when a diagnosis for neuronal ceroid lipofuscinosis (E75.4) is not also present on the claim.
	Coverage of J0567 will be limited to 300 billable units every 14 days.
Imiglucerase (Cerezyme®)	Fallon Health does not routinely compensate for imiglucerase (J1786) when a diagnosis for Gaucher disease (E75.22) is not also present on the claim.
	Coverage of J1786 will be limited to 720 billable units every 14 days.
Burosumab-twza (Crysvita®)	Fallon Health does not routinely compensate for burosumab-twza (J0584) when a diagnosis for disorder of phosphorus metabolism (unspecified) or familial hypophosphatemia (E83.31) or tumor-induced osteomalacia (E83.39, M83.8) are not also present on the claim.

	Coverage of J0584 will be limited to:
	• **X-Linked Hypophosphatemia (XLH)**
	  ○ 90 billable units every 14 days
	• **Tumor-Induced Osteomalacia (TIO)**
	  ○ 180 billable units every 14 days

Daxibotulinumtoxin A-lanm (Daxxify®)	Fallon Health limits coverage of daxibotulinumtoxin A (J0589) to the following: • **Cervical Dystonia** 300 billable units every 140 days
	Coverage of J0589 will not be compensated when one of the following diagnosis is not also present on the claim: G24.3, M43.6

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AbobotulinumtoxinA (Dysport®)	Fallon Health limits coverage of abobotulinumtoxinA (J0586) to the following: • **Cervical Dystonia** 200 billable units every 84 days • **Upper Limb Spasticity** 200 billable units every 84 days • **Chronic Migraine Prophylaxis** 60 billable units every 84 day • **Sialorrhea** 100 billable units every 84 days • **Chronic Anal Fissure** 60 billable units every 84 days • **Blepharospasms** 100 billable units every 84 days • **Lower Limb Spasticity** 300 billable units every 84 days • **Neurogenic Detrusor Overactivity/OAB** 160 billable units every 84 days • **Severe Primary Axillary Hyperhidrosis** 100 billable units every 84 days • **Palmar Hyperhidrosis** 100 billable units every 168 days • **Hemifacial Spasms** 60 billable units every 84 days • **Ventral Hernia** 100 billable units one time only
	Coverage of J0586 will not be compensated when one of the following diagnosis is not also present on the claim: G11.4, G24.3, G24.5, G35, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1, G35.C2, G35.D, G37.0, G43.709, G43.E01, G43.E09, G43.E11, G43.E19, G43.719, G43.701, G43.711, G51.3, G51.31, G51.32, G51.33, G51.39, G80.0, G80.1, G80.2, G80.3, G80.4, G80.8, G80.9, G81.10, G81.11, G81.12, G81.13, G81.14, G82.20, G82.21, G82.22, G82.50, G82.51, G82.52, G82.53, G82.54, G83.0, G83.10, G83.11, G83.12, G83.13, G83.14, G83.20, G83.21, G83.22, G83.23, G83.24, I69.031, I69.032, I69.033, I69.034, I69.039, I69.051, I69.052, I69.053, I69.054, I69.059, I69.131, I69.132, I69.133, I69.134, I69.139, I69.151, I69.152, I69.153, I69.154, I69.159, I69.231, I69.232, I69.233, I69.234 ,I69.239 ,I69.251 ,I69.252 ,I69.253 ,I69.254 ,I69.259 ,I69.331, I69.332 ,I69.333 ,I69.334 ,I69.339 ,I69.351 ,I69.352 ,I69.353 ,I69.354 ,I69.359 ,I69.831 I69.832 ,I69.833 ,I69.834, I69.839 , I69.041, I69.042, I69.043, I69.044, I69.049I69.851, I69.852, I69.853, I69.854, I69.859, I69.931, I69.932, I69.933 ,I69.934, I69.939, I69.951, I69.952, I69.953, I69.954, I69.959, I69.041, I69.042, I69.043, I69.044, I69.049, I69.141, I69.142, I69.143, I69.144, I69.149 ,I69.241, I69.242, I69.243, I69.244, I69.249, I69.341, I69.342, I69.343, I69.344 ,I69.349, I69.841, I69.842, I69.843, I69.844, I69.849, I69.941, I69.942 ,I69.943, I69.944, I69.949, K11.7, K43.6, K43.7, K43.9, K60.1, L74.510, L74.512, N31.0, N31.1, N31.8, N31.9, N32.81, L74.510, M43.6
Idursulfase (Elaprase®)	Fallon Health does not routinely compensate for idursulfase (J1743) when a diagnosis for mucopolysaccharidosis type II (E76.1) is not also present on the claim.
	Coverage of J1743 will be limited to 240 billable units every 28 days.
Taliglucerase alfa (Elelyso®)	Fallon Health does not routinely compensate for taliglucerase alfa (J3060) when a diagnosis for Gaucher disease (E75.22) is not also present on the claim.
	Coverage for J3060 will be limited to 700 billable units every 14 days.
Fosaprepitant dimeglumine (Emend®; Focinvez)	Coverage of fosaprepitant dimeglumine (J1434; J1453; J1456) will not be compensated when one of the following diagnosis is not also present on the claim: R11.0, R11.10, R11.11, R11.12, R11.2, T45.1X5A, T45.1X5D, T45.1X5S,T45.95XA, T45.95XD, T45.95XS, T50.905A, T50.905D, T50.905S, Z51.11, Z51.12
	Coverage of J1453 will be limited to 1800 billable units per 28 days.

Cetuximab † (Erbitux®)	Fallon Health limits coverage of J9055 to the following:
	• Colorectal Cancer, Appendiceal Adenocarcinoma, & Head and Neck Cancer:
	  ○ Loading Dose: 100 billable units for 1 dose
	  ○ Maintenance Dose: 130 billable units every 14 days
	• NSCLC: 130 billable units every 14 days
	• Squamous Cell Skin Cancer & Penile Cancer:
	  ○ Loading Dose: 100 billable units for 1 dose

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	○ Maintenance Dose: 60 billable units every 7 days
	Coverage of J9055 will not be compensated when one of the following diagnoses is not present on the claim: C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01, C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.8, C05.9, C06.0, C06.2, C06.80, C06.89, C06.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C11.9, C12, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.8, C30.0, C31.0, C31.1, C32.0, C32.1, C32.2, C32.3, C32.8, C32.9, C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C44.00, C44.02, C44.09, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.221, C44.222, C44.229, C44.320, C44.321, C44.329, C44.42, C44.520, C44.521, C44.529, C44.621, C44.622, C44.629, C44.721, C44.722, C44.729, C44.82, C44.92, C60.0, C60.1, C60.2, C60.8, C60.9, C63.7, C63.8, C76.0, C77.0, C78.00, C78.01, C78.02, C78.6, C78.7, C79.89, D37.01, D37.02, D37.05, D37.09, D38.0, D38.5, D38.6, Z85.038, Z85.118.
Agalsidase beta (Fabrazyme®)	Fallon Health does not routinely compensate for agalsidase beta (J0180) when a diagnosis for Fabry (-Anderson) disease (E75.21) is not also present on the claim.
	Coverage of J0180 will be limited to 115 billable units every 14 days.
Fulvestrant (Faslodex®)	Fallon health limits coverage of fulvestrant (J9393; J9394; J9395) to the following: • **Ovarian Cancer** ○ Loading Dosing: 20 units on day 1 and 10 units on days 15 and 29 ○ Maintenance Dosing: 10 units every 28 days • **All Other Indications** ○ Loading Dosing: 20 units every 14 days for 3 doses ○ Maintenance Dosing: 20 units every 28 days
	Coverage of J9395 will not be compensated when one of the following diagnosis is not also present on the claim: C48.1, C48.2, C48.8, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221 , C50.222 , C50.229 , C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421 , C50.422 , C50.429 , C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829 , C50.911, C50.912, C50.919, C50.921 , C50.922, C50.929, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.3, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, Z85.3, Z85.42, Z85.43
Canakinumab (Ilaris®) ‡	Fallon health limits coverage of canakinumab (J0638) to the following: • **Cryopyrin-Associated Periodic Syndromes** 150 billable units every 8 weeks (56 days) • **Adult Onset Still's Disease/Systemic Juvenile Idiopathic Arthritis** 300 billable units every 4 weeks (28 days) • **Tumor Necrosis Factor Receptor Associated Periodic Syndrome** 300 billable units every 4 weeks (28 days) • **Hyperimmunoglobulin D Syndrome/Mevalonate Kinase Deficiency** 300 billable units every 4 weeks (28 days)

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	• **Familial Mediterranean Fever** 300 billable units every 4 weeks (28 days) • **Gout Flare** 150 billable units every 12 weeks (84 days)
	Coverage of J0638 will not be compensated when one of the following diagnosis is not also present on the claim: M04.1, M04.2, M04.9, M06.1, M08.0A, M08.011, M08.012, M08.019, M08.021, M08.022, M08.029, M08.031, M08.032, M08.039, M08.041, M08.042, M08.049, M08.051, M08.052, M08.059, M08.061, M08.062, M08.069, M08.071, M08.072, M08.079, M08.08, M08.09, M08.20, M08.211, M08.212, M08.219, M08.2A, M08.221, M08.222, M08.229, M08.231, M08.232, M08.239, M08.241, M08.242, M08.249, M08.251, M08.252, M08.259, M08.261 M08.262, M08.269, M08.271, M08.272, M08.279, M08.28, M08.29, M08.3, M08.40, M08.411, M08.412, M08.419, M08.421, M08.422, M08.429, M08.431, M08.432, M08.439, M08.4A, M08.441, M08.442, M08.449, M08.451, M08.452, M08.459, M08.461, M08.462, M08.469, M08.471, M08.472, M08.479, M08.48, M08.80, M08.811, M08.812, M08.819, M08.821, M08.822, M08.829, M08.831, M08.832, M08.839, M08.841, M08.842, M08.849, M08.851, M08.852, M08.859, M08.861, M08.862, M08.869, M08.871, M08.872, M08.879, M08.88, M08.89, M08.9A, M08.911, M08.912, M08.919, M08.921, M08.922, M08.929, M08.931, M08.932, M08.939, M08.941, M08.942, M08.949, M08.951, M08.952, M08.959, M08.961, M08.962, M08.969, M08.971, M08.972, M08.979, M08.98, M08.99, M10.00, M10.011, M10.012, M10.019, M10.021, M10.022, M10.029, M10.031, M10.032, M10.039, M10.041, M10.042, M10.049, M10.051, M10.052, M10.059, M10.061, M10.062, M10.069, M10.071, M10.072, M10.079, M10.08, M10.09, M10.311, M10.312, M10.319, M10.321, M10.322, M10.329, M10.331, M10.332, M10.339, M10.341, M10.342, M10.349, M10.351, M10.352, M10.359, M10.361, M10.362, M10.369, M10.371, M10.372, M10.379, M10.38, M10.39, M10.40, M10.411, M10.412, M10.419, M10.421, M10.422, M10.429, M10.431, M10.432, M10.439, M10.441, M10.442, M10.449, M10.451, M10.452, M10.459, M10.461, M10.462, M10.469, M10.471, M10.472, M10.479, M10.48, M10.49, M10.9
Tildrakizumab-asmn (Ilumya®) ǂ	Fallon Health does not routinely compensate for tildrakizumab-asmn (J3245) when a diagnosis for psoriasis vulgaris (L40.0) is not also present on the claim.
	Coverage of J3245 will be limited to: • **Loading dose** 100 units at week 0 and 4 • **Maintenance dose** 100 units every 12 weeks
Talimogene laherparepvec (Imlygic®)	Fallon health limits coverage of talimogene laherparepvec (J9325) to the following: • **Initial treatment** 4 billable units • **Second treatment** 400 billable units occurring 3 weeks after initial treatment • **All subsequent treatments** 400 billable units occurring 2 weeks after previous treatment
	Coverage of J9325 will not be compensated when one of the following diagnosis is not also present on the claim: C4A.0, C4A.10, C4A.111, C4A.112, C4A.121, C4A.122, C4A.122, C4A.20, C4A.21, C4A.22, C4A.30, C4A.31, C4A.39, C4A.4, C4A.51, C4A.52, C4A.59, C4A.60, C4A.61, C4A.62, C4A.70, C4A.71, C4A.72, C4A.8, C4A.9, C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, C7B.1, Z85.821
Sebelipase alfa (Kanuma®)	Fallon Health does not routinely compensate for sebelipase alfa (J2840) when a diagnosis for other lipid storage disorders (E75.5) is also not present on the claim.
	Coverage of J2840 will be limited to 340 billable units every 14 days.
Sargramostim (Leukine®)	Fallon Health limits coverage of sargramostim (J2820) to the following: • **Acute Radiation Syndrome** 420 billable units every 28 days • **Neuroblastoma**: 350 billable units every 14 days • **All other indications** 210 billable units every 14 days
	Coverage of J2820 will not be compensated when one of the following diagnosis is not also present on the claim: C72.0, C72.1, C72.20, C72.21, C72.22, C72.30, C72.31, C72.32, C72.40, C72.41, C72.42, C72.50, C72.59, C72.9, C74.00, C74.01, C74.02, C74.10, C74.11, C74.12,

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	C74.90, C74.91, C74.92, C92.00, C92.02, C92.50, C92.52, C92.60, C92.62, C92.A0, C92.A2, C93.00, C93.02, D61.810, D70.1, D70.9, T45.1X5A, T45.1X5D, T45.1X5S, T66.XXXA, T66.XXXD, T66.XXXS, W88.1, W88.8, Z41.8, Z48.290, Z51.11, Z51.12, Z51.89, Z52.001, Z52.011, Z52.091, Z76.89, Z94.81, Z94.84
Leuprolide acetate (Camcevi™, Camcevi ™ ETM, Eligard®, Lupron Depot®, Lupron Depot-Ped®, Fensolvi™, Leuprolide Acetate Depot [Cipla], Lutrate Depot)	Fallon health limits coverage of leuprolide acetate to the following: **J1950** • Head and Neck Cancer, Uterine Neoplasms – Uterine Sarcoma, Endometriosis, Uterine Leiomyomata (fibroids): 3 billable units every 84 days • Breast Cancer, Ovarian/Fallopian Tube/Primary Peritoneal Cancer: 6 billable units every 84 days • Central Precocious Puberty (CPP), Gender Dysphoria: 24 billable units every 168 days • Prevention/Management of Menstrual Bleeding Associated with HCT, Fertility Preservation While Receiving Chemotherapy: 1 billable unit every 28 days **J1951** • Central Precocious Puberty (CPP), Gender Dysphoria: 180 billable units every 168 days **J1952** • Prostate Cancer, Head and Neck Cancer, Gender Dysphoria: 42 billable units every 168 days **J1954** • Breast Cancer, Ovarian/Fallopian Tube/Primary Peritoneal Cancer, Prostate Cancer, Gender Dysphoria: 3 billable units every 84 days **J9217** • Breast Cancer, Head and Neck Cancer, Ovarian/Fallopian Tube/Primary Peritoneal Cancer: 3 billable units every 84 days • Prostate Cancer, Gender Dysphoria: 12 billable units every 336 days **J9003** • Prostate Cancer, Head and Neck Cancer, Gender Dysphoria: 21 billable units every 84 days
	Coverage of J1950 will not be compensated when one of the following diagnosis is not also present on the claim: C06.9, C07, C08.0, C08.1, C08.9, C48.1, C48.2, C48.8, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55C56.1, C56.2, C56.3, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, D25.0, D25.1, D25.2, D25.9, D37.031, D37.032, D37.039, E30.1, E30.8, F64.0, F64.1, F64.2, F64.8, F64.9, F64.A, N80.0 ,N80.1, N80.2, N80.3, N80.4, N80.5, N80.6, N80.8, N80.9, N93.8, N94.89, R10.2, T86.09, Z31.84, Z85.3, Z85.42, Z85.43
	Coverage of J1951 will not be compensated when one of the following diagnosis is not also present on the claim:

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	E30.1, E30.8, F64.0, F64.1, F64.2, F64.8, F64.9, F54.A
	Coverage of J9217 will not be compensated when one of the following diagnosis is not also present on the claim: C06.9, C07, C08.0, C08.1, C08.9, C48.1, C48.2, C48.8, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C56.1, C56.2, C56.3, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C61, D37.031, D37.032, D37.039, F64.0, F64.1, F64.2, F64.8, F64.9, F64.AD25.0, D25.1, D25.2, F64.0, F64.1, F64.2, F64.8, F64.9, Z85.3, Z85.43, Z85.46
	Coverage of J1952 will not be compensated when one of the following diagnosis is not also present on the claim: C06.9, C07, C08.0, C08.1, C08.9, C61, D37.031, D37.032, D37.039, F64.0, F64.1, F64.2, F64.8, F64.9, F64.A, Z85.46.
	Coverage of J1954 will not be compensated when one of the following diagnosis is not also present on the claim: C48.1, C48.2, C48.8, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C56.1, C56.2, C56.3, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C61, F64.0, F64.1, F64.2, F64.8, F64.9, F64.A, Z85.3, Z85.43, Z85.46.
	Coverage of J9003 will not be compensated when one of the following diagnosis is not also present on the claim: C06.9, C07, C08.0, C08.1, C08.9, C61, D37.031, D37.032, D37.039, F64.0, F64.1, F64.2, F64.8, F64.9, F64.A, Z85.46.
Denileukin diftitox-cxdl (Lymphir™) †	Fallon Health does not routinely compensate for denileukin diftitox (J9161) when a diagnosis is not also present on the claim: C84.00, C84.01, C84.02, C84.03, C84.04, C84.05, C84.06, C84.07, C84.08, C84.09, C84.10, C84.11, C84.12, C84.13, C84.14, C84.15, C84.16, C84.17, C84.18, C84.19
	Coverage of J9161 will be limited to 6000 billable units per 21-day cycle.
Vestronidase alfa-vjbk (Mepsevii®)	Fallon Health does not routinely compensate for vestronidase alfa-vjbk (J3397) when a diagnosis for other mucopolysaccharidoses (E76.29) is not also present on the claim.
	Coverage of J3397 will be limited to 460 billable units every 14 days.
Methoxy polyethylene glycol-epoetin beta (Mircera®) †	Fallon Health limits coverage of Mircera (J0888) to the following (Note: Applicable to ACO members only): 360 billable units every 28 days
	Coverage of J0888 will not be compensated when one of the following diagnosis is not also present on the claim (Note: Applicable to ACO members only): D63.1, I12.9, I13.0, I13.10, N18.30, N18.31, N18.32, N18.4, N18.9.
	Coverage of J0888 will be provided for 45 days (Note: Applicable to ACO members only).
RimabotulinumtoxinB (Myobloc®)	Fallon health limits coverage of rimabotulinumtoxinB (J0587) to the following: • **Cerivical Dystonia** 100 billable units per 12 weeks (84 days) • **Upper Limb Spasticity** 150 billable units per 12 weeks (84 days)

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- **Chronic Migraine Prophylaxis** 100 billable units per 12 weeks (84 days)
- **Chronic Sialorrhea** 50 billable units per 12 weeks (84 days)
- **Severe Primary Axillary Hyperhidrosis** 100 billable units per 12 weeks (84 days)
- **Overactive Bladder** 150 billable units per 12 weeks (84 days)

</td></tr>
<tr><td></td><td>Coverage of J0587 will not be compensated when one of the following diagnosis is not also present on the claim: G24.3, G25.89, G35, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1,G35.C2, G35.D, G37.0, G43.E01, G43.E09, G43.E11, G43.E19, G43.709, G43.719, G43.701, G43.711, G80.0, G80.1, G80.2, G81.10, G81.11, G81.12, G81.13, G81.14, G82.50, G82.51, G82.52, G82.53, G82.54, G83.0, G83.20, G83.21, G83.22, G83.23, G83.24, I69.031 , I69.032, I69.033, I69.034, I69.039 , I69.051, I69.052, I69.053, I69.054, I69.059, I69.131, I69.132, I69.133, I69.134, I69.139, I69.151, I69.152, I69.153, I69.154, I69.159, I69.231, I69.232, I69.233, I69.234, I69.239, I69.251, I69.252, I69.253, I69.254, I69.259, I69.331, I69.332, I69.333, I69.334, I69.339, I69.351, I69.352, I69.353, I69.354, I69.359, I69.831, I69.832, I69.833, I69.834, I69.839, I69.851, I69.852, I69.853, I69.854, I69.859, I69.931, I69.932, I69.933, I69.934, I69.939, I69.951, I69.952, I69.953, I69.954, I69.959, K11.7, L74.510, M43.6, N32.81</td></tr>
<tr><td>Galsulfase (Naglazyme®)</td><td>Fallon Health does not routinely compensate for galsulfase (J1458) when a diagnosis for other mucopolysaccharidoses (E76.29) is not also present on the claim.</td></tr>
<tr><td></td><td>Coverage of J1458 will be limited to 115 billable units every 7 days.</td></tr>
<tr><td>Axatilimab-csfr (Niktimvo™) †</td><td>Fallon Health limits coverage of axatilimab (J9038) to 360 billable units every 2 weeks</td></tr>
<tr><td></td><td>Coverage will not be compensated when one of the following diagnosis is not also present on the claim: D89.811, D89.812, D89.813, T86.09.</td></tr>
<tr><td>Colony Stimulating Factors - Pegfilgrastim (Neulasta®; Fulphila™) †</td><td>Fallon Health limits coverage of Neulasta (J2505/J2506); Fulphila (Q5108); Udenyca (Q5111); Ziextenzo (Q5120); Nyvepria (Q5122); to the following (Note: Applicable to ACO members only):
<table>
<tr><th>Drug Name</th><th>Indication</th><th>Billable Units</th></tr>
<tr><td rowspan="3">Neulasta, Fulphila, Udenyca, Ziextenzo, Nyvepria,</td><td>Acute Radiation Exposure</td><td>12 billable units weekly x 2 doses</td></tr>
<tr><td>BMT failure or engraftment delay/ PBPC mobilization and transplant</td><td>12 billable units x 1 dose</td></tr>
<tr><td>All other indications</td><td>12 billable units per 14 days</td></tr>
</table>
</td></tr>
<tr><td></td><td>Coverage of Neulasta (J2505/J2506); Fulphila (Q5108); Udenyca (Q5111); Ziextenzo (Q5120); Nyvepria (Q5122) will not be compensated when one of the following diagnosis is not also present on the claim (Note: Applicable to ACO members only) : C64.1, C64.2, C64.9, C65.1, C65.2, C65.9, C83.30, C83.31, C83.32, C83.33, C83.34, C83.35, C83.36, C83.37, C83.38, C83.39, C83.70, C83.71, C83.72, C83.73, C83.74, C83.75, C83.76, C83.77, C83.78, C83.79, C85.20, C85.21, C85.22, C85.23, C85.24, C85.25, C85.26, C85.27, C85.28, C85.29, D47.Z1, D61.810, D70.1, D70.9, T45.1X5A, T45.1X5D, T45.1X5S, T66.XXXA, T66.XXXD, T66.XXXS, W88.1, W88.8, Z41.8, Z48.290, Z51.11, Z51.12, Z51.89, Z52.011, Z52.091, Z76.89, Z94.81, Z94.84.</td></tr>
<tr><td></td><td>Coverage of Neulasta (J2505/J2506); Fulphila (Q5108); Udenyca (Q5111); Ziextenzo (Q5120); Nyvepria (Q5122) is limited to the following (Note: Applicable to ACO members only):

Bone marrow transplantation (BMT) failure or engraftment delay: Coverage will be provided for 1 dose only and may not be renewed.
Peripheral blood progenitor cell (PBPC) mobilization and transplant: Coverage will be provided for 1 dose only and may not be renewed.

All other indications: Coverage will be provided for four months and may be renewed unless otherwise specified.</td></tr>
<tr><td>Edaravone (Radicava® IV)</td><td>Fallon Health does not routinely compensate for edaravone (J1301) when a diagnosis for amyotrophic lateral sclerosis (G12.21) is not also included on the claim.</td></tr>
<tr><td></td><td>Coverage of J1301 will be limited to:

Initial dose: 60 billable units daily for 14 days, followed by 14 days off per 28-day cycle

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	• **Subsequent doses**: 600 billable units per 28-day cycle
Ranibizumab: (Byooviz™; Cimerli™; Lucentis®) †	Fallon Health does not routinely compensate for J2778; Q5124; Q5128 when a diagnosis is not also included on the claim: **Byooviz** H34.8110, H34.8120, H34.8130, H34.8190, H34.8310, H34.8320, H34.8330, H34.8390, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233, H35.3290, H35.3291, H35.3292, H35.3293, H44.2A1, H44.2A2, H44.2A3, H44.2A9. **Lucentis/Cimerli** E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3219, E08.3291, E08.3292, E08.3293, E08.3299, E08.3311, E08.3312, E08.3313, E08.3319, E08.3391, E08.3392, E08.3393, E08.3399, E08.3411, E08.3412, E08.3413, E08.3419, E08.3491, E08.3492, E08.3493, E08.3499, E08.3511, E08.3512, E08.3513, E08.3519, E08.3521, E08.3522, E08.3523, E08.3529, E08.3531, E08.3532, E08.3533, E08.3539, E08.3541, E08.3542, E08.3543, E08.3549, E08.3551, E08.3552, E08.3553, E08.3559, E08.3591, E08.3592, E08.3593, E08.3599, E08.37X1, E08.37X2, E08.37X3, E08.37X9, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.37X1, E13.37X2, E13.37X3, E13.37X9, H34.8110, H34.8120, H34.8130, H34.8190, H34.8310, H34.8320, H34.8330, H34.8390, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233, H35.3290, H35.3291, H35.3292, H35.3293, H44.2A1, H44.2A2, H44.2A3, H44.2A9.

	Coverage of J2778; Q5124; Q5128 will be limited to:
	• **Neovascular Age-related Macular Degeneration (nAMD)/Macular Edema following Retinal Vein Occlusion (RVO)/Myopic Choroidal Neovascularization (mCNV)**
	  ○ 10 billable units every 28 days
	• **Diabetic Macular Edema (DME)/Diabetic Retinopathy (DR) – *(Lucentis and Cimerli Only)***
	  ○ 6 billable units every 28 days
	(Max units are based on administration to both eyes)

Epoetin alfa-epbx (Retacrit™) †	Coverage of epoetin alfa-epbx (Q5106) will be limited to: • MDS: 120 billable units every 7 days • Surgery patients: 600 billable units every 15 days • All other indications: 60 billable units every 7 days
	Coverage of Q5106 will not be compensated when one of the following diagnosis is not also present on the claim: C93.10, C94.40, C94.41, C94.42, C94.6, D46.0, D46.1, D46.20, D46.21, D46.4, D46.9, D46.A, D46.B, D46.C, D46.Z, D47.1, D47.4, D61.1, D63.0, D63.1, D63.8, D64.81, D64.9, D75.81, I12.9, I13.0, I13.10, N18.30, N18.31, N18.32, N18.4,N18.5, Z41.8, Z51.11,

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	Z51.89
Octreotide acetate (Sandostatin®)	Coverage of octreotide acetate (J2354) will be limited to 30 billable units daily.
	Coverage of J2354 will not be compensated when one of the following diagnosis is not also present on the claim: C25.4, C37, C7A.00, C7A.010, C7A.011, C7A.012, C7A.019, C7A.020, C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, C7A.029, C7A.090, C7A.091, C7A.092, C7A.093, C7A.094, C7A.095, C7A.096, C7A.098, C7A.8, C7B.00, C7B.01, C7B.02, C7B.03, C7B.04, C7B.09, D15.0, D38.4, E16.3, E16.8, E22.0, E34.0, E34.4, I85.01, I85.11, K52.89, K91.2, R19.7, Z85.020, Z85.030, Z85.238, Z85.858
Octreotide suspension (Sandostatin® LAR)	Fallon Health limits coverage of octreotide suspension (J2353) is limited to: • Carcinoid Tumors and Acromegaly: 40 units every 28 days • Neuroendocrine and Adrenal Tumors: 60 units every 28 days • CNS Cancers, VIPomas, and Merkel Cell Carcinoma: 30 units every 28 days • Thymoma: 30 units every 14 days
	Coverage of J2353 will not be compensated when one of the following diagnosis is not also present on the claim: C25.4, C37, C4A.0, C4A.10, C4A.111, C4A.112, C4A.121, C4A.122, C4A.20, C4A.21, C4A.22, C4A.30, C4A.31, C4A.39, C4A.4, C4A.51, C4A.52, C4A.59, C4A.60, C4A.61, C4A.62, C4A.70, C4A.71, C4A.72, C4A.8, C4A.9C70.0, C70.1, C70.9, C74.10, C74.11, C74.12, C74.90, C74.91, C74.92, C75.5, C7A.00, C7A.010, C7A.011, C7A.012, C7A.019, C7A.020, C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, C7A.029, C7A.090, C7A.091, C7A.092, C7A.093, C7A.094, C7A.095, C7A.096, C7A.098, C7A.8, C7B.00, C7B.01, C7B.02, C7B.03, C7B.04, C7B.09, C7B.1, C7B.8, D15.0, D32.0, D32.1, D32.9, D38.4, D3A.00, D3A.010, D3A.011, D3A.012, D3A.019, D3A.020, D3A.021, D3A.022, D3A.023, D3A.024, D3A.025, D3A.026, D3A.029, D3A.090, D3A.091, D3A.092, D3A.094, D3A.095, D3A.096, D3A.098, D42.0, D42.1, D42.9, E16.1, E16.3, E16.4, E16.8, E22.0, E34.00, E34.01, E34.09, Z85.020, Z85.030, Z85.040, Z85.060, Z85.07, Z85.110, Z85.230, Z85.238, Z85.821, Z85.841, Z85.848, Z85.858
Afamelanotide (Scenesse®)	Fallon Health limits coverage of afamelanotide subcutaneous implant (J7352) to 16 billable units (16 mg or 1 implant) every 2 months
	Coverage will not be compensated when one of the following diagnosis is not also present on the claim: E80.0.
Pasireotide (Signifor® LAR)	Fallon Health does not routinely compensate for pasireotide (J2502) when a diagnosis for acromegaly and pituitary gigantism, constitutional tall stature, or pituitary-dependent Cushing's disease (E22.0, E34.4, E24.0) are not also present on the claim.
	Coverage of J2502 is limited: • **Acromegaly** 60 units every 28 days • **Cushing's disease** 40 units every 28 days
Lanreotide (Somatuline Depot®)	Fallon Health limits coverage of lanreotide (J1930) is limited to: • Acromegaly 120 billable units every 28 days. • All Other Indications 120 billable units every 14 days.
	Coverage of J1930 will not be compensated when one of the following diagnosis is not also present on the claim: C25.4, C7A.00, C7A.010, C7A.011, C7A.012, C7A.019, C7A.020, C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, C7A.029, C7A.090, C7A.091, C7A.092, C7A.093, C7A.094, C7A.095, C7A.096, C7A.098, C7A.8, C7B.00, C7B.01, C7B.02, C7B.03, C7B.04, C7B.09, C7B.8, C74.10, C74.1, C74.12, C74.90, C74.91, C74.92, C75.5, D3A.00, D3A.010, D3A.011, D3A.012, D3A.019, D3A.020, D3A.021, D3A.022, D3A.023, D3A.024, D3A.025, D3A.026, D3A.029, D3A.090, D3A.091, D3A.092, D3A.094, D3A.095, D3A.096, D3A.098, E16.1, E16.3, E16.8, E22.0, E34.01, E34.09, Z85.020, Z85.030, Z85.040, Z85.060, Z85.07, Z85.110, Z85.230, Z85.858
Ranibizumab (Susvimo®) †	Fallon Health limits coverage of Susvimo is limited to: • Neovascular (wet) AMD & DME: 200 billable units every 24 weeks • DR: 200 billable units every 36 weeks

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	(Max units are based on administration to both eyes)
	Coverage of J2779 and C1889 will not be compensated when one of the following diagnoses is not also present on the claim: E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3219, E08.3291, E08.3292, E08.3293, E08.3299, E08.3311, E08.3312, E08.3313, E08.3319, E08.3391, E08.3392, E08.3393, E08.3399, E08.3411, E08.3412, E08.3413, E08.3419, E08.3491, E08.3492, E08.3493, E08.3499, E08.3511, E08.3512, E08.3513, E08.3519, E08.3521, E08.3522, E08.3523, E08.3529, E08.3531, E08.3532, E08.3533, E08.3539, E08.3541, E08.3542, E08.3543, E08.3549, E08.3551, E08.3552, E08.3553, E08.3559, E08.3591, E08.3592, E08.3593, E08.3599, E08.37X1, E08.37X2, E08.37X3, E08.37X9, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.37X1, E13.37X2, E13.37X3, E13.37X9, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233, H35.3290, H35.3291, H35.3292, H35.3293.
Triptorelin (Trelstar®)	Fallon Health limits coverage of triptorelin **(**J3315) to: • **Prostate Cancer** 6 billable units (22.5 mg) every 168 days • **Gender Dysphoria** 1 billable unit (3.75) at weeks 0,2, and 4 up to 6 billable units (22.5) and every 168 days thereafter • **Breast Cancer, Head and Neck Cancer** 3 billable units (11.25 mg) every 84 days • **All other indications** 1 billable unit (3.75 mg) every 28 days ○ Coverage of J3315 for endometriosis/ uterine leiomyomata (fibroids) will be limited to a maximum 6 months.
	Coverage of J3315 will not be compensated when one of the following diagnosis is not also present on the claim: C06.9, C07, C08.0, C08.1, C08.9, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C61, D25.0, D25.1, D25.2, D25.9, D37.031, D37.032, D37.039, E30.1, E30.8, F64.0, F64.1, F64.2, F64.8, F64.9, F64.A, N80.0, N80.1, N80.2, N80.3, N80.6, N80.8, N80.9, Z31.84, Z85.3, Z85.42, Z85.46
Triptorelin	Coverage of J3316 will be limited to 6 billable units per 168 days.

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<table>
<tr><td>(Triptodur®)</td><td>Fallon Health does not routinely compensate for triptorelin (J3316) when a diagnosis for precocious puberty or other disorders of puberty (E30.1, E30.8) or gender dysphoria (F64.0, F64.1, F64.2, F64.8, F64.9, F64.A) are not also present on the claim.</td></tr>
<tr><td rowspan="2">Ibalizumab-uiyk (Trogarzo®)</td><td>Coverage of J1746 will be limited to:
Load: 200 billable units one time only
Maintenance: 80 billable units every 14 days.</td></tr>
<tr><td>Fallon Health does not routinely compensate for ibalizumab-uiyk (J1746) when a diagnosis for human immunodeficiency virus (HIV) disease (B20) is not also present on the claim.</td></tr>
<tr><td rowspan="2">Natalizumab (Tysabri®) †</td><td>Coverage of J2323 will be limited to 300 billable units every 28 days</td></tr>
<tr><td>Coverage of J2323 will not be compensated when one of the following diagnoses is not also present on the claim:
G35, K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.90, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919.</td></tr>
<tr><td rowspan="2">Dinutuximab (Unituxin®) †</td><td>Coverage of Unituxin will be limited to 600 billable units every 3 weeks</td></tr>
<tr><td>Coverage of Unituxin will not be compensated when one of the following diagnoses is not also present on the claim:
C72.0, C72.1, C72.20, C72.21, C72.22, C72.30, C72.31, C72.32, C72.40, C72.41, C72.42, C72.50, C72.59, C72.9, C74.00, C74.01, C74.02, C74.10, C74.11, C74.12, C74.90, C74.91, C74.92.</td></tr>
<tr><td rowspan="2">Faricimab-svoa (Vabysmo®) †</td><td>Coverage of J2777 will be limited to the following:
<table>
<tr><th>Diagnosis</th><th>MU for Initial Dosing</th><th>MU for Maintenance Dosing</th></tr>
<tr><td>Neovascular age-related macular degeneration (AMD)</td><td>120 billable units every 28 days x 4 doses</td><td>120 billable units every 28 days</td></tr>
<tr><td>Diabetic Macular Edema (DME)</td><td>120 billable units every 28 days x 6 doses</td><td>120 billable units every 28 days</td></tr>
<tr><td>Macular Edema following Retinal Vein Occlusion (RVO)</td><td>N/A</td><td>120 billable units every 28 days x 6 doses</td></tr>
</table></td></tr>
<tr><td>Coverage of J2777 will not be compensated when one of the following diagnoses is not also present on the claim:
E08.311, E08.3211, E08.3212, E08.3213, E08.3219, E08.3311, E08.3312, E08.3313, E08.3319, E08.3411, E08.3412, E08.3413, E08.3419, E08.3511, E08.3512, E08.3513, E08.3519, E09.311, E09.3211, E09.3212, E09.3213, E09.3219, E09.3311, E09.3312, E09.3313, E09.3319, E09.3411, E09.3412, E09.3413, E09.3419, E09.3511, E09.3512, E09.3513, E09.3519, E10.311, E10.3211, E10.3212, E10.3213, E10.3219, E10.3311, E10.3312, E10.3313, E10.3319, E10.3411, E10.3412, E10.3413, E10.3419, E10.3511, E10.3512, E10.3513, E10.3519, E11.311, E11.3211, E11.3212, E11.3213, E11.3219, E11.3311, E11.3312, E11.3313, E11.3319, E11.3411, E11.3412, E11.3413, E11.3419, E11.3511, E11.3512, E11.3513, E11.3519, E13.311, E13.3211, E13.3212, E13.3213, E13.3219, E13.3311, E13.3312, E13.3313, E13.3319, E13.3411, E13.3412, E13.3413, E13.3419, E13.3511, E13.3512, E13.3513, E13.3519, H34.8110, H34.8120, H34.8130, H34.8190, H34.8310, H34.8320, H34.8330, H34.8390, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233, H35.3290, H35.3291, H35.3292, H35.3293..</td></tr>
<tr><td rowspan="2">Panitumumab (Vectibix®) †</td><td>Coverage of J9303 will be limited to 70 billable units every 14 days.</td></tr>
<tr><td>Coverage of J9303 will not be compensated when one of the following diagnoses is not also present on the claim:
C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.8,</td></tr>
</table>

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	C78.00, C78.01, C78.02, C78.6, C78.7, Z85.038.
Elosulfase alfa (Vimizim®)	Fallon Health does not routinely compensate for elosulfase alfa (J1322) when a diagnosis for Morquio A mucopolysaccharidoses (E76.210) is not also present on the claim.
	Coverage of J1322 will be limited to 920 billable units every 28 days.
Velaglucerase alfa (Vpriv®)	Fallon Health does not routinely compensate for velaglucerase alfa (J3385) when a diagnosis for Gaucher disease (E75.22) is not also present on the claim.
	Coverage of J3385 will be limited to 72 billable units every 14 days.
IncobotulinumtoxinA (Xeomin®)	Fallon Health limits coverage of incobotulinumtoxinA (J0588) to the following: • **Cervical dystonia** 200 billable units every 84 days • **Blepharospasms** 100 billable units every 84 days • **Upper limb spasticity** 400 billable units every 84 days • **Prophylaxis for chronic migraines** 200 billable units every 84 days • **Incontinence due to neurogenic detrusor overactivity** 200 billable units every 84 days • **Overactive bladder (OAB)** 100 billable units every 84 days • **Severe primary axillary hyperhidrosis** 100 billable units every 112 days • **Sialorrhea** 100 billable units every 112 days • **Ventral Hernia** 500 billable units one time only
	Coverage of J0588 will not be compensated when one of the following diagnosis is not also present on the claim: G24.3, G24.5, G25.89, G35, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1, G35.C2, G35.D, G37.0, G43.E01, G43.E09, G43.E11, G43.E19, G43.709 G43.719, G43.701, G43.711, G80.0, G80.1, G80.2, G81.10, G81.11, G81.12, G81.13, G81.14, G82.50, G82.51, G82.52G82.53, G82.54, G83.0, G83.20 G83.21, G83.22, G83.23,G83.24, I69.031, I69.032, I69.033, I69.034, I69.039, I69.051, I69.052, I69.053, I69.054, I69.059, I69.131, I69.132, I69.133, I69.134, I69.139, I69.151, I69.153, I69.154, I69.159, I69.231, I69.232, I69.233, I69.234, I69.239, I69.251, I69.252, I69.253, I69.254, I69.259, I69.331, I69.332 I69.333, I69.334, I69.339, I69.351, I69.352, I69.353, I69.354, I69.359, I69.831, I69.832, I69.833, I69.834, I69.839, I69.851, I69.852, I69.854, I69.859, I69.931, I69.932, I69.933, I69.934, I69.939,I69.951, I69.952, I69.953, I69.954, I69.959, K11.7, K43.6, K43.7, K43.9, M43.6, N31.0, N31.1, N31.8, N31.9, N32.81, L74.510
Trabectedin (Yondelis®) †	Coverage of J9352 will be limited to 40 billable units every 21 days.
	Coverage of J9352 will not be compensated when one of the following diagnoses is not also present on the claim: C47.0, C47.10, C47.11, C47.12, C47.20, C47.21, C47.22, C47.3, C47.4, C47.5, C47.6, C47.8, C47.9, C48.0, C48.1, C48.2, C48.8, C49.0, C49.10, C49.11, C49.12, C49.20, C49.21, C49.22, C49.3, C49.4, C49.5, C49.6, C49.8, C49.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, D48.1, Z85.42, Z85.831.
Ondansetron (Zofran®)	Fallon health limits coverage of ondansetron (J2405) to the following: • **Chemotherapy and Radiation related nausea and vomiting** 48 billable units per day • **All other indications** 4 billable units per day
	Coverage of J2405 will not be compensated when one of the following diagnosis is not also present on the claim: R11.0, R11.10, R11.11, R11.12, R11.2, T41.0X5A, T41.1X5A, T41.205A, T41.295A, T41.45XA, T45.1X5A, T45.1XD, T45.1X5S, T45.95XA, T45.95XD, T45.XS, T50.905A, T50.905D, T50.905S, T50.995A, T88.59XA, Z51.11, Z51.12
Goserelin acetate (Zoladex®)	Fallon health limits coverage of goserelin acetate (J9202) to the following: • **Prostate, Breast Cancer, Gender Dysphoria, & Fertility Preservation** 3 units every 84 days • **All other indications** 1 unit every 28 days
	Coverage of J9202 will not be compensated when one of the following diagnosis is not also

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	present on the claim: C06.9, C07, C08.0, C08.1, C08.9C48.1, C48.2, C48.8, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.3, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C61, D37.031, D37.032, D37.039, F64.0, F64.1, F64.2, F64.8, F64.9, F64.A, N80.0, N80.1, N80.2, N80.3, N80.4, N80.5, N80.6, N80.8, N80.9, N92.4, N92.5, N93.8, Z31.84, Z85.3, Z85.42, Z85.43, Z85.46
	Coverage of J9202 for endometriosis will be limited to a maximum of 6 months.
Hyaluronic acid derivatives (Durolane; Euflexxa; Synvisc; Synvisc-One)	Fallon health limits coverage of hyaluronic acid derivatives to the following: • Durolane J7318 120 units per 180 days *(effective 3/15/26)*; Euflexxa J7323 6 units per 180 days; Synvisc/Synvisc-One J7325 96 units per 180 days (based on administration into both knees)
	Coverage of hyaluronic acid derivatives will not be compensated when one of the following diagnosis is not also present on the claim: M17.0, M17.10, M17.11, M17.12, M17.2, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

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