

Special Bulletin

Updated: December 12, 2023

For professional and facility providers

November 27, 2023

Federal Employee Program: High-Cost Drugs to Require Prior Authorization

Fifty-seven drugs — mainly high-cost medications — will require prior authorization for Federal Employee Program (FEP) members, **effective January 1, 2024**. The intent is to move the medical necessity review of these drugs from post-service to pre-service. *In an earlier version of this Bulletin, a deleted drug Neulasta (J2505) was inadvertently listed; that drug has been removed and the list updated.*

The codes below will appear on the Prior Authorization list for FEP on the Provider Resource Center effective **January 1, 2024**.

Procedure Code	Product Name	Therapeutic Category
C9142	Alymsys	Bevacizumab
J0225	Amvuttra	Amyloidosis
J9035	Avastin	Bevacizumab
Q5121	Avsola	Infliximab
J0179	Beovu	Ocular VEGF
Q5124	Byooviz	Ocular VEGF
Q5128	Cimerli	Ocular VEGF
J0178	Eylea	Ocular VEGF
Q5108	Fulphila	Pegfilgrastim
Q5130	Fylnetra	Pegfilgrastim
J0223	Givlaari	AHP (Acute Hepatic Porphyria)
J1447	Granix	Filgrastim
J9355	Herceptin	Trastuzumab
J9356	Herceptin Hylecta	Trastuzumab
Q5103	Inflectra	Infliximab
J1745	Infliximab	Infliximab
Q5109	Ixifi	Infliximab
Q5117	Kanjinti	Trastuzumab
J2778	Lucentis	Ocular VEGF
Q5107	Mvasi	Bevacizumab
J2506	Neulasta/Onpro	Pegfilgrastim
J1442	Neupogen	Filgrastim
Q5110	Nivestym	Filgrastim
Q5122	Nyvepria	Pegfilgrastim
J2350	Ocrevus	Multiple Sclerosis
Q5114	Ogivri	Trastuzumab
J0222	Onpattro	Amyloidosis
Q5112	Ontruzant	Trastuzumab
J0224	Oxlumo	Primary Hyperoxaluria Type 1

J0886	Procrit	Erythropoietin
Q5125	Releuko	Filgrastim
J1745	Remicade	Infliximab
Q5104	Renflexis	Infliximab
Q5106	Retacrit	Erythropoietin
Q5123	Riabni	Rituximab
J9312	Rituxan	Rituximab
J9311	Rituxan Hycela	Rituximab
J1449	Rolvedon	Eflapegrastim
Q5119	Ruxience	Rituximab
J1602	Simponi Aria	Autoimmune
J2327	Skyrizi	Autoimmune
J1300	Soliris	Complement Inhibitors
J3358	Stelara IV	Autoimmune
J3357	Stelara SQ	Autoimmune
Q5127	Stimufend	Pegfilgrastim
NOC C9399, J5490, etc.	Tegsedi	Amyloidosis
Q5115	Truxima	Trastuzumab
Q5111	Udenyca	Pegfilgrastim
J1303	Ultomiris	Complement Inhibitors
J2777	Vabysmo	Ocular VEGF
Q5129	Vegzelma	Bevacizumab
J9332	Vyvgart	Antimasthenic Agents
NOC C9399, J5490, etc.	Vyvgart Hytrulo	Antimasthenic Agents
Q5101	Zarxio	Filgrastim
Q5120	Ziextenzo	Pegfilgrastim
Q5118	Zirabev	Bevacizumab

FEP Prior Approval Lists

The following FEP Prior Approval lists are available on the Provider Resource Center (PRC):

- [FEP Standard and Basic Options Prior Approval List](#)
- [FEP Blue Focus Prior Approval List](#)

They can be found on the PRC by selecting **AUTHORIZATIONS** from the left menu and clicking **Procedures/Service Requiring Prior Authorization**. Both lists are located under the **PRIOR AUTHORIZATION CODE LISTS** section header on that page.

Providers can submit prior authorization requests for the listed drugs via [Availity®](#) and CoverMyMeds, as well as fax and phone options. The FEP Provider Service department can be reached at the following numbers:

- Delaware: 800-721-8005
- Pennsylvania: 866-763-3608
- West Virginia: 800-535-5266

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