

Certain Physician Administered Drugs will require Prior Authorization

Effective Feb. 14, 2022, the Mississippi Division of Medicaid (DOM) will require prior authorization (PA) of an additional 63 Physician Administered Drugs (PADs). The chart below reflects the PADs that will require PA.

Alliant Health Solutions is responsible for authorization requests for fee-for-service (FFS) Medicaid beneficiaries. Please refer to Alliant Health Solutions' provider portal at: <https://ms.allianthealth.org/>, or call Alliant directly at 1-888-224-3067 for assistance. Providers are encouraged to register with Alliant as soon as possible to submit authorization requests via the Alliant web-portal <https://ms.allianthealth.org/>.

For billing issues, call Conduent Provider and Beneficiary Services at 800-884-3222.

Code	Description	Drug Brand Name
J9042	Brentuximab Vedotin Inj, 1 Mg	Adcetris
J0172*	Inj, Aducanumab-Avwa, 2 Mg	Aduhelm
J1931	Laronidase Injection	Aldurazyme
J9305	Inj. Pemetrexed Nos 10 Mg	Alimta
J0841	Inj Crotalidae Im F(Ab')2 Eq	Anavip
J9035	Bevacizumab Injection	Avastin
J0597	C-1 Esterase, Berinert	Berinert
J9229	Inj Inotuzumab Ozogam 0.1 Mg	Besponsa
J0585	Injection, Onabotulinumtoxin A 1 Unit	Botox
J1786	Imuglucerase Injection	Cerezyme
J2786	Reslizumab 1 Mg	Cinqair
J0598	C-1 Esterase, Cinryze	Cinryze
J9308	Inj Ramucirumab 5 Mg	Cyramza
J9145	Daratumumab 10 Mg	Darzalex
J9144	Daratumumab, Hyaluronidase	Darzalex Faspro
J1743	Idursulfase Injection 1 Mg	Elaprase
J9358	Inj Fam-Trastu Deru-Nxki 1Mg	Enhertu
J3380	Inj Vedolizumab 1 Mg	Entyvio
J9307	Pralatrexate Injection	Folotylin
J9301	Obinutuzumab Inj	Gazyva
J9173	Inj., Durvalumab, 10 Mg	Imfinzi
J9043	Cabazitaxel Inj, 1 Mg	Jevtana
J9354	Ado-Trastuzumab Emtansine, 1 Mg Injecti	Kadcyla
Q5117	Inj, Trastuzumab-Anns, Biosimilar	KANJINTI
J9271	Inj Pembrolizumab 1 Mg	Keytruda
J2507	Pegloticase Inj, 1 Mg	Krystexxa
J0202	Inj Alemtuzumab 1 Mg	Lemtrada
J9119	Inj., Cemiplimab-Rwlc, 1 M	Libtayo
J0221	Inj, Alglucosidase Alfa, , 10 Mg	Lumizyme
A9513	Lutetium Lu 177, Dotatate, Therap	Lutathera
J9349	Inj., Tafasitamab-Cxix, 2 Mg	Monjuvi
J2562	Plerixafor Inj 1 Mg	Mozobil

Code	Description	Drug Brand Name
J9023	Avelumab 10 Mg	Bavencio
Q5107	Inj, Bevacizumab, 10 Mg	Mvasi
J2505	Injection, Pegfilgrastim 6 Mg	Neulasta
J2182	Mepolizumab 1 Mg	Nucala
J2350	Ocrelizumab 1 Mg	Ocrevus
J9266	Pegaspargase Inj Sngl Dose Vial	Oncaspar
J9299	Injection, Nivolumab	Opdivo
J0129	Inj, Abatacept, 10 Mg	Orencia
J9306	Pertuzumab, 1 Mg Injection,	Perjeta
J9316	Pertuzu, Trastuzu, 10 Mg	Phesgo
J9204	Inj, Mogamulizumab-Kpkc, 1 Mg	Poteligeo
J1459	'Inj Ivig Privigen 500 Mg	Privigen
J0897	Denosumab Inj, 1 Mg	Prolia; Xgeva
J1745	Infiximab Excl Biosimilar 10 Mg	Remicade
J9312	Inj., Rituximab, 10 Mg	Rituxan
J2353	Octreotide Injection, Depot, 1 Mg	Sandostatin LAR
J1300	Eculizumab Injection 10 Mg	Soliris
J1930	Lanreotide Inj 1 Mg	Somatuline Depot
J3357	Ustekinumab Subq 1 Mg	Stelara
J3358	Ustekinumab Iv 1 Mg	Stelara
J9226	Histrelin Implant, 50 Mg	Supprelin LA
J9022	Inj, Atezolizumab 10 Mg	Tecentriq
J3241	Inj. Teprotumumab-Trbw 10 Mg	Tepezza
J9317	Inj, Sacituzumab Govitecan-Hziy, 2	Trodrelvy
J1746	Inj., Ibalizumab-Uiyk, 10 Mg	Trogarzo
J2323	Natalizumab Injection 1 Mg	Tysabri
J1303	Inj., Ravulizumab-Cwvz 10 Mg	Ultomiris
J9153	Inj, Liposomal, 1 Mg Daunorubicin	Vyxeos
J2357	Omalizumab Injection, 5 Mg	Xolair
J9228	Ipilimumab Injection, 1 Mg	Yervoy
J9223	Inj. Lurbinectedin, 0.1 Mg	Zepzelca

*Code J0172 will be a valid code effective 1/1/22