



COLORADO
Department of Health Care
Policy & Financing

Dear Hospital Provider,

Approved hospital specialty drugs which are carved out from either the All-Patient Refined Diagnosis Related Group (APR-DRG) or the Enhanced Ambulatory Patient Group (EAPG) payment methodology fall under the Hospital Specialty Drugs Policy. Refer to [Appendix Z: Hospital Specialty Drugs List](#) for the entire list of specialty drugs subject to this policy, along with the effective dates.

Member-specific Prior Authorization Requests (PARs) must be submitted directly to the Department of Health Care Policy & Financing (the Department) and approved prior to administration of the specialty drug.

Resources including Appendix Z, coverage standards, request forms and submission requirements are listed on the [Physician Administered Drugs web page](#) under the Hospital Specialty Drugs Policy drop-down.

Refer to the [Physician-Administered Drugs \(PAD\) Billing Manual](#) and the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#) or visit the [PAD web page](#) for additional policy information.

Contact HCPF_PAD@state.co.us with additional questions.

Healthcare Common Procedure Coding System (HCPCS)	Drug Name	Effective Date
J0225	Amvuttra® (vutrisiran)	Inpatient (IP)/Outpatient (OP): 04/03/2024
J9286	Columvi™ (glofitamab-gxbm)	IP/OP: 02/14/2024
J7352	Scenesse® (afamelanotide implant)	IP/OP: 01/22/2024
J9229	Besponsa® (inotuzumab ozogamicin)	<ul style="list-style-type: none">• OP: 11/22/2023• IP: 01/01/2024
Q2054	Breyanzi® (lisocabtagene maraleucel)	<ul style="list-style-type: none">• OP: 10/9/2023• IP: 01/01/2024

J0218	Xenpozyme® (olipudase)	<ul style="list-style-type: none"> • OP: 8/10/2023 • IP: 01/01/2024
J1413	Elevidys (delandistrogene moxeparvovec-rokl)	<ul style="list-style-type: none"> • OP: 08/08/2023 • IP: 01/01/2024
J1303	Ultomiris® (ravulizumab-cwvz)	<ul style="list-style-type: none"> • OP: 08/02/2023 • IP: 01/01/2024
Q2056	Carvykti® (ciltacabtagene autoleucel)	<ul style="list-style-type: none"> • OP: 06/01/2023 • IP: 01/01/2024
Q2053	Tecartus® (brexucabtagene autoleucel)	<ul style="list-style-type: none"> • OP: 10/10/2022 • IP: 01/01/2024
J9348	Danyelza® (naxitamab-gqgk)	<ul style="list-style-type: none"> • OP: 07/01/2021 • IP: 01/01/2024
J3399	Zolgensma (onasemnogene abeparvovec-xioi)	<ul style="list-style-type: none"> • OP: 07/01/2020 • IP: 01/01/2024
J0567	Brineura® (cerliponase alfa)	<ul style="list-style-type: none"> • OP: 01/01/2019 • IP: 01/01/2024
Q2042	Kymriah® (tisagenlecleucel)	<ul style="list-style-type: none"> • OP: 01/01/2019 • IP: 01/01/2024
J2326	Spinraza® (nusinersen)	<ul style="list-style-type: none"> • OP: 08/11/2018 • IP: 01/01/2024
Q2041	Yescarta® (axicabtagene ciloleucel)	<ul style="list-style-type: none"> • OP: 08/11/2018 • IP: 01/01/2024

Thank you,

Department of Health Care Policy & Financing
