



COLORADO
Department of Health Care
Policy & Financing

Dear Provider,

Effective October 1, 2022, a select number of additional physician-administered drugs (PADs), listed below, require prior authorization (PA). These codes are in addition to the PADs that have required PA since January 18, 2022.

Drug Class	HCPCS	Drug Name
	J0178	Eylea (aflibercept)
Lupus Agents	J0490	Benlysta (belimumab)
	J0491	<u>Saphnelo (anifrolumab)</u>
Multiple Sclerosis Agent	J0202	Lemtrada (alemtuzumab)
	J2796	<u>Nplate (romiplostim)</u>
<u>Pompe Disease Agents</u>	J0221	<u>Lumizyme (alglucosidase alfa)</u>
	J0219	<u>Nexviazyme (avalglucosidase)</u>
	J3241	<u>Tepezza (teprotumumab)</u>
	J1303	<u>Ultomiris (ravulizumab)</u>
	J3032	<u>Vyepti (eptinezumab)</u>

An error occurred which did not adequately allow PA submission for the new codes. This error has been rectified as of Monday, October 3, 2022.

In consideration of the known error, retroactive PAs for dates of service October 1, 2022, to October 6, 2022, may be accepted for the PAD PA required codes that were effective October 1, 2022. Approved PA numbers may be found in Atrezzo.

Claims billed and denied for dates of service October 1, 2022, to October 12, 2022, were

reprocessed on October 25, 2022.

Issue resolved 10/03/22.

Contact [HCPF PAD@state.co.us](mailto:HCPF_PAD@state.co.us) with additional questions.

Thank you,

Department of Health Care Policy & Financing
