Prior Authorization Update for Evolent

Evolent (formerly New Century Health) manages prior authorizations for Centene for Medical Oncology, Radiation Oncology, Pediatric and Dose Optimization, and Cardiology.

Beginning on July 1, 2026 the procedure codes included in this bulletin will require prior authorization through Evolent. This change applies to all Ambetter (Marketplace) and Medicare products offered by Centene.

If you have any questions regarding this update please contact your Provider Engagement representative.

Codes Requiring Prior Authorization Effective July 1, 2026		
CODE	**MEDICATION**	**DOSE**
	CANCER TREATMENT	
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC	1 MCI
C9155	INJECTION EPCORITAMAB-BYSP	0.16 MG
C9163	INJECTION TALQUETAMAB-TGVS	0.25 MG
C9165	INJECTION ELRANATAMAB-BCMM	1 MG
J0202	INJECTION ALEMTUZUMAB	1 MG
J0594	INJECTION BUSULFAN	1 MG
J0640	INJ LEUCOVORIN CALCIUM PER	50 MG
J0641	INJECTION LEVOLEUCOVORIN NOS	0.5 MG
J0642	INJECTION, LEVOLEUCOVORIN (KHAPZORY)	0.5 mg
J0791	INJECTION CRIZANLIZUMAB-TMCA	5 MG
J0893	INJECTION DECITABINE NOT THR EQUIV TO J0894	1 MG
J0894	INJECTION DECITABINE	1 MG
J1050	MEDROXYPROGESTERONE ACETATE	
J1246	INJECTION DINUTUXIMAB	0.1 MG
J1950	INJ LEUPROLIDE ACETATE PER	3.75 MG
J1952	LEUPROLIDE INJECTABLE CAMCEVI,	1 MG
J1954	INJECTION LA FOR DEPOT SUSPENSION	7.5 MG
J2860	INJECTION SILTUXIMAB	10 MG
J3240	INJ THYROTROPIN PROV 1.1 VIAL	.9 MG
J3315	INJ TRIPTORELIN PAMOATE	3.75 MG
J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE	3.75 MG
J7308	AMINOLEVULINIC ACID HCI FOR TICL ADMIN, 20%/1UNIT DOSAGE FORM	354MG
J7502	CYCLOSPORINE, ORAL, SOL	
J7504	LYMPHOCYTE IMMUNE/ANTITHYMOCYTE GLOBULIN	5ML EA
J7512	PDN IMMED RLSE/DELAY RLSE ORAL	1 MG
J7520	SIROLIMUS ORAL	1 MG
J7527	ORAL EVEROLIMUS	

Codes Requiring Prior Authorization Effective July 1, 2026		
CODE	**MEDICATION**	**DOSE**
J8510	BUSULFAN, ORAL	2 MG
J8520	CAPECITABINE, ORAL	150 MG
J8521	CAPECITABINE, ORAL	500 MG
J8530	CYCLOPHOSPHAMIDE ORAL	25 MG
J8560	ETOPOSIDE ORAL	50 MG
J8565	GEFITINIB ORAL	250 mg
J8600	MELPHALAN ORAL	2 MG
J8610	METHOTREXATE ORAL	2.5 MG
J8700	TEMOZOLOMIDE ORAL	5 MG
J8705	TOPOTECAN, ORAL	0.25 MG
J8999	PRESCRIPTION DRUG-ORAL-CHEMOTHERAPEUTIC-NOS	
J9000	INJECTION DOXORUBICIN HCL	10 MG
J9015	ALDESLEUKIN INJECTION	
J9017	INJECTION ARSENIC TRIOXIDE	1 MG
J9019	ERWINAZE INJECTION	
J9021	INJECT ASPARAGINASE RECOMBINANT (RYLAZE)	0.1 MG
J9022	INJECTION ATEZOLIZUMAB	10 MG
J9023	INJECTION AVELUMAB	10 MG
J9025	INJECTION AZACITIDINE	1 MG
J9027	INJECTION CLOFARABINE	1 MG
J9029	IVES INSTAL NADOFARAGN FIRADENOVC-VNCG PER THR D	
J9030	BCG LIVE INTRAVESICAL INSTILLATION	1 MG
J9032	INJECTION BELINOSTAT	10 MG
J9033	INJECTION BENDAMUSTINE HCL	1 MG
J9034	INJ. BENDEKA	1 MG
J9035	INJECTION BEVACIZUMAB	10 MG
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE	1 MG
J9037	INJECTION, BELANTAMAB MAFODOTIN-BLMF	0.5 MG
J9039	INJECTION BLINATUMOMAB	1 MCG
J9040	BLEOMYCIN SULFATE INJECTION	
J9041	INJECTION BORTEZOMIB	0.1 MG
J9042	BRENTUXIMAB VEDOTIN INJ	
J9043	CABAZITAXEL INJECTION	
J9044	INJECTION BORTEZOMIB NOS	0.1 MG
J9045	INJECTION CARBOPLATIN	50 MG
J9046	INJ BORTEZOMIB NOT THER EQUIV TO J9041	0.1 MG
J9047	INJECTION, CARFILZOMIB,	1 MG
J9048	INJ BTZ FRESENIUS KABI NOT TX EQV TO J9041	0.1MG
J9049	INJ BORTEZOMB HOSPIRA NOT TX EQV TO J9041	0.1 MG
J9050	INJECTION CARMUSTINE	100 MG
J9051	INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO J9041	0.1 MG
J9052	INJECTION, CARMUSTINE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9050	100 MG
J9055	INJECTION CETUXIMAB	10 MG
J9056	INJECTION BENDAMUSTINE HCL VIVIMUSTA	1 MG
J9057	INJECTION, COPANLISIB	1 MG
J9058	INJECTION BENDAMUSTINE HCL APOTEX	1 MG
J9059	INJECTION BENDAMUSTINE HCL BAXTER	1 MG
J9060	CISPLATIN INJECTION	10 MG

Codes Requiring Prior Authorization Effective July 1, 2026		
CODE	**MEDICATION**	**DOSE**
J9061	INJECTION, AMIVANTAMAB-VMJW	2 MG
J9063	INJECTION MIRVETUXIMAB SORAVTANSINE-GYNX	1 MG
J9064	INJECTION, CABAZITAXEL (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9043	1 MG
J9065	INJ CLADRIBINE PER	1 MG
J9070	CYCLOPHOSPHAMIDE	100MG
J9071	INJECTION CYCLOPHOSPHAMIDE AUROMEDICS	5 MG
J9072	INJECTION CYCLOPHOSPHAMIDE AVYXA	5 MG
J9098	CYTARABINE LIPOSOME INJ	
J9100	INJECTION CYTARABINE	100 MG
J9118	INJECTION CALASPARGASE PEGOL-MKNL	10 UNITS
J9119	INJECTION CEMIPLIMAB-RWLC	1 MG
J9120	INJECTION DACTINOMYCIN	0.5 MG
J9130	DACARBAZINE	100 MG
J9144	INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ	
J9145	INJECTION DARATUMUMAB	10 MG
J9150	INJECTION DAUNORUBICIN	10 MG
J9153	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	
J9155	DEGARELIX INJECTION	
J9171	DOCETAXEL INJECTION	
J9172	INJECTION DOCETAXEL DOCIVYX	1 MG
J9173	INJECTION DURVALUMAB	10 MG
J9176	INJECTION ELOTUZUMAB	1MG
J9177	INJECTION ENFORTUMAB VEDOTIN-EJFV	0.25 MG
J9178	INJECTION, EPIRUBICIN HCI	2 MG
J9179	ERIBULIN MESYLATE INJECTION	
J9181	INJECTION ETOPOSIDE	10 MG
J9185	FLUDARABINE PHOSPHATE INJ	
J9190	INJECTION FLUOROURACIL	500 MG
J9196	INJ GEMCITABINE HCI NOT THR EQUIV J9201	200 MG
J9198	INJ GEMCITABINE HYDROCHLORIDE INFUGEM	100 MG
J9200	INJECTION FLOXURIDINE	500 MG
J9201	INJECTION GEMCITABINE HCL NOS	200 MG
J9202	GOSERELIN ACETATE IMPLANT PER	3.6 MG
J9203	INJ GEMTUZUMAB OZOGAMICIN	0.1 MG
J9204	INJECTION MOGAMULIZUMAB-KPKC	1 MG
J9205	INJ IRINOTECAN LIPOSOME	1 MG
J9206	INJECTION IRINOTECAN	20 MG
J9207	IXABEPILONE INJECTION	
J9208	IFOSFAMIDE INJECTION	
J9209	INJECTION MESNA	200 MG
J9210	INJECTION EMAPALUMAB-LZSG	1 MG
J9211	INJECTION IDARUBICIN HCL	5 MG
J9214	INTERFERON ALFA-2B INJ	
J9217	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION	7.5 MG
J9218	LEUPROLIDE ACETATE PER	1 MG
J9223	INJECTION LURBINECTEDIN	0.1 MG
J9227	INJECTION ISATUXIMAB-IRFC	10 MG

Codes Requiring Prior Authorization Effective July 1, 2026		
CODE	**MEDICATION**	**DOSE**
J9228	IPILIMUMAB INJECTION	
J9229	INJECTION INOTUZUMAB OZOGAMICIN	0.1 MG
J9230	MECHLORETHAMINE HCL INJ	
J9245	INJECTION MELPHALAN HCI NOS	50 MG
J9246	INJECTION MELPHALAN EVOMELA	1 MG
J9247	INJECTION, MELPHALAN FLUFENAMIDE	1 MG
J9250	METHOTREXATE SODIUM	5 MG
J9255	INJ METHOTREXATE NOT THR EQV TO J9260	50 MG
J9258	INJ PTX PRO-BND PA TEVA NOT EQUIV TO J9264	1 MG
J9259	INJ PTX PRO-BND PA AMER REG NOT EQ J9264	1 MG
J9260	INJECTION METHOTREXATE SODIUM	50 MG
J9261	INJECTION NELARABINE	50 MG
J9262	INJECTION, OMACETAXINE MEPESUCCINATE	0.01 MG
J9263	INJECTION, OXALIPLATIN	0.5 MG
J9264	INJECTION PACLITAXEL PROTEIN-BOUND PARTICLES	1 MG
J9266	PEGASPARGASE INJECTION	
J9267	PACLITAXEL INJECTION	
J9268	INJECTION PENTOSTATIN	10 MG
J9269	INJECTION TAGRAXOFUSP-ERZS	10 MCG
J9271	INJECTION PEMBROLIZUMAB	1 MG
J9272	INJECTION, DOSTARLIMAB-GXLY	10 MG
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV	1 MG
J9274	INJECTION TEBENTAFUSP-TEBN	1 MCG
J9280	MITOMYCIN INJECTION	
J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION	1 MG
J9285	INJECTION, OLARATUMAB	10 MG
J9286	INJECTION GLOFITAMAB-GXBM	2.5 MG
J9293	INJ MITOXANTRONE HYDROCHLORIDE PER	5 MG
J9294	INJECTN PEMETREXED HOSPIRA NOT EQUIV J9305	10 MG
J9295	INJECTION NECITUMUMAB	1 MG
J9296	INJECTN PEMETREXED ACCORD NOT EQUIV J9305	10 MG
J9297	INJ PEMETREXED SANDOZ NOT THR EQUIV J9305	10 MG
J9298	INJECTION NIVOLUMAB AND RELATLIMAB-RMBW	3 MG/1 MG
J9299	INJECTION NIVOLUMAB	1 MG
J9301	OBINUTUZUMAB INJ	
J9302	OFATUMUMAB INJECTION	
J9303	PANITUMUMAB INJECTION	
J9304	INJECTION PEMETREXED PEMFEXY	10 MG
J9305	INJECTION PEMETREXED NOS	10 MG
J9306	INJECTION, PERTUZUMAB	1 MG
J9307	PRALATREXATE INJECTION	
J9308	INJECTION RAMUCIRUMAB	5 MG
J9309	INJECTION POLATUZUMAB VEDOTIN-PIIQ	1 MG
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	
J9312	INJECTION RITUXIMAB	10 MG
J9313	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK	0.01 MG

Codes Requiring Prior Authorization Effective July 1, 2026		
CODE	**MEDICATION**	**DOSE**
J9314	INJECTION PEMETREXED TEVA NOT EQUIV J9305	10 MG
J9316	INJ PERTUZUMAB TRASTUZUMAB AND HYAL ZZXF PER	10 MG
J9317	INJECTION SACITUZUMAB GOVITECAN HZIY	2.5 MG
J9318	INJECTION ROMIDEPSIN NONLYOPHILIZED	0.1 MG
J9319	INJECTION ROMIDEPSIN LYOPHILIZED	0.1 MG
J9320	INJECTION, STREPTOZOCIN	1 G
J9321	INJECTION EPCORITAMAB-BYSP	0.16 MG
J9322	INJ PEMETREXED BLUEPOINT NOT EQUIV J9305	10 MG
J9323	INJ PEMETREXED DITROMETHAMINE	10 MG
J9324	INJECTION PEMETREXED	10 MG
J9325	INJ TALIMOGENE LAHERPAREPVEC	
J9328	TEMOZOLOMIDE INJECTION	
J9330	TEMSIROLIMUS INJECTION	
J9331	INJECTION SIROLIMUS PROTEIN-BOUND PARTICLES	1 MG
J9340	INJECTION THIOTEPA	15 MG
J9345	INJECTION, RETIFANLIMAB-DLWR	1 MG
J9347	INJECTION TREMELIMUMAB-ACTL	1 MG
J9348	INJECTION NAXITAMAB-GQGK	1 MG
J9349	INJECTION TAFASITAMAB-CXIX	2 MG
J9350	INJECTION MOSUNETUZUMAB-AXGB	1 MG
J9351	TOPOTECAN INJECTION	
J9352	INJECTION TRABECTEDIN	0.1MG
J9353	INJECTION MARGETUXIMAB-CMKB	5 MG
J9354	INJ, ADO-TRASTUZUMAB EMT	1 MG
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR	10 MG
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	
J9357	INJECTION, VALRUBICIN, INTRAVESICAL	200 MG
J9358	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI	1 MG
J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL	0.075 MG
J9360	INJECTION VINBLASTINE SULFATE	1 MG
J9370	VINCRISTINE SULFATE	1 MG
J9371	INJ, VINCRISTINE SUL LIP	1 MG
J9380	INJECTION TECLISTAMAB-CQYV	0.5 MG
J9390	VINORELBINE TARTRATE INJ	
J9393	INJECT FULVESTRANT NOT THR EQUIV TO J9395	25 MG
J9394	INJ FUL FRESENIUS KABI NOT TX EQV TO J9395	25 MG
J9395	INJECTION, FULVESTRANT	25 MG
J9400	INJ, ZIV-AFLIBERCEPT	1 MG
J9600	PORFIMER SODIUM INJECTION	
J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUGS	
Q2017	INJECTION, TENIPOSIDE	50 MG
Q2043	SIPLEUCEL-T AUTO CD54+	
Q2050	DOXORUBICIN INJ	10 MG
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR	10 MG
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR	10 MG
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR	10 MG
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR	10 MG
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR	10 MG
Q5116	INJECTION TRASTUZUMAB-QYYP BIOSIMILAR	10 MG

Codes Requiring Prior Authorization Effective July 1, 2026		
CODE	**MEDICATION**	**DOSE**
Q5117	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR	10 MG
Q5118	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR	10 MG
Q5119	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE	10 MG
Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR	10 MG
Q5126	INJ BEVACIZUMAB-MALY BIOSIMILAR (ALYMSYS)	10 MG
Q5129	INJECTION BEVACIZUMAB-ADCD BIOSIMILAR	10 MG
S0108	MERCAPTOPURINE ORAL	50 MG
	ESA	
J0881	INJECTION DARBEPOETIN ALFA NON-ESRD USE	1 MCG
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD USE	1000 U
J0888	EPOETIN BETA NON ESRD	
J0896	INJECTION LUSPATERCEPT-AAMT	0.25 MG
Q5106	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR	1000 U
	IRON	
J1439	INJ FERRIC CARBOXYMALTOS	1MG
Q0138	FERUMOXYTOL, NON-ESRD	
	MYELOID GROWTH FACTOR	
J1442	INJ FILGRASTIM EXCL BIOSIMIL	
J1447	INJECTION TBO-FILGRASTIM	1 MCG
J1449	INJECTION EFLAPEGRASTIM-XNST	0.1 MG
J2506	INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR	0.5 MG
J2820	INJ SARGRAMOSTIN (GM-CSF)	50MCG
Q5101	INJECTION, ZARXIO	
Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR	0.5 MG
Q5110	INJ FILGRASTIM-AAFI BIOSIMILR	1 MCG
Q5111	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR	0.5 MG
Q5120	INJECTION PEGFILGRASTIM-BMEZ BIOSIMILAR	0.5 MG
Q5122	INJECTION PEGFILGRASTIM-APGF BIOSIMILAR	0.5 MG
Q5125	INJECTION FILGRASTIM-AYOW BIOSIMILAR	1 MCG
Q5127	INJECTION PEG-FPGK STIMUFEND BIOSIMILAR	0.5 MG
Q5130	INJECTION PEG-PBBK FYLNETRA BIOSIMILAR	0.5 MG
	SUPPORTIVE MEDICATION	
C9047	INJECTION, CAPLACIZUMAB-YHDP	1 MG
C9293	INJECTION, GLUCARPIDASE	10 U
J0207	INJECTION, AMIFOSTINE	500 MG
J1302	INJECTION SUTIMLIMAB-JOME	10 MG
J1437	INJECTION FERRIC DERISOMALTOSE	10 MG
J1448	INJECTION TRILACICLIB	1 MG
J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	
J1459	INJ IVIG PRIVIGEN	500 MG
J1460	INJ GAMMA GLOBULIN IM	1 CC
J1554	INJECTION IMMUNE GLOBULIN ASCENIV	500 MG
J1555	INJECTION IMMUNE GLOBULIN	100 MG
J1556	INJ, IMM GLOB BIVIGAM	500MG
J1557	GAMMAPLEX INJECTION	
J1558	INJECTION IMMUNE GLOBULIN XEMBIFY	100 MG
J1560	INJ GAMMA GLOBULIN IM OVER	10 CC
J1561	GAMUNEX-C/GAMMAKED	

Codes Requiring Prior Authorization Effective July 1, 2026		
CODE	**MEDICATION**	**DOSE**
J1566	IMMUNE GLOBULIN, POWDER	
J1568	OCTAGAM INJECTION	
J1569	GAMMAGARD LIQUID INJECTION	
J1572	FLEBOGAMMA INJECTION	
J1575	INJ IG/HYALURONIDASE	100 MG IG
J1576	INJECTION IMMUNE GLOBULIN IV NON-LYOPH	500 MG
J1599	IVIG NON-LYOPHILIZED, NOS	
J1930	INJECTION LANREOTIDE	1 MG
J1932	INJECTION LANREOTIDE	1 MG
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION	1 MG
J2354	INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ	25 MCG
J2562	PLERIXAFOR INJECTION	
J2783	INJECTION, RASBURICASE	0.5 MG
J2796	ROMIPLOSTIM INJECTION	
J3490	UNCLASSIFIED DRUGS	
J3590	UNCLASSIFIED BIOLOGICS	
J8499	PRESCRIPTION DRUG-ORAL-NON-CHEMOTHERAPEUTIC-NOS	
J9216	INTERFERON GAMMA 1-B INJ	