

# Prior Authorization Matrix

## Adventist Health Employee Health Plan

The Adventist Health Employee Medical Plan Prior Authorization Matrix is designed to help you identify services requiring prior authorization. Additional clinical information may be requested to perform a medical necessity review even if a procedure or service is not listed. This matrix is reviewed during the course of the benefit year and is subject to change.

These are example codes that are commonly used for the indicated services/procedures. They are not inclusive of all codes that require prior authorization. Contact customer service to determine if prior authorization is required for any code not on this list.

**Questions?** Call **800-441-2524** to speak with customer service.

Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/Limitation	Additional Information for Provider
Abortion	S2260, S2265, S2266, S2267, 59820, 59821, 59812, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866	X		X	It is generally a benefit exclusion with certain exceptions, please contact health plan for for more details on the exceptions
Acupuncture	97810, 97811, 97813, 97814			X	
Administration Codes for Injections	90281, 90283, 90284, 90287, 90288, 90291, 90296, -90749, M0245		X		See "Medications" Tab for PA requirement of specific medication
Adrenal tissue transplant to the brain	S2103	X			
Air Ambulance including miles (transportation)	A0430, A0431, A0433, A0434, A0435, A0436	X			

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Allergy Antigen Administration	95115, 95117, 95120, 95125, 95130, 95131, 95132, 95133, 95134, 95144, 95145, 95146, 95147, 95148, 95149, 95165, 95170, 95180		X		
Alternative Therapy (EXCEPT acupuncture, chiropractic, massage)	See notes H0039, H0040 (ASSERTIVENESS TRAINING), S8930 (ELECTRICAL STIMULATION OF AURICULAR ACUPUNCTURE POINTS), G0295, G0329 (ELECTROMAGNETIC THERAPY FOR WOUNDS), 90880 (hypnotherapy)			X	Example of alternative therapies are Homeopathy, Hypnosis, Massage, Naturopathy, Etc
Ambulance transport - ONLY IF NON-EMERGENT	A0225, A0420, A0426, A0428, A0888, A0998				PA required ONLY if non-emergent
Anesthesia Related to a Dental Procedure	00170	X			
Apolipoprotein E for risk assessment and management of CV disease	82172			X	
Applied Behavioral Analysis (ABA) Therapy	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T, H0031 - H0032, H2012, H2014, H2019, G9012, S5108, S5109, S5110, S5111	X			Requests for ABA need to include the initial evaluation (unless this is what is requested), treatment plan and/or therapy notes for review.
Artificial Discs - Cervical and Lumbar	22856, 22858, 22857, 22861, 22862, 22864, 22865, 0092T, 0095T, 0098T, 0163T, 0164T, 0165T, 0375T	X			
Artificial Heart Procedure and Assessories	33927, 33928, 33929, 33940, 33945, 81595, 0051T, 0052T, 0053T, L8698, L8699			X	

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Artificial pancreas device system and supplies	S1034, S1035, S1036, S1037				PA required for all DME above \$2000
Bariatric Surgery, including Lap Band Surgery	43644, 43645, 43647, 43648, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43860, 43865, 43881, 43882, 43886, 43887, 43888	X			The Plan requires that bariatric surgery is performed by facilities that are accredited by the MBSAQIP (Metabolics and Bariatric Surgery Accreditation Quality Improvement Program)
Behavioral Health - Residential psychiatric, substance use disorder or cooccurring psychiatric and eating disorder treatment facility	H0011, H0017, H0018, H0035, 96150-96155, H2040, H2041	X			
Behavioral Health - Inpatient psychiatric, detoxification and/or substance use disorder treatment		X			Health plan notification required within 24 hours of all admission
Behavioral Health - Intensive Outpatient Program (IOP)	H0015, S9480	X			
Behavioral Health - Partial Hospitalization (PHP)	H0035	X			
Behavioral Health Substance Abuse/Detox	H0014	X			
Biofeedback	90901, 90911, 90912, 90913, E0746			X	
Bone anchored hearing aid (BAHA)	69710, L8614, L8690, L8691, L8692, L8693, L8694				PA required for all DME above \$2000
Bone Growth Stimulators	20974, 20975, 20979, E0747, E0748, E0749, E0760	X			
Botox Injections	See Medication Tab	X			See "Medications" Tab. Botox used for cosmetic purposes is considered benefit exclusion
California Prenatal Genetic Disease Screening Program	81420, 0327U, 82105,		X		

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Capsule Endoscopy	91110, 91111, 91112, 0355T, A9268, A9269	X			
Cardiac Defibrillator - Artificial Implantable (AICD) and Wearable and cardioverter-defibrillator	33206, 33207, 33208, 33212, 33213, 33216, 33221, 33226, 33249, C1721, C1722, C1785, C1786, C1882, C2619, C2621, C2620, G0448, K0606, K0607, K0608, K0609, C7537-C7540, 0795T-0803T (dual chamber pacemaker)	X			
CAR-T (chimeric antigen receptor T cells) therapy	0537T - 0540T, Q2040, Q2041, Q2042, Q2043, Q2053, Q2054, Q2055, Q2056, C9098	X			
Chemotherapy - Medication only	See Medication Tab	X			See "Medications" Tab
Chiropractic	98940, 98941, 98942, 98943		X		100% covered with copayment, \$1000 annual max
Cochlear Implant (including supplies and replacements)	69930, 69714, 69715, 69717, 69718, L8614, L8615, L8616, L8617, L8618, L8619, L8621, L8622, L8623, L8624, L8625, L8627, L8628, L8629	X			
Cognitive Rehabilitation	97129, 97533, G0515, E1905, E1902	X			
Cologuard	81528, 81259, 81269				PA required if under 45, No PA required if age of 45 and above
Colonoscopy - screening < age 45	G0104, G0105, G0106, G0120, G0121, G0122, 45378, 45380, 45381, 45382, 45388, 45384, 45385, 45386, 45389, 45391, 45392, 45390, 45393, 45398				PA required if under age of 45, no PA required if age of 45 and above

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/Limitation	Additional Information for Provider
Continuous Glucose Monitoring device and supplies (CGM)	A9276, A9277, A9278, K0553, K0554, S1030, S1031, A4238, A4239, E2102, E2103, G0309, G0308, 0446T, 0448E, E2123	X			Includes transmitter, receiver and sensors.
Corneal Collagen Cross Linking	0402T, J2787 (drug)	X			
COVID-19 Testing	U0001, U0002, U0003, U0004, C9803, 87635, 87426, 87428, 87636, 87637, 87811, 0225U, 0226U, 0240U, 0241U, 86318, 86328, 86769, 86408, 86409		X		
CPM Device/Machine	E0935-E0936, K1025, K1024	X			All CPM device/machines require PA regardless cost
Cranial remolding helmet	S1040	X			Custom orthotics require PA
Cryosurgical ablation of misc. solid organ, pulmonary, and breast tumors	Examples: 19105, 20983, 32994, 50250, 50542, 50593, 48999	X			
CT Angiogram (CTA)	74175, 71275, 72191, 70498, 73206, 73706, 70496, 75574, 75650, 75658, 75660, 75662, 75665, 75671, 75676, 75680, 75685	X			All CTA require auth
CT Coronary Artery Calcium Scoring (screening test not USPSTF rec.)	S8092, 75571, 75572, 75573	X			

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
CT Scan	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70496, 72191, 72192, 72193, 72194, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263, 71250, 71260, 71270, 71271, 71275, 75571, 75572, 75573, 0042T, 0351T, 0352T, 0353T, 0354T, 0501T, 0502T, 0503T, 0504T, 0558T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 70490, 70491, 70492, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 76380, 76497, 77011, 77012, 77013, 77014, 77078, S8092				*PA Review required when request different scans on the same body part (e.g., CT and MRI on the abdomen), or MRI for breast, pelvis, or prostate or scan for multiple body parts
Customized DME other than wheelchair	K0900, K1027, K1021				PA required for all DME above \$2000
Deluxe item; Customized item	S1001, S1002	X			PA required for all DME above \$2000
Dental Implants		X		X (except for reconstructive surgery post injury per PA review)	
Dermal filler injections - may be cosmetic	G0429	X			Cosmetic procedures are excluded
Developmental/ Behavioral/Neuropsychological/Neuro CI Testing (outside the pediatrician's office)	96105-96146	X			

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Diabetic shoes and inserts	A5500-A5514	X			Covered only for the treatment of diabetic foot disease and severe peripheral vascular disease ONLY (limit 1 pair per year)
Disc decompression using RFA	S2348	X			
Dopamine transporter imaging single-photon emission computed tomography (DAT-SPECT)	78607, 78803, A9582, A9584	X			
Dorsal Column Stimulator or Dorsal Root Ganglion Stimulation	63650-63688, C1767, C1816, C1820-C1822	X			
Durable Medical Equipment (DME)	A8000-A9004, A9274, A9279, B4154, C1778, E0100-E8002, K0455, K0552, K0861, K0601-K0605, K0741-K0743, K0800-K0849, K1009, K1004, K1028				PA required for all DME above \$2000
DynaSplint - Dynamic Adjustable	E1800 -E1841	X			
Electronic POSA treatment	K1001	X			
Electrostimulation and Electromagnetic therapy for wound care	E0761, E0769, G0281-G0282, G0295, G0329			X	
Endobronchial Brachytherapy	0182T, 77321, 77326-77328, 77750-77799, C1715-C1719, C2616, C2634-C2643, C2698-C2699, C9725-C9726	X			
Endoscopic Therapies for GERD: Bard EndoCinch, StomaphyX or EsophyX, Stretta System, Angelchik, Enteryx, Endoscopic Pilicator System, LINX Reflux Management System, Durasphere, Gatekeeper, EndoStim	43210, 43257, 43284, 43285			X	
Enteral nutritional support (ex. Tube feeding)	S9343, S9342, B4149, B4105, B4104, B4103, B4102, B4158	X			

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Esophagogastroduodenoscopy (EGD) Test	43235-43253		X		
Event recorder, cardiac (implantable)	C1764, E0616, C1833	X			
Possible Experimental or Investigational Treatment, Supplies, or Service(s)	See notes. Includes but not limited to C9752, C9760, C9764-C9767, C9776, S1091, C1761, G0327, C9783, C7551, 0364U-0386U, 68761	X		X	
External Counter pulsation (EECP)	G0166	X			
Extracorporeal Shock Wave Therapy (ESWT)	28890, 0101T, S9034	X			
fabric wrapping of abdominal aneurysm	M0301	X			
First Aid Supplies	A4371, A4456, A5120, E0235, E0239, E0605, L3001-L3003, L3010, L3020, L3030, T4541			X	
Flow Cytometry	88182, 88184, 88185, 88187, 88188, 88189	X			
Fluoroscopic guided injections such as ESI	62320-62327		X		
Focused US ablation other than uterine fibroids, (including but not limited to Magnetic Resonance (MR) guided focused ultrasound (MRgFUS) and high intensity focused ultrasound (HIFU) ablation)	0398T, 0071T, 0072T, C9734, C9747, 0793T	X			
Foot orthotics/shoe inserts	L3000-L3060	X		X	General benefit exclusion with exceptions
Gene therapy	J3399, J3398, J1411, J3490, J3590 (unclassified drug code)	X			

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
<b>Genetic Testing</b>	Include but not limited to the following: 21217, 81105-81167, 81170-81190, 81200-81299, 81300-81364, 81400-81493, 81504-81512, 81518-81599, 83698, 87901-87912, 88240-88241, 88245-88291, 91174, G9840-G9843, S3620, S3800-S53870, 0005M, 0005U, 0037U, 0364U - 0368U, 0375U, 0376U, 0379U, 0380U, 0387U-0419U, 0019M, 0278U, 0326U	X			Per SPD: Except for the Myriad myRisk test and the Myriad myRisk update test, the Plan does not cover genetic testing panels for hereditary breast and ovarian cancer risk that include any genes outside of the following genes: ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, NBN, NF1, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53. Examples of genetic testing panels that are always excluded from coverage under the Plan include, but are not limited to, the following: Ambry Genetics BreastNext panel test; Ambry Genetics OvaNext panel test; and GeneDx Breast/Ovarian Cancer panel test. Genetic testing for hereditary breast and/or ovarian cancer gene mutation(s) is not covered in enrollees who have received an allogeneic bone marrow transplant if only blood or buccal samples are available.
<b>Head and neck surgical procedures, examples: Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome (UPPP)</b>	21193-21685, 42145-42836	X			
<b>Hearing Aids</b>	V5030-V5267, V5298, E1831	X			
<b>High Cost Specialty Medications</b>	See Medication Tab	X			See "Medications" Tab. (Hydration therapy, TPN and IV antibiotics do not require PA)

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Home infusion administration codes	HCPCS: S5497-S5523, S5035-S5036, S9208 - S9381, S9490-S9801, CTP: 99601, 99602		X		Administration codes for home infusion do not require PA, Please see the Medications tab to check if individual drug require PA
Home UV light systems	E0691-E0694	X			PA required for all DME above \$2000
hospital beds	E0250-E0270, E0290-E0304	X			PA required for all DME above \$2000
hospital beds - peds	E0328-E0329	X			PA required for all DME above \$2000
Hyperbaric Oxygen Therapy	99183, A4575, C1300, E0446, G0277		X		
Hyperthermia in Conjunction with Chemotherapy or Radiotherapy for the Treatment of Cancer	77371-77399, 77432-77435, G0173, G0251, G0339, G0340	X			
Hyperthermic Intraperitoneal Chemotherapy Administration (HIPCA or HIPEC)	77605, 77620, 96446, 96549	X			
Image-Guided Minimally Invasive Lumbar Decompression for Spinal Stenosis	72275, 0274T, 0275T, G0276			X	
Immunizations	90476-90749, Q2033-Q2039		X		Immunizations listed on the schedules of the CDC are covered. Flu shots are covered if they are billed directly from in network providers to either medical benefit and pharmacy benefit directly
Implantable Intrastromal Corneal Ring	65785	X			
Implantable Peripheral Nerve Stimulation for Chronic Pain of Peripheral Nerve Origin	64555-64595, 95970-95972, C1767-C1897, L8679-L8689	X			
Implanted cardiac contractility modulation generator	0408T to 0418T, K1030	X			

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IMRT, Proton Beam and Stereotactic Radiosurgery	77371-77373, 77432-77435, 77520-77525, 77371-77373, 77432-77435, G6015-G6016, 32533, 49327, 49411, 49412, 77301, 77338, 77385-77386, 77387	X			
In Vivo Analysis of Colorectal Polyps	88375			X	
Infertility Treatment (including but not limited to IVF, GIFT, ZIFT, TET and artificial insemination procedures, etc)	Examples are including 55400, 58321-58323, 58750, 89258 - 89356, 0058T-0059T,etc			X	
Inpatient - Observation	99217-99226, G0378-G0379,				PA required if >48hrs
Inpatient - Unplanned/Acute or Planned/Elective		X			Health plan notification required within 24 hours of all admission including maternity deliveries.
Inpatient Rehabilitation - Acute		X			Health plan notification required within 24 hours of all admission
Insulin Pump and supplies	E0784, E0787, A4225-A4232 S1034-S1037, S9145	X			
Interspinous process distraction device	C1821, C1831	X			
Intravascular Shockwave Lithotripsy	C9764-C9767, C9772- C9775	X			
Islet Cell Transplant	G0341-G0343, S2102	X			
IV chelation for atherosclerosis (chemical endarterectomy)	M0300	X			
IV Infusion Therapy	See Medication Tab	X			See "Medications" Tab
Jaw motion rehab system only one indication	E1700-E1702	X			
Knee, Autologous Chondrocyte Transplantation (implantation)/Osteochondral Allograft	27412, S2112, J7330	X			
Kyphoplasty or Vertebroplasty, (ex Lumbar)	22523, 22524, 22525, C7504-C7508	X			

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Laser assisted uvulopalatoplasty (LAUP)	S2080	X			
Laser Treatment for Inflammatory Skin Disease	96920-96922	X			
Low dose CT for lung cancer screening	71271	X			
Magnetic Resonance Spectroscopy	76390			X	
Preventive Mammography < 40 yrs of age	77053,77054,77061,77062,77063,77065,77066,77067,S8080				Age 40 or older does not require auth
Marital/Family Counseling	90849, 90846, 90847		X	X (except for mental health condition and/or substance abuse)	
Massage	97124			X	
Maternity and Pregnancy related care			X		PA required for maternity and pregnancy related care that is not preventive. Child birthing is only covered in a licensed hospital or in emergency situations, such as in an ambulance. Doula services (T1032 and T1033) are not covered.
Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders	95012, 83987			X	
Measurement of Lipoprotein-Associated Phospholipase A2 in the Assessment of Cardiovascular Risk Lipoprotein-associated phospholipase A2 (Lp-PLA2)	83698			X	
Microwave Tumor Ablation	32998, 47382, 50592, 76940			X	

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MRA (Magnetic Resonance Angiograms)	70544-70549, 71555, 72159, 72198, 73225, 73725, 74185, C8900-C8936	X			
MRI (Magnetic Resonance Imaging)	0648T, 0649T, 0697T, 0698T, 70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 70557, 70558, 70559, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74181, 74182, 74183, 74185, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 76390, 76391, 76498, 77021, 77022, 77046, 77047, 77048, 77049, 77084, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, C9762, C9763, S8035, S8037, S8042, C7502, C9791	X			
Neurostimulator or Neuromuscular stimulator (Implantable) Receiver/Transmitter, Generator and Supplies	C1767, C1820, C1822, C1823, C1816, E0745, E0740, L8678-L8689, K1028-K1029	X			
Non-Specific Codes	Procedure and HCPCS codes ending in 99	X			Unspecific HCPCS codes ending in 99 require PA
Occipital Nerve Stimulation	61885, 61886, 64553, 64555, 64568, 64575, 64590, 0466T			X	

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Occupational Therapy (OT) - Outpatient - Assessment	97165-97168		X		
Orthopedic shoes - adults	L3215-L3257	X		X	General benefit exclusion with exceptions
Orthopedic shoes - childrens	L3201-L3207	X		X	General benefit exclusion with exceptions
Outpatient Diabetic Instruction >10 visits for newly diagnosed enrollees or >2 follow up visits per calendar year	S9455, S9460, S9465				PA required in excess of 10 visits for newly diagnosed enrollees and 2 follow up visits per calendar year
Ovarian, Internal Iliac Vein and Gonadal Vein Embolization, Ablation and Sclerotherapy	37241-37244	X			
Pectus Deformity Repair	re-eval 97168	X			
Pelvic floor electrical stimulator - non-implanted	E0740	X			
Penile prosthesis (implants)	C1813, C2622			X	
Percutaneous Tibial Nerve Stimulation	0587T, 0588T, 0589T, 0590T, 64566	X			
PET Scan	78429-78133, 78459, 78491-78492, 78607-78609, 78811-78816, G0219-G0235, G0252	X			
Pharmacy - Oral - Pharmacy Benefit	See Medication Tab	See PBM	See PBM	See PBM	Contact OptumRx Customer Service (866) 534-7205 for prior authorization requirements. Exception: Krazati and Lumakras requires AHEHP pharmacist review.
Photo chemotherapy (PUVA)	69613	X			
PhotoDynamic Light Therapy	96567-96574	X			
Physical Therapy (PT) or Occupational Therapy (OT) - Outpatient or Speech Therapy (ST)	97010-97039, 97161-97164, 92507, 92508, 97129, 97130, 92521, 92522, 92523, 92524, 92526		X		

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Plastic, Cosmetic and Reconstructive Procedures including Orthognathic Surgery	11400-11446, 11920-11954, 12031-12057, 13100-13151, 13152,13153, 14000-14061, 14301, 14302 , 15830, 15847, 15733, 15775 - 15793, 15819, 15820-15852, 15860, 15876, 15877, 15879, 17340, 17360, 17380, 17999, 19300, 19316-19499, 21120-21296, 21740-21743, 30120, 30400, 30410, 30420 30430, 30435, 30450,36468-36469, 40500, 54400-54417, 65400-65600, 65760-65767, 67800-67911, 67950, 69090, 69300, C1813, C2622, G0429, L8600, Q2026, Q2028, S2068	X		X(if used for cosmetic purposes after PA review)	Photos and/or Xrays required for medical review
Platelet Rich Plasma (PRP)	G0460, G0465, S9055, 38206, 38232, 38241, P9020			X	
Pneumatic (or non-pneumatic) compression devices and garments	E0650-E0677, K1031-K1033	X			PA required for all DME above \$2000
Powered upper extremity range of motion assist	L8701-L8702	X			PA required for all orthotics/prosthetics over \$3500
Digital behavioral health therapy	A9291, E1902, E1905	X			
Prolotherapy	M0076	X			
Prosthetics /Orthotics and/or Custom Orthotics (over \$\$ limits)	L0112-L9900, K1007, K1013, K1016, K1018, K1020, K1022, L5991	X			PA required for all orthotics/prosthetics over \$3500
PT/OT: Selfcare/Home management training	97535		X		
PT: Wheel chair mangament	97542		X		
Radioembolization of tumors	77300, C2616, S2095	X			
Radiofrequency Ablation	64628, 64633-64636	X			

*\*These are example codes that are commonly used for the indicated services/procedures. They are not inclusive of all codes that require prior authorization.*

Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/Limitation	Additional Information for Provider
Removal of Breast Implants or other prosthetic implants that were for cosmetic purposes	Example of codes: 19328, 19330, 19370, 19371, L8020-L8039, L8600			X	
Sacral Nerve Stimulation for Pelvic Floor Dysfunction	64561/A4290	X			
Sacroiliac Joint Fusion	27279-27280, 0809T	X			
Scar Revision	See code list on Plastic, Cosmetic and Reconstructive Procedures	X			
Self-Injectable - Pharmacy Benefit	See Medication Tab	See PBM	See PBM	See PBM	Contact OptumRx Customer Service (866) 534-7205 for prior authorization requirements
Skill Training/Development	H2038	X			
Skilled Nursing Facility	99304-99318	X			
Skin substitutes	C5271-C5278, Q4100-Q4226 (include Q4199, Q4224, etc) , Q4251-Q4284, A2001-A2021, A2022-A2025, A9156, Q4285, Q4286	X			
Specialty Provider Consultation and/or Office Visits	See notes		X		
Speech generating device	E2500-E2599, E0490, E0491	X			PA required for all DME above \$2000
Spinal Cord Stimulation	63650-63688, C1826, C1827	X			Requires evidence of trial when submitting for purchase.
Stem Cell Therapy for Orthopedic Procedures	Examples of codes: 20999, 0232T			X	
Stereotactic Radiosurgery (Gamma Knife, Cyber knife, Linear Accel) / Proton Radiotherapy	77326-77328, 77750-77799, C1715-C1719, C2616-C2643, C2698-C2699, C9725-C9726, G0339-G0340, 0182T	X			
Surface electromyography (SEMG)	96002 - 96004, S3900			X	

*\*These are example codes that are commonly used for the indicated services/procedures. They are not inclusive of all codes that require prior authorization.*

Last updated: 11/03/2023



Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Surgical deactivation of headache Trigger Site				X	
Synagis (RSV antibody IM injection)	90378	X			Please refer provider to obtain pre-cert from Optum Rx unless the provider explicitly indicate they are able to buy and bill this product. It is very high cost and most providers request a specialty pharmacy to ship them the product so the pre-cert should be done with pharmacy benefit at OptumRx.
RSV Vaccines (Beyfortus, Abrysvo, Arexvy)	90380, 90381, 90678, 90679		X		<p><b>If processed through pharmacy benefit</b> (administered at the pharmacy or shipped to the doctor's office by the pharmacy), covered at 100% for infants and pregnancy per CDC recommendations. Tier 3 copay for all others.</p> <p><b>Buy-and-Bill:</b> Covered at 100%</p>
TeleHealth	See notes		X		
The Vest - high frequency chest wall oscillation system for respiratory disease	E0481, E0483, E0484	X			
TMJ Treatment (non-surgical)	D7880	X			Includes consult + 4 visits. (must have dx of TMJ 524.62?)
Total Parenteral Nutrition (TPN)	B9004-B9006 (Also see medication tab)		X		

*\*These are example codes that are commonly used for the indicated services/procedures. They are not inclusive of all codes that require prior authorization.*

Last updated: 11/03/2023

Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Transcranial Magnetic Stimulation (TMS) as Treatment of Depression and other Psychiatric/Neurologic Disorders	90867-90869	X			
Transplants (including workup)	Codes include but not limited to the following: to: 00144, 00580, 00796, 0085T, 32850-32856, 33944-33945, 38204-38243, 60512, G0341-G0343, G8727, S2053-S2055, S2060, S2061, S2065, S2103, C9782	X			All Transplants require PA
UV Light Therapy	96900- 96922	X			Includes light therapy for Seasonal Affective Disorder (SAD)
Vagus Nerve Stimulation	61885, 64553, 64568-64570	X			
Varicose Vein Procedures	36365, 36466, 37500, 36473, 36474, 36482, 36483, 37204, 37241, 36468, 36469; 36470-36471; 36475-36476; 36478-36479; 37700-37722; 37765-37799, S2202 (echo sclerotherapy)	X			
Ventricular Assist Device (LVAD, BiVAD, RVAD, VAD)	33975, 33976, 33977, 33978, 33979, 33980, 33981, 33990, 33991, 33992, 33983, 93750, 0051T, 0052T, 0053T, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T,	X			
Video EEG	95951, 95711, 95700, 95714, 95712, 95713, 95715, 95716	X			
Virtual/CT Colonography	74261-74263	X			
Viscosupplements (injectable) or Joint Lubricant injections	See Medication Tab			X	See "Medications" Tab, Example of viscosupplements: Orthovisc, Synvisc, Euflexxa and Supartz, etc

*\*These are example codes that are commonly used for the indicated services/procedures. They are not inclusive of all codes that require prior authorization.*

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/Limitation	Additional Information for Provider
Vision Correction Surgery or Refractive Eye Surgery such as keratotomy, Photorefractive Keratotomy, Laser In Situ Keratomileusis, intracorneal rings	65760-65785, 65855, 66180, 66183, 66185, 66989, 66991, 68761, S0800-S0812, 0449T, 0450T, L8612,			X	
Vision Therapy (Orthoptics)	92065, A9292			X	
Vitamin B12 injection	J3420		X	See additional information	
Vulvectomy/Labioplasty	56620, 15839	X			
Whirlpool	E1300-E1310, K1003			X	
Wound Vac & Supplies after 30 days of use	97605-97608, E2402, K0743-K0746	X			PA and review required after 30 days of use
Hypoglossal Nerve Neurostimulation	64582, L8680, L8688, C1778, C1767, C1787	X			
Gastro electrophysiology mapping	C9787	X			

*\*These are example codes that are commonly used for the indicated services/procedures. They are not inclusive of all codes that require prior authorization.*

Last updated: 11/03/2023

# Prior Authorization Matrix – Medications

## Adventist Health Employee Health Plan

All Jcodes that have been evaluated are included below. If a code is not listed, then it requires authorization because it has not been evaluated yet. Some new drugs may have Q or S codes prior to a Jcode being assigned. If they aren't listed below, then they require prior authorization because they have not been evaluated.

"Buy and Bill" medications are purchased and administered by the provider and billed under the medical benefit.

**Questions?** Call **800-441-2524** to speak with customer service.

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each (Synagis)	X		X
90480	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, SINGLE DOSE		X	X
91304	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, RECOMBINANT SPIKE PROTEIN NANOPARTICLE, SAPONIN-BASED ADJUVANT, 5 MCG/0.5 ML DOSAGE, FOR INTRAMUSCULAR USE		X	X
91318	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, 3 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION, FOR INTRAMUSCULAR USE		X	X
91319	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, 10 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION, FOR INTRAMUSCULAR USE		X	X
91320	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, 30 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION, FOR INTRAMUSCULAR USE		X	X
91321	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, 25 MCG/0.25 ML DOSAGE, FOR INTRAMUSCULAR USE		X	X

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
91322	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, 50 MCG/0.5 ML DOSAGE, FOR INTRAMUSCULAR USE		X	X
90283	Immune globulin (IgIV), human, for intravenous use (CPT code)	X		
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (CPT)	X		
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use (Beyfortus)		X	X
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use (Beyfortus)		X	X
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use (Abrysvo)		X	X
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use (Arexvy)		X	X
A9552	FLURODEOXYGLUCOSE F-18 FDG, DIAG 45 MCI		x	
A9573	Injection, gadopiclenol, 1 ml		X	
A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie		X	
A9591	Fluoroestradiol f 18, diagnostic, 1 millicurie		X	
A9592	Copper cu-64, dotatate, diagnostic, 1 millicurie		X	
A9593	Gallium ga-68 psma-11, diagnostic, (ucsf), 1 millicurie		X	
A9594	Gallium ga-68 psma-11, diagnostic, (ucla), 1 millicurie		X	
A9595	Piflufolastat f-18, diagnostic, 1 millicurie	X		
A9600	Strontium sr-89 chloride, therapeutic, per millicurie	X		
A9602	Fluorodopa f-18, diagnostic, per millicurie	X		
A9603	Injection, pafolacianine, 0.1 mg		X	
A9604	Samarium sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	X		
A9606	Radium ra-223 dichloride (Xofigo)	X		
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	X		
A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose		X	
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	X		
A9800	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie		X	
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix		X	
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix		X	
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix		X	
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix		X	
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit), home mix		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix		X	
B4185	Parenteral nutrition solution, per 10 grams lipids		X	
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix		X	
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix		X	
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix		X	
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix		X	
B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day		X	
B4220	Parenteral nutrition supply kit; premix, per day		X	
B4222	Parenteral nutrition supply kit; home mix, per day		X	
B4224	Parenteral nutrition administration kit, per day		X	
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephroAmine, RenAmine - premix		X	
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatoAmine-premix		X	
C9034	Injection, dexamethasone 9%, intraocular, 1 mcg	X		
C9046	Cocaine hydrochloride nasal solution for topical administration, 1 mg		X	
C9047	Injection, caplacizumab-yhdp, 1 mg	X		
C9067	Gallium ga-68, dotatoc, diagnostic, 0.01 mci		X	
C9074	Injection, lumasiran, 0.5 mg	X		
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg		X	
C9089	Bupivacaine, collagen-matrix implant, 1 mg		X	
C9097	Inj, faricimab-svoa, 0.1 mg	X		
C9101	Injection, oliceridine, 0.1 mg		X	
C9145	Injection, aprepitant, (aprove), 1 mg		X	
C9152	Injection, aripiprazole, (abilify asimtufii), 1 mg		X	
C9153	Injection, amisulpride, 1 mg		X	
C9154	Injection, buprenorphine extended-release (brixadi), 1 mg		X	
C9155	Injection, epcoritamab-bysp, 0.16 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
C9156	Flotufolastat f 18, diagnostic, 1 millicurie		X	
C9157	Injection, tofersen, 1 mg	X		
C9158	Injection, risperidone, (uzedy), 1 mg		X	
C9257	Injection, bevacizumab, 0.25mg (Intraocular use)		X	
C9462	Injection, delafloxacin, 1 mg		X	
C9463	Injection, aprepitant, 1 mg		X	
C9464	Injection, rolapitant, 0.5 mg		X	
C9465	Hyaluronan or derivative, Durolane, for intra-articular injection, per dose	X		
C9466	Injection, benralizumab, 1 mg	X		
C9468	Injection, factor ix (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 i.u.	X		
C9507	Plasma, high titer covid-19 convalescent, each unit		X	
G1028	Take-home supply of nasal naloxone; 2-pack of 8mg per 0.1 ml nasal spray (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure		X	
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation		X	
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation		X	
J0120	Injection, tetracycline, up to 250 mg		X	
J0121	Injection, omadacycline, 1 mg		X	
J0122	Injection, eravacycline, 1 mg		X	
J0129	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	X		
J0130	Injection abciximab, 10 mg	X		
J0131	Injection, acetaminophen, not otherwise specified, 10 mg		X	
J0132	Injection, acetylcysteine, 100 mg	X		
J0133	Injection, acyclovir, 5 mg		X	
J0135	Injection, adalimumab, 20 mg	Pharmacy benefit only		X
J0137	Injection, acetaminophen (hikma) not therapeutically equivalent to j0131, 10 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J0153	Injection, adenosine for diagnostic use, 1 mg (not to be used to report any adenosine phosphate compounds, instead use a9270)		X	
J0171	Injection, adrenalin, epinephrine, 0.1 mg		X	
J0172	Injection, aducanumab-avwa, 2 mg	X		
J0174	Injection, lecanemab-irmb, 1mg (Leqembi)	X		
J0178	Injection, aflibercept, 1 mg	X		
J0179	Injection, brolocizumab-dbll, 1 mg	X		
J0180	Injection, agalsidase beta, 1 mg	X		
J0185	Injection, aprepitant, 1 mg (Cinvanti)		X	
J0190	Injection, biperiden lactate, per 5 mg		X	
J0200	Injection, alatrofloxacin mesylate, 100 mg		X	
J0202	Injection, alemtuzumab, 1 mg	X		
J0205	Injection, alglucerase, per 10 units	X		
J0206	Injection, allopurinol sodium, 1 mg	X		
J0207	Injection, amifostine, 500 mg	X		
J0208	Injection, sodium thiosulfate, 100 mg	X		
J0210	Injection, methyldopate hcl, up to 250 mg		X	
J0215	Injection, alefacept, 0.5 mg		X	
J0216	Injection, alfentanil hydrochloride, 500 micrograms		X	
J0218	Injection, olipudase alfa-rpcp, 1 mg	X		
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	X		
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	X		
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	X		
J0222	Injection, Patisiran, 0.1 mg	X		
J0223	Injection, givosiran, 0.5 mg	X		
J0224	Injection, lumasiran, 0.5 mg	X		
J0225	Injection, vutrisiran, 1 mg	X		
J0248	Injection, remdesivir, 1 mg		X	
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	X		
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	X		
J0270	Injection, alprostadil, 1.25 mcg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	X		



Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J0275	Alprostadil urethral suppository (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	X		
J0278	Injection, amikacin sulfate, 100 mg		X	
J0280	Injection, aminophyllin, up to 250 mg		X	
J0282	Injection, amiodarone hydrochloride, 30 mg		X	
J0285	Injection, amphotericin b, 50 mg		X	
J0287	Injection, amphotericin b lipid complex, 10 mg		X	
J0288	Injection, amphotericin b cholesteryl sulfate complex, 10 mg		X	
J0289	Injection, amphotericin b liposome, 10 mg		X	
J0290	Injection, ampicillin sodium, 500 mg		X	
J0291	Injection, plazomicin, 5 mg		X	
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm		X	
J0300	Injection, amobarbital, up to 125 mg	X		
J0330	Injection, succinylcholine chloride, up to 20 mg		X	
J0348	Injection, anidulafungin, 1 mg		X	
J0349	Injection, rezafungin, 1 mg		X	
J0350	Injection, anistreplase, per 30 units	X		
J0360	Injection, hydralazine hcl, up to 20 mg		X	
J0364	Injection, apomorphine hydrochloride, 1 mg	X		
J0365	Injection, aprotonin, 10,000 kiu		X	
J0380	Injection, metaraminol bitartrate, per 10 mg		X	
J0390	Injection, chloroquine hydrochloride, up to 250 mg		X	
J0395	Injection, arbutamine hcl, 1 mg		X	
J0400	Injection, aripiprazole, intramuscular, 0.25 mg		X	
J0401	Injection, aripiprazole, extended release, 1 mg		X	
J0456	Injection, azithromycin, 500 mg		X	
J0457	Injection, aztreonam, 100 mg		X	
J0461	Injection, atropine sulfate, 0.01 mg		X	
J0470	Injection, dimercaprol, per 100 mg		X	
J0475	Injection, baclofen, 10 mg		X	
J0476	Injection, baclofen, 50 mcg for intrathecal trial		X	
J0480	Injection, basiliximab, 20 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J0485	Injection, belatacept, 1 mg		X	
J0490	Injection, belimumab, 10 mg	X		
J0491	Injection, anifrolumab-fnia, 1 mg	X		
J0500	Injection, dicyclomine hcl, up to 20 mg		X	
J0515	Injection, benzotropine mesylate, per 1 mg		X	
J0517	Injection, benralizumab, 1 mg	X		
J0520	Injection, bethanechol chloride, myotonachol or urecholine, up to 5 mg		X	
J0558	Injection, penicillin g benzathine and penicillin g procaine, 100,000 units		X	
J0561	Injection, penicillin g benzathine, 100,000 units		X	
J0565	Injection, bezlotoxumab, 10 mg	X		
J0567	Injection, cerliponase alfa, 1 mg	X		
J0570	Buprenorphine implant, 74.2 mg		X	
J0571	Buprenorphine, oral, 1 mg		X	
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine		X	
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine		X	
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine		X	
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine		X	
J0583	Injection, bivalirudin, 1 mg		X	
J0584	Injection, burosumab-twza 1 mg	X		
J0585	Injection, onabotulinumtoxina, 1 unit	X		
J0586	Injection, abobotulinumtoxina, 5 units	X		
J0587	Injection, rimabotulinumtoxinb, 100 units	X		
J0588	Injection, incobotulinumtoxin a, 1 unit	X		
J0591	Injection, deoxycholic acid, 1 mg	Benefit Exclusion on medical benefit	Benefit Exclusion on medical benefit	
J0592	Injection, buprenorphine hydrochloride, 0.1 mg		X	
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	X		X
J0594	Injection, busulfan, 1 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J0595	Injection, butorphanol tartrate, 1 mg		X	
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	X		
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	X		
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	X		
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	X		
J0600	Injection, edetate calcium disodium, up to 1000 mg		X	
J0604	Cinacalcet, oral, 1 mg, (for esrd on dialysis)		X	X
J0606	Injection, etelcalcetide, 0.1 mg		X	
J0612	Injection, calcium gluconate (fresenius kabi), per 10 mg		X	
J0613	Injection, calcium gluconate (wg critical care), per 10 mg		X	
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml		X	
J0630	Injection, calcitonin salmon, up to 400 units	X		
J0636	Injection, calcitriol, 0.1 mcg		X	
J0637	Injection, caspofungin acetate, 5 mg		X	
J0638	Injection, canakinumab, 1 mg	X		
J0640	Injection, leucovorin calcium, per 50 mg	X		
J0641	Injection, levoleucovorin, 0.5 mg	X		
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	X		
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg		X	
J0670	Injection, mepivacaine hydrochloride, per 10 ml		X	
J0690	Injection, cefazolin sodium, 500 mg		X	
J0691	Injection, lefamulin, 1 mg		X	
J0692	Injection, cefepime hydrochloride, 500 mg		X	
J0694	Injection, ceftioxin sodium, 1 gm		X	
J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg		X	
J0696	Injection, ceftriaxone sodium, per 250 mg		X	
J0697	Injection, sterile cefuroxime sodium, per 750 mg		X	
J0698	Injection, cefotaxime sodium, per gm		X	
J0699	Injection, cefiderocol, 10 mg		X	
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg		X	
J0706	Injection, caffeine citrate, 5 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J0710	Injection, cephapirin sodium, up to 1 gm		X	
J0712	Injection, ceftaroline fosamil, 10 mg		X	
J0713	Injection, ceftazidime, per 500 mg		X	
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g		X	
J0715	Injection, ceftizoxime sodium, per 500 mg		X	
J0716	Injection, centrurides immune f(ab)2, up to 120 milligrams		X	
J0717	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	X		X
J0720	Injection, chloramphenicol sodium succinate, up to 1 gm		X	
J0725	Injection, chorionic gonadotropin, per 1,000 usp units	X		
J0735	Injection, clonidine hydrochloride, 1 mg	X		
J0736	Injection, clindamycin phosphate, 300 mg		X	
J0737	Injection, clindamycin phosphate (baxter), not therapeutically equivalent to j0736, 300 mg		X	
J0739	Injection, cabotegravir, 1 mg		X	
J0740	Injection, cidofovir, 375 mg		X	
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg		X	
J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg		X	
J0743	Injection, cilastatin sodium; imipenem, per 250 mg		X	
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg		X	
J0745	Injection, codeine phosphate, per 30 mg		X	
J0770	Injection, colistimethate sodium, up to 150 mg		X	
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	X		
J0780	Injection, prochlorperazine, up to 10 mg		X	
J0791	Injection, crizanlizumab-tmca, 5 mg	X		
J0795	Injection, corticorelin ovine triflutate, 1 microgram	X		
J0801	Injection, corticotropin (acthar gel), up to 40 units	X		
J0802	Injection, corticotropin (ani), up to 40 units	X		
J0834	Injection, cosyntropin (cortrosyn), 0.25 mg		X	
J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram	X		
J0841	Injection, crotalidae immune f(ab')2 (equine), 120 mg		X	
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	X		
J0874	Injection, daptomycin (baxter), not therapeutically equivalent to j0878, 1 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J0875	Injection, dalbavancin, 5 mg		X	
J0878	Injection, daptomycin, 1 mg		X	
J0879	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)		X	
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	X		
J0882	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)		X	
J0883	Injection, argatroban, 1 mg (for non-esrd use)		X	
J0884	Injection, argatroban, 1 mg (for esrd on dialysis)		X	
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	X		
J0886	Injection, epoetin alfa, 1000 units (for esrd on dialysis)		X	
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)		X	
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	X		
J0889	Daprodustat, oral, 1 mg, (for esrd on dialysis)		X	
J0890	Injection, peginesatide, 0.1 mg (for esrd on dialysis)		X	
J0893	Injection, decitabine (sun pharma) not therapeutically equivalent to j0894, 1 mg	X		
J0894	Injection, decitabine, 1 mg	X		
J0895	Injection, deferoxamine mesylate, 500 mg		X	
J0896	Injection, luspatercept-aamt, 0.25 mg	X		
J0897	Injection, denosumab, 1 mg	X		
J0945	Injection, brompheniramine maleate, per 10 mg		X	
J1000	Injection, depo-estradiol cypionate, up to 5 mg		X	
J1020	Injection, methylprednisolone acetate, 20 mg		X	
J1030	Injection, methylprednisolone acetate, 40 mg		X	
J1040	Injection, methylprednisolone acetate, 80 mg		X	
J1050	Injection, medroxyprogesterone acetate, 1 mg		X	
J1071	Injection, testosterone cypionate, 1 mg	X		
J1094	Injection, dexamethasone acetate, 1 mg		X	
J1095	Injection, dexamethasone 9 percent, intraocular, 1 microgram		X	
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg		X	
J1097	phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml		X	
J1100	Injection, dexamethasone sodium phosphate, 1 mg		X	
J1110	Injection, dihydroergotamine mesylate, per 1 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J1120	Injection, acetazolamide sodium, up to 500 mg		X	
J1130	Injection, diclofenac sodium, 0.5 mg		X	
J1160	Injection, digoxin, up to 0.5 mg		X	
J1162	Injection, digoxin immune fab (ovine), per vial	X		
J1165	Injection, phenytoin sodium, per 50 mg		X	
J1170	Injection, hydromorphone, up to 4 mg		X	
J1180	Injection, dyphylline, up to 500 mg		X	
J1190	Injection, dexrazoxane hydrochloride, per 250 mg	X		
J1200	Injection, diphenhydramine hcl, up to 50 mg		X	
J1201	Injection, cetirizine hydrochloride, 0.5 mg		X	
J1205	Injection, chlorothiazide sodium, per 500 mg		X	
J1212	Injection, dmso, dimethyl sulfoxide, 50%, 50 ml		X	
J1230	Injection, methadone hcl, up to 10 mg		X	
J1240	Injection, dimenhydrinate, up to 50 mg		X	
J1245	Injection, dipyridamole, per 10 mg		X	
J1250	Injection, dobutamine hydrochloride, per 250 mg		X	
J1260	Injection, dolasetron mesylate, 10 mg		X	
J1265	Injection, dopamine hcl, 40 mg		X	
J1267	Injection, doripenem, 10 mg		X	
J1270	Injection, doxercalciferol, 1 mcg		X	
J1290	Injection, ecallantide, 1 mg	X		
J1300	Injection, eculizumab, 10 mg	X		
J1301	Injection, edaravone, 1 mg	X		
J1302	Injection, sutimlimab-jome, 10 mg	X		
J1303	Injection, ravulizumab-cwvz, 10 mg	X		
J1305	Injection, evinacumab-dgnb, 5mg	X		
J1306	Injection, inclisiran, 1 mg	X		
J1320	Injection, amitriptyline hcl, up to 20 mg		X	
J1322	Injection, elosulfase alfa, 1 mg	X		
J1324	Injection, enfuvirtide, 1 mg	Pharmacy benefit only		X
J1325	Injection, epoprostenol, 0.5 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J1327	Injection, eptifibatide, 5 mg	X		
J1330	Injection, ergonovine maleate, up to 0.2 mg	X		
J1335	Injection, ertapenem sodium, 500 mg		X	
J1364	Injection, erythromycin lactobionate, per 500 mg		X	
J1380	Injection, estradiol valerate, up to 10 mg		X	
J1410	Injection, estrogen conjugated, per 25 mg		X	
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	X		
J1426	Injection, casimersen, 10 mg	X		
J1427	Injection, viltolarsen, 10 mg	X		
J1428	Injection, eteplirsen, 10 mg	X		
J1429	Injection, golodirsen, 10 mg	X		
J1430	Injection, ethanolamine oleate, 100 mg		X	
J1435	Injection, estrone, per 1 mg		X	
J1436	Injection, etidronate disodium, per 300 mg	X		
J1437	Injection, ferric derisomaltose, 10 mg	X		
J1438	Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Pharmacy benefit only		X
J1439	Injection, ferric carboxymaltose, 1 mg	X		
J1440	Fecal microbiota, live - jslm, 1 ml	X		X
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	X		
J1443	Injection, ferric pyrophosphate citrate solution (triferic), 0.1 mg of iron		X	
J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron		X	
J1445	Injection, ferric pyrophosphate citrate solution (triferic avnu), 0.1 mg of iron	X		
J1446	Injection, tbo-filgrastim, 5 micrograms	X		
J1447	Injection, tbo-filgrastim, 1 microgram	X		
J1448	Injection, trilaciclib, 1mg	X		
J1449	Injection, eflapegrastim-xnst, 0.1 mg	X		
J1450	Injection fluconazole, 200 mg		X	
J1451	Injection, fomepizole, 15 mg	X		
J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg		X	
J1453	Injection, fosaprepitant, 1 mg		X	
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J1455	Injection, foscarnet sodium, per 1000 mg		X	
J1457	Injection, gallium nitrate, 1 mg		X	
J1458	Injection, galsulfase, 1 mg	X		
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	X		
J1460	Injection, gamma globulin, intramuscular, 1 cc		X	
J1551	Injection, immune globulin (cutaquist), 100 mg	X		
J1554	Injection, immune globulin (asceniv), 500 mg	X		
J1555	Injection, immune globulin (cuvitru), 100 mg	X		
J1556	Injection, immune globulin (bivigam), 500 mg	X		
J1557	Injection, immune globulin, (gammagard), intravenous, non-lyophilized (e.g., liquid), 500 mg	X		
J1558	Injection, immune globulin (xembify), 100 mg	X		
J1559	Injection, immune globulin (hizentra), 100 mg	X		
J1560	Injection, gamma globulin, intramuscular, over 10 cc	X		
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	X		
J1562	Injection, immune globulin (vivaglobin), 100 mg	X		
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	X		
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	X		
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	X		
J1570	Injection, ganciclovir sodium, 500 mg		X	
J1571	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml		X	
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	X		
J1573	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml		X	
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	X		
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	X		
J1580	Injection, garamycin, gentamicin, up to 80 mg		X	
J1590	Injection, gatifloxacin, 10 mg		X	
J1595	Injection, glatiramer acetate, 20 mg	Pharmacy benefit only		X
J1600	Injection, gold sodium thiomalate, up to 50 mg	X		
J1602	Injection, golimumab, 1 mg, for intravenous use	X		
J1610	Injection, glucagon hydrochloride, per 1 mg		X	



Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J1620	Injection, gonadorelin hydrochloride, per 100 mcg	X		
J1626	Injection, granisetron hydrochloride, 100 mcg		X	
J1627	Injection, granisetron, extended-release, 0.1 mg		X	
J1628	Injection, guselkumab, 1 mg	X		
J1630	Injection, haloperidol, up to 5 mg		X	
J1631	Injection, haloperidol decanoate, per 50 mg		X	
J1632	Injection, brexanolone, 1 mg	X		
J1640	Injection, hemin, 1 mg	X		
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units		X	
J1644	Injection, heparin sodium, per 1000 units		X	
J1645	Injection, dalteparin sodium, per 2500 iu		X	
J1650	Injection, enoxaparin sodium, 10 mg		X	
J1652	Injection, fondaparinux sodium, 0.5 mg		X	
J1655	Injection, tinzaparin sodium, 1000 iu		X	
J1670	Injection, tetanus immune globulin, human, up to 250 units		X	
J1675	Injection, histrelin acetate, 10 micrograms	X		
J1700	Injection, hydrocortisone acetate, up to 25 mg		X	
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg		X	
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg		X	
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	X		
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	X		
J1730	Injection, diazoxide, up to 300 mg	X		
J1738	Injection, meloxicam, 1 mg		X	
J1740	Injection, ibandronate sodium, 1 mg		X	
J1741	Injection, ibuprofen, 100 mg		X	
J1742	Injection, ibutilide fumarate, 1 mg		X	
J1743	Injection, idursulfase, 1 mg	X		
J1744	Injection, icatibant, 1 mg	X		
J1745	Injection, infliximab, excludes biosimilar, 10 mg	X		
J1746	Injection, ibalizumab-uiyk, 10 mg	X		
J1747	Injection, spesolimab-sbzo, 1 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J1750	Injection, iron dextran, 50 mg	X		
J1756	Injection, iron sucrose, 1 mg	X		
J1786	Injection, imiglucerase, 10 units	X		
J1790	Injection, droperidol, up to 5 mg		X	
J1800	Injection, propranolol hcl, up to 1 mg		X	
J1805	Injection, esmolol hydrochloride, 10 mg		X	
J1806	Injection, esmolol hydrochloride (wg critical care) not therapeutically equivalent to j1805, 10 mg		X	
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule	X		
J1811	Insulin (fiasp) for administration through dme (i.e., insulin pump) per 50 units		X	
J1812	Insulin (fiasp), per 5 units		X	
J1813	Insulin (lyumjev) for administration through dme (i.e., insulin pump) per 50 units		X	
J1814	Insulin (lyumjev), per 5 units		X	
J1815	Injection, insulin, per 5 units		X	
J1817	Insulin for administration through dme (i.e., insulin pump) per 50 units		X	X
J1823	Injection, inebilizumab-cdon, 1 mg	X		
J1826	Injection, interferon beta-1a, 30 mcg	X		
J1830	Injection, interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	X		X
J1833	Injection, isavuconazonium, 1 mg		X	X
J1835	Injection, itraconazole, 50 mg	X		
J1836	Injection, metronidazole, 10 mg		X	
J1840	Injection, kanamycin sulfate, up to 500 mg		X	
J1850	Injection, kanamycin sulfate, up to 75 mg		X	
J1885	Injection, ketorolac tromethamine, per 15 mg		X	
J1890	Injection, cephalothin sodium, up to 1 gram		X	
J1920	Injection, labetalol hydrochloride, 5 mg		X	
J1921	Injection, labetalol hydrochloride (hikma) not therapeutically equivalent to j1820, 5 mg		X	
J1930	Injection, lanreotide, 1 mg	X		
J1931	Injection, laronidase, 0.1 mg	X		
J1932	Injection, lanreotide, (cipl), 1 mg	X		
J1940	Injection, furosemide, up to 20 mg		X	
J1941	Injection, furosemide (furoscix), 20 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J1943	Injection, aripiprazole lauroxil, (aristada initio), 1 mg		X	
J1944	Injection, aripiprazole lauroxil, (aristada), 1 mg		X	
J1945	Injection, lepirudin, 50 mg	X		
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	X		
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	X		
J1952	Leuprolide injectable, camcevi, 1 mg	X		
J1953	Injection, levetiracetam, 10 mg		X	
J1954	Injection, leuprolide acetate for depot suspension (ciplá), 7.5 mg	X		
J1955	Injection, levocarnitine, per 1 gm		X	
J1956	Injection, levofloxacin, 250 mg		X	
J1960	Injection, levorphanol tartrate, up to 2 mg	X		
J1961	Injection, lenacapavir, 1 mg		X	
J1980	Injection, hyoscyamine sulfate, up to 0.25 mg		X	
J1990	Injection, chlordiazepoxide hcl, up to 100 mg		X	
J2001	Injection, lidocaine hcl for intravenous infusion, 10 mg		X	
J2010	Injection, lincomycin hcl, up to 300 mg		X	
J2020	Injection, linezolid, 200 mg		X	
J2060	Injection, lorazepam, 2 mg		X	
J2062	Loxapine for inhalation, 1 mg		X	
J2150	Injection, mannitol, 25% in 50 ml		X	
J2170	Injection, mecasermin, 1 mg	X		
J2175	Injection, meperidine hydrochloride, per 100 mg		X	
J2180	Injection, meperidine and promethazine hcl, up to 50 mg	X		
J2182	Injection, mepolizumab, 1 mg	X		
J2185	Injection, meropenem, 100 mg		X	
J2186	Injection, meropenem and vaborbactam, 10mg/10mg (20mg)		X	
J2210	Injection, methylergonovine maleate, up to 0.2 mg		X	
J2212	Injection, methylNaltrexone, 0.1 mg	X		X
J2248	Injection, micafungin sodium, 1 mg		X	
J2249	Injection, remimazolam, 1 mg		X	
J2250	Injection, midazolam hydrochloride, per 1 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J2260	Injection, milrinone lactate, 5 mg		X	
J2265	Injection, minocycline hydrochloride, 1 mg		X	
J2270	Injection, morphine sulfate, up to 10 mg		X	
J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg		X	
J2278	Injection, ziconotide, 1 microgram	X		
J2280	Injection, moxifloxacin, 100 mg		X	
J2300	Injection, nalbuphine hydrochloride, per 10 mg		X	
J2305	Injection, nitroglycerin, 5 mg		X	
J2310	Injection, naloxone hydrochloride, per 1 mg		X	
J2315	Injection, naltrexone, depot form, 1 mg	Pharmacy benefit only	X	X
J2320	Injection, nandrolone decanoate, up to 50 mg		X	
J2323	Injection, natalizumab, 1 mg	X		
J2325	Injection, nesiritide, 0.1 mg	X		
J2326	Injection, nusinersen, 0.1 mg	X		
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	X		
J2329	Injection, ublituximab-xiiy, 1mg	X		
J2350	Injection, ocrelizumab, 1 mg	X		
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	X		
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	X		
J2355	Injection, oprelvekin, 5 mg	X		
J2356	Injection, tezepelumab-ekko, 1 mg	X		
J2357	Injection, omalizumab, 5 mg	X		
J2358	Injection, olanzapine, long-acting, 1 mg		X	
J2359	Injection, olanzapine, 0.5 mg		X	
J2360	Injection, orphenadrine citrate, up to 60 mg		X	
J2371	Injection, phenylephrine hydrochloride, 20 micrograms		X	
J2372	Injection, phenylephrine hydrochloride (biophen), 20 micrograms		X	
J2400	Injection, chlorprocaine hydrochloride, per 30 ml		X	
J2403	Chlorprocaine hcl ophthalmic, 3% gel, 1 mg		X	
J2405	Injection, ondansetron hydrochloride, per 1 mg		X	
J2406	Injection, oritavancin (kimyrsa), 10 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J2407	Injection, oritavancin (orbactiv), 10 mg		X	
J2410	Injection, oxymorphone hcl, up to 1 mg		X	
J2425	Injection, palifermin, 50 micrograms	X		
J2426	Injection, paliperidone palmitate extended release, 1 mg		X	
J2427	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg		X	
J2430	Injection, pamidronate disodium, per 30 mg		X	
J2440	Injection, papaverine hcl, up to 60 mg		X	
J2460	Injection, oxytetracycline hcl, up to 50 mg		X	
J2469	Injection, palonosetron hcl, 25 mcg		X	
J2501	Injection, paricalcitol, 1 mcg		X	
J2502	Injection, pasireotide long acting, 1 mg	X		
J2503	Injection, pegaptanib sodium, 0.3 mg	X		
J2504	Injection, pegademase bovine, 25 iu	X		
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	X		
J2507	Injection, pegloticase, 1 mg	X		
J2510	Injection, penicillin g procaine, aqueous, up to 600,000 units		X	
J2513	Injection, pentastarch, 10% solution, 100 ml	X		
J2515	Injection, pentobarbital sodium, per 50 mg		X	
J2540	Injection, penicillin g potassium, up to 600,000 units		X	
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)		X	
J2545	Pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 300 mg		X	
J2547	Injection, peramivir, 1 mg		X	
J2550	Injection, promethazine hcl, up to 50 mg		X	
J2560	Injection, phenobarbital sodium, up to 120 mg		X	
J2561	Injection, phenobarbital sodium (sezaby), 1 mg		X	
J2562	Injection, plerixafor, 1 mg	X		
J2590	Injection, oxytocin, up to 10 units		X	
J2597	Injection, desmopressin acetate, per 1 mcg		X	
J2598	Injection, vasopressin, 1 unit		X	
J2599	Injection, vasopressin (american regent) not therapeutically equivalent to j2598, 1 unit		X	
J2650	Injection, prednisolone acetate, up to 1 ml	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J2670	Injection, tolazoline hcl, up to 25 mg		X	
J2675	Injection, progesterone, per 50 mg		X	
J2680	Injection, fluphenazine decanoate, up to 25 mg		X	
J2690	Injection, procainamide hcl, up to 1 gm		X	
J2700	Injection, oxacillin sodium, up to 250 mg		X	
J2704	Injection, propofol, 10 mg		X	
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg		X	
J2720	Injection, protamine sulfate, per 10 mg		X	
J2724	Injection, protein c concentrate, intravenous, human, 10 iu	X		
J2725	Injection, protirelin, per 250 mcg		X	
J2730	Injection, pralidoxime chloride, up to 1 gm		X	
J2760	Injection, phentolamine mesylate, up to 5 mg		X	
J2765	Injection, metoclopramide hcl, up to 10 mg		X	
J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)		X	
J2777	Injection, faricimab-svoa, 0.1 mg	X		
J2778	Injection, ranibizumab, 0.1 mg	X		
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	X		
J2780	Injection, ranitidine hydrochloride, 25 mg		X	
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	X		
J2783	Injection, rasburicase, 0.5 mg	X		
J2785	Injection, regadenoson, 0.1 mg		X	
J2786	Injection, reslizumab, 1 mg	X		
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	X		
J2788	Injection, rho d immune globulin, human, minidose, 50 micrograms (250 i.u.)		X	
J2790	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)		X	
J2791	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu		X	
J2792	Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu		X	
J2793	Injection, riloncept, 1 mg	X		
J2794	Injection, risperidone (risperdal consta), 0.5 mg		X	
J2795	Injection, ropivacaine hydrochloride, 1 mg		X	
J2796	Injection, romiplostim, 10 micrograms	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J2797	Injection, rolapitant, 0.5 mg		X	
J2798	Injection, risperidone, (perseris), 0.5 mg		X	
J2800	Injection, methocarbamol, up to 10 ml		X	
J2805	Injection, sincalide, 5 micrograms		X	
J2806	Injection, sincalide (maia) not therapeutically equivalent to j2805, 5 micrograms		X	
J2810	Injection, theophylline, per 40 mg		X	
J2820	Injection, sargramostim (gm-csf), 50 mcg	X		
J2840	Injection, sebelipase alfa, 1 mg	X		
J2850	Injection, secretin, synthetic, human, 1 microgram		X	
J2860	Injection, siltuximab, 10 mg	X		
J2910	Injection, aurothioglucose, up to 50 mg	X		
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	X		
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg		X	
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg		X	
J2940	Injection, somatrem, 1 mg	X		
J2941	Injection, somatropin, 1 mg	Pharmacy benefit only		X
J2950	Injection, promazine hcl, up to 25 mg		X	
J2993	Injection, reteplase, 18.1 mg		X	
J2995	Injection, streptokinase, per 250,000 iu	X		
J2997	Injection, alteplase recombinant, 1 mg		X	
J2998	Injection, plasminogen, human-tvmh, 1 mg	X		
J3000	Injection, streptomycin, up to 1 gm		X	
J3010	Injection, fentanyl citrate, 0.1 mg		X	
J3030	Injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)		X	X
J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Pharmacy benefit only		X
J3032	Injection, eptinezumab-jjmr, 1 mg	X		
J3060	Injection, taliglucerase alfa, 10 units	X		
J3070	Injection, pentazocine, 30 mg		X	
J3090	Injection, tedizolid phosphate, 1 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J3095	Injection, telavancin, 10 mg		X	
J3101	Injection, tenecteplase, 1 mg		X	
J3105	Injection, terbutaline sulfate, up to 1 mg		X	
J3110	Injection, teriparatide, 10 mcg	Pharmacy benefit only		X
J3111	Injection, romosozumab-aqqg, 1 mg	X		
J3121	Injection, testosterone enanthate, 1 mg	X		
J3145	Injection, testosterone undecanoate, 1 mg	X		
J3230	Injection, chlorpromazine hcl, up to 50 mg		X	
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	X		
J3241	Injection, teprotumumab-trbw, 10 mg	X		
J3243	Injection, tigecycline, 1 mg		X	
J3245	Injection, tildrakizumab, 1 mg	X		
J3246	Injection, tirofiban hcl, 0.25 mg		X	
J3250	Injection, trimethobenzamide hcl, up to 200 mg		X	
J3260	Injection, tobramycin sulfate, up to 80 mg		X	
J3262	Injection, tocilizumab, 1 mg	X		
J3265	Injection, tosemide, 10 mg/ml		X	
J3280	Injection, thiethylperazine maleate, up to 10 mg	X		
J3285	Injection, treprostinil, 1 mg	X		
J3299	Injection, triamcinolone acetonide (xipere), 1 mg	X		
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg		X	
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg		X	
J3302	Injection, triamcinolone diacetate, per 5 mg		X	
J3303	Injection, triamcinolone hexacetonide, per 5 mg		X	
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	X		
J3305	Injection, trimetrexate glucuronate, per 25 mg		X	
J3310	Injection, perphenazine, up to 5 mg		X	
J3315	Injection, triptorelin pamoate, 3.75 mg	X		
J3316	Injection, triptorelin, extended-release, 3.75 mg	X		
J3320	Injection, spectinomycin dihydrochloride, up to 2 gm		X	



Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J3350	Injection, urea, up to 40 gm		X	
J3355	Injection, urofollitropin, 75 iu	plan exclusion		
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Pharmacy benefit only		X
J3358	Ustekinumab, for intravenous injection, 1 mg	X		
J3360	Injection, diazepam, up to 5 mg		X	
J3364	Injection, urokinase, 5000 iu vial	X		
J3365	Injection, iv, urokinase, 250,000 i.u. vial	X		
J3370	Injection, vancomycin hcl, 500 mg		X	
J3380	Injection, vedolizumab, 1 mg	X		
J3385	Injection, velaglucerase alfa, 100 units	X		
J3396	Injection, verteporfin, 0.1 mg	X		
J3397	Injection, vestronidase alfa-vjvk, 1 mg	X		
J3398	Injection, voretigene neparovvec-rzyl, 1 billion vector genomes	X		
J3399	Injection, onasemnogene abeparovvec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	X		
J3400	Injection, triflupromazine hcl, up to 20 mg	X		
J3410	Injection, hydroxyzine hcl, up to 25 mg		X	
J3411	Injection, thiamine hcl, 100 mg		X	
J3415	Injection, pyridoxine hcl, 100 mg		X	
J3420	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg		X	
J3430	Injection, phytonadione (vitamin k), per 1 mg		X	
J3465	Injection, voriconazole, 10 mg		X	
J3470	Injection, hyaluronidase, up to 150 units		X	
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)		X	
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 usp units		X	
J3473	Injection, hyaluronidase, recombinant, 1 usp unit		X	
J3475	Injection, magnesium sulfate, per 500 mg		X	
J3480	Injection, potassium chloride, per 2 meq		X	
J3485	Injection, zidovudine, 10 mg		X	
J3486	Injection, ziprasidone mesylate, 10 mg		X	
J3489	Injection, zoledronic acid, 1 mg		X	
J3490	Unclassified drugs	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J3520	Edetate disodium, per 150 mg		X	
J3530	Nasal vaccine inhalation		X	
J3535	Drug administered through a metered dose inhaler	X		X
J3570	Laetrile, amygdalin, vitamin b17	plan exclusion		
J3590	Unclassified biologics	X		X
J3591	Unclassified drug or biological used for esrd on dialysis	X		
J7030	Infusion, normal saline solution , 1000 cc		X	
J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)		X	
J7042	5% dextrose/normal saline (500 ml = 1 unit)		X	
J7050	Infusion, normal saline solution, 250 cc		X	
J7060	5% dextrose/water (500 ml = 1 unit)		X	
J7070	Infusion, d5w, 1000 cc		X	
J7100	Infusion, dextran 40, 500 ml		X	
J7110	Infusion, dextran 75, 500 ml		X	
J7120	Ringers lactate infusion, up to 1000 cc		X	
J7121	5% dextrose in lactated ringers infusion, up to 1000 cc		X	
J7131	Hypertonic saline solution, 1 ml		X	
J7168	Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity		X	
J7169	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg		X	
J7170	Injection, emicizumab-kxwh, 0.5 mg	X		
J7175	Injection, factor x, (human), 1 i.u.	X		X
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	X		
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	X		
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco	X		X
J7180	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	X		
J7181	Injection, factor xiii a-subunit, (recombinant), per iu	X		X
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	X		X
J7183	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rco	X		
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntba), per i.u.	X		
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	X		
J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rco	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	X		X
J7189	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram	X		
J7190	Factor viii (antihemophilic factor, human) per i.u.	X		
J7191	Factor viii (antihemophilic factor (porcine)), per i.u.	X		
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	X		X
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u. IV	X		
J7194	Factor ix, complex, per i.u.	X		
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	X		
J7196	Injection, antithrombin recombinant, 50 i.u.	X		
J7197	Antithrombin iii (human), per i.u.	X		
J7198	Anti-inhibitor, per i.u.	X		
J7199	Hemophilia clotting factor, not otherwise classified	X		X
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	X		
J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	X		
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	X		
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	X		
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	X		
J7205	Injection, factor viii fc fusion protein (recombinant), per iu	X		
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	X		
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	X		
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	X		
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	X		
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (koyaltry), 1 i.u.	X		
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	X		
J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.		X	
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	X		
J7294	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each		X	X
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each		X	X
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg		X	
J7297	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg		X	X
J7298	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg		X	X

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J7300	Intrauterine copper contraceptive		X	
J7301	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg		X	
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg		X	
J7304	Contraceptive supply, hormone containing patch, each	Rx Benefit only	X	X
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies		X	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies		X	
J7308	Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)		X	
J7309	Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 gram	X		
J7310	Ganciclovir, 4.5 mg, long-acting implant	X		
J7311	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	X		
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	X		
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	X		
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	X		
J7315	Mitomycin, ophthalmic, 0.2 mg		X	
J7316	Injection, ocriplasmin, 0.125 mg	X		
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	plan exclusion		
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	plan exclusion		
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	plan exclusion		
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	plan exclusion		
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	plan exclusion		
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	plan exclusion		
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	plan exclusion		
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	plan exclusion		
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	plan exclusion		
J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	plan exclusion		
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	plan exclusion		
J7330	Autologous cultured chondrocytes, implant	X		
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	X		
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	X		
J7336	Capsaicin 8% patch, per square centimeter	X		
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml		X	X

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J7342	Instillation, ciprofloxacin otic suspension, 6 mg		X	X
J7345	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg		X	
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	X		
J7352	Afamelanotide implant, 1 mg	X		
J7353	Anacaulase-bcdb, 8.8% gel, 1 gram		X	
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	X		
J7500	Azathioprine, oral, 50 mg		X	X
J7501	Azathioprine, parenteral, 100 mg		X	
J7502	Cyclosporine, oral, 100 mg		X	X
J7503	Cyclosporine, oral, 100 mg		X	X
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	X		
J7505	Muromonab-cd3, parenteral, 5 mg		X	
J7506	Prednisone, oral, per 5 mg		X	X
J7507	Tacrolimus, immediate release, oral, 1 mg		X	X
J7508	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg		X	X
J7509	Methylprednisolone oral, per 4 mg		X	X
J7510	Prednisolone oral, per 5 mg		X	X
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg		X	
J7512	Prednisone, immediate release or delayed release, oral, 1 mg		X	X
J7513	Daclizumab, parenteral, 25 mg	X		X
J7515	Cyclosporine, oral, 25 mg		X	X
J7516	Cyclosporin, parenteral, 250 mg		X	
J7517	Mycophenolate mofetil, oral, 250 mg		X	X
J7518	Mycophenolic acid, oral, 180 mg		X	X
J7519	Injection, mycophenolate mofetil, 10 mg		X	
J7520	Sirolimus, oral, 1 mg		X	X
J7525	Tacrolimus, parenteral, 5 mg		X	
J7527	Everolimus, oral, 0.25 mg		X	X
J7599	Immunosuppressive drug, not otherwise classified	X		
J7604	Acetylcysteine, inhalation solution, compounded product, administered through dme, unit dose form, per gram		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J7605	Arformoterol, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 15 micrograms		X	X
J7606	Formoterol fumarate, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 20 micrograms		X	X
J7607	Levalbuterol, inhalation solution, compounded product, administered through dme, concentrated form, 0.5 mg		X	X
J7608	Acetylcysteine, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per gram		X	
J7609	Albuterol, inhalation solution, compounded product, administered through dme, unit dose, 1 mg		X	X
J7610	Albuterol, inhalation solution, compounded product, administered through dme, concentrated form, 1 mg		X	X
J7611	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 1 mg		X	X
J7612	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 0.5 mg		X	X
J7613	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 1 mg		X	X
J7614	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 0.5 mg		X	
J7615	Levalbuterol, inhalation solution, compounded product, administered through dme, unit dose, 0.5 mg		X	
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, non-compounded, administered through dme		X	
J7622	Beclomethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram		X	
J7624	Betamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram		X	
J7626	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 0.5 mg		X	
J7627	Budesonide, inhalation solution, compounded product, administered through dme, unit dose form, up to 0.5 mg		X	
J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram		X	
J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram		X	
J7631	Cromolyn sodium, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams		X	
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J7633	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 0.25 milligram		X	
J7634	Budesonide, inhalation solution, compounded product, administered through dme, concentrated form, per 0.25 milligram		X	
J7635	Atropine, inhalation solution, compounded product, administered through dme, concentrated form, per milligram		X	
J7636	Atropine, inhalation solution, compounded product, administered through dme, unit dose form, per milligram		X	
J7637	Dexamethasone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram		X	
J7638	Dexamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram		X	
J7639	Dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram		X	X
J7640	Formoterol, inhalation solution, compounded product, administered through dme, unit dose form, 12 micrograms		X	X
J7641	Flunisolide, inhalation solution, compounded product, administered through dme, unit dose, per milligram		X	X
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram		X	
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram		X	
J7644	Ipratropium bromide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram		X	X
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through dme, unit dose form, per milligram		X	X
J7647	Isoetharine hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram		X	
J7648	Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram		X	
J7649	Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram		X	
J7650	Isoetharine hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram		X	
J7657	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram		X	
J7658	Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J7659	Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram		X	
J7660	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram		X	
J7665	Mannitol, administered through an inhaler, 5 mg		X	
J7667	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams		X	X
J7668	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 10 milligrams		X	X
J7669	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams		X	X
J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams		X	X
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg		X	
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through dme, unit dose form, per 300 mg		X	
J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram		X	X
J7680	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram		X	
J7681	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram		X	
J7682	Tobramycin, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams		X	
J7683	Triamcinolone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram		X	
J7684	Triamcinolone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram		X	
J7685	Tobramycin, inhalation solution, compounded product, administered through dme, unit dose form, per 300 milligrams		X	
J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	X		X
J7699	Noc drugs, inhalation solution administered through dme	X		
J7799	Noc drugs, other than inhalation drugs, administered through dme	X		
J7999	Compounded drug, not otherwise classified	X		
J8498	Antiemetic drug, rectal/suppository, not otherwise specified	X		



Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J8499	Prescription drug, oral, non chemotherapeutic, nos	X		
J8501	Aprepitant, oral, 5 mg		X	
J8510	Busulfan; oral, 2 mg	X		X
J8515	Cabergoline, oral, 0.25 mg		X	X
J8520	Capecitabine, oral, 150 mg	X		X
J8521	Capecitabine, oral, 500 mg	X		X
J8530	Cyclophosphamide; oral, 25 mg	X		X
J8540	Dexamethasone, oral, 0.25 mg		X	
J8560	Etoposide; oral, 50 mg	X		X
J8562	Fludarabine phosphate, oral, 10 mg	X		X
J8565	Gefitinib, oral, 250 mg	X		X
J8597	Antiemetic drug, oral, not otherwise specified	X		X
J8600	Melphalan; oral, 2 mg	X		X
J8610	Methotrexate; oral, 2.5 mg		X	X
J8650	Nabilone, oral, 1 mg		X	X
J8655	Netupitant 300 mg and palonosetron 0.5 mg, oral		X	X
J8670	Rolapitant, oral, 1 mg		X	X
J8700	Temozolomide, oral, 5 mg	X		
J8705	Topotecan, oral, 0.25 mg	X		
J8999	Prescription drug, oral, chemotherapeutic, nos	X		
J9000	Injection, doxorubicin hydrochloride, 10 mg	X		
J9010	Injection, alemtuzumab, 10 mg	X		
J9015	Injection, aldesleukin, per single use vial	X		
J9017	Injection, arsenic trioxide, 1 mg	X		
J9019	Injection, asparaginase (erwinaze), 1,000 iu	X		
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	X		
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	X		
J9022	Injection, atezolizumab, 10 mg	X		
J9023	Injection, avelumab, 10 mg	X		
J9025	Injection, azacitidine, 1 mg	X		
J9027	Injection, clofarabine, 1 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	X		
J9030	BCG live intravesical instillation, 1 mg	X		
J9032	Injection, belinostat, 10 mg	X		
J9033	Injection, bendamustine hcl (treanda), 1 mg	X		
J9034	Injection, bendamustine hcl (bendeka), 1 mg	X		
J9035	Injection, bevacizumab, 10 mg	X		
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	X		
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	X		
J9039	Injection, blinatumomab, 1 microgram	X		
J9040	Injection, bleomycin sulfate, 15 units	X		
J9041	Injection, bortezomib, 0.1 mg	X		
J9042	Injection, brentuximab vedotin, 1 mg	X		
J9043	Injection, cabazitaxel, 1 mg	X		
J9045	Injection, carboplatin, 50 mg	X		
J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	X		
J9047	Injection, carfilzomib, 1 mg	X		
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	X		
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	X		
J9050	Injection, carmustine, 100 mg	X		
J9051	Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg	X		
J9055	Injection, cetuximab, 10 mg	X		
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	X		
J9057	Injection, copanlisib, 1 mg	X		
J9058	Injection, bendamustine hydrochloride (apotex), 1 mg	X		
J9059	Injection, bendamustine hydrochloride (baxter), 1 mg	X		
J9060	Injection, cisplatin, powder or solution, 10 mg	X		
J9061	Injection, amivantamab-vmjw, 2 mg	X		
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	X		
J9064	Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg	X		
J9065	Injection, cladribine, per 1 mg	X		
J9070	Cyclophosphamide, 100 mg inj	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J9071	Injection, cyclophosphamide, (auromedics), 5 mg	X		
J9098	Injection, cytarabine liposome, 10 mg	X		
J9100	Injection, cytarabine, 100 mg	X		
J9118	Injection, calaspargase pegol-mknl, 10 units	X		
J9119	Injection, cemiplimab-rwlc, 1 mg	X		
J9120	Injection, dactinomycin, 0.5 mg	X		
J9130	Dacarbazine, 100 mg inj	X		
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	X		
J9145	Injection, daratumumab, 10 mg	X		
J9150	Injection, daunorubicin, 10 mg	X		
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	X		
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	X		
J9155	Injection, degarelix, 1 mg	X		
J9160	Injection, denileukin diftitox, 300 micrograms	X		
J9165	Injection, diethylstilbestrol diphosphate, 250 mg	X		
J9171	Injection, docetaxel, 1 mg	X		
J9173	Injection, durvalumab, 10 mg	X		
J9175	Injection, elliotts' b solution, 1 ml	X		
J9176	Injection, elotuzumab, 1 mg	X		
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	X		
J9178	Injection, epirubicin hcl, 2 mg	X		
J9179	Injection, eribulin mesylate, 0.1 mg	X		
J9181	Injection, etoposide, 10 mg	X		
J9185	Injection, fludarabine phosphate, 50 mg	X		
J9190	Injection, fluorouracil, 500 mg	X		
J9196	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to j9201, 200 mg	X		
J9198	Injection, gemcitabine hydrochloride, (infugem), 100 mg	X		
J9200	Injection, floxuridine, 500 mg	X		
J9201	Injection, gemcitabine hydrochloride, 200 mg	X		
J9202	Goserelin acetate implant, per 3.6 mg	X		
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J9204	Injection, mogamulizumab-kpkc, 1 mg	X		
J9205	Injection, irinotecan liposome, 1 mg	X		
J9206	Injection, irinotecan, 20 mg	X		
J9207	Injection, ixabepilone, 1 mg	X		
J9208	Injection, ifosfamide, 1 gram	X		
J9209	Injection, mesna, 200 mg	X		
J9210	Injection, emapalumab-lzsg, 1 mg	X		
J9211	Injection, idarubicin hydrochloride, 5 mg	X		
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram	X		
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	X		
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	X		
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	X		
J9216	Injection, interferon, gamma 1-b, 3 million units	X		
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	X		
J9218	Leuprolide acetate, per 1 mg	X		
J9219	Leuprolide acetate implant, 65 mg	X		
J9223	Injection, lurbnectin, 0.1 mg	X		
J9225	Histrelin implant (vantas), 50 mg	X		
J9226	Histrelin implant (supprelin la), 50 mg	X		
J9227	Injection, isatuximab-irfc, 10 mg	X		
J9228	Injection, ipilimumab, 1 mg	X		
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	X		
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	X		
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	X		
J9246	Injection, melphalan (evomela), 1 mg	X		
J9247	Injection, melphalan flufenamide, 1mg	X		
J9250	Methotrexate sodium, 5 mg	X		
J9259	Injection, paclitaxel protein-bound particles (american regent) not therapeutically equivalent to j9264, 1 mg	X		
J9260	Methotrexate sodium, 50 mg	X		
J9261	Injection, nelarabine, 50 mg	X		
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J9263	Injection, oxaliplatin, 0.5 mg	X		
J9264	Injection, paclitaxel protein-bound particles, 1 mg	X		
J9266	Injection, pegaspargase, per single dose vial	X		
J9267	Injection, paclitaxel, 1 mg	X		
J9268	Injection, pentostatin, 10 mg	X		
J9269	Injection, tagraxofusp-erzs, 10 micrograms	X		
J9270	Injection, plicamycin, 2.5 mg	X		
J9271	Injection, pembrolizumab, 1 mg	X		
J9272	Injection, dostarlimab-gxly, 10 mg	X		
J9273	Injection, tisotumab vedotin-tftv, 1 mg	X		
J9274	Injection, tebentafusp-tebn, 1 microgram	X		
J9280	Injection, mitomycin, 5 mg	X		
J9281	Mitomycin pyelocalyceal instillation, 1 mg	X		
J9285	Injection, olaratumab, 10 mg	X		
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	X		
J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	X		
J9295	Injection, necitumumab, 1 mg	X		
J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg	X		
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	X		
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	X		
J9299	Injection, nivolumab, 1 mg	X		
J9301	Injection, obinutuzumab, 10 mg	X		
J9302	Injection, ofatumumab, 10 mg	X		
J9303	Injection, panitumumab, 10 mg	X		
J9304	Injection, pemetrexed (pemfexy), 10 mg	X		
J9305	Injection, pemetrexed, 10 mg	X		
J9306	Injection, pertuzumab, 1 mg	X		
J9307	Injection, pralatrexate, 1 mg	X		
J9308	Injection, ramucirumab, 5 mg	X		
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	X		
J9311	Injection, rituximab 10 mg and hyaluronidase	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J9312	Injection, rituximab, 10 mg	X		
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	X		
J9314	Injection, pemetrexed (teva) not therapeutically equivalent to j9305, 10 mg	X		
J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg	X		
J9314	Injection, romidepsin, non-lyophilized (e.g. liquid), 0.1 mg	X		
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	X		
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	X		
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	X		
J9319	Injection, romidepsin, lyophilized, 0.1 mg	X		
J9320	Injection, streptozocin, 1 gram	X		
J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg	X		
J9323	Injection, pemetrexed ditromethamine, 10 mg	X		
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	X		
J9328	Injection, temozolomide, 1 mg	X		
J9330	Injection, temsirolimus, 1 mg	X		
J9331	Injection, sirolimus protein-bound particles, 1 mg	X		
J9332	Injection, efgartigimod alfa-fcab, 2mg	X		
J9340	Injection, thiotepa, 15 mg	X		
J9345	Injection, retifanlimab-dlwr, 1 mg	X		
J9347	Injection, tremelimumab-actl, 1 mg	X		
J9348	Injection, naxitamab-gqgk, 1 mg	X		
J9349	Injection, tafasitamab-cxix, 2 mg	X		
J9350	Injection, mosunetuzumab-axgb, 1 mg	X		
J9351	Injection, topotecan, 0.1 mg	X		
J9352	Injection, trabectedin, 0.1 mg	X		
J9353	Injection, margetuximab-cmkb, 5 mg	X		
J9354	Injection, ado-trastuzumab emtansine, 1 mg (Kadcyla)	X		
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	X		
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk (Herceptin Hylecta)	X		
J9357	Injection, valrubicin, intravesical, 200 mg	X		
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg (Enhertu)	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
J9359	Injection, loncastximab tesirine-lpyl, 0.075 mg	X		
J9360	Injection, vinblastine sulfate, 1 mg	X		
J9370	Vincristine sulfate, 1 mg	X		
J9371	Injection, vincristine sulfate liposome, 1 mg	X		
J9380	Injection, teclistamab-cqyv, 0.5 mg	X		
J9381	Injection, teplizumab-mzww, 5 mcg	X		
J9390	Injection, vinorelbine tartrate, 10 mg	X		
J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg	X		
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	X		
J9395	Injection, fulvestrant, 25 mg	X		
J9400	Injection, ziv-aflibercept, 1 mg	X		
J9600	Injection, porfimer sodium, 75 mg	X		
J9999	Not otherwise classified, antineoplastic drugs	X		
K1026	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical		X	X
K1034	Provision of covid-19 test, nonprescription self-administered and self-collected use, fda approved, authorized or cleared, one test count	Pharmacy benefit only		X
M0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring		X	
M0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency		X	
M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring		X	
M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring		X	
M0223	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
M0223	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency		X	
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses		X	
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses		X	
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring		X	
M0244	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency		X	
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring		X	
M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider based to the hospital during the covid 19 public health emergency		X	
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring		X	
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency		X	
M0249	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, first dose	X		
M0250	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, second dose	X		
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	X		
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	X		
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gram		X	X



Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
Q0161	Chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen		X	X
Q0162	Ondansetron 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen		X	X
Q0163	Diphenhydramine hydrochloride, 50 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen		X	X
Q0164	Prochlorperazine maleate, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen		X	X
Q0166	Granisetron hydrochloride, 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen		X	X
Q0167	Dronabinol, 2.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen		X	X
Q0169	Promethazine hydrochloride, 12.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen		X	X
Q0173	Trimethobenzamide hydrochloride, 250 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen		X	X
Q0174	Thiethylperazine maleate, 10 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen		X	X
Q0175	Perphenazine, 4 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen		X	X
Q0177	Hydroxyzine pamoate, 25 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen		X	X
Q0180	Dolasetron mesylate, 100 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen		X	X

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
Q0181	Unspecified oral dosage form, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for a iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen		X	
Q0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg		X	
Q0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg		X	
Q0222	Injection, bebtelovimab, 175 mg		X	
Q0222	Injection, bebtelovimab, 175 mg		X	
Q0239	Injection, bamlanivimab-xxxx, 700 mg		X	
Q0240	Injection, casirivimab and imdevimab, 600 mg		X	
Q0243	Injection, casirivimab and imdevimab, 2400 mg		X	
Q0244	Injection, casirivimab and imdevimab, 1200 mg		X	
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg		X	
Q0247	Injection, sotrovimab, 500 mg		X	
Q0249	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal	X		
Q0515	Injection, sermorelin acetate, 1 microgram	X		
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent		X	
Q2017	Injection, teniposide, 50 mg	X		
Q2026	Injection, radiesse, 0.1 ml	Benefit Exclusion on medical benefit	Benefit Exclusion on medical benefit	
Q2028	Injection, sculptra, 0.5 mg	plan exclusion		
Q2040	Tisagenlecleucel, up to 250 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	X		
Q2041	Axicabtagene Ciloleucel, up to 200 Million Autologous Anti-CD19 CAR T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Infusion	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	X		
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	X		
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	X		
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	X		
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	X		
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	X		
Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	X		
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	X		
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Pharmacy benefit only		X
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Pharmacy benefit only		X
Q4074	Iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms	X		X
Q4081	Injection, epoetin alfa, 100 units (for esrd on dialysis)		X	
Q4112	Cymetra, injectable, 1 cc	X		
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	X		
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	X		
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	X		
Q5105	Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units		X	
Q5106	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	X		
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	X		
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	X		
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	X		
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	X		
Q5111	Injection, pegfilgrastim-cbqv (udenyc), biosimilar, 0.5 mg	X		
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	X		
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	X		
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	X		
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	X		
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	X		
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	X		
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	X		
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	X		
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	X		
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	X		
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	X		
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	X		
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	X		
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	X		
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	X		
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	X		
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	X		
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	X		
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg	X		
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml		X	
Q9970	Injection, ferric carboxymaltose, 1mg	X		
Q9972	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)		X	
Q9973	Injection, epoetin beta, 1 microgram, (non-esrd use)	X		
Q9974	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg		X	
Q9975	Injection, factor viii fc fusion protein (recombinant), per iu	X		
Q9976	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron		X	
Q9977	Compounded drug, not otherwise classified	X		
Q9978	Netupitant 300 mg and palonosetron 0.5 mg		X	X
Q9979	Injection, alemtuzumab, 1 mg	X		
Q9980	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Benefit Exclusion on medical benefit	Benefit Exclusion on medical benefit	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
Q9981	Rolapitant, oral, 1 mg		X	X
Q9982	Flutemetamol f18, diagnostic, per study dose, up to 5 millicuries		X	
Q9983	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries		X	
Q9984	Levonorgestrel-releasing intrauterine contraceptive system (kyleena), 19.5 mg		X	
Q9985	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	X		X
Q9986	Injection, hydroxyprogesterone caproate, (makena), 10 mg	X		X
Q9989	Ustekinumab, for intravenous injection, 1 mg	X		
Q9991	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg		X	
Q9992	Injection, buprenorphine extended-release (sublocade), greater than 100 mg		X	
S0012	Butorphanol tartrate, nasal spray, 25 mg		X	
S0013	Esketamine, nasal spray, 1 mg		X	
S0017	Injection, aminocaproic acid, 5 grams		X	
S0021	Injection, cefoperazone sodium, 1 gram		X	
S0023	Injection, cimetidine hydrochloride, 300 mg		X	
S0028	Injection, famotidine, 20 mg		X	
S0032	Injection, nafcillin sodium, 2 grams		X	
S0034	Injection, ofloxacin, 400 mg		X	
S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml		X	
S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 grams		X	
S0074	Injection, cefotetan disodium, 500 mg		X	
S0078	Injection, fosphenytoin sodium, 750 mg		X	
S0080	Injection, pentamidine isethionate, 300 mg		X	
S0081	Injection, piperacillin sodium, 500 mg		X	
S0088	Imatinib, 100 mg			X
S0091	Granisetron hydrochloride, 1 mg (for circumstances falling under the medicare statute, use q0166)		X	
S0092	Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump)		X	
S0093	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)		X	
S0109	Methadone, oral, 5 mg		X	
S0119	Ondansetron, oral, 4 mg (for circumstances falling under the medicare statute, use hcpcs q code)		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
S0122	Injection, menotropins, 75 IU	Benefit Exclusion on medical benefit	Benefit Exclusion on medical benefit	
S0126	Injection, follitropin alfa, 75 IU	Benefit Exclusion on medical benefit	Benefit Exclusion on medical benefit	
S0128	Injection, follitropin beta, 75 IU	Benefit Exclusion on medical benefit	Benefit Exclusion on medical benefit	
S0132	Injection, ganirelix acetate, 250 mcg	Benefit Exclusion on medical benefit	Benefit Exclusion on medical benefit	
S0142	Colistimethate sodium, inhalation solution administered through dme, concentrated form, per mg		X	
S0145	Injection, PEGylated interferon alfa-2A, 180 mcg per ml			X
S0148	Injection, PEGylated interferon alfa-2B, 10 mcg			X
S0155	Sterile dilutant for epoprostenol, 50 ml		X	
S0164	Injection, pantoprazole sodium, 40 mg		X	
S0166	Injection, olanzapine, 2.5 mg		X	
S0171	Injection, bumetanide, 0.5 mg		X	
S0174	Dolasetron mesylate, oral 50 mg (for circumstances falling under the medicare statute, use q0180)		X	
S0183	Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the medicare statute, use q0164)		X	
S0189	Testosterone pellet, 75 mg	X		
S0190	Mifepristone, oral, 200 mg	X		
S0191	Misoprostol, oral, 200 mcg	X		
S9364	Home infusion therapy, total parenteral nutrition (tpn); Hit tpn total diem		X	
S9365	Home infusion therapy, total parenteral nutrition (tpn); one liter per day		X	
S9366	Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day		X	
S9367	Home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		Rx Benefit
		Yes	No	
S9368	Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day		X	
S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	