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, S0199	X		X	It is generally a benefit exclusion with certain exceptions, please contact health plan for more details on the exceptions
Acupuncture	97810, 97811, 97813, 97814			X	

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
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			
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 accupuncture, 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				ONLY if non-emergent

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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	
Artificial pancreas device system and supplies	S1034, S1035, S1036, S1037				PA required for all DME above $2000

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
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 coccuring 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			Heath plan notification required within 24 hours of all admission
Behavioral Health - Intensive Outpatient Program (IOP)	H0015, S9480, G0137	X			
Behavioral Health - Partial Hospitalization (PHP)	H0035, G0553, G0554, S0201	X			

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Behavioral Health Substance Abuse/Detox	H0008, H0009, H0010, H0011, H0012, H0013, H0014, H0015, H0016, H0017, H0018, H0020, H0035, S9480, G2067, G2068, G2069, G2073, G2074, G2075, G2076, G2077, G2080, G0137	X			
Biofeedback	90901, 90911, 90912, 90913, E0746, S9002, A9294	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, 0449U		X		

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Capsule Endoscopy	91110, 91111, 91112, 0355T, A9268, A9269, 0977T	X			
Cardiac Defibrillator - Artificial Implantable (AICD) and Wearable and cardioverter-defibrillator	33206, 33207, 33208, 33212, 33213, 33216, 33221, 33226, 33249, C1721, C1722, C1740, 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, C9301, Q2057, Q2058	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, 0951T-0955T	X			

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Cognitive Rehabilitation	97129, 97533, G0515, E1905, E1902	X			
Cologuard	81528, 81259, 81269, 0464U		X		
Colonoscopy	G0104, G0105, G0106, G0120, G0121, G0122, 45378, 45380, 45381, 45382, 45388, 45384, 45385, 45386, 45389, 45391, 45392, 45390, 45393, 45398		X		
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 transmiter, receiver and sensors.
Corneal Collagen Cross Linking	0402T, J2787 (drug)	X			

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
COVID-19 Testing	U0001, U0002, U0003, U0004, C9803, 87635, 87426, 87428, 87636, 87637, 87811, 0225U, 0226U, 0240U, 0241U, 86318, 86328, 86769, 86408, 86409		X		
CPAP and BIPAP	E0601, E0470, E0471, E0472		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			

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
CT Angiogram (CTA)	74175, 71275, 72191, 70498, 73206, 73706, 70496, 75574, 75650, 75658, 75660, 75662, 75665, 75671, 75676, 75680, 75685, C9793		X		Starting 6/1/2024, CTA no longer requires PA
CT Coronary Artery Calcium Scoring (screening test not USPSTF rec.)	S8092, 75571, 75572, 75573		X		Starting 6/1/2024, CT coronary artery calcium scoring no longer requires PA
CT Scan	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70496, 72191, 72192, 72193, 72194, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 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		X (see comments for exceptions)		CT no longer requires PA as 6/1/2024 except for PET/CT, SPECT, or CT colonography (see line items listed separately)

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
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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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)
Digital behavioral health therapy	A9291, E1902, E1905	X			
Disc decompression using RFA	S2348	X			
Dopamine transporter imaging single-photon emission computed tomography (DAT-SPECT)	78607, 78803, A9582, A9584,78830 (specific code for DA-SPECT)	X			

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Durable Medical Equipment (DME)	A6515-A6611, A8000-A9004, A9274, A9279, B4154, C1778, E0100-E8002, K0455, K0552, K0861, K0601-K0605, K0741-K0743, K0800-K0849, K1009, K1004, K1028, E0152, E0468, E2298, E2104, E3200, L1006, L8720, E0683, E1022, E1023, E1032, E1033, E1034, L0720, 0964T-0966T				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	

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
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			
Esophagogastroduodenoscopy (EGD) Test	43235-43253		X		

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Event recorder, cardiac (implantable)	C1764, E0616. C1833, 33285, M1454	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			

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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
Gastro electrophysiology mapping	C9787	X			
Gene therapy	J3387, J3389, J3399, J3398, J1411, J3490, J3590, J1412, J1413, J1414, J3391, J3392 J3393, J3394, C9172 (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
Genetic Testing	Include but not limited to the following: 21217, 81105-81167, 81170-81190, 81200-81299, 81300-81364, 81400-81493, 81504-81512, 81517-81599, 83698, 88240, 88241, 88245-88291, 88360, 91174, G9840-G9843, S3620, S3800-S53870, 0005M, 0242U, 0005U, 0037U, 0019M, 0278U, 0326U, 0334U, 0364U - 0368U, 0375U, 0376U, 0379U, 0380U, 0387U-0426U, 0428U, 0433U-0438U, 0476U, 0477U, 0478U, 0481U, , 0485U, 0486U, 0487U, 0488U, 0489U, 0490U, 0491U, 0492U, 0494U, 0495U, 0496U, 0497U, 0498U, 0499U, 0500U, 0501U, 0506U, 0507U, 0510U, 0511U, 0516U, 0531U, 0532U, 0534U, 0537U, 0538U, 0539U, 0540U, 0541U, 0542U, 0543U, 0544U, 0549U, 0550U, 0554U, 0555U, 0558U-0562U, 0565U-0569U, 0571U, 0631U, 0632U, 0635U, 0641U, 0642U-0659U	X			All genetic and genomic testing require prior authorization except for those used to identify fetal aneuploidy, cystic fibrosis, or spinal muscular atrophy
Head and neck surgical procedures, examples: Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome (UPPP)	21193-21199, 21200-21299, 21300-21399, 21400-21499, 21500-21599, 21600-21685, 42145-42199, 42200-42299, 42300-42399, 42400-42499, 42500-42599, 42600-42699, 42700-42799, 42800-42836	X			

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Hearing Aids	V5030-V5267, V5298, E1831		X ($ $limit applies)		
High Cost Specialty Medications	See Medication Tab	X			See "Medications" Tab. (Hydration therapy, TPN and IV antibiotics do not require PA)
Home infusion administraion codes	HCPCS: S5497-S5523, S5035-S5036, S9208 - S9381, S9490-S9801, CTP: 99601, 99602		X		Administation 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

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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, 96547, 96548	X			
Image-Guided Minimally Invasive Lumbar Decompression for Spinal Stenosis	72275, 0274T, 0275T, G0276			X	

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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, L8697	X			
Implanted cardiac contractility modulation generator	0408T to 0418T, K1030	X			

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IMRT, Proton Beam and Stereotactic Radiosurgery	77371-77373, 77402, 77407, 77412, 77432-77435, 77520-77525, 77371-77373, 77432-77435, G6015-G6016, 32533, 49327, 49411, 49412, 77301, 77338, 77385-77386, 77387, C9795	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, A9293 ,etc			X	

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Inpatient - Observation	99217-99226, G0378-G0379,				PA required if >48hrs
Inpatient - Unplanned/Acute or Planned/Elective		X			Heath plan notification required within 24 hours of all admission including maternity deliveries.
Inpatient Rehabilitation - Acute		X			Heath plan notification required within 24 hours of all admission
Insulin Pump (Pump ONLY)	E0784, E0787, S1034-S1037	X			
Interspinous process distraction device	C1821, C1831	X			

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Intravascular Shockwave Lithotripsy	C9764-C9767, C9772- C9775	X			
Islet Cell Transplant	G0341-G0343, S2102	X			
IV chelation for athersclorosis (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, 27278	X			

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Kyphoplasty or Vertebroplasty, (ex Lumbar)	22523, 22524, 22525, C7504-C7508	X			
Lactation Consultation by health care professionals	S9443		X		
Laser assisted uvulopaltoplasty (LAUP)	S2080	X			
Laser Treatment for Inflammatory Skin Disease	96920-96922	X			
Low dose CT for lung cancer screening	71271		X		starting 6/1/2024, CT no longer requires PA
Magnetic Resonance Spectroscopy	76390			X	
Marital/Family Counseling	90849, 90846, 90847		X	X (except for mental health condition and/or substance abuse)	

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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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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
MRA (Magnetic Resonance Angiograms)	71555, 72159, 72198, 73225. 73725, 74185, C8900, C8901, C8902, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, 70544, 70545, 70546, 70547, 70548, 70549	X			
MRI (Magnetic Resonance Imaging)	0648T, 0649T 0697T, 0698T, 70336, 70540, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 70557, 70558, 70559, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 76391, 76498, 77021, 77022, 77046, 77047, 77048, 77049, 77084, C8903, C8905, C8906, C8908, C9762, C9763, S8035, S8037, S8042, C7502, C9791		X (see comments for exceptions)		*Starting 6/1/2024, No PA required for MRI except for Magnetic Resonanace Spectroscopy and MRA (see line items separately).

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Last updated: 10/5/2026

Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Nerve Neurostimulation	61885, 61886, 64553, 64555, 64568, 64575, 64582, 64590, 0466T, L8680, L8688, C1778, C1767, C1787, E0492, E0493, A4544, E0743, C1607, C8007, C8008, C8009, C8011, C8012, C8013	X			
Neurostimulator or Neuromuscular stimnulator (Implantable) Receiver/Transmitter, Generator and Supplies	C1767, C1820, C1822, C1823, C1816, E0745, E0740, L8678-L8689, K1028-K1029, 0784T-0787T, 0968T, 0969T	X			
Non-Specific Codes (AKA unlisted codes)	Procedure and HCPCS codes ending in 99	X			Unspecific HCPCS codes ending in 99 require PA
Occipital Nerve Stimulation	No specific code for this service			X	
Occupational Therapy (OT) - Outpatient - Assessment	97165-97168		X		

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Last updated: 10/5/2026

Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
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 Behavioral Health Services	C7903, M1370. G0017, G0018, 0820T, 0821T, 0822T, G9871, G0568, G0569, G0570	X			
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			

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Last updated: 10/5/2026

Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Pelvic floor electrical stimulator - non-implanted	E0740	X			
Penile prosthesis (implants)	C1813, C2622, 54405, E0201			X	
Percutaneous Tibial Nerve Stimulation	0587T, 0588T, 0589T, 0590T, 0816T, 0817T, 0818T, 0819T, 64566, 64596, 64597, 64598, E0736, E0737	X			
PET Scan	78459, 78491, 78492, 78607, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252, C9794	X			

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Last updated: 10/5/2026

Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Pharmacy - Oral - Pharmacy Benefit	See Medication Tab	See PBM	See PBM	See PBM	Contact MedImpact Customer Service (844) 282-5331 for prior authorization requirements.
Photo chemotherapy (PUVA)	69613	X			
PhotoDynamic Light Therapy	96567-96574	X			
Physical Therapy (PT) or Occupational Therapy (OT) - Outpatient ot Speech Therapy (ST)	97010-97039, 97161-97164, 92507, 92508, 97129, 97130, 92521, 92522, 92523, 92524, 92526		X		

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Last updated: 10/5/2026

Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Plastic, Cosmetic and Reconstructive Procedures including Orthognathic Surgery	11400-11446, 11920-11954, 11970, 12031-12057, 13100-13151, 13152,13153, 14000-14061, 14301, 14302 , 15830, 15847, 15733, 15771, 15772, 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, A6548	X			PA required for all DME above $2000

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Last updated: 10/5/2026

Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
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, 1026T, 1038T, 1042T	X		X	
Powered upper extremity range of motion assist	L8701-L8702	X			PA required for all orthotics/prosthetics over $3500
Preventive Mammography < 40 yrs of age	77053,77054,77061,77062,77063,77065,77066,77067,S8080		X		Age 40 or older does not require auth

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Last updated: 10/5/2026

Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Prolotherapy	M0076	X			
Prosthetics /Orthotics and/or Custom Orthotics (over $$ limits)	L0112-L9900, K1007, K1013, K1016, K1018, K1020, K1022, L5991, L3161, L5615, L5926, L1320, L5783, L5841, L5827, L6028-L6033, L6037, L6700, L7406, C1608, A8005, A8006, L2221, L5992	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	X			

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Last updated: 10/5/2026

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 prosthtic implants that were for cosmetic purposes	Example of codes: 19328, 19330, 19370, 19371, L8020-L8039, L8600			X	
RSV Vaccines (Beyfortus, Abrysvo, Arexvy)	90380, 90381, 90678, 90679		X		If processed through phamacy benefit (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. Buy-and-Bill: Covered at 100%
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			

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Self-Injectable - Pharmacy Benefit	See Medication Tab	See PBM	See PBM	See PBM	Contact MedImpact Customer Service (844) 282-5331 for prior authorization requirements.
Skill Training/Development	H2038	X			
Skilled Nursing Facility	99304-99318	X			

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Skin substitutes	C5271-C5278, Q4100-Q4226 (include Q4199, Q4207, Q4223, Q4224, etc), Q4243, Q4251-Q4397, A2001-A2050, A9156, Q5135, Q5136, Q4368-Q4382, Q4398-Q4440, G0681-G0684	X			
Specialty Provider Consultation and/or Office Visits	See notes		X		
Speech generating device	E2500-E2599, E0490, E0491, E3000, E2513	X			PA required for all DME above $2000

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Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Spinal Cord Stimulation (ex. dorsal column stimulator, dorsal root ganglion stimulation, etc)	33276-33281, 33287, 33288, 63650-63688, C1767, C1816, C1820-C1822, C1826, C1827	X			Requires evidence of trial when submitting for purchase.
Spravato	G2082, G2083, S0013		X (see comments)		
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, 1037T	X			
Surface electromyography (SEMG)	96002 - 96004, S3900			X	

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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 MedImpact 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 MedImpact.
TeleHealth	See notes		X		
The Vest - high frequency chest wall oscillation system for respiratory disease	E0481, E0483, E0484	X			
TissueCypher Test	0108U	X			
TMJ Treatment (non-surgical)	D7880	X			Includes consult + 4 visits. (must have dx of TMJ 524.62?)

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Last updated: 10/5/2026

Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Total Parenteral Nutrition (TPN)	B9004-B9006 (Also see medication tab)		X		
Trabeculoplasty	65855		X		
Transcranial Magnetic Stimulation (TMS) as Treatment of Depression and other Psychiatric/Neurologic Disorders	90867-90869, E0732, 61889, 61891, 61892, 0858T	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, 0509U, 0508U, 0493U	X			All Transplants require PA
UV Light Therapy	96900- 96922	X			Includes light therapy for Seasonal Affective Disorder (SAD)

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Last updated: 10/5/2026

Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Vagus Nerve Stimulation	61885, 64553, 64568-64570, E0735, E0721, A4543	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, 0956T -0960T	X			

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Last updated: 10/5/2026

Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Virtual/CT Colonography	74261, 74262, 74263	X			
Viscosupplements (injectable) or Joint Lubricant injections	See Medication Tab	X			See "Medications" Tab, Example of viscosupplements: Orthovisc, Synvisc, Euflexxa and Supartz, etc
Vision Correction Surgery or Refractive Eye Surgery such as keratotomy, Photorefractive Keratotomy, Laser In Situ Keratomileusis, intracorneal rings (ex. Lasik)	65760-65785, S0800-S0812			X	
Vision Surgery or eye procedures	66180, 66183, 66185, 66989, 66991, 68761, 0449T, 0450T, L8612, 65436	X			
Vision Therapy (Orthoptics)	92065, A9292			X	
Vitamin B12 injection	J3420		X	See additional information	

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Last updated: 10/5/2026

Services/Procedures	Example of Codes	Prior Authorization Required	No Prior Authorization Required	Benefit Exclusion/ Limitation	Additional Information for Provider
Vulvectomy/Labiaplasty	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
Nerve Grafts for Radical Retropubic Prostatectomy and Breast Reinnervation	64913, 64885, 64886			X	
ALL TIER 2 Facility (UB04) services requires USRF PA	UB04 facility claims	X			
Breast Reconstruction	11970, 15771, 15772	X			
Nutrition Counseling	97802, 97803, 97804, G0270, G0271, S9465, S9470, G0108, G0109, G0247,G0248		X		
Heart Failure Compensation Monitor (Cardio MEMS)	1050T	X			

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Last updated: 10/5/2026

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		
		Yes	No	Rx Benefit
A9613	Piflufolastat f 18 (pylarify truvu), diagnostic, 1 millicurie		X	
C9311	Injection, eplontersen, 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		
C9312	Injection, trabectedin (apotex), not therapeutically equivalent to j9362, 0.01 mg	X		
C9313	Injection, pivekimab sunirine-pvzy, 0.01 mg	X		
J0643	Injection, leucovorin calcium, not otherwise specified, 1 mg	X		
J0644	Injection, leucovorin calcium (avyxa), 1 mg	X		
J0871	Injection, daptomycin (endo), not therapeutically equivalent to j0878, 1 mg		X	
J1757	Injection, tividenofusp alfa-eknm, 1 mg	X		
J1818	Injection, pegzilarginase-nbln, 0.05 mg	X		
J1946	Injection, furosemide (lasix onyu), 1 mg		X	
J1947	Injection, furosemide (furoscix), 1 mg		X	
J1957	Injection, levetiracetam, 5 mg		X	
J1958	Injection, levetiracetam in sodium chloride, 5 mg		X	
J3268	Injection, delafloxacin, 1 mg		X	
J3406	Injection, omidubicel-onlv, per therapeutic dose	X		

Last updated:10/05/2026

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J7524	Mycophenolate mofetil, oral, 5 mg		X	X
J7526	Injection, mycophenolate mofetil, 5 mg		X	
J7529	Mycophenolate mofetil, for suspension, oral, 5 mg		X	X
J7530	Mycophenolate mofetil (myhibbin), oral suspension, 5 mg		X	X
J7531	Prednisolone sodium phosphate, orally disintegrating tablet, 1 mg		X	X
J9066	Injection, bendamustine hydrochloride (avyxa), 1 mg	X		
J9186	Injection, etoposide (avyxa), 1 mg	X		
J9187	Injection, etoposide, 1 mg	X		
J9191	Injection, fluorouracil (avyxa), 10 mg	X		
J9192	Injection, fluorouracil, 10 mg	X		
J9362	Injection, trabectedin, 0.01 mg	X		
Q5172	Injection, filgrastim-laha (filkri), biosimilar, 1 microgram	X		
Q5173	Injection, denosumab-adet (ponlimsi), biosimilar, 1 mg	X		
A9574	Injection, ferumoxytol, 1 mg	X		
J0528	Injection, fosfomycin disodium, 20 mg		X	
J1289	Injection, narsoplimab-wuug, 1 mg	X		
J1577	Injection, immune globulin (qivigy), 100 mg	X		
J2361	Injection, depemokimab-ulaa, 1 mg	X		
J2374	Apraclonidine hydrochloride ophthalmic, 1% solution, 0.1 ml		X	
J2789	Riboflavin 5'-phosphate, ophthalmic solution (epioxahd/epioxa), up to 2 ml	X		
J3386	Injection, etuvetidigene autotemcel, per treatment (Waskyra)	X		
J3405	Injection, onasemnogene abeparvovec-brve, per treatment (Itvisma)	X		
J7176	Injection, human fibrinogen - chmt (fesilty), 1 mg	X		
J9053	Injection, belantamab mafodotin-blmf, 0.1 mg	X		
J9062	Injection, amivantamab 5 mg and hyaluronidase-lpuj	X		
J9232	Injection, docetaxel (hospira), not therapeutically equivalent to j9171, 1 mg	X		
M0231	Intravenous infusion, tocilizumabbavi, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only, includes infusion and post administration monitoring, first dose		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
M0232	Intravenous infusion, tocilizumabbavi, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only, includes infusion and post administration monitoring, second dose		X	
Q0234	Injection, tocilizumab-bavi, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only, 1 mg		X	
Q5164	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	X		
Q5165	Injection, denosumab-mobz (oziltus), biosimilar, 1 mg	X		
Q5166	Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg	X		
Q5167	Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg	X		
Q5168	Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg	X		
Q5169	Injection, pegfilgrastim-unne (armlupeg), biosimilar, 0.5 mg	X		
Q5170	Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	X		
Q5171	Injection, denosumab-mobz (boncresa), biosimilar, 1 mg	X		
C9818	Suzetrigine, oral, 1 mg		X	X
J0463	Injection, atropine sulfate (fresenius and therapeutically equivalent), 0.01 mg		X	
J1098	Articaine ophthalmic, 8% solution, 0.4 ml		X	
J1164	Injection, diltiazem hydrochloride in 0.72% sodium chloride, 0.5 mg		X	
J1553	Injection, immune globulin (yimmugo), 100 mg	X		
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	X		
J8502	Injection, aprepitant (aponvie), 1 mg		X	
J9003	Leuprolide injectable (camcevi etm), 1 mg	X		
J9183	Gemcitabine intravesical system, 225 mg	X		
J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	X		
J9278	Injection, carboplatin (avyxa), 1 mg	X		
J9601	Injection, linvoseltamab-gcpt, 1 mg	X		
M0233	Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients 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	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
M0234	Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients 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	
Q0238	Injection, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 mg		X	
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	X		
Q5162	Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg	X		
J0013	Esketamine, nasal spray, 1 mg		X	
J0162	Injection, epinephrine (fresenius), not therapeutically equivalent to j0165, 0.1 mg		X	
J0654	Injection, liothyronine, 1 mcg		X	
J1073	Testosterone pellet, implant, 75 mg	X		
J1736	Injection, meloxicam (delova), 1 mg		X	
J1737	Injection, meloxicam (azurity), 1 mg		X	
J1837	Injection, posaconazole, 1 mg		X	
J2516	Injection, pentamidine isethionate, 1 mg		X	
J2596	Injection, vasopressin (long grove), not therapeutically equivalent to j2598, 1 unit		X	
J2711	Injection, neostigmine methylsulfate 0.1 mg and glycopyrrolate 0.02 mg		X	
J3291	Injection, tranexamic acid in sodium chloride, 5 mg		X	
J3376	Injection, vancomycin hcl (hikma), not therapeutically equivalent to j3373, 10 mg		X	
J3379	Injection, valproate sodium, 5 mg		X	
J3387	Injection, elivaldogene autotemcel, per treatment (Skysona)	X		
J3389	Topical administration, prademagene zamikeracel, per treatment	X		
J7299	Intrauterine copper contraceptive (miudella)		X	
J9184	Injection, gemcitabine hydrochloride (avyxa), 200 mg	X		
J9256	Injection, nipocalimab-aahu, 3 mg	X		
J9282	Mitomycin, intravesical instillation, 1 mg	X		
J9326	Injection, telisotuzumab vedotin-tllv, 1 mg	X		
Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	X		
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each (Synagis)	X		X

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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
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
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	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	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
A9595	Piflufolastat f 18 (pylarify), 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		
A9608	Flotufolastat f 18, diagnostic, 1 millicurie		X	
A9609	Fludeoxyglucose f18 up to 15 millicuries		X	
A9612	Injection, fluorescein, 1 mg		X	
A9615	Injection, pegulicianine, 1 mg		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	
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	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephrAmine, RenAmine - premix		X	
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-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		
C9101	Injection, oliceridine, 0.1 mg		X	
C9257	Injection, bevacizumab, 0.25mg (Intraocular use)		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	
G0138	Intravenous infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipaglucosidase alfa-atga	X		
G0532	Take-home supply of nasal nalmefene hydrochloride; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of the services by a medicare-enrolled opioid treatment program);(list separately in addition to each primary code)		X	
G0533	Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)		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	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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	
J0134	Injection, acetaminophen (fresenius kabi), not therapeutically equivalent to j0131, 10 mg		X	
J0136	Injection, acetaminophen (b braun), not therapeutically equivalent to j0131, 10 mg		X	
J0137	Injection, acetaminophen (hikma), not therapeutically equivalent to j0131, 10 mg		X	
J0138	Injection, acetaminophen 10 mg and ibuprofen 3 mg		X	
J0139	Injection, adalimumab, 1 mg	Pharmacy benefit only		Pharmacy benefit only
J0153	Injection, adenosine for diagnostic use, 1 mg (not to be used to report any adenosine phosphate compounds, instead use a9270)		X	
J0163	Injection, epinephrine in sodium chloride (endo), 0.1 mg		X	
J0164	Injection, epinephrine in sodium chloride (baxter), 0.1 mg		X	
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg		X	
J0166	Injection, epinephrine (bpi), not therapeutically equivalent to j0165, 0.1 mg		X	
J0167	Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg		X	
J0168	Injection, epinephrine (international medication systems), not therapeutically equivalent to j0165, 0.1 mg		X	
J0169	Injection, epinephrine (adrenalin), not therapeutically equivalent to j0165, 0.1 mg		X	
J0174	Lecanemab-irmb, for intravenous injection, 1 mg	X		
J0175	Injection, donanemab-azbt, 2 mg	X		
J0177	Injection, aflibercept hd, 1 mg	X		
J0178	Injection, aflibercept, 1 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J0179	Injection, brolucizumab-dbll, 1 mg	X		
J0180	Injection, agalsidase beta, 1 mg	X		
J0184	Injection, amisulpride, 1 mg		X	
J0185	Injection, aprepitant, 1 mg (Cinvanti)		X	
J0202	Injection, alemtuzumab, 1 mg	X		
J0206	Injection, allopurinol sodium, 1 mg	X		
J0207	Injection, amifostine, 500 mg	X		
J0208	Injection, sodium thiosulfate (pedmark), 100 mg		X	
J0209	Injection, sodium thiosulfate (hope), 100 mg		X	
J0210	Injection, methyldopate hcl, up to 250 mg		X	
J0211	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)		X	
J0216	Injection, alfentanil hydrochloride, 500 micrograms		X	
J0217	Injection, velmanase alfa-tycv, 1 mg	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		
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	
J0281	Injection, aminocaproic acid, 1 gram		X	
J0282	Injection, amiodarone hydrochloride, 30 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J0285	Injection, amphotericin b, 50 mg		X	
J0287	Injection, amphotericin b lipid 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	
J0360	Injection, hydralazine hcl, up to 20 mg		X	
J0364	Injection, apomorphine hydrochloride, 1 mg	X		
J0390	Injection, chloroquine hydrochloride, up to 250 mg		X	
J0391	Injection, artesunate, 1 mg		X	
J0400	Injection, aripiprazole, intramuscular, 0.25 mg		X	
J0401	Injection, aripiprazole (abilify maintena), 1 mg		X	
J0402	Injection, aripiprazole (abilify asimtufii), 1 mg		X	
J0456	Injection, azithromycin, 500 mg		X	
J0457	Injection, aztreonam, 100 mg		X	
J0458	Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg)		X	
J0461	Injection, atropine sulfate, 0.01 mg		X	
J0462	Injection, atropine sulfate, not therapeutically equivalent to j0461, 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	
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, benztropine mesylate, per 1 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J0517	Injection, benralizumab, 1 mg	X		
J0520	Injection, bethanechol chloride, myotonachol or urecholine, up to 5 mg		X	
J0525	Injection, cefotetan disodium, 10 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		
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	
J0577	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy		X	
J0578	Injection, buprenorphine extended-release (brixadi), greater than 7 days and up to 28 days of therapy		X	
J0582	Injection, bivalirudin (endo), not therapeutically equivalent to j0583, 1 mg		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		
J0589	Injection, daxibotulinumtoxina-lanm, 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		
J0595	Injection, butorphanol tartrate, 1 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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	
J0601	Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)		X	
J0602	Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20 mg (for esrd on dialysis)		X	
J0603	Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)		X	
J0604	Cinacalcet, oral, 1 mg, (for esrd on dialysis)		X	X
J0605	Sucroferric oxyhydroxide, oral, 5 mg (for esrd on dialysis)		X	
J0606	Injection, etelcalcetide, 0.1 mg		X	
J0607	Lanthanum carbonate, oral, 5 mg (for esrd on dialysis)		X	
J0608	Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to j0607 (for esrd on dialysis)		X	
J0609	Ferric citrate, oral, 3 mg ferric iron, (for esrd on dialysis)		X	
J0612	Injection, calcium gluconate, not otherwise specified, 10 mg		X	
J0613	Injection, calcium gluconate (wg critical care), not therapeutically equivalent to j0612, 10 mg		X	
J0614	Injection, treosulfan, 50 mg	X		
J0615	Calcium acetate, oral, 23 mg (for esrd on dialysis)		X	
J0616	Injection, metoprolol tartrate, 1 mg		X	
J0618	Injection, calcium chloride, 2 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		
J0641	Injection, levoleucovorin, 0.5 mg	X		
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	X		
J0650	Injection, levothyroxine sodium, not otherwise specified, 10 mcg		X	
J0651	Injection, levothyroxine sodium (fresenius kabi), not therapeutically equivalent to j0650, 10 mcg		X	
J0652	Injection, levothyroxine sodium (hikma), not therapeutically equivalent to j0650, 10 mcg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J0665	Injection, bupivicaine, not otherwise specified, 0.5 mg		X	
J0666	Injection, bupivacaine liposome, 1 mg		X	
J0668	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg		X	
J0670	Injection, mepivacaine hydrochloride, per 10 ml		X	
J0675	Injection, carboprost tromethamine, 0.1 mg	X		
J0681	Injection, ceftobiprole medocaril sodium, 3 mg		X	
J0687	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg		X	
J0688	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg		X	
J0690	Injection, cefazolin sodium, 500 mg		X	
J0691	Injection, lefamulin, 1 mg		X	
J0692	Injection, cefepime hydrochloride, 500 mg		X	
J0694	Injection, cefoxitin 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	
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	
J0716	Injection, centruroides 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	
J0738	Injection, lenacapavir, 1 mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J0739	Injection, cabotegravir, 1mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)		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	
J0750	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)		X	
J0751	Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)		X	
J0752	Oral, lenacapavir, 300 mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)		X	
J0759	Injection, clevidipine butyrate, 1 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		
J0799	Fda approved prescription drug, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv), not otherwise classified		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		
J0870	Injection, imetelstat, 1 mg	X		
J0872	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg		X	
J0873	Injection, daptomycin (xellia), not therapeutically equivalent to j0878 or j0872, 1 mg		X	
J0874	Injection, daptomycin (baxter), not therapeutically equivalent to j0878, 1 mg		X	
J0875	Injection, dalbavancin, 5 mg		X	
J0878	Injection, daptomycin, 1 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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		
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		
J0901	Vadadustat, oral, 1 mg (for esrd on dialysis)		X	
J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)		X	
J0945	Injection, brompheniramine maleate, per 10 mg		X	
J1000	Injection, depo-estradiol cypionate, up to 5 mg		X	
J1010	Injection, methylprednisolone acetate, 1 mg		X	
J1050	Injection, medroxyprogesterone acetate, 1 mg		X	
J1071	Injection, testosterone cypionate, 1 mg	X		
J1072	Injection, testosterone cypionate (azmiro), 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	
J1105	Dexmedetomidine, oral, 1 mcg		X	
J1110	Injection, dihydroergotamine mesylate, per 1 mg	X		
J1120	Injection, acetazolamide sodium, up to 500 mg		X	
J1130	Injection, diclofenac sodium, 0.5 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J1160	Injection, digoxin, up to 0.5 mg		X	
J1162	Injection, digoxin immune fab (ovine), per vial	X		
J1163	Injection, diltiazem hydrochloride, 0.5 mg		X	
J1165	Injection, phenytoin sodium, per 50 mg		X	
J1171	Injection, hydromorphone, 0.1 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	
J1202	Miglustat, oral, 65 mg	X		
J1203	Injection, cipaglucosidase alfa-atga, 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	
J1270	Injection, doxercalciferol, 1 mcg		X	
J1271	Injection, doxycycline hyclate, 1 mg		X	
J1290	Injection, ecallantide, 1 mg	X		
J1299	Injection, eculizumab, 2 mg	X		
J1301	Injection, edaravone, 1 mg	X		
J1302	Injection, sutimlimab-jome, 10 mg	X		
J1303	Injection, ravulizumab-cwvz, 10 mg	X		
J1304	Injection, tofersen, 1 mg	X		
J1305	Injection, evinacumab-dgnb, 5mg	X		
J1306	Injection, inclisiran, 1 mg	X		
J1307	Injection, crovalimab-akkz, 10 mg	X		
J1308	Injection, famotidine, 0.25 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J1320	Injection, amitriptyline hcl, up to 20 mg		X	
J1322	Injection, elosulfase alfa, 1 mg	X		
J1323	Injection, elranatamab-bcmm, 1 mg	X		
J1324	Injection, enfuvirtide, 1 mg	Pharmacy benefit only		X
J1325	Injection, epoprostenol, 0.5 mg	X		
J1326	Injection, zolbetuximab-clzb, 2 mg	X		
J1327	Injection, eptifibatide, 5 mg	X		
J1335	Injection, ertapenem sodium, 500 mg		X	
J1364	Injection, erythromycin lactobionate, per 500 mg		X	
J1370	Injection, esomeprazole sodium, 1 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 (Hemgenix)	X		
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes (Roctavian)	X		
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose (Elevidys)	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	
J1434	Injection, fosaprepitant (focinvez), 1 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		
J1446	Injection, tbo-filgrastim, 5 micrograms	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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		
J1453	Injection, fosaprepitant, 1 mg		X	
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg		X	
J1455	Injection, foscarnet sodium, per 1000 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 (cutaquig), 100 mg	X		
J1552	Injection, immune globulin (alyglo), 500 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, (gammaplex), 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		
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	
J1573	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml		X	
J1574	Injection, ganciclovir sodium (exela), not therapeutically equivalent to j1570, 500 mg		X	
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immuneglobulin	X		
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	X		
J1580	Injection, garamycin, gentamicin, up to 80 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J1590	Injection, gatifloxacin, 10 mg		X	
J1595	Injection, glatiramer acetate, 20 mg	Pharmacy benefit only		X
J1596	Injection, glycopyrrolate, 0.1 mg		X	
J1597	Injection, glycopyrrolate (glyrx-pf), 0.1 mg		X	
J1598	Injection, glycopyrrolate (fresenius kabi), not therapeutically equivalent to j1596, 0.1 mg		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	
J1612	Injection, glucagon (gvoke), 0.01 mg		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	
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	
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	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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		
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	X		
J1749	Injection, iloprost, 0.1 mcg		X	
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	
J1807	Injection, ethacrynate sodium, 1 mg		X	
J1808	Injection, folic acid, 0.1 mg		X	
J1809	Injection, fosdenopterin, 0.1 mg	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
J1834	Injection, isoniazid, 1 mg		X	
J1835	Injection, itraconazole, 50 mg	X		
J1836	Injection, metronidazole, 10 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J1885	Injection, ketorolac tromethamine, per 15 mg		X	
J1920	Injection, labetalol hydrochloride, 5 mg		X	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg		X	
J1930	Injection, lanreotide, 1 mg	X		
J1931	Injection, laronidase, 0.1 mg	X		
J1932	Injection, lanreotide, (cipla), 1 mg	X		
J1938	Injection, furosemide, 1 mg		X	
J1939	Injection, bumetanide, 0.5 mg		X	
J1943	Injection, aripiprazole lauroxil, (aristada initio), 1 mg		X	
J1944	Injection, aripiprazole lauroxil, (aristada), 1 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		
J1954	Injection, leuprolide acetate for depot suspension (cipla), 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 (only for use as hiv treatment), 1 mg		X	
J1980	Injection, hyoscyamine sulfate, up to 0.25 mg		X	
J1990	Injection, chlordiazepoxide hcl, up to 100 mg		X	
J2002	Injection, lidocaine hcl in 5% dextrose, 1 mg		X	
J2003	Injection, lidocaine hydrochloride, 1 mg		X	
J2004	Injection, lidocaine hcl with epinephrine, 1 mg		X	
J2010	Injection, lincomycin hcl, up to 300 mg		X	
J2020	Injection, linezolid, 200 mg		X	
J2021	Injection, linezolid (hospira), not therapeutically equivalent to j2020, 200 mg		X	
J2060	Injection, lorazepam, 2 mg		X	
J2062	Loxapine for inhalation, 1 mg		X	
J2151	Injection, mannitol, 250 mg		X	
J2170	Injection, mecasermin, 1 mg	X		
J2175	Injection, meperidine hydrochloride, per 100 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J2180	Injection, meperidine and promethazine hcl, up to 50 mg	X		
J2182	Injection, mepolizumab, 1 mg	X		
J2183	Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg		X	
J2184	Injection, meropenem (b. braun), not therapeutically equivalent to j2185, 100 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
J2246	Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg		X	
J2248	Injection, micafungin sodium, 1 mg		X	
J2249	Injection, remimazolam, 1 mg		X	
J2250	Injection, midazolam hydrochloride, per 1 mg		X	
J2251	Injection, midazolam in 0.9% sodium chloride, intravenous, not therapeutically equivalent to j2250, 1 mg		X	
J2252	Injection, midazolam in 0.8% sodium chloride, intravenous, not therapeutically equivalent to j2250, 1 mg		X	
J2253	Injection, midazolam (seizalam), 1 mg		X	
J2260	Injection, milrinone lactate, 5 mg		X	
J2265	Injection, minocycline hydrochloride, 1 mg		X	
J2267	Injection, mirikizumab-mrkz, 1 mg	X		
J2270	Injection, morphine sulfate, up to 10 mg		X	
J2272	Injection, morphine sulfate (fresenius kabi), not therapeutically equivalent to j2270, up to 10 mg		X	
J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg		X	
J2277	Injection, motixafortide, 0.25 mg	X		
J2278	Injection, ziconotide, 1 microgram	X		
J2280	Injection, moxifloxacin, 100 mg		X	
J2281	Injection, moxifloxacin (fresenius kabi), not therapeutically equivalent to j2280, 100 mg		X	
J2290	Injection, nafcillin sodium, 20 mg		X	
J2291	Injection, nafcillin sodium (baxter), 20 mg		X	
J2300	Injection, nalbuphine hydrochloride, per 10 mg		X	
J2305	Injection, nitroglycerin, 5 mg		X	
J2312	Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J2313	Injection, naloxone hydrochloride (zimhi), 0.01 mg		X	
J2315	Injection, naltrexone, depot form, 1 mg		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		
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	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 (biorphen), 20 micrograms		X	
J2373	Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms		X	
J2403	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg		X	
J2404	Injection, nicardipine, 0.1 mg		X	
J2405	Injection, ondansetron hydrochloride, per 1 mg		X	
J2406	Injection, oritavancin (kimyrsa), 10 mg		X	
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	
J2428	Injection, paliperidone palmitate extended release (erzofri), 1 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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	
J2468	Injection, palonosetron hydrochloride (posfrea), 25 micrograms		X	
J2469	Injection, palonosetron hcl, 25 mcg		X	
J2470	Injection, pantoprazole sodium, 40 mg		X	
J2471	Injection, pantoprazole (hikma), not therapeutically equivalent to j2470, 40 mg		X	
J2472	Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg		X	
J2501	Injection, paricalcitol, 1 mcg		X	
J2502	Injection, pasireotide long acting, 1 mg	X		
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	See comments		
J2507	Injection, pegloticase, 1 mg	X		
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	X		
J2510	Injection, penicillin g procaine, aqueous, up to 600,000 units		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	
J2601	Injection, vasopressin (baxter), 1 unit		X	
J2650	Injection, prednisolone acetate, up to 1 ml	X		
J2670	Injection, tolazoline hcl, up to 25 mg		X	
J2675	Injection, progesterone, per 50 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J2679	Injection, fluphenazine hcl, 1.25 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		
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	X		
J2782	Injection, avacincaptad pegol, 0.1 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, rilonacept, 1 mg	X		
J2794	Injection, risperidone (risperdal consta), 0.5 mg		X	
J2795	Injection, ropivacaine hydrochloride, 1 mg		X	
J2797	Injection, rolapitant, 0.5 mg		X	
J2798	Injection, risperidone, (perseris), 0.5 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J2799	Injection, risperidone (uzedy), 1 mg		X	
J2800	Injection, methocarbamol, up to 10 ml		X	
J2801	Injection, risperidone (rykindo), 0.5 mg		X	
J2802	Injection, romiplostim, 1 microgram	X		
J2804	Injection, rifampin, 1 mg		X	
J2805	Injection, sincalide, 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		
J2865	Injection, sulfamethoxazole 5 mg and trimethoprim 1 mg		X	
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg		X	
J2919	Injection, methylprednisolone sodium succinate, 5 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	
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		
J3055	Injection, talquetamab-tgvs, 0.25 mg	X		
J3060	Injection, taliglucerase alfa, 10 units	X		
J3070	Injection, pentazocine, 30 mg		X	
J3090	Injection, tedizolid phosphate, 1 mg		X	
J3095	Injection, telavancin, 10 mg		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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	
J3244	Injection, tigecycline (accord), not therapeutically equivalent to j3243, 1 mg		X	
J3245	Injection, tildrakizumab, 1 mg	X		
J3246	Injection, tirofiban hcl, 0.25 mg		X	
J3247	Injection, secukinumab, intravenous, 1 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		
J3263	Injection, toripalimab-tpzi, 1 mg	X		
J3265	Injection, torsemide, 10 mg/ml		X	
J3285	Injection, treprostinil, 1 mg	X		
J3290	Injection, tranexamic acid, 5 mg		X	
J3299	Injection, triamcinolone acetonide (xipere), 1 mg	X		
J3300	Injection, triamcinolone acetonide (triesence), 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		
J3315	Injection, triptorelin pamoate, 3.75 mg	X		
J3316	Injection, triptorelin, extended-release, 3.75 mg	X		
J3350	Injection, urea, up to 40 gm		X	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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	
J3373	Injection, vancomycin hydrochloride, 10 mg		X	
J3374	Injection, vancomycin hydrochloride (mylan) not therapeutically equivalent to j3373, 10 mg		X	
J3375	Injection, vancomycin hydrochloride (xellia), not therapeutically equivalent to j3373, 10 mg		X	
J3380	Injection, vedolizumab, intravenous, 1 mg	X		
J3385	Injection, velaglucerase alfa, 100 units	X		
J3391	Injection, atidarsagene autotemcel, per treatment (Lenmeldy)	X		
J3392	Injection, exagamglogene autotemcel, per treatment (Casgevy)	X		
J3393	Injection, betibeglogene autotemcel, per treatment (Zynteglo)	X		
J3394	Injection, lovotibeglogene autotemcel, per treatment (Lygenia)	X		
J3396	Injection, verteporfin, 0.1 mg	X		
J3397	Injection, vestronidase alfa-vjbk, 1 mg	X		
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes (Luxturna)	X		
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes (Zolgensma)	X		
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml	X		
J3402	Injection, remestemcel-l-rknd, per therapeutic dose	X		
J3403	Revakinagene taroretcel-lwey, per implant	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	
J3424	Injection, hydroxocobalamin, intravenous, 25 mg		X	
J3425	Injection, hydroxocobalamin, intramuscular, 10 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	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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		
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	
J7165	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity		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		
J7171	Injection, adamts13, recombinant-krhn, 10 iu	X		
J7172	Injection, marstacimab-hncq, 0.5 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J7173	Injection, concizumab-mtci, 0.5 mg	X		
J7174	Injection, fitusiran, 0.04 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) (xyntha), 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		
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		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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), (kovaltry), 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 (altuviiio), 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
J7300	Intrauterine copper contraceptive (paragard)		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	
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	X		
J7320	Hyaluronan or derivitive, genvisc 850, for intra-articular injection, 1 mg	X		
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	X		
J7322	Hyaluronan or derivative, hymovis or hymovis one, for intra-articular injection, 1 mg	X		
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	X		
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	X		
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	X		
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	X		
J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	X		
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	X		
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
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	
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)		X	
J7355	Injection, travoprost, intracameral implant, 1 microgram	X		
J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg	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		
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	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J7512	Prednisone, immediate release or delayed release, oral, 1 mg		X	X
J7515	Cyclosporine, oral, 25 mg		X	X
J7516	Injection, cyclosporine, 250 mg		X	
J7518	Mycophenolic acid, oral, 180 mg		X	X
J7520	Sirolimus, oral, 1 mg		X	X
J7521	Tacrolimus, granules, oral suspension, 0.1 mg		X	X
J7525	Tacrolimus, parenteral, 5 mg		X	
J7527	Everolimus, oral, 0.25 mg		X	X
J7599	Immunosuppressive drug, not otherwise classified	X		
J7601	Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	X		
J7604	Acetylcysteine, inhalation solution, compounded product, administered through dme, unit dose form, per gram		X	
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	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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	
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	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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	
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	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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		
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
J8522	Capecitabine, oral, 50 mg	X		
J8530	Cyclophosphamide; oral, 25 mg	X		X
J8540	Dexamethasone, oral, 0.25 mg		X	
J8541	Dexamethasone (hemady), oral, 0.25 mg		X	
J8560	Etoposide; oral, 50 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
J8611	Methotrexate (jylamvo), oral, 2.5 mg		X	
J8612	Methotrexate (xatmep), oral, 2.5 mg		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		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J8999	Prescription drug, oral, chemotherapeutic, nos	X		
J9000	Injection, doxorubicin hydrochloride, 10 mg	X		
J9010	Injection, alemtuzumab, 10 mg	X		
J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg	X		
J9015	Injection, aldesleukin, per single use vial	X		
J9017	Injection, arsenic trioxide, 1 mg	X		
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	X		
J9022	Injection, atezolizumab, 10 mg	X		
J9023	Injection, avelumab, 10 mg	X		
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	X		
J9025	Injection, azacitidine, 1 mg	X		
J9026	Injection, tarlatamab-dlle, 1 mg	X		
J9027	Injection, clofarabine, 1 mg	X		
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	X		
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	X		
J9030	BCG live intravesical instillation, 1 mg		X	
J9032	Injection, belinostat, 10 mg	X		
J9033	Injection, bendamustine hydrochloride, not otherwise specified, 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		
J9038	Injection, axatilimab-csfr, 0.1 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		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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		
J9052	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	X		
J9054	Injection, bortezomib (boruzu), 0.1 mg	X		
J9055	Injection, cetuximab, 10 mg	X		
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	X		
J9057	Injection, copanlisib, 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		
J9071	Injection, cyclophosphamide (auromedics), 5 mg	X		
J9072	Injection, cyclophosphamide (frindovyx), 5 mg	X		
J9073	Injection, cyclophosphamide (ingenus), 5 mg	X		
J9074	Injection, cyclophosphamide (sandoz), 5 mg	X		
J9075	Injection, cyclophosphamide, not otherwise specified, 5 mg	X		
J9076	Injection, cyclophosphamide (baxter), 5 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		
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	X		
J9155	Injection, degarelix, 1 mg	X		
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J9171	Injection, docetaxel, 1 mg	X		
J9172	Injection, docetaxel (docivyx), 1 mg	X		
J9173	Injection, durvalumab, 10 mg	X		
J9174	Injection, docetaxel (beizray), 1 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		
J9185	Injection, fludarabine phosphate, 50 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		
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		
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		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J9220	Injection, indigotindisulfonate sodium, 1 mg		X	
J9223	Injection, lurbinectedin, 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		
J9248	Injection, melphalan (hepzato), 1 mg	X		
J9249	Injection, melphalan (apotex), 1 mg	X		
J9255	Injection, methotrexate (accord) not therapeutically equivalent to j9250 and j9260, 50 mg		X	
J9260	Injection, methotrexate sodium, 50 mg.		X	
J9261	Injection, nelarabine, 50 mg	X		
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	X		
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		
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		
J9275	Injection, cosibelimab-ipdl, 2 mg	X		
J9276	Injection, zanidatamab-hrii, 2 mg	X		
J9280	Injection, mitomycin, 5 mg	X		
J9281	Mitomycin pyelocalyceal instillation, 1 mg	X		
J9285	Injection, olaratumab, 10 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J9286	Injection, glofitamab-gxbm, 2.5 mg	X		
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	X		
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 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		
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		
J9321	Injection, epcoritamab-bysp, 0.16 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J9322	Injection, pemetrexed (bluepoint), not therapeutically equivalent to j9305, 10 mg	X		
J9323	Injection, pemetrexed ditromethamine, 10 mg	X		
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	X		
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	X		
J9328	Injection, temozolomide, 1 mg	X		
J9329	Injection, tislelizumab-jsgr, 1mg	X		
J9330	Injection, temsirolimus, 1 mg	X		
J9331	Injection, sirolimus protein-bound particles, 1 mg	X		
J9332	Injection, efgartigimod alfa-fcab, 2mg	X		
J9333	Injection, rozanolixizumab-noli, 1 mg	X		
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	X		
J9341	Injection, thiotepa (tepylute), 1 mg	X		
J9342	Injection, thiotepa, not otherwise specified, 1 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		
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		
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	X		
J9360	Injection, vinblastine sulfate, 1 mg	X		
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	X		
J9370	Vincristine sulfate, 1 mg	X		
J9376	Injection, pozelimab-bbfg, 1 mg	X		
J9380	Injection, teclistamab-cqyv, 0.5 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
J9381	Injection, teplizumab-mzwv, 5 mcg	X		
J9382	Injection, zenocutuzumab-zbco, 1 mg	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
M0224	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring		X	
M0235	Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of covid-19, for hospitalized adults and/or pediatric patients 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, not otherwise classified, first dose		X	
M0236	Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of covid-19, for hospitalized adults and/or pediatric patients 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, not otherwise classified, second dose		X	
M0237	Intravenous infusion, tocilizumab-anoh, for hospitalized adult patients 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 (see comments)	
M0238	Intravenous infusion, tocilizumab-anoh, for hospitalized adult patients 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 (see comments)	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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 (see comments)	
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 (see comments)	
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
Q0155	Dronabinol (syndros), 0.1 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		
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

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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
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
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	
Q0224	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to covid-19 vaccination, 4500 mg		X	
Q0235	Injection, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of covid-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, not otherwise classified, 1 mg		X	
Q0237	Injection, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 mg		X (see comments)	
Q0239	Injection, bamlanivimab-xxxx, 700 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 (see comments)	
Q0515	Injection, sermorelin acetate, 1 microgram	X		
Q0521	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription		X	
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent		X	
Q2026	Injection, radiesse, 0.1 ml	Benefit Exclusion on medical benefit	Benefit Exclusion on medical benefit	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx 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		
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 510 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		
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	X		
Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	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		
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	X		
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	X		
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	X		
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	X		
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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		
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg	X		
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	X		
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	X		
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	X		
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	X		
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 (fylnetra), biosimilar, 0.5 mg	X		
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	X		
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	X		
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	X		
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	X		

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	X		
Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	X		
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Pharmacy benefit only		Pharmacy benefit only
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Pharmacy benefit only		Pharmacy benefit only
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	Pharmacy benefit only		Pharmacy benefit only
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Pharmacy benefit only		Pharmacy benefit only
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Pharmacy benefit only		Pharmacy benefit only
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	Pharmacy benefit only		Pharmacy benefit only
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	X		
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	X		
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	X		
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	X		
Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	X		
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	X		
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	X		
Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	X		
Q5154	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	X		
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	X		
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	X		
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	X		
Q5158	Injection, denosumab-bnht (bomyntra/conexxence), biosimilar, 1 mg	X		
Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	X		
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml		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	

Codes	DESCRIPTION	PRIOR AUTHORIZATION REQUIRED		
		Yes	No	Rx Benefit
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	X		
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	
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Pharmacy benefit only		Pharmacy benefit only
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	X		
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	Pharmacy benefit only		Pharmacy benefit only
Q9999	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	X		
S0012	Butorphanol tartrate, nasal spray, 25 mg		X	
S0021	Injection, cefoperazone sodium, 1 gram		X	
S0023	Injection, cimetidine hydrochloride, 300 mg		X	
S0034	Injection, ofloxacin, 400 mg		X	
S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 grams		X	
S0078	Injection, fosphenytoin sodium, 750 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		
		Yes	No	Rx Benefit
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	
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	
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	