

HCPC/MOD	GA MCD	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION	Limits
90375	No Prior Authorization Required	HyperRab	Rabies Immune Globulin (Human)	Rabies Immune Globulin (Human)	
90378	Prior Authorization Required	Synagis	Palivizumab	Synagis	Up to 5 treatments
90380	No Prior Authorization Required	Beyfortus	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use		
90381	No Prior Authorization Required	Beyfortus	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use		
90675	No Prior Authorization Required	Imovax, Rabavert	Rabies vaccine, for intramuscular use (Code price is per 1 mL)	Rabies vaccine, for intramuscular use	
91304	No Prior Authorization Required	Novavax	Novavax Covid-19 Vaccine, Adjuvanted (Aged 12 years and older)	SARSCOV2 VAC 5MCG/0.5ML IM	
96380	No Prior Authorization Required	(RSV ADMIN)	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional		
96381	No Prior Authorization Required	(RSV ADMIN)	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection		
99501	No Prior Authorization Required		Postpartum Maternal Newborn Assessment Service	Postpartum Maternal Newborn Assessment Service	4 Units Within 180 days
99502	No Prior Authorization Required		Newborn Assessment	Newborn Assessment	4 Units Within 180 days
99506	Prior Authorization Required		Home Nursing Visit for Medication Administration	Home Nursing Visit for Medication Administration	
99600	No Prior Authorization Required		17Alpha-hydroxyprogesterone Caproate (17P) Administration Nursing Service	17Alpha-hydroxyprogesterone Caproate (17P) Administration Nursing Service	
99601	No Prior Authorization Required		Home infusion/specialty drug administration, per visit (up to 2 hours)	Home infusion/specialty drug administration, per visit (up to 2 hours)	Up to 2 hours per day
99602	No Prior Authorization Required		Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code 99601 for primary procedure) (Use 99602 in conjunction with 99601)	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code 99601 for primary procedure) (Use 99602 in conjunction with 99601)	Up to 2 hours per day
0054A[4]	No Prior Authorization Required	Pfizer	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration - Booster	ADM SARSCV2 30MCG TRS-SUCR B	
0064A[4]	No Prior Authorization Required	Moderna	Moderna Covid-19 Vaccine (Red Cap) (Low Dose) Administration - Booster	ADM SARSCOV2 50MCG/0.25MLBST	
90480	No Prior Authorization Required		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose		
90623	Not Covered on state fee schedule (Provider's Administered Drug List)		Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use		
90678	No Prior Authorization Required		Respiratory syncytial virus vaccine, pref, subunit, bivalent, for intramuscular use		

90679	Not Covered on state fee schedule (Provider's Administered Drug List)		Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use		
90683	Not Covered on state fee schedule (Provider's Administered Drug List)		Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use		
91313	No Prior Authorization Required		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use		
91314	No Prior Authorization Required		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use		
91315	No Prior Authorization Required		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use		
91317	No Prior Authorization Required		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage		
91318	No Prior Authorization Required		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,		
91319	No Prior Authorization Required		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,		
91320	No Prior Authorization Required		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,		
91321	No Prior Authorization Required		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		

91322	No Prior Authorization Required		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		
A4216	No Prior Authorization Required	Sterile water	Sterile water, saline, and/or dextrose, diluent/flush, 10 mL	Sterile water	
A4221	No Prior Authorization Required		Supp non-insulin inf cath/wk	Supp non-insulin inf cath/wk	
A4222	No Prior Authorization Required		Infusion supplies with pump	Infusion supplies with pump	
A4223	No Prior Authorization Required		Infusion supplies w/o pump	Infusion supplies w/o pump	
A4224	No Prior Authorization Required		Supply insulin inf cath/wk	Supply insulin inf cath/wk	
A4238	Prior Authorization Required	Guardian	Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service		
A4239	Pharmacy Benefit	Freestyle Libre Dexcom	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service		
A9276	Prior Authorization Required	(CGM)	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply		
A9277	Prior Authorization Required	(CGM)	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system		
A9278	Prior Authorization Required	(CGM)	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system		
A9513	Prior Authorization Required	Lutathera	Lutetium lu, dotatete, therapeutic, 1 millicurie	lutetium lu 177	
A9606	Prior Authorization Required	Xofigo	Radium Ra 223 dichloride	Xofigo	
A9615	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, pegulicianine, 1 mg	Inj, pegulicianine, 1 mg	
B4148	No Prior Authorization Required		Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Enteral feed elastomer daily	
B4164	No Prior Authorization Required		Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	Parenteral 50% dextrose solu	
B4168	No Prior Authorization Required		Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 3.	
B4172	No Prior Authorization Required		Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 5.	
B4176	No Prior Authorization Required		Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 7-	
B4178	No Prior Authorization Required		Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	Parenteral sol amino acid >	
B4180	No Prior Authorization Required		Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	Parenteral sol carb > 50%	
B4185	No Prior Authorization Required	Clinolipid, Nutrilipid, Smolipid, Intralipid	Parenteral nutrition solution, not otherwise specified, 10 grams lipids	Pn soln nos 10 grams lipids	
B4187	No Prior Authorization Required	Omegaven	Omegaven, 10 grams lipids	Omegaven, 10 grams lipids	
B4189	No Prior Authorization Required		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	Parenteral sol amino acid &	
B4193	No Prior Authorization Required		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	Parenteral sol 52-73 gm prot	

B4197	No Prior Authorization Required		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	Parenteral sol 74-100 gm pro	
B4199	No Prior Authorization Required		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Parenteral sol > 100gm prote	
B4216	No Prior Authorization Required		Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day	Parenteral nutrition additiv	
B4220	No Prior Authorization Required		Parenteral nutrition supply kit; premix, per day	Parenteral supply kit premix	
B4222	Prior Authorization Required		Parenteral nutrition supply kit; home mix, per day	Parenteral supply kit homemi	
B4224	No Prior Authorization Required		Parenteral nutrition administration kit, per day	Parenteral administration ki	
B5000	No Prior Authorization Required		Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-aminosyn-rf, nephramine, renamine-premix	Parenteral sol renal-amirosy	
B5100	No Prior Authorization Required		Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, hepatamine-premix	Parenteral solution hepatic	
B5200	No Prior Authorization Required		Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-freamine-hbc-premix	Parenteral sol hepatic fream	
B9006	Prior Authorization Required		Parenteral nutrition infusion pump, stationary	Parenteral infus pump statio	
B9999	Prior Authorization Required		Noc for parenteral supplies	Parenteral supp not othrws c	
C9046	Prior Authorization Required	Cocaine, Goprelto	Cocaine hydrochloride nasal solution for topical administration, 1 mg	Cocaine hcl nasal solution	
C9047	Prior Authorization Required	Cablivi	Injection, caplacizumab-yhdp, 1 mg	Injection, caplacizumab-yhdp	
C9088	Prior Authorization Required	Zynrelef	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Instill, bupivac and meloxic	
C9089	Not Covered on state fee schedule (Provider's Administered Drug List)	Xaracoll	Bupivacaine, collagen-matrix implant, 1 mg	Bupivacaine implant, 1 mg	
C9143	Prior Authorization Required	Numbrino	Cocaine hydrochloride nasal solution (Numbrino), 1 mg		
C9144	Prior Authorization Required	Posimir	Injection, bupivacaine (Posimir), 1 mg		

C9145	No Prior Authorization Required	Aponvie	Injection, aprepitant, (Aponvie), 1 mg	Inj, aponvie, 1 mg	
C9173	Not Covered on state fee schedule (Provider's Administered Drug List)	Nypozi	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Inj, nypozi, 1 mcg	
C9248	No Prior Authorization Required	Cleviprex	Injection, clevidipine butyrate, 1 mg	Inj, clevidipine butyrate	
C9254	No Prior Authorization Required	Vimpat	Injection, lacosamide, 1 mg	Injection, lacosamide	
C9257	Prior Authorization Required	Avastin	Injection, bevacizumab, 0.25 mg	Bevacizumab injection	
C9285	No Prior Authorization Required	Synera	Lidocaine 70 mg/tetracaine 70 mg, per patch	Patch, lidocaine/tetracaine	
C9293	No Prior Authorization Required	Voraxaze	Injection, glucarpidase, 10 units	Injection, glucarpidase	
C9399	Prior Authorization Required	Unclassified code	Unclassified drugs or biologicals	Unclassified drugs or biolog	
C9460	No Prior Authorization Required	Kengreal	Injection, cangrelor, 1 mg	Injection, cangrelor	
C9462	Prior Authorization Required	Baxdela	Injection, delafloxacin, 1 mg	Injection, delafloxacin	
C9488	Prior Authorization Required	Vaprisol	Injection, conivaptan hydrochloride, 1 mg	Conivaptan hcl	
E2102	Prior Authorization Required	Guardian	Adjunctive, non-implanted continuous glucose monitor or receiver		
E2103	Pharmacy Benefit	Freestyle Libre Dexcom	Non-adjunctive, non-implanted continuous glucose monitor or receiver		

G0012	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection of pre-exposure prophylaxis (PrEP) drug for HIV prevention, under skin or into muscle	Injection of hiv prep drug	
G0532	Not Covered on state fee schedule (Provider's Administered Drug List)	Nalmafene	Take-home supply of nasal nalmafene 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)	Take home supp nasal spray	
G0533	Not Covered on state fee schedule (Provider's Administered Drug List)		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)	Buprenorphone inj weekly	

G1028	Not Covered on state fee schedule (Provider's Administered Drug List)	Naloxone	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addit	Take home supply 8mg per 0.1	
G2082	Not Covered on state fee schedule (Provider's Administered Drug List)	Spravato	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	Visit esketamine 56m or less	
G2083	Not Covered on state fee schedule (Provider's Administered Drug List)	Spravato	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	Visit esketamine, > 56m	
J0121	Prior Authorization Required	Nuzyra	Injection, omadacycline, 1 mg	Inj., omadacycline, 1 mg	
J0122	Prior Authorization Required	Xerava	Injection, eravacycline, 1 mg	Inj., eravacycline, 1 mg	
J0129	Prior Authorization Required	Orencia	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)	Abatacept injection	Self-administered: 4 units per 28 days Infusion: 100 units per 28 days
J0131	No Prior Authorization Required	Ofirmev	Injection, acetaminophen, 10 mg	Acetaminophen injection	
J0132	No Prior Authorization Required	Mucomyst	Injection, acetylcysteine, 100 mg	Acetylcysteine injection	
J0133	No Prior Authorization Required	Zovirax	Injection, acyclovir, 5 mg	Acyclovir injection	
J0134	Prior Authorization Required		Injection, acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg		
J0136	Prior Authorization Required		Injection, acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg		
J0137	No Prior Authorization Required		Injection, acetaminophen (Hikma) not therapeutically equivalent to J0131, 10 mg	Inj, acetaminophen (hikma)	

J0138	No Prior Authorization Required	COMBOGESIC 10MG/ML-3MG/ML Solution	Injection, acetaminophen 10 mg and ibuprofen 3 mg	Injection, acetaminoph 10 mg	
J0139	Prior Authorization Required		Injection, adalimumab, 1 mg	Inj, adalimumab, 1 mg	
J0153	No Prior Authorization Required	Adenosine	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	Adenosine inj 1mg	
J0171	No Prior Authorization Required	Epinephrine	Injection, adrenalin, epinephrine, 0.1 mg	Adrenalin epinephrine inject	
J0172	Prior Authorization Required	Aduhelm	Injection, aducanumab-avwa, 2 mg	Inj, aducanumab-avwa, 2 mg	
J0173	Prior Authorization Required		Injection, epinephrine (Belcher) not therapeutically equivalent to J0171, 0.1 mg		
J0174	Prior Authorization Required	Leqembi	Injection, lecanemab-irmb, 1 mg	Inj, lecanemab-irmb, 1 mg	

J0177	Prior Authorization Required	Eylea HD	Injection, aflibercept HD, 1 mg	Inj, aflibercept hd, 1 mg	
J0178	Prior Authorization Required	Eylea	Injection, aflibercept, 1 mg	Aflibercept injection	
J0179	Prior Authorization Required	Beovu	Injection, brolucizumab-dbll, 1 mg	brolucizumab-dbll	
J0179	Prior Authorization Required	Beovu	Injection, brolucizumab-dbll, 1 mg	Inj, brolucizumab-dbll, 1 mg	
J0180	Prior Authorization Required	Fabrazyme	Injection, agalsidase beta, 1 mg	Agalsidase beta injection	
J0184	Not Covered on state fee schedule (Provider's Administered Drug List)	Barhemsys	Injection, amisulpride, 1 mg	Inj, amisulpride, 1 mg	
J0185	Prior Authorization Required	Cinvanti	Injection, aprepitant, 1 mg	Inj., aprepitant, 1 mg	
J0202	Prior Authorization Required	Lemtrada	Injection, alemtuzumab, 1 mg	Injection, alemtuzumab	
J0205	Prior Authorization Required	Ceredase	Injection, alglucerase, per 10 units	Alglucerase injection	
J0206	Not Covered on state fee schedule (Provider's Administered Drug List)	Allopurinol	Injection, allopurinol sodium, 1 mg	Inj allopurinol sodium 1 mg	

J0207	Not Covered on state fee schedule (Provider's Administered Drug List)	Ethyol	Injection, amifostine, 500 mg	Amifostine	
J0208	Prior Authorization Required	PEDMARK	Injection, sodium thiosulfate, 100 mg	Inj sodium thiosulfate 100mg	
J0209	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, sodium thiosulfate (Hope), 100 mg	Inj, sod thiosulfate (hope)	
J0211	Prior Authorization Required	Nithiodote	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)	Inj, nithiodote, 3mg / 125mg	
J0215	Prior Authorization Required	AMEVIVE	Injection, alefacept, 0.5 mg	Alefacept	

J0216	Not Covered on state fee schedule (Provider's Administered Drug List)	Alfentanil	Injection, alfentanil HCl, 500 mcg	Inj, alfentanil hcl, 500mcg	
J0217	Prior Authorization Required	Lamzede	Injection, velmanase alfa-tycv, 1 mg	Inj velmanase alfa-tycv 1 mg	
J0218	Prior Authorization Required	Xenpozyme	Injection, olipudase alfa-rpcp, 1 mg	Inj olipudase alfa-rpcp 1mg	
J0219	Prior Authorization Required	Nexviazyme	Injection, avalglucosidase alfa-ngpt, 4 mg		
J0220	Prior Authorization Required	Lumizyme	Injection, alglucosidase alfa, 10 mg, not otherwise specified	Alglucosidase alfa injection	
J0221	Prior Authorization Required	Lumizyme	Injection, alglucosidase alfa, (lumizyme), 10 mg	Lumizyme injection	
J0222	Prior Authorization Required	Onpattro	Injection, patisiran, 0.1 mg	Inj., patisiran, 0.1 mg	
J0223	Prior Authorization Required	Givlaari	Injection, givosiran, 0.5 mg	Inj givosiran 0.5 mg	
J0224	Prior Authorization Required	Oxlumo	Injection, lumasiran, 0.5 mg	Inj. lumasiran, 0.5 mg	
J0225	Prior Authorization Required	AMVUTTRA	Injection, vutrisiran, 1 mg		
J0248	No Prior Authorization Required	Veklury	Injection, remdesivir, 1 mg	Inj. remdesivir, 1 mg	
J0256	Prior Authorization Required	Aralast NP Prolastin-C	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	Alpha 1 proteinase inhibitor	60mg/kg once weekly
J0257	Prior Authorization Required	Glassia	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Glassia injection	

J0270	No Prior Authorization Required	Edex	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)	Alprostadil for injection	
J0275	No Prior Authorization Required	Muse	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)	Alprostadil urethral suppos	
J0278	No Prior Authorization Required	Amikacin	Injection, amikacin sulfate, 100 mg	Amikacin sulfate injection	
J0280	No Prior Authorization Required	Aminophylline	Injection, aminophyllin, up to 250 mg	Aminophyllin 250 mg inj	
J0282	No Prior Authorization Required	Amiodarone	Injection, amiodarone hydrochloride, 30 mg	Amiodarone hcl	
J0283	Prior Authorization Required	NEXTERONE	Injection, amiodarone HCl (Nexterone), 30 mg		
J0285	No Prior Authorization Required	Amphotericin B	Injection, amphotericin b, 50 mg	Amphotericin b	
J0287	No Prior Authorization Required	Abelcet	Injection, amphotericin b lipid complex, 10 mg	Amphotericin b lipid complex	
J0289	No Prior Authorization Required	Ambisome	Injection, amphotericin b liposome, 10 mg	Amphotericin b liposome inj	
J0290	No Prior Authorization Required	Ampicilin	Injection, ampicillin sodium, 500 mg	Ampicillin 500 mg inj	
J0291	No Prior Authorization Required	Zemdri	Injection, plazomicin, 5 mg	Inj., plazomicin, 5 mg	
J0295	No Prior Authorization Required	Unasyn	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	Ampicillin sulbactam 1.5 gm	
J0300	Not Covered	Amytal	Injection, amobarbital, up to 125 mg	Amobarbital 125 mg inj	
J0330	No Prior Authorization Required	Succinylcholine	Injection, succinylcholine chloride, up to 20 mg	Succinylcholine chloride inj	
J0348	No Prior Authorization Required	Eraxis	Injection, anidulafungin, 1 mg	Anidulafungin injection	
J0349	Prior Authorization Required	Rezzayo	Injection, rezafungin, 1 mg	Inj, rezafungin, 1 mg	
J0360	No Prior Authorization Required	Apresoline	Injection, hydralazine hcl, up to 20 mg	Hydralazine hcl injection	
J0364	Prior Authorization Required	Apokyn	Injection, apomorphine hydrochloride, 1 mg	Apomorphine hydrochloride	
J0391	No Prior Authorization Required	Artesunate	Injection, artesunate, 1 mg	Inj, artesunate, 1mg	
J0401	No Prior Authorization Required	Abilify Maintena	Injection, aripiprazole, extended release, 1 mg	Inj aripiprazole ext rel 1mg	
J0402	Prior Authorization Required	Abilify Asimtufii	Injection, aripiprazole (Abilify Asimtufii), 1 mg	Inj, abilify asimtufii, 1 mg	
J0456	No Prior Authorization Required	Zithromax	Injection, azithromycin, 500 mg	Azithromycin	

J0457	Not Covered on state fee schedule (Provider's Administered Drug List)	AZACTAM	Injection, aztreonam, 100 mg	Injection, aztreonam, 100 mg	
J0461	No Prior Authorization Required	Atropine	Injection, atropine sulfate, 0.01 mg	Atropine sulfate injection	
J0470	No Prior Authorization Required	Ban in Oil	Injection, dimecaprol, per 100 mg	Dimecaprol injection	
J0475	No Prior Authorization Required	Lioresal	Injection, baclofen, 10 mg	Baclofen 10 mg injection	
J0476	No Prior Authorization Required	Lioresal IT	Injection, baclofen, 50 mcg for intrathecal trial	Baclofen intrathecal trial	
J0480	No Prior Authorization Required	Simulect	Injection, basiliximab, 20 mg	Basiliximab	
J0485	No Prior Authorization Required	Nulojix	Injection, belatacept, 1 mg	Belatacept injection	
J0490	Prior Authorization Required	Benlysta	Injection, belimumab, 10 mg	Belimumab injection	
J0491	Prior Authorization Required	Saphnelo	Injection, anifrolumab-fnia, 1 mg		
J0500	No Prior Authorization Required	Bentyl	Injection, dicyclomine hcl, up to 20 mg	Dicyclomine injection	
J0515	No Prior Authorization Required	Cogentin	Injection, benztropine mesylate, per 1 mg	Inj benztropine mesylate	
J0517	Prior Authorization Required	Fasenra	Injection, benralizumab, 1 mg	Inj., benralizumab, 1 mg	
J0558	No Prior Authorization Required	Bicillin C-R	Injection, penicillin g benzathine and penicillin g procaine, 100,000 units	PenG benzathine/procaine inj	
J0561	No Prior Authorization Required	Bicillin L-A	Injection, penicillin g benzathine, 100,000 units	Penicillin g benzathine inj	
J0565	Prior Authorization Required	Zinplava	Injection, bezlotoxumab, 10 mg	Inj, bezlotoxumab, 10 mg	
J0567	Prior Authorization Required	Brineura	Injection, cerliponase alfa, 1 mg	Inj., cerliponase alfa 1 mg	
J0571	Pharmacy Benefit	Subutex	Buprenorphine, oral, 1 mg	Buprenorphine oral 1mg	
J0572	Pharmacy Benefit	Suboxone	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	Bupren/nal up to 3mg bupreno	
J0573	Pharmacy Benefit	Suboxone	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	Bupren/nal 3.1 to 6mg bupren	
J0574	Pharmacy Benefit	Suboxone	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	Bupren/nal 6.1 to 10mg bupre	
J0575	Pharmacy Benefit	Suboxone	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	Bupren/nal over 10mg bupreno	
J0577	Prior Authorization Required	Brixadi	Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy	Inj, brixadi, 7 days or less	
J0578	Prior Authorization Required	Brixadi	Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy	Inj brixadi, more than 7 day	
J0583	No Prior Authorization Required	Angiomax	Injection, bivalirudin, 1 mg	Bivalirudin	
J0584	Prior Authorization Required	Crysvita	Injection, burosumab-twza 1 mg	Injection, burosumab-twza 1m	

J0585	Prior Authorization Required	Botox	Injection, onabotulinumtoxin a, 1 unit	Injection,onabotulinumtoxin a	
J0586	Prior Authorization Required	Dysport	Injection, abobotulinumtoxin a, 5 units	Abobotulinumtoxin a	
J0587	Prior Authorization Required	Myobloc	Injection, rimabotulinumtoxin b, 100 units	Inj, rimabotulinumtoxin b	
J0588	Prior Authorization Required	Xeomin	Injection, incobotulinumtoxin a, 1 unit	Incobotulinumtoxin a	
J0589	Prior Authorization Required	Daxxify	Injection, daxibotulinumtoxina-lanm, 1 unit	Inj daxibotulinumtoxina-lanm	
J0591	Prior Authorization Required	Kybella	Injection, deoxycholic acid, 1 mg	Inj deoxycholic acid, 1 mg	
J0592	No Prior Authorization Required	Buprenex	Injection, buprenorphine hydrochloride, 0.1 mg	Buprenorphine hydrochloride	
J0593	Pharmacy Benefit	Takhzyro	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)	Inj., lanadelumab-flyo, 1 mg	
J0594	No Prior Authorization Required	Busulfex	injection, busulfan, 1 mg	Busulfan injection	
J0595	No Prior Authorization Required	Stadol	Injection, butorphanol tartrate, 1 mg	Butorphanol tartrate 1 mg	
J0596	Prior Authorization Required	Ruconest	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Injection, ruconest	56mL per 30 days
J0597	Prior Authorization Required	Berinert	Injection, c-1 esterase inhibitor (human), berinert, 10 units	C-1 esterase, berinert	Adult: 50mL per 30 days Pediatric: 30mL per 30 days
J0598	Prior Authorization Required	Cinryze	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	C-1 esterase, cinryze	
J0599	Prior Authorization Required	Haegarda	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Inj., haegarda 10 units	
J0600	No Prior Authorization Required	Calcium Disodium Versenate	Injection, edetate calcium disodium, up to 1000 mg	Edetate calcium disodium inj	

J0601	No Prior Authorization Required		Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)	Sevelamer carbonate 20 mg	
J0602	Not Covered on state fee schedule (Provider's Administered Drug List)		Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20 mg (for esrd on dialysis)	Sevelamer carbonate pdr 20mg	
J0603	No Prior Authorization Required		Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)	Sevelamer hydrochloride 20mg	
J0604	No Prior Authorization Required	Sensipar	Cinacalcet, oral, 1 mg, (for esrd on dialysis)	Cinacalcet, esrd on dialysis	

J0605	Not Covered on state fee schedule (Provider's Administered Drug List)		Sucroferric oxyhydroxide, oral, 5 mg (for esrd on dialysis)	Sucroferric oxyhydroxide 5mg	
J0606	Prior Authorization Required	Parsabiv	Injection, etelcalcetide, 0.1 mg	Inj, etelcalcetide, 0.1 mg	
J0607	Not Covered on state fee schedule (Provider's Administered Drug List)		Lanthanum carbonate, oral, 5 mg (for esrd on dialysis)	Lanthanum carbonate oral 5mg	
J0608	Not Covered on state fee schedule (Provider's Administered Drug List)		Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to j0607 (for esrd on dialysis)	Lanthanum carbonate pwdr 5mg	

J0609	Not Covered on state fee schedule (Provider's Administered Drug List)		Ferric citrate, oral, 3 mg ferric iron, (for esrd on dialysis)	Ferric citrate orl 3 mg iron	
J0612	No Prior Authorization Required	Calcium gluconate	Injection, calcium gluconate (Fresenius Kabi), per 10 mg	Calcium glucon (fresenius)	
J0613	No Prior Authorization Required	Calcium gluconate - sodium chloride	Injection, calcium gluconate (WG Critical Care), per 10 mg	Calcium glucon (wg critical)	

J0615	Not Covered on state fee schedule (Provider's Administered Drug List)		Calcium acetate, oral, 23 mg (for esrd on dialysis)	Calcium acetate, oral, 23 mg	
J0630	No Prior Authorization Required	Miacalcin	Injection, calcitonin salmon, up to 400 units	Calcitonin salmon injection	
J0636	No Prior Authorization Required	Calcitrol	Injection, calcitriol, 0.1 mcg	Inj calcitriol per 0.1 mcg	
J0637	No Prior Authorization Required	Cancidas	Injection, caspofungin acetate, 5 mg	Caspofungin acetate	
J0638	Pharmacy Benefit	Ilaris	Injection, canakinumab, 1 mg	Canakinumab injection	2 units per 28 days
J0640	No Prior Authorization Required	Leucovorin Calcium	Injection, leucovorin calcium, per 50 mg	Leucovorin calcium injection	
J0641	No Prior Authorization Required	Fusilev	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Inj levoleucovorin nos 0.5mg	
J0642	Prior Authorization Required	Khapzory	Injection, levoleucovorin (khapzory), 0.5 mg	Injection, khapzory, 0.5 mg	
J0650	Not Covered on state fee schedule (Provider's Administered Drug List)	Levothyroxine sodium	Injection, levothyroxine sodium, not otherwise specified, 10 mcg	Inj, levothyroxine nos 10mcg	
J0651	Not Covered on state fee schedule (Provider's Administered Drug List)	Levothyroxine sodium	Injection, levothyroxine sodium (Fresenius Kabi) not therapeutically equivalent to J0650, 10 mcg	Inj, levothyroxine, freskabi	

J0652	Not Covered on state fee schedule (Provider's Administered Drug List)	Levothyroxine sodium	Injection, levothyroxine sodium (Hikma) not therapeutically equivalent to J0650, 10 mcg	Inj, levothyroxine, hikma	
J0665	No Prior Authorization Required	Marcaine	Injection, bupivacaine, not otherwise specified, 0.5 mg	Inj, bupivacaine, nos, 0.5mg	
J0666	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, bupivacaine liposome, 1 mg	Inj, bupivacaine liposome	
J0670	No Prior Authorization Required	Carbocaine	Injection, mepivacaine hydrochloride, per 10 ml	Inj mepivacaine hcl/10 ml	

J0687	Prior Authorization Required	Cefazolin	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to J0690, 500 mg	Inj cefazolin (wg crit care)	
J0688	No Prior Authorization Required	CEFAZOLIN SODIUM 2G Solution Reconstituted	Injection, cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg	Inj cefazolin sodium, hikma	
J0689	Prior Authorization Required	Cefazolin sodium - dextrose	Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg		
J0690	No Prior Authorization Required	Kefzol	Injection, cefazolin sodium, 500 mg	Cefazolin sodium injection	
J0691	Prior Authorization Required	Xenleta	Injection, lefamulin, 1 mg	Inj lefamulin 1 mg	
J0692	No Prior Authorization Required	Maxipime	Injection, cefepime hydrochloride, 500 mg	Cefepime hcl for injection	
J0694	No Prior Authorization Required	Cefoxitin	Injection, cefoxitin sodium, 1 gm	Cefoxitin sodium injection	
J0695	No Prior Authorization Required	Zerbaxa	Injection, ceftolozane 50 mg and tazobactam 25 mg	Inj ceftolozane tazobactam	
J0696	No Prior Authorization Required	Rocephil	Injection, ceftriaxone sodium, per 250 mg	Ceftriaxone sodium injection	
J0697	No Prior Authorization Required	Zinacef	Injection, sterile cefuroxime sodium, per 750 mg	Sterile cefuroxime injection	
J0698	No Prior Authorization Required	Claforan	Injection, cefotaxime sodium, per gm	Cefotaxime sodium injection	
J0699	Not Covered on state fee schedule (Provider's Administered Drug List)	Fetroja	Injection, cefiderocol, 10 mg	Inj, cefiderocol, 10 mg	
J0701	Prior Authorization Required	Cefepime	Injection, cefepime HCl (Baxter), not therapeutically equivalent to Maxipime, 500 mg		
J0702	No Prior Authorization Required	Celestone Soluspan	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Betamethasone acet&sod phosp	
J0703	Prior Authorization Required	Cefepime - dextrose	Injection, cefepime HCl (B. Braun), not therapeutically equivalent to Maxipime, 500 mg		
J0706	No Prior Authorization Required	Cafcit	Injection, caffeine citrate, 5 mg	Caffeine citrate injection	
J0712	No Prior Authorization Required	Teflaro	Injection, ceftaroline fosamil, 10 mg	Ceftaroline fosamil inj	
J0713	No Prior Authorization Required	Fortaz Tazicef	Injection, ceftazidime, per 500 mg	Inj ceftazidime per 500 mg	
J0714	Prior Authorization Required	Avycaz	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	Ceftazidime and avibactam	
J0716	No Prior Authorization Required	Anascorp	Injection, centruiroides immune f(ab)2, up to 120 milligrams	Centruiroides immune f(ab)	

J0717	Prior Authorization Required	Cimzia	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)	Certolizumab pegol inj 1mg	1200 units per 28 days
J0720	No Prior Authorization Required	Chloramphenicol	Injection, chloramphenicol sodium succinate, up to 1 gm	Chloramphenicol sodium injec	
J0725	Prior Authorization Required	Novarel Pregnyl	Injection, chorionic gonadotropin, per 1,000 usp units	Chorionic gonadotropin/1000u	
J0735	No Prior Authorization Required	Duraclon	Injection, clonidine hydrochloride, 1 mg	Clonidine hydrochloride	
J0736	No Prior Authorization Required	CLEOCIN	Injection, clindamycin phosphate, 300 mg	Inj, clindamycin phosp 300mg	
J0737	No Prior Authorization Required	Clindamycin	Injection, clindamycin phosphate (Baxter), not therapeutically equivalent to J0736, 300 mg	Inj, clindamycin (baxter)	
J0739	Prior Authorization Required	Apretude	Injection, cabotegravir, 1 mg		
J0740	No Prior Authorization Required	Cidofovir	Injection, cidofovir, 375 mg	Cidofovir injection	
J0741	Prior Authorization Required	Cabenuva	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	Inj, cabote rilpivir 2mg 3mg	
J0742	Prior Authorization Required	Recarbrio	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	Inj imip 4 cilas 4 releb 2mg	
J0743	No Prior Authorization Required	Timentin	Injection, cilastatin sodium; imipenem, per 250 mg	Cilastatin sodium injection	
J0744	No Prior Authorization Required	Cipro	Injection, ciprofloxacin for intravenous infusion, 200 mg	Ciprofloxacin iv	

J0750	Not Covered on state fee schedule (Provider's Administered Drug List)	Truvada	Emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	Hiv prep, ftc/tdf 200/300mg	
J0751	Not Covered on state fee schedule (Provider's Administered Drug List)	Descovy	Emtricitabine 200 mg and tenofovir alafenamide 25 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	Hiv prep, ftc/taf 200/25mg	
J0770	No Prior Authorization Required	Coly-Mycin M	Injection, colistimethate sodium, up to 150 mg	Colistimethate sodium inj	
J0775	Prior Authorization Required	Xiaflex	Injection, collagenase, clostridium histolyticum, 0.01 mg	Collagenase, clost hist inj	
J0780	No Prior Authorization Required	Compazine	Injection, prochlorperazine, up to 10 mg	Prochlorperazine injection	
J0791	Prior Authorization Required	Adakveo	Injection, crizanlizumab-tmca, 5 mg	Inj crizanlizumab-tmca 5mg	
J0795	No Prior Authorization Required	Acthrel	Injection, corticorelin ovine triflutate, 1 microgram	Corticorelin ovine triflital	
J0799	Not Covered on state fee schedule (Provider's Administered Drug List)		FDA-approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified	Hiv prep, fda approved, noc	
J0801	Prior Authorization Required	Acthar	Injection, corticotropin (Acthar Gel), up to 40 units	Inj. acthar gel to 40 units	
J0802	Prior Authorization Required	Cortrophin	Injection, corticotropin (ANI), up to 40 units	Inj. (ani), up to 40 units	
J0834	No Prior Authorization Required	Cosyntropin	Injection, cosyntropin, 0.25 mg	Inj., cosyntropin, 0.25 mg	

J0840	No Prior Authorization Required	CroFab	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram	Crotalidae poly immune fab	
J0841	No Prior Authorization Required	Anavip	Injection, crotalidae immune f(ab')2 (equine), 120 mg	Inj crotalidae im f(ab')2 eq	
J0850	Prior Authorization Required	Cytogam	Injection, cytomegalovirus immune globulin intravenous (human), per vial	Cytomegalovirus imm iv /vial	
J0870	Prior Authorization Required		Injection, imetelstat, 1 mg	Injection, imetelstat, 1 mg	
J0872	Prior Authorization Required	Daptomycin	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	Daptomycin (xellia) unrefrig	
J0873	No Prior Authorization Required	DAPTOMYCIN 350MG Solution Reconstituted	Injection, daptomycin (Xellia), not therapeutically equivalent to J0878, 1 mg	Inj, daptomycin (xellia)	
J0874	No Prior Authorization Required	Daptomycin	Injection, daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg	Inj, daptomycin (baxter)	
J0875	No Prior Authorization Required	Dalvance	Injection, dalbavancin, 5 mg	Injection, dalbavancin	
J0877	No Prior Authorization Required	Hospira	Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg		
J0878	No Prior Authorization Required	Cubicin	Injection, daptomycin, 1 mg	Daptomycin injection	

J0879	No Prior Authorization Required	Korsuva	Injection, difelikefalin, 0.1 microgram, (for ESRD on dialysis)		
J0881	Prior Authorization Required	Aranesp	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Darbepoetin alfa, non-esrd	
J0882	No Prior Authorization Required	Aranesp	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	Darbepoetin alfa, esrd use	
J0883	No Prior Authorization Required	Argatroban	Injection, argatroban, 1 mg (for non-esrd use)	Argatroban nonesrd use 1mg	
J0884	No Prior Authorization Required	Argatroban	Injection, argatroban, 1 mg (for esrd on dialysis)	Argatroban esrd dialysis 1mg	
J0885	Prior Authorization Required	Epogen Procrit	Injection, epoetin alfa, (for non-esrd use), 1000 units	Epoetin alfa, non-esrd	
J0887	Prior Authorization Required	Mircera	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	Epoetin beta esrd use	
J0888	Prior Authorization Required	Mircera	Injection, epoetin beta, 1 microgram, (for non esrd use)	Epoetin beta non esrd	
J0889	Prior Authorization Required	Jesduvroq	Daprodustat, oral, 1 mg, (for ESRD on dialysis)	Daprodustat oral 1mg esrd	
J0890	Prior Authorization Required	OMONYTYS	Injection, peginesatide, 0.1 mg (for esrd on dialysis)	Peginesatide injection	
J0891	Prior Authorization Required	Argatroban	Injection, argatroban (Accord), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)		
J0892	Prior Authorization Required	Argatroban	Injection, argatroban (Accord), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)		
J0893	Prior Authorization Required	Decitabine	Injection, decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg		
J0894	Prior Authorization Required	Dacogen	Injection, decitabine, 1 mg	Decitabine injection	
J0895	Prior Authorization Required	Desferal	Injection, deferoxamine mesylate, 500 mg	Deferoxamine mesylate inj	
J0896	Prior Authorization Required	Reblozyl	Injection, luspatercept-aamt, 0.25 mg	Inj luspatercept-aamt 0.25mg	
J0897	Prior Authorization Required	Prolia Xgeva	Injection, denosumab, 1 mg	Denosumab injection	
J0898	Prior Authorization Required	Argatroban	Injection, argatroban (AuroMedics), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)		
J0899	Prior Authorization Required	Argatroban	Injection, argatroban (AuroMedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)		

J0901	Not Covered on state fee schedule (Provider's Administered Drug List)		Vadadustat, oral, 1 mg (for esrd on dialysis)	Vadadustat oral 1mg for esrd	
J0911	No Prior Authorization Required	Drfencath	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	Inst tauro 1.35mg/hep 100u	
J1000	No Prior Authorization Required	Depo-Estradiol	Injection, depo-estradiol cypionate, up to 5 mg	Depo-estradiol cypionate inj	
J1010	No Prior Authorization Required	Depo-Medrol	Injection, methylprednisolone acetate, 1 mg	Inj, methylpred acetate 1 mg	
J1050	No Prior Authorization Required	Depo-Provera	Injection, medroxyprogesterone acetate, 1 mg	Medroxyprogesterone acetate	
J1071	No Prior Authorization Required	Depo-Testosterone	Injection, testosterone cypionate, 1 mg	Inj testosterone cypionate	
J1095	Prior Authorization Required	Dexycu	Injection, dexamethasone 9 percent, intraocular, 1 microgram	Injection, dexamethasone 9%	
J1096	Prior Authorization Required	Dextenza	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Dexametha oph insert 0.1 mg	
J1097	No Prior Authorization Required	Omidria	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	Phenylep ketorolac oph soln	
J1100	No Prior Authorization Required	Decadron	Injection, dexamethasone sodium phosphate, 1 mg	Dexamethasone sodium phos	

J1105	Not Covered on state fee schedule (Provider's Administered Drug List)	Igalmi	Dexmedetomidine, oral, 1 mcg	Dexmedetomidine film, 1 mcg	
J1110	No Prior Authorization Required	D.H.E.	Injection, dihydroergotamine mesylate, per 1 mg	Inj dihydroergotamine mesylt	
J1120	No Prior Authorization Required	Acetazolamide	Injection, acetazolamide sodium, up to 500 mg	Acetazolamid sodium injectio	
J1160	No Prior Authorization Required	Lanoxin	Injection, digoxin, up to 0.5 mg	Digoxin injection	
J1162	No Prior Authorization Required	Digifab	Injection, digoxin immune fab (ovine), per vial	Digoxin immune fab (ovine)	
J1165	No Prior Authorization Required	Dilantin	Injection, phenytoin sodium, per 50 mg	Phenytoin sodium injection	
J1171	No Prior Authorization Required	HYDROMORPHONE HCL 1MG/ML Solution	Injection, hydromorphone, 0.1 mg	Inj, hydromorphone, 0.1 mg	
J1190	No Prior Authorization Required	Zinecard	Injection, dexrazoxane hydrochloride, per 250 mg	Dexrazoxane hcl injection	
J1200	No Prior Authorization Required	Benadryl	Injection, diphenhydramine hcl, up to 50 mg	Diphenhydramine hcl injectio	
J1201	Prior Authorization Required	Quzyttir	Injection, cetirizine hydrochloride, 0.5 mg	Inj. cetirizine hcl 0.5mg	
J1202	Prior Authorization Required	Opfolda	Miglustat, oral, 65 mg	Miglustat oral 65 mg	

J1203	Prior Authorization Required	Pombiliti	Injection, cipaglicosidase alfa-atga, 5 mg	Inj, cipaglicosidase, 5 mg	
J1205	No Prior Authorization Required	Diuril	Injection, chlorothiazide sodium, per 500 mg	Chlorothiazide sodium inj	
J1212	No Prior Authorization Required	Rimso-50	Injection, dmso, dimethyl sulfoxide, 50%, 50 ml	Dimethyl sulfoxide 50% 50 ml	
J1230	No Prior Authorization Required	Methadone	Injection, methadone hcl, up to 10 mg	Methadone injection	
J1240	No Prior Authorization Required	Dimenhydrinate	Injection, dimenhydrinate, up to 50 mg	Dimenhydrinate injection	
J1245	No Prior Authorization Required	Persantine	Injection, dipyridamole, per 10 mg	Dipyridamole injection	
J1250	No Prior Authorization Required	Dobutamine	Injection, dobutamine hydrochloride, per 250 mg	Inj dobutamine hcl/250 mg	
J1265	No Prior Authorization Required	Dopamine	Injection, dopamine hcl, 40 mg	Dopamine injection	
J1270	No Prior Authorization Required	Hecterol	Injection, doxercalciferol, 1 mcg	Injection, doxercalciferol	
J1290	Prior Authorization Required	Kalbitor	Injection, ecallantide, 1 mg	Ecallantide injection	6 mL per fill (18 mL per 30 days)
J1299	Prior Authorization Required	Soliris	Injection, eculizumab, 2 mg	Eculizumab injection	
J1300	Prior Authorization Required	Soliris	Injection, eculizumab, 10 mg	Eculizumab injection	
J1301	Prior Authorization Required	Radicava	Injection, edaravone, 1 mg	Injection, edaravone, 1 mg	
J1302	Prior Authorization Required	Enjaymo	Injection, sutimlimab-jome, 10 mg	Inj, sutimlimab-jome, 10 mg	

J1303	Prior Authorization Required	Ultomiris	Injection, ravulizumab-cwvz, 10 mg	Inj., ravulizumab-cwvz 10 mg	
J1304	Not Covered on state fee schedule (Provider's Administered Drug List)	QALSODY 100MG/15ML Solution	Injection, tofersen, 1 mg	Inj tofersen intrathec 1 mg	
J1305	Prior Authorization Required	Evkeeza	Injection, evinacumab-dgnb, 5 mg	Inj, evinacumab-dgnb, 5mg	
J1307	Prior Authorization Required		Injection, crovalimab-akkz, 10 mg	Inj, crovalimab-akkz, 10 mg	
J1322	Prior Authorization Required	Vimizim	Injection, elosulfase alfa, 1 mg	Elosulfase alfa, injection	
J1323	Prior Authorization Required	Elfrexio	Injection, elranatamab-bcmm, 1 mg	Inj, elranatamab-bcmm, 1 mg	
J1324	Prior Authorization Required	Fuzeon	Injection, enfuvirtide, 1 mg	Enfuvirtide injection	
J1325	Prior Authorization Required	Flolan Veletri	Injection, epoprostenol, 0.5 mg	Epoprostenol injection	
J1327	No Prior Authorization Required	Integrilin	Injection, eptifibatide, 5 mg	Eptifibatide injection	
J1335	No Prior Authorization Required	Invanz	Injection, ertapenem sodium, 500 mg	Ertapenem injection	
J1364	No Prior Authorization Required	Erythrocin Lactobionate	Injection, erythromycin lactobionate, per 500 mg	Erythro lactobionate /500 mg	
J1380	No Prior Authorization Required	Delestrogen	Injection, estradiol valerate, up to 10 mg	Estradiol valerate 10 mg inj	
J1410	No Prior Authorization Required	Premarin	Injection, estrogen conjugated, per 25 mg	Inj estrogen conjugate 25 mg	

J1411	Prior Authorization Required	Hemgenix	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Inj, hemgenix, per tx dose	
J1412	Prior Authorization Required	ROCTAVIAN Suspension	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10¹³ vector genomes	Inj roctavian ml 2x10^13vc g	
J1413	Prior Authorization Required	ELEVIDYS Kit	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Inj delandistrogene mox rokl	
J1414	Not Covered on state fee schedule (Provider's Administered Drug List)	Beqvez	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Inj, beqvez, per tx dose	
J1426	Prior Authorization Required	Amondys 45	Injection, casimersen, 10 mg	Injection, casimersen, 10 mg	
J1428	Prior Authorization Required	Exondys	Injection, eteplirsen, 10 mg	Inj, eteplirsen, 10 mg	
J1429	Prior Authorization Required	Vyondys 53	Injection, golodirsen, 10 mg	Inj golodirsen 10 mg	
J1430	No Prior Authorization Required	Ethamolin	Injection, ethanolamine oleate, 100 mg	Ethanolamine oleate 100 mg	

J1434	No Prior Authorization Required	Focinvez	Injection, fosaprepitant (Focinvez), 1 mg	Inj, focinvez, 1mg	
J1437	Prior Authorization Required	Monoferic	Injection, ferric derisomaltose, 10 mg	Inj. fe derisomaltose 10 mg	
J1438	Pharmacy Benefit	Enbrel	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)	Etanercept injection	8 untis per 28 days
J1439	Prior Authorization Required	Injectafer	Injection, ferric carboxymaltose, 1 mg	Inj ferric carboxymaltos 1mg	
J1440	Prior Authorization Required	REBYOTA	Fecal microbiota, live - jsIm, 1 ml	Fecal microbiota jsIm 1 ml	

J1442	Prior Authorization Required	Neupogen	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Inj filgrastim excl biosimil	
J1443	Prior Authorization Required	Triferic	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Inj ferric pyrophosphate cit	
J1444	Prior Authorization Required	Triferic	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	Fe pyro cit pow 0.1 mg iron	
J1445	Prior Authorization Required	Triferic	Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron	Inj triferic avnu 0.1mg iron	
J1447	Prior Authorization Required	Granix	Injection, tbo-filgrastim, 1 microgram	Inj tbo filgrastim 1 microg	
J1448	Prior Authorization Required	Cosela	Injection, trilaciclib, 1 mg	Injection, trilaciclib, 1mg	
J1449	Prior Authorization Required	Rolvedon	Injection, eflapegrastim-xnst, 0.1 mg	Inj eflapegrastim-xnst 0.1mg	
J1450	No Prior Authorization Required	Diflucan	Injection fluconazole, 200 mg	Fluconazole	
J1451	No Prior Authorization Required	Antizole	Injection, fomepizole, 15 mg	Fomepizole, 15 mg	
J1453	No Prior Authorization Required	Emend	Injection, fosaprepitant, 1 mg	Fosaprepitant injection	
J1454	Prior Authorization Required	Akynzeo	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Inj fosnetupitant, palonoset	
J1455	No Prior Authorization Required	Foscavir	Injection, foscarnet sodium, per 1000 mg	Foscarnet sodium injection	
J1456	Prior Authorization Required	Teva	Injection, fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg		
J1458	Prior Authorization Required	Naglazyme	Injection, galsulfase, 1 mg	Galsulfase injection	
J1459	Prior Authorization Required	Privigen	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Inj ivig privigen 500 mg	

J1460	Prior Authorization Required	Gamastan	Injection, gamma globulin, intramuscular, 1 cc	Gamma globulin 1 cc inj	
J1551	Prior Authorization Required	Cutaquig	Injection, immune globulin (cutaquig), 100 mg		
J1552	Prior Authorization Required	Alyglo	Injection, immune globulin (alyglo), 500 mg	Inj, alyglo, 500 mg	
J1555	Prior Authorization Required	Cuvitru	Injection, immune globulin (cuvitru), 100 mg	Inj cuvitru, 100 mg	
J1556	Prior Authorization Required	Bivigam	Injection, immune globulin (bivigam), 500 mg	Inj, imm glob bivigam, 500mg	
J1557	Prior Authorization Required	Gammaplex	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammaplex injection	
J1558	Prior Authorization Required	Xembify	Injection, immune globulin (xembify), 100 mg	Inj. xembify, 100 mg	
J1559	Prior Authorization Required	Hizentra	Injection, immune globulin (hizentra), 100 mg	Hizentra injection	
J1560	Prior Authorization Required	Gamastan	Injection, gamma globulin, intramuscular, over 10 cc	Gamma globulin > 10 cc inj	
J1561	Prior Authorization Required	Gamunex-C Gammaked	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Gamunex-c/gammaked	
J1562	Prior Authorization Required	Vivaglobin	Injection, immune globulin (vivaglobin), 100 mg	Vivaglobin, inj	
J1566	Prior Authorization Required	Carimune NF Panglobulin NF Gammagard S/D	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Immune globulin, powder	
J1568	Prior Authorization Required	Octagam	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Octagam injection	
J1569	Prior Authorization Required	Gammagard	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Gammagard liquid injection	
J1570	No Prior Authorization Required	Cytovene	Injection, ganciclovir sodium, 500 mg	Ganciclovir sodium injection	
J1571	Prior Authorization Required	Hepagam B	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml	Hepagam b im injection	
J1572	Prior Authorization Required	Flebogamma	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Flebogamma injection	
J1573	Prior Authorization Required	Hepagam B	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml	Hepagam b intravenous, inj	
J1574	Prior Authorization Required	Excela	Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg		
J1575	Prior Authorization Required	Hyqvia	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Hyqvia 100mg immunoglobulin	

J1576	Not Covered	Panzyga	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Inj, panzyga, 500 mg	
J1580	No Prior Authorization Required	Garamycin	Injection, garamycin, gentamicin, up to 80 mg	Garamycin gentamicin inj	
J1595	Pharmacy Benefit	Glatopa	Injection, glatiramer acetate, 20 mg	Injection glatiramer acetate	
J1596	Not Covered on state fee schedule (Provider's Administered Drug List)	GLYCOPYRROLATE 0.2MG/ML Solution	Injection, glycopyrrolate, 0.1 mg	Inj, glycopyrrolate, 0.1 mg	
J1597	Prior Authorization Required	Glyrx-PF	Injection, glycopyrrolate (glyrx-pf), 0.1 mg	Inj glycopyrrolate, glyrx-pf	
J1598	Prior Authorization Required	GLYCOPYRROLATE 0.6MG/3ML Solution Prefilled Syringe	Injection, glycopyrrolate (fresenius kabi), not therapeutically equivalent to j1596, 0.1 mg	Inj glycopyrrolate fres kabi	

J1599	Prior Authorization Required	Immune Globulin (Human)	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Ivig non-lyophilized, nos	
J1602	Prior Authorization Required	Simponi Aria	Injection, golimumab, 1 mg, for intravenous use	Golimumab for iv use 1mg	120 units every 56 days
J1610	No Prior Authorization Required	Glucagen Hypokit	Injection, glucagon hydrochloride, per 1 mg	Glucagon hydrochloride/1 mg	
J1611	Prior Authorization Required	Glucagon Emergency Kit	Injection, glucagon HCl (Fresenius Kabi), not therapeutically equivalent to J1610, per 1 mg		
J1626	No Prior Authorization Required	Kytril	Injection, granisetron hydrochloride, 100 mcg	Granisetron hcl injection	
J1627	Prior Authorization Required	Sustol	Injection, granisetron, extended-release, 0.1 mg	Inj, granisetron, xr, 0.1 mg	
J1628	Prior Authorization Required	Tremfya	Injection, guselkumab, 1 mg	Inj., guselkumab, 1 mg	
J1630	No Prior Authorization Required	Haldol Decanoate	Injection, haloperidol, up to 5 mg	Haloperidol injection	
J1631	No Prior Authorization Required	Haldol Decanoate	Injection, haloperidol decanoate, per 50 mg	Haloperidol decanoate inj	
J1632	Prior Authorization Required	Zulresso	Injection, brexanolone, 1 mg	Inj., brexanolone, 1 mg	
J1640	Prior Authorization Required	Panhematin	Injection, hemin, 1 mg	Hemin, 1 mg	

J1642	No Prior Authorization Required	Heparin Lock Flush	Injection, heparin sodium, (heparin lock flush), per 10 units	Inj heparin sodium per 10 u	
J1643	Prior Authorization Required	Porcine	Injection, heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units		
J1644	No Prior Authorization Required	Heparin	Injection, heparin sodium, per 1000 units	Inj heparin sodium per 1000u	
J1645	No Prior Authorization Required	Fragmin	Injection, dalteparin sodium, per 2500 iu	Dalteparin sodium	
J1650	No Prior Authorization Required	Lovonox	Injection, enoxaparin sodium, 10 mg	Inj enoxaparin sodium	
J1652	No Prior Authorization Required	Arixtra	Injection, fondaparinux sodium, 0.5 mg	Fondaparinux sodium	
J1670	No Prior Authorization Required	Hypertet	Injection, tetanus immune globulin, human, up to 250 units	Tetanus immune globulin inj	
J1720	No Prior Authorization Required	Solu-Cortef	Injection, hydrocortisone sodium succinate, up to 100 mg	Hydrocortisone sodium succ i	
J1726	Approval withdrawn by FDA 4/6/23	Makena	Injection, hydroxyprogesterone caproate, (makena), 10 mg	Makena, 10 mg	
J1729	Prior Authorization Required	Hydroxyprogesterone Caproate	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Inj hydroxyprogst capoat nos	
J1729	Prior Authorization Required	Hydroxyprogesterone Caproate	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Inj hydroxyprogst capoat nos	
J1738	Prior Authorization Required	Anjeso	Injection, meloxicam, 1 mg	Inj. meloxicam 1 mg	
J1740	Prior Authorization Required	Boniva	Injection, ibandronate sodium, 1 mg	Ibandronate sodium injection	
J1741	No Prior Authorization Required	Caldolor	Injection, ibuprofen, 100 mg	Ibuprofen injection	
J1742	No Prior Authorization Required	Corvert	Injection, ibutilide fumarate, 1 mg	Ibutilide fumarate injection	
J1743	Prior Authorization Required	Elaprase	Injection, idursulfase, 1 mg	Idursulfase injection	
J1744	Prior Authorization Required	Firazyr	Injection, icatibant, 1 mg	Icatibant injection	18mL per 30 days
J1745	Prior Authorization Required	Remicade	Injection, infliximab, excludes biosimilar, 10 mg	Infliximab not biosimil 10mg	5mg/kg every 8 weeks
J1746	Prior Authorization Required	Trogarzo	Injection, ibalizumab-uiyk, 10 mg	Inj., ibalizumab-uiyk, 10 mg	

J1747	Prior Authorization Required	Spevigo	Injection, spesolimab-sbzo, 1 mg	Inj, spesolimab-sbzo, 1 mg	
J1748	Prior Authorization Required	Zymfentra	Injection, infliximab-dyyb (zymfentra), 10 mg	Inj, zymfentra, 10 mg	
J1749	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, iloprost, 0.1 mcg	Inj, iloprost, 0.1 mcg	
J1750	No Prior Authorization Required	Infed	Injection, iron dextran, 50 mg	Inj iron dextran	
J1756	No Prior Authorization Required	Venofer	Injection, iron sucrose, 1 mg	Iron sucrose injection	
J1786	Prior Authorization Required	Cerezyme	Injection, imiglucerase, 10 units	Imuglucerase injection	
J1790	No Prior Authorization Required	Inapsine	Injection, droperidol, up to 5 mg	Droperidol injection	
J1800	No Prior Authorization Required	Inderal	Injection, propranolol hcl, up to 1 mg	Propranolol injection	

J1805	Not Covered on state fee schedule (Provider's Administered Drug List)	BREVIBLOC	Injection, esmolol HCl, 10 mg	Inj, esmolol hcl, 10mg	
J1806	Not Covered on state fee schedule (Provider's Administered Drug List)	Esnolol	Injection, esmolol HCl (WG Critical Care) not therapeutically equivalent to J1805, 10 mg	Inj esmolol hcl wg crit care	
J1811	Not Covered on state fee schedule (Provider's Administered Drug List)	Fiasp	Insulin (Fiasp) for administration through DME (i.e., insulin pump) per 50 units	Fiasp for insulin pump use	

J1812	Not Covered on state fee schedule (Provider's Administered Drug List)	Fiasp Flextouch	Insulin (Fiasp), per 5 units	Inj. insulin (fiasp)	
J1813	Not Covered on state fee schedule (Provider's Administered Drug List)	LYUMJEV	Insulin (Lyumjev) for administration through DME (i.e., insulin pump) per 50 units	Lyumjev for insulin pump use	
J1814	Not Covered on state fee schedule (Provider's Administered Drug List)	LYUMJEV	Insulin (Lyumjev), per 5 units	Inj. insulin (lyumjev)	
J1815	Pharmacy Benefit	Insulin	Injection, insulin, per 5 units	Insulin injection	
J1817	Pharmacy Benefit	Insulin	Insulin for administration through dme (i.e., insulin pump) per 50 units	Insulin for insulin pump use	
J1823	Prior Authorization Required	Uplizna	Inj. inebilizumab-cdon, 1 mg	Injection, inebilizumab-cdon, 1 mg	
J1826	Pharmacy Benefit	Avonex	Injection, interferon beta-1a, 30 mcg	Interferon beta-1a inj	
J1830	Prior Authorization Required	Betaseron	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)	Interferon beta-1b / .25 mg	

J1833	Prior Authorization Required	Cresemba	Injection, isavuconazonium, 1 mg	Injection, isavuconazonium	
J1836	No Prior Authorization Required	Metronidazole	Injection, metronidazole, 10 mg	Inj, metronidazole, 10 mg	
J1885	No Prior Authorization Required	Torodal	Injection, ketorolac tromethamine, per 15 mg	Ketorolac tromethamine inj	
J1920	Not Covered on state fee schedule (Provider's Administered Drug List)	Labetalol	Injection, labetalol HCl, 5 mg	Inj, labetalol hcl, 5mg	

J1921	Not Covered on state fee schedule (Provider's Administered Drug List)	Labetalol	Injection, labetalol HCl (Hikma) not therapeutically equivalent to J1820, 5 mg	Inj labetalol hcl hikma, 5mg	
J1930	Prior Authorization Required	Somatuline Depot	Injection, lanreotide, 1 mg	Lanreotide injection	
J1931	Prior Authorization Required	Aldurazyme	Injection, laronidase, 0.1 mg	Laronidase injection	
J1932	Prior Authorization Required	Cipla	Injection, lanreotide, (cipla), 1 mg	Inj, lanreotide, (cipla) 1mg	
J1939	Not Covered on state fee schedule (Provider's Administered Drug List)	BUMETANIDE 0.25MG/ML Solution	Injection, bumetanide, 0.5 mg	Inj, bumetanide, 0.5 mg	
J1940	No Prior Authorization Required	Lasix	Injection, furosemide, up to 20 mg	Furosemide injection	
J1941	Not Covered on state fee schedule (Provider's Administered Drug List)	FUROCIX	Injection, furosemide (Furoscix), 20 mg	Inj, furoscix, 20 mg	
J1943	No Prior Authorization Required	Aristada	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	Inj., aristada initio, 1 mg	
J1944	No Prior Authorization Required	Aristada	Injection, aripiprazole lauroxil, (aristada), 1 mg	Aripirazole lauroxil 1 mg	
J1950	Prior Authorization Required	Lupron Depot	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Leuprolide acetate / 3.75 mg	Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyoma: every 84 days

J1951	Prior Authorization Required	Fensolvi	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	Inj fensolvi 0.25 mg	
J1952	Prior Authorization Required	Camcevi	Leuprolide injectable, camcevi, 1 mg	Leuprolide inj, camcevi, 1mg	
J1953	No Prior Authorization Required	Keppra	Injection, levetiracetam, 10 mg	Levetiracetam injection	
J1954	Prior Authorization Required	Leuprolide	Injection, leuprolide acetate for depot suspension (Lutrate), 7.5 mg		
J1955	No Prior Authorization Required	Carnitor	Injection, levocarnitine, per 1 gm	Inj levocarnitine per 1 gm	
J1956	No Prior Authorization Required	Levaquin	Injection, levofloxacin, 250 mg	Levofloxacin injection	
J1961	Prior Authorization Required	Sunlenca	Injection, lenacapavir, 1 mg	Inj, lenacapavir, 1 mg	
J1980	No Prior Authorization Required	Levsin	Injection, hyoscyamine sulfate, up to 0.25 mg	Hyoscyamine sulfate inj	
J2002	Not Covered on state fee schedule (Provider's Administered Drug List)	LIDOCAINE IN D5W 4-5MG/ML-% Solution	Injection, lidocaine hcl in 5% dextrose, 1 mg	Inj, lidocaine in d5w, 1 mg	

J2003	Not Covered on state fee schedule (Provider's Administered Drug List)	LIDOCAINE HCL 2% Solution	Injection, lidocaine hydrochloride, 1 mg	Inj, lidocaine hcl, 1 mg	
J2004	Not Covered on state fee schedule (Provider's Administered Drug List)	LIGNOSPAN STANDARD 2%-1:100K CARTRIDGE	Injection, lidocaine hcl with epinephrine, 1 mg	Inj, lidocaine w epinephrine	
J2010	Prior Authorization Required	Lincocin	Injection, lincomycin hcl, up to 300 mg	Lincomycin injection	
J2020	No Prior Authorization Required	Zyvox	Injection, linezolid, 200 mg	Linezolid injection	
J2021	Prior Authorization Required	Zyvox	Injection, linezolid (Hospira) not therapeutically equivalent to J2020, 200 mg		
J2060	No Prior Authorization Required	Ativan	Injection, lorazepam, 2 mg	Lorazepam injection	
J2062	Prior Authorization Required	Adasuve	Loxapine for inhalation, 1 mg	Loxapine for inhalation 1 mg	
J2150	No Prior Authorization Required	Mannitol	Injection, mannitol, 25% in 50 ml	Mannitol injection	
J2170	Prior Authorization Required	Increlex	Injection, mecasermin, 1 mg	Mecasermin injection	
J2175	No Prior Authorization Required	Demerol	Injection, meperidine hydrochloride, per 100 mg	Meperidine hydrochl /100 mg	
J2182	Prior Authorization Required	Nucala	Injection, mepolizumab, 1 mg	Injection, mepolizumab, 1mg	
J2183	Prior Authorization Required	Meropenem	Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg	Inj meropenem (wg crit care)	
J2184	Prior Authorization Required	Meropenem	Injection, meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg		
J2185	No Prior Authorization Required	Merrem	Injection, meropenem, 100 mg	Meropenem	
J2186	No Prior Authorization Required	Vabomere	Injection, meropenem and vaborbactam, 10mg/10mg (20mg)	Inj., meropenem, vaborbactam	
J2210	No Prior Authorization Required	Methergine	Injection, methylergonovine maleate, up to 0.2 mg	Methylergonovin maleate inj	
J2212	Prior Authorization Required	Relistor	Injection, methylnaltrexone, 0.1 mg	Methylnaltrexone injection	

J2246	Prior Authorization Required	Micafungin	Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg	Inj, micafungin (baxter)	
J2247	Prior Authorization Required	Byfavo	Injection, micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg		
J2248	No Prior Authorization Required	Mycamine	Injection, micafungin sodium, 1 mg	Micafungin sodium injection	
J2249	Not Covered on state fee schedule (Provider's Administered Drug List)	BYFAVO	Injection, remimazolam, 1 mg	Inj, remimazolam, 1 mg	
J2250	No Prior Authorization Required	Versed	Injection, midazolam hydrochloride, per 1 mg	Inj midazolam hydrochloride	
J2251	Prior Authorization Required	Midazolam	Injection, midazolam HCl (WG Critical Care) not therapeutically equivalent to J2250, per 1 mg		
J2252	Not Covered on state fee schedule (Provider's Administered Drug List)	MIDAZOLAM-SODIUM CHLORIDE (PF) 100-0.8MG/100ML-% Solution	Injection, midazolam in 0.8% sodium chloride, intravenous, not therapeutically equivalent to j2250, 1 mg	Inj midazolam in 0.8% nacl	

J2253	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, midazolam (seizalam), 1 mg	Inj midazolam (seizalam)	
J2260	No Prior Authorization Required	Primacor	Injection, milrinone lactate, 5 mg	Inj milrinone lactate / 5 mg	
J2265	No Prior Authorization Required	Minocin	Injection, minocycline hydrochloride, 1 mg	Minocycline hydrochloride	
J2267	Prior Authorization Required	OmvoH	Injection, mirikizumab-mrkz, 1 mg	Inj, mirikizumab-mrkz, 1 mg	
J2270	No Prior Authorization Required	Morphin	Injection, morphine sulfate, up to 10 mg	Morphine sulfate injection	
J2272	Prior Authorization Required	Morphine sulfate	Injection, morphine sulfate (Fresenius Kabi) not therapeutically equivalent to J2270, up to 10 mg		
J2274	No Prior Authorization Required	Duramorph	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	Inj morphine pf epid ithc	
J2277	Not Covered on state fee schedule (Provider's Administered Drug List)	Aphexda	Injection, motixafortide, 0.25 mg	Inj, motixafortide, 0.25 mg	
J2278	Prior Authorization Required	Prialt	Injection, ziconotide, 1 microgram	Ziconotide injection	
J2280	No Prior Authorization Required	Avelox	Injection, moxifloxacin, 100 mg	Inj, moxifloxacin 100 mg	
J2281	Prior Authorization Required	Moxifloxacin	Injection, moxifloxacin (Fresenius Kabi) not therapeutically equivalent to J2280, 100 mg		

J2290	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, nafcillin sodium, 20 mg	Inj, nafcillin sodium, 20 mg	
J2300	No Prior Authorization Required	Nubain	Injection, nalbuphine hydrochloride, per 10 mg	Inj nalbuphine hydrochloride	
J2305	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, nitroglycerin, 5 mg	Inj, nitroglycerin, 5 mg	
J2310	No Prior Authorization Required	Narcan	Injection, naloxone hydrochloride, per 1 mg	Inj naloxone hydrochloride	
J2311	Prior Authorization Required	Zimhi	Injection, naloxone HCl (Zimhi), 1 mg		
J2315	No Prior Authorization Required	Vivitrol	Injection, naltrexone, depot form, 1 mg	Naltrexone, depot form	
J2323	Prior Authorization Required	Tysabri	Injection, natalizumab, 1 mg	Natalizumab injection	300mg per 28 days
J2326	Prior Authorization Required	Spinraza	Injection, nusinersen, 0.1 mg	Inj, nusinersen, 0.1mg	12mg (5mL) per treatment
J2327	Prior Authorization Required	Skyrizi	Injection, risankizumab-rzaa, intravenous, 1 mg		
J2329	Prior Authorization Required	Briumvi	Injection, ublituximab-xiiy, 1mg	Inj ublituximab-xiiy, 1 mg	
J2350	Prior Authorization Required	Ocrevus	Injection, ocrelizumab, 1 mg	Injection, ocrelizumab, 1 mg	600MG every 6 months
J2353	Prior Authorization Required	Sandostatin LAR	Injection, octreotide, depot form for intramuscular injection, 1 mg	Octreotide injection, depot	

J2354	Prior Authorization Required	Sandostatin	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Octreotide inj, non-depot	
J2355	Prior Authorization Required	NEUMEGA	Injection, oprelvekin, 5 mg	Oprelvekin injection	
J2356	Prior Authorization Required	Tezspire	Injection, tezepelumab-ekko, 1 mg		
J2357	Prior Authorization Required	Xolair	Injection, omalizumab, 5 mg	Omalizumab injection	
J2358	No Prior Authorization Required	Zyprexa Relprevv	Injection, olanzapine, long-acting, 1 mg	Olanzapine long-acting inj	
J2359	Prior Authorization Required	Zyprexa	Injection, olanzapine, 0.5 mg	Inj. olanzapine, 0.5mg	
J2360	No Prior Authorization Required	Norflex	Injection, orphenadrine citrate, up to 60 mg	Orphenadrine injection	
J2371	No Prior Authorization Required	VAZCULEP	Injection, phenylephrine HCl, 20 mcg	Inj phenylephrine hcl 20 mcg	
J2372	No Prior Authorization Required	Biorphen	Injection, phenylephrine HCl (Biorphen), 20 mcg	Inj, biorphen, 20 micrograms	

J2373	Prior Authorization Required	Immphentiv	Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms	Inj, immphentiv, 20 mcg	
J2401	Prior Authorization Required	Nesacaine	Injection, chloroprocaine HCl, per 1 mg		
J2402	Prior Authorization Required	Clorotekal	Injection, chloroprocaine HCl (Clorotekal), per 1 mg		
J2403	Not Covered on state fee schedule (Provider's Administered Drug List)	Iheezo	Chloroprocaine HCl ophthalmic, 3% gel, 1 mg	Chloroprocaine opht gel, 1mg	
J2404	Not Covered on state fee schedule (Provider's Administered Drug List)	NICARDIPINE HCL 2.5MG/ML Solution	Injection, nicardipine, 0.1 mg	Inj, nicardipine 0.1 mg	
J2405	No Prior Authorization Required	Zofran	Injection, ondansetron hydrochloride, per 1 mg	Ondansetron hcl injection	
J2406	Prior Authorization Required	Kimyrsa	Injection,oritavancin, 10 mg		
J2407	Prior Authorization Required	Orbactiv	Injection,oritavancin, 10 mg	Injection,oritavancin	
J2425	No Prior Authorization Required	Kepivance	Injection, palifermin, 50 micrograms	Palifermin injection	
J2426	No Prior Authorization Required	Invega Sustenna	Injection, paliperidone palmitate extended release, 1 mg	Paliperidone palmitate inj	

J2427	Prior Authorization Required	Invega Trinza	Injection, paliperidone palmitate extended release (Invega Hafyera or Invega Trinza), 1 mg	Inj, invega hafyera/trinza	
J2430	Prior Authorization Required	Pamidronate disodium	Injection, pamidronate disodium, per 30 mg	Pamidronate disodium /30 mg	
J2440	No Prior Authorization Required	Papaverine	Injection, papaverine hcl, up to 60 mg	Papaverin hcl injection	
J2468	Prior Authorization Required		Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to j2469, 25 micrograms	Inj, palonosetron (avyxa)	
J2469	No Prior Authorization Required	Aloxi	Injection, palonosetron hcl, 25 mcg	Palonosetron hcl	
J2470	No Prior Authorization Required	Protonix	Injection, pantoprazole sodium, 40 mg	Inj pantoprazole sodium 40mg	

J2471	No Prior Authorization Required	Pantoprazole	Injection, pantoprazole (hikma), not therapeutically equivalent to j2470, 40 mg	Inj pantoprazole(hikma) 40mg	
J2472	No Prior Authorization Required		Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	Inj, pantoprazole sodium chl	
J2501	No Prior Authorization Required	Zemplar	Injection, paricalcitol, 1 mcg	Paricalcitol	
J2502	Prior Authorization Required	Signifor LAR	Injection, pasireotide long acting, 1 mg	Inj, pasireotide long acting	
J2503	Prior Authorization Required	Macugen	Injection, pegaptanib sodium, 0.3 mg	Pegaptanib sodium injection	
J2504	Prior Authorization Required	ADAGEN	Injection, pegademase bovine, 25 iu	Pegademase bovine, 25 iu	
J2506	Prior Authorization Required	Neulasta	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg		
J2507	Prior Authorization Required	Krystexxa	Injection, pegloticase, 1 mg	Pegloticase injection	
J2508	Prior Authorization Required	ELFABRIO 20MG/10ML Solution	Injection, pegunigalsidase alfa-iwxj, 1 mg	Pegunigalsidase alfa-iwxj	
J2510	No Prior Authorization Required	Penicillin G Procaine	Injection, penicillin g procaine, aqueous, up to 600,000 units	Penicillin g procaine inj	
J2515	No Prior Authorization Required	Nembutal	Injection, pentobarbital sodium, per 50 mg	Pentobarbital sodium inj	
J2540	No Prior Authorization Required	Penicillin G Potassium	Injection, penicillin g potassium, up to 600,000 units	Penicillin g potassium inj	
J2543	No Prior Authorization Required	Zosyn	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	Piperacillin/tazobactam	

J2545	No Prior Authorization Required	Nebupent	Pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 300 mg	Pentamidine non-comp unit	
J2547	Prior Authorization Required	Rapivab	Injection, peramivir, 1 mg	Injection, peramivir	
J2550	No Prior Authorization Required	Phenergan	Injection, promethazine hcl, up to 50 mg	Promethazine hcl injection	
J2560	No Prior Authorization Required	Phenobarbital	Injection, phenobarbital sodium, up to 120 mg	Phenobarbital sodium inj	
J2561	Prior Authorization Required	Sezaby	Injection, phenobarbital sodium (Sezaby), 1 mg	Inj, sezaby, 1 mg	
J2562	Prior Authorization Required	Mozobil	Injection, plerixafor, 1 mg	Plerixafor injection	
J2590	No Prior Authorization Required	Pitocin	Injection, oxytocin, up to 10 units	Oxytocin injection	
J2597	No Prior Authorization Required	DDAVP	Injection, desmopressin acetate, per 1 mcg	Inj desmopressin acetate	
J2598	Not Covered on state fee schedule (Provider's Administered Drug List)	Vasopstrict	Injection, vasopressin, 1 unit	Inj, vasopressin, 1 unit	
J2599	Not Covered on state fee schedule (Provider's Administered Drug List)	Vasopressin	Injection, vasopressin (American Regent) not therapeutically equivalent to J2598, 1 unit	Inj vasopressin (am reg) 1 u	
J2601	Not Covered on state fee schedule (Provider's Administered Drug List)	VASOPRESSIN-SODIUM CHLORIDE 20-0.9UT/100ML-% Solution	Injection, vasopressin (baxter), 1 unit	Inj, vasopressin (baxter)	
J2675	No Prior Authorization Required	Progesterone	Injection, progesterone, per 50 mg	Inj progesterone per 50 mg	

J2679	Not Covered on state fee schedule (Provider's Administered Drug List)	FLUPHENAZINE HCL 2.5MG/ML Solution	Injection, fluphenazine HCl, 1.25 mg	Inj fluphenazine hcl 1.25 mg	
J2680	No Prior Authorization Required	Prolixin	Injection, fluphenazine decanoate, up to 25 mg	Fluphenazine decanoate 25 mg	
J2690	No Prior Authorization Required	Procainamide	Injection, procainamide hcl, up to 1 gm	Procainamide hcl injection	
J2700	No Prior Authorization Required	Oxacillin	Injection, oxacillin sodium, up to 250 mg	Oxacillin sodium injeciton	
J2704	No Prior Authorization Required	Diprivan	Injection, propofol, 10 mg	Inj, propofol, 10 mg	
J2710	No Prior Authorization Required	Bloxiverz	Injection, neostigmine methylsulfate, up to 0.5 mg	Neostigmine methylslfte inj	
J2720	No Prior Authorization Required	Protamine	Injection, protamine sulfate, per 10 mg	Inj protamine sulfate/10 mg	
J2724	Prior Authorization Required	Ceprotin	Injection, protein c concentrate, intravenous, human, 10 iu	Protein c concentrate	
J2730	No Prior Authorization Required	Protopam	Injection, pralidoxime chloride, up to 1 gm	Pralidoxime chloride inj	
J2760	No Prior Authorization Required	Regitine	Injection, phentolamine mesylate, up to 5 mg	Phentolaine mesylate inj	
J2765	No Prior Authorization Required	Reglan	Injection, metoclopramide hcl, up to 10 mg	Metoclopramide hcl injection	
J2770	No Prior Authorization Required	Synercid	Injection, quinupristin/dalfopristin, 500 mg (150/350)	Quinupristin/dalfopristin	
J2777	Prior Authorization Required	Vabysmo	Injection, faricimab-svoa, 0.1 mg	Inj, faricimab-svoa, 0.1mg	
J2778	Prior Authorization Required	Lucentis	Injection, ranibizumab, 0.1 mg	Ranibizumab injection	
J2779	Prior Authorization Required	Suvismo	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg		
J2781	Prior Authorization Required	Syfovre	Injection, pegcetacoplan, intravitreal, 1 mg	Inj, pegcetacoplan, 1mg	
J2782	Prior Authorization Required	Izervay	Injection, avacincaptad pegol, 0.1 mg	Inj avacincaptad pegol 0.1mg	
J2783	No Prior Authorization Required	Elitek	Injection, rasburicase, 0.5 mg	Rasburicase	
J2785	No Prior Authorization Required	Lexiscan	Injection, regadenoson, 0.1 mg	Regadenoson injection	
J2786	Prior Authorization Required	Cinqair	Injection, reslizumab, 1 mg	Injection, reslizumab, 1mg	
J2787	Prior Authorization Required	Photrex	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	Riboflavin 5'phos opth<=3ml	
J2788	No Prior Authorization Required	HyperRho S/D, Micrhogam Ultra-Filtered Plus	Injection, rho d immune globulin, human, minidose, 50 micrograms (250 i.u.)	Rho d immune globulin 50 mcg	

J2790	Prior Authorization Required	HyperRho S/D, Rhogam Ultra-Filtered Plus	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)	Rho d immune globulin inj	
J2791	No Prior Authorization Required	Rhophylac	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	Rhophylac injection	
J2792	No Prior Authorization Required	WinRho	Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	Rho(d) immune globulin h, sd	
J2793	Prior Authorization Required	Arcalyst	Injection, rilonacept, 1 mg	Rilonacept injection	
J2794	No Prior Authorization Required	Risperdal Consta	Injection, risperidone (risperdal consta), 0.5 mg	Inj risperdal consta, 0.5 mg	
J2795	No Prior Authorization Required	Naropin	Injection, ropivacaine hydrochloride, 1 mg	Ropivacaine hcl injection	
J2797	Prior Authorization Required	VARUBI	Injection, rolapitant, 0.5 mg	Inj., rolapitant, 0.5 mg	
J2798	Prior Authorization Required	Perseris	Injection, risperidone, (perseris), 0.5 mg	Inj., perseris, 0.5 mg	
J2799	Prior Authorization Required	UZEDY 25MG/0.07ML Suspension, Extended Release	Injection, risperidone (Uzedy), 1 mg	Inj, uzedy, 1 mg	
J2800	No Prior Authorization Required	Robaxin	Injection, methocarbamol, up to 10 ml	Methocarbamol injection	
J2801	Not Covered on state fee schedule (Provider's Administered Drug List)	Rykindo	Injection, risperidone (Rykindo), 0.5 mg	Inj, rykindo, 0.5 mg	

J2802	Prior Authorization Required	Nplate	Injection, romiplostim, 1 microgram	Inj, romiplostim 1 microgram	
J2805	No Prior Authorization Required	Kinevac	Injection, sinalide, 5 micrograms	Sinalide injection	
J2810	No Prior Authorization Required	Theophylline	Injection, theophylline, per 40 mg	Inj theophylline per 40 mg	
J2820	Prior Authorization Required	Leukine	Injection, sargramostim (gm-csf), 50 mcg	Sargramostim injection	
J2840	Prior Authorization Required	Kanuma	Injection, sebelipase alfa, 1 mg	Inj sebelipase alfa 1 mg	
J2850	No Prior Authorization Required	Chirhostim	Injection, secretin, synthetic, human, 1 microgram	Inj secretin synthetic human	
J2860	Prior Authorization Required	Sylvant	Injection, siltuximab, 10 mg	Injection, siltuximab	
J2916	No Prior Authorization Required	Ferlecit	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Na ferric gluconate complex	
J2919	No Prior Authorization Required	Solu-Medrol	Injection, methylprednisolone sodium succinate, 5 mg	Inj, methylpred sod succ 5mg	
J2941	Pharmacy Benefit	Humatrope, Genotropin, Genotropin Miniquick, Norditropin, Omnitrope, Serostim, Saizen, Zorbitive, Nutropin AQ Nuspun, Zomacton	Injection, somatropin, 1 mg	Somatropin injection	
J2993	No Prior Authorization Required	Retavase	Injection, reteplase, 18.1 mg	Reteplase injection	
J2997	No Prior Authorization Required	Cathflo	Injection, alteplase recombinant, 1 mg	Alteplase recombinant	
J3000	No Prior Authorization Required	Streptomycin	Injection, streptomycin, up to 1 gm	Streptomycin injection	
J3010	No Prior Authorization Required	Fentanyl	Injection, fentanyl citrate, 0.1 mg	Fentanyl citrate injection	
J3030	No Prior Authorization Required	Imitrex	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)	Sumatriptan succinate / 6 mg	
J3031	Prior Authorization Required	Ajovy	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)	Inj., fremanezumab-vfrm 1 mg	
J3032	Prior Authorization Required	Vyepti	Injection, eptinezumab-ijmr, 1 mg	Inj. eptinezumab-ijmr 1 mg	

J3055	Prior Authorization Required	Talvey	Injection, talquetamab-tgvs, 0.25 mg	Inj talquetamab-tgvs 0.25 mg	
J3060	Prior Authorization Required	Elelyso	Injection, taliglucerase alfa, 10 units	Inj, taliglucerase alfa 10 u	
J3090	Prior Authorization Required	Sivextro	Injection, tedizolid phosphate, 1 mg	Inj tedizolid phosphate	
J3095	No Prior Authorization Required	Vibativ	Injection, telavancin, 10 mg	Telavancin injection	
J3101	No Prior Authorization Required	Tnkase	Injection, tenecteplase, 1 mg	Tenecteplase injection	
J3105	No Prior Authorization Required	Brethine	Injection, terbutaline sulfate, up to 1 mg	Terbutaline sulfate inj	
J3110	Prior Authorization Required	Forteo	Injection, teriparatide, 10 mcg	Teriparatide injection	
J3111	Prior Authorization Required	Evenity	Injection, romosozumab-aqqg, 1 mg	Inj. romosozumab-aqqg 1 mg	
J3121	No Prior Authorization Required	Testosterone Enanthate	Injection, testosterone enanthate, 1 mg	Inj testostero enanthate 1mg	
J3145	No Prior Authorization Required	Aveed	Injection, testosterone undecanoate, 1 mg	Testosterone undecanoate 1mg	
J3230	No Prior Authorization Required	Thorazine	Injection, chlorpromazine hcl, up to 50 mg	Chlorpromazine hcl injection	
J3240	No Prior Authorization Required	Thyrogen	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	Thyrotropin injection	
J3241	Prior Authorization Required	Tepezza	Injection, teprotumumab-trbw, 10 mg	Inj. teprotumumab-trbw 10 mg	
J3243	No Prior Authorization Required	Tygacil	Injection, tigecycline, 1 mg	Tigecycline injection	
J3244	Prior Authorization Required	Tigecycline	Injection, tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg		
J3245	Prior Authorization Required	Ilumya	Injection, tildrakizumab, 1 mg	Inj., tildrakizumab, 1 mg	
J3246	No Prior Authorization Required	Aggrastat	Injection, tirofiban hcl, 0.25 mg	Tirofiban hcl	
J3247	Prior Authorization Required	Cosentyx	Injection, secukinumab, intravenous, 1 mg	Inj secukinumab intrav 1mg	
J3250	No Prior Authorization Required	Tigan	Injection, trimethobenzamide hcl, up to 200 mg	Trimethobenzamide hcl inj	
J3260	No Prior Authorization Required	Tobramycin	Injection, tobramycin sulfate, up to 80 mg	Tobramycin sulfate injection	
J3262	Prior Authorization Required	Actemra	Injection, tocilizumab, 1 mg	Tocilizumab injection	3200 units per 28 days

J3263	Prior Authorization Required	Loqtorzi	Injection, toripalimab-tpzi, 1 mg	Inj, toripalimab-tpzi, 1 mg	
J3285	Pharmacy Benefit	Remodulin	Injection, treprostinil, 1 mg	Treprostinil injection	
J3299	Prior Authorization Required	Xipere	Injection, triamcinolone acetonide, suprachoroidal (Xipere), 1 mg		
J3300	No Prior Authorization Required	Triesence	Injection, triamcinolone acetonide, preservative free, 1 mg	Triamcinolone a inj prs-free	
J3301	No Prior Authorization Required	Kenalog	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	Triamcinolone acet inj nos	
J3304	Prior Authorization Required	Zilretta	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Inj triamcinolone ace xr 1mg	
J3315	Prior Authorization Required	Trelstar	Injection, triptorelin pamoate, 3.75 mg	Triptorelin pamoate	
J3316	Prior Authorization Required	Triptodur	Injection, triptorelin, extended-release, 3.75 mg	Inj., triptorelin xr 3.75 mg	
J3355	Prior Authorization Required	BRAVELLE	Injection, urofollitropin, 75 iu	Urofollitropin, 75 iu	
J3357	Prior Authorization Required	Stelara	Ustekinumab, for subcutaneous injection, 1 mg	Ustekinumab sub cu inj, 1 mg	90 units per 56 days after loading dose Subcutaneous Administration
J3358	Prior Authorization Required	Stelara	Ustekinumab, for intravenous injection, 1 mg	Ustekinumab, iv inject, 1 mg	IV administration
J3360	No Prior Authorization Required	Valium	Injection, diazepam, up to 5 mg	Diazepam injection	
J3370	No Prior Authorization Required	Vancomycine	Injection, vancomycin hcl, 500 mg	Vancomycin hcl injection	
J3371	Prior Authorization Required		Injection, vancomycin HCl (Mylan) not therapeutically equivalent to J3370, 500 mg		
J3372	Prior Authorization Required		Injection, vancomycin HCl (Xellia) not therapeutically equivalent to J3370, 500 mg		
J3380	Prior Authorization Required	Entyvio	Injection, vedolizumab, 1 mg	Injection, vedolizumab	300mg per infusion
J3385	Prior Authorization Required	Vpriv	Injection, velaglucerase alfa, 100 units	Velaglucerase alfa	

J3392	Prior Authorization Required	Casgevy	Injection, exagamlogene autotemcel, per treatment	Inj, exagamlogene autotem	
J3393	Prior Authorization Required	Zynteglo	Injection, betibeglogene autotemcel, per treatment	Inj, betibeglogene autotemce	
J3394	Prior Authorization Required	Lyfgenia	Injection, lovotibeglogene autotemcel, per treatment	Inj, lovotibeglogene autotem	
J3396	Prior Authorization Required	Visudyne	Injection, verteporfin, 0.1 mg	Verteporfin injection	
J3397	Prior Authorization Required	Mepsevii	Injection, vestronidase alfa-vjbk, 1 mg	Inj., vestronidase alfa-vjbk	
J3398	Prior Authorization Required	Luxturna	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Inj luxturna 1 billion vec g	
J3399	Prior Authorization Required	Zolgensma	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	Inj onase abepar-xioi treat	

J3401	Prior Authorization Required	VYJUVEK Gel	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10⁹ PFU/ml vector genomes, per 0.1 ml	Vyjuvek 5x10^9pfu/ml, 0.1 ml	
J3410	No Prior Authorization Required	Vistaril	Injection, hydroxyzine hcl, up to 25 mg	Hydroxyzine hcl injection	
J3411	No Prior Authorization Required	Thiamine	Injection, thiamine hcl, 100 mg	Thiamine hcl 100 mg	
J3415	Not Covered on state fee schedule (Provider's Administered Drug List)	Pyridoxine	Injection, pyridoxine hcl, 100 mg	Pyridoxine hcl 100 mg	
J3420	No Prior Authorization Required	Cyanocobalamine	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg	Vitamin b12 injection	
J3424	Not Covered on state fee schedule (Provider's Administered Drug List)	Cyanokit	Injection, hydroxocobalamin, IV, 25 mg	Inj hydroxocobalamin iv 25mg	

J3425	Not Covered on state fee schedule (Provider's Administered Drug List)	HYDROXOCOBALAMIN 1000MCG/ML Solution	Injection, hydroxocobalamin, 10 mcg	Inj, hydroxocobalamin	
J3430	No Prior Authorization Required	Mephyton	Injection, phytonadione (vitamin k), per 1 mg	Vitamin k phytonadione inj	
J3465	No Prior Authorization Required	Vfend	Injection, voriconazole, 10 mg	Injection, voriconazole	
J3470	No Prior Authorization Required	Amphadase	Injection, hyaluronidase, up to 150 units	Hyaluronidase injection	
J3471	No Prior Authorization Required	Vitrase	Injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)	Ovine, up to 999 usp units	
J3473	No Prior Authorization Required	Hyalenex	Injection, hyaluronidase, recombinant, 1 usp unit	Hyaluronidase recombinant	
J3475	No Prior Authorization Required	Magnesium Sulfate	Injection, magnesium sulfate, per 500 mg	Inj magnesium sulfate	
J3480	No Prior Authorization Required	Potassium Chloride	Injection, potassium chloride, per 2 meq	Inj potassium chloride	
J3485	No Prior Authorization Required	Retrovir	Injection, zidovudine, 10 mg	Zidovudine	
J3486	No Prior Authorization Required	Geodan	Injection, ziprasidone mesylate, 10 mg	Ziprasidone mesylate	
J3489	No Prior Authorization Required	Reclast / Zometa	Injection, zoledronic acid, 1 mg	Zoledronic acid 1mg	
J3490	No Prior Authorization Required	Unclassified code	Unclassified drugs	Drugs unclassified injection	
J3490	Prior Authorization Required	Unclassified code	Exparel 1.3% Susp	Exparel	
J3535	No Prior Authorization Required	Unclassified code	Drug administered through a metered dose inhaler	Metered dose inhaler drug	
J3590	Prior Authorization Required (Avastin (J3590) for EYE INJECTIONS ONLY is No PA Required)	Unclassified code	Unclassified biologics	Unclassified biologics	
J3590	Prior Authorization Required	Unclassified code	betibeglogene autotemcel		
J3590	Prior Authorization Required	Unclassified code	elivaldogene autotemcel		
J3590	Prior Authorization Required	Unclassified code	Exagamglogene autotemcel	Exagamglogene autotemcel	
J3590	Prior Authorization Required	Unclassified code	lovo-cel	lovo-cel	
J3591	No Prior Authorization Required	Unclassified code	Unclassified drug or biological used for esrd on dialysis	Esrd on dialysi drug/bio noc	
J7030	No Prior Authorization Required	Sodium Chloride 0.9%	Infusion, normal saline solution , 1000 cc	Normal saline solution infus	
J7040	No Prior Authorization Required	Sodium Chloride 0.9%	Infusion, normal saline solution, sterile (500 ml = 1 unit)	Normal saline solution infus	
J7042	No Prior Authorization Required	Dextrose Sodium Chloride 5%-0.9%	5% dextrose/normal saline (500 ml = 1 unit)	5% dextrose/normal saline	
J7050	No Prior Authorization Required	Sodium Chloride 0.9%	Infusion, normal saline solution, 250 cc	Normal saline solution infus	
J7060	No Prior Authorization Required	Dextrose 5%	5% dextrose/water (500 ml = 1 unit)	5% dextrose/water	
J7070	No Prior Authorization Required	Dextrose 5%	Infusion, d5w, 1000 cc	D5w infusion	
J7100	No Prior Authorization Required	LMD in D5W 10%	Infusion, dextran 40, 500 ml	Dextran 40 infusion	
J7120	No Prior Authorization Required	Lactated Ringers	Ringers lactate infusion, up to 1000 cc	Ringers lactate infusion	
J7121	No Prior Authorization Required	Dextrose in Lactated Ringers 5%	5% dextrose in lactated ringers infusion, up to 1000 cc	5% dextrose in lac ringers	
J7131	No Prior Authorization Required	Sodium Chloride	Hypertonic saline solution, 1 ml	Hypertonic saline sol	

J7165	Not Covered on state fee schedule (Provider's Administered Drug List)	Balfaxar	Injection, prothrombin complex concentrate, human-lans, per IU of Factor IX activity	Inj, human-lans, per i.u	
J7168	Not Covered on state fee schedule (Provider's Administered Drug List)	Kcentra	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity	Prothrombin complex kcentra	
J7169	Prior Authorization Required	Andexxa	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg	Inj andexxa, 10 mg	
J7170	Prior Authorization Required	Hemlibra	Injection, emicizumab-kxwh, 0.5 mg	Inj., emicizumab-kxwh 0.5 mg	
J7171	Prior Authorization Required	Adzynma	Injection, adamts13, recombinant-krhn, 10 iu	Inj, adzynma, 10 iu	
J7175	Prior Authorization Required	Coagadex	Injection, factor x, (human), 1 i.u.	Inj, factor x, (human), 1iu	
J7177	Prior Authorization Required	Fibryga	Injection, human fibrinogen concentrate (fibryga), 1 mg	Inj., fibryga, 1 mg	
J7178	Prior Authorization Required	RiaStap	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Inj human fibrinogen con nos	
J7179	Prior Authorization Required	Vonvendi	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0	Vonvendi inj 1 iu vwf:rc0	
J7180	Prior Authorization Required	Corifact	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	Factor xiii anti-hem factor	
J7181	Prior Authorization Required	Tretten	Injection, factor xiii a-subunit, (recombinant), per iu	Factor xiii recomb a-subunit	

J7182	Prior Authorization Required	Novoeight	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	Factor viii recomb novoeight	
J7183	Prior Authorization Required	Wilate	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rho	Wilate injection	
J7185	Prior Authorization Required	Xyntha	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	Xyntha inj	
J7186	Prior Authorization Required	Alphanate	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	Antihemophilic viii/vwf comp	
J7187	Prior Authorization Required	Humate P	Injection, von willebrand factor complex (humate-p), per iu vwf:rho	Humate-p, inj	
J7188	Prior Authorization Required	Obizur	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Factor viii recomb obizur	
J7189	Prior Authorization Required	Novoseven	Factor viia (antihemophilic factor, recombinant), per 1 microgram	Factor viia	
J7190	Prior Authorization Required	Hemophil M Koate Monoclate	Factor viii (antihemophilic factor, human) per i.u.	Factor viii	
J7191	Prior Authorization Required		Factor viii (antihemophilic factor (porcine)), per i.u.	Factor viii (porcine)	
J7192	Prior Authorization Required	Advate Kogenate FS Recombinate	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	Factor viii recombinant nos	
J7193	Prior Authorization Required	Alphanine SD Mononine	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	Factor ix non-recombinant	
J7194	Prior Authorization Required	Profilnine	Factor ix, complex, per i.u.	Factor ix complex	
J7195	Prior Authorization Required	Ixinity Benefix	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	Factor ix recombinant nos	
J7196	Prior Authorization Required	Atryn	Injection, antithrombin recombinant, 50 i.u.	Antithrombin recombinant	
J7196	Prior Authorization Required	Atryn	Injection, antithrombin recombinant, 50 i.u.	Antithrombin recombinant	
J7197	Prior Authorization Required	Thrombate III	Antithrombin iii (human), per i.u.	Antithrombin iii injection	
J7198	Prior Authorization Required	Feiba NF	Anti-inhibitor, per i.u.	Anti-inhibitor	
J7199	Prior Authorization Required	Unclassified code	Hemophilia clotting factor, not otherwise classified	Hemophilia clot factor noc	
J7200	Prior Authorization Required	Rixubis	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Factor ix recombinan rixubis	
J7201	Prior Authorization Required	Alprolix	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	Factor ix alprolix recomb	
J7202	Prior Authorization Required	Idelvion	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Factor ix idelvion inj	
J7203	Prior Authorization Required	Rebinyn	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Factor ix recomb gly rebinyn	
J7204	Prior Authorization Required	Esperocet	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Inj recomb esperoct per iu	
J7205	Prior Authorization Required	Eloctate	Injection, factor viii fc fusion protein (recombinant), per iu	Factor viii fc fusion recomb	
J7207	Prior Authorization Required	Adynovate	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Factor viii pegylated recomb	
J7208	Prior Authorization Required	Jivi	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Inj. jivi 1 iu	
J7209	Prior Authorization Required	Nuwiq	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Factor viii nuwiq recomb 1iu	
J7210	Prior Authorization Required	Afstyla	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	Inj, afstyla, 1 i.u.	
J7211	Prior Authorization Required	Kovaltry	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.	Inj, kovaltry, 1 i.u.	
J7212	Prior Authorization Required	Sevenfact	Factor viia recomb sevenfact	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	
J7213	Prior Authorization Required	Ixinity	Injection, coagulation factor IX (recombinant), Ixinity, 1 IU	Inj, ixinity, 1 i.u.	

J7214	Prior Authorization Required	Altuviio	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviio), per Factor VIII IU	Altuviio per factor viii iu	
J7294	Pharmacy Benefit	Annovera	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea	Seg acet and eth estr yearly	
J7295	Pharmacy Benefit	Nuvaring EluRyng	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea	Eth estr and eton monthly	
J7296	No Prior Authorization Required	Kyleena	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg	Kyleena, 19.5 mg	
J7297	No Prior Authorization Required	Liletta	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg	Liletta, 52 mg	
J7298	No Prior Authorization Required	Mirena	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg	Mirena, 52 mg	
J7300	No Prior Authorization Required	Paragard	Intrauterine copper contraceptive	Intraut copper contraceptive	
J7301	No Prior Authorization Required	Skyla	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg	Skyla, 13.5 mg	
J7304	No Prior Authorization Required	Xulane	Contraceptive supply, hormone containing patch, each	Contraceptive hormone patch	
J7307	No Prior Authorization Required	Nexplanon	Etonogestrel (contraceptive) implant system, including implant and supplies	Etonogestrel implant system	
J7308	No Prior Authorization Required	Levulan Kerastick	Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)	Aminolevulinic acid hcl top	
J7311	Prior Authorization Required	Retisert	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	Inj., retisert, 0.01 mg	
J7312	Prior Authorization Required	Ozurdex	Injection, dexamethasone, intravitreal implant, 0.1 mg	Dexamethasone intra implant	
J7313	Prior Authorization Required	Iluvien	Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg	Inj., iluvien, 0.01 mg	
J7314	Prior Authorization Required	Yutiq	Injection, fluocinolone acetonide, intravitreal implant (yutiq), 0.01 mg	Inj., yutiq, 0.01 mg	
J7315	No Prior Authorization Required	Mitosol	Mitomycin, ophthalmic, 0.2 mg	Ophthalmic mitomycin	
J7316	Prior Authorization Required	Jetrea	Injection, ocriplasmin, 0.125 mg	Inj, ocriplasmin, 0.125 mg	
J7318	Prior Authorization Required	Durolane	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Inj, durolane 1 mg	1 Injection
J7320	Prior Authorization Required	GenVisc	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Genvisc 850, inj, 1mg	
J7321	Prior Authorization Required	Hyalgan Supartz	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Hyalgan supartz visco-3 dose	5 injections
J7322	Prior Authorization Required	Hymovis	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Hymovis injection 1 mg	2 injections
J7323	Prior Authorization Required	Euflexxa	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Euflexxa inj per dose	3 injections
J7324	Prior Authorization Required	Orthovisc	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Orthovisc inj per dose	4 injections
J7325	Prior Authorization Required	Synvisc Synvisc-One	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Synvisc or synvisc-one	Synvisc: 3 injections Synvisc-One: 1 injection
J7326	Prior Authorization Required	Gel-One	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Gel-one	1 injection
J7327	Prior Authorization Required	Monovisc	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Monovisc inj per dose	1 injection
J7328	Prior Authorization Required	Gelsyn-3	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	Gelsyn-3 injection 0.1 mg	3 injections
J7329	Prior Authorization Required	Trivisc	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Inj, trivisc 1 mg	
J7330	Prior Authorization Required	MACI	Autologous cultured chondrocytes, implant	Cultured chondrocytes implnt	
J7331	Prior Authorization Required	Synojynt	Hyaluronan or derivative, synojynt, for intra-articular injection, 1 mg	Synojynt, inj., 1 mg	
J7332	Prior Authorization Required	Triluron	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Inj., triluron, 1 mg	3 injections
J7336	Prior Authorization Required	Qutenza	Capsaicin 8% patch, per square centimeter	Capsaicin 8% patch	
J7340	Prior Authorization Required	Duopa	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Carbidopa levodopa ent 100ml	

J7340	Prior Authorization Required	Duopa	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Carbidopa levodopa ent 100ml	
J7342	Prior Authorization Required	Otiprio	Instillation, ciprofloxacin otic suspension, 6 mg	Ciprofloxacin otic susp 6 mg	
J7345	Prior Authorization Required	Ameluz	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg	Aminolevulinic acid, 10% gel	
J7351	Prior Authorization Required	Durysta	Injection, bimatoprost, intracameral implant, 1 microgram	Inj bimatoprost itc imp1mcg	
J7352	Prior Authorization Required	Scenesse	Afamelanotide implant, 1 mg	Afamelanotide implant, 1 mg	
J7353	Prior Authorization Required	Nexobrid	Anacaulase-bcdb, 8.8% gel, 1 gm	Anacaulase-bcdb 8.8% gel 1 g	
J7354	Not Covered on state fee schedule (Provider's Administered Drug List)	Ycanth	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Cantharidin top, applicator	
J7355	Prior Authorization Required	iDose TR	Injection, travoprost, intracameral implant, 1 microgram	Inj travoprost intra impl	
J7500	Pharmacy Benefit	Imuran	Azathioprine, oral, 50 mg	Azathioprine oral 50mg	
J7501	No Prior Authorization Required	Azathioprine	Azathioprine, parenteral, 100 mg	Azathioprine parenteral	
J7502	Pharmacy Benefit	Neoral Sandimmune	Cyclosporine, oral, 100 mg	Cyclosporine oral 100 mg	
J7503	Pharmacy Benefit	Envarsus Rx	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	Tacrol envarsus ex rel oral	
J7504	Prior Authorization Required	Atgam	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	Lymphocyte immune globulin	
J7507	Pharmacy Benefit	Prograf	Tacrolimus, immediate release, oral, 1 mg	Tacrolimus imme rel oral 1mg	
J7508	Pharmacy Benefit	Astagraf XL	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	Tacrol astagraf ex rel oral	
J7509	Pharmacy Benefit	Medrol	Methylprednisolone oral, per 4 mg	Methylprednisolone oral	
J7510	Pharmacy Benefit	Orapred Pediapred	Prednisolone oral, per 5 mg	Prednisolone oral per 5 mg	
J7511	No Prior Authorization Required	Thymoglobulin	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Antithymocyte globuln rabbit	
J7512	Pharmacy Benefit	Prednisone	Prednisone, immediate release or delayed release, oral, 1 mg	Prednisone ir or dr oral 1mg	

J7514	Not Covered on state fee schedule (Provider's Administered Drug List)		Mycophenolate mofetil (myhibbin), oral suspension, 100 mg	Mycophenol (myhibbin) 100 mg	
J7515	Pharmacy Benefit	Neoral Sandimmune	Cyclosporine, oral, 25 mg	Cyclosporine oral 25 mg	
J7516	No Prior Authorization Required	Sandimmune	Cyclosporin, parenteral, 250 mg	Cyclosporin parenteral 250mg	
J7517	No Prior Authorization Required	Cellcept	Mycophenolate mofetil, oral, 250 mg	Mycophenolate mofetil oral	
J7518	Pharmacy Benefit	Myfortic	Mycophenolic acid, oral, 180 mg	Mycophenolic acid	
J7519	No Prior Authorization Required	Cellcept	Injection, mycophenolate mofetil, 10 mg	Inj. mycophenolate mofetil	
J7520	Pharmacy Benefit	Rapamune	Sirolimus, oral, 1 mg	Sirolimus, oral	
J7525	No Prior Authorization Required	Prograf	Tacrolimus, parenteral, 5 mg	Tacrolimus injection	
J7527	Pharmacy Benefit	Zortress	Everolimus, oral, 0.25 mg	Oral everolimus	
J7599	No Prior Authorization Required	Unclassified code	Immunosuppressive drug, not otherwise classified	Immunosuppressive drug noc	
J7601	Not Covered on state fee schedule (Provider's Administered Drug List)		Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	Ensifentrine inh 3 mg	
J7604	No Prior Authorization Required	Compounded	Acetylcysteine, inhalation solution, compounded product, administered through dme, unit dose form, per gram	Acetylcysteine comp unit	
J7605	No Prior Authorization Required	Brovana	Arformoterol, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 15 micrograms	Arformoterol non-comp unit	
J7606	No Prior Authorization Required	Perforomist	Formoterol fumarate, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 20 micrograms	Formoterol fumarate, inh	
J7607	No Prior Authorization Required	Compounded	Levalbuterol, inhalation solution, compounded product, administered through dme, concentrated form, 0.5 mg	Levalbuterol comp con	
J7608	No Prior Authorization Required	Acetylcysteine	Acetylcysteine, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per gram	Acetylcysteine non-comp unit	
J7609	No Prior Authorization Required	Albuterol Sulfate	Albuterol, inhalation solution, compounded product, administered through dme, unit dose, 1 mg	Albuterol comp unit	
J7610	No Prior Authorization Required	Albuterol Sulfate	Albuterol, inhalation solution, compounded product, administered through dme, concentrated form, 1 mg	Albuterol comp con	
J7611	No Prior Authorization Required	Ventolin Proventil	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 1 mg	Albuterol non-comp con	

J7612	No Prior Authorization Required	compounded	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 0.5 mg	Levalbuterol non-comp con	
J7613	No Prior Authorization Required	Ventolin Proventil	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 1 mg	Albuterol non-comp unit	
J7614	No Prior Authorization Required	Levalbuterol	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 0.5 mg	Levalbuterol non-comp unit	
J7615	No Prior Authorization Required	Levalbuterol	Levalbuterol, inhalation solution, compounded product, administered through dme, unit dose, 0.5 mg	Levalbuterol comp unit	
J7620	No Prior Authorization Required	Ipratropium Albuterol	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, non-compounded, administered through dme	Albuterol ipratrop non-comp	
J7622	No Prior Authorization Required	Beclomethasone	Beclomethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Beclomethasone comp unit	
J7624	No Prior Authorization Required	Compounded	Betamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Betamethasone comp unit	
J7626	No Prior Authorization Required	Pulmicort	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 0.5 mg	Budesonide non-comp unit	
J7627	No Prior Authorization Required	Compounded	Budesonide, inhalation solution, compounded product, administered through dme, unit dose form, up to 0.5 mg	Budesonide comp unit	
J7628	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Bitolterol mesylate comp con	
J7629	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Bitolterol mesylate comp unit	
J7631	No Prior Authorization Required	Compounded	Cromolyn sodium, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	Cromolyn sodium noncomp unit	
J7632	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Cromolyn sodium, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	Cromolyn sodium comp unit	
J7633	No Prior Authorization Required	Pulmicort	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 0.25 milligram	Budesonide non-comp con	
J7634	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Budesonide, inhalation solution, compounded product, administered through dme, concentrated form, per 0.25 milligram	Budesonide comp con	
J7635	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Atropine, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Atropine comp con	
J7636	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Atropine, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Atropine comp unit	
J7637	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Dexamethasone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Dexamethasone comp con	
J7638	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Dexamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Dexamethasone comp unit	
J7639	Prior Authorization Required	Pulmozyme	Dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Dornase alfa non-comp unit	
J7640	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Formoterol, inhalation solution, compounded product, administered through dme, unit dose form, 12 micrograms	Formoterol comp unit	
J7641	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Flunisolide, inhalation solution, compounded product, administered through dme, unit dose, per milligram	Flunisolide comp unit	
J7642	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Glycopyrrolate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Glycopyrrolate comp con	
J7643	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Glycopyrrolate comp unit	
J7644	No Prior Authorization Required	Ipratropium Bromide	Ipratropium bromide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Ipratropium bromide non-comp	
J7645	Not Covered on state fee schedule (Provider's Administered Drug List)	Atrovent	Ipratropium bromide, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Ipratropium bromide comp	
J7647	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Isoetharine hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Isoetharine comp con	
J7648	No Prior Authorization Required		Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	Isoetharine non-comp con	

J7649	No Prior Authorization Required		Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Isoetharine non-comp unit	
J7650	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Isoetharine hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Isoetharine comp unit	
J7657	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Isoproterenol comp con	
J7658	No Prior Authorization Required		Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	Isoproterenol non-comp con	
J7659	No Prior Authorization Required		Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Isoproterenol non-comp unit	
J7660	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Isoproterenol comp unit	
J7665	No Prior Authorization Required	Mannitol	Mannitol, administered through an inhaler, 5 mg	Mannitol for inhaler	
J7667	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams	Metaproterenol comp con	
J7668	No Prior Authorization Required	Alupent	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 10 milligrams	Metaproterenol non-comp con	
J7669	No Prior Authorization Required	Compounded	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	Metaproterenol non-comp unit	
J7670	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Metaproterenol sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	Metaproterenol comp unit	
J7674	No Prior Authorization Required	Provocholine	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	Methacholine chloride, neb	
J7676	Not Covered on state fee schedule (Provider's Administered Drug List)	Pentam	Pentamidine isethionate, inhalation solution, compounded product, administered through dme, unit dose form, per 300 mg	Pentamidine comp unit dose	
J7677	Prior Authorization Required	Yupelri	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through dme, 1 microgram	Revefenacin inh non-com 1mcg	
J7680	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Terbutaline sulf comp con	
J7681	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Terbutaline sulf comp unit	
J7682	Prior Authorization Required	Tobi	Tobramycin, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams	Tobramycin non-comp unit	
J7683	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Triamcinolone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Triamcinolone comp con	
J7684	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Triamcinolone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Triamcinolone comp unit	
J7685	Not Covered on state fee schedule (Provider's Administered Drug List)	Compounded	Tobramycin, inhalation solution, compounded product, administered through dme, unit dose form, per 300 milligrams	Tobramycin comp unit	
J7686	Prior Authorization Required	Tyvaso	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	Treprostinil, non-comp unit	
J7699	Prior Authorization Required	Unclassified code	Noc drugs, inhalation solution administered through dme	Inhalation solution for dme	
J7799	No Prior Authorization Required	Unclassified code	Noc drugs, other than inhalation drugs, administered through dme	Non-inhalation drug for dme	
J7999	Not Covered on state fee schedule (Provider's Administered Drug List)	Unclassified code	Compounded drug, not otherwise classified	Compounded drug, noc	
J8498	No Prior Authorization Required	Unclassified code	Antiemetic drug, rectal/suppository, not otherwise specified	Antiemetic rectal/supp nos	
J8499	Prior Authorization Required	Unclassified code	Prescription drug, oral, non chemotherapeutic, nos	Oral prescrip drug non chemo	
J8501	Pharmacy Benefit	Emend	Aprepitant, oral, 5 mg	Oral aprepitant	
J8510	Pharmacy Benefit	Myleran	Busulfan; oral, 2 mg	Oral busulfan	
J8515	Pharmacy Benefit	Dostinex	Cabergoline, oral, 0.25 mg	Cabergoline, oral 0.25mg	

J8522	Not Covered on state fee schedule (Provider's Administered Drug List)	XELODA 150MG Tablet	Capecitabine, oral, 50 mg	Capecitabine, oral, 50 mg	
J8530	Pharmacy Benefit	Cytosan	Cyclophosphamide; oral, 25 mg	Cyclophosphamide oral 25 mg	
J8540	Pharmacy Benefit	Decadron	Dexamethasone, oral, 0.25 mg	Oral dexamethasone	
J8541	Not Covered on state fee schedule (Provider's Administered Drug List)	HEMADY 20MG Tablet	Dexamethasone (hemady), oral, 0.25 mg	Oral, hemady, 0.25 mg	
J8560	Pharmacy Benefit	Vpesid	Etoposide; oral, 50 mg	Etoposide oral 50 mg	
J8565	Pharmacy Benefit	Iressa	Gefitinib, oral, 250 mg	Gefitinib oral	
J8597	Pharmacy Benefit	Unclassified code	Antiemetic drug, oral, not otherwise specified	Antiemetic drug oral nos	
J8600	Pharmacy Benefit	Alkeran	Melphalan; oral, 2 mg	Melphalan oral 2 mg	
J8610	Pharmacy Benefit	Rheumatrex	Methotrexate; oral, 2.5 mg	Methotrexate oral 2.5 mg	
J8611	Prior Authorization Required	JYLAMVO 2MG/ML Solution	Methotrexate (jylamvo), oral, 2.5 mg	Oral methotrexate (jylamvo)	

J8612	Prior Authorization Required	XATMEP 2.5MG/ML Solution	Methotrexate (xatmep), oral, 2.5 mg	Oral methotrexate (xatmep)	
J8650	Prior Authorization Required	CESAMET	Nabilone, oral, 1 mg	Nabilone oral	
J8655	Pharmacy Benefit	Akynzeo	Netupitant 300 mg and palonosetron 0.5 mg, oral	Oral netupitant, palonosetro	
J8670	No Prior Authorization Required	Varubi	Rolapitant, oral, 1 mg	Varubi	
J8700	Pharmacy Benefit	Temodar	Temozolomide, oral, 5 mg	Temozolomide	
J8705	Pharmacy Benefit	Hycamtin	Topotecan, oral, 0.25 mg	Topotecan oral	
J8999	Pharmacy Benefit	Unclassified code	Prescription drug, oral, chemotherapeutic, nos	Oral prescription drug chemo	
J9000	No Prior Authorization Required	Adriamycin	Injection, doxorubicin hydrochloride, 10 mg	Doxorubicin hcl injection	
J9015	Prior Authorization Required	Proleukin	Injection, aldesleukin, per single use vial	Aldesleukin injection	
J9017	No Prior Authorization Required	Trisenox	Injection, arsenic trioxide, 1 mg	Arsenic trioxide injection	
J9019	No Prior Authorization Required	Erwinaze	Injection, asparaginase (erwinaze), 1,000 iu	Erwinaze injection	
J9021	Prior Authorization Required	Rylaze	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	Inj, aspara, rylaze, 0.1 mg	
J9022	Prior Authorization Required	Tecentriq	Injection, atezolizumab, 10 mg	Inj, atezolizumab,10 mg	
J9023	Prior Authorization Required	Bavencio	Injection, avelumab, 10 mg	Injection, avelumab, 10 mg	
J9025	Prior Authorization Required	Vidaza	Injection, azacitidine, 1 mg	Azacitidine injection	
J9026	Prior Authorization Required	Imdelltra	Injection, tarlatamab-dlle, 1 mg	Inj, tarlatamab-dlle, 1 mg	
J9027	No Prior Authorization Required	Clolar	Injection, clofarabine, 1 mg	Clofarabine injection	

J9028	Prior Authorization Required		Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Inj, nogapendekin pmln, 1mcg	
J9029	Prior Authorization Required	Adstiladrin	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	Inj, adstiladrin, per tx dos	
J9030	Prior Authorization Required	Tice BCG	Bcg live intravesical instillation, 1 mg	Bcg live intravesical 1mg	
J9032	Prior Authorization Required	Beleodaq	Injection, belinostat, 10 mg	Injection, belinostat, 10mg	
J9033	No Prior Authorization Required	Treanda	Injection, bendamustine hcl (treanda), 1 mg	Inj., treanda 1 mg	
J9034	Prior Authorization Required	Bendeka	Injection, bendamustine hcl (bendeka), 1 mg	Inj., bendeka 1 mg	
J9035	Prior Authorization Required	Avastin	Injection, bevacizumab, 10 mg	Bevacizumab injection	
J9036	Prior Authorization Required	Belrapzo	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Inj. belrapzo/bendamustine	
J9039	Prior Authorization Required	Blincyto	Injection, blinatumomab, 1 microgram	Injection, blinatumomab	
J9040	No Prior Authorization Required	Bleomycin	Injection, bleomycin sulfate, 15 units	Bleomycin sulfate injection	
J9041	No Prior Authorization Required	Velcade	Injection, bortezomib (velcade), 0.1 mg	Inj., velcade 0.1 mg	
J9042	Prior Authorization Required	Adcetris	Injection, brentuximab vedotin, 1 mg	Brentuximab vedotin inj	
J9043	No Prior Authorization Required	Jevtana	Injection, cabazitaxel, 1 mg	Cabazitaxel injection	
J9045	No Prior Authorization Required	Paraplatin	Injection, carboplatin, 50 mg	Carboplatin injection	

J9046	Not Covered on state fee schedule (Provider's Administered Drug List)	Bortezomib	Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg		
J9047	Prior Authorization Required	Kyprolis	Injection, carfilzomib, 1 mg	Injection, carfilzomib, 1 mg	
J9048	Not Covered on state fee schedule (Provider's Administered Drug List)	Brotezomib	Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg		
J9049	Prior Authorization Required	Brotezomib	Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg		
J9050	No Prior Authorization Required	BICNU	Injection, carmustine, 100 mg	Carmustine injection	
J9051	Prior Authorization Required	Brotezomib	Injection, bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg	Inj, bortezomib (maia)	
J9052	No Prior Authorization Required	CARMUSTINE 50MG Solution Reconstituted	Injection, carmustine (Accord), not therapeutically equivalent to J9050, 100 mg	Inj, carmustine (accord)	
J9055	Prior Authorization Required	Erbix	Injection, cetuximab, 10 mg	Cetuximab injection	
J9056	Not Covered on state fee schedule (Provider's Administered Drug List)	Vivimusta	Injection, bendamustine HCl (Vivimusta), 1 mg	Inj, bendamustine, 1 mg	

J9057	Not Covered	Aliqopa	Injection, copanlisib, 1 mg	Inj., copanlisib, 1 mg	
J9060	No Prior Authorization Required	Platinol	Injection, cisplatin, powder or solution, 10 mg	Cisplatin 10 mg injection	
J9061	Prior Authorization Required	Rybrevant	Injection, amivantamab-vmjw, 2 mg	Inj, amivantamab-vmjw	
J9063	Prior Authorization Required	Elahere	Injection, mirvetuximab soravtansine-gynx, 1 mg	Inj, elahere, 1 mg	
J9064	Prior Authorization Required		Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg	Inj, cabazitaxel (sandoz)	
J9065	No Prior Authorization Required	Mavenclad	Injection, cladribine, per 1 mg	Inj cladribine per 1 mg	
J9071	Not Covered on state fee schedule (Provider's Administered Drug List)	cyclophosphamide	Injection, cyclophosphamide, (AuroMedics), 5 mg		

J9072	No Prior Authorization Required	CYCLOPHOSPHAMIDE 500MG/ML Solution	Injection, cyclophosphamide, (Dr. Reddys), 5 mg	Inj cyclophos dr.reddy's 5mg	
J9073	Not Covered on state fee schedule (Provider's Administered Drug List)	Cyclophosphamide	Injection, cyclophosphamide (Ingenus), 5 mg	Inj cyclophosphamd (ingenus)	
J9074	No Prior Authorization Required	Cyclophosphamide	Injection, cyclophosphamide (Sandoz), 5 mg	Inj, cyclophosphamd, sandoz	
J9075	No Prior Authorization Required	Cyclophosphamide	Injection, cyclophosphamide, not otherwise specified, 5 mg	Inj, cyclophosphamide, nos	

J9076	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, cyclophosphamide (baxter), 5 mg	Inj, cyclophos (baxter) 5mg	
J9100	No Prior Authorization Required	Cytosar	Injection, cytarabine, 100 mg	Cytarabine hcl 100 mg inj	
J9118	Prior Authorization Required	Asparlas	Injection, calaspargase pegol-mknl, 10 units	Inj. calaspargase pegol-mknl	
J9119	No Prior Authorization Required	Libtayo	Injection, cemiplimab-rwlc, 1 mg	Inj., cemiplimab-rwlc, 1 mg	
J9120	No Prior Authorization Required	Cosmegen	Injection, dactinomycin, 0.5 mg	Dactinomycin injection	
J9130	No Prior Authorization Required	DTIC-Dome	Dacarbazine, 100 mg	Dacarbazine 100 mg inj	
J9144	Prior Authorization Required	Darzalex	Daratumumab, hyaluronidase	Injection, daratumumab, 10 mg and hyaluronidase-fihj	
J9145	Prior Authorization Required	Darzalex	Injection, daratumumab, 10 mg	Injection, daratumumab 10 mg	
J9150	No Prior Authorization Required	Daunorubicin	Injection, daunorubicin, 10 mg	Daunorubicin injection	
J9153	Prior Authorization Required	Vyxeos	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Inj daunorubicin, cytarabine	
J9155	Prior Authorization Required	Firmagon	Injection, degarelix, 1 mg	Degarelix injection	
J9165	No Prior Authorization Required	Not available in the US	Injection, diethylstilbestrol diphosphate, 250 mg	Diethylstilbestrol injection	
J9171	No Prior Authorization Required	Taxotere	Injection, docetaxel, 1 mg	Docetaxel injection	
J9172	Not Covered on state fee schedule (Provider's Administered Drug List)	Docivyx	Injection, docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg	Docetaxel (ingenus), 1 mg	
J9173	Prior Authorization Required	Imfinzi	Injection, durvalumab, 10 mg	Inj., durvalumab, 10 mg	
J9175	No Prior Authorization Required	Elliotts B Solution	Injection, elliotts' b solution, 1 ml	Elliotts b solution per ml	
J9176	Prior Authorization Required	Empliciti	Injection, elotuzumab, 1 mg	Injection, elotuzumab, 1mg	
J9177	Prior Authorization Required	Padvec	Injection, enfortumab vedotin-ejfv, 0.25 mg	Inj enfort vedo-ejfv 0.25mg	
J9178	No Prior Authorization Required	Ellence	Injection, epirubicin hcl, 2 mg	Inj, epirubicin hcl, 2 mg	
J9179	No Prior Authorization Required	Halaven	Injection, eribulin mesylate, 0.1 mg	Eribulin mesylate injection	
J9181	No Prior Authorization Required	Etopophos	Injection, etoposide, 10 mg	Etoposide injection	
J9185	No Prior Authorization Required	Fludara	Injection, fludarabine phosphate, 50 mg	Fludarabine phosphate inj	
J9190	No Prior Authorization Required	Adrucil	Injection, fluorouracil, 500 mg	Fluorouracil injection	

J9196	Not Covered on state fee schedule (Provider's Administered Drug List)	Gemcitabine	Injection, gemcitabine hydrochloride (Accord), not therapeutically equivalent to J9201, 200 mg	Inj gemcitabine hcl (accord)	
J9198	Prior Authorization Required	Infugem	Injection, gemcitabine hydrochloride, (infugem), 100 mg	Inj. infugem, 100 mg	
J9200	No Prior Authorization Required	FUDR	Injection, floxuridine, 500 mg	Floxuridine injection	
J9201	No Prior Authorization Required	Gemzar	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	In gemcitabine hcl nos 200mg	
J9202	Prior Authorization Required	Zoladex	Goserelin acetate implant, per 3.6 mg	Goserelin acetate implant	
J9203	Prior Authorization Required	Mylotarg	Injection, gemtuzumab ozogamicin, 0.1 mg	Gemtuzumab ozogamicin 0.1 mg	
J9204	Prior Authorization Required	Poteligeo	Injection, mogamulizumab-kpkc, 1 mg	Inj mogamulizumab-kpkc, 1 mg	
J9205	Prior Authorization Required	Onivyde	Injection, irinotecan liposome, 1 mg	Inj irinotecan liposome 1 mg	
J9206	No Prior Authorization Required	Camptosar	Injection, irinotecan, 20 mg	Irinotecan injection	
J9207	No Prior Authorization Required	Ixempra	Injection, ixabepilone, 1 mg	Ixabepilone injection	
J9208	No Prior Authorization Required	Ifex	Injection, ifosfamide, 1 gram	Ifosfamide injection	
J9209	No Prior Authorization Required	Mesnex	Injection, mesna, 200 mg	Mesna injection	
J9210	Prior Authorization Required	Gamifant	Injection, emapalumab-lzsg, 1 mg	Inj., emapalumab-lzsg, 1 mg	
J9211	No Prior Authorization Required	Idamycin	Injection, idarubicin hydrochloride, 5 mg	Idarubicin hcl injection	
J9214	Prior Authorization Required	Intron A	Injection, interferon, alfa-2b, recombinant, 1 million units	Interferon alfa-2b inj	
J9215	Prior Authorization Required	Alferon N	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	Interferon alfa-n3 inj	
J9216	Prior Authorization Required	Actimmune	Injection, interferon, gamma 1-b, 3 million units	Interferon gamma 1-b inj	
J9217	Prior Authorization Required	Eligard	Leuprolide acetate (for subcutaneous inj kit), 7.5 mg	Leuprolide acetate suspension	<p>Endometriosis: -every 84 days -only 1 reauth permitted</p> <p>Uterine Fibroids/Leiomyoma: every 84 days</p>
J9218	Prior Authorization Required	Leuprolide	Leuprolide acetate, per 1 mg	Leuprolide acetate injection	<p>Endometriosis: -every 84 days -only 1 reauth permitted</p> <p>Uterine Fibroids/Leiomyoma: every 84 days</p>
J9223	Prior Authorization Required	Zepzelca	Inj. lurbinctedin, 0.1 mg	Injection, lurbinctedin, 0.1 mg	
J9225	Prior Authorization Required	Vantas	Histrelin implant (vantas), 50 mg	Vantas implant	
J9226	Prior Authorization Required	Supprelin LA	Histrelin implant (supprelin la), 50 mg	Supprelin la implant	
J9227	Prior Authorization Required	Sarclisa	Injection, isatuximab-irfc, 10 mg	Inj. isatuximab-irfc 10 mg	
J9228	Prior Authorization Required	Yervoy	Injection, ipilimumab, 1 mg	Ipilimumab injection	
J9229	Prior Authorization Required	Besponsa	Injection, inotuzumab ozogamicin, 0.1 mg	Inj inotuzumab ozogam 0.1 mg	
J9230	No Prior Authorization Required	Mustargen	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	Mechlorethamine hcl inj	

J9245	No Prior Authorization Required	Alkeran	Injection, melphalan hydrochloride, 50 mg	Inj melphalan hydrochl 50 mg	
J9246	Prior Authorization Required	Evomela	Injection, melphalan (evomela), 1 mg	Inj., evomela, 1 mg	
J9247	Not Covered on state fee schedule (Provider's Administered Drug List)	Alkeran, Evomela	Injection, melphalan flufenamide, 1 mg	Inj, melphalan flufenami 1mg	
J9248	Not Covered on state fee schedule (Provider's Administered Drug List)	Hepzato	Injection, melphalan (Hepzato), 1 mg	Inj melphalan (hepzato) 1 mg	
J9249	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, melphalan (Apotex), 1 mg	Inj, melphalan (apotex) 1 mg	

J9255	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, methotrexate (Accord), not therapeutically equivalent to J9250 and J9260, 50 mg	Inj, methotrexate (accord)	
J9260	No Prior Authorization Required	Methotrexate	Methotrexate sodium, 50 mg	Methotrexate sodium inj	
J9261	No Prior Authorization Required	Arranon	Injection, nelarabine, 50 mg	Nelarabine injection	
J9262	Prior Authorization Required	Synribo	Injection, omacetaxine mepesuccinate, 0.01 mg	Inj, omacetaxine mep, 0.01mg	
J9263	No Prior Authorization Required	Eloxatin	Injection, oxaliplatin, 0.5 mg	Oxaliplatin	
J9264	No Prior Authorization Required	Abraxane	Injection, paclitaxel protein-bound particles, 1 mg	Paclitaxel protein bound	
J9266	Prior Authorization Required	Oncaspar	Injection, pegaspargase, per single dose vial	Pegaspargase injection	Dosing every 2 weeks; 1 billing unit= up to 3750IU
J9267	No Prior Authorization Required	Taxol	Injection, paclitaxel, 1 mg	Paclitaxel injection	
J9268	No Prior Authorization Required	Nipent	Injection, pentostatin, 10 mg	Pentostatin injection	
J9269	Prior Authorization Required	Elzonris	Injection, tagraxofusp-erzs, 10 micrograms	Inj. tagraxofusp-erzs 10 mcg	
J9271	Prior Authorization Required	Keytruda	Injection, pembrolizumab, 1 mg	Inj pembrolizumab	
J9272	Prior Authorization Required	Jemperli	Injection, dostarlimab-gxly, 10 mg	Inj, dostarlimab-gxly, 10 mg	
J9273	Prior Authorization Required	Tivdak	Injection, tisotumab vedotin-tftv, 1 mg		
J9274	Prior Authorization Required	Kimmtrak	Injection, tebentafusp-tebn, 1 microgram	Inj, tebentafusp-tebn, 1 mcg	
J9280	No Prior Authorization Required	Mutamycin	Injection, mitomycin, 5 mg	Mitomycin injection	
J9281	Prior Authorization Required	Jemlyto	Mitomycin instillation	Mitomycin pyelocalyceal instillation, 1 mg	
J9285	Prior Authorization Required	Lartruvo	Injection, olaratumab, 10 mg	Inj, olaratumab, 10 mg	
J9286	Prior Authorization Required	COLUMVI 2.5MG/2.5ML Solution	Injection, glofitamab-gxbm, 2.5 mg	Inj glofitamab gxbm, 2.5 mg	

J9292	Not Covered on state fee schedule (Provider's Administered Drug List)	Avyxa	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	Inj, pemetrexed (avyxa) 10mg	
J9293	Prior Authorization Required	Novantrone	Injection, mitoxantrone hydrochloride, per 5 mg	Mitoxantrone hydrochl / 5 mg	
J9294	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed, hospira 10mg	
J9295	Prior Authorization Required	Portrazza	Injection, necitumumab, 1 mg	Injection, necitumumab, 1 mg	
J9296	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (accord) 10mg	

J9297	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (sandoz) 10mg	
J9298	Prior Authorization Required	Opdualag	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Inj nivol relatlimab 3mg/1mg	
J9299	Prior Authorization Required	Opdivo	Injection, nivolumab, 1 mg	Injection, nivolumab	
J9301	Prior Authorization Required	Gazyva	Injection, obinutuzumab, 10 mg	Obinutuzumab inj	
J9302	Prior Authorization Required	Arzerra	Injection, ofatumumab, 10 mg	Ofatumumab injection	
J9303	No Prior Authorization Required	Vectibix	Injection, panitumumab, 10 mg	Panitumumab injection	
J9304	Prior Authorization Required	Pemfexy	Injection, pemetrexed (pemfexy), 10 mg	Inj. pemetrexed, 10 mg	
J9305	No Prior Authorization Required	Alimta	Injection, pemetrexed, 10 mg	Pemetrexed injection	
J9306	Prior Authorization Required	Perjeta	Injection, pertuzumab, 1 mg	Injection, pertuzumab, 1 mg	
J9307	No Prior Authorization Required	Folotyn	Injection, pralatrexate, 1 mg	Pralatrexate injection	
J9308	Prior Authorization Required	Cyramza	Injection, ramucirumab, 5 mg	Injection, ramucirumab	
J9309	Prior Authorization Required	Polivy	Injection, polatuzumab vedotin-piiq, 1 mg	Inj, polatuzumab vedotin 1mg	
J9309	Prior Authorization Required	Polivy	Injection, polatuzumab vedotin-piiq, 1 mg	Inj, polatuzumab vedotin 1mg	
J9311	Prior Authorization Required	Rituxan Hycela	Injection, rituximab 10 mg and hyaluronidase	Inj rituximab, hyaluronidase	Hycela is only covered for the oncology diagnoses.
J9312	Prior Authorization Required	Rituxan	Injection, rituximab, 10 mg	Inj., rituximab, 10 mg	
J9313	Prior Authorization Required	Lumoxiti	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Inj., lumoxiti, 0.01 mg	
J9314	Prior Authorization Required		Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg		
J9316	Prior Authorization Required	Phesgo	Pertuzu, trastuzu, 10 mg	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	
J9317	Prior Authorization Required	Trodelvy	Sacituzumab govitecan-hziy	Injection, sacituzumab govitecan-hziy, 2.5 mg	
J9318	Not Covered on state fee schedule (Provider's Administered Drug List)	Istodax	Injection, romidepsin, nonlyophilized, 0.1 mg	Inj romidepsin non-lyo 0.1mg	
J9319	Prior Authorization Required	Istodax	Injection, romidepsin, lyophilized, 0.1 mg	Inj romidepsin lyophil 0.1mg	
J9320	No Prior Authorization Required	Zanosar	Injection, streptozocin, 1 gram	Streptozocin injection	

J9321	Prior Authorization Required	Epkinly	Injection, epcoritamab-bysp, 0.16 mg	Inj epcoritamab-bysp,0.16 mg	
J9322	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, pemetrexed (BluePoint) not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (bluepoint)	
J9323	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, pemetrexed (Hospira) not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed ditromethamin	

J9324	Not Covered on state fee schedule (Provider's Administered Drug List)	Pemrydi RTU	Injection, pemetrexed (Pemrydi RTU), 10 mg	Inj, pemrydi rtu, 10 mg	
J9325	Prior Authorization Required	Imlygic	Injection, talimogene laherparepvec, per 1 million plaque forming units	Inj talimogene laherparepvec	
J9328	Prior Authorization Required	Temodar	Injection, temozolomide, 1 mg	Temozolomide injection	
J9329	Prior Authorization Required	TEVIMBRA 100MG/10ML Solution	Injection, tislelizumab-jsgr, 1mg	Inj, tislelizumab-jsgr	
J9330	Prior Authorization Required	Torisel	Injection, temsirolimus, 1 mg	Temsirolimus injection	
J9332	Prior Authorization Required	Vyvgart	Injection, efgartigimod alfa-fcab, 2mg		
J9333	Prior Authorization Required	RYSTIGGO 140MG/ML Solution	Injection, rozanolixizumab-noli, 1 mg	Inj ronzanolixizum-noli 1 mg	

J9334	Prior Authorization Required	Vyvgart Hytrulo	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Inj efgart-alfa 2mg hya-qvfc	
J9340	No Prior Authorization Required	Tepadina	Injection, thiotepa, 15 mg	Thiotepa injection	
J9345	Prior Authorization Required	Zynyz	Injection, retifanlimab-dlwr, 1 mg	Inj, retifanlimab-dlwr, 1 mg	
J9347	Prior Authorization Required	Imjudo	Injection, tremelimumab-actl, 1 mg	Inj, tremelimumab-actl, 1 mg	
J9348	Prior Authorization Required	Danyelza	Injection, naxitamab-gqgk, 1 mg	Inj. naxitamab-gqgk, 1 mg	
J9350	Prior Authorization Required		Injection, mosunetuzumab-axgb, 1 mg	Inj mosunetuzumab-axgb, 1 mg	
J9351	No Prior Authorization Required	Hycamtin	Injection, topotecan, 0.1 mg	Topotecan injection	
J9352	Prior Authorization Required	Yondelis	Injection, trabectedin, 0.1 mg	Injection trabectedin 0.1mg	
J9353	Prior Authorization Required	Margenza	Injection, margetuximab-cmkb, 5 mg	Inj. margetuximab-cmkb, 5 mg	
J9354	Prior Authorization Required	Kadcyla	Injection, ado-trastuzumab emtansine, 1 mg	Inj, ado-trastuzumab emt 1mg	
J9355	Prior Authorization Required	Herceptin	Injection, trastuzumab, excludes biosimilar, 10 mg	Inj trastuzumab excl biosimi	
J9356	Prior Authorization Required	Herceptin Hylecta	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Inj. herceptin hylecta, 10mg	
J9357	No Prior Authorization Required	Valstar	Injection, valrubicin, intravesical, 200 mg	Valrubicin injection	
J9358	Prior Authorization Required	Enhertu	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Inj fam-trastu deru-nxki 1mg	
J9359	Prior Authorization Required	Zynlonta	Injection, loncastuximab tesirine-lpyl, 0.075 mg		
J9360	No Prior Authorization Required	Velban	Injection, vinblastine sulfate, 1 mg	Vinblastine sulfate inj	
J9361	Prior Authorization Required		Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Inj, efbemalenograstim alfa-	
J9370	No Prior Authorization Required	Vincasar PFS	Vincristine sulfate, 1 mg	Vincristine sulfate 1 mg inj	

J9376	Not Covered on state fee schedule (Provider's Administered Drug List)	Veopoz	Injection, pozelimab-bbfg, 1 mg	Inj pozelimab-bbfg, 1 mg	
J9380	Not Covered	Tecvayli	Injection, teclistamab-cqyv, 0.5 mg	Inj teclistamab cqyv 0.5 mg	
J9381	Prior Authorization Required	Tzield	Injection, teplizumab-mzwv, 5 mcg	Inj teplizumab mzwv 5 mcg	
J9390	No Prior Authorization Required	Navelbine	Injection, vinorelbine tartrate, 10 mg	Vinorelbine tartrate inj	

J9393	Not Covered on state fee schedule (Provider's Administered Drug List)	Fulvestrant	Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg		
J9394	Prior Authorization Required	Fulvestrant	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg		
J9395	No Prior Authorization Required	Faslodex	Injection, fulvestrant, 25 mg	Injection, fulvestrant	
J9400	Prior Authorization Required	Zaltrap	Injection, ziv-aflibercept, 1 mg	Inj, ziv-aflibercept, 1mg	
J9600	No Prior Authorization Required	Photofrin	Injection, porfimer sodium, 75 mg	Porfimer sodium injection	
J9999	Prior Authorization Required	Unclassified code	Not otherwise classified, antineoplastic drugs	Chemotherapy drug	
M0201	No Prior Authorization Required	Home vaccine admin	Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home	Covid-19 vaccine home admin	
M0224	Prior Authorization Required	Pemgarda	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	Pemivibart infusion	
M0249	No Prior Authorization Required	Genentech	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	Adm Tocilizu COVID-19 1st	
M0250	No Prior Authorization Required	Genentech	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	Adm Tocilizu COVID-19 2nd	
P9012	No Prior Authorization Required		Cryoprecipitate, each unit	Cryoprecipitate each unit	
P9041	No Prior Authorization Required		Infusion, albumin (human), 5%, 50 ml	Albumin (human),5%, 50ml	
P9043	No Prior Authorization Required		Infusion, plasma protein fraction (human), 5%, 50 ml	Plasma protein fract,5%,50ml	
P9045	No Prior Authorization Required		Infusion, albumin (human), 5%, 250 ml	Albumin (human), 5%, 250 ml	
P9046	No Prior Authorization Required		Infusion, albumin (human), 25%, 20 ml	Albumin (human), 25%, 20 ml	
P9047	No Prior Authorization Required		Infusion, albumin (human), 25%, 50 ml	Albumin (human), 25%, 50ml	

P9048	No Prior Authorization Required		Infusion, plasma protein fraction (human), 5%, 250 ml	Plasmaprotein fract,5%,250ml	
P9050	No Prior Authorization Required		Granulocytes, pheresis, each unit	Granulocytes, pheresis unit	
Q0112	No Prior Authorization Required		All potassium hydroxide (koh) preparations	Potassium hydroxide preps	
Q0138	Prior Authorization Required	Feraheme	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Ferumoxytol, non-esrd	
Q0139	Prior Authorization Required	Feraheme	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	Ferumoxytol, esrd use	
Q0155	Not Covered on state fee schedule (Provider's Administered Drug List)		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	Dronabinol (syndros) 0.1 mg	
Q0161	No Prior Authorization Required	Thorazine	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	Chlorpromazine hcl 5mg oral	
Q0162	No Prior Authorization Required	Zofran	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	Ondansetron oral	
Q0163	No Prior Authorization Required	Benadryl	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	Diphenhydramine hcl 50mg	
Q0164	No Prior Authorization Required	Compazine	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	Prochlorperazine maleate 5mg	

Q0166	No Prior Authorization Required	Kytril	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	Granisetron hcl 1 mg oral	
Q0167	Prior Authorization Required	Inapsine	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	Dronabinol 2.5mg oral	
Q0169	No Prior Authorization Required	Phenergan	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	Promethazine hcl 12.5mg oral	
Q0175	No Prior Authorization Required	Trilafon	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	Perphenazine 4mg oral	
Q0177	Not Covered on state fee schedule (Provider's Administered Drug List)	Vistaril	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	Hydroxyzine pamoate 25mg	
Q0180	Prior Authorization Required	Anzemet	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	Dolasetron mesylate oral	
Q0181	No Prior Authorization Required		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	Unspecified oral anti-emetic	
Q0224	Prior Authorization Required	Pemgarda	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	Inj, pemivibart, 4500 mg	
Q0249	No Prior Authorization Required	Genentech	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 membrane oxygenation (ECMO) only, 1 mg	Tocilizumab for COVID-19	

Q0510	No Prior Authorization Required		Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	Dispens fee immunosupressive	
Q0511	No Prior Authorization Required		Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period	Sup fee antiem,antica,immuno	
Q0513	No Prior Authorization Required		Pharmacy dispensing fee for inhalation drug(s); per 30 days	Disp fee inhal drugs/30 days	
Q0514	No Prior Authorization Required		Pharmacy dispensing fee for inhalation drug(s); per 90 days	Disp fee inhal drugs/90 days	
Q0521	Not Covered on state fee schedule (Provider's Administered Drug List)		Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription	Supply fee hiv prep fda appr	
Q2009	No Prior Authorization Required	Cerebyx	Injection, fosphenytoin, 50 mg phenytoin equivalent	Fosphenytoin inj pe	
Q2017	Prior Authorization Required	Teniposide	Injection, teniposide, 50 mg	Teniposide, 50 mg	
Q2039	No Prior Authorization Required		Influenza virus vaccine, not otherwise specified	Influenza virus vaccine, nos	
Q2041	Prior Authorization Required	Yescarta	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Axicabtagene ciloleucel car+	
Q2042	Prior Authorization Required	Kymriah	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Tisagenlecleucel car-pos t	
Q2043	Prior Authorization Required	Provenge	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Sipuleucel-t auto cd54+	
Q2050	Prior Authorization Required	Doxil	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Doxorubicin inj 10mg	
Q2053	Prior Authorization Required	Tecartus	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Brexucabtagene car pos t	
Q2054	Prior Authorization Required	Breyanzi	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Lisocabtagene mara car pos t	
Q2055	Prior Authorization Required	Abecma	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, p	Idecabtagene vicleucel car	
Q2056	Prior Authorization Required	Carvykti	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	Ciltacabtagene car-pos t	
Q3027	Prior Authorization Required	Avonex	Injection, interferon beta-1a, 1 mcg for intramuscular use	Inj beta interferon im 1 mcg	
Q3028	Prior Authorization Required	Rebif	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Inj beta interferon sq 1 mcg	
Q4074	Prior Authorization Required	Ventavis	Iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms	Iloprost non-comp unit dose	
Q4081	No Prior Authorization Required	Epogen Procrit	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Epoetin alfa, 100 units esrd	
Q5101	Prior Authorization Required	Zarxio	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Injection, zarxio 1mcg	
Q5103	Prior Authorization Required	Inflectra	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Injection, inflectra 10mg	
Q5104	Prior Authorization Required	Renflexis	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Injection, renflexis 10mg	
Q5105	Prior Authorization Required	Retacrit	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Inj retacrit esrd on dialysi	
Q5106	Prior Authorization Required	Retacrit	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Inj retacrit non-esrd use	

Q5107	Prior Authorization Required	Mvasi	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Inj mvasi 10 mg	
Q5108	Prior Authorization Required	Fulphila	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Injection, fulphila 0.5mg	
Q5109	Prior Authorization Required	Ixifi	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Injection, ixifi, 10 mg	
Q5110	Prior Authorization Required	Nivestym	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Injection, Nivestym 1mcg	
Q5111	Prior Authorization Required	Udenyca	Injection, pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg	Injection, udenyca 0.5 mg	
Q5112	Prior Authorization Required	Ontruzant	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	Inj ontruzant 10 mg	
Q5113	Prior Authorization Required	Herzuma	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Inj herzuma 10 mg	
Q5114	Prior Authorization Required	Ogivri	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	Inj ogivri 10 mg	
Q5115	Prior Authorization Required	Truxima	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Inj truxima 10 mg	
Q5116	Prior Authorization Required	Trazimera	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10mg	Inj, Trazimera 10mg	
Q5117	Prior Authorization Required	Kanjinti	Injection, trastuzumab-anns, biosimilar, (trazimera), 10mg	Inj, Kanjinti, 10mg	
Q5118	Prior Authorization Required	Zirabev	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10mg	Inj, Zirabev, 10mg	
Q5119	Prior Authorization Required	Ruxience	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Inj ruxience, 10 mg	
Q5120	Prior Authorization Required	Ziextenzo	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	Inj pegfilgrastim-bmez 0.5mg	
Q5121	Prior Authorization Required	Avsola	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Inj. avsola, 10 mg	
Q5122	Prior Authorization Required	Nyvepria	Inj, nyvepria	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	
Q5123	Prior Authorization Required	Riabni	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg	Inj. riabni, 10 mg	
Q5124	Prior Authorization Required	Byooviz	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg		
Q5125	Prior Authorization Required	Releuko	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Inj, releuko 1 mcg	
Q5126	Prior Authorization Required	Alymsys	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg		
Q5127	Prior Authorization Required	Stimufend	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	Inj, stimufend, 0.5 mg	
Q5128	Prior Authorization Required	Cimerli	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	Inj, cimerli, 0.1 mg	

Q5129	Prior Authorization Required	Vegzelma	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg	Inj, vegzelma, 10 mg	
Q5130	Prior Authorization Required	Fynetra	Injection, pegfilgrastim-pbbk (Fynetra), biosimilar, 0.5 mg	Inj, fynetra, 0.5 mg	
Q5133	Not Covered on state fee schedule (Provider's Administered Drug List)	Tofidence	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	Inj, tofidence, 1 mg	

Q5134	Not Covered on state fee schedule (Provider's Administered Drug List)	Tyruko	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	Inj, tyruko, 1 mg	
Q5135	Not Covered on state fee schedule (Provider's Administered Drug List)	TYENNE 162MG/0.9ML Solution Auto-injector	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Inj, tyenne, 1 mg	
Q5136	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	Inj. denosumab-bbdz, 1 mg	

Q5137	Prior Authorization Required	Wezlana	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	Inj, wezlana, sub cu, 1 mg	
Q5138	Prior Authorization Required	Wezlana	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	Inj, wezlana, iv, 1 mg	
Q5139	Not Covered on state fee schedule (Provider's Administered Drug List)	Bkemv	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	Inj, eculizumab-aeeb, 10 mg	

Q5140	Prior Authorization Required		Injection, adalimumab-fkjp, biosimilar, 1 mg	Inj adalimumab-fkjp, 1 mg	
Q5141	Prior Authorization Required		Injection, adalimumab-aaty, biosimilar, 1 mg	Inj adalimumab-aaty, 1 mg	
Q5142	Prior Authorization Required		Injection, adalimumab-ryvk biosimilar, 1 mg	Inj adalimumab-ryvk, 1 mg	

Q5143	Prior Authorization Required		Injection, adalimumab-adbm, biosimilar, 1 mg	Inj adalimumab-adbm, 1 mg	
Q5144	Not Covered on state fee schedule (Provider's Administered Drug List)	Idacio	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Inj, idacio, 1 mg	
Q5145	Prior Authorization Required	Abrilada	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	Inj, abrilada, 1 mg	

Q5146	Not Covered on state fee schedule (Provider's Administered Drug List)	Hercessi	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Inj, hercessi, 10 mg	
Q9950	No Prior Authorization Required	Lumason	Injection, sulfur hexafluoride lipid microspheres, per ml	Inj sulf hexa lipid microsph	
Q9957	No Prior Authorization Required	Definity	Injection, perflutren lipid microspheres, per ml	Inj perflutren lip micros,ml	
Q9960	No Prior Authorization Required	Conray	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	Hocm 200-249mg/ml iodine,1ml	
Q9961	No Prior Authorization Required	Conray	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	Hocm 250-299mg/ml iodine,1ml	
Q9963	No Prior Authorization Required	Gastrografin	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	Hocm 350-399mg/ml iodine,1ml	
Q9965	No Prior Authorization Required	Omnipaque	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	Locm 100-199mg/ml iodine,1ml	
Q9966	No Prior Authorization Required	Optiray	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	Locm 200-299mg/ml iodine,1ml	
Q9967	No Prior Authorization Required	Optiray	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	Locm 300-399mg/ml iodine,1ml	
Q9968	No Prior Authorization Required	Methylene Blue Isosulfan Blue	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg	Visualization adjunct	
Q9969	No Prior Authorization Required		Tc-99m from non-highly enriched uranium source, full cost recovery add-on, per study dose	Non-heu tc-99m add-on/dose	
Q9991	Prior Authorization Required	Sublocade	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	Buprenorph xr 100 mg or less	
Q9992	Prior Authorization Required	Sublocade	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	Buprenorphine xr over 100 mg	
Q9996	Not Covered on state fee schedule (Provider's Administered Drug List)	Pyzchiva	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Ustekinumab- ttwe sub cu inj	

Q9997	Not Covered on state fee schedule (Provider's Administered Drug List)	Pyzchiva	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	Ustekinumab-ttwe iv inj 1 mg	
Q9998	Not Covered on state fee schedule (Provider's Administered Drug List)	Selarsdi	Injection, ustekinumab-aekn (selarsdi), 1 mg	Ustekinumab-aekn inj	
S0012	No Prior Authorization Required	Stadol Nasal	Butorphanol tartrate, nasal spray, 25 mg	Butorphanol tartrate, nasal	
S0013	Prior Authorization Required	Spravato	Esketamine, nasal spray	Esketamine, nasal spray, 1 mg	
S0017	No Prior Authorization Required	Amicar	Injection, aminocaproic acid, 5 grams	Injection, aminocaproic acid	
S0028	No Prior Authorization Required	Pepcid	Injection, famotidine, 20 mg	Injection, famotidine, 20 mg	
S0032	No Prior Authorization Required	Nafcillin	Injection, nafcillin sodium, 2 grams	Injection, nafcillin sodium	
S0039	No Prior Authorization Required	Septra	Injection, sulfamethoxazole and trimethoprim, 10 ml	Injection, sulfamethoxazole	
S0074	No Prior Authorization Required	Cefotan	Injection, cefotetan disodium, 500 mg	Injection, cefotetan disodiu	
S0078	No Prior Authorization Required	Cerebyx	Injection, fosphenytoin sodium, 750 mg	Injection, fosphenytoin sodi	
S0080	No Prior Authorization Required	Pentam	Injection, pentamidine isethionate, 300 mg	Injection, pentamidine iseth	
S0088	No Prior Authorization Required	Gleevec	Imatinib, 100 mg	Imatinib 100 mg	
S0090	No Prior Authorization Required	Viagra	Sildenafil citrate, 25 mg	Sildenafil citrate, 25 mg	
S0091	No Prior Authorization Required	Kytril	Granisetron hydrochloride, 1 mg (for circumstances falling under the medicare statute, use q0166)	Granisetron 1mg	
S0092	No Prior Authorization Required	Dilaudid	Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump)	Hydromorphone 250 mg	
S0093	No Prior Authorization Required	Morphine	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)	Morphine 500 mg	
S0104	No Prior Authorization Required	Retrovir	Zidovudine, oral, 100 mg	Zidovudine, oral, 100 mg	
S0106	No Prior Authorization Required	Wellbutrin SR	Bupropion hcl sustained release tablet, 150 mg, per bottle of 60 tablets	Bupropion hcl sr 60 tablets	
S0108	No Prior Authorization Required	Purixan	Mercaptopurine, oral, 50 mg	Mercaptopurine 50 mg	
S0109	No Prior Authorization Required	Dolophine	Methadone, oral, 5 mg	Methadone oral 5mg	
S0117	No Prior Authorization Required	Retin A	Tretinoin, topical, 5 grams	Tretinoin topical 5 g	
S0119	No Prior Authorization Required	Zofran	Ondansetron, oral, 4 mg (for circumstances falling under the medicare statute, use hcpcs q code)	Ondansetron 4 mg	
S0122	No Prior Authorization Required	Menopur	Injection, menopropins, 75 iu	Inj menopropins 75 iu	

S0126	No Prior Authorization Required	Gonal F	Injection, follitropin alfa, 75 iu	Inj follitropin alfa 75 iu	
S0128	No Prior Authorization Required	Follistim AQ	Injection, follitropin beta, 75 iu	Inj follitropin beta 75 iu	
S0132	Not Covered on state fee schedule (Provider's Administered Drug List)	Ganirelix Acetate	Injection, ganirelix acetate, 250 mcg	Inj ganirelix acetat 250 mcg	
S0136	No Prior Authorization Required	Clozaril	Clozapine, 25 mg	Clozapine, 25 mg	
S0137	No Prior Authorization Required	Videx EC	Didanosine (ddi), 25 mg	Didanosine, 25 mg	
S0138	No Prior Authorization Required	Proscar	Finasteride, 5 mg	Finasteride, 5 mg	
S0139	No Prior Authorization Required	Minoxidil	Minoxidil, 10 mg	Minoxidil, 10 mg	
S0145	No Prior Authorization Required	Pegasys	Injection, pegylated interferon alfa-2a, 180 mcg per ml	Peg interferon alfa-2a/180	
S0148	No Prior Authorization Required	Peg-Intron	Injection, pegylated interferon alfa-2b, 10 mcg	Peg interferon alfa-2b/10	
S0155	No Prior Authorization Required	Flolan Diluent	Sterile dilutant for epoprostenol, 50 ml	Epoprostenol dilutant	
S0156	No Prior Authorization Required	Aromasin	Exemestane, 25 mg	Exemestane, 25 mg	
S0157	No Prior Authorization Required	Regranex	Becaplermin gel 0.01%, 0.5 gm	Becaplermin gel 1%, 0.5 gm	
S0160	No Prior Authorization Required	Zenzedi	Dextroamphetamine sulfate, 5 mg	Dextroamphetamine	
S0169	No Prior Authorization Required	Rocaltrol	Calcitrol, 0.25 microgram	Calcitrol	
S0170	No Prior Authorization Required	Arimidex	Anastrozole, oral, 1 mg	Anastrozole 1 mg	
S0172	No Prior Authorization Required	Leukeran	Chlorambucil, oral, 2 mg	Chlorambucil 2 mg	
S0174	No Prior Authorization Required	Anzemet	Dolasetron mesylate, oral 50 mg (for circumstances falling under the medicare statute, use q0180)	Dolasetron 50 mg	
S0175	No Prior Authorization Required	Flutamide	Flutamide, oral, 125 mg	Flutamide 125 mg	
S0176	No Prior Authorization Required	Hydrea	Hydroxyurea, oral, 500 mg	Hydroxyurea 500 mg	
S0178	No Prior Authorization Required	Gleostine	Lomustine, oral, 10 mg	Lomustine 10 mg	
S0179	No Prior Authorization Required	Megace	Megestrol acetate, oral, 20 mg	Megestrol 20 mg	
S0182	No Prior Authorization Required	Matulane	Procarbazine hydrochloride, oral, 50 mg	Procarbazine, oral	
S0183	No Prior Authorization Required	Compazine	Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the medicare statute, use q0164)	Prochlorperazine 5 mg	
S0187	No Prior Authorization Required	Nolvadex	Tamoxifen citrate, oral, 10 mg	Tamoxifen 10 mg	
S0189	No Prior Authorization Required	Testopel	Testosterone pellet, 75 mg	Testosterone pellet 75 mg	
S0190	No Prior Authorization Required	Mifeprex	Mifepristone, oral, 200 mg	Mifepristone, oral, 200 mg	
S0191	No Prior Authorization Required	Cytotec	Misoprostol, oral, 200 mcg	Misoprostol, oral, 200 mcg	
S0194	No Prior Authorization Required	Renal Caps	Dialysis/stress vitamin supplement, oral, 100 capsules	Vitamin suppl 100 caps	
S0197	No Prior Authorization Required	Prenatal Vitamins	Prenatal vitamins, 30-day supply	Prenatal vitamins 30 day	
S0316	No Prior Authorization Required		Disease management program, follow-up/reassessment	Follow-up/reassessment	
S4990	No Prior Authorization Required		Nicotine patches, legend	Nicotine patch legend	
S4991	No Prior Authorization Required		Nicotine patches, non-legend	Nicotine patch nonlegend	
S4993	No Prior Authorization Required		Contraceptive pills for birth control	Contraceptive pills for bc	
S5000	No Prior Authorization Required		Prescription drug, generic	Prescription drug, generic	
S5001	No Prior Authorization Required		Prescription drug, brand name	Prescription drug,brand name	
S5010	No Prior Authorization Required		5% dextrose and 0.45% normal saline, 1000 ml	5% dextrose and 0.45% saline	

S5012	No Prior Authorization Required		5% dextrose with potassium chloride, 1000 ml	5% dextrose with potassium	
S5013	No Prior Authorization Required		5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	5%dextrose/0.45%saline1000ml	
S5014	No Prior Authorization Required		5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	D5w/0.45ns w kcl and mgs04	
S5497	Prior Authorization Required		Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cath care noc	
S5498	Prior Authorization Required		Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	Hit simple cath care	
S5501	Prior Authorization Required		Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit complex cath care	
S5502	Prior Authorization Required		Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	Hit interim cath care	
S5517	Prior Authorization Required		Home infusion therapy, all supplies necessary for restoration of catheter patency or declothing	Hit declothing kit	
S5518	No Prior Authorization Required		Home infusion therapy, all supplies necessary for catheter repair	Hit cath repair kit	
S5521	No Prior Authorization Required		Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Hit midline cath insert kit	
S5550	No Prior Authorization Required		Insulin, rapid onset, 5 units	Insulin rapid 5 u	
S5551	No Prior Authorization Required		Insulin, most rapid onset (lispro or aspart); 5 units	Insulin most rapid 5 u	
S5552	No Prior Authorization Required		Insulin, intermediate acting (nph or lente); 5 units	Insulin intermed 5 u	
S5553	No Prior Authorization Required		Insulin, long acting; 5 units	Insulin long acting 5 u	
S5560	No Prior Authorization Required		Insulin delivery device, reusable pen; 1.5 ml size	Insulin reuse pen 1.5 ml	
S5561	No Prior Authorization Required		Insulin delivery device, reusable pen; 3 ml size	Insulin reuse pen 3 ml	
S5565	No Prior Authorization Required		Insulin cartridge for use in insulin delivery device other than pump; 150 units	Insulin cartridge 150 u	
S5566	No Prior Authorization Required		Insulin cartridge for use in insulin delivery device other than pump; 300 units	Insulin cartridge 300 u	
S5570	No Prior Authorization Required		Insulin delivery device, disposable pen (including insulin); 1.5 ml size	Insulin dispos pen 1.5 ml	
S5571	No Prior Authorization Required		Insulin delivery device, disposable pen (including insulin); 3 ml size	Insulin dispos pen 3 ml	
S8490	No Prior Authorization Required		Insulin syringes (100 syringes, any size)	100 insulin syringes	
S9061	Prior Authorization Required		Home administration of aerosolized drug therapy (e.g., pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Medical supplies and equipme	
S9325	No Prior Authorization Required		Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with s9326, s9327 or s9328)	Hit pain mgmt per diem	
S9326	Prior Authorization Required		Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont pain per diem	
S9327	No Prior Authorization Required		Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit int pain per diem	
S9328	Prior Authorization Required		Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit pain imp pump diem	

S9329	No Prior Authorization Required		Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with s9330 or s9331)	Hit chemo per diem	
S9330	Prior Authorization Required		Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont chem diem	
S9331	Prior Authorization Required		Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit intermit chemo diem	
S9335	No Prior Authorization Required		Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem	Ht hemodialysis diem	
S9336	No Prior Authorization Required		Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont anticoag diem	
S9338	No Prior Authorization Required		Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit immunotherapy diem	
S9339	No Prior Authorization Required		Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit periton dialysis diem	
S9345	Prior Authorization Required		Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit anti-hemophil diem	
S9346	Prior Authorization Required		Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolactin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit alpha-1-proteinase diem	
S9347	Prior Authorization Required		Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit longterm infusion diem	
S9348	Prior Authorization Required		Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit sympathomim diem	
S9349	No Prior Authorization Required		Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit tocolysis diem	
S9351	Prior Authorization Required		Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	Hit cont antiemetic diem	
S9353	Prior Authorization Required		Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont insulin diem	
S9355	No Prior Authorization Required		Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit chelation diem	

S9357	Prior Authorization Required		Home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit enzyme replace diem	
S9359	Prior Authorization Required		Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit anti-tnf per diem	
S9361	No Prior Authorization Required		Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit diuretic infus diem	
S9363	No Prior Authorization Required		Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit anti-spasmodic diem	
S9364	Prior Authorization Required		Home infusion therapy, total parenteral nutrition (tpn); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes s9365-s9368 using daily volume scales)	Hit tpn total diem	
S9365	Prior Authorization Required		Home infusion therapy, total parenteral nutrition (tpn); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn 1 liter diem	
S9366	Prior Authorization Required		Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn 2 liter diem	
S9367	Prior Authorization Required		Home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn 3 liter diem	
S9368	Prior Authorization Required		Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn over 3l diem	
S9370	Prior Authorization Required		Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj antiemetic diem	
S9372	Prior Authorization Required		Home therapy; intermittent anticoagulant injection therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)	Ht inj anticoag diem	
S9373	No Prior Authorization Required		Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes s9374-s9377 using daily volume scales)	Hit hydra total diem	

S9374	Prior Authorization Required		Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit hydra 1 liter diem	
S9375	Prior Authorization Required		Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit hydra 2 liter diem	
S9376	Prior Authorization Required		Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit hydra 3 liter diem	
S9377	No Prior Authorization Required		Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	Hit hydra over 3l diem	
S9379	No Prior Authorization Required		Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit noc per diem	
S9430	No Prior Authorization Required		Pharmacy compounding and dispensing services	Pharmacy comp/disp serv	
S9490	No Prior Authorization Required		Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit corticosteroid/diem	
S9494	Prior Authorization Required		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules s9497-s9504)	Hit antibiotic total diem	
S9497	No Prior Authorization Required		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q3h diem	
S9500	Prior Authorization Required		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q24h diem	
S9501	Prior Authorization Required		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q12h diem	
S9502	Prior Authorization Required		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q8h diem	
S9503	Prior Authorization Required		Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q6h diem	
S9504	Prior Authorization Required		Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q4h diem	
S9537	Prior Authorization Required		Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, g-csf, gm-csf); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht hem horm inj diem	

S9538	No Prior Authorization Required		Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	Hit blood products diem	
S9542	Prior Authorization Required		Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj noc per diem	
S9558	No Prior Authorization Required		Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj growth horm diem	
S9559	No Prior Authorization Required		Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit inj interferon diem	
S9560	No Prior Authorization Required		Home injectable therapy; hormonal therapy (e.g.; leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj hormone diem	
S9562	No Prior Authorization Required		Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj palivizumab diem	
S9590	Prior Authorization Required		Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht irrigation diem	
C9301	Not Covered on state fee schedule (Provider's Administered Drug List)	AUCATZYL	Obecabtagene autoleucel, up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Obecabtagene car pos t	
C9302	Prior Authorization Required	ZIIHERA 300MG	Injection, zanidatamab-hrii, 2 mg	Inj zanidatamab, 2 mg	

C9303	Prior Authorization Required	VYLOY 100MG	Injection, zolbetuximab-clzb, 1 mg	Inj zolbetuximab, 1 mg	
C9304	Prior Authorization Required	HYMPAVZI PFS	Injection, marstacimab-hncq, 0.5 mg	Inj marstacimab, 0.5 mg	
J0281	Not Covered on state fee schedule (Provider's Administered Drug List)	AMINOCAPROIC ACID	Injection, aminocaproic acid, 1 gram	Inj aminocaproic acid 1 gram	

J1072	No Prior Authorization Required	AZMIRO 200MG/ML	Injection, testosterone cypionate (azmiro), 1 mg	Inj, testosterone, azmiro	
J1271	Not Covered on state fee schedule (Provider's Administered Drug List)	DOXYCYCLINE HYCLATE	Injection, doxycycline hyclate, 1 mg	Inj doxycycline hyclate 1 mg	
J1299	Not Covered on state fee schedule (Provider's Administered Drug List)	SOLIRIS	Injection, eculizumab, 2 mg	Inj, eculizumab, 2 mg	

J1308	Not Covered on state fee schedule (Provider's Administered Drug List)	FAMOTIDINE	Injection, famotidine, 0.25 mg	Inj, famotidine, 0.25 mg	
J1808	Not Covered on state fee schedule (Provider's Administered Drug List)	FOLIC ACID	Injection, folic acid, 0.1 mg	Inj, folic acid, 0.1 mg	
J1938	Not Covered on state fee schedule (Provider's Administered Drug List)	FUROSEMIDE	Injection, furosemide, 1 mg	Inj, furosemide, 1 mg	

J2351	Prior Authorization Required	OCREVUS	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Inj ocrelizumab 1mg hya-ocsq	
J2428	Not Covered on state fee schedule (Provider's Administered Drug List)	ERZOFRI	Injection, paliperidone palmitate extended release (erzofri), 1 mg	Inj, erzofri, 1 mg	
J2804	Not Covered on state fee schedule (Provider's Administered Drug List)	RIFADIN	Injection, rifampin, 1 mg	Inj, rifampin, 1 mg	

J2865	Not Covered on state fee schedule (Provider's Administered Drug List)	SULFAMETHOXAZOLE-TRIMETHOPRIM	Injection, sulfamethoxazole 5 mg and trimethoprim 1 mg	Inj sulfameth/trim 5 mg/1 mg	
J7521	Not Covered on state fee schedule (Provider's Administered Drug List)	PROGRAF	Tacrolimus, granules, oral suspension, 0.1 mg	Tacrolim granules oral susp	
J9024	Prior Authorization Required	TECENTRIQ HYBREZA	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Inj atezolizumb 5mg hya-tqjs	

J9038	Not Covered on state fee schedule (Provider's Administered Drug List)	NIKTIMVO	Injection, axatilimab-csfr, 0.1 mg	Inj axatilimab-csfr 0.1 mg	
J9054	Prior Authorization Required	BORUZU	Injection, bortezomib (boruzu), 0.1 mg	Inj bortezomib boruzu 0.1 mg	
J9161	Not Covered on state fee schedule (Provider's Administered Drug List)	LYMPHIR	Injection, denileukin diftitox-cxdl, 1 mcg	Inj denileuk difti-cxdl 1mcg	

Q5147	Prior Authorization Required	PAVBLU	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Inj, aflibercept-ayyh, 1 mg	
Q5148	Not Covered on state fee schedule (Provider's Administered Drug List)	NYPOZI	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Inj, nypozi 1 mcg	
Q5149	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	Inj, aflibercept-abzv, 1 mg	

Q5150	Not Covered on state fee schedule (Provider's Administered Drug List)		Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	Inj, aflibercept-mrbb, 1 mg	
Q5151	Not Covered on state fee schedule (Provider's Administered Drug List)	EPYSQLI	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	Inj, eculizumab-aagh, 2 mg	
Q5152	Not Covered on state fee schedule (Provider's Administered Drug List)	BKEMV	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	Inj, eculizumab-aeeb, 2 mg	

Q2057	Prior Authorization Required	TECELRA	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Afamitresgene autoleucel	
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