

J3535	No Auth. required	Metered Dose Inhaler Drug	Drug administered through a metered dose inhaler	
J3590	Auth Required	Radicava	Edarvone	
J3590	Auth. Required	Raptiva, vespid, Yellow Hornet Treatment, Yellow Jacket Treatment, Honey Bee Treatment, Hymenoptera Venom, Venomil, Albay Venomil, Anascorp, Tissuemend	Unclassified biologics	
J3590 or J3490	Auth Required	Avastin	Injection, bevacizumab, 0.25 mg	Avastin for EYES only - DOES NOT NEED COST REVIEW
J3490 or S0189	Auth. Required	Testopel	Testosterone Pellets	
J7030	No Auth. required	Sodium Chloride	Infusion, normal saline solution, 1,000 cc	
J7040	No Auth. required	Normal Saline Solution Sterile	Infusion, normal saline solution, sterile (500 ml=1 unit)	
J7042	No Auth. required	Dextrose 5%/Normal saline	5% dextrose/normal saline (500 ml = 1 unit)	
J7050	No Auth. required	Normal Saline Solution	Infusion, normal saline solution, 250 cc	
J7060	No Auth. required	Dextrose	5% dextrose/water (500 ml = 1 unit)	
J7070	No Auth. required	Dextrose	Infusion, D-5-W, 1,000 cc	
J7100	No Auth. required	Gentran-40, Rheomacrodex, Dextran-40	Infusion, dextran 40, 500 ml	
J7120	No Auth. required	Lactated Ringer's, Ringer's Injection	Ringers lactate infusion, up to 1,000 cc	
J7121	No Auth. required	5% dextrose in lactated ringers	5% dextrose in lactated ringers infusion, up to 1000 cc	
J7131	No Auth. required	Hypertonic saline solution	Hypertonic saline solution, 1 ml	
J7178	Auth. Required	Riastap	Human fibrinogen concentrate, 1 mg	
J7179	Auth. Required	Vonvendi	Recombinant	
J7180	Auth. Required	Corifact	Factor XIII (antihemophilic factor, human), 1 IU Injection	
J7181	Auth. Required	Tretten	Factor XIII A-subunit, (recombinant), per IU Injection	
J7182	Auth. Required	NovoEight	Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU Injection	
J7183	Auth. Required	Wilate	Von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo	
J7185	Auth. Required	Xyntha	Factor VIII (antihemophilic factor, recombinant) (XYNTHA), per IU	

J7186	Auth. Required	Alphanate/VWF Complex/Human	Antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.	
J7187	Auth. Required	Humate-P	Von Willebrand factor complex (Humate-P), per IU VWF:RCO	
J7188	Auth. Required	Obizur	Injection, factor VIII (antihemophilic factor, recombinant), per IU	
J7189	Auth. Required	Novoseven RT, Novoseven	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	
J7190	Auth. Required	Koate-DVI, Alphanate, Hemofil M, Monarc-M, Koate-HP, Monoclate-P	Factor VIII (antihemophilic factor, human) per IU	
J7192	Auth. Required	Genarc, Helixate, Bioclata, Advate, Recombinate, Kogenate FS, Refacto	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	
J7193	Auth. Required	Alphanine SD, Mononine	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	
J7194	Auth. Required	Profilnine, Profilnine SD, Bebulin, Konyne 80	Factor IX complex, per IU	
J7195	Auth. Required	Benefix, Ixinity	Factor IX (antihemophilic factor, recombinant) per IU	
J7196	Auth. Required	Atryn	Antithrombin recombinant, 50 IU Injection	
J7197	Auth. Required	Thrombate III	Antithrombin III (human), per IU	
J7198	Auth. Required	Feiba NF, Feiba-VH	Antithrombin III (human), per IU	
J7200	Auth. Required	Rixubis	Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU Injection	
J7201	Auth. Required	Alprolix	Factor IX, FC fusion protein (recombinant), per IU Injection	
J7202	Auth. Required	Idelvion	Injection, factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	
J7205	Auth. Required	Eloctate	Injection, factor VIII Fc fusion (recombinant), per IU	
J7207	Auth. Required	Adynovate	Injection, factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU	
J7209	Auth. Required	Nuwiq	Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	
J7210	Auth. Required	Afstyla	Injection, factor VIII, (antihemophilic factor, recombinant), 1 IU (Code becomes effective for Medicare billing 1/1/18)	

J7211	Auth. Required	Kovaltry	Injection, factor VIII, (antihemophilic factor, recombinant), 1 IU (Code becomes effective for Medicare billing 1/1/18)	
J7296	No Auth required	Kyleena	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	
J7297	No Auth. required	Liletta (52 MG) 18.6 MCG/DAY IUD	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration	
J7298	No Auth. required	Mirena (52 MG) 20 MCG/24HR IUD	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration	
J7300	No Auth. required	Paragard T380A	Intrauterine copper contraceptive	
J7301	No Auth. required	Skyla	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	
J7303	No Auth. required	Nuvaring	Contraceptive supply, hormone containing vaginal ring, each	
J7304	No Auth. required	Ortho Evra	Contraceptive supply, hormone containing patch, each	
J7307	No Auth. required	Nexplanon, Implanon	Etonogestrel (contraceptive) implant system, including implant and supplies	
J7308	No Auth. required	Levulan Kerastick	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	
J7311	Auth. Required	Retisert	Fluocinolone acetonide, intravitreal implant 0.59mg	
J7312	Auth. Required	Ozurdex	Dexamethasone, intravitreal implant, 0.1 mg	
J7313	Auth. Required	Iluvien	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	
J7315	No Auth. required	Mitomycin	Mitomycin, ophthalmic, 0.2 mg	
J7316	Auth. Required	Jetrea	Injection, ocriplasmin, 0.125 mg	
J7320	Auth. Required	Genvisc	Hyaluronan or derivative, for intra-articular injection, 1 mg	
J7321	Auth. Required	Hyalgan, Supartz, Provisc	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular per dose	5 injections
J7322	Auth. Required	Hymovis	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	1 injection
J7323	Auth. Required	Euflexxa	Hyaluronan or derivative, Euflexxa, for intra-articular per dose	3 injections
J7324	Auth. Required	Orthovisc	Hyaluronan or derivative, Orthovisc, for intra-articular per dose	4 injections

J7325	Auth. Required	Synvisc, Synvisc-One	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular 1 mg	Synvisc: 3 injections Synvisc-One: 1 injection
J7326	Auth. Required	Gel-One	Hyaluronan or derivative, Gel-One, for intra-articular per dose	1 injection
J7327	Auth. Required	Monovisc	Hyaluronan or derivative, Monovisc, for intra-articular per dose	1 injection
J7328	Auth. Required	Gel-Syn	Hyaluronan or derivative, for intra-articular injection, 0.1 mg	3 injections
J7330	Auth. Required	Carticel	Autologous cultured chondrocytes, implant	
J7336	Auth. Required	Qutenza	Capsaicin 8% patch, per sq cm	
J7340	Auth. Required	Duopa	Carbidopa 5 mg/levodopa 20 mg enteral suspension	
J7342	Auth. Required	Otiprio	Ciprofloxacin Otic Suspension, Instillation	
J7345	Auth. Required	Ameluz	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg	
J7500	Pharmacy Benefit No Auth required	Imuran, Azasan	Azathioprine, oral, 50 mg	
J7501	No Auth. required	Imuran	Azathioprine, parenteral, 100 mg	
J7502	Pharmacy Benefit	Neoral, Gengraf, Sandimmune	Cyclosporine, oral, 100 mg	
J7503	Pharmacy Benefit No Auth required	Tacrolimus	Tacrolimus, extended release, oral, 0.25 mg	
J7504	Auth Required	Atgam	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	
J7505	No Auth. required	Muromonab-CD3	Muromonab-CD3, parenteral, 5 mg	
J7507	Pharmacy Benefit	Astagraf	Tacrolimus, oral, per 1 mg	
J7508	Pharmacy Benefit	Astagraf XL	Tacrolimus Oral Per 5 Mg	
J7509	Pharmacy Benefit No Auth required	Medrol	Methylprednisolone, oral, per 4 mg	
J7510	Pharmacy Benefit No Auth required	Cotolone	Prednisolone, oral, per 5 mg	
J7511	No Auth. required	Thymoglobulin	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	
J7512	Pharmacy Benefit No Auth required	Deltasone, Prednisone	Prednisone, immediate release or delayed release, oral, 1 mg	
J7513	No Auth. required	Zenapax	Daclizumab, parenteral, 25 mg	
J7515	Pharmacy Benefit No Auth required	Gengraf, Sandimmune, Neoral	Cyclosporine, oral, 25 mg	
J7516	No Auth. required	Sandimmune	Cyclosporine, parenteral, 250 mg	
J7517	Pharmacy Benefit No Auth required	Cellcept	Mycophenolate mofetil, oral, 250 mg	

J7518	Pharmacy Benefit No Auth required	Myfortic	Mycophenolic acid, oral, 180 mg	
J7520	Pharmacy Benefit No Auth required	Rapamune	Sirolimus, oral, 1 mg	
J7525	Pharmacy Benefit No Auth required	Prograf	Tacrolimus, parenteral, 5 mg	
J7527	Pharmacy Benefit No Auth required	Zortress	Everolimus, oral, 0.25 mg	
J7599	Pharmacy Benefit No Auth required	Immunosuppressive Drug, Not otherwise classified	Immunosuppressive drug, not otherwise classified	
J7604	Not Covered	Acetylcysteine	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per q	
J7605	No Auth. required	Brovana	Arformoterol, inhalation solution, FDA approved final product, noncompounded, administered through DME, unit dose form, 15 mcg	
J7606	No Auth. required	Perforomist	Formoterol fumarate, inhalation solution, FDA approved final product, noncompounded, administered through DME, unit dose form, 20 mcg	
J7607	Not Covered	Levalbuterol	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg	
J7608	No Auth. required	Acetylcysteine 10 % SOLN	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per q	
J7609	Not Covered	Albuterol	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg	
J7610	No Auth. required	Albuterol	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg	
J7611	No Auth. required	Albuterol Sulfate (5 MG/ML) 0.5% NEBU	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg	
J7612	No Auth. required	Levalbuterol HCl 1.25 MG/0.5ML NEBU	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg	

J7613	No Auth. required	Accuneb	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg	
J7614	No Auth. required	Levalbuterol HCl 0.31 MG/3ML NEBU	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg	
J7615	Not Covered	Levalbuterol, inhalation solution, compounded product, administered through DME	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	
J7620	No Auth. required	Duoneb	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME	
J7622	Not Covered	Beclomethasone, inhalation solution, compounded product, administered through DME	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7624	Not Covered	Betamethasone, inhalation solution, compounded product, administered through DME	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7626	No Auth. required	Pulmicort	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg	
J7627	Not Covered	Budesonide	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg	
J7628	Not Covered	Tornalate	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7629	Not Covered	Bitolterol mesylate	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	

J7631	No Auth. required	Cromolyn sodium	Cromolyn sodium, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg	
J7632	Not Covered	Cromolyn sodium, inhalation solution, compounded product, administered through DME	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg	
J7634	Not Covered	Budesonide, inhalation solution, compounded product, administered through DME	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg	
J7635	Not Covered	Atropine, inhalation solution, compounded product, administered through DME	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7636	Not Covered	Atropine, inhalation solution, compounded product, administered through DME	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7637	Not Covered	Dexamethasone Inhalation Solution Compounded	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7638	Not Covered	Dexamethasone Inhalation Solution Compounded	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7639	Auth. Required	Pulmozyme	Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	
J7640	Not Covered	Formoterol	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg	
J7641	Not Covered	Flunisolide	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per mg	

J7642	Not Covered	Glycopyrrolate, inhalation solution, compounded product, administered through DME	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7643	Not Covered	Glycopyrrolate, inhalation solution, compounded product, administered through DME	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7644	No Auth. required	Ipratropium bromide, inhalation solution, FDA-approved final product	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	
J7645	Not Covered	Ipratropium bromide, inhalation solution, compounded product, administered through DME	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7647	Not Covered	Isoetharine HCL, inhalation solution, compounded product	Isoetharine HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7650	Not Covered	Isoetharine HCL, inhalation solution, compounded product	Isoetharine HCl, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7657	Not Covered	Isoproterenol HCL, inhalation solution, compounded product, administered through DME	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7660	Not Covered	Isoproterenol HCL, inhalation solution, compounded product, administered through DME	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7665	No Auth. required	Aridol	Mannitol, administered through an inhaler, 5 mg	

J7667	Not Covered	Metaproterenol sulfate, inhalation solution	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 mg	
J7670	Not Covered	Metaproterenol sulfate, inhalation solution, compounded product	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg	
J7674	No Auth. required	Provocholine	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	
J7676	Not Covered	Pentamidine Isethate	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	
J7680	Not Covered	Terbutaline sulfate, inhalation solution	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7681	Not Covered	Terbutaline sulfate, inhalation solution	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7682	Auth. Required	Tobi	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg	
J7683	Not Covered	Triamcinolone, inhalation solution, compounded product	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7684	Not Covered	Triamcinolone, inhalation solution, compounded product	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7685	Not Covered	Tobramycin	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	
J7686	Auth. Required	Tyvaso	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg	
J7699	Auth. Required	Cayston	NOC drugs, inhalation solution administered through DME	
J7799	No Auth. required	Non-inhalation drug for DME	NOC drugs, other than inhalation drugs, administered through DME	

J7999	Not Covered	Unclassified	Compounded drug, not otherwise classified	
J8498	No Auth. required	Antiemetic Drug, R/S, NOS	Antiemetic drug, rectal/suppository, not otherwise specified	
J8499	Pharmacy Benefit	Ampyra	Prescription drug, oral, nonchemotherapeutic, NOS	
J8501	Pharmacy Benefit	Emend	Aprepitant, oral, 5 mg	
J8510	Pharmacy Benefit	Myleran	Busulfan; oral, 2 mg	
J8515	Pharmacy Benefit	Cabergoline	Cabergoline, oral, 0.25 mg	
J8520	Pharmacy Benefit	Xeloda	Capecitabine, oral, 150 mg	
J8521	Pharmacy Benefit	Xeloda	Capecitabine, oral, 500 mg	
J8530	Pharmacy Benefit	Cyclophosphamide	Cyclophosphamide; oral, 25 mg	
J8540	Pharmacy Benefit	Baycadron, Dexamethasone	Dexamethasone, oral, 0.25 mg	
J8560	Pharmacy Benefit	Etoposide	Etoposide; oral, 50 mg	
J8565	Pharmacy Benefit	Iressa	Gefitinib, oral, 250 mg	
J8597	Pharmacy Benefit	Antiemetic Drug Oral, NOS	Antiemetic drug, oral, not otherwise specified	
J8600	Pharmacy Benefit No Auth required	Alkeran	Melphalan; oral, 2 mg	
J8610	Pharmacy Benefit No Auth required	Rheumatrex, Trexall	Methotrexate; oral, 2.5 mg	
J8650	Pharmacy Benefit No Auth required	Nabilone	Nabilone, oral, 1 mg	
J8655	Pharmacy Benefit	Akynzeo	Netupitant 300 mg and palonosetron 0.5 mg	
J8700	Pharmacy Benefit	Temodar	Temozolomide, oral, 5 mg	
J8705	Pharmacy Benefit	Hycamtin	Topotecan, oral, 0.25 mg	
J8999	Pharmacy Benefit	Oral prescription drug chemo, NOS	Prescription drug, oral, chemotherapeutic, NOS	
J9000	No Auth. required	Adriamycin, Rubex	Doxorubicin HCl, 10 mg Injection	
J9015	Auth Required	Proleukin	Aldesleukin, per single use vial Injection	
J9017	No Auth. required	Trisenox	Arsenic trioxide, 1 mg Injection	
J9019	No Auth. required	Erwinaze	Asparaginase (Erwinaze), 1,000 IU Injection	
J9023	Auth. Required	Bavencio	Injection, avelumab, 10 mg (Code becomes effective for billing 1/1/18)	
J9025	Auth. Required	Vidaza	Azacitidine, 1 mg Injection	
J9027	No Auth. required	Clolar	Clofarabine, 1 mg	
J9031	No Auth. required	Theracys, Tice BCG, BCG Vaccine	BCG (intravesical) per instillation	
J9032	Auth. Required	Beleodaq	Belinostat, 10 mg	
J9033	No Auth. required	Treanda	Bendamustine HCl, 1 mg Injection	
J9034	Auth. Required	Bendeka	Bendamustine HCl (Bendeka), 1 mg	
J9035	Auth. Required	Avastin	Bevacizumab, 10 mg Injection	
J9039	Auth. Required	Blincyto	Blinatumomab, 1 microgram	

J9040	No Auth. required	Bleomycin	Bleomycin sulfate, 15 units Injection	
J9041	No Auth. required	Velcade	Bortezomib, 0.1 mg Injection	
J9042	Auth. Required	Adcetris	Brentuximab vedotin, 1 mg Injection	
J9043	No Auth. required	Jevtana	Cabazitaxel, 1 mg Injection	
J9045	No Auth. required	Paraplatin	Carboplatin, 50 mg	
J9047	Auth. Required	Kyprolis	Carfilzomib, 1 mg	
J9050	No Auth. required	Gliadel, Bicnu	Carmustine, 100 mg	
J9055	Auth. Required	Erbitux	Cetuximab, 10 mg	
J9060	No Auth. required	Platinol	Cisplatin, powder or solution, 10 mg	
J9065	No Auth. required	Leustatin	Cladribine, per 1 mg	
J9070	No Auth. required	Cytosan, Neosar	Cyclophosphamide, 100 mg	
J9100	No Auth. required	Cytosar-U, Tarabine PFS	Cytarabine, 100 mg	
J9120	No Auth. required	Cosmegen	Dactinomycin, 0.5 mg	
J9130	No Auth. required	Dtic-Dome	Dacarbazine, 100 mg	
J9145	Auth Required	Darzalex	Injection, daratumumab, 10 mg	
J9150	No Auth. required	Cerubidine	Daunorubicin, 10 mg	
J9155	Auth. Required	Firmagon	Degarelix, 1 mg	
J9171	No Auth. required	Taxotere	Docetaxel, 1 mg	
J9175	No Auth. required	Elliott's B	Elliotts' B solution, 1 ml	
J9176	Auth Required	Empliciti	Elotuzumab, Injection, 1 mg	
J9178	No Auth. required	Ellence	Epirubicin HCl, 2 mg	
J9179	No Auth. required	Halaven	Eribulin mesylate, 0.1 mg	
J9181	No Auth. required	Vepesid, Toposar	Etoposide, 10 mg	
J9185	No Auth. required	Fludara	Fludarabine phosphate, 50 mg	
J9190	No Auth. required	Adrucil	Fluorouracil, 500 mg Injection	
J9200	No Auth. required	Fudr	Floxuridine, 500 mg	
J9201	No Auth. required	Gemzar	Gemcitabine HCl, 200 mg	
J9202	Auth. Required	Zoladex	Goserelin acetate implant, per 3.6 mg	
J9205		Onivyde	Irinotecan Liposome, 1 mg	
J9206	No Auth. required	Camptosar	Irinotecan, 20 mg	
J9207	No Auth. required	Ixempra	Ixabepilone, 1 mg	
J9208	No Auth. required	Ifex	Ifosfamide, 1 g	
J9209	No Auth. required	Mesnex	Mesna, 200 mg	
J9211	No Auth. required	Idamycin	Idarubicin HCl, 5 mg	
J9214	Auth. Required	Intron A	Interferon, alfa-2b, recombinant, 1 million units	
J9215	Auth. Required	Alferon N	Interferon, alfa-N3, (human leukocyte derived), 250,000 IU	
J9216	Auth. Required	Actimmune	Interferon, gamma 1-b, 3 million units Injection	
J9217	Auth. Required	Lupron Depot, Eligard	Leuprolide acetate (for depot suspension), 7.5 mg	Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyomota: every 84 days

J9218	Auth. Required	Lupron	Leuprolide acetate, per 1 mg	Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyomota: every 84 days
J9225	Auth. Required	Vantas	Histrelin implant (Vantas), 50 mg	
J9226	Auth. Required	Supprelin LA	Histrelin implant (Supprelin LA), 50 mg	
J9228	Auth. Required	Yervoy	Ipilimumab, 1 mg	
J9230	No Auth. required	Mustargen	Mechlorethamine HCl, (nitrogen mustard), 10 mg	
J9245	No Auth. required	Alkeran, Evomela, Melphalan	melphalan HCl, 50 mg Injection	
J9250	No Auth. required	Otrexup, Folex PFS,	Methotrexate sodium, 5 mg	
J9260	No Auth. required	Methotrexate	Methotrexate sodium, 50 mg	
J9261	No Auth. required	Arranon	Nelarabine, 50 mg	
J9262	Auth. Required	Synribo	Omacetaxine mepesuccinate, 0.01 mg	
J9263	No Auth. required	Eloxatin	Oxaliplatin, 0.5 mg	
J9264	No Auth. required	Abraxane	Paclitaxel protein-bound particles, 1 mg Injection	
J9266	Auth. Required	Oncaspar	Pegaspargase, per single dose vial (5ML vial)	Dosing every 2 weeks
J9267	No Auth. required	Taxol	Paclitaxel, 1 mg Injection	
J9268	No Auth. required	Nipent	Pentostatin, 10 mg	
J9271	Auth. Required	Keytruda	Pembrolizumab, 1 mg	
J9280	No Auth. required	Mutamycin	Mitomycin, 5 mg	
J9293	Auth. Required	Novantrone	Mitoxantrone HCl, per 5 mg	
J9299	Auth. Required	Opdivo	Nivolumab, 1 mg	
J9203	Auth. Required	Mylotarg	Injection, gemtuzumab ozogamicin, 0.1 mg (Code becomes effective for billing 1/1/18)	
J9301	Auth. Required	Gazyva	Obinutuzumab, 10 mg Injection	
J9302	Auth. Required	Arzerra	Ofatumumab, 10 mg	
J9303	No Auth. required	Vectibix	Panitumumab, 10 mg	
J9305	No Auth. required	Alimta	Pemetrexed, 10 mg Injection	
J9306	Auth. Required	Perjeta	Pertuzumab, 1 mg	
J9307	No Auth. required	Folotyn	Pralatrexate, 1 mg	
J9308	Auth. Required	Cyramza	Ramucirumab, 5 mg	
J9310	Auth. Required	Rituxan	Rituximab, 100 mg	
J9315	No Auth required	Istodax	Romidepsin, 1 mg	
J9320	No Auth. required	Zanosar	Streptozocin, 1 g	
J9325	Auth Required	Imlygic	Talimogene Laherparepvec	
J9328	Auth. Required	Temodar	Temozolomide, 1 mg	
J9330	Auth. Required	Torisel	Temsirolimus, 1 mg	
J9340	No Auth. required	Thioplex	Thiotepa, 15 mg	
J9351	No Auth. required	Hycamtin	Topotecan, 0.1 mg	
J9352	Auth Required	Yondelis	Injection, trabectedin, 0.1 mg	

J9354	Auth. Required	Kadcyla	Ado-trastuzumab emtansine, 1 mg Injection	
J9355	Auth. Required	Herceptin	Trastuzumab, 10 mg	
J9357	No Auth. required	Valstar	Valrubicin, intravesical, 200 mg	
J9360	No Auth. required	Vinblastine Sulfate	Vinblastine sulfate, 1 mg	
J9370	No Auth. required	Oncovin, Vincasar	Vincristine sulfate	
J9371	Auth. Required	Marqibo	Vincristine sulfate liposome, 1 mg	
J9390	No Auth. required	Navelbine	Vinorelbine tartrate, 10 mg	
J9395	No Auth. required	Falsodex	Fulvestrant, 25 mg	
J9400	Auth. Required	Zaltrap	Ziv-aflibercept, 1 mg	
J9600	No Auth. required	Photofrin	Porfimer sodium, 75 mg	
J9999	Auth. Required	Imfinzi	durvalumab	
J9999	Auth. Required	Rituxan Hycela		Hycela is only covered for the oncology diagnoses.
J9999	Auth. required	Unclassified antineoplastic drugs	Not otherwise classified, antineoplastic drugs	
P9041	No Auth required	Albutein 5%, Plasbumin 5, Albumin Human	Infusion, albumin (human) 5% 50ML	
P9045	No Auth required	Buminate 5, Flexbumin 5, Albutein 5, Plasbumin 5	Infusion, albumin (human) 5% 250ML	
P9046	No Auth required	Buminate 25, Albutein 25, Plasbumin 25	Infusion, albumin (human) 25% 20ML	
P9047	No Auth required	Kedbumin 25, Flexbumin 25, Albutein 25, Plasbumin 25, Albumin 25, Albuked 25, Albuminar 25	Infusion, albumin (human) 25% 50ML	
Q0138	No Auth. required	Feraheme	Ferumoxytol Non-ERSD	
Q0139	No Auth. required	Feraheme	Ferumoxytol ESRD	
Q2040	Auth. Required	Kymirah	Tisagenlecleucel, up to 250 million car-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion	
Q2043	Auth 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 (Code Price is per 250 mL)	
Q2050	Auth Required	Doxil	injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10mg	

Q3028	Auth. Required	Rebif	Injection, interferon beta-1a, 1 mcg	
Q4081	No Auth required	Epogen	Epoetin alfa, 100 units (for ESRD on dialysis)	
Q5101	Auth. Required	Zarxio	Filgrastim (G-CSF), Biosimilar, 1 microgram	
Q5102	Auth. Required	Inflectra	Injection, infliximab, biosimilar, 10 mg	
Q9950	Not Covered	Lumason	Sulfur hexafluoride lipid microspheres, per ml	
Q9977	Pharmacy Benefit	Compounded Drug NOC	Compounded Drug, Not Otherwise Classified	
S0028	No Auth required	Famotidine	Injection, famotidine, 20 mg	
S0030	No Auth required	Metronidazole	Injection, metronidazole, 500 mg	
S0032	No Auth required	Nafcillin	Injection, nafcillin sodium, 2 g	
S0032	No Auth required	sulfamethoxazole and trimethoprim	Injection, sulfamethoxazole and trimethoprim, 10 mL	
S0073	Auth Required	Azactam	Injection, aztreonam, 500 mg	
S0077	No Auth. Required	Clindamycin	Injection, clindamycin phosphate, 300 mg	
S0080	No Auth required	Pentamidine Isethate	Injection, pentamidine isethionate, 300mg	
S5497	No Auth if billed with a J code		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	
S5498	No Auth if billed with a J code		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	
S5501	No Auth if billed with a J code		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	

S5502	No Auth if billed with a J code		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)	
S5517	No Auth if billed with a J code		Home infusion therapy, all supplies necessary for restoration of catheter patency or de clotting	
S9061	No Auth if billed with a J code		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	
S9123	KY MCD NO PA- OH MCD PA IF OVER 8 UNITS/DAY		Clinical Assessments	8 units /day OH MCD ONLY
S9140	Auth. Required MM must review		Gestational Diabetes Clinical Management Program	
S9145	No Auth. required		Clinical Assessments	
S9208	MM must review		Preterm Labor Program (7 days)	
S9211	MM must review		Gestational Hypertension Program	
S9213	MM must review		Preeclampsia Program	
S9214	MM must review		Obstetrical Diabetes Management - Daily Insulin Injections	
S9325	No Auth if billed with a J code		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)	

S9326	No Auth if billed with a J code		Home infusion therapy, continuous (24 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	
S9327	No Auth if billed with a J code		Home infusion therapy, intermittent (less than 24 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	
S9328	No Auth if billed with a J code		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	
S9329	No Auth if billed with a J code		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)	
S9330	No Auth if billed with a J code		Home infusion therapy, continuous (24 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	

S9331	No Auth if billed with a J code		Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9336	Auth. Required		Continuous Heparin Infusion Therapy	
S9338	AUTH. 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	
S9345	No Auth if billed with a J code		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	
S9346	Auth. Required		Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9347	Auth. 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	

S9348	No Auth if billed with a J code		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	
S9351	No Auth if billed with a J code		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	
S9353	No Auth if billed with a J code		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	
S9355	No Auth if billed with a J code		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	
S9357	Auth. 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	

S9359	Auth. 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	
S9361	No Auth if billed with a J code		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	
S9363	No Auth if billed with a J code		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	
S9364	No Auth. 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)	
S9365	No Auth. required		Home infusion therapy, total parenteral nutrition (TPN); 1 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	

S9366	No Auth. required		Home infusion therapy, total parenteral nutrition (TPN); more than 1 liter but no more than 2 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	
S9367	No Auth. required		Home infusion therapy, total parenteral nutrition (TPN); more than 2 liters but no more than 3 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	
S9368	No Auth. required		Home infusion therapy, total parenteral nutrition (TPN); more than 3 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	
S9370	No Auth if billed with a J code		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	

S9372	No Auth if billed with a J code		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)	
S9373	No Auth. Required up to 4 L per day		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)	
S9374	No Auth. required		Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9375	No Auth. required		Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9376	No Auth. required		Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	

S9377	No Auth. required		Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	
S9379	Auth. 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	
S9490	No Auth if billed with a J code		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	
S9494	No Auth if billed with a J code		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)	
S9500	No Auth if billed with a J code		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	

S9501	No Auth if billed with a J code		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	
S9502	No Auth if billed with a J code		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	
S9503	No Auth if billed with a J code		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	
S9504	No Auth if billed with a J code		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	
S9537	Auth. 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	7 DAYS

S9538	No Auth. 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	
S9542	No Auth. 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	
S9558	Auth. 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	7 DAYS
S9559	Auth. 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	7 DAYS
S9560	No Auth if billed with a J code		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	
S9560-SD	No Auth required		Makena Administration Nursing Service	

S9562	No Auth. 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	
S9590	No Auth if billed with a J code		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	