CareSource

Authorization Requirements for Medications Under the Medical Benefit

HCPC/MOD	Marketplace	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION	Limits
90375	No Auth. Required	HyperRab	Rabies Immune Globulin (Human)	Rabies Immune Globulin (Human)	
90378	Auth Required	Synagis	Palivizumab	Synagis	
90675	No Auth. Required	Imovax Rabavert	Rabies vaccine, for intramuscular use (Code price is per 1 mL)	Rabies vaccine, for intramuscular use	
91300	No Auth. Required	Pfizer COVID-19 Vaccine	SARSCOV2 VAC 30MCG/0.3ML IM	Pfizer-Biontech Covid-19 Vaccine	
91301	No Auth. Required	Moderna COVID-19 Vaccine	SARSCOV2 VAC 100MCG/0.5ML IM	Moderna Covid-19 Vaccine	
99501	No Auth. Required		Postpartum Maternal Newborn Assessment Service	Postpartum Maternal Newborn Assessment Service	
99502	No Auth. Required		Newborn Assessment	Newborn Assessment	
99506	Auth Required		Home Nursing Visit for Medication Administration	Home Nursing Visit for Medication Administration	
99600	No Auth. Required		17Alpha-hydroxyprogesterone Caproate (17P) Administration Nursing Service	17Alpha-hydroxyprogesterone Caproate (17P) Administration Nursing Service	
99601	No Auth. Required		Home infusion/specialty drug administration, per visit (up to 2 hours)	Home infusion/specialty drug administration, per visit (up to 2 hours)	
99602	No Auth. 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)	
0001A	No Auth. Required	Pfizer COVID-19 Vaccine Administration First Dose	ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose	
0002A	No Auth. Required	Pfizer COVID-19 Vaccine Administration Second Dose	ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose	
0011A	No Auth. Required	Moderna COVID-19 Vaccine Administration First Dose	ADM SARSCOV2 100MCG/0.5ML1ST	Moderna Covid-19 Vaccine Administration – First Dose	
0012A	No Auth. Required	Moderna COVID-19 Vaccine Administration Second Dose	ADM SARSCOV2 100MCG/0.5ML2ND	Moderna Covid-19 Vaccine Administration – Second Dose	
A4216	No Auth. Required	Sterile water	Sterile water, saline, and/or dextrose, diluent/flush, 10 mL	Sterile water	
A4221	No Auth. Required		Supp non-insulin inf cath/wk	Supp non-insulin inf cath/wk	
A4222	No Auth. Required		Infusion supplies with pump	Infusion supplies with pump	
A4223	No Auth. Required		Infusion supplies w/o pump	Infusion supplies w/o pump	
A4224	No Auth. Required		Supply insulin inf cath/wk	Supply insulin inf cath/wk	
A9513	Auth Required	Lutathera	Lutetium lu, dotatete, therapeutic, 1 millicurie	lutetium lu 177	
A9606	Auth Required	Xofigo	Radium Ra 223 dichloride	Xofigo	
B4164	No Auth. Required		Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	Parenteral 50% dextrose solu	
B4168	No Auth. Required		Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 3.	
B4172	No Auth. Required		Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 5.	
B4176	No Auth. Required		Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 7-	
B4178	No Auth. Required		Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	Parenteral sol amino acid >	
B4180	No Auth. Required		Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	Parenteral sol carb > 50%	
B4185	No Auth. Required	Clinolipid, Nutrilipid, Smolipid, Intralipid	Parenteral nutrition solution, not otherwise specified, 10 grams lipids	Pn soln nos 10 grams lipids	
B4187	No Auth. Required	Omegaven	Omegaven, 10 grams lipids	Omegaven, 10 grams lipids	
B4189	No Auth. 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 Auth. 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 Auth. 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 Auth. 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 Auth. Required		Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day	Parenteral nutrition additiv	
B4220	No Auth. Required		Parenteral nutrition supply kit; premix, per day	Parenteral supply kit premix	
B4222	Auth Required		Parenteral nutrition supply kit; home mix, per day	Parenteral supply kit homemi	
B4224	No Auth. Required		Parenteral nutrition administration kit, per day	Parenteral administration ki	
B5000	No Auth. 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 Auth. 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 Auth. 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	
B9004	Auth Required		Parenteral nutrition infusion pump, portable	Parenteral infus pump portab	
B9006	Auth Required		Parenteral nutrition infusion pump, stationary	Parenteral infus pump statio	
B9999	Auth Required		Noc for parenteral supplies	Parenteral supp not othrws c	
C9046	Auth Required	Cocaine, Goprelto	Cocaine hydrochloride nasal solution for topical administration, 1 mg	Cocaine hcl nasal solution	
C9047	Auth Required	Cablivi	Injection, caplacizumab-yhdp, 1 mg	Injection, caplacizumab-yhdp	

C9113	No Auth. Required	Protonix	Injection, pantoprazole sodium, per vial	Inj pantoprazole sodium, via	
C9248	No Auth. Required	Cleviprex	Injection, clevidipine butyrate, 1 mg	Inj, clevidipine butyrate	
C9254	No Auth. Required	Vimpat	Injection, lacosamide, 1 mg	Injection, lacosamide	
C9257	Auth Required	Avastin	Injection, bevacizumab, 0.25 mg	Bevacizumab injection	
C9285	No Auth. Required	Synera	Lidocaine 70 mg/tetracaine 70 mg, per patch	Patch, lidocaine/tetracaine	
C9290	No Auth. Required	Exparel	Injection, bupivacaine liposome, 1 mg	Inj, bupivacaine liposome	
C9293	No Auth. Required	Voraxaze	Injection, glucarpidase, 10 units	Injection, glucarpidase	
C9399	Auth Required	Unclassified code	Unclassified drugs or biologicals	Unclassified drugs or biolog	
C9460	No Auth. Required	Kengreal	Injection, cangrelor, 1 mg	Injection, cangrelor	
C9462	Auth Required	Baxdela	Injection, delafloxacin, 1 mg	Injection, delafloxacin	
C9488	Auth Required	Vaprisol	Injection, conivaptan hydrochloride, 1 mg	Conivaptan hcl	
G2082	Auth Required	Spravato	Visit esketamine 56m or less	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	
G2083	Auth Required	Spravato	Visit esketamine, > 56m	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	
J0121	Auth Required	Nuzyra	Injection, omadacycline, 1 mg	Inj., omadacycline, 1 mg	
J0122	Auth Required	Xerava	Injection, eravacycline, 1 mg	Inj., eravacycline, 1 mg	
J0129	Auth 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	
J0131	No Auth. Required	Ofirmev	Injection, acetaminophen, 10 mg	Acetaminophen injection	
J0132	No Auth. Required	Mucomyst	Injection, acetylcysteine, 100 mg	Acetylcysteine injection	
J0133	No Auth. Required	Zovirax	Injection, acyclovir, 5 mg	Acyclovir injection	
J0135	Pharmacy Benefit	Humira	Injection, adalimumab, 20 mg	Adalimumab injection	
J0153	No Auth. Required	Adenosine	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	Adenosine inj 1mg	
J0171	No Auth. Required	Epinephrine	Injection, adrenalin, epinephrine, 0.1 mg	Adrenalin epinephrine inject	
J0178	Auth Required	Eylea	Injection, aflibercept, 1 mg	Aflibercept injection	
J0179	Auth Required	Beovu	Inj, brolucizumab-dbll, 1 mg	Injection, brolucizumab-dbll, 1 mg	
J0180	Auth Required	Fabrazyme	Injection, agalsidase beta, 1 mg	Agalsidase beta injection	
J0185	Auth Required	Cinvanti	Injection, aprepitant, 1 mg	Inj., aprepitant, 1 mg	
J0202	Auth Required	Lemtrada	Injection, alemtuzumab, 1 mg	Injection, alemtuzumab	
J0205	Auth Required		Injection, alglucerase, per 10 units	Alglucerase injection	
J0207	No Auth. Required	Ethyol	Injection, amifostine, 500 mg	Amifostine	
J0215	Auth Required		Injection, alefacept, 0.5 mg	Alefacept	
J0220	Auth Required		Injection, alglucosidase alfa, 10 mg, not otherwise specified	Alglucosidase alfa injection	
J0221	Auth Required	Lumizyme	Injection, alglucosidase alfa, (lumizyme), 10 mg	Lumizyme injection	
J0222	Auth Required	Onpattro	Injection, patisiran, 0.1 mg	Inj., patisiran, 0.1 mg	
J0223	Auth Required	Givlaari	Inj givosiran 0.5 mg	Injection, givosiran, 0.5 mg	
J0256	Auth Required	Aralast NP Prolastin-C	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	Alpha 1 proteinase inhibitor	
J0257	No Auth. Required	Glassia	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Glassia injection	
J0270	No Auth. 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 Auth. 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 Auth. Required	Amikacin	Injection, amikacin sulfate, 100 mg	Amikacin sulfate injection	
J0280	No Auth. Required	Aminophylline	Injection, aminophyllin, up to 250 mg	Aminophyllin 250 mg inj	
J0282	No Auth. Required	Amiodarone	Injection, amiodarone hydrochloride, 30 mg	Amiodarone hcl	
J0285	No Auth. Required	Amphotericin B	Injection, amphotericin b, 50 mg	Amphotericin b	
J0287	No Auth. Required	Abelcet	Injection, amphotericin b lipid complex, 10 mg	Amphotericin b lipid complex	
J0289	No Auth. Required	Ambisome	Injection, amphotericin b liposome, 10 mg	Amphotericin b liposome inj	
J0290	No Auth. Required	Ampiciliin	Injection, ampicillin sodium, 500 mg	Ampicillin 500 mg inj	
J0291	No Auth. Required	Zemdri	Injection, plazomicin, 5 mg	Inj., plazomicin, 5 mg	
J0295	No Auth. Required	Unasyn	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	Ampicillin sulbactam 1.5 gm	
J0300	No Auth. Required	Amytal	Injection, amobarbital, up to 125 mg	Amobarbital 125 mg inj	
J0330	No Auth. Required	Succinylcholine	Injection, succinylcholine chloride, up to 20 mg	Succinycholine chloride inj	
J0348	No Auth. Required	Eraxis	Injection, anidulafungin, 1 mg	Anidulafungin injection	
J0360	No Auth. Required	Apresoline	Injection, hydralazine hcl, up to 20 mg	Hydralazine hcl injection	
J0364	Auth Required	Apokyn	Injection, apomorphine hydrochloride, 1 mg	Apomorphine hydrochloride	
J0401	No Auth. Required	Abilify Maintena	Injection, aripiprazole, extended release, 1 mg	Inj aripiprazole ext rel 1mg	
J0456	No Auth. Required	Zithromax	Injection, azithromycin, 500 mg	Azithromycin	
J0461	No Auth. Required	Atropine	Injection, atropine sulfate, 0.01 mg	Atropine sulfate injection	
J0470	No Auth. Required	Ban in Oil	Injection, dimercaprol, per 100 mg	Dimecaprol injection	
J0475	No Auth. Required	Lioresal	Injection, baclofen, 10 mg	Baclofen 10 mg injection	
J0476	No Auth. Required	Lioresal IT	Injection, baclofen, 50 mcg for intrathecal trial	Baclofen intrathecal trial	
J0480	No Auth. Required	Simulect	Injection, basiliximab, 20 mg	Basiliximab	
J0485	No Auth. Required	Nulojix	Injection, belatacept, 1 mg	Belatacept injection	
J0490	Auth Required	Benlysta	Injection, belimumab, 10 mg	Belimumab injection	
J0500	No Auth. Required	Bentyl	Injection, dicyclomine hcl, up to 20 mg	Dicyclomine injection	
J0515	No Auth. Required	Cogentin	Injection, benztropine mesylate, per 1 mg	Inj benztropine mesylate	
J0517	Auth Required	Fasenra	Injection, benralizumab, 1 mg	Inj., benralizumab, 1 mg	
J0558	No Auth. Required	Bicillin C-R	Injection, penicillin g benzathine and penicillin g procaine, 100,000 units	PenG benzathine/procaine inj	
J0561	No Auth. Required	Bicillin L-A	Injection, penicillin g benzathine, 100,000 units	Penicillin g benzathine inj	

J0565	No Auth. Required	Zinplava	Injection, bezlotoxumab, 10 mg	Inj, bezlotoxumab, 10 mg	
J0567	Auth Required	Brineura	Injection, cerliponase alfa, 1 mg	Inj., cerliponase alfa 1 mg	
J0570	Auth Required	Probuphine	Buprenorphine implant, 74.2 mg	Buprenorphine implant 74.2mg	
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	
J0583	No Auth. Required	Angiomax	Injection, bivalirudin, 1 mg	Bivalirudin	
J0584	Auth Required	Crysvita	Injection, burosumab-twza 1 mg	Injection, burosumab-twza 1m	
J0585	Auth Required	Botox	Injection, onabotulinumtoxin a, 1 unit	Injection,onabotulinumtoxin a	
J0586	Auth Required	Dysport	Injection, abobotulinumtoxin a, 5 units	Abobotulinumtoxin a	
J0587	Auth Required	Myobloc	Injection, rimabotulinumtoxin b, 100 units	Inj, rimabotulinumtoxin b	
J0588	Auth Required	Xeomin	Injection, incobotulinumtoxin a, 1 unit	Incobotulinumtoxin a	
J0591	Auth Required	Kybella	Inj deoxycholic acid, 1 mg	Injection, deoxycholic acid, 1 mg	
J0592	No Auth. Required	Buprenex	Injection, buprenorphine hydrochloride, 0.1 mg	Buprenorphine hydrochloride	
J0593	Auth Required	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 Auth. Required	Busulfex	injection, busulfan, 1 mg	Busulfan injection	
J0595	No Auth. Required	Stadol	Injection, butorphanol tartrate, 1 mg	Butorphanol tartrate 1 mg	
J0596	Auth Required	Ruconest	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Injection, ruconest	
J0597	Auth Required	Berinert	Injection, c-1 esterase inhibitor (human), berinert, 10 units	C-1 esterase, berinert	
J0598	Auth Required	Cinryze	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	C-1 esterase, cinryze	
J0599	Auth Required	Haegarda	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Inj., haegarda 10 units	
J0600	No Auth. Required	Calcium Disodium Versenate	Injection, edetate calcium disodium, up to 1000 mg	Edetate calcium disodium inj	
J0604	No Auth. Required	Sensipar	Cinacalcet, oral, 1 mg, (for esrd on dialysis)	Cinacalcet, esrd on dialysis	
J0606	Auth Required	Parsabiv	Injection, etelcalcetide, 0.1 mg	Inj, etelcalcetide, 0.1 mg	
J0610	No Auth. Required	Calcium Gluconate	Injection, calcium gluconate, per 10 ml	Calcium gluconate injection	
J0630	No Auth. Required	Miacalcin	Injection, calcitonin salmon, up to 400 units	Calcitonin salmon injection	
J0636	No Auth. Required	Calcitrol	Injection, calcitriol, 0.1 mcg	Inj calcitriol per 0.1 mcg	
J0637	No Auth. Required	Cancidas	Injection, caspofungin acetate, 5 mg	Caspofungin acetate	
J0638	Pharmacy Benefit	Ilaris	Injection, canakinumab, 1 mg	Canakinumab injection	
J0640	No Auth. Required	Leucovorin Calcium	Injection, leucovorin calcium, per 50 mg	Leucovorin calcium injection	
J0641	No Auth. Required	Fusilev	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Inj levoleucovorin nos 0.5mg	
J0642	Auth Required	Khapzory	Injection, levoleucovorin (khapzory), 0.5 mg	Injection, khapzory, 0.5 mg	
J0670	No Auth. Required	Carbocaine	Injection, mepivacaine hydrochloride, per 10 ml	Inj mepivacaine hcl/10 ml	
J0690	No Auth. Required	Kefzol	Injection, cefazolin sodium, 500 mg	Cefazolin sodium injection	
J0691	Auth Required	Xenleta	Inj lefamulin 1 mg	Injection, lefamulin, 1 mg	
J0692	No Auth. Required	Maxipime	Injection, cefepime hydrochloride, 500 mg	Cefepime hcl for injection	
J0694	No Auth. Required	Cefoxitin	Injection, cefoxitin sodium, 1 gm	Cefoxitin sodium injection	
J0695	No Auth. Required	Zerbaxa	Injection, ceftolozane 50 mg and tazobactam 25 mg	Inj ceftolozane tazobactam	
J0696	No Auth. Required	Rocephil	Injection, ceftriaxone sodium, per 250 mg	Ceftriaxone sodium injection	
J0697	No Auth. Required	Zinacef	Injection, sterile cefuroxime sodium, per 750 mg	Sterile cefuroxime injection	
J0698	No Auth. Required	Claforan	Injection, cefotaxime sodium, per gm	Cefotaxime sodium injection	
J0702	No Auth. Required	Celestone Soluspan	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Betamethasone acet&sod phosp	
J0706	No Auth. Required	Cafcit	Injection, caffeine citrate, 5 mg	Caffeine citrate injection	
J0712	No Auth. Required	Teflaro	Injection, ceftaroline fosamil, 10 mg	Ceftaroline fosamil inj	
J0713	No Auth. Required	Fortaz Tazicef	Injection, ceftazidime, per 500 mg	Inj ceftazidime per 500 mg	
J0714	Auth Required	Avycaz	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	Ceftazidime and avibactam	
J0716	No Auth. Required	Anascorp	Injection, centruroides immune f(ab)2, up to 120 milligrams	Centruroides immune f(ab)	
J0717	Auth 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	
J0720	No Auth. Required	Chloramphenicol	Injection, chloramphenicol sodium succinate, up to 1 gm	Chloramphenicol sodium injec	
J0725	Auth Required	Novarel Pregnyl	Injection, chorionic gonadotropin, per 1,000 usp units	Chorionic gonadotropin/1000u	
J0735	No Auth. Required	Duraclon	Injection, clonidine hydrochloride, 1 mg	Clonidine hydrochloride	
J0740	No Auth. Required	Cidofovir	Injection, cidofovir, 375 mg	Cidofovir injection	
J0742	Auth Required	Recarbrio	Inj imip 4 cilas 4 releb 2mg	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	
J0743	No Auth. Required	Timentin	Injection, cilastatin sodium; imipenem, per 250 mg	Cilastatin sodium injection	
J0744	No Auth. Required	Cipro	Injection, ciprofloxacin for intravenous infusion, 200 mg	Ciprofloxacin iv	
J0770	No Auth. Required	Coly-Mycin M	Injection, colistimethate sodium, up to 150 mg	Colistimethate sodium inj	
J0775	Auth Required	Xiaflex	Injection, collagenase, clostridium histolyticum, 0.01 mg	Collagenase, clost hist inj	
J0780	No Auth. Required	Compazine	Injection, prochlorperazine, up to 10 mg	Prochlorperazine injection	
J0791	Auth Required	Adakveo	Inj crizanlizumab-tmca 5mg	Injection, crizanlizumab-tmca, 5 mg	
J0795	No Auth. Required	Acthrel	Injection, corticorelin ovine triflutate, 1 microgram	Corticorelin ovine triflutal	
J0800	Auth Required	HP-Acthar	Injection, corticotropin, up to 40 units	Corticotropin injection	
J0834	No Auth. Required	Cosyntropin	Injection, cosyntropin, 0.25 mg	Inj., cosyntropin, 0.25 mg	
J0840	No Auth. Required	CroFab	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram	Crotalidae poly immune fab	
J0841	No Auth. Required	Anavip	Injection, crotalidae immune f(ab')2 (equine), 120 mg	Inj crotalidae im f(ab')2 eq	
J0850	Auth Required	Cytogam	Injection, cytomegalovirus immune globulin intravenous (human), per vial	Cytomegalovirus imm iv /vial	
J0875	Auth Required	Dalvance	Injection, dalbavancin, 5 mg	Injection, dalbavancin	
J0878	No Auth. Required	Cubicin	Injection, daptomycin, 1 mg	Daptomycin injection	
J0881	Auth Required	Aranesp	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Darbepoetin alfa, non-esrd	
J0882	No Auth. Required	Aranesp	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	Darbepoetin alfa, esrd use	
J0883	No Auth. Required	Argatroban	Injection, argatroban, 1 mg (for non-esrd use)	Argatroban nonesrd use 1mg	
J0884	No Auth. Required	Argatroban	Injection, argatroban, 1 mg (for esrd on dialysis)	Argatroban esrd dialysis 1mg	
J0885	Auth Required	Epogen Procrit	Injection, epoetin alfa, (for non-esrd use), 1000 units	Epoetin alfa, non-esrd	
J0887	Auth Required	Mircera	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	Epoetin beta esrd use	
J0888	Auth Required	Mircera	Injection, epoetin beta, 1 microgram, (for non esrd use)	Epoetin beta non esrd	
J0890	Auth Required		Injection, peginesatide, 0.1 mg (for esrd on dialysis)	Peginesatide injection	
J0894	Auth Required	Dacogen	Injection, decitabine, 1 mg	Decitabine injection	
J0895	Auth Required	Desferal	Injection, deferoxamine mesylate, 500 mg	Deferoxamine mesylate inj	

J0896	Auth Required	Reblozyl	Inj luspatercept-aamt 0.25mg	Injection, luspatercept-aamt, 0.25 mg	
J0897	Auth Required	Prolia Xgeva	Injection, denosumab, 1 mg	Denosumab injection	
J1000	No Auth. Required	Depo-Estradiol	Injection, depo-estradiol cypionate, up to 5 mg	Depo-estradiol cypionate inj	
J1020	No Auth. Required	Depo-Medrol	Injection, methylprednisolone acetate, 20 mg	Methylprednisolone 20 mg inj	
J1030	No Auth. Required	Depo-Medrol	Injection, methylprednisolone acetate, 40 mg	Methylprednisolone 40 mg inj	
J1040	No Auth. Required	Depo-Medrol	Injection, methylprednisolone acetate, 80 mg	Methylprednisolone 80 mg inj	
J1050	No Auth. Required	Depo-Provera	Injection, medroxyprogesterone acetate, 1 mg	Medroxyprogesterone acetate	
J1071	No Auth. Required	Depo-Testosterone	Injection, testosterone cypionate, 1 mg	Inj testosterone cypionate	
J1095	Auth Required	Dexycu	Injection, dexamethasone 9 percent, intraocular, 1 microgram	Injection, dexamethasone 9%	
J1096	Auth Required	Dextenza	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Dexametha opth insert 0.1 mg	
J1097	No Auth. Required	Omidria	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	Phenylep ketorolac opth soln	
J1100	No Auth. Required	Decadron	Injection, dexamethasone sodium phosphate, 1 mg	Dexamethasone sodium phos	
J1110	No Auth. Required	D.H.E.	Injection, dihydroergotamine mesylate, per 1 mg	Inj dihydroergotamine mesylt	
J1120	No Auth. Required	Acetazolamide	Injection, acetazolamide sodium, up to 500 mg	Acetazolamid sodium injectio	
J1160	No Auth. Required	Lanoxin	Injection, digoxin, up to 0.5 mg	Digoxin injection	
J1162	No Auth. Required	Digifab	Injection, digoxin immune fab (ovine), per vial	Digoxin immune fab (ovine)	
J1165	No Auth. Required	Dilantin	Injection, phenytoin sodium, per 50 mg	Phenytoin sodium injection	
J1170	No Auth. Required	Dilaudid	Injection, hydromorphone, up to 4 mg	Hydromorphone injection	
J1190	No Auth. Required	Zinecard	Injection, dexrazoxane hydrochloride, per 250 mg	Dexrazoxane hcl injection	
J1200	No Auth. Required	Benadryl	Injection, diphenhydramine hcl, up to 50 mg	Diphenhydramine hcl injectio	
J1201	Auth Required	Quzyttir	Inj. cetirizine hcl 0.5mg	Injection, cetirizine hydrochloride, 0.5 mg	
J1205	No Auth. Required	Diuril	Injection, chlorothiazide sodium, per 500 mg	Chlorothiazide sodium inj	
J1212	No Auth. Required	Rimso-50	Injection, dmso, dimethyl sulfoxide, 50%, 50 ml	Dimethyl sulfoxide 50% 50 ml	
J1230	No Auth. Required	Methadone	Injection, methadone hcl, up to 10 mg	Methadone injection	
J1240	No Auth. Required	Dimenhydrinate	Injection, dimenhydrinate, up to 50 mg	Dimenhydrinate injection	
J1245	No Auth. Required	Persantine	Injection, dipyridamole, per 10 mg	Dipyridamole injection	
J1250	No Auth. Required	Dobutamine	Injection, dobutamine hydrochloride, per 250 mg	Inj dobutamine hcl/250 mg	
J1265	No Auth. Required	Dopamine	Injection, dopamine hcl, 40 mg	Dopamine injection	
J1270	No Auth. Required	Hecterol	Injection, doxercalciferol, 1 mcg	Injection, doxercalciferol	
J1290	Auth Required	Kalbitor	Injection, ecallantide, 1 mg	Ecallantide injection	
J1300	Auth Required	Soliris	Injection, eculizumab, 10 mg	Eculizumab injection	
J1301	Auth Required	Radicava	Injection, edaravone, 1 mg	Injection, edaravone, 1 mg	
J1303	Auth Required	Ultomiris	Injection, ravulizumab-cwvz, 10 mg	Inj., ravulizumab-cwvz 10 mg	
J1322	Auth Required	Vimizim	Injection, elosulfase alfa, 1 mg	Elosulfase alfa, injection	
J1324	Auth Required	Fuzeon	Injection, enfuvirtide, 1 mg	Enfuvirtide injection	
J1325	Auth Required	Flolan Veletri	Injection, epoprostenol, 0.5 mg	Epoprostenol injection	
J1327	No Auth. Required	Integrilin	Injection, eptifibatide, 5 mg	Eptifibatide injection	
J1335	No Auth. Required	Invanz	Injection, ertapenem sodium, 500 mg	Ertapenem injection	
J1364	No Auth. Required	Erythrocin Lactobionate	Injection, erythromycin lactobionate, per 500 mg	Erythro lactobionate /500 mg	
J1380	No Auth. Required	Delestrogen	Injection, estradiol valerate, up to 10 mg	Estradiol valerate 10 mg inj	
J1410	No Auth. Required	Premarin	Injection, estrogen conjugated, per 25 mg	Inj estrogen conjugate 25 mg	
J1427	Auth Required	Viltepso	Injection, viltolarsen, 10 mg	Inj. viltolarsen	
J1428	Auth Required	Exondys	Injection, eteplirsen, 10 mg	Inj, eteplirsen, 10 mg	
J1429	Auth Required	Vyondys 53	Inj golodirsen 10 mg	Injection, golodirsen, 10 mg	
J1430	No Auth. Required	Ethamolin	Injection, ethanolamine oleate, 100 mg	Ethanolamine oleate 100 mg	
J1437	Auth Required	Monoferric	Inj. fe derisomaltose 10 mg	Injection, ferric derisomaltose, 10 mg	
J1437	Auth Required	Monoferric	Inj. fe derisomaltose 10 mg	Injection, ferric 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	
J1439	No Auth. Required	Injectafer	Injection, ferric carboxymaltose, 1 mg	Inj ferric carboxymaltos 1mg	
J1442	Auth Required	Neupogen	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Inj filgrastim excl biosimil	
J1443	No Auth. Required	Triferic	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Inj ferric pyrophosphate cit	
J1444	Auth Required	Triferic	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	Fe pyro cit pow 0.1 mg iron	
J1447	Auth Required	Granix	Injection, tbo-filgrastim, 1 microgram	Inj tbo filgrastim 1 microg	
J1450	No Auth. Required	Diflucan	Injection fluconazole, 200 mg	Fluconazole	
J1451	No Auth. Required	Antizole	Injection, fomepizole, 15 mg	Fomepizole, 15 mg	
J1453	No Auth. Required	Emend	Injection, fosaprepitant, 1 mg	Fosaprepitant injection	
J1454	Auth Required	Akynzeo	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Inj fosnetupitant, palonoset	
J1455	No Auth. Required	Foscavir	Injection, foscarnet sodium, per 1000 mg	Foscarnet sodium injection	
J1458	Auth Required	Naglazyme	Injection, galsulfase, 1 mg	Galsulfase injection	
J1459	Auth Required	Privigen	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Inj ivig privigen 500 mg	
J1460	Auth Required	Gamastan	Injection, gamma globulin, intramuscular, 1 cc	Gamma globulin 1 cc inj	
J1554	Auth Required	Asceniv	Injection, immune globulin (asceniv), 500 mg	Inj. asceniv	
J1555	Auth Required	Cuvitru	Injection, immune globulin (cuvitru), 100 mg	Inj cuvitru, 100 mg	
J1556	Auth Required	Bivigam	Injection, immune globulin (bivigam), 500 mg	Inj, imm glob bivigam, 500mg	
J1557	Auth Required	Gammaplex	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammaplex injection	
J1558	Auth Required	Xymbify	Inj. xembify, 100 mg	Injection, immune globulin (xembify), 100 mg	
J1559	Auth Required	Hizentra	Injection, immune globulin (hizentra), 100 mg	Hizentra injection	
J1560	Auth Required	Gamastan	Injection, gamma globulin, intramuscular, over 10 cc	Gamma globulin > 10 cc inj	
J1561	Auth Required	Gamunex-C Gammaked	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Gamunex-c/gammaked	
J1562	Auth Required		Injection, immune globulin (vivaglobin), 100 mg	Vivaglobin, inj	
J1566	Auth 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	Auth Required	Octagam	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Octagam injection	
J1569	Auth Required	Gammagard	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Gammagard liquid injection	
J1570	No Auth. Required	Cytovene	Injection, ganciclovir sodium, 500 mg	Ganciclovir sodium injection	
J1571	Auth Required	Hepagam B	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml	Hepagam b im injection	
J1572	Auth Required	Flebogamma	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Flebogamma injection	

J1573	Auth Required	Hepagam B	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml	Hepagam b intravenous, inj	
J1575	Auth Required	Hyqvia	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immuneglobulin	Hyqvia 100mg immuneglobulin	
J1580	No Auth. Required	Garamycin	Injection, garamycin, gentamicin, up to 80 mg	Garamycin gentamicin inj	
J1595	Pharmacy Benefit	Glatopa	Injection, glatiramer acetate, 20 mg	Injection glatiramer acetate	
J1599	Auth Required	Panzyga	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Ivig non-lyophilized, nos	
J1602	Auth Required	Simponi Aria	Injection, golimumab, 1 mg, for intravenous use	Golimumab for iv use 1mg	
J1610	No Auth. Required	Glucagen Hypokit	Injection, glucagon hydrochloride, per 1 mg	Glucagon hydrochloride/1 mg	
J1626	No Auth. Required	Kytril	Injection, granisetron hydrochloride, 100 mcg	Granisetron hcl injection	
J1627	Auth Required	Sustol	Injection, granisetron, extended-release, 0.1 mg	Inj, granisetron, xr, 0.1 mg	
J1628	Pharmacy Benefit	Tremfya	Injection, guselkumab, 1 mg	Inj., guselkumab, 1 mg	
J1630	No Auth. Required	Haldol Decanoate	Injection, haloperidol, up to 5 mg	Haloperidol injection	
J1631	No Auth. Required	Haldol Decanoate	Injection, haloperidol decanoate, per 50 mg	Haloperidol decanoate inj	
J1632	Auth Required	Zulresso	Inj., brexanolone, 1 mg	Injection, brexanolone, 1 mg	
J1640	No Auth. Required	Panhematin	Injection, hemin, 1 mg	Hemin, 1 mg	
J1642	No Auth. Required	Heparin Lock Flush	Injection, heparin sodium, (heparin lock flush), per 10 units	Inj heparin sodium per 10 u	
J1644	No Auth. Required	Heparin	Injection, heparin sodium, per 1000 units	Inj heparin sodium per 1000u	
J1645	No Auth. Required	Fragmin	Injection, dalteparin sodium, per 2500 iu	Dalteparin sodium	
J1650	No Auth. Required	Lovonox	Injection, enoxaparin sodium, 10 mg	Inj enoxaparin sodium	
J1652	No Auth. Required	Arixtra	Injection, fondaparinux sodium, 0.5 mg	Fondaparinux sodium	
J1670	No Auth. Required	Hypertet	Injection, tetanus immune globulin, human, up to 250 units	Tetanus immune globulin inj	
J1720	No Auth. Required	Solu-Cortef	Injection, hydrocortisone sodium succinate, up to 100 mg	Hydrocortisone sodium succ i	
J1726	Auth Required	Makena	Injection, hydroxyprogesterone caproate, (makena), 10 mg	Makena, 10 mg	
J1729	No Auth. Required	Hydroxyprogesterone Caproate	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Inj hydroxyprogst capoat nos	
J1738	Auth Required	Anjeso	Inj. meloxicam 1 mg	Injection, meloxicam, 1 mg	
J1740	Auth Required	Boniva	Injection, ibandronate sodium, 1 mg	Ibandronate sodium injection	
J1741	No Auth. Required	Caldolor	Injection, ibuprofen, 100 mg	Ibuprofen injection	
J1742	No Auth. Required	Corvert	Injection, ibutilide fumarate, 1 mg	Ibutilide fumarate injection	
J1743	Auth Required	Elaprase	Injection, idursulfase, 1 mg	Idursulfase injection	
J1744	Auth Required	Firazyr	Injection, icatibant, 1 mg	Icatibant injection	
J1745	Auth Required	Remicade	Injection, infliximab, excludes biosimilar, 10 mg	Infliximab not biosimil 10mg	
J1746	Auth Required	Trogarzo	Injection, ibalizumab-uiyk, 10 mg	Inj., ibalizumab-uiyk, 10 mg	
J1750	No Auth. Required	Infed	Injection, iron dextran, 50 mg	Inj iron dextran	
J1756	No Auth. Required	Venofer	Injection, iron sucrose, 1 mg	Iron sucrose injection	
J1786	Auth Required	Cerezyme	Injection, imiglucerase, 10 units	Imuglucerase injection	
J1790	No Auth. Required	Inapsine	Injection, droperidol, up to 5 mg	Droperidol injection	
J1800	No Auth. Required	Inderal	Injection, propranolol hcl, up to 1 mg	Propranolol injection	
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	Auth Required	Uplizna	Injection, inebilizumab-cdon, 1 mg	Inj. inebilizumab-cdon, 1 mg	
J1826	Pharmacy Benefit	Avonex	Injection, interferon beta-1a, 30 mcg	Interferon beta-1a inj	
J1830	Auth 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	Pharmacy Benefit	Cresemba	Injection, isavuconazonium, 1 mg	Injection, isavuconazonium	
J1885	No Auth. Required	Torodal	Injection, ketorolac tromethamine, per 15 mg	Ketorolac tromethamine inj	
J1930	Auth Required	Somatuline Depot	Injection, lanreotide, 1 mg	Lanreotide injection	
J1931	Auth Required	Aldurazyme	Injection, laronidase, 0.1 mg	Laronidase injection	
J1940	Auth Required	Lasix	Injection, furosemide, up to 20 mg	Furosemide injection	
J1943	No Auth. Required	Aristada	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	Inj., aristada initio, 1 mg	
J1944	No Auth. Required	Aristada	Injection, aripiprazole lauroxil, (aristada), 1 mg	Aripirazole lauroxil 1 mg	
J1950	Auth Required	Lupron Depot	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Leuprolide acetate / 3.75 mg	
J1953	No Auth. Required	Keppra	Injection, levetiracetam, 10 mg	Levetiracetam injection	
J1955	No Auth. Required	Carnitor	Injection, levocarnitine, per 1 gm	Inj levocarnitine per 1 gm	
J1956	No Auth. Required	Levaquin	Injection, levofloxacin, 250 mg	Levofloxacin injection	
J1980	No Auth. Required	Levsin	Injection, hyoscyamine sulfate, up to 0.25 mg	Hyoscyamine sulfate inj	
J2001	No Auth. Required	Lidocaine	Injection, lidocaine hcl for intravenous infusion, 10 mg	Lidocaine injection	
J2010	Auth Required	Lincocin	Injection, lincomycin hcl, up to 300 mg	Lincomycin injection	
J2020	No Auth. Required	Zyvox	Injection, linezolid, 200 mg	Linezolid injection	
J2060	No Auth. Required	Ativan	Injection, lorazepam, 2 mg	Lorazepam injection	
J2062	Auth Required	Adasuve	Loxapine for inhalation, 1 mg	Loxapine for inhalation 1 mg	
J2150	No Auth. Required	Mannitol	Injection, mannitol, 25% in 50 ml	Mannitol injection	
J2170	Auth Required	Increlex	Injection, mecasermin, 1 mg	Mecasermin injection	
J2175	No Auth. Required	Demerol	Injection, meperidine hydrochloride, per 100 mg	Meperidine hydrochl /100 mg	
J2182	Auth Required	Nucala	Injection, mepolizumab, 1 mg	Injection, mepolizumab, 1mg	
J2185	No Auth. Required	Merrem	Injection, meropenem, 100 mg	Meropenem	
J2186	No Auth. Required	Vabomere	Injection, meropenem and vaborbactam, 10mg/10mg (20mg)	Inj., meropenem, vaborbactam	
J2210	No Auth. Required	Methergine	Injection, methylergonovine maleate, up to 0.2 mg	Methylergonovin maleate inj	
J2212	Auth Required	Relistor	Injection, methylnaltrexone, 0.1 mg	Methylnaltrexone injection	
J2248	No Auth. Required	Mycamine	Injection, micafungin sodium, 1 mg	Micafungin sodium injection	
J2250	No Auth. Required	Versed	Injection, midazolam hydrochloride, per 1 mg	Inj midazolam hydrochloride	
J2260	No Auth. Required	Primacor	Injection, milrinone lactate, 5 mg	Inj milrinone lactate / 5 mg	
J2265	No Auth. Required	Minocin	Injection, minocycline hydrochloride, 1 mg	Minocycline hydrochloride	
J2270	No Auth. Required	Morphin	Injection, morphine sulfate, up to 10 mg	Morphine sulfate injection	
J2274	No Auth. Required	Duramorph	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	Inj morphine pf epid ithc	
J2278	Auth Required	Prialt	Injection, ziconotide, 1 microgram	Ziconotide injection	
J2280	No Auth. Required	Avelox	Injection, moxifloxacin, 100 mg	Inj, moxifloxacin 100 mg	
J2300	No Auth. Required	Nubain	Injection, nalbuphine hydrochloride, per 10 mg	Inj nalbuphine hydrochloride	
J2310	No Auth. Required	Narcan	Injection, naloxone hydrochloride, per 1 mg	Inj naloxone hydrochloride	
J2315	No Auth. Required	Vivitrol	Injection, naltrexone, depot form, 1 mg	Naltrexone, depot form	
J2323	Auth Required	Tysabri	Injection, natalizumab, 1 mg	Natalizumab injection	
J2326	Auth Required	Spinraza	Injection, nusinersen, 0.1 mg	Inj, nusinersen, 0.1mg	
J2350	Auth Required	Ocrevus	Injection, ocrelizumab, 1 mg	Injection, ocrelizumab, 1 mg	
J2353	Auth Required	Sandostatin LAR	Injection, octreotide, depot form for intramuscular injection, 1 mg	Octreotide injection, depot	
J2354	Auth Required	Sandostatin	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Octreotide inj, non-depot	

J2355	Auth Required		Injection, oprelvekin, 5 mg	Oprelvekin injection	
J2357	Auth Required	Xolair	Injection, omalizumab, 5 mg	Omalizumab injection	
J2358	No Auth. Required	Zyprexa Relprevv	Injection, olanzapine, long-acting, 1 mg	Olanzapine long-acting inj	
J2360	No Auth. Required	Norflex	Injection, orphenadrine citrate, up to 60 mg	Orphenadrine injection	
J2370	No Auth. Required	Vazculep	Injection, phenylephrine hcl, up to 1 ml	Phenylephrine hcl injection	
J2400	No Auth. Required	Nesacaine	Injection, chloroprocaine hydrochloride, per 30 ml	Chloroprocaine hcl injection	
J2405	No Auth. Required	Zofran	Injection, ondansetron hydrochloride, per 1 mg	Ondansetron hcl injection	
J2407	Auth Required	Orbactiv	Injection, oritavancin, 10 mg	Injection, oritavancin	
J2425	No Auth. Required	Kepivance	Injection, palifermin, 50 micrograms	Palifermin injection	
J2426	No Auth. Required	Invega Sustenna	Injection, paliperidone palmitate extended release, 1 mg	Paliperidone palmitate inj	
J2430	Auth Required		Injection, pamidronate disodium, per 30 mg	Pamidronate disodium /30 mg	
J2440	No Auth. Required	Papaverine	Injection, papaverine hcl, up to 60 mg	Papaverin hcl injection	
J2469	No Auth. Required	Aloxi	Injection, palonosetron hcl, 25 mcg	Palonosetron hcl	
J2501	No Auth. Required	Zemplar	Injection, paricalcitol, 1 mcg	Paricalcitol	
J2502	Auth Required	Signifor LAR	Injection, pasireotide long acting, 1 mg	Inj, pasireotide long acting	
J2503	Auth Required	Macugen	Injection, pegaptanib sodium, 0.3 mg	Pegaptanib sodium injection	
J2504	Auth Required		Injection, pegademase bovine, 25 iu	Pegademase bovine, 25 iu	
J2507	Auth Required	Krystexxa	Injection, pegloticase, 1 mg	Pegloticase injection	
J2510	No Auth. Required	Penicillin G Procaine	Injection, penicillin g procaine, aqueous, up to 600,000 units	Penicillin g procaine inj	
J2515	No Auth. Required	Nembutal	Injection, pentobarbital sodium, per 50 mg	Pentobarbital sodium inj	
J2540	No Auth. Required	Penicillin G Potassium	Injection, penicillin g potassium, up to 600,000 units	Penicillin g potassium inj	
J2543	No Auth. Required	Zosyn	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	Piperacillin/tazobactam	
J2545	No Auth. 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	Auth Required	Rapivab	Injection, peramivir, 1 mg	Injection, peramivir	
J2550	No Auth. Required	Phenergan	Injection, promethazine hcl, up to 50 mg	Promethazine hcl injection	
J2560	No Auth. Required	Phenobarbital	Injection, phenobarbital sodium, up to 120 mg	Phenobarbital sodium inj	
J2562	Auth Required	Mozobil	Injection, plerixafor, 1 mg	Plerixafor injection	
J2590	No Auth. Required	Pitocin	Injection, oxytocin, up to 10 units	Oxytocin injection	
J2597	No Auth. Required	DDAVP	Injection, desmopressin acetate, per 1 mcg	Inj desmopressin acetate	
J2675	No Auth. Required	Progesterone	Injection, progesterone, per 50 mg	Inj progesterone per 50 mg	
J2680	No Auth. Required	Prolixin	Injection, fluphenazine decanoate, up to 25 mg	Fluphenazine decanoate 25 mg	
J2690	No Auth. Required	Procainamide	Injection, procainamide hcl, up to 1 gm	Procainamide hcl injection	
J2700	No Auth. Required	Oxacillin	Injection, oxacillin sodium, up to 250 mg	Oxacillin sodium injeciton	
J2704	No Auth. Required	Diprivan	Injection, propofol, 10 mg	Inj, propofol, 10 mg	
J2710	No Auth. Required	Bloxiverz	Injection, neostigmine methylsulfate, up to 0.5 mg	Neostigmine methylslfte inj	
J2720	No Auth. Required	Protamine	Injection, protamine sulfate, per 10 mg	Inj protamine sulfate/10 mg	
J2724	Auth Required	Ceprotin	Injection, protein c concentrate, intravenous, human, 10 iu	Protein c concentrate	
J2730	No Auth. Required	Protopam	Injection, pralidoxime chloride, up to 1 gm	Pralidoxime chloride inj	
J2760	No Auth. Required	Regitine	Injection, phentolamine mesylate, up to 5 mg	Phentolaine mesylate inj	
J2765	No Auth. Required	Reglan	Injection, metoclopramide hcl, up to 10 mg	Metoclopramide hcl injection	
J2770	No Auth. Required	Synercid	Injection, quinupristin/dalfopristin, 500 mg (150/350)	Quinupristin/dalfopristin	
J2778	Auth Required	Lucentis	Injection, ranibizumab, 0.1 mg	Ranibizumab injection	
J2780	No Auth. Required	Zantac	Injection, ranitidine hydrochloride, 25 mg	Ranitidine hydrochloride inj	
J2783	No Auth. Required	Elitek	Injection, rasburicase, 0.5 mg	Rasburicase	
J2785	No Auth. Required	Lexiscan	Injection, regadenoson, 0.1 mg	Regadenoson injection	
J2786	Auth Required	Cinqair	Injection, reslizumab, 1 mg	Injection, reslizumab, 1mg	
J2787	Auth Required	Photrexa	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	Riboflavin 5'phos opth<=3ml	
J2788	No Auth. 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	No Auth. 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 Auth. Required	Rhophylac	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	Rhophylac injection	
J2792	No Auth. Required	WinRho	Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	Rho(d) immune globulin h, sd	
J2793	Auth Required	Arcalyst	Injection, rilonacept, 1 mg	Rilonacept injection	
J2794	No Auth. Required	Risperdal Consta	Injection, risperidone (risperdal consta), 0.5 mg	Inj risperdal consta, 0.5 mg	
J2795	No Auth. Required	Naropin	Injection, ropivacaine hydrochloride, 1 mg	Ropivacaine hcl injection	
J2796	Auth Required	Nplate	Injection, romiplostim, 10 micrograms	Romiplostim injection	
J2797	Auth Required		Injection, rolapitant, 0.5 mg	Inj., rolapitant, 0.5 mg	
J2798	Auth Required	Perseris	Injection, risperidone, (perseris), 0.5 mg	Inj., perseris, 0.5 mg	
J2800	No Auth. Required	Robaxin	Injection, methocarbamol, up to 10 ml	Methocarbamol injection	
J2805	No Auth. Required	Kinevac	Injection, sincalide, 5 micrograms	Sincalide injection	
J2810	No Auth. Required	Theophylline	Injection, theophylline, per 40 mg	Inj theophylline per 40 mg	
J2820	Auth Required	Leukine	Injection, sargramostim (gm-csf), 50 mcg	Sargramostim injection	
J2840	Auth Required	Kanuma	Injection, sebelipase alfa, 1 mg	Inj sebelipase alfa 1 mg	
J2850	No Auth. Required	Chirhostim	Injection, secretin, synthetic, human, 1 microgram	Inj secretin synthetic human	
J2860	Auth Required	Sylvant	Injection, siltuximab, 10 mg	Injection, siltuximab	
J2916	No Auth. Required	Ferrlecit	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Na ferric gluconate complex	
J2920	No Auth. Required	Solu-Medrol	Injection, methylprednisolone sodium succinate, up to 40 mg	Methylprednisolone injection	
J2930	No Auth. Required	Solu-Medrol	Injection, methylprednisolone sodium succinate, up to 125 mg	Methylprednisolone injection	
J2941	Pharmacy Benefit	Humatrope, Genotropin, Genotropin Miniquick, Norditropin, Omnitrope, Serostim, Saizen, Zorbitive, Nutropin AQ Nuspin, Zomacton	Somatropin injection	Injection, somatropin, 1 mg	
J2993	No Auth. Required	Retavase	Injection, reteplase, 18.1 mg	Reteplase injection	
J2997	No Auth. Required	Cathflo	Injection, alteplase recombinant, 1 mg	Alteplase recombinant	
J3000	No Auth. Required	Streptomycin	Injection, streptomycin, up to 1 gm	Streptomycin injection	
J3010	No Auth. Required	Fentanyl	Injection, fentanyl citrate, 0.1 mg	Fentanyl citrate injection	
J3030	No Auth. 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	Auth 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	Auth Required	Vyepti	Inj. eptinezumab-jjmr 1 mg	Injection, eptinezumab-jjmr, 1 mg	
J3060	Auth Required	Elelyso	Injection, taliglucerase alfa, 10 units	Inj, taliglucerase alfa 10 u	

J3090	Auth Required	Sivextro	Injection, tedizolid phosphate, 1 mg	Inj tedizolid phosphate	
J3095	No Auth. Required	Vibativ	Injection, telavancin, 10 mg	Telavancin injection	
J3101	No Auth. Required	Tnkase	Injection, tenecteplase, 1 mg	Tenecteplase injection	
J3105	No Auth. Required	Brethine	Injection, terbutaline sulfate, up to 1 mg	Terbutaline sulfate inj	
J3110	Auth Required	Forteo	Injection, teriparatide, 10 mcg	Teriparatide injection	
J3111	Auth Required	Evenity	Injection, romosozumab-aqqg, 1 mg	Inj. romosozumab-aqqg 1 mg	
J3121	No Auth. Required	Testosterone Enanthate	Injection, testosterone enanthate, 1 mg	Inj testostero enanthate 1mg	
J3145	No Auth. Required	Aveed	Injection, testosterone undecanoate, 1 mg	Testosterone undecanoate 1mg	
J3230	No Auth. Required	Thorazine	Injection, chlorpromazine hcl, up to 50 mg	Chlorpromazine hcl injection	
J3240	No Auth. Required	Thyrogen	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	Thyrotropin injection	
J3241	Auth Required	Tepezza	Inj. teprotumumab-trbw 10 mg	Injection, teprotumumab-trbw, 10 mg	
J3243	No Auth. Required	Tygacil	Injection, tigecycline, 1 mg	Tigecycline injection	
J3245	Auth Required	Ilumya	Injection, tildrakizumab, 1 mg	Inj., tildrakizumab, 1 mg	
J3246	No Auth. Required	Aggrastat	Injection, tirofiban hcl, 0.25 mg	Tirofiban hcl	
J3250	No Auth. Required	Tigan	Injection, trimethobenzamide hcl, up to 200 mg	Trimethobenzamide hcl inj	
J3260	No Auth. Required	Tobramycin	Injection, tobramycin sulfate, up to 80 mg	Tobramycin sulfate injection	
J3262	Auth Required	Actemra	Injection, tocilizumab, 1 mg	Tocilizumab injection	
J3285	Auth Required	Remodulin	Injection, treprostinil, 1 mg	Treprostinil injection	
J3300	No Auth. Required	Triesence	Injection, triamcinolone acetonide, preservative free, 1 mg	Triamcinolone a inj prs-free	
J3301	No Auth. Required	Kenalog	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	Triamcinolone acet inj nos	
J3304	Auth Required	Zilretta	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Inj triamcinolone ace xr 1mg	
J3315	Auth Required	Trelstar	Injection, triptorelin pamoate, 3.75 mg	Triptorelin pamoate	
J3316	Auth Required	Triptodur	Injection, triptorelin, extended-release, 3.75 mg	Inj., triptorelin xr 3.75 mg	
J3355	Auth Required		Injection, urofollitropin, 75 iu	Urofollitropin, 75 iu	
J3357	Auth Required	Stelara	Ustekinumab, for subcutaneous injection, 1 mg	Ustekinumab sub cu inj, 1 mg	
J3358	Auth Required	Stelara	Ustekinumab, for intravenous injection, 1 mg	Ustekinumab, iv inject, 1 mg	
J3360	No Auth. Required	Valium	Injection, diazepam, up to 5 mg	Diazepam injection	
J3370	No Auth. Required	Vancomycine	Injection, vancomycin hcl, 500 mg	Vancomycin hcl injection	
J3380	Auth Required	Entyvio	Injection, vedolizumab, 1 mg	Injection, vedolizumab	
J3385	Auth Required	Vpriv	Injection, velaglucerase alfa, 100 units	Velaglucerase alfa	
J3396	Auth Required	Visudyne	Injection, verteporfin, 0.1 mg	Verteporfin injection	
J3397	Auth Required	Mepsevii	Injection, vestronidase alfa-vjbk, 1 mg	Inj., vestronidase alfa-vjbk	
J3398	Auth Required	Luxturna	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Inj luxturna 1 billion vec g	
J3399	Auth Required	Zolgensma	Inj onase abepar-xioi treat	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	
J3410	No Auth. Required	Vistaril	Injection, hydroxyzine hcl, up to 25 mg	Hydroxyzine hcl injection	
J3411	No Auth. Required	Thiamine	Injection, thiamine hcl, 100 mg	Thiamine hcl 100 mg	
J3415	No Auth. Required	Pyridoxine	Injection, pyridoxine hcl, 100 mg	Pyridoxine hcl 100 mg	
J3420	No Auth. Required	Cyanocobalamine	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg	Vitamin b12 injection	
J3430	No Auth. Required	Mephyton	Injection, phytonadione (vitamin k), per 1 mg	Vitamin k phytonadione inj	
J3465	No Auth. Required	Vfend	Injection, voriconazole, 10 mg	Injection, voriconazole	
J3470	No Auth. Required	Amphadase	Injection, hyaluronidase, up to 150 units	Hyaluronidase injection	
J3471	No Auth. Required	Vitrase	Injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)	Ovine, up to 999 usp units	
J3473	No Auth. Required	Hylenex	Injection, hyaluronidase, recombinant, 1 usp unit	Hyaluronidase recombinant	
J3475	No Auth. Required	Magnesium Sulfate	Injection, magnesium sulfate, per 500 mg	Inj magnesium sulfate	
J3480	No Auth. Required	Potassium Chloride	Injection, potassium chloride, per 2 meq	Inj potassium chloride	
J3485	No Auth. Required	Retrovir	Injection, zidovudine, 10 mg	Zidovudine	
J3486	No Auth. Required	Geodan	Injection, ziprasidone mesylate, 10 mg	Ziprasidone mesylate	
J3489	No Auth. Required	Reclast Zometa	Injection, zoledronic acid, 1 mg	Zoledronic acid 1mg	
J3490	No Auth. Required	Unclassified code	Unclassified drugs	Drugs unclassified injection	
J3490	Auth Required	Exparel	Exparel 1.3% Susp	Exparel	
J3535	No Auth. Required	Unclassified code	Drug administered through a metered dose inhaler	Metered dose inhaler drug	
J3590	Auth Required	Unclassified code	Unclassified biologics	Unclassified biologics	
J3591	No Auth. Required	Unclassified code	Unclassified drug or biological used for esrd on dialysis	Esrd on dialysi drug/bio noc	
J7030	No Auth. Required	Sodium Chloride 0.9%	Infusion, normal saline solution , 1000 cc	Normal saline solution infus	
J7040	No Auth. Required	Sodium Chloride 0.9%	Infusion, normal saline solution, sterile (500 ml = 1 unit)	Normal saline solution infus	
J7042	No Auth. Required	Dextrose Sodium Chloride 5%-0.9%	5% dextrose/normal saline (500 ml = 1 unit)	5% dextrose/normal saline	
J7050	No Auth. Required	Sodium Chloride 0.9%	Infusion, normal saline solution, 250 cc	Normal saline solution infus	
J7060	No Auth. Required	Dextrose 5%	5% dextrose/water (500 ml = 1 unit)	5% dextrose/water	
J7070	No Auth. Required	Dextrose 5%	Infusion, d5w, 1000 cc	D5w infusion	
J7100	No Auth. Required	LMD in D5W 10%	Infusion, dextran 40, 500 ml	Dextran 40 infusion	
J7120	No Auth. Required	Lactated Ringers	Ringers lactate infusion, up to 1000 cc	Ringers lactate infusion	
J7121	No Auth. Required	Dextrose in Lactated Ringers 5%	5% dextrose in lactated ringers infusion, up to 1000 cc	5% dextrose in lac ringers	
J7131	No Auth. Required	Sodium Chloride	Hypertonic saline solution, 1 ml	Hypertonic saline sol	
J7169	Auth Required	Andexxa	Inj andexxa, 10 mg	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg	
J7170	Auth Required	Hemlibra	Injection, emicizumab-kxwh, 0.5 mg	Inj., emicizumab-kxwh 0.5 mg	
J7175	Auth Required	Coagadex	Injection, factor x, (human), 1 i.u.	Inj, factor x, (human), 1iu	
J7177	Auth Required	Fibryga	Injection, human fibrinogen concentrate (fibryga), 1 mg	Inj., fibryga, 1 mg	
J7178	Auth Required	RiaStap	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Inj human fibrinogen con nos	
J7179	Auth Required	Vonvendi	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco	Vonvendi inj 1 iu vwf:rco	
J7180	Auth Required	Corifact	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	Factor xiii anti-hem factor	
J7181	Auth Required	Tretten	Injection, factor xiii a-subunit, (recombinant), per iu	Factor xiii recomb a-subunit	
J7182	Auth Required	Novoeight	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	Factor viii recomb novoeight	
J7183	Auth Required	Wilate	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rco	Wilate injection	
J7185	Auth Required	Xyntha	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	Xyntha inj	
J7186	Auth Required	Alphanate	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	Antihemophilic viii/vwf comp	

J7187	Auth Required	Humate P	Injection, von willebrand factor complex (humate-p), per iu vwf:rco	Humate-p, inj	
J7188	Auth Required	Obizur	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Factor viii recomb obizur	
J7189	Auth Required	Novoseven	Factor viia (antihemophilic factor, recombinant), per 1 microgram	Factor viia	
J7190	Auth Required	Hemophil M Koate Monoclate	Factor viii (antihemophilic factor, human) per i.u.	Factor viii	
J7191	Auth Required		Factor viii (antihemophilic factor (porcine)), per i.u.	Factor viii (porcine)	
J7192	Auth Required	Advate Kogenate FS Recombinate	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	Factor viii recombinant nos	
J7193	Auth Required	Alphanine SD Mononine	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	Factor ix non-recombinant	
J7194	Auth Required	Profilnine	Factor ix, complex, per i.u.	Factor ix complex	
J7195	Auth Required	Ixinity Benefix	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	Factor ix recombinant nos	
J7196	Auth Required	Atryn	Injection, antithrombin recombinant, 50 i.u.	Antithrombin recombinant	
J7197	Auth Required	Thrombate III	Antithrombin iii (human), per i.u.	Antithrombin iii injection	
J7198	Auth Required	Feiba NF	Anti-inhibitor, per i.u.	Anti-inhibitor	
J7199	Auth Required	Unclassified code	Hemophilia clotting factor, not otherwise classified	Hemophilia clot factor noc	
J7200	Auth Required	Rixubis	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Factor ix recombinan rixubis	
J7201	Auth Required	Alprolix	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	Factor ix alprolix recomb	
J7202	Auth Required	Idelvion	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Factor ix idelvion inj	
J7203	Auth Required	Rebinyn	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Factor ix recomb gly rebinyn	
J7204	Auth Required	Esperocet	Inj recombin esperoct per iu	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	
J7205	Auth Required	Eloctate	Injection, factor viii fc fusion protein (recombinant), per iu	Factor viii fc fusion recomb	
J7207	Auth Required	Adynovate	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Factor viii pegylated recomb	
J7208	Auth Required	Jivi	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Inj. jivi 1 iu	
J7209	Auth Required	Nuwiq	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Factor viii nuwiq recomb 1iu	
J7210	Auth Required	Afstyla	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	Inj, afstyla, 1 i.u.	
J7211	Auth Required	Kovaltry	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.	Inj, kovaltry, 1 i.u.	
J7212	Auth Required	Sevenfact	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Factor viia recomb sevenfact	
J7296	No Auth. Required	Kyleena	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg	Kyleena, 19.5 mg	
J7297	No Auth. Required	Liletta	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg	Liletta, 52 mg	
J7298	No Auth. Required	Mirena	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg	Mirena, 52 mg	
J7300	No Auth. Required	Paragard	Intrauterine copper contraceptive	Intraut copper contraceptive	
J7301	No Auth. Required	Skyla	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg	Skyla, 13.5 mg	
J7304	No Auth. Required	Xulane	Contraceptive supply, hormone containing patch, each	Contraceptive hormone patch	
J7307	No Auth. Required	Nexplanon	Etonogestrel (contraceptive) implant system, including implant and supplies	Etonogestrel implant system	
J7308	No Auth. Required	Levulan Kerastick	Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)	Aminolevulinic acid hcl top	
J7311	Auth Required	Retisert	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	Inj., retisert, 0.01 mg	
J7312	Auth Required	Ozurdex	Injection, dexamethasone, intravitreal implant, 0.1 mg	Dexamethasone intra implant	
J7313	Auth Required	Iluvien	Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg	Inj., iluvien, 0.01 mg	
J7314	Auth Required	Yutiq	Injection, fluocinolone acetonide, intravitreal implant (yutiq), 0.01 mg	Inj., yutiq, 0.01 mg	
J7315	No Auth. Required	Mitosol	Mitomycin, ophthalmic, 0.2 mg	Ophthalmic mitomycin	
J7316	Auth Required	Jetrea	Injection, ocriplasmin, 0.125 mg	Inj, ocriplasmin, 0.125 mg	
J7318	Auth Required	Durolane	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Inj, durolane 1 mg	
J7320	Auth Required	GenVisc	Hyaluronan or derivitive, genvisc 850, for intra-articular injection, 1 mg	Genvisc 850, inj, 1mg	
J7321	Auth Required	Hyalgan Supartz	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Hyalgan supartz visco-3 dose	
J7321	Auth Required	Hyalgan, Supartz, Visco-3	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Hyalgan supartz visco-3 dose	
J7322	Auth Required	Hymovis	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Hymovis injection 1 mg	
J7323	Auth Required	Euflexxa	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Euflexxa inj per dose	
J7324	Auth Required	Orthovisc	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Orthovisc inj per dose	
J7325	Auth Required	Synvisc Synvisc-One	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Synvisc or synvisc-one	
J7326	Auth Required	Gel-One	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Gel-one	
J7327	Auth Required	Monovisc	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Monovisc inj per dose	
J7328	Auth Required	Gelsyn-3	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	Gelsyn-3 injection 0.1 mg	
J7329	Auth Required	Trivisc	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Inj, trivisc 1 mg	
J7330	Auth Required	MACI	Autologous cultured chondrocytes, implant	Cultured chondrocytes implnt	

J7331	Auth Required	Synojoynt	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	Synojoynt, inj., 1 mg	
J7332	Auth Required	Triluron	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Inj., triluron, 1 mg	
J7336	Auth Required	Qutenza	Capsaicin 8% patch, per square centimeter	Capsaicin 8% patch	
J7340	Auth Required	Duopa	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Carbidopa levodopa ent 100ml	
J7342	Auth Required	Otiprio	Instillation, ciprofloxacin otic suspension, 6 mg	Ciprofloxacin otic susp 6 mg	
J7345	Auth Required	Ameluz	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg	Aminolevulinic acid, 10% gel	
J7351	Auth Required	Durysta	Inj bimatoprost itc imp1mcg	Injection, bimatoprost, intracameral implant, 1 microgram	
J7352	Auth Required	Scenesse	Afamelanotide implant, 1 mg	Afamelanotide implant, 1 mg	
J7402	Auth Required	Sinuva	Mometasone furoate sinus implant, (sinuva), 10 micrograms	Mometasone sinus sinuva	
J7500	Pharmacy Benefit	Imuran	Azathioprine, oral, 50 mg	Azathioprine oral 50mg	
J7501	No Auth. 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	Auth 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 Auth. 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	
J7515	Pharmacy Benefit	Neoral Sandimmune	Cyclosporine, oral, 25 mg	Cyclosporine oral 25 mg	
J7516	No Auth. Required	Sandimmune	Cyclosporin, parenteral, 250 mg	Cyclosporin parenteral 250mg	
J7517	No Auth. Required	Cellcept	Mycophenolate mofetil, oral, 250 mg	Mycophenolate mofetil oral	
J7518	Pharmacy Benefit	Myfortic	Mycophenolic acid, oral, 180 mg	Mycophenolic acid	
J7520	Pharmacy Benefit	Rapamune	Sirolimus, oral, 1 mg	Sirolimus, oral	
J7525	No Auth. Required	Prograf	Tacrolimus, parenteral, 5 mg	Tacrolimus injection	
J7527	Pharmacy Benefit	Zortress	Everolimus, oral, 0.25 mg	Oral everolimus	
J7599	No Auth. Required	Unclassified code	Immunosuppressive drug, not otherwise classified	Immunosuppressive drug noc	
J7604	No Auth. Required	Compounded	Acetylcysteine, inhalation solution, compounded product, administered through dme, unit dose form, per gram	Acetylcysteine comp unit	
J7605	No Auth. 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 Auth. 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 Auth. Required	Compounded	Levalbuterol, inhalation solution, compounded product, administered through dme, concentrated form, 0.5 mg	Levalbuterol comp con	
J7608	No Auth. 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 Auth. Required	Albuterol Sulfate	Albuterol, inhalation solution, compounded product, administered through dme, unit dose, 1 mg	Albuterol comp unit	
J7610	No Auth. Required	Albuterol Sulfate	Albuterol, inhalation solution, compounded product, administered through dme, concentrated form, 1 mg	Albuterol comp con	
J7611	No Auth. 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 Auth. 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 Auth. 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 Auth. 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 Auth. Required	Levalbuterol	Levalbuterol, inhalation solution, compounded product, administered through dme, unit dose, 0.5 mg	Levalbuterol comp unit	
J7620	No Auth. 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 Auth. Required	Beclomethasone	Beclomethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Beclomethasone comp unit	
J7624	No Auth. Required	Compounded	Betamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Betamethasone comp unit	
J7626	No Auth. 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 Auth. Required	Compounded	Budesonide, inhalation solution, compounded product, administered through dme, unit dose form, up to 0.5 mg	Budesonide comp unit	
J7628	No Auth. Required	Compounded	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Bitolterol mesylate comp con	
J7629	No Auth. Required	Compounded	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Bitolterol mesylate comp unt	
J7631	No Auth. 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	Compounded	Cromolyn sodium, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	Cromolyn sodium comp unit	
J7633	No Auth. 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	Compounded	Budesonide, inhalation solution, compounded product, administered through dme, concentrated form, per 0.25 milligram	Budesonide comp con	
J7635	Not Covered	Compounded	Atropine, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Atropine comp con	

J7636	Not Covered	Compounded	Atropine, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Atropine comp unit	
J7637	Not Covered	Compounded	Dexamethasone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Dexamethasone comp con	
J7638	Not Covered	Compounded	Dexamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Dexamethasone comp unit	
J7639	Auth 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	Compounded	Formoterol, inhalation solution, compounded product, administered through dme, unit dose form, 12 micrograms	Formoterol comp unit	
J7641	Not Covered	Compounded	Flunisolide, inhalation solution, compounded product, administered through dme, unit dose, per milligram	Flunisolide comp unit	
J7642	Not Covered	Compounded	Glycopyrrolate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Glycopyrrolate comp con	
J7643	Not Covered	Compounded	Glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Glycopyrrolate comp unit	
J7644	No Auth. Required		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	Atrovent	Ipratropium bromide, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Ipratropium bromide comp	
J7647	Not Covered	Compounded	Isoetharine hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Isoetharine comp con	
J7648	No Auth. Required		Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	Isoetharine non-comp con	
J7649	No Auth. 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	Compounded	Isoetharine hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Isoetharine comp unit	
J7657	Not Covered	Compounded	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Isoproterenol comp con	
J7658	No Auth. Required		Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	Isoproterenol non-comp con	
J7659	No Auth. 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	Compounded	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Isoproterenol comp unit	
J7665	No Auth. Required	Mannitol	Mannitol, administered through an inhaler, 5 mg	Mannitol for inhaler	
J7667	Not Covered	Compounded	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams	Metaproterenol comp con	
J7668	No Auth. 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 Auth. 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	Compounded	Metaproterenol sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	Metaproterenol comp unit	
J7674	No Auth. Required	Provocholine	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	Methacholine chloride, neb	
J7676	Not Covered	Pentam	Pentamidine isethionate, inhalation solution, compounded product, administered through dme, unit dose form, per 300 mg	Pentamidine comp unit dose	
J7677	Auth Required	Yupelri	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through dme, 1 microgram	Revefenacin inh non-com 1mcg	
J7680	Not Covered	Compounded	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Terbutaline sulf comp con	
J7681	Not Covered	Compounded	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Terbutaline sulf comp unit	
J7682	Auth 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	Compounded	Triamcinolone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Triamcinolone comp con	
J7684	Not Covered	Compounded	Triamcinolone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Triamcinolone comp unit	
J7685	Not Covered	Compounded	Tobramycin, inhalation solution, compounded product, administered through dme, unit dose form, per 300 milligrams	Tobramycin comp unit	
J7686	Auth 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	Auth Required	Unclassified code	Noc drugs, inhalation solution administered through dme	Inhalation solution for dme	
J7799	No Auth. Required	Unclassified code	Noc drugs, other than inhalation drugs, administered through dme	Non-inhalation drug for dme	
J7999	Not Covered	Unclassified code	Compounded drug, not otherwise classified	Compounded drug, noc	
J8498	No Auth. Required	Unclassified code	Antiemetic drug, rectal/suppository, not otherwise specified	Antiemetic rectal/supp nos	
J8499	Auth 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	
J8520	Pharmacy Benefit	Xeloda	Capecitabine, oral, 150 mg	Capecitabine, oral, 150 mg	
J8521	Pharmacy Benefit	Xeloda	Capecitabine, oral, 500 mg	Capecitabine, oral, 500 mg	
J8530	Pharmacy Benefit	Cytoxan	Cyclophosphamide; oral, 25 mg	Cyclophosphamide oral 25 mg	
J8540	Pharmacy Benefit	Decadron	Dexamethasone, oral, 0.25 mg	Oral dexamethasone	
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	
J8650	Auth Required		Nabilone, oral, 1 mg	Nabilone oral	
J8655	Pharmacy Benefit	Akynzeo	Netupitant 300 mg and palonosetron 0.5 mg, oral	Oral netupitant, palonosetro	
J8670	No Auth. 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 Auth. Required	Adriamycin	Injection, doxorubicin hydrochloride, 10 mg	Doxorubicin hcl injection	
J9015	Auth Required	Proleukin	Injection, aldesleukin, per single use vial	Aldesleukin injection	
J9017	No Auth. Required	Trisenox	Injection, arsenic trioxide, 1 mg	Arsenic trioxide injection	
J9019	No Auth. Required	Erwinaze	Injection, asparaginase (erwinaze), 1,000 iu	Erwinaze injection	
J9022	Auth Required	Tecentriq	Injection, atezolizumab, 10 mg	Inj, atezolizumab,10 mg	
J9023	Auth Required	Bavencio	Injection, avelumab, 10 mg	Injection, avelumab, 10 mg	
J9025	Auth Required	Vidaza	Injection, azacitidine, 1 mg	Azacitidine injection	
J9027	No Auth. Required	Clolar	Injection, clofarabine, 1 mg	Clofarabine injection	
J9030	Auth Required	Tice BCG	Bcg live intravesical instillation, 1 mg	Bcg live intravesical 1mg	
J9032	Auth Required	Beleodaq	Injection, belinostat, 10 mg	Injection, belinostat, 10mg	
J9033	No Auth. Required	Treanda	Injection, bendamustine hcl (treanda), 1 mg	Inj., treanda 1 mg	
J9034	Auth Required	Bendeka	Injection, bendamustine hcl (bendeka), 1 mg	Inj., bendeka 1 mg	
J9035	Auth Required	Avastin	Injection, bevacizumab, 10 mg	Bevacizumab injection	
J9036	Auth Required	Belrapzo	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Inj. belrapzo/bendamustine	
J9037	Auth Required	Blenrep	Injection, belantamab mafodontin-blmf, 0.5 mg	Inj belantamab mafodont blmf	
J9039	Auth Required	Blincyto	Injection, blinatumomab, 1 microgram	Injection, blinatumomab	
J9040	No Auth. Required	Bleomycin	Injection, bleomycin sulfate, 15 units	Bleomycin sulfate injection	
J9041	No Auth. Required	Velcade	Injection, bortezomib (velcade), 0.1 mg	Inj., velcade 0.1 mg	
J9042	Auth Required	Adcetris	Injection, brentuximab vedotin, 1 mg	Brentuximab vedotin inj	
J9043	No Auth. Required	Jevtana	Injection, cabazitaxel, 1 mg	Cabazitaxel injection	
J9044	Auth Required	Bortezomib	Injection, bortezomib, not otherwise specified, 0.1 mg	Inj, bortezomib, nos, 0.1 mg	
J9045	No Auth. Required	Paraplatin	Injection, carboplatin, 50 mg	Carboplatin injection	
J9047	Auth Required	Kyprolis	Injection, carfilzomib, 1 mg	Injection, carfilzomib, 1 mg	
J9050	No Auth. Required	BICNU	Injection, carmustine, 100 mg	Carmustine injection	
J9055	Auth Required	Erbitux	Injection, cetuximab, 10 mg	Cetuximab injection	
J9057	Auth Required	Aliqopa	Injection, copanlisib, 1 mg	Inj., copanlisib, 1 mg	
J9060	No Auth. Required	Platinol	Injection, cisplatin, powder or solution, 10 mg	Cisplatin 10 mg injection	
J9065	No Auth. Required	Mavenclad	Injection, cladribine, per 1 mg	Inj cladribine per 1 mg	
J9070	No Auth. Required	Cytoxan	Cyclophosphamide, 100 mg	Cyclophosphamide 100 mg inj	
J9100	No Auth. Required	Cytosar	Injection, cytarabine, 100 mg	Cytarabine hcl 100 mg inj	
J9118	Auth Required	Asparlas	Injection, calaspargase pegol-mknl, 10 units	Inj. calaspargase pegol-mknl	
J9119	No Auth. Required	Libtayo	Injection, cemiplimab-rwlc, 1 mg	Inj., cemiplimab-rwlc, 1 mg	
J9120	No Auth. Required	Cosmegen	Injection, dactinomycin, 0.5 mg	Dactinomycin injection	
J9130	No Auth. Required	DTIC-Dome	Dacarbazine, 100 mg	Dacarbazine 100 mg inj	
J9144	Auth Required	Darzalex	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Daratumumab, hyaluronidase	
J9145	Auth Required	Darzalex	Injection, daratumumab, 10 mg	Injection, daratumumab 10 mg	
J9150	No Auth. Required	Daunorubicin	Injection, daunorubicin, 10 mg	Daunorubicin injection	
J9153	Auth Required	Vyxeos	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Inj daunorubicin, cytarabine	
J9155	Auth Required	Firmagon	Injection, degarelix, 1 mg	Degarelix injection	
J9165	No Auth. Required	Not available in the US	Injection, diethylstilbestrol diphosphate, 250 mg	Diethylstilbestrol injection	
J9171	No Auth. Required	Taxotere	Injection, docetaxel, 1 mg	Docetaxel injection	
J9173	Auth Required	Imfinzi	Injection, durvalumab, 10 mg	Inj., durvalumab, 10 mg	
J9175	No Auth. Required	Elliotts B Solution	Injection, elliotts' b solution, 1 ml	Elliotts b solution per ml	
J9176	Auth Required	Empliciti	Injection, elotuzumab, 1 mg	Injection, elotuzumab, 1mg	
J9177	Auth Required	Padvec	Inj enfort vedo-ejfv 0.25mg	Injection, enfortumab vedotin-ejfv, 0.25 mg	
J9178	No Auth. Required	Ellence	Injection, epirubicin hcl, 2 mg	Inj, epirubicin hcl, 2 mg	
J9179	No Auth. Required	Halaven	Injection, eribulin mesylate, 0.1 mg	Eribulin mesylate injection	
J9181	No Auth. Required	Etopophos	Injection, etoposide, 10 mg	Etoposide injection	
J9185	No Auth. Required	Fludara	Injection, fludarabine phosphate, 50 mg	Fludarabine phosphate inj	
J9190	No Auth. Required	Adrucil	Injection, fluorouracil, 500 mg	Fluorouracil injection	
J9198	Auth Required	Infugem	Inj. infugem, 100 mg	Injection, gemcitabine hydrochloride, (infugem), 100 mg	
J9200	No Auth. Required	FUDR	Injection, floxuridine, 500 mg	Floxuridine injection	
J9201	No Auth. Required	Gemzar	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	In gemcitabine hcl nos 200mg	
J9202	Auth Required	Zoladex	Goserelin acetate implant, per 3.6 mg	Goserelin acetate implant	
J9203	Auth Required	Mylotarg	Injection, gemtuzumab ozogamicin, 0.1 mg	Gemtuzumab ozogamicin 0.1 mg	
J9204	Auth Required	Poteligeo	Injection, mogamulizumab-kpkc, 1 mg	Inj mogamulizumab-kpkc, 1 mg	
J9205	Auth Required	Onivyde	Injection, irinotecan liposome, 1 mg	Inj irinotecan liposome 1 mg	
J9206	No Auth. Required	Camptosar	Injection, irinotecan, 20 mg	Irinotecan injection	
J9207	No Auth. Required	Ixempra	Injection, ixabepilone, 1 mg	Ixabepilone injection	
J9208	No Auth. Required	Ifex	Injection, ifosfamide, 1 gram	Ifosfamide injection	
J9209	No Auth. Required	Mesnex	Injection, mesna, 200 mg	Mesna injection	
J9210	Auth Required	Gamifant	Injection, emapalumab-lzsg, 1 mg	Inj., emapalumab-lzsg, 1 mg	
J9211	No Auth. Required	Idamycin	Injection, idarubicin hydrochloride, 5 mg	Idarubicin hcl injection	
J9214	Auth Required	Intron A	Injection, interferon, alfa-2b, recombinant, 1 million units	Interferon alfa-2b inj	
J9215	Auth Required	Alferon N	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	Interferon alfa-n3 inj	
J9216	Auth Required	Actimmune	Injection, interferon, gamma 1-b, 3 million units	Interferon gamma 1-b inj	
J9217	Auth Required	Eligard	Leuprolide acetate (for subcutaneous inj kit), 7.5 mg	Leuprolide acetate suspension	
J9217	Auth Required	Eligard	Leuprolide acetate (for subcutaneous inj kit), 22.5 mg	Leuprolide acetate suspension	
J9217	Auth Required	Eligard	Leuprolide acetate (for subcutaneous inj kit), 30 mg	Leuprolide acetate suspension	
J9217	Auth Required	Eligard	Leuprolide acetate (for subcutaneous inj kit), 45 mg	Leuprolide acetate suspension	
J9217	Auth Required	Lupron Depot	Leuprolide acetate (for depot suspension), 7.5 mg	Leuprolide acetate suspension	
J9218	Auth Required	Leuprolide	Leuprolide acetate, per 1 mg	Leuprolide acetate injection	
J9223	Auth Required	Zepzelca	Injection, lurbinectedin, 0.1 mg	Inj. lurbinectedin, 0.1 mg	
J9225	Auth Required	Vantas	Histrelin implant (vantas), 50 mg	Vantas implant	
J9226	Auth Required	Supprelin LA	Histrelin implant (supprelin la), 50 mg	Supprelin la implant	
J9227	Auth Required	Sarclisa	Inj. isatuximab-irfc 10 mg	Injection, isatuximab-irfc, 10 mg	
J9228	Auth Required	Yervoy	Injection, ipilimumab, 1 mg	Ipilimumab injection	
J9229	Auth Required	Besponsa	Injection, inotuzumab ozogamicin, 0.1 mg	Inj inotuzumab ozogam 0.1 mg	

J9230	No Auth. Required	Mustargen	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	Mechlorethamine hcl inj	
J9245	No Auth. Required	Alkeran	Injection, melphalan hydrochloride, 50 mg	Inj melphalan hydrochl 50 mg	
J9246	Auth Required	Evomela	Inj., evomela, 1 mg	Injection, melphalan (evomela), 1 mg	
J9250	No Auth. Required	Methotrexate	Methotrexate sodium, 5 mg	Methotrexate sodium inj	
J9260	No Auth. Required	Methotrexate	Methotrexate sodium, 50 mg	Methotrexate sodium inj	
J9261	No Auth. Required	Arranon	Injection, nelarabine, 50 mg	Nelarabine injection	
J9262	Auth Required	Synribo	Injection, omacetaxine mepesuccinate, 0.01 mg	Inj, omacetaxine mep, 0.01mg	
J9263	No Auth. Required	Eloxatin	Injection, oxaliplatin, 0.5 mg	Oxaliplatin	
J9264	No Auth. Required	Abraxane	Injection, paclitaxel protein-bound particles, 1 mg	Paclitaxel protein bound	
J9266	Auth Required	Oncaspar	Injection, pegaspargase, per single dose vial	Pegaspargase injection	
J9267	No Auth. Required	Taxol	Injection, paclitaxel, 1 mg	Paclitaxel injection	
J9268	No Auth. Required	Nipent	Injection, pentostatin, 10 mg	Pentostatin injection	
J9269	Auth Required	Elzonris	Injection, tagraxofusp-erzs, 10 micrograms	Inj. tagraxofusp-erzs 10 mcg	
J9271	Auth Required	Keytruda	Injection, pembrolizumab, 1 mg	Inj pembrolizumab	
J9280	No Auth. Required	Mutamycin	Injection, mitomycin, 5 mg	Mitomycin injection	
J9281	Auth Required	Jemlyto	Mitomycin pyelocalyceal instillation, 1 mg	Mitomycin instillation	
J9285	Auth Required	Lartruvo	Injection, olaratumab, 10 mg	Inj, olaratumab, 10 mg	
J9293	Auth Required	Novantrone	Injection, mitoxantrone hydrochloride, per 5 mg	Mitoxantrone hydrochl / 5 mg	
J9295	Auth Required	Portrazza	Injection, necitumumab, 1 mg	Injection, necitumumab, 1 mg	
J9299	Auth Required	Opdivo	Injection, nivolumab, 1 mg	Injection, nivolumab	
J9301	Auth Required	Gazyva	Injection, obinutuzumab, 10 mg	Obinutuzumab inj	
J9302	Auth Required	Arzerra	Injection, ofatumumab, 10 mg	Ofatumumab injection	
J9303	No Auth. Required	Vectibix	Injection, panitumumab, 10 mg	Panitumumab injection	
J9304	Auth Required	Pemfexy	Inj. pemetrexed, 10 mg	Injection, pemetrexed (pemfexy), 10 mg	
J9304	Auth Required	Pemfexy	Inj. pemetrexed, 10 mg	Injection, pemetrexed (pemfexy), 10 mg	
J9305	No Auth. Required	Alimta	Injection, pemetrexed, 10 mg	Pemetrexed injection	
J9306	Auth Required	Perjeta	Injection, pertuzumab, 1 mg	Injection, pertuzumab, 1 mg	
J9307	No Auth. Required	Folotyn	Injection, pralatrexate, 1 mg	Pralatrexate injection	
J9308	Auth Required	Cyramza	Injection, ramucirumab, 5 mg	Injection, ramucirumab	
J9309	Auth Required	Polivy	Injection, polatuzumab vedotin-piiq, 1 mg	Inj, polatuzumab vedotin 1mg	
J9311	Auth Required	Rituxan Hycela	Injection, rituximab 10 mg and hyaluronidase	Inj rituximab, hyaluronidase	
J9312	Auth Required	Rituxan	Injection, rituximab, 10 mg	Inj., rituximab, 10 mg	
J9313	Auth Required	Lumoxiti	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Inj., lumoxiti, 0.01 mg	
J9316	Auth Required	Phesgo	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Pertuzu, trastuzu, 10 mg	
J9317	Auth Required	Trodelvy	Injection, sacituzumab govitecan-hziy, 2.5 mg	Sacituzumab govitecan-hziy	
J9320	No Auth. Required	Zanosar	Injection, streptozocin, 1 gram	Streptozocin injection	
J9325	Auth Required	Imlygic	Injection, talimogene laherparepvec, per 1 million plaque forming units	Inj talimogene laherparepvec	
J9328	Auth Required	Temodar	Injection, temozolomide, 1 mg	Temozolomide injection	
J9330	Auth Required	Torisel	Injection, temsirolimus, 1 mg	Temsirolimus injection	
J9340	No Auth. Required	Tepadina	Injection, thiotepa, 15 mg	Thiotepa injection	
J9349	Auth Required	Monjuvi	Injection, tafasitamab-cxix, 2 mg	Inj., tafasitamab-cxix	
J9351	No Auth. Required	Hycamtin	Injection, topotecan, 0.1 mg	Topotecan injection	
J9352	Auth Required	Yondelis	Injection, trabectedin, 0.1 mg	Injection trabectedin 0.1mg	
J9354	Auth Required	Kadcyla	Injection, ado-trastuzumab emtansine, 1 mg	Inj, ado-trastuzumab emt 1mg	
J9355	Auth Required	Herceptin	Injection, trastuzumab, excludes biosimilar, 10 mg	Inj trastuzumab excl biosimi	
J9356	Auth Required	Herceptin Hylecta	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Inj. herceptin hylecta, 10mg	
J9357	No Auth. Required	Valstar	Injection, valrubicin, intravesical, 200 mg	Valrubicin injection	
J9358	Auth Required	Enhertu	Inj fam-trastu deru-nxki 1mg	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	
J9358	Auth Required	Enhertu	Inj fam-trastu deru-nxki 1mg	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	
J9360	No Auth. Required	Velban	Injection, vinblastine sulfate, 1 mg	Vinblastine sulfate inj	
J9370	No Auth. Required	Vincasar PFS	Vincristine sulfate, 1 mg	Vincristine sulfate 1 mg inj	
J9371	Auth Required	Marqibo	Injection, vincristine sulfate liposome, 1 mg	Inj, vincristine sul lip 1mg	
J9390	No Auth. Required	Navelbine	Injection, vinorelbine tartrate, 10 mg	Vinorelbine tartrate inj	
J9395	No Auth. Required	Faslodex	Injection, fulvestrant, 25 mg	Injection, fulvestrant	
J9400	Auth Required	Zaltrap	Injection, ziv-aflibercept, 1 mg	Inj, ziv-aflibercept, 1mg	
J9600	No Auth. Required	Photofrin	Injection, porfimer sodium, 75 mg	Porfimer sodium injection	
J9999	Auth Required	Unclassified code	Not otherwise classified, antineoplastic drugs	Chemotherapy drug	
M0243	No Auth. Required	casirivimab and imdevimab infusion	intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	casirivi and imdevi infusion	
P9012	No Auth. Required		Cryoprecipitate, each unit	Cryoprecipitate each unit	
P9041	No Auth. Required		Infusion, albumin (human), 5%, 50 ml	Albumin (human),5%, 50ml	
P9043	No Auth. Required		Infusion, plasma protein fraction (human), 5%, 50 ml	Plasma protein fract,5%,50ml	
P9045	No Auth. Required		Infusion, albumin (human), 5%, 250 ml	Albumin (human), 5%, 250 ml	
P9046	No Auth. Required		Infusion, albumin (human), 25%, 20 ml	Albumin (human), 25%, 20 ml	
P9047	No Auth. Required		Infusion, albumin (human), 25%, 50 ml	Albumin (human), 25%, 50ml	
P9048	No Auth. Required		Infusion, plasma protein fraction (human), 5%, 250 ml	Plasmaprotein fract,5%,250ml	
P9050	No Auth. Required		Granulocytes, pheresis, each unit	Granulocytes, pheresis unit	
Q0112	No Auth. Required		All potassium hydroxide (koh) preparations	Potassium hydroxide preps	
Q0138	No Auth. Required	Feraheme	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Ferumoxytol, non-esrd	
Q0139	No Auth. Required	Feraheme	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	Ferumoxytol, esrd use	
Q0161	No Auth. 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 Auth. 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 Auth. 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 Auth. 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 Auth. 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	Auth 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 Auth. 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 Auth. 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	No Auth. Required	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	Auth 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 Auth. 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	
Q0243	No Auth. Required	casirivimab and imdevimab	Injection, casirivimab and imdevimab, 2400 mg	casirivimab and imdevimab	
Q0510	No Auth. Required		Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	Dispens fee immunosupressive	
Q0511	No Auth. 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 Auth. Required		Pharmacy dispensing fee for inhalation drug(s); per 30 days	Disp fee inhal drugs/30 days	
Q0514	Auth Required		Pharmacy dispensing fee for inhalation drug(s); per 90 days	Disp fee inhal drugs/90 days	
Q2009	No Auth. Required	Cerebyx	Injection, fosphenytoin, 50 mg phenytoin equivalent	Fosphenytoin inj pe	
Q2017	Auth Required	Teniposide	Injection, teniposide, 50 mg	Teniposide, 50 mg	
Q2039	No Auth. Required		Influenza virus vaccine, not otherwise specified	Influenza virus vaccine, nos	
Q2041	Auth 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	Auth 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	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	Sipuleucel-t auto cd54+	
Q2050	Auth Required	Doxil	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Doxorubicin inj 10mg	
Q2053	Auth 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	
Q3027	Auth Required	Avonex	Injection, interferon beta-1a, 1 mcg for intramuscular use	Inj beta interferon im 1 mcg	
Q3028	Auth Required	Rebif	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Inj beta interferon sq 1 mcg	
Q4074	Auth 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 Auth. 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	Auth Required	Zarxio	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Injection, zarxio 1mcg	
Q5103	Auth Required	Inflectra	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Injection, inflectra 10mg	
Q5104	Auth Required	Renflexis	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Injection, renflexis 10mg	
Q5105	Auth Required	Retacrit	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Inj retacrit esrd on dialysi	
Q5106	Auth Required	Retacrit	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Inj retacrit non-esrd use	
Q5106	Auth Required	Retacrit	Inj retacrit non-esrd use	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	
Q5107	Auth Required	Mvasi	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Inj mvasi 10 mg	
Q5108	Auth Required	Fulphila	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Injection, fulphila 0.5mg	
Q5109	Auth Required	Ixifi	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Injection, ixifi, 10 mg	
Q5110	Auth Required	Nivestym	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Injection, Nivestym 1mcg	
Q5111	Auth Required	Udenyca	Injection, pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg	Injection, udenyca 0.5 mg	
Q5112	Auth Required	Ontruzant	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	Inj ontruzant 10 mg	
Q5113	Auth Required	Herzuma	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Inj herzuma 10 mg	
Q5114	Auth Required	Ogivri	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	Inj ogivri 10 mg	
Q5115	Auth Required	Truxima	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Inj truxima 10 mg	
Q5116	Auth Required	Trazimera	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10mg	Inj, Trazimera 10mg	
Q5117	Auth Required	Kanjinti	Injection, trastuzumab-anns, biosimilar, (trazimera), 10mg	Inj, Kanjinti, 10mg	
Q5118	Auth Required	Zirabev	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10mg	Inj, Zirabev, 10mg	
Q5119	Auth Required	Ruxience	Inj ruxience, 10 mg	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	
Q5119	Auth Required	Ruxience	Inj ruxience, 10 mg	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	
Q5120	Auth Required	Ziextenzo	Inj pegfilgrastim-bmez 0.5mg	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	

Q5120	Auth Required	Ziextenzo	Inj pegfilgrastim-bmez 0.5mg	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	
Q5121	Auth Required	Avsola	Inj. avsola, 10 mg	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	
Q5122	Auth Required	Nyvepria	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	Inj, nyvepria	
Q9950	No Auth. Required	Lumason	Injection, sulfur hexafluoride lipid microspheres, per ml	Inj sulf hexa lipid microsph	
Q9957	No Auth. Required	Definity	Injection, perflutren lipid microspheres, per ml	Inj perflutren lip micros,ml	
Q9960	No Auth. Required	Conray	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	Hocm 200-249mg/ml iodine,1ml	
Q9961	No Auth. Required	Conray	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	Hocm 250-299mg/ml iodine,1ml	
Q9963	No Auth. Required	Gastrografin	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	Hocm 350-399mg/ml iodine,1ml	
Q9965	No Auth. Required	Omnipaque	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	Locm 100-199mg/ml iodine,1ml	
Q9966	No Auth. Required	Optiray	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	Locm 200-299mg/ml iodine,1ml	
Q9967	No Auth. Required	Optiray	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	Locm 300-399mg/ml iodine,1ml	
Q9968	No Auth. Required	Methylene Blue Isosulfan Blue	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg	Visualization adjunct	
Q9969	No Auth. Required		Tc-99m from non-highly enriched uranium source, full cost recovery add-on, per study dose	Non-heu tc-99m add-on/dose	
S0012	No Auth. Required	Stadol Nasal	Butorphanol tartrate, nasal spray, 25 mg	Butorphanol tartrate, nasal	
S0013	Auth Required	Spravato	Esketamine, nasal spray, 1 mg	Esketamine, nasal spray	
S0017	No Auth. Required	Amicar	Injection, aminocaproic acid, 5 grams	Injection, aminocaproic acid	
S0020	No Auth. Required	Marcaine	Injection, bupivicaine hydrochloride, 30 ml	Injection, bupivicaine hydro	
S0028	No Auth. Required	Pepcid	Injection, famotidine, 20 mg	Injection, famotidine, 20 mg	
S0030	No Auth. Required	Flagyl	Injection, metronidazole, 500 mg	Injection, metronidazole	
S0032	No Auth. Required	Nafcillin	Injection, nafcillin sodium, 2 grams	Injection, nafcillin sodium	
S0039	No Auth. Required	Septra	Injection, sulfamethoxazole and trimethoprim, 10 ml	Injection, sulfamethoxazole	
S0073	No Auth. Required	Azactam	Injection, aztreonam, 500 mg	Injection, aztreonam, 500 mg	
S0074	No Auth. Required	Cefotan	Injection, cefotetan disodium, 500 mg	Injection, cefotetan disodiu	
S0077	No Auth. Required	Cleocin	Injection, clindamycin phosphate, 300 mg	Injection, clindamycin phosp	
S0078	No Auth. Required	Cerebyx	Injection, fosphenytoin sodium, 750 mg	Injection, fosphenytoin sodi	
S0080	No Auth. Required	Pentam	Injection, pentamidine isethionate, 300 mg	Injection, pentamidine iseth	
S0088	No Auth. Required	Gleevec	Imatinib, 100 mg	Imatinib 100 mg	
S0090	No Auth. Required	Viagra	Sildenafil citrate, 25 mg	Sildenafil citrate, 25 mg	
S0091	No Auth. Required	Kytril	Granisetron hydrochloride, 1 mg (for circumstances falling under the medicare statute, use q0166)	Granisetron 1mg	
S0092	No Auth. Required	Dilaudid	Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump)	Hydromorphone 250 mg	
S0093	No Auth. Required	Morphine	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)	Morphine 500 mg	
S0104	No Auth. Required	Retrovir	Zidovudine, oral, 100 mg	Zidovudine, oral, 100 mg	
S0106	No Auth. Required	Wellbutrin SR	Bupropion hcl sustained release tablet, 150 mg, per bottle of 60 tablets	Bupropion hcl sr 60 tablets	
S0108	No Auth. Required	Purixan	Mercaptopurine, oral, 50 mg	Mercaptopurine 50 mg	
S0109	No Auth. Required	Dolophine	Methadone, oral, 5 mg	Methadone oral 5mg	
S0117	No Auth. Required	Retin A	Tretinoin, topical, 5 grams	Tretinoin topical 5 g	
S0119	No Auth. Required	Zofran	Ondansetron, oral, 4 mg (for circumstances falling under the medicare statute, use hcpcs q code)	Ondansetron 4 mg	
S0122	No Auth. Required	Menopur	Injection, menotropins, 75 iu	Inj menotropins 75 iu	
S0126	No Auth. Required	Gonal F	Injection, follitropin alfa, 75 iu	Inj follitropin alfa 75 iu	
S0128	No Auth. Required	Follistim AQ	Injection, follitropin beta, 75 iu	Inj follitropin beta 75 iu	
S0132	Not Covered	Ganirelix Acetate	Injection, ganirelix acetate, 250 mcg	Inj ganirelix acetat 250 mcg	
S0136	No Auth. Required	Clozaril	Clozapine, 25 mg	Clozapine, 25 mg	
S0137	No Auth. Required	Videx EC	Didanosine (ddi), 25 mg	Didanosine, 25 mg	
S0138	No Auth. Required	Proscar	Finasteride, 5 mg	Finasteride, 5 mg	
S0139	No Auth. Required	Minoxidil	Minoxidil, 10 mg	Minoxidil, 10 mg	
S0145	No Auth. Required	Pegasys	Injection, pegylated interferon alfa-2a, 180 mcg per ml	Peg interferon alfa-2a/180	
S0148	No Auth. Required	Peg-Intron	Injection, pegylated interferon alfa-2b, 10 mcg	Peg interferon alfa-2b/10	
S0155	No Auth. Required	Flolan Diluent	Sterile dilutant for epoprostenol, 50 ml	Epoprostenol dilutant	
S0156	No Auth. Required	Aromasin	Exemestane, 25 mg	Exemestane, 25 mg	
S0157	No Auth. Required	Regranex	Becaplermin gel 0.01%, 0.5 gm	Becaplermin gel 1%, 0.5 gm	
S0160	No Auth. Required	Zenzedi	Dextroamphetamine sulfate, 5 mg	Dextroamphetamine	
S0164	No Auth. Required	Protonix	Injection, pantoprazole sodium, 40 mg	Injection pantroprazole	
S0166	No Auth. Required	Zyprexa	Injection, olanzapine, 2.5 mg	Inj olanzapine 2.5mg	
S0169	No Auth. Required	Rocaltrol	Calcitrol, 0.25 microgram	Calcitrol	
S0170	No Auth. Required	Arimidex	Anastrozole, oral, 1 mg	Anastrozole 1 mg	
S0171	No Auth. Required	Bumex	Injection, bumetanide, 0.5 mg	Bumetanide 0.5 mg	
S0172	No Auth. Required	Leukeran	Chlorambucil, oral, 2 mg	Chlorambucil 2 mg	
S0174	No Auth. Required	Anzemet	Dolasetron mesylate, oral 50 mg (for circumstances falling under the medicare statute, use q0180)	Dolasetron 50 mg	
S0175	No Auth. Required	Flutamide	Flutamide, oral, 125 mg	Flutamide 125 mg	
S0176	No Auth. Required	Hydrea	Hydroxyurea, oral, 500 mg	Hydroxyurea 500 mg	
S0178	No Auth. Required	Gleostine	Lomustine, oral, 10 mg	Lomustine 10 mg	
S0179	No Auth. Required	Megace	Megestrol acetate, oral, 20 mg	Megestrol 20 mg	
S0182	No Auth. Required	Matulane	Procarbazine hydrochloride, oral, 50 mg	Procarbazine, oral	
S0183	No Auth. Required	Compazine	Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the medicare statute, use q0164)	Prochlorperazine 5 mg	
S0187	No Auth. Required	Nolvadex	Tamoxifen citrate, oral, 10 mg	Tamoxifen 10 mg	
S0189	No Auth. Required	Testopel	Testosterone pellet, 75 mg	Testosterone pellet 75 mg	
S0190	No Auth. Required	Mifeprex	Mifepristone, oral, 200 mg	Mifepristone, oral, 200 mg	
S0191	No Auth. Required	Cytotec	Misoprostol, oral, 200 mcg	Misoprostol, oral, 200 mcg	
S0194	No Auth. Required	Renal Caps	Dialysis/stress vitamin supplement, oral, 100 capsules	Vitamin suppl 100 caps	
S0197	No Auth. Required	Prenatal Vitamins	Prenatal vitamins, 30-day supply	Prenatal vitamins 30 day	
S0316	No Auth. Required		Disease management program, follow-up/reassessment	Follow-up/reassessment	
S1034	No Auth. Required		Artificial pancreas device system (e.g., low glucose suspend (lgs) feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices	Art pancreas system	

S1035	No Auth. Required		Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	Art pancreas inv disp sensor	
S1036	No Auth. Required		Transmitter; external, for use with artificial pancreas device system	Art pancreas ext transmitter	
S1037	No Auth. Required		Receiver (monitor); external, for use with artificial pancreas device system	Art pancreas ext receiver	
S2107	No Auth. Required		Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment	Adoptive immunotherapy	
S2115	No Auth. Required		Osteotomy, periacetabular, with internal fixation	Periacetabular osteotomy	
S2202	No Auth. Required		Echosclerotherapy	Echosclerotherapy	
S2342	No Auth. Required		Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral	Nasal endoscop po debrid	
S3630	No Auth. Required		Eosinophil count, blood, direct	Eosinophil blood count	
S3655	No Auth. Required		Antisperm antibodies test (immunobead)	Antisperm antibodies test	
S3708	No Auth. Required		Gastrointestinal fat absorption study	Gastrointestinal fat absorpt	
S3722	No Auth. Required		Dose optimization by area under the curve (auc) analysis, for infusional 5-fluorouracil	Dose optimization auc - 5fu	
S4026	No Auth. Required		Procurement of donor sperm from sperm bank	Procure donor sperm	
S4042	No Auth. Required		Management of ovulation induction (interpretation of diagnostic tests and studies, non-face-to-face medical management of the patient), per cycle	Ovulation mgmt per cycle	
S4981	No Auth. Required		Insertion of levonorgestrel-releasing intrauterine system	Insert levonorgestrel ius	
S4989	No Auth. Required		Contraceptive intrauterine device (e.g., progestacert iud), including implants and supplies	Contracept iud	
S4990	No Auth. Required		Nicotine patches, legend	Nicotine patch legend	
S4991	No Auth. Required		Nicotine patches, non-legend	Nicotine patch nonlegend	
S4993	No Auth. Required		Contraceptive pills for birth control	Contraceptive pills for bc	
S5000	No Auth. Required		Prescription drug, generic	Prescription drug, generic	
S5001	No Auth. Required		Prescription drug, brand name	Prescription drug,brand name	
S5010	No Auth. Required		5% dextrose and 0.45% normal saline, 1000 ml	5% dextrose and 0.45% saline	
S5012	No Auth. Required		5% dextrose with potassium chloride, 1000 ml	5% dextrose with potassium	
S5013	No Auth. Required		5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	5%dextrose/0.45%saline1000ml	
S5014	No Auth. Required		5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	D5w/0.45ns w kcl and mgs04	
S5497	Auth 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	Auth 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	Auth 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	Auth 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	Auth Required		Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	Hit declotting kit	
S5518	Auth Required		Home infusion therapy, all supplies necessary for catheter repair	Hit cath repair kit	
S5521	Auth Required		Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Hit midline cath insert kit	
S5550	No Auth. Required		Insulin, rapid onset, 5 units	Insulin rapid 5 u	
S5551	No Auth. Required		Insulin, most rapid onset (lispro or aspart); 5 units	Insulin most rapid 5 u	
S5552	No Auth. Required		Insulin, intermediate acting (nph or lente); 5 units	Insulin intermed 5 u	
S5553	No Auth. Required		Insulin, long acting; 5 units	Insulin long acting 5 u	
S5560	No Auth. Required		Insulin delivery device, reusable pen; 1.5 ml size	Insulin reuse pen 1.5 ml	
S5561	No Auth. Required		Insulin delivery device, reusable pen; 3 ml size	Insulin reuse pen 3 ml	
S5565	No Auth. Required		Insulin cartridge for use in insulin delivery device other than pump; 150 units	Insulin cartridge 150 u	
S5566	No Auth. Required		Insulin cartridge for use in insulin delivery device other than pump; 300 units	Insulin cartridge 300 u	
S5570	No Auth. Required		Insulin delivery device, disposable pen (including insulin); 1.5 ml size	Insulin dispos pen 1.5 ml	
S5571	No Auth. Required		Insulin delivery device, disposable pen (including insulin); 3 ml size	Insulin dispos pen 3 ml	
S8040	No Auth. Required		Topographic brain mapping	Topographic brain mapping	
S8055	No Auth. Required		Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the cpt code for multifetal pregnancy reduction - 59866)	Us guidance fetal reduct	
S8085	No Auth. Required		Fluorine-18 fluorodeoxyglucose (f-18 fdg) imaging using dual-head coincidence detection system (non-dedicated pet scan)	Fluorine-18 fluorodeoxygluco	
S8092	No Auth. Required		Electron beam computed tomography (also known as ultrafast ct, cine ct)	Electron beam computed tomog	
S8110	No Auth. Required		Peak expiratory flow rate (physician services)	Peak expiratory flow rate (p	
S8301	No Auth. Required		Infection control supplies, not otherwise specified	Infect control supplies nos	
S8428	No Auth. Required		Gradient pressure aid (gauntlet), ready made	Ready gradient gauntlet	
S8430	Auth Required		Padding for compression bandage, roll	Padding for comprssn bdg	
S8490	No Auth. Required		Insulin syringes (100 syringes, any size)	100 insulin syringes	

S8950	No Auth. Required		Complex lymphedema therapy, each 15 minutes	Complex lymphedema therapy,	
S8999	No Auth. Required		Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	Resuscitation bag	
S9001	No Auth. Required		Home uterine monitor with or without associated nursing services	Home uterine monitor with or	
S9024	No Auth. Required		Paranasal sinus ultrasound	Paranasal sinus ultrasound	
S9055	No Auth. Required		Procuren or other growth factor preparation to promote wound healing	Procuren or other growth fac	
S9097	No Auth. Required		Home visit for wound care	Home visit wound care	
S9140	No Auth. Required		Diabetic management program, follow-up visit to non-md provider	Diabetic management program,	
S9141	Auth Required		Diabetic management program, follow-up visit to md provider	Diabetic management program,	
S9145	Auth Required		Insulin pump initiation, instruction in initial use of pump (pump not included)	Insulin pump initiation	
S9325	No Auth. 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	Auth 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 Auth. 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	Auth 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 Auth. 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	Auth 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	Auth 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 Auth. 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	Auth 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 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	Hit immunotherapy diem	
S9339	Auth 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	Auth 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	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	Hit alpha-1-proteinas 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	Hit longterm infusion diem	
S9348	Auth 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	Auth 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	Auth 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	Auth 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 Auth. 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	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	Hit enzyme replace 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	Hit anti-tnf per diem	
S9361	No Auth. 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 Auth. Required		Home infusion therapy, anti-spasmotic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit anti-spasmotic diem	
S9364	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)	Hit tpn total diem	
S9365	Auth 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	Auth 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	Auth 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	Auth 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	Auth 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	Auth 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 Auth. 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	Auth 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	Auth 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	Auth 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	Auth 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 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	Hit noc per diem	
S9381	Auth Required		Delivery or service to high risk areas requiring escort or extra protection, per visit	Hit high risk/escort	
S9401	Auth Required		Anticoagulation clinic, inclusive of all services except laboratory tests, per session	Anticoag clinic per session	
S9430	No Auth. Required		Pharmacy compounding and dispensing services	Pharmacy comp/disp serv	
S9455	No Auth. Required		Diabetic management program, group session	Diabetic management program,	
S9460	No Auth. Required		Diabetic management program, nurse visit	Diabetic management program,	
S9465	No Auth. Required		Diabetic management program, dietitian visit	Diabetic management program,	
S9474	No Auth. Required		Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem	Enterostomal therapy by a re	
S9490	No Auth. 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	Auth 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 Auth. 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	Auth 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	Auth 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	Auth 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	Auth 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	Auth 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	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	Ht hem horm inj diem	
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	Hit blood products diem	
S9542	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	Ht inj noc per diem	
S9558	No 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	Ht inj growth horm diem	
S9559	No 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	Hit inj interferon diem	
S9560	No Auth. 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 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	Ht inj palivizumab diem	

S9590	Auth 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	
S9976	No Auth. Required		Lodging, per diem, not otherwise classified	Lodging per diem	
J0224	Auth Required	Oxlumo	Injection, lumasiran, 0.5 mg	Inj. lumasiran, 0.5 mg	
J1951	Auth Required	Fensolvi	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	Inj fensolvi 0.25 mg	
J7168	Auth Required	Kcentra	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity	Prothrombin complex kcentra	
J9314	Auth Required	Istodax	Injection, romidepsin, nonlyophilized (e.g., liquid), 0.1 mg	Romidepsin non-lyophilized	
J9348	Auth Required	Danyelza	Injection, naxitamab-gqgk, 1 mg	Inj. naxitamab-gqgk, 1 mg	
J9353	Auth Required	Margenza	Injection, margetuximab-cmkb, 5 mg	Inj. margetuximab-cmkb, 5 mg	
Q5123	Auth Required	Riabni	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg	Inj. riabni, 10 mg	
C9084	Auth Required	Zynlonta	Injection, loncastuximab tesirine-lpyl, 0.1 mg	Loncastuximab-lpyl, 0.1 mg	
J0699	Auth Required	Fetroja	Injection, cefiderocol, 10 mg	Inj, cefiderocol, 10 mg	
J0741	Auth Required	Cabenuva	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	Inj, cabote rilpivir 2mg 3mg	
J1305	Auth Required	Evkeeza	Injection, evinacumab-dgnb, 5 mg	Inj, evinacumab-dgnb, 5mg	
J1426	Auth Required	Amondys 45	Injection, casimersen, 10 mg	Injection, casimersen, 10 mg	
J1445	Auth Required	Triferic	Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron	Inj triferic avnu 0.1mg iron	
J1448	Auth Required	Cosela	Injection, trilaciclib, 1 mg	Injection, trilaciclib, 1mg	
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	
J9247	Auth Required	Alkeran, Evomela	Injection, melphalan flufenamide, 1 mg	Inj, melphalan flufenami 1mg	
J9318	Auth Required	Istodax	Injection, romidepsin, nonlyophilized, 0.1 mg	Inj romidepsin non-lyo 0.1mg	
J9319	Auth Required	Istodax	Injection, romidepsin, lyophilized, 0.1 mg	Inj romidepsin lyophil 0.1mg	
Q2054	Auth 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	
Q9992	Auth Required	Sublocade	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	Buprenorphine xr over 100 mg	
Q9991	Auth Required	Sublocade	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	Buprenorph xr 100 mg or less	
C9085	Auth Required	Nexviazyme	Injection, avalglucosidase alfa-ngpt, 4 mg	Inj avalglucosid alfa-ngpt	
C9086	Auth Required	Saphnelo	Injection, anifrolumab-fnia, 1 mg	Inj, anifrolumab-fnia	
C9087	Auth Required	cyclophosphamide	Injection, cyclophosphamide, (AuroMedics), 10 mg	Inj cyclophosphamd auromedic	
C9088	Auth Required	Zynrelef	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Instill, bupivac and meloxic	
C9089	Auth Required	Xaracoll	Bupivacaine, collagen-matrix implant, 1 mg	Bupivacaine implant, 1 mg	
G1028	Auth Required		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	
J0172	Auth Required	Aduhelm	Injection, aducanumab-avwa, 2 mg	Inj, aducanumab-avwa, 2 mg	
J1952	Auth Required		Leuprolide injectable, camcevi, 1 mg	Leuprolide inj, camcevi, 1mg	
J9021	Auth Required	Rylaze	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	Inj, aspara, rylaze, 0.1 mg	
J9061	Auth Required	Rybrevant	Injection, amivantamab-vmjw, 2 mg	Inj, amivantamab-vmjw	
J9272	Auth Required	Jemperli	Injection, dostarlimab-gxly, 10 mg	Inj, dostarlimab-gxly, 10 mg	
Q2055	Auth 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	
0003A	No Auth. Required	ADM SARSCOV2 30MCG/0.3ML 3RD	Pfizer-BioNTech Covid-19 Vaccine Administration – Third Dose	ADM SARSCOV2 30MCG/0.3ML 3RD	
0004A	No Auth. Required	ADM SARSCOV2 30MCG/0.3ML BST	Pfizer-BioNTech Covid-19 Vaccine Administration – Booster	ADM SARSCOV2 30MCG/0.3ML BST	
0013A	No Auth. Required	ADM SARSCOV2 100MCG/0.5ML3RD	Moderna Covid-19 Vaccine Administration – Third Dose	ADM SARSCOV2 100MCG/0.5ML3RD	
91303	No Auth. Required	SARSCOV2 VAC AD26 .5ML IM	Janssen Covid-19 Vaccine[3]***	SARSCOV2 VAC AD26 .5ML IM	
0031A	No Auth. Required	ADM SARSCOV2 VAC AD26 .5ML	Janssen Covid-19 Vaccine Administration - First Dose[3]***	ADM SARSCOV2 VAC AD26 .5ML	
0034A	No Auth. Required	ADM SARSCOV2 VAC AD26 .5ML B	Janssen Covid-19 Vaccine Administration - Booster[3]***	ADM SARSCOV2 VAC AD26 .5ML B	
91306	No Auth. Required	SARSCOV2 VAC 50MCG/0.25ML IM	Moderna Covid-19 Vaccine (Low Dose)	SARSCOV2 VAC 50MCG/0.25ML IM	
0064A	No Auth. Required	ADM SARSCOV2 50MCG/0.25MLBST	Moderna Covid-19 Vaccine (Low Dose) Administration - Booster	ADM SARSCOV2 50MCG/0.25MLBST	
91307	No Auth. Required	SARSCOV2 VAC 10 MCG TRS-SUCR	Pfizer-BioNTech Covid-19 Pediatric Vaccine	SARSCOV2 VAC 10 MCG TRS-SUCR	
0071A	No Auth. Required	ADM SARSCV2 10MCG TRS-SUCR 1	Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - First dose	ADM SARSCV2 10MCG TRS-SUCR 1	
0072A	No Auth. Required	ADM SARSCV2 10MCG TRS-SUCR 2	Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - Second dose	ADM SARSCV2 10MCG TRS-SUCR 2	
M0201	No Auth. Required	Covid-19 vaccine home 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	
Q0240	No Auth. Required	Casirivi and imdevi 600mg	Injection, casirivimab and imdevimab, 600 mg	Casirivi and imdevi 600mg	
M0240	No Auth. Required	Casiri and imdev repeat	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	Casiri and imdev repeat	
M0241	No Auth. Required	Casiri and imdev repeat hm	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence, this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses	Casiri and imdev repeat hm	
Q0243	No Auth. Required	Casirivimab and imdevimab	Injection, casirivimab and imdevimab, 2400 mg	Casirivimab and imdevimab	
Q0244	No Auth. Required	Casirivi and imdevi 1200 mg	Injection, casirivimab and imdevimab, 1200 mg	Casirivi and imdevi 1200 mg	
M0243	No Auth. Required	Casirivi and imdevi inj	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	Casirivi and imdevi inj	

M0244	No Auth. Required	Casirivi and imdevi inj hm	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Casirivi and imdevi inj hm	
Q0245	No Auth. Required	Bamlanivimab and etesevima	Injection, bamlanivimab and etesevimab, 2100 mg	Bamlanivimab and etesevima	
M0245	No Auth. Required	Bamlan and etesev infusion	intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	Bamlan and etesev infusion	
M0246	No Auth. Required	Bamlan and etesev infus home	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Bamlan and etesev infus home	
Q0247	No Auth. Required	Sotrovimab	Injection, sotrovimab, 500 mg	Sotrovimab	
M0247	No Auth. Required	Sotrovimab infusion	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	Sotrovimab infusion	
M0248	No Auth. Required	Sotrovimab inf, home admin	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Sotrovimab inf, home admin	
Q0249	No Auth. Required	Tocilizumab for COVID-19	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	
M0249	No Auth. Required	Adm Tocilizu COVID-19 1st	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 Auth. Required	Adm Tocilizu COVID-19 2nd	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	
M0222	No Auth. Required		Intravenous injection, bebtelovimab, includes injection and post administration monitoring		
M0223	No Auth. Required		Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiarys home that has been made prov		
Q0222	No Auth. Required	bebtelovimab	Injection, bebtelovimab, 175 mg		
C9090	Auth Required	Ryplazim	Injection, plasminogen, human-tvmh, 1 mg		
C9091	Auth Required	Fyarro	Injection, sirolimus protein-bound particles, 1 mg		
C9092	Auth Required	Xipere	Injection, triamcinolone acetonide, suprachoroidal (Xipere), 1 mg		
C9093	Auth Required	Susvimo	Injection, ranibizumab, via sustained release intravitreal implant (Susvimo), 0.1 mg		
J0219	Auth Required	Nexviazyme	Injection, avalglucosidase alfa-ngpt, 4 mg		
J0491	Auth Required	Saphnelo	Injection, anifrolumab-fnia, 1 mg		
J0879	Auth Required	Korsuva	Injection, difelikefalin, 0.1 microgram, (for ESRD on dialysis)		
J9071	Auth Required	cyclophosphamide	Injection, cyclophosphamide, (AuroMedics), 5 mg		
J9273	Auth Required	Tivdak	Injection, tisotumab vedotin-tftv, 1 mg		
J9359	Auth Required	Zynlonta	Injection, loncastuximab tesirine-lpyl, 0.075 mg		
Q5124	Auth Required	Byooviz	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg		
Q0221	No Auth. Required	Cilgavimab, Tixagevimab, Evusheld	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) w		
J2506	Auth Required	Neulasta	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg		
C9094	Auth Required	Enjaymo	Inj, sutimlimab-jome, 10 mg		
C9095	Auth Required	Kimmtrak	Inj, tebentafusp-tebn, 1 mcg		
C9096	Auth Required	Releuko	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram		
C9097	Auth Required	Vabysmo	Inj, faricimab-svoa, 0.1 mg		
C9098	Auth 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		
J0739	Auth Required	Apretude	Injection, cabotegravir, 1 mg		
J1306	Auth Required	Leqvio	Injection, inclisiran, 1 mg		
J1551	Auth Required	Cutaquig	Injection, immune globulin (cutaquig), 100 mg		
J2356	Auth Required	Tezspire	Injection, tezepelumab-ekko, 1 mg		
J2779	Auth Required	Suvismo	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg		
J2998	Auth Required	Ryplazim	Injection, plasminogen, human-tvmh, 1 mg		
J3299	Auth Required	Xipere	Injection, triamcinolone acetonide (xipere), 1 mg		
J9331	Auth Required	Fyarro	Injection, sirolimus protein-bound particles, 1 mg		
J9332	Auth Required	Vygart	Injection, efgartigimod alfa-fcab, 2mg		
90584	No Auth. Required		Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use		