

MEDICARE ADVANTAGE PART B PRIOR AUTHORIZATION and STEP THERAPY LIST

Please send the completed form and any additional information to eternalHealth by fax to:

* **866-337-8686** for standard requests
* **866-815-4297** for expedited requests\*

\* By submitting this form to the expedited fax number, you are certifying that the 72-hour expedited review time is necessary to prevent serious jeopardy to the life or health of the member or the member’s ability to regain maximum function.

**Effective Date:** January 1, 2026 **Revision Date:** July 1, 2025

**Note:** Please provide as much information as possible. Missing data may cause processing delays for the requested prior authorization(s). Please attach supporting documentation (medical records, progress notes, lab reports, radiology studies, etc.) to support medical necessity of the products or services being requested. For your convenience, prior authorization forms are available at [https://www.eternalhealth.com.](https://www.eternalhealth.com/) **Urgent and/or emergent services do not require prior authorization or referral.** Prior approval is not required for out-of-network services; however, services are subject to claim review.

**Medicare Guidelines**

The list represents medications (i.e., medications that are delivered in the provider’s office, clinic, outpatient or home setting) that require prior authorization before such medications can be provided or administered. These medications must be provided according to Medicare coverage guidelines, established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You can review Medicare coverage guidelines at [www.cms.gov/medicare-coverage-database](http://www.cms.gov/medicare-coverage-database)/. The prior authorization list is subject to change.

*Drugs highlighted yellow also are subject to step therapy, and the details can be found in a Step Therapy document posted on the website.*

**Investigational and Experimental Medications**

Investigational and/or experimental medications are usually not covered benefits. Please consult the members’ Evidence of Coverage or contact eternalHealth’s Provider Services Department at 800-680-9255 for confirmation of coverage.

If you have any questions or need help, our Provider Services Department is available toll-free at 800-680-9255 Monday – Friday, 9am – 5pm EST. TTY users may call 711. Alternatively, visit [https://www.eternalhealth.com](https://www.eternalhealth.com/) for more information.

|  |  |  |
| --- | --- | --- |
| **Procedural Code** | **Drug Name** | **Code Description** |
| 90283 | Carimune, Octagam,Gammagard, Gammaked, Privigen | Immune globulin (IgIV), human, for intravenous use |
| 90284 | Hizentra, Gamunex | Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each |
| 90378 | Synagis | Respiratory syncytial virus, monoclonal antibody, recombinant, forintramuscular use, 50 mg, each |
| A9513 | Lutathera | Lutetium lu 177, dotatate, therapeutic, 1 millicurie |
| A9543 | Zevalin Y-90 | Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi |
| A9589 |  | Insti hexaminolevulinate hcl |
| A9590 | Azedra | Iodine i-131 iobenguane, therapeutic, 1 millicurie |
| A9606 | Xofigo | Radium ra-223 dichloride, therapeutic, per microcurie |
| C9047 | Cablivi | Injection, caplacizumab-yhdp, 1 mg |
| C9145 | Aponvie | Injection, aprepitant, (Aponvie), 1 mg |
| C9146 | Elahere | Injection, mirvetuximab soravtansine-gynx, 1 mg |
| C9147 | Imjudo | Injection, tremelimumab-actl, 1 mg |
| C9148 | Tecvayli | Injection, teclistamab-cqyv, 0.5 mg |
| C9149 | Tzield | Injection, teplizumab-mzwv, 5 mcg |
| C9173 | Nypozi | Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram |
| C9257 | Avastin | Injection, bevacizumab, 0.25 mg |
| C9399 |  | Unclassified drugs or biologicals |
| J0129 | Orencia | Injection, abatacept, 10 mg (code may be used for Medicare when drugadministered under the direct supervision of a physician, not for use when drug is self-administered) |
| J0135 | Humira | Injection, adalimumab, 20 mg |
| J0139 | Humira | Injection, adalimumab, 20 mg |
| J0172 | Aduhelm | Injection, aducanumab-avwa, 2 mg |
| J0177 | Eylea HD | Injection, aflibercept hd, 1 mg |
| J0178 | Eylea | Injection, aflibercept, 1 mg |
| J0179 | Beovu | Injection, brolucizumab-dbll, 1 mg |
| J0180 | Fabrazyme | Injection, agalsidase beta, 1 mg |
| J0185 | Emend | Injection, aprepitant, 1 mg |
| J0202 | Lemtrada | Injection, alemtuzumab, 1 mg |
| J0217 |  | Inj velmanase alfa-tycv 1 mg |
| J0218 | Xenpozyme | Injection, olipudase alfa-rpcp, 1 mg |
| J0219 | Nexviazyme | Injection, avalglucosidase alfa-ngpt, 4 mg |
| J0220 | Myozyme | Injection, alglucosidase alfa, 10 mg, not otherwise specified |
| J0221 | Lumizyme | Injection, alglucosidase alfa, (Lumizyme), 10 mg |
| J0222 | Onpattro | Injection patisiran 0.1 mg |
| J0223 | Givlaari | Injection givosiran 0.5 mg |
| J0224 | Oxlumo | Injection, lumasiran, 0.5 mg |
| J0225 | Amvuttra | Injection, vutrisiran, 1 mg |
| J0256 | Aralast NP, Prolastin,Prolastin C, Zemaira | Injection, alpha 1-proteinase inhibitor (human), not otherwise specified,10 mg |
| J0257 | Glassia | Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg |
| J0364 | Apokyn | Injection, apomorphine HCl, 1 mg |
| J0480 |  | Basiliximab |
| J0485 | Nulojix | Injection, belatacept, 1 mg |
| J0490 | Benlysta | Injection, belimumab, 10 mg |
| J0491 | Saphnelo | Injection, anifrolumab-fnia, 1 mg |
| J0517 | Fasenra | Injection benralizumab 1 mg |

|  |  |  |
| --- | --- | --- |
| **Procedural Code** | **Drug Name** | **Code Description** |
| J0565 | Zinplava | Injection bezlotoxumab 10 mg |
| J0567 | Brineura | Injection cerliponase alfa 1 mg |
| J0570 | Probuphine | Buprenorphine implant, 74.2mg |
| J0571 | Subutex | Buprenorphine, oral, 1 mg |
| J0572 | Suboxone | Buprenorphine/naloxone, oral, less than or equal to 3 mg |
| J0573 | Suboxone | Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to6 mg |
| J0574 | Suboxone | Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg |
| J0575 | Suboxone | Buprenorphine/naloxone, oral, greater than 10 mg |
| J0577 |  | Inj, brixadi, 7 days or less |
| J0578 |  | Inj brixadi, more than 7 day |
| J0584 | Crysvita | Injection burosumab-twza 1 mg |
| J0585 | Botox | Injection, onabotulinumtoxina, 1 unit |
| J0586 | Dysport | Injection, abobotulinumtoxina, 5 units |
| J0587 | Myobloc | Injection, rimabotulinumtoxinb, 100 units |
| J0588 | Xeomin | Injection, incobotulinumtoxina, 1 unit |
| J0589 | Daxxify | Injection, daxibotulinumtoxinA-lanm |
| J0593 | Takhzyro | Injection lanadelumab-flyo 1 mg |
| J0596 | Ruconest | Inj C-1 esterase inhib Ruconest 10 u |
| J0597 | Berinert | Injection, C-1 esterase inhibitor (human), Berinert, 10 units |
| J0598 | Cinryze | Injection, C-1 esterase, 10 units |
| J0599 | Haegarda | Inj C-1 esterase inhibitor 10 units |
| J0600 |  | Edetate calcium disodium inj |
| J0606 | Parsabiv | Injection, etelcalcetide, 0.1 mg |
| J0638 | Ilaris | Injection, canakinumab |
| J0641 | Fusilev | Injection, levoleucovorin, 0.5 mg |
| J0642 | Khapzory | Injection, levoleucovorin (Khapzory), 0.5 mg |
| J0717 | Cimzia | Injection, certolizumab pegol, 1 mg (code may be used for Medicare whendrug administered under the direct supervision of a physician, not for use when drug is self-administered) |
| J0775 | Xiaflex | Injection, collagenase, clostridium histolyticum, 0.01 mg |
| J0791 | Adakevo | Injection crizanlizumab-tmca 1 mg |
| J0800 | Acthar gel | Injection, corticotropin, up to 40 units |
| J0801 |  | Inj. acthar gel to 40 units |
| J0802 |  | Inj. (ani), up to 40 units |
| J0840 |  | Crotalidae poly immune fab |
| J0841 |  | Inj crotalidae im f(ab')2 eq |
| J0850 | Cytogam | Injection, cytomegalovirus immune globulin intravenous (human), per vial |
| J0870 |  | Injection, imetelstat, 1 mg |
| J0881 | Aranesp | Injection, darbepoetin alfa, 1 mcg (non-ESRD use) |
| J0882 | Aranesp | Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis) |
| J0885 | Epogen,Procrit | Injection, epoetin alfa, (for non-ESRD use), 1000 units |
| J0887 | Mircera | Injection, epoetin beta, 1 mcg, (for ESRD on dialysis) |
| J0888 | Mircera | Injection, epoetin beta, 1 mcg, (for non-ESRD use) |
| J0893 |  | Injection, decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg |
| J0894 | Dacogen | Injection, decitabine, 1 mg |
| J0896 | Reblozyl | Injection, luspatercept-aamt, 0.25 mg |
| J0897 | Prolia,Xgeva | Injection, denosumab, 1 mg |
| J1095 | Dexycu | Injection, dexamethasone 9%, intraocular, 1 mcg |
| J1096 | Dextenza | Dexamethasone, lacrimal ophthalmic insert, 0.1 mg |
| J1110 |  | Inj dihydroergotamine mesylt |
| J1120 |  | Acetazolamid sodium injectio |
| J1162 |  | Digoxin immune fab (ovine) |
| J1190 |  | Dexrazoxane hcl injection |
| J1203 |  | Inj, cipaglucosidase, 5 mg |
| J1212 |  | Dimethyl sulfoxide 50% 50 ml |

|  |  |  |
| --- | --- | --- |
| **Procedural Code** | **Drug Name** | **Code Description** |
| J1290 | Kalbitor | Injection, ecallantide, 1 mg |
| J1299 |  | Inj, eculizumab, 2 mg |
| J1300 | Soliris | Injection, eculizumab, 10 mg |
| J1301 | Radicava | Injection, edaravone, 1 mg |
| J1302 | Enjaymo | Injection, sutimlimab-jome, 10 mg |
| J1303 | Utomiris | Injection, ravulizumab-cwvz, 10 mg |
| J1304 |  | Inj tofersen intrathec 1 mg |
| J1305 | Evkeeza | Injection, evinacumab-dgnb, 5 mg |
| J1306 | Leqvio | Injection, inclisiran, 1 mg |
| J1322 | Vimizim | Injection, elosulfase alfa, 1 mg |
| J1323 |  | Inj, elranatamab-bcmm, 1 mg |
| J1325 | Flolan | Injection, epoprostenol, 0.5 mg |
| J1326 |  | Inj, zolbetuximab-clzb, 2 mg |
| J1410 |  | Inj estrogen conjugate 25 mg |
| J1411 | Hemgenix | Injection, etranacogene dezaparvovec-drlb, per therapeutic dose |
| J1426 | Amondys 45 | Injection, casimersen, 10 mg |
| J1427 | Viltepso | Injection, viltolarsen, 10 mg |
| J1428 | Exondys | Injection, eteplirsen, 10 mg |
| J1429 | Vyondys 53 | Injection, golodirsen, 10 mg |
| J1430 |  | Ethanolamine oleate 100 mg |
| J1434 |  | Inj, focinvez, 1mg |
| J1437 | Monoferric | Injection, ferric derisomaltose, 10 mg |
| J1438 | Enbrel | Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use whendrug is self-administered) |
| J1442 | Neupogen | Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram |
| J1447 | Granix | Injection, tbo-filgrastim, 1 mcg |
| J1449 | Rolvedon | Injection, eflapegrastim-xnst, 0.1 mg |
| J1453 |  | Fosaprepitant injection |
| J1454 | Akynzeo | Injection, fosnetupitant 235 mg and palonosetron 0.25 mg |
| J1458 | Naglazyme | Injection, galsulfase, 1 mg |
| J1459 | Privigen | Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g.,liquid), 500 mg |
| J1460 | Gamastan | Injection, gamma globulin, intramuscular, 1 cc |
| J1551 | Cutaquig | Injection, immune globulin (Cutaquig), 100 mg |
| J1552 | Alyglo | Injection, immune globulin (alyglo), 500 mg |
| J1554 | Asceniv | Injection, immune globulin (Asceniv), 500 mg |
| J1555 | Cuvitru | Injection, immune globulin (Cuvitru), 100 mg |
| J1556 | Bivigam | Injection, immune globulin (Bivigam), 500 mg |
| J1557 | Gammaplex | Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg |
| J1558 | Xembify | Injection, immune globulin (Xembify), 100 mg |
| J1559 | Hizentra | Injection, immune globulin (Hizentra), 100 mg |
| J1560 | Gamastan | Injection, gamma globulin, intramuscular, over 10 cc |
| J1561 | Gamunex,Gammunex-C, Gammaked | Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg |
| J1562 | Vivaglobin | Injection, immune globulin (Vivaglobin), 100 mg |
| J1566 | Gammagard SD Carimune NF | Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg |
| J1568 | Octagam | Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg |
| J1569 | Gammagard liquid | Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g.,liquid), 500 mg |
| J1572 | Flebogamma | Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, |

|  |  |  |
| --- | --- | --- |
| **Procedural Code** | **Drug Name** | **Code Description** |
|  |  | nonlyophilized (e.g., liquid), 500 mg |
| J1575 | Hyqyvia | Injection, immune globulin/hyaluronidase, 100 mg immuneglobulin |
| J1599 | Panzyga | Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg |
| J1602 | Simponi Aria | Injection, golimumab, 1 mg, for intravenous use |
| J1627 |  | Inj, granisetron, xr, 0.1 mg |
| J1628 | Tremfya | Injection, guselkumab, 1 mg |
| J1632 | Zulresso | Injection, brexanolone, 1 mg |
| J1726 | Makena | Injection, hydroxyprogesterone caproate, (Makena), 10 mg |
| J1729 | Makena | Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg |
| J1743 | Elaprase | Injection, idursulfase, 1 mg |
| J1744 | Firazyr | Injection, icatibant, 1 mg |
| J1745 | Remicade | Injection, infliximab, excludes biosimilar, 10 mg |
| J1746 | Trogarzo | Injection, ibalizumab-uiyk, 10 mg |
| J1747 | Spevigo | Injection, spesolimab-sbzo, 1 mg |
| J1749 |  | Inj, iloprost, 0.1 mcg |
| J1786 | Cerezyme | Injection, imiglucerase, 10 units |
| J1823 | Uplizna | Injection, inebilizumab-cdon, 1 mg |
| J1830 | Betaseron, Extavia | Injection interferon beta-1b, 0.25 mg (code may be used for Medicarewhen drug administered under the direct supervision of a physician, not for use when drug is self-administered) |
| J1930 | Somatuline Depot | Injection, lanreotide, 1 mg |
| J1931 | Aldurazyme | Injection, laronidase, 0.1 mg |
| J1932 |  | Injection, lanreotide, (Cipla), 1 mg |
| J1950 | Lupron | Injection, leuprolide acetate (for depot suspension), per 3.75 mg |
| J1951 | Fensolvi | Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg |
| J1952 | Camcevi | Leuprolide injectable, Camcevi, 1 mg |
| J2182 | Nucala | Injection, mepolizumab, 1 mg |
| J2212 | Relistor | Injection, methylnaltrexone, 0.1 mg |
| J2323 | Tysabri | Injection, natalizumab, 1 mg |
| J2326 | Spinraza | Injection, nusinersen, 0.1 mg |
| J2327 | Skyrizi | Injection, risankizumab-rzaa, intravenous, 1 mg |
| J2350 | Ocrevus | Injection, ocrelizumab, 1 mg |
| J2353 | Sandostatin LAR | Injection, octreotide, depot form for intramuscular injection, 1 mg |
| J2356 | Tezspire | Injection, 5ezepelumab-ekko, 1 mg |
| J2357 | Xolair | Injection, omalizumab, 5 mg |
| J2468 |  | Inj, palonosetron (posfrea) |
| J2502 | Signifor LAR | Injection, pasireotide long acting, 1 mg |
| J2503 | Macugen | Injection, pegaptanib sodium, 0.3 mg |
| J2504 | Adagen | Injection, pegademase bovine, 25 IU |
| J2506 | Neulasta | Injection, pegfilgrastim, excludes biosimilar, 0.5 mg |
| J2507 | Krystexxa | Injection, pegloticase, 1 mg |
| J2508 |  | Pegunigalsidase alfa-iwxj |
| J2562 | Mozobil | Injection, plerixafor, 1 mg |
| J2724 | Ceprotin | Injection, protein C concentrate, intravenous, human, 10 IU |
| J2777 | Vabysmo | Injection, faricimab-svoa, 0.1 mg |
| J2778 | Lucentis | Injection, ranibizumab, 0.1 mg |
| J2779 | Susvimo | Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg |

|  |  |  |
| --- | --- | --- |
| **Procedural Code** | **Drug Name** | **Code Description** |
| J2781 |  | Inj, pegcetacoplan, 1mg |
| J2782 |  | Inj avacincaptad pegol 0.1mg |
| J2783 |  | Rasburicase |
| J2786 | Cinqair | Injection, reslizumab, 1 mg |
| J2787 | Photextra Viscous | Riboflavin 5’-phosphate, ophthalmic solution, up to 3 ml |
| J2793 | Arcalyst | Injection, rilonacept, 1 mg |
| J2796 | Nplate | Injection, romiplostim, 10 mcg |
| J2797 | Varubi | Injection, rolapitant, 0.5 mg |
| J2820 | Leukine | Injection, sargramostim (GM-CSF), 50 mcg |
| J2840 | Kanuma | Injection, sebelipase alfa, 1 mg |
| J2860 | Sylvant | Injection, siltuximab, 10 mg |
| J2941 | Genotropin, Humatrope, Norditropin, Nutropin, Omnitrope, Saizen, Serostim, Tev-Tropin, Zomacton, Zorbtive | Injection, somatropin, 1 mg |
| J2998 | Ryplazim | Injection, plasminogen, human-tvmh, 1 mg |
| J3031 | Ajovy | Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, notfor use when drug is self-administered) |
| J3032 | Vyepto | Injection, eptinezumab-jjmr, 1 mg |
| J3060 | Elelyso | Injection, taliglucerase alfa, 10 units |
| J3111 | Evenity | Injection, romosozumab-aqqg, 1 mg |
| J3121 | DelaTestryl | Injection, testosterone enanthate, 1 mg |
| J3145 | Aveed | Injection, testosterone undecanoate, 1 mg |
| J3240 | Thyrogen | Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial |
| J3241 | Tepezza | Injection, teprotumumab-trbw, 10 mg |
| J3245 | Ilumya | Injection, tildrakizumab, 1 mg |
| J3262 | Actemra | Injection, tocilizumab, 1 mg |
| J3285 | Remodulin | Injection, 6zacytidine6, 1 mg |
| J3304 | Zilretta | Injection, triamcinolone acetonide, preservative-free, extended-release,microsphere formulation, 1 mg |
| J3315 | Trelstar | Injection, triptorelin pamoate, 3.75 mg |
| J3316 | Triptodur | Injection, triptorelin, extended-release, 3.75 mg |
| J3357 | Stelara | Ustekinumab, for subcutaneous injection, 1 mg |
| J3358 | Stelara | Ustekinumab, for intravenous injection, 1 mg |
| J3380 | Entyvio | Injection, vedolizumab, 1 mg |
| J3385 | Vpriv | Injection, velaglucerase alfa, 100 units |
| J3396 | Visudyne | Injection, verteporfin, 0.1 mg |
| J3397 | Mepsevii | Injection, vestronidase alfa-vjbk, 1 mg |
| J3398 | Luxturna | Injection, voretigene neparvovec-rzyl, 1 billion vector genomes |
| J3399 | Zolgensma | Injection, onasemnogene abeparvovec-xioi, per treatment, up to5x10^15 vector genomes |
| J3401 |  | Vyjuvek 5x10^9pfu/ml, 0.1 ml |
| J3489 | Zometa | Injection, zoledronic acid, 1 mg |
| J3490 |  | Unclassified drugs |
| J3490 | Somavert | Pegvisomant injection |
| J3590 |  | Unclassified biologics |

|  |  |  |
| --- | --- | --- |
| **Procedural Code** | **Drug Name** | **Code Description** |
| J7168 | Kcentra | Prothrombin complex concentrate (human), Kcentra, per i.u. of factor ixactivity |
| J7169 | Andexxa | Injection, coagulation factor xa (recombinant), inactivated-zhzo (Andexxa), 10 mg |
| J7170 | Hemlibra | Injection, emicizumab-kxwh, 0.5 mg |
| J7171 |  | Inj, adzynma, 10 iu |
| J7172 |  | Inj marstacim-hncq, 0.5 mg |
| J7175 | Coagadex | Injection, factor x, (human), 1 IU |
| J7177 | Fibryga | Injection, human fibrinogen concentrate (Fibryga), 1 mg |
| J7178 | Riastap | Injection, human fibrinogen concentrate, not otherwise specified, 1 mg |
| J7179 | Vonvendi | Injection, von 7zacytidin factor (recombinant), (Vonvendi), 1 i.u. vwf:rco |
| J7180 | Corifact | Injection, factor XIII (antihemophilic factor, human), 1 IU |
| J7181 | Tretten | Injection, factor XIII A-subunit, (recombinant), per IU |
| J7182 | Novoeight | Injection, factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU |
| J7183 | Wilate | Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:Rco |
| J7185 | Xyntha | Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU |
| J7186 | Alphanate | Injection, antihemophilic factor VIII/von Willebrand factor complex(human), per factor VIII i.u. |
| J7187 | Humate-P | Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO |
| J7188 | Obizur | Injection, Factor VIII (antihemophilic factor, recombinant) (Obizur), per IU |
| J7189 | Novoseven RT | Factor 7za (antihemophilic factor, recombinant), (Novoseven rt), 1 microgram |
| J7190 | Alphanate, Hemofil, Koate, Melate,Monarc, Monoclate, Profilate | Factor VIII (antihemophilic factor, human) per IU |
| J7191 | Hyate | Factor VIII (antihemophilic factor (porcine)), per IU |
| J7192 | Advate, Bioclate, Helixate,Recombinate,Refacto, Xyntha | Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified |
| J7193 | Alphanine, mononine | Factor IX (antihemophilic factor, purified, nonrecombinant) per IU |
| J7194 | Bebulin, Konyne,Profilnine, Proplex | Factor IX complex, per IU |
| J7195 | Benefix, Ixinity | Injection, factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified |
| J7198 | Autoplex, Feiba | Antiinhibitor, per IU |
| J7199 |  | Hemophilia clotting factor, not otherwise classified |
| J7200 | Rixubis | Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU |
| J7201 | Alprolix | Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 IU |
| J7202 | Idelvion | Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 IU |
| J7203 | Rebinyn | Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (Rebinyn), 1 iu |
| J7204 | Esperoct | Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU |
| J7205 | Eloctate | Injection, factor VIII Fc fusion protein (recombinant), per IU |
| J7207 | Adynovate | Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 IU |
| J7208 | Jivi | Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, |

|  |  |  |
| --- | --- | --- |
| **Procedural Code** | **Drug Name** | **Code Description** |
|  |  | (Jivi), 1 i.u. |
| J7209 | Nuwiq | Injection, factor viii, (antihemophilic factor, recombinant), (Nuwiq), 1 IU |
| J7210 | Afstyla | Injection, factor viii, (antihemophilic factor, recombinant), (Afstyla), 1 i.u. |
| J7211 | Kovaltry | Injection, factor viii, (antihemophilic factor, recombinant), (Kovaltry), 1 i.u. |
| J7212 | Sevenfact | Factor 8za (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 microgram |
| J7308 | Levulan Kerastick | Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg) |
| J7309 |  | Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 gram |
| J7311 | Retisert | Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg |
| J7312 | Ozurdex | Injection, dexamethasone, intravitreal implant, 0.1 mg |
| J7313 | Iluvien | Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg |
| J7314 | Yutiq | Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg |
| J7316 | Jetrea | Injection, ocriplasmin, 0.125 mg |
| J7318 | Durolane | Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg |
| J7320 | Genvisc | Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg |
| J7321 | Hyalgan, Supartz,Visco-3 | Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articularinjection, per dose |
| J7322 | Hymovis | Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg |
| J7323 | Euflexxa | Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose |
| J7324 | Orthovisc | Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose |
| J7325 | Synvisc,Synvisc One | Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articularinjection, 1 mg |
| J7326 | Gel-One | Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose |
| J7327 | Monovisc | Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose |
| J7328 | Gelsyn-3 | Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg |
| J7329 | Trivisc | Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg |
| J7331 | Synojoynt | Hyaluronan or derivative, Synojoynt, for intra-articular injection, 1 mg |
| J7332 | Triluron | Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg |
| J7336 | Qutenza | Capsaicin 8% patch, per sq cm |
| J7345 | Ameluz | Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg |
| J7351 | Durysta | Injection, bimatoprost, intracameral implant, 1 mcg |
| J7352 | Scenesse | Afamelanotide implant, 1 mg |
| J7354 |  | Cantharidin top, applicator |
| J7355 |  | Inj travoprost intra impl |
| J7402 | Sinuva | Mometasone furoate sinus implant, (Sinuva), 10 micrograms |
| J7504 |  | Lymphocyte immune globulin |
| J7511 |  | Antithymocyte globuln rabbit |
| J7639 | Pulmozyme | Dornase alfa, inhalation solution, FDA-approved final product,noncompounded, administered through DME, unit dose form, per mg |
| J7686 | Tyvaso | Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg |
| J8562 | Oforta | Fludarabine phosphate, oral, 10 mg |
| J8611 |  | Oral methotrexate (jylamvo) |
| J8612 |  | Oral methotrexate (xatmep) |
| J8655 | Akynzeo | Netupitant 300 mg and palonosetron 0.5 mg, oral |
| J9000 |  | Injection, doxorubicin HCl, 10 mg |
| J9015 | Proleukin | Injection, aldesleukin, per single use vial |
| J9017 | Trisenox | Injection, arsenic trioxide, 1 mg |
| J9019 | Erwinaze | Injection, asparaginase (Erwinaze), 1,000 IU |
| J9020 |  | Injection, asparaginase, not otherwise specified, 10,000 units |
| J9022 | Tecentriq | Injection, atezolizumab, 10 mg |
| J9023 | Bavencio | Injection, avelumab, 10 mg |

|  |  |  |
| --- | --- | --- |
| **Procedural Code** | **Drug Name** | **Code Description** |
| J9025 | Vidaza | Injection, azacytidine, 1 mg |
| J9026 |  | Inj, tarlatamab-dlle, 1 mg |
| J9027 | Clolar | Injection, clofarabine, 1 mg |
| J9029 |  | Instill adstiladrin, tx dose |
| J9032 | Beleodaq | Injection, belinostat, 10 mg |
| J9033 | Treanda | Injection, bendamustine hcl (Treanda), 1 mg |
| J9034 | Bendeka | Injection, bendamustine hcl (Bendeka), 1 mg |
| J9035 | Avastin | Injection, bevacizumab, 10 mg |
| J9036 | Belrapzo | Injection, bendamustine HCl, (Belrapzo/bendamustine), 1 mg |
| J9037 | Blenrep | Injection, belantamab mafodontin-blmf, 0.5 mg |
| J9039 | Blincyto | Injection, blinatumomab, 1 microgram |
| J9040 |  | Injection, bleomycin sulfate, 15 units |
| J9041 | Velcade | Injection, bortezomib, 0.1 mg |
| J9042 | Adcetris | Injection, brentuximab vedotin, 1 mg |
| J9043 | Jevtana | Injection, cabazitaxel, 1 mg |
| J9045 |  | Injection, carboplatin, 50 mg |
| J9046 |  | Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg |
| J9047 | Kyprolis | Injection, carfilzomib, 1 mg |
| J9048 |  | Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent toJ9041, 0.1 mg |
| J9049 |  | Injection, bortezomib (Hospira), not therapeutically equivalent to J9041,0.1 mg |
| J9050 |  | Injection, carmustine, 100 mg |
| J9055 | Erbitux | Injection, cetuximab, 10 mg |
| J9057 | Aliqopa | Injection, copanlisib, 1 mg |
| J9060 |  | Injection, cisplatin, powder or solution, 10 mg |
| J9061 | Rybrevant | Injection, amivantamab-vmjw, 2 mg |
| J9065 |  | Injection, cladribine, per 1 mg |
| J9070 |  | Cyclophosphamide, 100 mg |
| J9071 |  | Injection, cyclophosphamide, (AuroMedics), 5 mg |
| J9076 |  | Inj, cyclophos (baxter) 5mg |
| J9098 | Depocyt | Injection, cytarabine liposome, 10 mg |
| J9100 |  | Injection, cytarabine, 100 mg |
| J9118 | Asparlas | Injection, calaspargase pegol-mknl, 10 units |
| J9119 | Libtayo | Injection, cemiplimab-rwlc, 1 mg |
| J9120 |  | Injection, dactinomycin, 0.5 mg |
| J9130 |  | Dacarbazine, 100 mg |
| J9144 | Darzalex Faspro | Injection, daratumumab, 10 mg and hyaluronidase-fihj |
| J9145 | Darzalex | Injection, daratumumab, 10 mg |
| J9150 |  | Injection, daunorubicin, 10 mg |
| J9151 | Daunoxome | Injection, daunorubicin citrate, liposomal formulation, 10 mg |
| J9153 | Vyxeos | Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine |
|  J9154  |  | Injection, leuprolide acetate for depot suspension (Cipla), 7.5 mg |
| J9155 | Firmagon | Injection, degarelix, 1 mg |
| J9160 | Ontak | Injection, denileukin diftitox, 300 mcg |
| J9165 | Stilphostrol | Injection, diethylstilbestrol diphosphate, 250 mg |
| J9171 |  | Injection, docetaxel, 1 mg |
| J9173 | Imfinzi | Injection, durvalumab, 10 mg |
| J9175 |  | Injection, Elliotts’ B solution, 1 ml |

|  |  |  |
| --- | --- | --- |
| **Procedural Code** | **Drug Name** | **Code Description** |
| J9176 | Empliciti | Injection, elotuzumab, 1 mg |
| J9177 | Padcev | Injection, enfortumab vedotin-ejfv, 0.25 mg |
| J9178 |  | Injection, epirubicin HCl, 2 mg |
| J9179 | Halaven | Injection, eribulin mesylate, 0.1 mg |
| J9181 |  | Injection, etoposide, 10 mg |
| J9185 |  | Injection, fludarabine phosphate, 50 mg |
| J9190 |  | Injection, fluorouracil, 500 mg |
| J9196 |  | Injection, gemcitabine hydrochloride (Accord), not therapeuticallyequivalent to J9201, 200 mg |
| J9198 | Infugem | Injection, gemcitabine HCl, (Infugem), 100 mg |
| J9200 |  | Injection, floxuridine, 500 mg |
| J9201 |  | Injection, gemcitabine HCl, not otherwise specified, 200 mg |
| J9202 | Zoladex | Goserelin acetate implant, per 3.6 mg |
| J9203 | Mylotarg | Injection, gemtuzumab ozogamicin, 0.1 mg |
| J9204 | Poteligeo | Injection, mogamulizumab-kpkc, 1 mg |
| J9205 | Onivyde | Injection, irinotecan liposome, 1 mg |
| J9206 |  | Injection, irinotecan, 20 mg |
| J9207 | Ixempra | Injection, ixabepilone, 1 mg |
| J9208 |  | Injection, ifosfamide, 1 g |
| J9209 |  | Injection, mesna, 200 mg |
| J9210 | Gamifant | Injection emapalumab-lzsg 1 mg |
| J9211 |  | Injection, idarubicin HCl, 5 mg |
| J9212 | Infergen | Injection, interferon alfacon-1, recombinant, 1 mcg |
| J9213 | Roferon-A | Injection, interferon, alfa-2a, recombinant, 3 million units |
| J9214 | Intron A | Injection, interferon, alfa-2b, recombinant, 1 million units |
| J9215 | Alferon-N | Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU |
| J9216 | Actimmune | Injection, interferon, gamma 1-b, 3 million units |
| J9217 | Eligard, Lupron-Depot | Leuprolide acetate (for depot suspension), 7.5 mg |
| J9218 | Lupron | Leuprolide acetate, per 1 mg |
| J9219 |  | Leuprolide acetate implant, 65 mg |
| J9223 | Zepzelca | Injection, lurbinectedin, 0.1 mg |
| J9225 | Vantas | Histrelin implant (Vantas), 50 mg |
| J9226 | Supprelin LA | Histrelin implant (Supprelin LA), 50 mg |
| J9227 | Sarclisa | Injection, isatuximab-irfc, 10 mg |
| J9228 | Yervoy | Injection, ipilimumab, 1 mg |
| J9229 | Besponsa | Injection, inotuzumab ozogamicin, 0.1 mg |
| J9230 | Mustargen | Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg |
| J9245 |  | Injection, melphalan HCl, not otherwise specified, 50 mg |
| J9246 | Evomela | Injection, melphalan (Evomela), 1 mg |
| J9247 | Pepaxto | Injection, melphalan flufenamide, 1 mg |
| J9248 |  | Inj melphalan (hepzato) 1 mg |
| J9261 | Arranon | Injection, nelarabine, 50 mg |
| J9262 | Synribo | Injection, omacetaxine mepesuccinate, 0.01 mg |
| J9263 | Eloxatin | Injection, oxaliplatin, 0.5 mg |
| J9264 | Abraxane | Injection, paclitaxel protein-bound particles, 1 mg |
| J9266 | Oncaspar | Injection, pegaspargase, per single dose vial |

|  |  |  |
| --- | --- | --- |
| **Procedural Code** | **Drug Name** | **Code Description** |
| J9267 |  | Injection, paclitaxel, 1 mg |
| J9268 | Nipent | Injection, pentostatin, 10 mg |
| J9269 | Elzonris | Injection, tagraxofusp-erzs 10 mcg |
| J9270 | Mithracin | Injection, plicamycin, 2.5 mg |
| J9271 | Keytruda | Injection, pembrolizumab, 1 mg |
| J9272 | Jemperli | Injection, dostarlimab-gxly, 10 mg |
| J9273 | Tivdak | Injection, tisotumab vedotin-tftv, 1 mg |
| J9274 | Kimmtrak | Injection, tebentafusp-tebn, 1 mcg |
| J9276 |  | Inj zanidatamab-hrii, 2 mg |
| J9280 |  | Injection, mitomycin, 5 mg |
| J9281 | Jelmyto | Mitomycin pyelocalyceal instillation, 1 mg |
| J9285 | Lartruvo | Injection, olaratumab, 10 mg |
| J9286 |  | Inj glofitamab gxbm, 2.5 mg |
| J9292 |  | Inj, pemetrexed dipotassium |
| J9293 | Novantrone | Injection, mitoxantrone HCl, per 5 mg |
| J9294 |  | Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305,10 mg |
| J9295 | Portrazza | Injection, necitumumab, 1 mg |
| J9296 |  | Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg |
| J9297 |  | Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg |
| J9298 | Opdualag | Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg |
| J9299 | Opdivo | Injection, nivolumab, 1 mg |
| J9301 | Gazyva | Injection, 11acituzumab11, 10 mg |
| J9302 | Arzerra, Kesimpta | Injection, ofatumumab, 10 mg |
| J9303 | Vectibix | Injection, panitumumab, 10 mg |
| J9304 | Pemfexy | Injection, pemetrexed (Pemfexy), 10 mg |
| J9305 | Alimta | Injection, pemetrexed, not otherwise specified, 10 mg |
| J9306 | Perjeta | Injection, pertuzumab, 1 mg |
| J9307 | Folotyn | Injection, pralatrexate, 1 mg |
| J9308 | Cyramza | Injection, ramucirumab, 5 mg |
| J9309 | Polivy | Injection, polatuzumab vedotin-piiq, 1 mg |
| J9311 | Rituxan Hycela | Injection, rituximab 10 mg and hyaluronidase |
| J9312 | Rituxan | Injection, rituximab, 10 mg |
| J9313 | Lumoxiti | Injection, moxetumomab pasudotox-tdfk, 0.01 mg |
| J9314 |  | Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10mg |
| J9316 | Phesgo | Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg |
| J9317 | Trodelvy | Injection, 11acituzumab govitecan-hziy, 2.5 mg |
| J9318 |  | Injection, romidepsin, nonlyophilized, 0.1 mg |
| J9319 | Istodax | Injection, romidepsin, lyophilized, 0.1 mg |
| J9323 |  | Inj pemetrexed ditromethamin |
| J9324 | Pemrydi RTU | Injection, pemetrexed (pemrydi rtu), 10 mg |
| J9325 | Imlygic | Injection, talimogene laherparepvec, per 1 million plaque forming units |
| J9328 | Temodar | Injection, temozolomide, 1 mg |
| J9329 |  | Inj, tislelizumab-jsgr |
| J9330 | Torisel | Injection, temsirolimus, 1 mg |
| J9331 | Fyarro | Injection, sirolimus protein-bound particles, 1 mg |
| J9332 | Vyvgart | Injection, efgartigimod alfa-fcab, 2 mg |
| J9340 | Tepadina, | Injection, thiotepa, 15 mg |

|  |  |  |
| --- | --- | --- |
| **Procedural Code** | **Drug Name** | **Code Description** |
|  | Thiotepa |  |
| J9342 |  | Inj thiotepa nos 1 mg |
| J9348 | Danyelza | Injection, naxitamab-gqgk, 1 mg |
| J9349 | Monjuvi | Injection, tafasitamab-cxix, 2 mg |
| J9350 |  | Inj mosunetuzumab-axgb, 1 mg |
| J9351 | Hycamtin | Injection, topotecan, 0.1 mg |
| J9352 | Yondelis | Injection, trabectedin, 0.1 mg |
| J9353 | Margenza | Injection, margetuximab-cmkb, 5 mg |
| J9354 | Kadcyla | Injection, ado-trastuzumab emtansine, 1 mg |
| J9355 | Herceptin | Injection, trastuzumab, excludes biosimilar, 10 mg |
| J9356 | Herceptin-Hycela | Injection, trastuzumab, 10 mg and Hyaluronidase-oysk |
| J9357 | Valstar | Injection, valrubicin, intravesical, 200 mg |
| J9358 | Enhertu | Injection, fam-trastuzumab deruxtecan-nxki, 1 mg |
| J9359 | Zynlonta | Injection, loncastuximab tesirine-lpyl, 0.075 mg |
| J9360 |  | Injection, vinblastine sulfate, 1 mg |
| J9361 | Ryzneuta | Injection, efbemalenograstim alfa-vuxw, 0.5 mg |
| J9370 |  | Vincristine sulfate, 1 mg |
| J9371 | Marqibo | Injection, vincristine sulfate liposome, 1 mg |
| J9390 |  | Injection, vinorelbine tartrate, 10 mg |
| J9393 |  | Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg |
| J9394 |  | Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent toJ9395, 25 mg |
| J9395 | Faslodex | Injection, fulvestrant, 25 mg |
| J9400 | Zaltrap | Injection, ziv-aflibercept, 1 mg |
| J9600 | Photofrin | Injection, porfimer sodium, 75 mg |
| J9999 |  | Not otherwise classified, antineoplastic drugs |
| Q2017 | Vumon | Injection, teniposide, 50 mg |
| Q2041 | Yescarta | Axicabtagene Ciloleucel, up to 200 million autologous Anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, perinfusion |
| Q2042 | Kymriah | Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose |
| Q2043 | Provenge | Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM- CSF, including leukapheresis and all other preparatoryprocedures, per infusion |
| Q2049 | Lipodox | Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg |
| Q2050 | Doxil | Injection, doxorubicin hydrochloride, liposomal, not otherwise specified,10 mg |
| Q2053 | Tecartus | Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 carpositive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose |
| Q2054 | Breyanzi | Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR- positive viable T cells, including leukapheresis and dose preparationprocedures, per therapeutic dose |
| Q2055 | Abecma | Idecabtagene vicleucel, up to 460 million autologous b-cell maturationantigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose |
| Q2056 | Carvykti | Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis anddose preparation procedures, per therapeutic dose |

|  |  |  |
| --- | --- | --- |
| **Procedural Code** | **Drug Name** | **Code Description** |
| Q2057 |  | Afamitresgene autoleucel |
| Q3028 | Rebif | Injection, interferon beta-1a, 1 mcg for subcutaneous use |
| Q4074 | Ventavis | Iloprost, inhalation solution, fda-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms |
| Q4081 | Epogen, Procrit | Injection, epoetin alfa, 100 units (for ESRD on dialysis) |
| Q4114 |  | Integra flowable wound matri |
| Q4121 |  | Theraskin |
| Q4123 |  | Alloskin |
| Q4126 |  | Memoderm/derma/tranz/integup |
| Q4127 |  | Talymed |
| Q4128 |  | Flexhd/allopatchhd/sq cm |
| Q4132 |  | Grafix core, grafixpl core |
| Q4133 |  | Grafix stravix prime pl sqcm |
| Q4137 |  | Amnioexcel biodexcel 1sq cm |
| Q4138 |  | Biodfence dryflex, 1cm |
| Q4140 |  | Biodfence 1cm |
| Q4141 |  | Alloskin ac, 1 cm |
| Q4143 |  | Repriza, 1cm |
| Q4145 |  | Epifix, inj, 1mg |
| Q4148 |  | Neox neox rt or clarix cord |
| Q4150 |  | Allowrap ds or dry 1 sq cm |
| Q4151 |  | Amnioband, guardian 1 sq cm |
| Q4152 |  | Dermapure 1 square cm |
| Q4153 |  | Dermavest, plurivest sq cm |
| Q4154 |  | Biovance 1 square cm |
| Q4155 |  | Neoxflo or clarixflo 1 mg |
| Q4156 |  | Neox 100 or clarix 100 |
| Q4158 |  | Kerecis omega3, per sq cm |
| Q4159 |  | Affinity1 square cm |
| Q4160 |  | Nushield 1 square cm |
| Q4161 |  | Bio-connekt per square cm |
| Q4163 |  | Woundex, bioskin, per sq cm |
| Q4164 |  | Helicoll, per square cm |
| Q4166 |  | Cytal, per square centimeter |
| Q4169 |  | Artacent wound, per sq cm |
| Q4173 |  | Palingen or palingen xplus |
| Q4175 |  | Miroderm |
| Q4178 |  | Floweramniopatch, per sq cm |
| Q4180 |  | Revita, per sq cm |
| Q4184 |  | Cellesta or duo per sq cm |
| Q4186 |  | Epifix 1 sq cm |
| Q4187 |  | Epicord 1 sq cm |
| Q4188 |  | Amnioarmor 1 sq cm |
| Q4190 |  | Artacent ac 1 sq cm |
| Q4191 |  | Restorigin 1 sq cm |
| Q4193 |  | Coll-e-derm 1 sq cm |
| Q4194 |  | Novachor 1 sq cm |
| Q4195 |  | Puraply 1 sq cm |
| Q4196 |  | Puraply am 1 sq cm |
| Q4197 |  | Puraply xt 1 sq cm |
| Q4199 |  | Cygnus matrix, per sq cm |
| Q4201 |  | Matrion 1 sq cm |
| Q4203 |  | Derma-gide, 1 sq cm |
| Q4204 |  | Xwrap 1 sq cm |
| Q4205 |  | Membrane graft or wrap sq cm |
| Q4217 |  | Woundfix biowound plus xplus |
| Q4221 |  | Amniowrap2 per sq cm |
| Q4222 |  | Progenamatrix, per sq cm |
| Q4225 |  | Amnio or derma tl, per sq cm |
| Q4227 |  | Amniocore per sq cm |
| Q4229 |  | Cogenex amnio memb per sq cm |
| Q4232 |  | Corplex, per sq cm |
| Q4234 |  | Xcellerate, per sq cm |
| Q4235 |  | Amniorepair or altiply sq cm |
| Q4236 |  | Carepatch per sq cm |
| Q4238 |  | Derm-maxx, per sq cm |
| Q4239 |  | Amnio-maxx or lite per sq cm |
| Q4248 |  | Dermacyte amn mem allo sq cm |
| Q4249 |  | Amniply, per sq cm |
| Q4250 |  | Amnioamp-mp per sq cm |
| Q4252 |  | Vendaje, per square centimet |
| Q4253 |  | Zenith amniotic membrane psc |
| Q4256 |  | Mlg complet, per sq cm |
| Q4257 |  | Relese, per sq cm |
| Q4258 |  | Enverse, per sq cm |
| Q4259 |  | Celera per sq cm |
| Q4262 |  | Dual layer impax, per sq cm |
| Q4263 |  | Surgraft tl, per sq cm |
| Q4264 |  | Cocoon membrane, per sq cm |
| Q4265 |  | Neostim tl per sq cm |
| Q4266 |  | Neostim per sq cm |
| Q4267 |  | Neostim dl per sq cm |
| Q4270 |  | Complete sl per sq cm |
| Q4271 |  | Complete ft per sq cm |
| Q4274 |  | Esano ac, per sq cm |
| Q4275 |  | Esano aca, per sq cm |
| Q4276 |  | Orion, per sq cm |
| Q4278 |  | Epieffect, per sq cm |
| Q4279 |  | Vendaje ac, per sq cm |
| Q4280 |  | Xcell amnio matrix per sq cm |
| Q4281 |  | Barrera slor dl per sq cm |
| Q4282 |  | Cygnus dual per sq cm |
| Q4283 |  | Biovance tri or 3l, sq cm |
| Q4289 |  | Revoshield+ amnio, per sq cm |
| Q4290 |  | Membrane wrap hydr per sq cm |
| Q4293 |  | Acesso dl, per sq cm |
| Q4294 |  | Amnio quad-core, per sq cm |
| Q4295 |  | Amnio tri-core, per sq cm |
| Q4296 |  | Rebound matrix, per sq cm |
| Q4297 |  | Emerge matrix, per sq cm |
| Q4298 |  | Amnicore pro, per sq cm |
| Q4299 |  | Amnicore pro+, per sq cm |
| Q4300 |  | Acesso tl, per sq cm |
| Q4301 |  | Activate matrix, per sq cm |
| Q4302 |  | Complete aca, per sq cm |
| Q4303 |  | Complete aa, per sq cm |
| Q4304 |  | Grafix plus, per sq cm |
| Q4309 |  | Via matrix, per sq cm |
| Q4310 |  | Procenta, per 100 mg |
| Q4313 |  | Dermabind fm, per sq cm |
| Q4316 |  | Amchoplast, per sq cm |
| Q4322 |  | Caregraft, per sq cm |
| Q4323 |  | Alloply, per sq cm |
| Q4325 |  | Acapatch, per sq cm |
| Q4326 |  | Woundplus, per sq cm |
| Q4328 |  | Most, per sq cm |
| Q4331 |  | Axolotl graft, per sq cm |
| Q4332 |  | Axolotl dualgraft, per sq cm |
| Q4339 |  | Artacent vericlen, per sq cm |
| Q4341 |  | Simplimax, per sq cm |
| Q4342 |  | Theramend, per sq cm |
| Q4343 |  | Dermacyte ac matrx per sq cm |
| Q4344 |  | Tri membrane wrap, per sq cm |
| Q4357 |  | Xwrap plus, per sq cm |
| Q4361 |  | Epixpress, per sq cm |
| Q4367 |  | Amniocore sl, per sq cm |
| Q5101 | Zarxio | Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 microgram |
| Q5103 | Inflectra | Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg |
| Q5104 | Renflexis | Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg |
| Q5105 | Retacrit | Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units |
| Q5106 | Retacrit | Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1,000 units |
| Q5107 | Mvasi | Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg |
| Q5108 | Fulphila | Injection, pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg |
| Q5109 | Ixifi | Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg |
| Q5110 | Nivestym | Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram |
| Q5111 | Udenyca | Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg |
| Q5112 | Ontruzant | Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg |
| Q5113 | Herzuma | Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg |
| Q5114 | Ogivri | Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg |
| Q5115 | Truxima | Injection, rituximab-abbs, biosimilar, 10 mg |
| Q5116 | Trazimera | Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg |
| Q5117 | Kanjinti | Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg |
| Q5118 | Zirabev | Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg |
| Q5119 | Ruxience | Injection, rituximab-pvvr, biosimilar, (Ruxience), 10 mg |
| Q5120 | Ziextenzo | Injection, pegfilgrastim-bmez (ZIEXTENZO), biosimilar, 0.5 mg |
| Q5121 | Avsola | Injection, infliximab-axxq, biosimilar, (Avsola), 10 mg |
| Q5122 | Nyvepria | Injection, pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg |
| Q5123 | Riabni | Injection, rituximab-arrx, biosimilar, (Riabni), 10mg |
| Q5124 | Byooviz | Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg |
| Q5125 | Releuko | Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg |
| Q5126 | Alymsys | Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg |
| Q5127 | Stimufend | Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg |
| Q5128 | Cimerli | Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg |
| Q5129 | Vegzelma | Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg |
| Q5130 | Fylnetra | Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg |
| Q5146 | Hercessi | Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg |
| Q5147 |  | Inj, aflibercept-ayyh, 1 mg |
| Q9991 |  | Buprenorph xr 100 mg or less |
| Q9992 |  | Buprenorphine xr over 100 mg |

**NOTE:** The prior authorization does not guarantee payment. Payment is subject to eligibility on the date of service, plan benefits, limitations and exclusions, pre-existing condition limitations, and member liability under the plan. Not obtaining prior authorization for a product or service could result in financial penalties and/or reduced reimbursement. Products or services provided without prior authorization may be subject to retrospective medical necessity review.