



The medications listed below are Specialty Pharmaceuticals (self-administered) and Medical Drugs (provider administered). Some of these medications may involve unique distribution and may be provided by Presbyterian's Specialty Care Pharmacy. Prior Authorization or Medical Exception may be required on some medications, see the listing below for drugs that have this requirement. Unless otherwise noted all medications with an unlisted or unclassified HCPCS code require a Prior Authorization or Medical Exception if the billed charge amount exceeds \$100.00

This list is maintained and updated by Presbyterian's Pharmacy and Therapeutics Committee. For Provider questions, please contact the Presbyterian Pharmacy Call Center at (505)923-5500, or For Member questions, please contact the Presbyterian customer Service Center at (505) 923-5757 Monday through Friday from 8:00 a.m. to 5:00 p.m.

Effective: August 27, 2019

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
90378	Synagis	PALIVIZUMAB IM SOLN 100 MG/ML	Prior Auth	Yes			IM
A9513	Lutathera	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Med Excep			New Code Effective: 01/01/19. C9031 termed 12/31/18	IV
A9606	Xofigo	Radium ra-223 dichloride, therapeutic, per microcurie	Med Excep				IV
C9035	Aristada	Injection, aripiprazole lauroxil (aristada initio), 1 mg	Med Excep	Yes		New Code Effective 01/01/2019	IM
C9036	Onpattro	Injection, patisiran, 0.1 mg	Prior Auth			New Code Effective 01/01/2019	IV
C9037	Perseris	Injection, risperidone (perseris), 0.5 mg	Med Excep	Yes		New Code Effective 01/01/2019	SC
C9038	Poteligeo	Injection, mogamulizumab-kpkc, 1 mg	Prior Auth			New Code Effective 01/01/2019	IV
C9039	Zemdri	favastin	Med Excep			New Code Effective 01/01/2019	IV
C9040	Ajovy	Injection, fremanezumab-vfrm, 1mg	Med Excep	Yes	Use when Office Administered only	New Code Effective 04/01/2019	SC
C9041	Andexxa	Injection, coagulation factor Xa (recombinant), inactivated (andexxa), 10 mg	No			New Code Effective 04/01/2019	IV
C9043	Fusilev, Khapzory	Injection, levoleucovorin, 1 mg	Med Excep			New Code Effective 04/01/2019	IV

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C9044	Libtayo	Injection, cemiplimab-rwlc, 1 mg	Prior Auth			New Code Effective 04/01/2019	IV
C9045	Lumoxiti	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Med Excep			New Code Effective 04/01/2019	IV
C9046	Goprelto	Cocaine hydrochloride nasal solution for topical administration, 1 mg	Med Excep			New Code Effective 04/01/2019	Intranasal
C9047	Cablivi	Injection, caplacizumab-yhdp, 1 mg	Med Excep		IV office administered, SC self administered	New Code Effective 07/01/2019	IV, SC
C9048	Dextenza	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Med Excep	Yes		New Code Effective 07/01/2019	Intracanalicular
C9049	Elzonris	Injection, tagraxofusp-erzs, 10 mcg	Med Excep			New Code Effective 07/01/2019	IV
C9050	Gamifant	Injection, emapalumab-lzsg, 1 mg	Prior Auth			New Code Effective 07/01/2019	IV
C9051	Nuzyra	Injection, omadacycline, 1 mg	Med Excep			New Code Effective 07/01/2019	IV
C9052	Ultomiris	Injection, ravulizumab-cwvz, 10 mg	Prior Auth	Yes		New Code Effective 07/01/2019	IV
C9113	Protonix	PANTOPRAZOLE SODIUM, PER VIAL	No				IV
C9132	Kcentra	Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity	No			New Code effective 10/1/13	IV

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C9257	Avastin	BEVACIZUMAB, 0.25 MG	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes : E08.311, E08.319, E08.3211- E08.3219, E08.3291- E08.3293, E08.3311- E08.3319, E08.3391- E08.3393, E08.3411- E08.3419, E08.3491- E08.3493, E08.3511- E08.3519, E08.3521- E08.3523, E08.3531- E08.3533, E08.3541- E08.3543, E08.3551- E08.3553, E08.3591- E08.3599, E08.37X1, E08.37X2, E08.37X3 E09.311, E09.319, E09.3211- E09.3219, E09.3291- E09.3293, E09.3311- E09.3319, E09.3391- E09.3393, E09.3411- E09.3419, E09.3491- E09.3493, E09.3511- E09.3519, E09.3521- E09.3523, E09.3531- E09.3533, E09.3541- E09.3543, E09.3551- E09.3553, E09.3591- E09.3599, E09.37X1, E09.37X2, E09.37X3 E10.311, E10.319, E10.3211- E10.3219, E10.3291- E10.3293, E10.3311- E10.3319, E10.3391- E10.3393, E10.3411- E10.3419, E10.3491- E10.3493, E10.3511- E10.3519, E10.3521- E10.3523, E10.3531- E10.3533, E10.3541- E10.3543, E10.3551- E10.3553, E10.3591- E10.3599, E10.37X1, E10.37X2, E10.37X3, E11.311, E11.319, E11.3211- E11.3219, E11.3291 E11.3311- E11.3319, E11.3411- E11.3419, E11.3511- E11.3519, E11.3522, E11.3523, E11.3531- E11.3533 E11.3541- E11.3543, E11.3551- E11.3553, E11.3591- E11.3599,	Continued: E11.37X1, E13.311, E13.319, E13.3211- E13.3219, E13.3291- E13.3293, E13.3311- E13.3319, E13.3391- E13.3393, E13.3411- E13.3419, E13.3491- E13.3493, E13.3511- E13.3519, E13.3521- E13.3523, E13.3531- E13.3533, E13.3541- E13.3543, E13.3551- E13.3553, E13.3591- E13.3599, E13.37X1, E13.37X2, E13.37X3, E13.37X9, H21.1X1 - H21.1X3, H32, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8121, H34.8122, H34.8131, H34.8132, H34.8190, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331, H34.8332, H34.8390, H34.9, H35.052, H35.053, H35.051, H35.071, H35.072, H35.20, H35.21, H35.22, H35.23, H35.3210- H35.3213, H35.3220- H35.3223, H35.3230- H35.3233, H35.3290- H35.3293, H35.351- H35.359, H35.81, H35.82, H40.89	IV
C9290	Exparel	Bupivacaine liposome, 1mg, injection	No			New Code effective 04/01/12	
C9293	Voraxaze	Glucarpidase injection, IV	Med Excep	Yes			IV
C9399		UNCLASSIFIED DRUGS OR BIOLOGICALS	Med Excep				
C9407	Azedra	Iodine i-131 iobenguane, diagnostic, 1 millicurie	Prior Auth			New Code effective 01/01/2019	IV
C9408	Azedra	Iodine i-131 iobenguane, therapeutic, 1 millicurie	Prior Auth			New Code effective 01/01/2019	

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C9447	Omidria	Injection, phenylephrine and ketorolac, 4 ml vial	No			New Code Effective 1/1/15	add to irrigation soln
C9460	Kengreal	Injection, cangrelor, 1 mg	Yes			New Code Effective 1/01/16	IV
C9462	Baxdela	Injection, delafloxacin, 1 mg	Med Excep			New Code Effective 4/01/18	IV
C9482		Injection, sotalol hydrochloride, 1 mg	Med Excep			New code effective 10/01/2016	IV
C9488	Vaprisol	Injection, conivaptan hydrochloride, 1 mg	Med Excep			New code effective: 04-01-2017	IV
J0120		TETRACYCLINE, UP TO 250 MG	No				IM, IV, IP
J0129	Orencia	J0129 : Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Prior Auth	Yes			IV
J0130	Reopro	INJECTION ABCIXIMAB, 10 MG	No				IV
J0131	Ofirmev	ACETAMINOPHEN IV SOLN 10 MG/ML	No			New code effective 01/01/2012	IV
J0132	Acetadote	ACETYLCYSTEINE, 100 MG	No				IV
J0133	Acyclovir	ACYCLOVIR, 5 MG	No				IV
J0135	Humira	ADALIMUMAB, 20 MG	Prior Auth	Yes			SC
J0153		Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	No			New code effective 01/01/2015	IV
J0171	Adrenalin	adrenalin, epinephrine, 0.1mg	No			New code effective 1/1/2011	
J0178	Eylea	AFLIBERCEPT INJECTION 1MG INTRAVITREAL	No	Yes		New code effective 01/01/13 , Medical Excep removed 5/1/13	Intravitreal
J0180	Fabrazyme	AGALSIDASE BETA, 1 MG	Med Excep	Yes		Specialty Network Effective 10/1/13, Med Excep 10/1/13	IV
J0185	Cinvanti	Injection, aprepitant, 1 mg	Prior Auth			New Code Effective 01/01/2019. C9463 termed 12/31/18	IV
J0202	Lemtrada	Injection, alemtuzumab, 1 mg	Medical Excep			New Code Effective 1/01/16	IV
J0205	Ceredase	ALGLUCERASE, PER 10 UNITS	Med Excep	Yes		Specialty Network Effective 10/1/13, Med Excep 10/1/13	IV

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J0207	Ethylol	AMIFOSTINE, 500 MG	Prior Auth	Yes		Prior Auth effective 01/01/2011, Specialty Network effective 10/1/13	IV
J0210	Methyldopate	METHYLDOPATE HCL, UP TO 250 MG	No				IV
J0215	Amevive	ALEFACEPT, 0.5 MG	Med Excep	Yes		Specialty Network Effective 10/1/13	IM
J0220	Myozyme	ALGLUCOSIDASE ALFA, 10 MG	Med Excep	Yes		Specialty Network Effective 10/1/13	IV
J0221	Lumizyme	Alglucosidase alfa IV, 10mg	Med Excep	Yes		New code effective 01/01/2012, Specialty Network Effective 10/1/13	IV
J0256	Aralast, Prolastin, Zemaira	ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	Med Excep	Yes		Specialty Network Effective 10/1/13	IV
J0257	Glassia	Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg (IV)	Med Excep	Yes		New code effective 01/01/2012, Specialty Network Effective 10/1/13	IV
J0270	Caverject	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)	Med Excep	Yes			INTRACAVERN OUSLY
J0275	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)	Med Excep	Yes			INTRAURETHRA L
J0278	Amikacin	AMIKACIN SULFATE, 100 MG	No				IM, IV
J0280	Aminophylline	AMINOPHYLLIN, UP TO 250 MG	No				IV
J0282	Amiodarone	AMIODARONE HYDROCHLORIDE, 30 MG	No				IV
J0285	Amphotericin	AMPHOTERICIN B, 50 MG	No				IV
J0287	Abelcet	AMPHOTERICIN B LIPID COMPLEX, 10 MG	No				IV

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J0288	Amphotec	AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	No				IV
J0289	Ambisone	AMPHOTERICIN B LIPOSOME, 10 MG	No				IV
J0290	Ampicillin	AMPICILLIN SODIUM, 500 MG	No				IM, IV
J0295	Unasyn	AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	No				IM, IV
J0300	Amytal	AMOBARBITAL, UP TO 125 MG	No				IM, IV
J0330	Quelicin, Anectine	SUCCINYLBCHOLINE CHLORIDE, UP TO 20 MG	No				IM, IV
J0348	Eraxis	ANIDULAFUNGIN, 1 MG	No	Yes		Specialty Network Effective 10/1/13	IV
J0350		ANISTREPLASE, PER 30 UNITS	No				IV
J0360	Hydralazine	HYDRALAZINE HCL, UP TO 20 MG	No				IM, IV
J0364	Apokyn	APOMORPHINE HYDROCHLORIDE, 1 MG	Prior Auth			Prior Auth effective 01/01/2011	SC
J0380	Aramine	METARAMINOL BITARTRATE, PER 10 MG	No				IM, IV, SC
J0390		CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	No				IM
J0395		ARBUTAMINE HCL, 1 MG	No				IV
J0400	Abilify	ARIPIRAZOLE, INTRAMUSCULAR, 0.25 MG	No	Yes		Specialty Network Effective 10/1/13	IM
J0401	Abilify Maintena	ARIPIRAZOLE EXTENDED RELEASE, INJECTION, 1 mg	Med Excep	Yes	Submit to Pharmacy for processing for Centennial Care, Commercial, and Metal Level Plans.	Prior Auth 8/1/13, Specialty Network effective 10/1/13, New code effective 01/01/14	IM
J0456	Zithromax	AZITHROMYCIN, 500 MG	No				IV
J0461	Atropine	ATROPINE SULFATE, 0.01 MG	No				IV, IM, SC
J0470	BAL in oil	DIMERCAPROL, PER 100 MG	No				IM
J0475	Gablofen	BACLOFEN, 10 MG	No				IT
J0476	Lioresal Intrathecal	BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	No				IT
J0480	Simulect	BASILIXIMAB, 20 MG	No				IV
J0485	Nulojix	Injection, belatacept 1 mg (Belatacept injection)	Med Excep	Yes		New code effective 01/01/13, Medical Exception 10/11 P&T, Specialty Network effective 10/1/13	IV

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J0490	Benlysta	Belimumab injection, 10 mg (IV)	Prior Auth	Yes		Prior Auth effective 09/11 P&T, New code effective 01/01/2012, Specialty Network Effective 10/1/13	IV
J0500	Bentyl	DICYCLOMINE HCL, UP TO 20 MG	No				IM
J0515	Cogentin	BENZTROPINE MESYLATE, PER 1 MG	No				IV, IM
J0517	Fasenra	Injection, benralizumab, 1 mg	Med Excep	Yes		New Code Effective 01/01/2019. Code C9466 termed 12/31/18	SQ
J0520		BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	No				SC
J0530	Bicillin C-R	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS	No				IM
J0540	Bicillin C-R	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	No				IM
J0550	Bicillin C-R	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,000 UNITS	No				IM
J0558	Bicillin C-R	penicillin G benzathine and penicillin G procaine, 100000 units	No			New code effective 1/1/2011	IM
J0559	Bicillin C-R	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 2500 UNITS	No				IM
J0560	Bicillin L-A	PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	No				IM
J0561	Bicillin L-A	penicillin G benzathine, 100,000 units	No			New code effective 1/1/2011	IM
J0565	Zinplava	Injection, bezlotoxumab, 10 mg	Med Excep			Code Effective: 01-01-2018	IV
J0567	Brineura	Injection, cerliponase alfa, 1 mg	Med Excep			Code Effective: 01-01-2019. C9014 Termed 12/31/18	Intraventricular Subdermal implant
J0570	Probuphine	Buprenorphine implant, 74.2 mg	Med Excep			New code effective: 01/01/17	
J0571	Subutex	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	Prior Auth			New code effective 01/01/2015	PO
J0572	Suboxone	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	Prior Auth			New code effective 01/01/2015	PO

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J0573	Suboxone	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	Prior Auth			New code effective 01/01/2015	PO
J0574	Suboxone	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	Prior Auth			New code effective 01/01/2015	PO
J0575	Suboxone	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	Prior Auth			New code effective 01/01/2015	PO
J0583	Angiomax	BIVALIRUDIN, 1 MG	No				IV
J0584	Crysvita	Injection, burosumab-twza 1 mg	Prior Auth			New code effective 01/01/2019	SQ
J0585	Botox	ONABOTULINUMTOXINA, 1 UNIT	Prior Auth				IM
J0586	Dysport	ABOBOTULINUMTOXINA, 5 UNITS	Prior Auth				IM
J0587	Myobloc	RIMABOTULINUMTOXINB, 100 UNITS	No				IM
J0588	Xeomin	Injection, Incobotulinumtoxin A, 1 unit (IM)	Med Excep			New code effective 01/01/2012	IM
J0592	Buprenex	BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	No	Yes		Specialty Network effective 10/1/13	IV, IM
J0594	Busulfex	BUSULFAN, 1 MG	Med Excep				IV
J0595	Stadol	BUTORPHANOL TARTRATE, 1 MG	No				IV, IM
J0596	Ruconest	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Med Excep			New Code Effective 1/01/16	IV
J0597	Berinert	C-1 esterase inhibitor human IV	Med Excep	Yes		Effective 1/1/2011, Specialty Network effective 10/1/13	IV
J0598	Cinryze	C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	Prior Auth	Yes		Prior Auth effective 11/10, Specialty Network effective 10/1/13	IV
J0599	Haegarda	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Med Excep	Yes		Code effective 01/01/2019. C9015 termed 12/31/18	SQ
J0600	Calcium Disodium Versenate	EDETATE CALCIUM DISODIUM, UP TO 1000 MG	No				IV
J0604	Sensipar	Cinacalcet, oral, 1 mg, (for esrd on dialysis)	Prior Auth			Code Effective: 01-01-2018	Oral
J0606	Parsabiv	Injection, etelcalcetide, 0.1 mg	Med Excep			Code Effective: 01-01-2018	IV

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J0610	Calcium Gluconate	CALCIUM GLUCONATE, PER 10 ML	No				IV
J0620	Calphosan	CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	No				IV, IM
J0630	Miacalcin	CALCITONIN SALMON, UP TO 400 UNITS	Med Excep				IM, SC
J0636	Calcijex	CALCITRIOL, 0.1 MCG	No				IV
J0637	Cancidas	CASPOFUNGIN ACETATE, 5 MG	No				IV
J0638	Ilaris	Injection, canakinumab, 1 mg	Med Excep	Yes		Effective 01/01/2011	Sub-Q
J0640	Leucovorin	LEUCOVORIN CALCIUM, PER 50 MG	No				IV, IM
J0641	Fusilev	LEVOLEUCOVORIN CALCIUM, 0.5 MG	Med Excep				IV
J0670	Carbocaine	MEPIVACAINE HYDROCHLORIDE, PER 10 ML	No				IV
J0690	Ancef	CEFAZOLIN SODIUM, 500 MG	No				IV, IM
J0692	Maxipime	CEFEPIME HYDROCHLORIDE, 500 MG	No				IV, IM
J0694	Cefoxitin	CEFOXITIN SODIUM, 1 GM	No				IV
J0695	Zerbaxa	Injection, ceftolozane 50 mg and tazobactam 25 mg	Med Excep			New Code Effective 1/01/16	IV
J0696	Rocephin	CEFTRIAXONE SODIUM, PER 250 MG	No				IV, IM
J0697	Zinacef	STERILE CEFUROXIME SODIUM, PER 750 MG	No				IV, IM
J0698	Claforan	CEFOTAXIME SODIUM, PER GM	No				IV, IM
J0702	Celestone	BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	No				Intra-articular, IM
J0704		BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG	No				Intra-articular, IM
J0706	Cafcit	CAFFEINE CITRATE, 5MG	No				IV
J0710		CEPHAPIRIN SODIUM, UP TO 1 GM	No				IV, IM
J0712	Teflaro	Injection, ceftaroline fosamil, 10 mg (IV)	Med Excep			New code effective 01/01/2012, Med Excep 01/11 P&T	IV
J0713	Fortaz	CEFTAZIDIME, PER 500 MG	No				IV, IM
J0714	Avycaz	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	Med Excep			New Code Effective 1/01/16	IV
J0715	Cefizox	CEFTIZOXIME SODIUM, PER 500 MG	No				IV

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J0716	Anascorp	CENTRUROIDES (SCORPION) IMMUNE F(AB)2 (EQUINE), INJECTIONS, IV	No			New code effective 01/01/13	IV
J0717	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)	Med Excep	Yes		New code effective 01/01/14	SC
J0720	Chloramphen	CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	No				IV
J0725	Pregnyl, Novarel	CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	Prior Auth	Yes	Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.		IM
J0735	Duraclon	CLONIDINE HYDROCHLORIDE, 1 MG	No				Epidural
J0740	Vistide	CIDOFOVIR, 375 MG	No				IV
J0743	Primaxin	CILASTATIN SODIUM; IMIPENEM, PER 250 MG	No				IV, IM
J0744	Cipro	CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	No				IV
J0745	Codeine Phosphate	CODEINE PHOSPHATE, PER 30 MG	No				IM, SC
J0770	Coly-Mycin	COLISTIMETHATE SODIUM, UP TO 150 MG	No				IV, IM
J0775	Xiaflex	Injection, collagenase, clostridium histolyticum, 0.01 mg	Med Excep			Effective 01/01/2011	Injection
J0780	Prochlorperazine	PROCHLORPERAZINE, UP TO 10 MG	No				IV, IM
J0795	Acthrel	CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	No	Yes		Specialty Network effective 10/1/13	IV
J0800	Acthar HP	CORTICOTROPIN, UP TO 40 UNITS	Med Excep	Yes		Effective 11/15/2012	IM, SC
J0834	Cortrosyn	COSYNTROPIN (CORTROSYN), 0.25 MG	No				IV, IM
J0835	Cortrosyn	COSYNTROPIN, PER 0.25 MG	No				IV, IM
J0840	Crofab	Injection, crotalidae polyvalent immune fab (Ovine), up to 1 gram (IV)	No				IV
J0841	Anavip	Injection, crotalidae immune f(ab')2 (equine), 120 mg	No			Effective 01/01/2019	IV

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J0850	Cytogam	CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	Prior Auth				IV
J0875	Dalvance	Injection, dalbavancin, 5mg	Med Excep			New Code Effective 1/01/16	IV
J0878	Cubicin	DAPTOMYCIN, 1 MG	No				IV
J0881	Aranesp	DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Prior Auth	Yes (Medicare members only)	No prior authorization needed when billed with the one of the following diagnosis codes: N18.6, C00.0 - D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89		SC
J0882	Aranesp	DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	No				IV, SC
J0883	Argatroban	Injection, argatroban, 1 mg (for non-esrd use)	No			New code effective: 01/01/17	IV
J0884	Argatroban	Injection, argatroban, 1 mg (for esrd on dialysis)	No			New code effective: 01/01/17	IV
J0885	Epogen, Procrit	EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	Prior Auth	Yes (Medicare members only)	No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0 - D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89		SC
J0887	Mircera	EPOETIN BETA 1 MICROGRAM, INJECTION, (ESRD USE)	No			New Code effective 01/01/2015	IV, SC
J0888	Mircera	EPOETIN BETA (NON ESRD)	Med Excep			01/15 P&T Med Excep, New Code effective 01/01/2015	IV, SC
J0890	OMONTYS	PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS), Injection, IV or Sub-q	Med Excep			New code effective 01/01/13	IV, SC
J0894	Dacogen	DECITABINE, 1 MG	Prior Auth			effective 07/01/2011	IV
J0895	Desferal	DEFEROXAMINE MESYLATE, 500 MG	No				IV, IM, SC
J0897	Prolia, Xgeva	Injection, denosumab, 1 mg (Sub-Q)	Prior Auth	Yes		New code effective 01/01/2012	SC
J0945		BROMPHENIRAMINE MALEATE, PER 10 MG	No				IM, IV, SC

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J0970	Delestrogen	ESTRADIOL VALERATE, UP TO 40 MG	No				IM
J1000	Depo-Estradiol	DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	No				IM
J1020	Depo-Medrol	METHYLPREDNISOLONE ACETATE, 20 MG	No				IM, Intrasynovial, intra-articular, soft tissue, intralesional
J1030	Depo-Medrol	METHYLPREDNISOLONE ACETATE, 40 MG	No				IM, Intrasynovial, intra-articular, soft tissue, intralesional
J1040	Depo-Medrol	METHYLPREDNISOLONE ACETATE, 80 MG	No				IM, Intrasynovial, intra-articular, soft tissue, intralesional
J1050	Depo-Provera	Medroxyprogesterone acetate 1 mg Injection, IM	No			New Code effective 01/01/13	IM
J1056		MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	No				IM
J1071	Depo-Testosterone	Injection testosterone cypionate 1 mg	Prior Auth			New Code effective 01/01/2015	IM
J1094	Solurex LA	DEXAMETHASONE ACETATE, 1 MG	No				IV, IM
J1095	Dexycu	Injection, dexamethasone 9 percent, intraocular, 1 microgram	Med Excep			New Code Effective 01/01/19	Intraocular
J1100	Dexamethasone	DEXAMETHASONE SODIUM PHOSPHATE, 1MG	No				IV,IM
J1110	DHE	DIHYDROERGOTAMINE MESYLATE, PER 1 MG	No				IV, IM, SC
J1120	Acetazolamide	ACETAZOLAMIDE SODIUM, UP TO 500 MG	No				IV
J1130	Dyloject	Injection, diclofenac sodium, 0.5 mg	Med Excep			New code effective: 01/01/17	IV
J1160	Lanoxin	DIGOXIN, UP TO 0.5 MG	No				IV
J1162	Digibind, Digifab	DIGOXIN IMMUNE FAB (OVINE), PER VIAL	No				IV
J1165	Phenytoin	PHENYTOIN SODIUM, PER 50 MG	No				IV, IM
J1170	Dilaudid	HYDROMORPHONE, UP TO 4 MG	No			IM and SC use lyophilized high potency formulation	IV, IM,SC

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J1180	Dilor	DYPHYLLINE, UP TO 500 MG	No				IM
J1190	Zinecard, Totect	DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	No				IV
J1200	Benadryl	DIPHENHYDRAMINE HCL, UP TO 50 MG	No				IV, IM
J1205	Diuril	CHLOROTHIAZIDE SODIUM, PER 500 MG	No				IV
J1212	DMSO	DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	No				Intravesical
J1230	Methadone	METHADONE HCL, UP TO 10 MG	No				IV, IM, SC
J1240	Dimenhydrin	DIMENHYDRINATE, UP TO 50 MG	No				IM
J1245	Dipyridamole	DIPYRIDAMOLE, PER 10 MG	No				IV
J1250	Dobutamine	DOBUTAMINE HYDROCHLORIDE, PER 250 MG	No				IV
J1260	Anzemet	DOLASETRON MESYLATE, 10 MG	Prior Auth				IV
J1265	Dopamine	DOPAMINE HCL, 40 MG	No				IV
J1267	Doribax	DORIPENEM, 10 MG	No				IV
J1270	Hectorol	DOXERCALCIFEROL, 1 MCG	No				IV
J1290	Kalbitor	ecallantide, injection, 1mg, sub-Q	Med Excep	Yes		Effective 01/01/2011	Sub-Q
J1300	Soliris	ECULIZUMAB, 10 MG	Prior Auth	Yes (Medicare members only)			IV
J1301	Radicava	Injection, edaravone, 1 mg	Med Excep			New code effective: 01/01/19 OPPS pass through status (can only be reimbursed from an outpatient facility). Formerly C9493 termed 12/31/2018	IV
J1320		AMITRIPTYLINE HCL, UP TO 20 MG	No				IM
J1322	Vimizim	ELOSULFASE ALFA, 1MG, INJECTION	Med Excep			New Code effective 01/01/2015	IV
J1324	Fuzeon	ENFUVIRTIDE, 1 MG	Med Excep				SC
J1325	Flolan Veletri	EPOPROSTENOL, 0.5 MG	Med Excep	Yes		Specialty Network effective 10/1/13	IV
J1327	Integrilin	EPTIFIBATIDE, 5 MG	No				IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J1330		ERGONOVINE MALEATE, UP TO 0.2 MG	No				IV, IM
J1335	Invanz	ERTAPENEM SODIUM, 500 MG	No				IV, IM
J1364	Erythrocin	ERYTHROMYCIN LACTOBIONATE, PER 500 MG	No				IV
J1380	Delestrogen	ESTRADIOL VALERATE, UP TO 10 MG	No				IM
J1390	Delestrogen	ESTRADIOL VALERATE, UP TO 20 MG	No				IM
J1410	Premarin	ESTROGEN CONJUGATED, PER 25 MG	No				IV
J1428	Exondys 51	Injection, eteplirsen, 10 mg	Med Excep			Code Effective: 01-01-2018	IV
J1430	Ethamolin	ETHANOLAMINE OLEATE, 100 MG	No				IV
J1435		ESTRONE, PER 1 MG	No				IM
J1436		ETIDRONATE DISODIUM, PER 300 MG	No				IV
J1438	Enbrel	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)	Prior Auth	Yes			SC
J1439	INJECTAFER	Injection ferric carboxymaltose 1 mg	Prior Auth			New Code Effective 01/01/2015	IV
J1442	Neupogen	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Med Excep	Yes (Medicare members only)		New code effective 01/01/14 Zarxio preferred	IV, SC
J1443	Triferic	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Med Excep			New Code Effective 1/01/16	IV
J1444	Triferic	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	Med Excep			New Code Effective 07/01/2019	
J1447	Granix	Injection, tbo-filgrastim, 1 microgram	Med Excep	Yes (Medicare members only)		New Code Effective 1/01/16 Zarxio preferred	SC
J1450	Diflucan	INJECTION FLUCONAZOLE, 200 MG	No				IV
J1451	Antizol	FOMEPIZOLE, 15 MG	No				IV
J1452	Vitravene	FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	Med Excep	Yes		Specialty Network Effective 10/1/13, Med Excep 10/1/13	Intravitreal
J1453	Emend	FOSAPREPITANT, 1 MG	Prior Auth				IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J1454	Akynzeo	Injection, fosnetupitant 235mg and palonestron 0.25mg	Med Excep			New Code Effective: 01/01/2019 Previous code C9033 termed 12/31/2018	IV
J1455	Foscarnet	FOSCARNET SODIUM, PER 1000 MG	No				IV
J1457	Ganite	GALLIUM NITRATE, 1 MG	No				IV
J1458	Naglazyme	GALSULFASE, 1 MG	Med Excep	Yes		Specialty Network Effective 10/1/13, Med Excep 10/1/13	IV
J1459	Privigen	IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500MG	Med Excep	Yes		Specialty Network effective 10/1/13 Gamunex-C and Flebogama are preferred	IV
J1460	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	Med Excep	Yes		Specialty Network Effective 10/1/13, Med Excep 10/1/13 Gamunex-C and Flebogamma are preferred.	IM
J1555	Cuvitru	Injection, immune globulin (cuvitru), 100 mg	Med Excep			Code Effective: 01-01-2018 Gamunex-C and Flebogamma are preferred.	SC
J1556	Bivigam	IMMUNE GLOBULIN, INJECTION, 500MG	Med Excep	Yes		New code effective 01/01/14 Gamunex-C and Flebogamma are preferred	IV
J1557	Gammaplex	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. Liquid), 500 mg (IV)	Med Excep	Yes		Code effective 01/01/2012, Specialty Network effective 10/1/13 Gamunex-C and Flebogamma are preferred	IV
J1559	Hizentra	Injection, immune globulin (hizentra), 100 mg	Med Excep	Yes		Effective 01/01/2011, Specialty Network effective 10/1/13 Gamunex-C and Flebogamma are preferred	Sub-Q
J1560	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	Med Excep	Yes		Gamunex-C and Flebogamma are preferred	IM
J1561	GAMUNEX-C / Gammaked	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g. liquid), 500 mg	Prior Auth	Yes		Specialty Network effective 10/1/13 Gamunex-C and Flebogama are preferred	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J1562	Vivaglobin	IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	Med Excep	Yes		04/11 Discontinued in USA, Specialty Network effective 10/1/13	IV
J1566	Carimune NF, Gammagard SD	IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500MG	Med Excep	Yes		Specialty Network effective 10/1/13 Gamunex-C and Flebogama are preferred	IV
J1568	Octagam	IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500MG	Med Excep	Yes		Specialty Network effective 10/1/13 Gamunex-C and Flebogama are preferred	IV
J1569	Gammagard	IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID), 500MG	Med Excep	Yes		Specialty Network effective 10/1/13 Gamunex-C and Flebogama are preferred	IV
J1570	Cytovene	GANCICLOVIR SODIUM, 500 MG	No				IV
J1571	Hepagam B	HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	Prior Auth	Yes		Specialty Network effective 10/1/13	IV
J1572	Flebogamma, Flebogamma DIF	IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500MG	Prior Auth	Yes		Specialty Network effective 10/1/13	IV
J1573	Hepagam B	HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	Med Excep	Yes		Specialty Network effective 10/1/13	IV
J1575	Hyqvia	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Med Excep			New Code Effective 1/01/16	SC
J1580	Gentamicin	GARAMYCIN, GENTAMICIN, UP TO 80 MG	No				IV
J1595	Copaxone	GLATIRAMER ACETATE, 20 MG	No	Yes			SC
J1599		Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500mg	Prior Auth	Yes		New code effective 01/01/2011, Specialty Network effective 10/1/13	IV
J1600	Myochrysine	GOLD SODIUM THIOMALATE, UP TO 50 MG	No				IM
J1602	Simponi Aria	Golimumab injection, IV, 1mg	Med Excep	Yes		New code effective 01/01/14	IV
J1610	Glucagon Kit	GLUCAGON HYDROCHLORIDE, PER 1 MG	No				IV, IM, SC

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J1620		GONADORELIN HYDROCHLORIDE, PER 100 MCG	No				IV, SC
J1626	Kytril	GRANISETRON HYDROCHLORIDE, 100 MCG	No				IV, SC
J1627	Sustol	Injection, granisetron, extended-release, 0.1 mg	Med Excep			Code Effective: 01-01-2018	SC
J1628	Tremfya	Injection, guselkumab, 1 mg	Med Excep			Code Effective: 01-01-2019 Previous Code C9029 termed 12/31/18	SC
J1630	Haldol	HALOPERIDOL, UP TO 5 MG	No				IM
J1631	Haldol Decanoate	HALOPERIDOL DECANOATE, PER 50 MG	No				IM
J1640	Panhematin	HEMIN, 1 MG	No				IV
J1642	Heparin Lock	HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	No				IV, SC
J1644	Heparin Sodium	HEPARIN SODIUM, PER 1000 UNITS	No				IV, SC
J1645	Fragmin	DALTEPARIN SODIUM, PER 2500 IU	Med Excep				SC
J1650	Lovenox	ENOXAPARIN SODIUM, 10 MG	PA WHEN USED OVER 14 DAYS				IV, SC
J1652	Arixtra	FONDAPARINUX SODIUM, 0.5 MG	Prior Auth				SC
J1655	Innohep	TINZAPARIN SODIUM, 1000 IU	Med Excep				SC
J1670	Hypertet	TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	No				IM
J1675	Supprelin LA	HISTRELIN ACETATE, 10 MICROGRAMS	No				SC
J1700		HYDROCORTISONE ACETATE, UP TO 25 MG	No				Intra-articular, intralesional, soft tissue
J1710		HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	No				IV, IM
J1720	Solu-Cortef	HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	No				IV, IM
J1726	Makena	Injection, hydroxyprogesterone caproate, (makena), 10 mg	Med Excep			Code Effective: 01-01-2018	IM
J1729		Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Med Excep			Code Effective: 01-01-2018	IM
J1730		DIAZOXIDE, UP TO 300 MG	No				IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J1740	Boniva	IBANDRONATE SODIUM, 1 MG	Med Excep	Yes			IV
J1741	Caldolor	Ibuprofen injection, 100mg IV	No			New code effective 01/01/13	IV
J1742	Corvert	IBUTILIDE FUMARATE, 1 MG	No				IV
J1743	Elaprase	IDURSULFASE, 1 MG	Med Excep	Yes		Specialty Network Effective 10/1/13, Med Excep 10/1/13	IV
J1744	Firazyr	Injection, icatibant, 1mg	Prior Auth	Yes		Medical Exception 09/11 P&T, Prior Authorization 09/12 P&T, New code J1744 effective 01/01/13	SC
J1745	Remicade	Injection, infliximab, excludes biosimilar, 10 mg	Med Excep (See notes)	Yes	Prior Authorization for GI indication (continuation only) and pediatric indications	Renflexis is preferred infliximab product effective 4/1/19 on all lines of business.	IV
J1746	Trogarzo	Injection, ibalizumab-uiyk, 10 mg	No			New code effective 01/01/19.	IV
J1750	Dexferrum, Infed	IRON DEXTRAN, 50 MG	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0- D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89	effective 06/01/2010	IV, IM
J1756	Venofer	IRON SUCROSE, 1 MG	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0- D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89	effective 06/01/2010	IV
J1786	Cerezyme	Imiglucerase Injection, 10 units	Med Excep	Yes		Covered under the pharmacy benefit for Centennial Care, Commercial and Metal Level plans. Submit to pharmacy carrier for processing for these plans. Med Excep effective 6/1/13, Specialty Network effective 10/1/13	IV
J1790	Droperidol	DROPERIDOL, UP TO 5 MG	No				IV, IM

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J1800	Propranolol	PROPRANOLOL HCL, UP TO 1 MG	No				IV
J1810		DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	No				IV
J1815		INSULIN, PER 5 UNITS	No				SC
J1817		INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	No				SC
J1830	Extavia, 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)	Prior Auth	Yes			SC
J1833	Cresemba	Injection, isavuconazonium, 1 mg	Med Excep			New Code Effective 1/01/16	IV, Oral
J1835		ITRACONAZOLE, 50 MG	No			Product discontinued February 2008	IV
J1840	Kanamycin	KANAMYCIN SULFATE, UP TO 500 MG	No				IV, IM, intraperitoneal
J1850	Kanamycin	KANAMYCIN SULFATE, UP TO 75 MG	No				IV, IM, intraperitoneal
J1885	Ketorolac	KETOROLAC TROMETHAMINE, PER 15 MG	No				IV, IM
J1890		CEPHALOTHIN SODIUM, UP TO 1 GRAM	No			No longer available in US	IV, IM, intraperitoneal
J1930	Somatuline Depot	LANREOTIDE, 1 MG	Med Excep	Yes		Specialty Network effective 10/1/13	SC
J1931	Aldurazyme	LARONIDASE, 0.1 MG	Med Excep	Yes		Specialty Network effective 10/1/13	IV
J1940	Furosemide	FUROSEMIDE, UP TO 20 MG	No				IV, IM
J1942	Aristada	Injection, aripiprazole lauroxil, 1 mg	No	Yes	Submit to Pharmacy for processing for Centennial Care, Commercial, and Metal Level Plans.	New code effective: 01/01/17 Specialty Network effective: 01/01/17	IM
J1945	Refludan	LEPIRUDIN, 50 MG	Med Excep				SC

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J1950	Lupron Depot, Eligard	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	Prior Auth required for DX codes: F64.1 - F64.9		Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.	Prior Auth for DX codes F64.1 - F64.9 effective 04/2016 P&T	IM
J1953	Keppra	LEVETIRACETAM, 10 MG	No				IV
J1955	Carnitor	LEVOCARNITINE, PER 1 GM	No				IV
J1956	Levaquin	LEVOFLOXACIN, 250 MG	No				IV
J1960		LEVORPHANOL TARTRATE, UP TO 2 MG	No				IV, IM, SC
J1980	Levsin	HYOSCYAMINE SULFATE, UP TO 0.25 MG	No				IV, IM
J1990		CHLORDIAZEPOXIDE HCL, UP TO 100 MG	No				IV, IM
J2001	Lidocaine	LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	No				IV
J2010	Lincocin	LINCOMYCIN HCL, UP TO 300 MG	No				IV, IM
J2020	Zyvox	LINEZOLID, 200MG	Prior Auth				IV
J2060	Ativan	LORAZEPAM, 2 MG	No				IV, IM
J2062	ADUSAVE	Loxapine for inhalation, 1 mg	Med Excep			New code effective 01/01/19. Previous code C9497 termed 12/31/18	Inhalation
J2150	Mannitol	MANNITOL, 25% IN 50 ML	No				IV
J2170	Increlex	MECASERMIN, 1 MG	Prior Auth	Yes		PA Effective 01/01/2011, Specialty Network effective 10/1/13	SC
J2175	Demerol	MEPERIDINE HYDROCHLORIDE, PER 100 MG	No				IV, IM, SC
J2180		MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	No				IV, IM
J2182	Nucala	Injection, mepolizumab, 1 mg	Med Excep	Yes		New code effective: 01/01/17 Specialty Network effective: 01/01/17	SC
J2185	Merrem	MEROPENEM, 100 MG	No				IV
J2186	Vabomere	Injection, meropenem and vaborbactam, 10mg/10mg, (20mg)	Med Excep			New Code effective 01/01/19	IV
J2210	Methergine	METHYLERGONOVINE MALEATE, UP TO 0.2 MG	No				IV, IM

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J2212	Relistor	METHYLNALTREXONE 0.1MG INJECTIONS, SUB-Q	Med Excep	Yes		New code effective 01/01/13, Specialty Network effective 10/1/13	SC
J2248	Mycamine	MICAFUNGIN SODIUM, 1 MG	No				IV
J2250	Midazolam	MIDAZOLAM HYDROCHLORIDE, PER 1 MG	No				IV, IM
J2260	Milrinone	MILRINONE LACTATE, 5 MG	No				IV
J2265	Minocin	Minocycline hydrochloride, 1mg IV	No			New code effective 01/01/2012	IV
J2270	Morphine Sulfate	MORPHINE SULFATE, UP TO 10 MG	No				IV, epidural, intrathecal
J2274	Morphine Sulfate	Morphine sulfate preservative-free epid/intrathecl use injection, 10 mg	No			New code effective 01/01/2015	Epidural, Intrathecal
J2278	Prialt	ZICONOTIDE, 1 MICROGRAM	Med Excep				Intrathecal
J2280	Avelox	MOXIFLOXACIN, 100 MG	No				IV
J2300	Nubain	NALBUPHINE HYDROCHLORIDE, PER 10 MG	No				IV, IM, SC
J2310	Narcan	NALOXONE HYDROCHLORIDE, PER 1 MG	No				IV, IM, SC
J2315	Vivitrol	NALTREXONE, DEPOT FORM, 1 MG	No	Yes	Submit to Pharmacy for processing for Centennial Care, Commercial, and Metal Level Plans. Medicare and IBAC plans-office administered.		IM
J2320		NANDROLONE DECANOATE, UP TO 50 MG	No			Discontinued by manufacturer 3/27/07	IM
J2323	Tysabri	NATALIZUMAB, 1 MG	Prior Auth	Yes		Specialty Network effective 10/1/13	IV
J2325	Natrecor	NESIRITIDE, 0.1 MG	No				IV
J2326	Spinraza	Injection, nusinersen, 0.1 mg	Med Excep			Code Effective: 01-01-2018	IT
J2350	Ocrevus	Injection, ocrelizumab, 1 mg	Prior Auth	Yes		Code Effective: 01-01-2018	IV
J2353	Sandostatin LAR	OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR 1 MG	No	Yes (Medicare members only)			IM
J2354	Sandostatin	OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS 25 MCG	No			Effective 4/1/2012, for Medicare members only. Removed SP indication 11/1/14	IV, SC

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J2355	Neumega	OPRELVEKIN, 5 MG	Prior Auth	Yes		PA Effective 01/01/2011, Specialty Network effective 10/1/13	SC
J2357	Xolair	OMALIZUMAB, 5 MG	Prior Auth	Yes			SC
J2358	Zyprexa Relprevv	injection, olanzapine, long-acting, 1mg	Med Excep	Yes	Submit to Pharmacy for processing for Centennial Care, Commercial, and Metal Level Plans.	Effective 01/01/2011, Specialty Network effective 10/1/13	IM
J2360	Norflex	ORPHENADRINE CITRATE, UP TO 60 MG	No				IV, IM
J2370	Neo-syneprine	PHENYLEPHRINE HCL, UP TO 1 ML	No				IV, IM, SC
J2400	Nesacaine	CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	No				IV
J2405	Zofran	ONDANSETRON HYDROCHLORIDE, PER 1 MG	No				IV
J2407	Orbactiv	Injection, oritavancin, 10 mg	Med Excep			New Code Effective 1/01/16	IV
J2410	Opana	OXYMORPHONE HCL, UP TO 1 MG, INJECTION	Med Excep	Yes		Specialty Network Effective 10/1/13, Med Excep 10/1/13	IV, IM, SC
J2425	Kepivance	PALIFERMIN, 50 MICROGRAMS	Med Excep				IV
J2426	Invega Sustenna, Invega Trinza	Paliperidone palmitate extended release, 1mg, injection	No	Yes	Submit to Pharmacy for processing for Centennial Care, Commercial, and Metal Level Plans.	Med Excep 01/01/11, Specialty Network Effective 10/1/13	IM
J2430	Aredia	PAMIDRONATE DISODIUM, PER 30 MG	No	Yes (Medicare members only)			IV
J2440	Papaverine	PAPAVERINE HCL, UP TO 60 MG	Med Excep	Yes		Specialty Network Effective 10/1/13	IV, IM, Intracavernosal
J2460		OXYTETRACYCLINE HCL, UP TO 50 MG	No				IV, IM
J2469	Aloxi	PALONOSETRON HCL, 25 MCG	Prior Auth			Prior Auth effective 06/01/2010	IV
J2501	Zemplar	PARICALCITOL, 1 MCG	No	Yes		Specialty Network Effective 10/1/13	IV
J2502	Signifor LAR	Injection, pasireotide long acting, 1 mg	Med Excep			New Code Effective 1/01/16	IM
J2503	Macugen	PEGAPTANIB SODIUM, 0.3 MG	Med Excep	Yes			Intravitreal
J2504	Adagen	PEGADEMASE BOVINE, 25 IU	Med Excep	Yes		Specialty Network Effective 10/1/13	IM

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J2505	Neulasta On-Pro or Neulasta	PEGFILGRASTIM, 6 MG	Prior Auth (Neulasta On-Pro) Med Excep (Neulasta)	Yes (Medicare members only)		Fulphila pre-filled syringe preferred.	SC
J2507	Krystexxa	Injection, pegloticase, (IV)	Med Excep	Yes		Med Excep 01/11 P&T, New code effective 01/01/2012, Specialty Network effective 10/1/13	IV
J2510	Pen G	PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	No				IM
J2513	Pentaspaspan	PENTASTARCH, 10% SOLUTION, 100 ML	No			Discontinued	IV
J2515	Nembutal	PENTOBARBITAL SODIUM, PER 50 MG	No				IV, IM
J2540	Penicillin GK	PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	No				IV, IM, Intraplueal
J2543	Zosyn	PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	No				IV
J2545	Nebupent	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300MG	No				Inhalation
J2547	Rapivab	Injection, peramivir, 1 mg	Med Excep			New Code Effective 1/01/16	IV
J2550	Promethazine	PROMETHAZINE HCL, UP TO 50 MG	No				IV, IM
J2560	Luminal	PHENOBARBITAL SODIUM, UP TO 120 MG	No				IV, IM
J2562	Mozobil	PLERIXAFOR, 1 MG	Med Excep	Yes		Specialty Network effective 10/1/13	SC
J2590	Pitocin	OXYTOCIN, UP TO 10 UNITS	No				IV, IM
J2597	DDAVP	DESMOPRESSIN ACETATE, PER 1 MCG	No			PA removed effective 11/01/11	IV
J2650		PREDNISOLONE ACETATE, UP TO 1 ML	No			Discontinued - available for veterinary use	IM, Intra-articular
J2670		TOTAZOLINE HCL, UP TO 25 MG	No				IV
J2675	Progesterone	PROGESTERONE, PER 50 MG	No				IM

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J2680	Fluphenazine	FLUPHENAZINE DECANOATE, UP TO 25 MG	No				IM, SC
J2690	Procainamide	PROCAINAMIDE HCL, UP TO 1 GM	No				IV, IM
J2700	Bactocill	OXACILLIN SODIUM, UP TO 250 MG	No				IV, IM
J2704	Diprivan	Propofol 10 mg, injection	No			New Code effective 01/01/2015	IV
J2710	Prostigmin	NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	No				IV, IM, SC
J2720	Protamine	PROTAMINE SULFATE, PER 10 MG	No				IV
J2724	Ceprotrin	PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	No				IV
J2725	Thyrel TRH	PROTIRELIN, PER 250 MCG	No				IV
J2730	Pralidoxime	PRALIDOXIME CHLORIDE, UP TO 1 GM	No				IV
J2760	Phentolamine	PHENTOLAMINE MESYLATE, UP TO 5 MG	No				IV, IM
J2765	Reglan	METOCLOPRAMIDE HCL, UP TO 10 MG	No				IV, IM
J2770	Synercid	QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	No				IV
J2778	Lucentis	RANIBIZUMAB, 0.1 MG	No	Yes		Effective 4/1/2012, for Medicare members.	Intravitreal
J2780	Zantac	RANITIDINE HYDROCHLORIDE, 25 MG	No				IV
J2783	Elitek	RASBURICASE, 0.5 MG	Med Excep	Yes		Specialty Network effective 10/1/13, Med Excep 10/1/13	IV
J2785	Lexiscan	REGADENOSON, 0.1 MG	No				IV
J2786	Cinqair	Injection, reslizumab, 1 mg	Med Excep			New code effective: 01/01/17	IV
J2787	Photrexa	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	Med Excep			New Code Effective 01/01/19	Ophthalmic
J2788	RHOGAM	RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	No				IM
J2790	RHOGAM	RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	No				IM
J2791	WINRHO	RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100IU	No	Yes			IV, IM

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J2792	RHOGAM	RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	No				IV
J2793	ARCALYST	RILONACEPT, 1 MG	Prior Auth	Yes		PA Effective 01/01/2011, Specialty Network effective 10/1/13	SC
J2794	RISPERDAL CONSTA	RISPERIDONE, LONG ACTING, 0.5 MG	No	Yes	Submit to Pharmacy for processing for Centennial Care, Commercial, and Metal Level Plans.	Specialty Network effective 10/1/13	IM
J2795	Naropin	ROPIVACAINE HYDROCHLORIDE, 1 MG	No				Epidural, Nerve block, Field block, infiltration
J2796	Nplate	ROMIPLOSTIM, 10 MICROGRAMS	Med Excep				SC
J2797	Varubi	Injection, rolapitant, 0.5 mg	Med Excep			New Code Effective 1/01/19. Code C9464 termed 12/31/18	IV
J2800	Robaxin	METHOCARBAMOL, UP TO 10 ML	No				IV, IM
J2805	Kinevac	SINCALIDE, 5 MICROGRAMS	No				IV
J2810	Theophylline	THEOPHYLLINE, PER 40 MG	No				IV
J2820	Leukine	SARGRAMOSTIM (GM-CSF), 50 MCG	Prior Auth	Yes		Specialty Network effective 10/1/13	IV, SC
J2840	Kanuma	Injection, sebelipase alfa, 1 mg	Med Excep			New code effective: 01/01/17	IV
J2850	Secreflo	SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM	No				IV
J2860	Sylvant	Injection, siltuximab, 10 mg	Med Excep			New Code Effective 1/01/16	IV
J2910		AUROTHIOGLUCOSE, UP TO 50 MG	No				IM
J2912	Sodium Chloride	SODIUM CHLORIDE, 0.9%, PER 2 ML	No				IV
J2916	Ferrlecit, Nulecit	SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE 12.5 MG	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0- D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89	effective 06/01/2010	IV
J2920	Solu-Medrol	METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	No				IV

HCPSC Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J2930	Solu-Medrol	METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	No				IV
J2940		SOMATREM, 1 MG	No				IM, SC
J2941	Nutropin	SOMATROPIN, 1 MG	Med Excep	Yes			IM, SC
J2950		PROMAZINE HCL, UP TO 25 MG	No				IM
J2993	Retavase	RETEPLASE, 18.1 MG	No				IV
J2995		STREPTOKINASE, PER 250,000 IU	No				IV, Intracoronary, Intrapleurally
J2997	Cathflo, Activase	ALTEPLASE RECOMBINANT, 1 MG	No				IV
J3000	Streptomycin	STREPTOMYCIN, UP TO 1 GM	No				IM
J3010	Fentanyl	FENTANYL CITRATE, 0.1 MG	No				IV
J3030	Imitrex	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)	No				SC
J3060	Elelyso	Taliglucerase alfa 10 units, Injection, IV	Med Excep	Yes		Medical Exception 07/12 P&T, Specialty Network effective 10/1/13, New Code effective 01/01/14	IV
J3070	Talwin	PENTAZOCINE, 30 MG	No				IV, IM, SC
J3090	Sivextro	Injection, tedizolid phosphate, 1 mg	Med Excep			New Code Effective 1/01/16	IV, Oral
J3095	Vibativ	Injection, telavancin, 10mg	No				IV
J3100	Tnkase	TENECTEPLASE, 50MG	No				IV
J3101	Tnkase	TENECTEPLASE, 1 MG	No				IV
J3105	Terbutaline	TERBUTALINE SULFATE, UP TO 1 MG	No				IV, SC
J3110	Forteo	TERIPARATIDE, 10 MCG	Prior Auth	Yes			SC
J3121	Delatestryl	Injection testosterone enanthate 1 mg, IM	Prior Auth			New code effective 01/01/2015	IM
J3145	AVEED	Injection testosterone undecanoate 1 mg, IM	Med Excep			New code effective 01/01/2015	IM
J3230	Chlorpromazine	CHLORPROMAZINE HCL, UP TO 50 MG	No				IV, IM
J3240	Thyrogen	THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	No	Yes			IM

HCP Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J3243	Tygacil	TIGECYCLINE, 1 MG	No				IV
J3245	Ilumya	Injection, tildrakizumab, 1 mg	Med Excep	Yes (Walgreens Specialty)		Effective 01/01/19	SQ
J3246	Aggrastat	TIROFIBAN HCL, 0.25MG	No				IV
J3250	Tigan	TRIMETHOBENZAMIDE HCL, UP TO 200 MG	No			Recalled	IM
J3260	Tobramycin	TOBRAMYCIN SULFATE, UP TO 80 MG	No				IV
J3262	Actemra	Injection, tocilizumab, 1mg, IV	Med Excep	Yes		Effective 01/01/2011, Specialty Network effective 10/1/13	IV
J3265	Torsemide	TORSEMIDE, 10 MG/ML	No				IV
J3280		THIETHYLPERAZINE MALEATE, UP TO 10 MG	No				IM
J3285	Remodulin	TREPROSTINIL, 1 MG	Med Excep	Yes		Specialty Network effective 10/1/13	IV, SC
J3300	Triesence	TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	Med Excep				IM, Intra-articular
J3301	Kenalog-40	TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	No				IM, Intra-articular
J3302	Aristo Forte	TRIAMCINOLONE DIACETATE, PER 5MG	Med Excep	Yes		Specialty Network effective 10/1/13, Med Excep 10/1/13	SC, Intra-articular, Intrasynovial, Intralesional, Sublesional, Soft tissue injection
J3303	Aristospan	TRIAMCINOLONE HEXACETONIDE, PER 5MG	No				Intralesional, Sublesional
J3304	Zilretta	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Med Excep		used for administration in physician office setting	New Code Effective: 01/01/19. Code Q9993 termed 12/31/18. Code C9469 termed 6/30/18	Intra-articular
J3305	Neutrexan	TRIMETREXATE GLUCURONATE, PER 25 MG	Med Excep	Yes		Specialty Network effective 10/1/13	IV
J3310		PERPHENAZINE, UP TO 5 MG	No				IV, IM
J3315	Trelstar Depot, Trelstar LA	TRIPTORELIN PAMOATE, 3.75 MG	No	Yes		Specialty Network effective 10/1/13, Updated 4/1/14	IM

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J3316	Triptodur	Injection, triptorelin extended release, 3.75 mg	Med Excep			Code Effective: 01-01-2019 Previous Code C9016 termed 12/31/18	IM
J3320		SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	No				IM
J3350		UREA, UP TO 40 GM	No				IV
J3355	Bravelle	UROFOLLITROPIN, 75 IU	Med Excep	Yes	Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.		IM, SC
J3357	Stelara	Ustekinumab, for subcutaneous injection, 1 mg	Med Excep	Yes		Effective 01/01/2011, Specialty Network effective 10/1/13	Sub-Q
J3358	Stelara	Ustekinumab, for intravenous injection, 1 mg	Med Excep	Yes		Code Effective: 01-01-2018	IV
J3360	Diazepam	DIAZEPAM, UP TO 5 MG	No				IV, IM
J3364		UROKINASE, 5000 IU VIAL	No				IV
J3365	Kinlytic	IV, UROKINASE, 250,000 I.U. VIAL	No				IV
J3370	Vancomycin	VANCOMYCIN HCL, 500 MG	No				IV
J3380	Entyvio	Injection, vedolizumab, 1 mg	Med Excep			New Code Effective 1/01/16	IV
J3385	Vpriv	Injection, velaglucerase alfa, 100 units, IV	Med Excep	Yes		Effective 01/01/2011, Specialty Network effective 10/1/13	IV
J3396	Visudyne	VERTEPORFIN, 0.1 MG	No				IV
J3397	Mepsevii	Injection, vestronidase alfa-vjbc, 1 mg	Med Excep			New Code effective 01/01/19	IV
J3398	Luxturna	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Med Excep			New Code Effective: 01/01/19. Code C9032 termed 12/31/18	Intraocular
J3400		TRIFLUPROMAZINE HCL, UP TO 20 MG	No				IM, IV
J3410	Hydroxyzine	HYDROXYZINE HCL, UP TO 25 MG	No				IM
J3411	Thiamine	THIAMINE HCL, 100 MG	No				IV, IM
J3415	Pyridoxine	PYRIDOXINE HCL, 100 MG	No				IV, IM
J3420	Cyanocobalamin	VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	No				IM, SC

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J3430	Vitamin K1	PHYTONADIONE (VITAMIN K), PER 1 MG	No				IV, IM, SC
J3465	Vfend	VORICONAZOLE, 10 MG	No				IV
J3470	Wydase	HYALURONIDASE, UP TO 150 UNITS	Med Excep	Yes		Specialty Network effective 10/1/13. Discontinued Drug	SC
J3471	Vitrase	HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)	Med Excep	Yes		Specialty Network effective 10/1/13	SC
J3472	Vitrase	HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	Med Excep	Yes		Specialty Network effective 10/1/13	SC
J3473	Hylenex	HYALURONIDASE, RECOMBINANT, 1 USP UNIT	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0- D49.9		SC
J3475	Magnesium Sulfate	MAGNESIUM SULFATE, PER 500 MG	No				IV, IM
J3480	Potassium Chloride	POTASSIUM CHLORIDE, PER 2 MEQ	No				IV
J3485	Retrovir	ZIDOVUDINE, 10 MG	No				IV
J3486	Geodon	ZIPRASIDONE MESYLATE, 10 MG	Med Excep				IM
J3489	Reclast & Zometa	ZOLEDRONIC ACID, INJECTION, 1 MG, IV	No			New code effective 01/01/14. Prior Authorization requirements removed effective 3/1/15	IV
J3490		UNCLASSIFIED DRUGS	Med Excep				
J3520	Endrate	EDETATE DISODIUM, PER 150 MG	No				IV
J3530	Flumist	NASAL VACCINE INHALATION	No				Inhalation
J3535		DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	Med Excep required if billed charge amount exceeds \$100.00				Inhalation
J3570		LAETRILE, AMYGDALIN, VITAMIN B17	No				IV
J3590		UNCLASSIFIED BIOLOGICS	Med Excep				IV
J3590	Libtayo	cemiplimab-rwlc	Prior Auth				IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J3591		Unclassified drug or biological used for ESRD on dialysis	Med Excep			New code effective 01/01/19	IV
J7030	Sodium Chloride	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	No				IV
J7040	Sodium Chloride	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	No				IV
J7042	D5W/NaCl	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	No				IV
J7050	Sodium Chloride	INFUSION, NORMAL SALINE SOLUTION , 250 CC	No				IV
J7060	D5W	5% DEXTROSE/WATER (500 ML = 1 UNIT)	No				IV
J7070	D5W	INFUSION, D5W, 1000 CC	No				IV
J7100		INFUSION, DEXTRAN 40, 500 ML	No				IV
J7110		INFUSION, DEXTRAN 75, 500 ML	No				IV
J7120	Lactated Ringer's Solution	RINGERS LACTATE INFUSION, UP TO 1000 CC	No				IV
J7121	D5W/LR	5% dextrose in lactated ringers infusion, up to 1000 cc	No			New Code Effective 1/01/16	IV
J7130		HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	No				IV
J7131	Hyper-Sal	Hypertonic saline solution, 1 ml	No			New code effective 01/01/2012	
J7170	Hemlibra	Injection, emicizumab-kxwh, 0.5 mg	Med Excep	Yes		New Code Effective: 01/01/19. Code Q9995 termed 12/31/18. Specialty Network Provider: CanyonCare Rx	IV
J7175	Coagadex	Injection, factor x, (human), 1 i.u.	Med Excep	Yes		New code effective: 01/01/17 Specialty Network effective: 01/01/17 Specialty Network Provider: CanyonCare Rx	IV
J7177	Fibryga	Injection, human fibrinogen concentrate (fibryga), 1 mg	No	Yes		New code effective 01/01/19. Specialty Network Provider: CanyonCare Rx	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7178	Riastap	HUMAN FIBRINOGEN CONCENTRATE. 1MG, IV	No	Yes		New code effective 01/01/13, Specialty Network effective 5/1/13	IV
J7179	Vonvendi	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0	Med Excep	Yes		New code effective: 01/01/17 Specialty Network effective: 01/01/17 Specialty Network Provider: CanyonCare Rx	IV
J7180	Corifact	Injection, Factor XIII (antihemophilic factor, human), 1 i.u. (IV)	No	Yes		New code effective 01/01/2012, Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7181	Tretten	factor xiii a subunit, (recombinant), per IU, injection	No	Yes		New Code effective 1/1/15 Specialty Network Provider: CanyonCare Rx	
J7182	Novoeight	factor viii, (antihemophilic factor, recombinant), (novoeight), per iu, injection	No	Yes		New Code effective 1/1/15 Specialty Network Provider: CanyonCare Rx	
J7183	Wilate	Injection, von Willebrand factor complex (human), 1 i.u.	No	Yes		New code effective 01/01/12, Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7184	Wilate	Injection, von Willebrand factor complex (human)	No	Yes		Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7185	Xyntha	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	No	Yes		Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7186	Humate-P, Wilate, Alphanate	ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	No	Yes		Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7187	Humate-P, Alphanate	VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	No	Yes		Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7188	Humate-P, Wilate, Alphanate	VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	No	Yes		Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7189	Novoseven, Novoseven RT	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	No	Yes		Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7190	Monoclate-P, Hemofil M, Koate-DVI	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	No	Yes		Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7191		FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.	No	Yes		Drug discontinued 2007	IV
J7192	Kogenate FS, Helixate FS, Recombinate, Advate, Refacto	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	No	Yes		Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7193	Mononine, Alphanine SD	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	No	Yes		Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7194	Profilnine	FACTOR IX, COMPLEX, PER I.U.	No	Yes		Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7195	Benefix	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	No	Yes		Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7196	Atryn	Injection, antithrombin recombinant, 50 I.U	No	Yes		Spec Pharmacy effective 5/1/13	IV
J7197	Thrombat III	ANTITHROMBIN III (HUMAN), PER I.U.	No	Yes		Spec Pharmacy effective 5/1/13	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7198	Feiba VH, Feiba NF	ANTI-INHIBITOR, PER I.U.	No	Yes		Spec Pharmacy effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7199		HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	Medical Exception required if billed charge amount exceeds \$100.00	Yes		Spec Pharmacy effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7200	Rixubis	factor ix, (antihemophilic factor, recombinant), rixubis, per iu, injection	No	Yes		New Code effective 1/1/15 Specialty Network Provider: CanyonCare Rx	IV
J7201	Alprolix	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	No	Yes		New Code effective 1/1/15 Specialty Network Provider: CanyonCare Rx	IV
J7202	Idelvion	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Med Excep	Yes		New code effective: 01/01/17 Specialty Network effective: 01/01/17 Specialty Network Provider: CanyonCare Rx	IV
J7203	Rebinyn	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Med Excep	Yes		New Code Effective 01/01/19. Code C9468 termed 12/31/18. Specialty Network Provider: CanyonCare Rx	IV
J7205	Eloctate	Injection, factor viii fc fusion (recombinant), per iu	Med Excep	Yes		New Code Effective 1/01/16 Specialty Network Provider: CanyonCare Rx	IV
J7207	Adynovate	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Med Excep	Yes		New code effective: 01/01/17 Specialty Network effective: 01/01/17 Specialty Network Provider: CanyonCare Rx	IV
J7208	Jivi	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl (jivi), 1 i.u	Med Excep	Yes		New Code Effective 07/01/2019 Specialty Network Provider: CanyonCare Rx	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7209	Nuwig	Injection, factor viii, (antihemophilic factor, recombinant), (nuwig), 1 i.u.	No	Yes		New code effective: 01/01/17 Specialty Network effective: 01/01/17 Specialty Network Provider: CanyonCare Rx	IV
J7210	Afstyla	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	No	Yes		Code Effective: 01-01-2018 Specialty Network Provider: CanyonCare Rx	IV
J7211	Kovaltry	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.	No	Yes		Code Effective: 01-01-2018 Specialty Network Provider: CanyonCare Rx	IV
J7296	Kyleena	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg	No			Code Effective: 01-01-2018	Intrauterine
J7297	Liletta	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg	Med Excep			New Code Effective 1/01/16	Intrauterine
J7298	Mirena	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg	No			New Code Effective 1/01/16, Preventative	Intrauterine
J7300	Paragard IUD	INTRAUTERINE COPPER CONTRACEPTIVE	No				Intrauterine
J7301	Skyla IUD	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg	No			New code effective 01/01/14, 04/15 P&T Remove Benefit Cert.,	Intrauterine
J7303	Nuvaring	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH	Prior Auth				Intravaginally
J7304	Ortho Evra	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	Prior Auth				Transdermally
J7306		LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	No				Subdermal Implant
J7307	Implanon, Nexplanon	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	No			Remove PA 01/01/2011	Subdermal Implant
J7308	Levulan Kerastick	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354MG)	No				Topical

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7309	Metvixia	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 gram	No			PA Effective 01/01/2011 PA Removed effective 11/01/11	Topical
J7310	Vitrasert Implant	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	Med Excep	Yes		Specialty Network Effective 10/1/13, Med Excep 10/1/13	Intravitreal
J7311	Retisert implant	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	Med Excep	Yes		Specialty Network Effective 10/1/13, Med Excep 10/1/13	Intravitreal
J7312	Ozurdex	Injection, dexamethasone intravitreal implant, 0.1 mg	Med Excep	Yes		Specialty Network Effective 10/1/13, Med Excep 10/1/13	Intravitreal
J7313	Iluvien	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	Med Excep			New Code Effective 1/01/16	Intravitreal
J7315	Mitosol	MITOMYCIN OPHTHALMIC 0.2MG TOPICAL	No			New code effective 01/01/13	Topical
J7316	Jetrea	OCRIPLASMIN INJECTION, 0.125 MG	Med Excep	Yes		Medical Exception effective 07/13, New code effective 01/01/14	Intravitreal
J7318	Durolane	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Med Excep	Yes		New Code Effective 01/01/19 Code C9465 termed 12/31/18	Intra-articular
J7320	Genvisc	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Med Excep	Yes		New code effective: 01/01/17 Specialty Network effective: 01/01/17	Intra-articular
J7321	Hyalgan & Supartz	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Med Excep	Yes		Med Excep effective 05/11 P&T	Intra-articular
J7322	Hymovis	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Med Excep	Yes		New code effective: 01/01/17 Specialty Network effective: 01/01/17	Intra-articular
J7323	Euflexxa	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR PER DOSE	Prior Auth	Yes		Prior Auth effective 3/1/14, Criteria changed effective 4/15	Intra-articular
J7324	Orthovisc	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR PER DOSE	Med Excep	Yes		Med Excep effective 05/11 P&T	Intra-articular
J7325	Synvisc, Synvisc One	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR 1MG	Med Excep	Yes		Prior Auth effective 3/1/14, Criteria changed effective 4/15	Intra-articular

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7326	Gel-One	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose (IA)	Prior Auth	Yes		New code effective 01/01/2012	Intra-articular
J7327	Monovisc	Hyaluronan/derivative Monovisc IA injection per dose	Med Excep	Yes		New code effective 01/01/2015	Intra-articular
J7328	Gel-Syn	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg	Med Excep	Yes		New Code Effective 1/01/16	Intra-articular
J7329	Trivisc	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Med Excep	Yes		New Code Effective 01/01/19	Intra-articular
J7330	Carticel	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	See Medical Benefit Cert guide			Reviewed by Health Services	
J7336	Qutenza	Capsaicin 8% patch per sq cm	Med Excep	Yes		New Code Effective 01/01/2015	Patch
J7340	Duopa	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Med Excep			New Code Effective 1/01/16	Enteral
J7342	Otiprio	Installation, ciprofloxacin otic suspension, 6 mg	Med Excep			New code effective: 01/01/17	Intratympanic
J7345	Ameluz	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg	Med Excep			Code Effective: 01-01-2018	Topical
J7500	Imuran	AZATHIOPRINE, ORAL, 50 MG	No				Oral
J7501	Azathioprine	AZATHIOPRINE, PARENTERAL, 100 MG	No				IV
J7502	Sandimmune, Neoral	CYCLOSPORINE, ORAL, 100 MG	No				Oral
J7503	Envarsus XR	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	Med Excep			New Code Effective 1/01/16	Oal
J7504	Atgam	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	No	Yes			IV
J7505	Orthoclone	MUROMONAB-CD3, PARENTERAL, 5 MG	No				IV
J7507	Prograf	TACROLIMUS, ORAL, PER 1 MG	No				Oral
J7508	Astagraf XL	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	Med Excep				Oral
J7509	Medrol	METHYLPREDNISOLONE ORAL, PER 4 MG	No				Oral
J7510	Millipred	PREDNISOLONE ORAL, PER 5 MG	No				Oral

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7511	Thymoglobulin	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	No				IV
J7512		Prednisone, immediate release or delayed release, oral, 1 mg	No			New Code Effective 1/01/16	Oral
J7513	Zenapax	DACLIZUMAB, PARENTERAL, 25 MG	No			Discontinued in US	IV
J7515	Sandimmune, Neoral	CYCLOSPORINE, ORAL, 25 MG	No				Oral
J7516	Sandimmune	CYCLOSPORIN, PARENTERAL, 250 MG	No				IV
J7517	CellCept	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	No				Oral
J7518	Myfortic	MYCOPHENOLIC ACID, ORAL, 180 MG	No				Oral
J7520	Rapamune	SIROLIMUS, ORAL, 1 MG	No				Oral
J7525	Prograf	TACROLIMUS, PARENTERAL, 5 MG	No				IV
J7527	Zortress	EVEROLIMUS ORAL 0.25MG IMMUNOSUPPRESSANT	Prior Auth			New code effective 01/01/13	Oral
J7599		IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	Med Excep				N/A
J7604		ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	No				Inhalation
J7605	Brovana	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	No				Inhalation
J7605	Brovana	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT,	No				Inhalation
J7606	Perforomist	NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	Med Excep				Inhalation
J7606	Perforomist	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	Med Excep				Inhalation
J7607		LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	No				Inhalation

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7608	Acetylcysteine Neb	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No				Inhalation
J7608	Acetylcysteine Neb	NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	No				Inhalation
J7609		ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	No				Inhalation
J7610		ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	No				Inhalation
J7611	Albuterol Neb	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	No				Inhalation
J7612	Xopenex Neb	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	No				Inhalation
J7612	Xopenex Neb	ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	No				
J7613	Albuterol Neb	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	No				Inhalation
J7613	Albuterol Neb	ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	No				
J7614	Xopenex Neb	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	No				Inhalation
J7615		LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No				Inhalation
J7615		DME, UNIT DOSE, 0.5 MG	No				

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7620	Duoneb	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED	No				Inhalation
J7620	Duoneb	FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	No				
J7622		BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No				Inhalation
J7622		DME, UNIT DOSE FORM, PER MILLIGRAM	No				
J7624		BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No				Inhalation
J7624		DME, UNIT DOSE FORM, PER MILLIGRAM	No				
J7626	Pulmicort Neb	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	No				Inhalation
J7626	Pulmicort Neb	ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	No				
J7627		BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No				Inhalation
J7627		UNIT DOSE FORM, UP TO 0.5 MG	No				
J7628		BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No				Inhalation
J7628		THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	No				
J7629		BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No				Inhalation
J7629		THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No				
J7631	Cromolyn Neb	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No				Inhalation

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7631	Cromolyn Neb	NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	No				
J7632	Cromolyn Neb	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No				Inhalation
J7632	Cromolyn Neb	DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	No				
J7633	Pulmicort Neb	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	No				Inhalation
J7633	Pulmicort Neb	ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM	No				
J7634		BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No				Inhalation
J7634		CONCENTRATED FORM, PER 0.25 MILLIGRAM	No				
J7635		ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No				Inhalation
J7635		CONCENTRATED FORM, PER MILLIGRAM	No				
J7636		ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No				Inhalation
J7636		UNIT DOSE FORM, PER MILLIGRAM	No				
J7637		DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No				Inhalation
J7637		DME, CONCENTRATED FORM, PER MILLIGRAM	No				
J7638		DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No				Inhalation
J7638		DME, UNIT DOSE FORM, PER MILLIGRAM	No				

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7639	Pulmozyme	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	No	Yes		Specialty Network effective 10/1/13	Inhalation
J7639	Pulmozyme	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No	Yes		Specialty Network effective 10/1/13	
J7640		FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No				Inhalation
J7640		UNIT DOSE FORM, 12 MICROGRAMS	No				
J7641		FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No				Inhalation
J7641		UNIT DOSE, PER MILLIGRAM	No				
J7642		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No				Inhalation
J7642		DME, CONCENTRATED FORM, PER MILLIGRAM	No				
J7643		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No				Inhalation
J7643		DME, UNIT DOSE FORM, PER MILLIGRAM	No				
J7644	Ipratropium Neb	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No				Inhalation
J7644	Ipratropium Neb	NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No				
J7645		IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No				Inhalation
J7645		THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No				
J7647		ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No				Inhalation

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7647		DME, CONCENTRATED FORM, PER MILLIGRAM	No				
J7648		ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No				Inhalation
J7648		NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	No				
J7649		ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No				Inhalation
J7649		NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No				
J7650		ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No				Inhalation
J7650		DME, UNIT DOSE FORM, PER MILLIGRAM	No				
J7657		ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No				Inhalation
J7657		THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	No				
J7658		ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No				Inhalation
J7658		NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	No				
J7659		ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No				Inhalation
J7659		NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No				

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7660		ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No				Inhalation
J7660		THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No				
J7665	Aridol	Mannitol, administered through an inhaler, 5mg	No			New code effective 01/01/2012	Inhalation
J7667		METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED	No				Inhalation
J7667		FORM, PER 10 MILLIGRAMS	No				
J7668		METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No				Inhalation
J7668		NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 10 MILLIGRAMS	No				
J7669		METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No				Inhalation
J7669		NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	No				
J7670		METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No				Inhalation
J7670		THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	No				
J7674	Provocholine	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER,	No				Inhalation
J7674	Provocholine	PER 1 MG	No				
J7676	Pentam	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No				Inhalation

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7676	Pentam	THROUGH DME, UNIT DOSE FORM, PER 300 MG	No				
J7677	Yupelri	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	Med Excep			New Code effective 07/01/2019	Inhalation
J7680		TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No				Inhalation
J7680		THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	No				
J7681		TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No				Inhalation
J7681		THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No				
J7682	Tobi Neb	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	No				Inhalation
J7682	Tobi Neb	UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	No				
J7683		DME, CONCENTRATED FORM, PER MILLIGRAM	No				
J7683		TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No				Inhalation
J7684		TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No				Inhalation
J7684		DME, UNIT DOSE FORM, PER MILLIGRAM	No				
J7685		TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No				Inhalation
J7685		UNIT DOSE FORM, PER 300 MILLIGRAMS	No				

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7686	Tyvaso	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	Med Excep	Yes		Effective 01/01/2011, Specialty Network effective 10/1/13	Inhalation
J7699		NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	Med Excep				Inhalation
J7799		NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	Medical Exception required if billed charge amount exceeds \$100.00				
J7999		Compounded drug, not otherwise classified	Med Excep			New Code Effective 1/01/16	
J8498		ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	Medical Exception required if billed charge amount exceeds \$100.00				PR
J8499		PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	Med Excep				Oral
J8501	Emend	APREPITANT, ORAL, 5 MG	Prior Auth				Oral
J8510	Myleran	BUSULFAN; ORAL, 2 MG	Prior Auth	Yes			Oral
J8515	Cabergoline	CABERGOLINE, ORAL, 0.25 MG	No				Oral
J8520	Xeloda	CAPECITABINE, ORAL, 150 MG	Prior Auth	Yes			Oral
J8521	Xeloda	CAPECITABINE, ORAL, 500 MG	Prior Auth	Yes			Oral
J8530	Cyclophosphamide	CYCLOPHOSPHAMIDE; ORAL, 25 MG	No				Oral
J8540	Dexamethasone	DEXAMETHASONE, ORAL, 0.25 MG	No				Oral
J8560	Etoposide	ETOPOSIDE; ORAL, 50 MG	No				Oral
J8562	Oforta	Fludarabine phosphate, oral, 10mg	Prior Auth	Yes		Effective 01/01/2011	Oral
J8565	Iressa	GEFITINIB, ORAL, 250 MG	Prior Auth	Yes			Oral
J8597		ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED	Med Excep				Oral
J8600	Alkeran	MELPHALAN; ORAL, 2 MG	No				Oral
J8610	Trexall	METHOTREXATE; ORAL, 2.5 MG	No				Oral
J8650	Cesamet	NABILONE, ORAL, 1 MG	No	Yes		Specialty Network effective 10/1/13	Oral

HCP Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J8655	Akynzeo	Netupitant 300 mg and palonosetron 0.5 mg, oral	Med Excep			New Code Effective 1/01/16	Oral
J8670	Varubi	Rolapitant, oral, 1 mg	Med Excep			New code effective: 01/01/17	Oral
J8700	Temodar	TEMOZOLOMIDE, ORAL, 5 MG	Prior Auth	Yes			Oral
J8705	Hycamtin	TOPOTECAN, ORAL, 0.25 MG	Prior Auth	Yes			Oral
J8999		PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	Med Excep	Yes		Specialty Network Effective 10/1/13	Oral
J9000	Adriamycin	DOXORUBICIN HYDROCHLORIDE, 10 MG	No				IV
J9015	Proleukin	ALDESLEUKIN, PER SINGLE USE VIAL	No				IV
J9017	Trisenox	ARSENIC TRIOXIDE, 1 MG	No				IV
J9019	Erwinaze	Asparaginase Erwinia chrysanthemi, Injection, 1,000 international units (I.U.), IM	Prior Auth			New code effective 01/01/13, Updated 3/15/14	IM
J9020	Elspar	ASPARAGINASE, 10,000 UNITS	No				IV, IM
J9022	Tecentriq	Injection, atezolizumab, 10 mg	Prior Auth			Code Effective: 01-01-2018	IV
J9023	Bavencio	Injection, avelumab, 10 mg	Prior Auth			Code Effective: 01-01-2018	IV
J9025	Vidaza	AZACITIDINE, 1 MG	No				IV, SC
J9027	Clolar	CLOFARABINE, 1 MG	No				IV
J9030	Tice BCG, Theracys	BCG (INTRAVESICAL) PER INSTILLATION	No			New Code Effective 07/01/19	Intravesical
J9032	Beleodaq	Injection, belinostat, 10 mg	Prior Auth			New Code Effective 1/01/16	IV
J9033	Treanda	Injection, bendamustine hcl (treanda), 1 mg	No				IV
J9034	Bendeka	Injection, bendamustine hcl (bendeka), 1 mg	No			New code effective: 01/01/17	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J9035	Avastin	BEVACIZUMAB, 10 MG	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes : E08.311, E08.319, E08.3211- E08.3219, E08.3291- E08.3293, E08.3311- E08.3319, E08.3391- E08.3393, E08.3411- E08.3419, E08.3491- E08.3493, E08.3511- E08.3519, E08.3521- E08.3523, E08.3531-E08.3533, E08.3541- E08.3543, E08.3551-E08.3553, E08.3591- E08.3599, E08.37X1, E08.37X2, E08.37X3 E09.311, E09.319, E09.3211- E09.3219, E09.3291-E09.3293, E09.3311- E09.3319, E09.3391-E09.3393, E09.3411-E09.3419, E09.3491-E09.3493, E09.3511- E09.3519, E09.3521-E09.3523, E09.3531-E09.3533, E09.3541-E09.3543, E09.3551-E09.3553, E09.3591- E09.3599, E09.37X1, E09.37X2, E09.37X3 E10.311, E10.319, E10.3211- E10.3219, E10.3291-E10.3293, E10.3311- E10.3319, E10.3391-E10.3393, E10.3411- E10.3419, E10.3491-E10.3493, E10.3511- E10.3519, E10.3521-E10.3523, E10.3531- E10.3533, E10.3541-E10.3543, E10.3551- E10.3553, E10.3591- E10.3599, E10.37X1, E10.37X2, E10.37X3, E11.311, E11.319, E11.3211- E11.3219, E11.3291 E11.3311- E11.3319, E11.3411-E11.3419, E11.3511- E11.3519, E11.3522, E11.3523, E11.3531- E11.3533 E11.3541-E11.3543, E11.3551- E11.3553, E11.3591- E11.3599,	Continued: E11.37X1, E13.311, E13.319, E13.3211- E13.3219, E13.3291-E13.3293, E13.3311- E13.3319, E13.3391-E13.3393, E13.3411- E13.3419, E13.3491- E13.3493, E13.3511- E13.3519, E13.3521-E13.3523, E13.3531- E13.3533, E13.3541-E13.3543, E13.3551- E13.3553, E13.3591- E13.3599, E13.37X1, E13.37X2, E13.37X3, E13.37X9, H21.1X1 - H21.1X3, H32, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8121, H34.8122, H34.8131, H34.8132, H34.8190, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331, H34.8332, H34.8390, H34.9, H35.052, H35.053, H35.051, H35.071, H35.072, H35.20, H35.21, H35.22, H35.23, H35.3210- H35.3213, H35.3220- H35.3223, H35.3230-H35.3233, H35.3290- H35.3293, H35.351- H35.359, H35.81, H35.82, H40.89	IV
J9036	Belrapzo	Injection, bendamustine hcl (belrapzo), 1 mg	Med Excep			New Code Effective 07/01/2019 Previous Code C9042	IV
J9039	Blincyto	Injection, blinatumomab, 1 microgram	Prior Auth			New Code Effective 1/01/16	IV
J9040	Bleomycin	BLEOMYCIN SULFATE, 15 UNITS	No				IV, IM, SC, Intrapleural
J9041	Velcade	Injection, bortezomib (velcade), 0.1 mg	No			Code description changed 1/1/19	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J9042	Adcetris	BRENTUXIMAB VEDOTIN, 1 MG INJECTION, IV	Prior Auth			New code effective 01/01/13	IV
J9043	Jevtana	Injection, cabazitaxel, 1mg (IV)	Med Excep			New code effective 01/01/2012	IV
J9044	bortezomib	Injection, bortezomib, not otherwise specified, 0.1 mg	No			New code effective 1/1/19	IV
J9045	Paraplatin	CARBOPLATIN, 50 MG	No				IV
J9047	Kyprolis	CARFILZOMIB INJECTION, IV, 1 MG	Prior Auth			New code effective 01/01/14, Updated 3/15/14	IV
J9050	Bicnu	CARMUSTINE, 100 MG	No				IV
J9055	Erbitux	CETUXIMAB, 10 MG	Med Excep			Medical Exception effective 10/1/13	IV
J9057	Aliqopa	Injection, copanlisib, 1 mg	Prior Auth			New Code Effective: 01/01/19. Code C9030 termed 12/31/18	IV
J9060	Cisplatin	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	No				IV
J9065	Leustatin	CLADRIBINE, PER 1 MG	No				IV
J9070		CYCLOPHOSPHAMIDE, 100 MG	No				IV, IM, Intrapleural, Intraperitoneal
J9098	Depocyt	CYTARABINE LIPOSOME, 10 MG	No				Intrathecal
J9100	Dacarbazine, Cytarabine	CYTARABINE, 100 MG	No				IV, SC, Intrathecal
J9120	Cosmegen	DACTINOMYCIN, 0.5 MG	No				IV
J9130	Dacarbazine	DACARBAZINE, 100 MG	No				IV
J9145	Darzalex	Injection, daratumumab, 10 mg	Prior Auth for Medicare Med Excep for other lines of business			New code effective: 01/01/17	IV
J9150	Cerubidine	DAUNORUBICIN, 10 MG	No				IV
J9151	Daunoxome	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	No				IV
J9153	Vyxeos	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Prior Auth			Code Effective: 01/01/19. Code C9024 termed 12/31/18	IV
J9155	Firmagon	DEGARELIX, 1 MG	No			updated 06/30/11	SC

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J9160	Ontak	DENILEUKIN DIFTITOX, 300 MICROGRAMS	No				IV
J9165		DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	No				IV
J9165		Diethylstilbestrol injection, 250mg	No				IV
J9171	Taxotere, Docefrez	DOCETAXEL, 1 MG	No				IV
J9173	Imfinzi	Injection, durvalumab, 10 mg	Prior Auth			New code effective: 01/01/19 . C9492 termed 12/31/18	IV
J9175		ELLIOTTS' B SOLUTION, 1 ML	No				Intrathecal
J9176	Empliciti	Injection, elotuzumab, 1 mg	Med Excep			New code effective: 01/01/17	IV
J9178	Ellence	EPIRUBICIN HCL, 2 MG	No				IV
J9179	Halaven	Injection, eribulin mesylate, 0.1 mg	Med Excep			Med Excep 01/11 P&T, New code effective 01/01/2012	IV
J9181	Toposar	ETOPOSIDE, 10 MG	No				IV
J9182	Etopophos	ETOPOSIDE, 100 MG	No				IV
J9185	Fludara	FLUDARABINE PHOSPHATE, 50 MG	No				IV
J9190	Adrucil	FLUOROURACIL, 500 MG	No				IV
J9200	FUDR	FLOXURIDINE, 500 MG	No				Intra-arterial
J9201	Gemzar	GEMCITABINE HYDROCHLORIDE, 200 MG	No				IV
J9202	Zoladex	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	No		Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.		SC
J9203	Mylotarg	Injection, gemtuzumab ozogamicin, 0.1 mg	Med Excep			Code Effective: 01-01-2018	IV
J9205	Onivdye	Injection, irinotecan liposome, 1 mg	Med Excep			New code effective: 01/01/17	IV
J9206	Camptosar	IRINOTECAN, 20 MG	No				IV
J9207	Ixempra Kit	IXABEPILONE, 1 MG	No				IV
J9208	Ifex	IFOSFAMIDE, 1 GRAM	No				IV
J9209	Mesnex	MESNA, 200 MG	No				IV
J9211	Idamycin	IDARUBICIN HYDROCHLORIDE, 5 MG	No				IV

HCPSC Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J9212	Infergen	INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	No	Yes			SC
J9213		INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	No	Yes			IM, SC
J9214	Intron-A	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	No	Yes	No prior authorization needed when billed with one of the following diagnosis codes: C00.0- D49.9, Z51.89		IM, SC
J9215	Alferon N	INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	No	Yes			Intralesional
J9216	Actimmune	INTERFERON, GAMMA 1-B, 3 MILLION UNITS	No	Yes			SC
J9217	Eligard, Lupron Depot, Lupron Depot-Ped	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	Prior Auth required for DX codes: F64.1 - F64.9		Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.	Prior auth required for DX F64.1 - F64.9 effective 4/2016 P&T	IM, SC
J9218	Lupron	LEUPROLIDE ACETATE, PER 1 MG	Prior Auth required for DX codes: F64.1 - F64.9		Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.	Prior auth required for DX F64.1 - F64.9 effective 4/2016 P&T	SC
J9219		LEUPROLIDE ACETATE IMPLANT, 65 MG	No	Yes		No longer manufactured 12/2007	SC
J9225	Vantas Kit, Supprelin LA Kit	HISTRELIN IMPLANT (VANTAS), 50 MG	No				SC
J9226	Vantas Kit, Lupprelin LA Kit	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	No				SC
J9228	Yervoy	Injection, Ipilimumab, 1 mg (IV)	Prior Auth			Prior Auth 05/11 P&T, New code effective 01/01/2012	IV
J9229	Besponsa	Injection, inotuzumab ozogamicin, 0.1 mg	Prior Auth			Code Effective: 01-01-2019. Code C9028 termed 12/31/18	IV
J9230	Mustargen	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	No				IV, intrapleural, intraperitoneal, intrapericardial
J9245	Alkeran	MELPHALAN HYDROCHLORIDE, 50 MG	No				IV, intrapleural, intraperitoneal, intrapericardial

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J9250	Methotrexate	METHOTREXATE SODIUM, 5 MG	No				IV, intrathecal
J9260	Methotrexate	METHOTREXATE SODIUM, 50 MG	No				IV, intrathecal
J9261	Arranon	NELARABINE, 50 MG	No				IV
J9262	Synribo	OMACETAXINE MEPESUCCINATE INJECTION, SQ, 0.01 MG	Med Excep			New Code effective 01/01/14, Updated 3/15/14	SQ
J9263	Eloxatin	OXALIPLATIN, 0.5 MG	No				IV
J9264	Abraxane	PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	No				IV
J9266	Oncaspar	PEGASPARGASE, PER SINGLE DOSE VIAL	No				IV, IM
J9267	Onxol	PACLITAXEL, 1 MG, INJECTION	No			New Code effective 01/01/2015	IV
J9268	Nipent	PENTOSTATIN, 10 MG	No				IV
J9270		PLICAMYCIN, 2.5 MG	No				IV
J9271	Keytruda	Injection, pembrolizumab, 1 mg	Prior Auth			New Code Effective 1/01/16	IV
J9280	Mitomycin	MITOMYCIN, 5 MG	No				IV, intravesical
J9285	Lartruvo	Injection, olaratumab, 10 mg	Med Excep			Code Effective: 01-01-2018	IV
J9291	Mitomycin	MITOMYCIN, 40 MG	No				IV, intravesical
J9293	Novantrone	MITOXANTRONE HYDROCHLORIDE, PER 5 MG	No				IV
J9295	Portrazza	Injection, necitumumab, 1 mg	Med Excep			New code effective: 01/01/17	IV
J9299	Opdivo	Injection, nivolumab, 1 mg	Prior Auth			New Code Effective 1/01/16	IV
J9301	Gazyva	OBINUTUZUMAB, 10MG, INJECTION, IV	Prior Auth	Yes		New Code effective 01/01/2015	IV
J9302	Arzerra	Ofatumumab, 10mg, injection	Med Excep			Prior Auth effective 01/01/2011	IV
J9303	Vectibix	PANITUMUMAB, 10 MG	Med Excep			07/14 P&T Med Excep	IV
J9305	Alimta	PEMETREXED, 10 MG	Prior Auth			Prior Auth effective 01/01/2011	IV
J9306	Perjeta	PERTUZUMAB INJECTION, IV, 1 MG	Prior Auth			New code effective 01/01/14, Updated 3/15/14	IV
J9307	Folotyn	Injection, pralatrexate, 1mg	Med Excep			Med Excep Effective 01/01/2011	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J9308	Cyramza	Injection, ramucirumab, 5 mg	Prior Auth			New Code Effective 1/01/16	IV
J9310	Rituxan	RITUXIMAB, 100 MG				Code J9310 termed 12/31/18. See J9312 (rituximab 10mg)	IV
J9311	RituxanHycela	Injection, rituximab 10 mg and hyaluronidase	Med Excep			New Code Effective 01/01/19. Code C9467 termed 12/31/18	IV
J9312	Rituxan	Injection, rituximab, 10 mg	Prior Auth (for non-oncology uses)		No prior authorization needed when billed with one of the following diagnosis codes: C00.0- D49.9	New Code Effective 01/01/19	IV
J9315	Istodax	Injection, romidepsin, 1mg	Med Excep			Effective 01/01/2011	IV
J9320	Zanosar	STREPTOZOCIN, 1 GRAM	No				IV
J9325	Imlygic	Injection, talimogene laherparepvec, per 1 million plaque forming units	Med Excep			New code effective: 01/0/17	Intralesional
J9328	Temodar	TEMOZOLOMIDE FOR IV SOLN 100 MG	No				IV
J9330	Torisel	TEMSIROLIMUS, 1 MG	No				IV
J9340	Thiotepa	THIOTEPA, 15 MG	No				IV
J9351	Hycamtin	Topotecan, 0.1mg, Injection,	Med Excep			Effective 01/01/2011	IV
J9352	Yondelis	Injection, trabectedin, 0.1 mg	Med Excep			New code effective: 01/01/17	IV
J9354	Kadcyla	ADO-TRAXTUZUMAB EMTANSINE INJECTION, IV, 1 MG	Prior Auth			Updated 3/15/14	IV
J9355	Herceptin	Inj trastuzumab excl biosimi; Injection, trastuzumab, excludes biosimilar, 10 mg	No			Updated 3/15/14	IV
J9356	Herceptin Hylecta	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Med Excep			New Code Effective 7/01/19	SC
J9357	Valstar	VALRUBICIN, INTRAVESICAL, 200 MG	No				Intravesical
J9360	Vinblastine	VINBLASTINE SULFATE, 1 MG	No				IV
J9370	Vincasar PFS	VINCRISTINE SULFATE, 1 MG	No				IV
J9371	Marqibo	VINCRISTINE SULFATE LIPOSOME, INJECTION, IV, 1 MG	Prior Auth			New code effective 01/01/14, Specialty Pharmacy Network change effective 3/15/14	IV
J9390	Navelbine	VINOELBINE TARTRATE, 10 MG	No				IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
J9395	Faslodex	FULVESTRANT, 25 MG	No	Yes (Medicare members only)			IM
J9400	Zaltrap	ZIV-AFLIBERCEPT INJECTION, IV, 1 MG	Prior Auth			New code effective 01/01/14, Updated 3/15/14	IV
J9600	Photofrin	PORFIMER SODIUM, 75 MG	No				IV
J9999		NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	Med Excep				N/A
Q0138	Feraheme	FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON- ESRD USE)	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0 - D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89	effective 06/01/2010	IV
Q0139	Feraheme	FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0 - D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89	effective 06/01/2010	IV
Q0144		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	No				Oral
Q0162		Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti- emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No			New code effective 01/01/2012	Oral
Q0163		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION	No				Oral
Q0163		ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC	No				
Q0163		AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	No				

HCP Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
Q0164		PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	No				Oral
Q0164		Prochlorperazine maleate, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No				
Q0166	Kytril	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	Prior Auth				Oral
Q0166	Kytril	FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME	Prior Auth				
Q0166	Kytril	OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	Prior Auth				
Q0167		DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	Prior Auth				Oral
Q0167		COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF	Prior Auth				
Q0167		CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Prior Auth				
Q0169		PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION	No				Oral
Q0173		Trimethobenzamide hydrochloride, 250 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No				Oral

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
Q0174		Thiethylperazine maleate, 10 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	No				Oral
Q0175		Perphenazine, 4 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No				Oral
Q0177	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	No				Oral
Q0180	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	Prior Auth				Oral
Q0181		Unspecified oral dosage form, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for a iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Med Excep				
Q0515	GEREF	SERMORELIN ACETATE, 1 MICROGRAM	Med Excep				IV
Q2004		IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN,	No				
Q2004		PER 500 ML	No				

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
Q2009	Cerebyx	FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	No				IV, IM
Q2017	Vumon	TENIPOSIDE, 50 MG	No				IV
Q2034	Agri Flu	Influenza Virus Vaccine, Split Virus, Intramuscular use	Med Excep			Code effective 07/01/2012	IM
Q2041	Yescarta	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Med Excep			New Code Effective: 04-01-2018	IV
Q2042	Kymriah	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Med Excep			Code Effective 01/01/2019	IV
Q2043	Provenge	SIPULEUCEL-T SUSPENSION FOR IV INFUSION	Prior Auth			Effective 01/01/2011	IV
Q2049	Imported Lipodox	DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10MG	No			Code effective 07/01/12	IV
Q2050	Lipodox	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV INFUSION) 2 MG/ML	No			Code effective 07/01/13	IV
Q3027	Avonex	INTERFERON BETA-1A, INJECTION, IM, 1 MCG	No	Yes		New code effective 01/01/14	IM
Q3028	Rebif	INTERFERON BETA-1A, INJECTION, SUBQ, 1 MCG	Prior Auth	Yes		New code effective 01/01/14	SQ
Q4074	Ventavis	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Med Excep				Inhalation
Q4074	Ventavis	ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS	Med Excep				Inhalation
Q4081	Epogen, Procrit	EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	Prior Auth				IV, SC
Q4082		DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE	Med Excep required if billed charge amount exceeds \$100.00				

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Specialty Pharmacy Network	Prior Authorization Exception Notes	Other Notes	Route of Administration
Q4082		ACQUISITION PROGRAM (CAP)	Med Excep required if billed charge amount exceeds \$100.00				
Q5101	Zarxio	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89	New Code effective 7/1/15	IV, SC
Q5103	Inflectra	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Med Excep	Yes		New Code Effective: 04-01-2018	IV
Q5104	Renflexis	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Prior Auth	Yes		New Code Effective: 04-01-2018	IV
Q5105	Retacrit (esrd on dialysis)	Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis) 100 units	Prior Auth	Yes			IV, SC
Q5106	Retacrit (non-esrd)	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	Prior Auth	Yes (Medicare Members Only)	No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0 - D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89	New Code Effective: 07/01/2018	IV, SC
Q5107	Mvasi	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Med Excep			New Code Effective 01/01/19	IV
Q5108	Fulphila	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5mg	Prior Auth	Yes (self administered only)	No prior authorization needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89	New Code Effective: 10/01/2018	SC
Q5109	Ixifi	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Med Excep	Yes		New Code Effective 01/01/19	IV
Q5110	Nivestym	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 mcg	Med Excep	Yes (Medicare Members Only)		New Code Effective: 10/01/2018 Zarxio preferred	IV,SC
Q5111	Udenyca	Injection, Pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg.	Prior Auth	Yes (self administered only)	No prior authorization needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89	New Code Effective 01/01/19. Fulphila preferred	SC
Q5112	Ontruzant	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Med Excep			New Code Effective: 07/01/2019	IV
Q5113	Herzuma	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Med Excep			New Code Effective: 07/01/2019	

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Q5114	Ogivri	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Med Excep			New Code Effective: 07/01/2019	IV
Q5115	Truxima	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Med Excep			New Code Effective 07/01/2019	IV
Q9991	Sublocade (less than or equal to 100 mg)	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	Prior Auth	Yes	Pharmacy benefit on Commercial/Exchange/Medicaid. Med Excep/Part B for Medicare	New Code Effective: 07/01/2018	SC
Q9992	Sublocade (greater than 100 mg)	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	Prior Auth	Yes	Pharmacy benefit on Commercial/Exchange/Medicaid. Med Excep/Part B for Medicare	New Code Effective: 07/01/2018	SC
S0012		BUTORPHANOL TARTRATE, NASAL SPRAY, 25 MG	No				Intranasal
S0014		TACRINE HYDROCHLORIDE, 10 MG	No				Oral
S0017		AMINOCAPROIC ACID, 5 GRAMS	No				IV
S0020		BUPIVICAINE HYDROCHLORIDE, 30 ML	No				Epidural, Intrapleural
S0021		CEFOPERAZONE SODIUM, 1 GRAM	No				IV, IM
S0023		CIMETIDINE HYDROCHLORIDE, 300 MG	No				IV
S0028		FAMOTIDINE, 20 MG	No				IV
S0030		METRONIDAZOLE, 500 MG	No				IV
S0032		NAFCILLIN SODIUM, 2 GRAMS	No				IM, IV
S0034		OFLOXACIN, 400 MG	No				IV
S0039		SULFAMETHOXAZOLE AND TRIMETHOPRIM, 10 ML	No				IV
S0040		TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, 3.1 GRAMS	No				IV
S0073		AZTREONAM, 500 MG	No				IM, IV
S0074		CEFOTETAN DISODIUM, 500 MG	No				IM, IV
S0077		CLINDAMYCIN PHOSPHATE, 300 MG	No				IM, IV
S0078		FOSPHENYTOIN SODIUM, 750 MG	No				IM, IV
S0080		PENTAMIDINE ISETHIONATE, 300 MG	No				IM, IV
S0081		PIPERACILLIN SODIUM, 500 MG	No				IM, IV
S0088	Gleevec	IMATINIB, 100 MG & 400MG	Prior Auth	Yes			Oral
S0090		SILDENAFIL CITRATE, 25 MG	Med Excep				Oral

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S0091		GRANISETRON HYDROCHLORIDE, 1MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE	No				IV
S0091		STATUTE, USE Q0166)	No				
S0092		HYDROMORPHONE HYDROCHLORIDE, 250 MG (LOADING DOSE FOR INFUSION PUMP)	No				IM, SC
S0093		MORPHINE SULFATE, 500 MG (LOADING DOSE FOR INFUSION PUMP)	No				IT, Epidural
S0104		ZIDOVUDINE, ORAL, 100 MG	No				Oral
S0106		BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS	No				Oral
S0108		MERCAPTOPYRINE, ORAL, 50 MG	No				Oral
S0109		METHADONE, ORAL, 5 MG	No				Oral
S0117		TRETINOIN, TOPICAL, 5 GRAMS	No				Topical
S0122		MENOTROPINS, 75 IU	Med Excep	Yes	Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.		IM, SC
S0126		FOLLITROPIN ALFA, 75 IU	Med Excep	Yes	Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.		SC
S0128		FOLLITROPIN BETA, 75 IU	Med Excep	Yes	Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.		IM, SC
S0132		GANIRELIX ACETATE, 250 MCG	Med Excep	Yes	Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.		SC
S0133		HISTRELIN, IMPLANT, 50 MG	No				SC
S0136		CLOZAPINE, 25 MG	No				Oral
S0137		DIDANOSINE (DDI), 25 MG	No				Oral
S0138		FINASTERIDE, 5 MG	No				Oral
S0139		MINOXIDIL, 10 MG	No				Oral

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S0140		SAQUINAVIR, 200 MG	No				Oral
S0141		ZALCITABINE (DDC), 0.375 MG	No				Oral
S0142		COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME,	No				Inhalation
S0142		CONCENTRATED FORM, PER MG	No				Inhalation
S0145	Pegasys	PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML	Prior Auth	Yes			SC
S0155		STERILE DILUTANT FOR EPOPROSTENOL, 50ML	No				IV
S0156		EXEMESTANE, 25 MG	No				Oral
S0157		BECAPLERMIN GEL 0.01%, 0.5 GM	No				Topical
S0160		DEXTROAMPHETAMINE SULFATE, 5 MG	No				Oral
S0164		PANTOPRAZOLE SODIUM, 40 MG	No				IV
S0166		OLANZAPINE, 2.5 MG	No				IM
S0170		ANASTROZOLE, ORAL, 1MG	No				Oral
S0171		BUMETANIDE, 0.5MG	No				IV
S0172	Leukeran	CHLORAMBUCIL, ORAL, 2MG	Prior Auth	Yes			Oral
S0174	Anzemet	DOLASETRON MESYLATE, ORAL 50MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE	Prior Auth				Oral
S0174	Anzemet	STATUTE, USE Q0180)	Prior Auth				Oral
S0175		FLUTAMIDE, ORAL, 125MG	No				Oral
S0176		HYDROXYUREA, ORAL, 500MG	No				Oral
S0177		LEVAMISOLE HYDROCHLORIDE, ORAL, 50MG	No				Oral
S0178	CeeNU	LOMUSTINE, ORAL, 10MG	No	Yes			Oral
S0179		MEGESTROL ACETATE, ORAL, 20MG	No				Oral
S0182	Matulane	PROCARBAZINE HYDROCHLORIDE, ORAL, 50MG	Prior Auth	Yes			Oral
S0183		PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE	No				Oral
S0183		MEDICARE STATUTE, USE Q0164 - Q0165)	No				
S0187		TAMOXIFEN CITRATE, ORAL, 10MG	No				Oral
S0189	Testopel	TESTOSTERONE PELLETT, 75MG	Prior Auth			Prior Auth 05/12 P&T	IM

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S0190		MIFEPRISTONE, ORAL, 200 MG	No				Oral
S0191		MISOPROSTOL, ORAL, 200 MCG	No				Oral
S0199		MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL	No				
S1090	Sinuva	Mometasone furoate sinus implant, 370 micrograms	Med Excep	Yes	See LCD	New Code Effective 04/01/2019	Intranasal
S9359		INFLIXIMAB); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE	No				IV