

Pharmacy Services

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At a Glance

Welcome to MedStar Select Pharmacy Services. MedStar Select Pharmacy Services partners with CVS Caremark to meet the medication and cost needs of associates and covered dependents. For more information please contact Caremark:

By phone: **888-771-7282**

By website: [Click Here](#)

Please note, to request prior authorization for medications covered under the medical benefit, please call the MedStar Medical Prior Authorization Services Team at 855-266-0712.

Obtaining Prior Authorization for Medically Covered Medications

Medically covered medications are those medications (i.e., IV infusions) that will be administered by a healthcare provider.

For Medications Covered under the Medical Benefit:

To request prior authorization for medications covered under the medical benefit, please contact the Medically Covered Prior Authorization Team for assistance at **855-266-0712**.

Fax Instructions for Prior Authorization Forms:

Completed forms should be faxed, along with supporting documentation to Pharmacy Services at **855-862-6517**. Prior authorization forms can be found [here](#).

1. Please indicate on the form that the request is going to be for the medical benefit.
2. To avoid delays in responses, please provide all relevant information. Some examples include
 - a. Patient diagnosis
 - b. Previous medication attempts (including the trial period)
 - c. Supporting documentation
 - d. Notes from the patient's most recent office visit
 - e. Contact information for the attending physician or office manager on the faxed document
3. For additional support regarding J-Code selection for Medically Covered Medications provided under the medical benefit, please refer to the table provided below.

Prior Authorization for the Medical Necessity Pharmacy Review Process

If the request is approved under the medical benefit, you will be provided with an authorization number to provide on your claim submittal via a faxed approval letter. The services listed below require a Prior Authorization when covered under the medical benefit.

Prior Authorization Requirements

The list is subject to change. Please contact Pharmacy Services for confirmation prior to administration of services. This list was last updated on **October 13, 2020** **

J-Code	Brand Name	Description	Prior Authorization for Medical PA's <i>Apply at all POS except 21 (inpatient) unless otherwise specified</i>	J-Code Block <i>Effective at place of service 11 (physician office) unless otherwise specified</i>
J9264	Abraxane	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	*	
J3262	Actemra	INJECTION, TOCILIZUMAB, 1 MG	X	
J0800	Acthar Gel	Corticotropin injection	X	
J9216	Actimmune	Interferon gamma 1-b	X (Not payable under medical benefit)	
J2504	Adagen	PEGADEMASE BOVINE 25 IU	X	
J0791	Adakveo	INJECTION CRIZANLIZUMAB-TMCA 5 MG	X	
J9042	Adcetris	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	*	
J9000	Adriamycin	INJECTION, DOXORUBICIN HCL, 10 MG	*	
J9190	Adrucil	INJECTION, FLUOROURACIL, 500 MG	*	
J3031	Ajovy	INJECTION FREMANEZUMAB-VFRM 1 MG	X	
J1931	Aldurazyme	Laronidase injection	X	
J9305	Alimta	INJECTION, PEMETREXED, 10 MG	*	
J9057	Aliqopa	INJECTION COPANLISIB 1 MG	*	
J8600	Alkeran	Melphalan oral 2 MG	*	X
J9245	Alkeran	INJECTION, MELPHALAN HYDROCHL, 50MG	*	
J7169	Andexxa	INJ COAG FAC XA INACTV-ZHZO 10 MG	X	
J0364	Apokyn	INJECTION, APOMORPHINE HYDROCHLORIDE 1 MG	X	X
J0256	Aralast NP, Prolastin, Prolastin C, Zemaira	INJECTION, ALPHA 1-PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	X	

J2793	Arcalyst	RILONACEPT	X	X
J9261	Arranon	INJECTION, NELARBINE, 50 MG	*	
J9302	Arzerra	INJECTION, OFATUMUMAB, 10 MG	*	
J7508	Astagraf XL	Tacrolimus, extended release, oral, 0.1 mg		X
J9035	Avastin	INJECTION, BEVACIZUMAB, 10 MG	*	
J3145	Aveed	Injection, testosterone undecanoate, 1 mg	X	
Q3027	Avonex	Injection, interferon beta-1a, 1 mcg for intramuscular use		X
Q5121	Avsola	INJ IFX-AXXQ BIOSIMILR AVSOLA 10 MG		
C9407	Azedra	IODINE I-131 IOBENGUANE DIAGN 1 MCI	*	
C9408	Azedra	IODINE I-131 IOBENGUANE TX 1 MCI	*	
J9030	BCG live	BCG LIVE INTRAVESICAL INSTL 1 MG	*	
J9032	Beleodaq	INJECTION BELINOSTAT 10 MG	*	
J9034	Bendeka	INJECTION, BENDAMUSTINE HCL, 1 MG	*	
J0490	Benlysta	INJECTION, BELIMUMAB, 10 MG	X	
J0179	Beovu	INJECTION BROLUCIZUMAB-DBLL 1 MG	X	
J0597	Berinert	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	X (PA applies to POS 12 (home) only)	
J9229	Besponsa	INJECT INOTUZUMAB OZOGAMICIN 0.1 MG	*	
J1830	Betaseron/ Extavia	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)		X
J9050	BICNU	INJECTION, CARMUSTINE, 100MG	*	
J1556	Bivigam	Injection, immune globulin (bivigam), 500 mg	X	
J9039	Blincyto	INJECTION BLINATUMOMAB 1 MICROGRAM	*	
J1740	Boniva	INJECTION, IBANDRONATE SODIUM, 1 MG	X	

J0585	Botox	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	X	
J0567	Brineura	INJECTION CERLIPONASE ALFA 1 MG	x	
C9047	Cablivi	INJECTION CAPLACIZUMAB- YHDP 1 MG	x	
J9010	Campath	INJECTION, ALEMTUZUMAB, 10 MG	*	
J9206	Camptosar	INJECTION, IRINOTECAN, 20 MG	*	
J1786	Cerezyme	INJECTION, IMIGLUCERASE, 10 UNITS	X	
J9150	Cerubidine	INJECTION, DAUNORUBICIN, 10 MG	*	
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)	X	
J0718	Cimzia	INJECTION, CERTOLIZUMAB PEGOL, 1 MG	X	
J2786	Cinqair	INJECTION, RESLIZUMAB, 1 MG	X	
J0598	Cinryze	INJECTION, C-1 ESTERASE, 10 UNITS	X	
J9027	Clolar	INJECTION, CLOFARABINE, 1 MG	*	
J1595	Copaxone	INJECTION, GLATIRAMER ACETATE, 20 MG		X
J9120	Cosmegen	INJECTION, DACTINOMYCIN, 0.5 MG	*	
J0584	Crysvita	INJECTION BUROSUMAB- TWZA 1 MG	x	
J1555	Cuvitru	INJECTION IMMUNE GLOBULIN 100 MG	X	
J9308	Cyamza	INJECTION RAMUCIRUMAB 5 MG	*	
J9145	Darzalex	INJECTION, DARATUMUMAB 10MG	*	
C9062	Darzalex Faspro	INJ DARATUMUMAB 10 MG AND HYAL-FIHJ	X	
J3120	Delatestryl	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG	X	
J3121	Delatestryl	Injection, testosterone enantate, 1 mg	X	
J3130	Delatestryl	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	X	
J9098	Depocyt	INJECTION, CYTARABINE LIPOSOME, 10 MG	*	

J1070	Depo-Testosterone	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	X	
J1071	Depo-Testosterone	Injection, testosterone cypionate, 1 mg	X	
J1080	Depo-Testosterone	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	X	
J9002	Doxil	Injection, doxorubicin hydrochloride, liposomal, Doxil, 10 mg	*	
Q2050	Doxil/Lipodox	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	*	
J7318	Durolane	HYALN/DERIV DUROLANE IA INJ 1 MG	X	
J7351	Durysta	INJ BIMATOPROST IC IMPLANT 1 MCG	X	
J0586	Dysport	AbobotulinumtoxinA	X	
J1743	Elaprase	INJECTION, IDURSULFASE	X	
J3060	Elelyso	Injection, taliglucerase alfa, 10 units	X	
J9217	Eligard	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	X (PA at POS 11 only; hem/onc exempt from PA with ICD-10 C61)	
J9263	Eloxatin	INJECTION, OXALIPLATIN, 0.5 MG	*	
J9020	Elspar	INJECTION, ASPARAGINASE, 10,000 UNITS	*	
C9049	Elzonris	INJECTION TAGRAXOFUSP-ERZS 10 MCG	x	
J9269	Elzonris	INJECTION TAGRAXOFUSP-ERZS 10 MCG	X	
J9176	Empliciti	INJECTION, ELOTUZUMAB 1MG	*	
J1438	Enbrel	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	X	X
J3380	Entyvio	INJECTION VEDOLIZUMAB 1 MG	X	
J9055	Erbix	INJECTION, CETUXIMAB, 10 MG	*	
J9019	Erwinaze	Injection, asparaginase (Erwinaze), 1,000 IU	*	
J8560	Etoposide	Etoposide oral 50 MG	*	X

J7323	Euflexxa	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	X	
J3111	Evenity	INJECTION ROMOSOZUMAB-AQQG 1 MG	X	
J1428	Exondys	INJECTION ETEPLIRSEN 10 MG	X	
J0178	Eylea	INJECTION, AFLIBERCEPT, 1 MG	X	
J0180	Fabrazyme	INJECTION, AGALSIDASE BETA, 1 MG	X	
J0517	Fasenra	INJECTION BENRALIZUMAB 1 MG	x	
J9395	Faslodex	INJECTION, FULVESTRANT, 25 MG	*	
J1444	Ferric Pyrophosphate Citrate	INJECTION FPC POWDER 0.1 MG IRON	x	
J1744	Firazyr	INJECTION, ICATIBANT, 1 MG	X (PA at POS 12 (home) only)	
J9155	Firmagon	INJECTION, DEGARELIX, 1 MG	X (PA at POS 11 only; hem/onc exempt from PA with ICD-10C61)	
J1572	Flebogamma	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	X	
J1325	Flolan	Epoprostenol injection	X	
J9307	Folotyn	INJECTION, PRALATREXATE, 1 MG	*	
J1460	Gamastan	INJECTION, GAMMA GLOBULIN, 1CC	X	
J1560	Gamastan	INJECTION, GAMMA GLOBULIN, 10CC	X	
C9050	Gamifant	INJECTION EMAPALUMAB-LZSG 1 MG	x	
J9210	Gamifant	INJECTION EMAPALUMAB-LZSG 1 MG	X	
J1569	Gammagard Liquid	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NONLYOPHILIZED, (E.G., LIQUID), 500 MG	X	
J1566	Gammagard S/D / Carimune Nf	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG	X	

J1557	Gammaplex	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	X	
J1561	Gamunex, Gammunex-C, Gammaked	INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NONLYOPHILIZED (E.G., LIQUID), 500 MG	X	
J9301	Gazyva	INJECTION, OBINUTUZUMAB, 10 MG	*	
J7328	Gel-Syn	HYAL/DERIVATV GEL-SYN IA INJ 0.1 MG	X	
J9201	Gemzar	INJECTION, GEMCITABINE HCL, 200 MG	*	
J2941	Genotropin	SOMATROPIN	X	X
J7320	Genvisc 850	HYLAN/DER GENVISC 850 FOR IA INJ 1 MG	X	
J0223	Givlaari	INJECTION GIVOSIRAN 0.5 MG	X	
J0257	Glassia	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	X	
S0088	Gleevec	IMATINIB	*	X (POS 11, 12 and 99)
J1447	Granix	INJECTION TBO-FILGRASTIM 1 MICROG	X	
J0599	Haegarda	INJ C-1 ESTERASE INHIBITOR 10 UNITS	x	
J9179	Halaven	INJECTION, ERBULIN MESYLATE, 0.1 MG	*	
J9355	Herceptin	INJ TRASTUZUMAB EXCLD BIOSIM 10 MG	*	
J9356	Herceptin Hylecta	INJ TRA 10 MG & HYALURONIDASE-OYSK	*	
Q5113	Herzuma	INJ TRASTUZUMAB-PKRB BIOSIM 10 MG	*	
J1559	Hizentra	Hizentra injection	X	
J0135	Humira	INJECTION, ADALIMUMAB, 20 MG	X	
J7321	Hyalgan or Supartz	HYAL/DERV HYLGN/SUPRTZ IA INJ PER D	X	
J7326	Hyaluronan "Gel-One"	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	X	
J9351	Hycamptin	INJECTION, TOPOTECAN, 0.1 MG	*	
J8705	Hycamtin	TOPOTCAN, ORAL	*	X

J7322	Hymovis	Hyaluronan or derivative for intra-articular injection, 1 mg	X	
J1575	HyQyvia	INJ IG/HYALURONIDASE 100 MG IG	X	
J9211	Idamycin	INJECTION, IDARUBICIN HCL, 5 MG	*	
J9208	Ifex	INJECTION, IFOSFAMIDE, 1 G	*	
J0638	Ilaris	INJECTION, CANAKINUMAB	X	
J3245	Ilumya	INJECTION TILDRAKIZUMAB 1 MG	x	
J7313	Iluvien	INJ FA INTRAVITREAL IMPL 0.01 MG	X	
J9173	Imfinzi	INJECTION DURVALUMAB 10 MG	*	
J9325	Imlygic	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	*	
Q5103 Q5102	Inflectra	INJ INFLIXIMAB-DYYB BIOSIMILR 10 MG	X	
J9199	Infugem	INJ GEMCITABINE HCL INFUGEM 200 MG	*	
J9214	Intron A	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	*	
J9315	Istodax	INJECTION, ROMIDEPSIN, 1 MG	*	
J9207	Ixempra	INJECTION, IXABEPILONE, 1 MG	*	
C9064	Jelmyto	MITOMYCIN PYELOCLALYCL INSTILL 1 MG	*	
J7316	Jetrea	Injection, ocriplasmin, 0.125 mg	X	
J9043	Jevtana	INJECTION, CABAZITAXEL, 1 MG	*	
J9354	Kadcyla	Injection, ado-trastuzumab emtansine, 1 mg	*	
J1290	Kalbitor	INJECTION, ECALLANTIDE	X (PA applies to POS 12 (home) only)	
J2840	Kanuma	INJECTION, SEBELIPASE ALFA, 1 MG	X	
J9271	Keytruda	INJECTION PEMBROLIZUMAB 1 MG	*	
J2507	Krystexxa	INJECTION, PEGLOTICASE, 1 MG	X	
Q2042	Kymriah	CTIL019 TO 600 M CAR-+ VI T CE P TD	x	
J9047	Kyprolis	INJECTION, CARFILZOMIB, 1MG	*	
J0202	Lemtrada	INJECTION ALEMTUZUMAB 1 MG	X	

J2820	Leukine	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	X	
J9065	Leustatin	INJECTION, CLADRIBINE, PER 1 MG	*	
J2778	Lucentis	INJECTION, RANIBIZUMAB, 0.1 MG	X (Claim will pay with ICD-10 Diagnosis Code E11.311)	
J0221	Lumizyme	Injection, alglucosidase alfa, (Lumizyme), 10 mg	X	
J1950	Lupron	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	X (PA at POS 11 only; hem/onc exempt from PA)	
J9218	Lupron	LEUPROLIDE ACETATE, PER 1 MG	X (PA at POS 11 only; hem/onc exempt from PA)	
C9031	Lutathera	LUTETIUM LU 177 DOTATATE THER 1 MCI	*	
J3398	Luxturna	INJ VORETGN NEPARVVC-RZYL 1 B VEC G	x	
J1725	Makena	Injection, hydroxyprogesterone caproate, 1 mg	X	
J1726	Makena	INJECTION HYDROXYPROGESTERONE CAPROATE 10 MG	X	
J9371	Marquibo	Injection, vincristine sulfate liposome, 1 mg	*	
J3397	Mepsevii	INJECT VESTRONIDASE ALFA-VJBK 1 MG	x	
J7327	Monovisc	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	X	
J2562	Mozobil	PLERIXAFOR	X	
J9230	Mustargen	INJECTION, MECHLORETHAMINE HCL, 10 MG	*	
J8510	Myleran	Oral busulfan	*	X
J9300	Mylotarg	INJECTION, GEMTUZUMAB OZOGAMICIN, 5 MG	*	
J0587	Myobloc	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	X	
J1458	Naglazyme	Galsulfase injection	X	
J9390	Navelbine	INJECTION, VINOURELBINE TARTRATE, 10 MG	*	
J1440	Neupogen	INJECTION, FILGRASTIM (G-CSF), 300 MCG	X	
J1441	Neupogen	INJECTION, FILGRASTIM (G-CSF), 480 MCG	X	

J1442	Neupogen	Injection, filgrastim (G-CSF), 1 microgram	X	
J9268	Nipent	INJECTION, PENTOSTATIN, 10 MG	*	
J9267	Nov-Onxol	INJECTION, PACLITAXEL, 1 MG	*	
J2796	Nplate	INJECTION, ROMIPLOSTIM, 10 MCG	X	
J2182 C9473	Nucala	INJECTION, MEPOLIZUMAB, 1 MG	X	
J0485	Nulojix	INJECTION, BELATACEPT, 1 MG	X	
J2350	Ocrevus	injection, ocrelizumab, 1 mg	X	
J1568	Octagam	INJECTION, OCTAGAM, 500MG	X	
Q5114	Ogiviri	INJ TRASTUZUMAB-DKST BIOSIM 10 MG	*	
J9266	Oncaspar	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	*	
J9205	Onivyde	INJECTION, IRINOTECAN LIPOSOME 1MG	*	
J0222	Onpattro	INJECTION PATISIRAN 0.1 MG	x	
J9160	Ontak	INJECTION, DENILEUKIN DIFTITOX, 300 MCG	*	
Q5112	Ontruzant	INJ TRASTUZUMAB-DTTB BIOSIM 10 MG	*	
J9299	Opdivo	INJECTION NIVOLUMAB 1 MG	*	
J0129	Orencia	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	X	
J7324	Orthovisc	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	X	
J7312	Ozurdex	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	X	
J9306	Perjeta	INJECTION, PERTUZUMAB, 1 MG	*	
C9037	Perseris	INJECTION RISPERIDONE 0.5 MG	x	
J2798	Perseris	INJECTION RISPERIDONE 0.5 MG	X	

J2787	Photextra Viscous	RIBOFLAVIN 5'-PHO OPHTH SOL TO 3 ML	x	
J9295	Portrazza	INJECTION, NECITUMUMAB 1 MG	*	
C9038	Poteligeo	INJECTION MOGAMULIZUMAB-KPKC 1 MG	x	
J9204	Poteligeo	INJECTION MOGAMULIZUMAB-KPKC 1 MG	X	
J1459	Privigen	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	X	
J0570	Probuphine	BUPRENORPHINE IMPLANT 74.2MG	X	
J0570	Probuphine	buprenorphine implant, 74.2mg	X	
J9015	Proleukin	INJECTION, ALDESLEUKIN, 1 EA	*	
J0897	Prolia/Xgeva	INJECTION, DENOSUMAB, 1MG	X	
Q2043	Provenge	Sipuleucel-T auto CD54+	X	
J7639	Pulmozyme	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	X	
J7336	Qutenza	Capsaicin 8% patch, per sq cm	X	
J1301	Radicava	INJECTION EDARAVONE 1 MG	x	
J2547	Rapivab	INJECTION PERAMIVIR 1 MG	*	
Q3028	Rebif	Injection, interferon beta-1a, 1 mcg for subcutaneous use	X	X
J0896	Reblozyl	INJECTION LUSPATERCEPT-AAMT 0.25 MG	X	
J2212	Relistor	Injection, methylnaltrexone, 0.1 mg	X	X
J1745	Remicade	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	X	
J3285	Remodulin	Treprostinil injection	X	
Q5104 Q5102	Renflexis	INJ INFLIXIMAB-ABDA BIOSIMILR 10 MG	X	
J9310	Rituxan	INJECTION, RITUXIMAB, 100 MG	X (Claim will pay for hem/onc prov without	

			PA. PA Policy does not apply to chemotherapeutic indications)	
J9312	Rituxan	INJECTION RITUXIMAB 10 MG	X	
J9311	Rituxan Hycela	INJ RITUXIMAB 10 MG & HYALURONIDASE	X	
J0596	Ruconest	INJ C1 ESTERASE INHIB RUCONEST 10 U	X (PA at POS 12 (home) only)	
Q5119	Ruxience	INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG	X	
J2353	Sandostatin LAR	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	X	
J0604	Sensipar	CINACALCET ORAL 1 MG (for ESRD on dialysis)	* See notes	
J2502	Signifor LAR	INJ PASIREOTIDE LONG ACTING 1 MG	X	
J1602	Simponi Aria	Injection, golimumab, 1 mg, for intravenous use	X	
J7401	Sinuva	MOMETASONE FUROATE SIN IMPL 10 MCG	X	
C9122	Sinuva	MF SINUS IMPLANT 10 MCG SINUVA	X	
J1300	Soliris	INJECTION, ECULIZUMAB, 10 MG	X	
J1930	Somatuline Depot	Lanreotide injection	X	
C9489	Spinraza	injection, nusinersen	X	
J2326	Spinraza	INJECTION NUSINERSEN 0.1 MG	X	
J3357	Stelara	Ustekinumab injection	X	
J3358	Stelara	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	X	
J0572	Suboxone	Buprenorphine/naloxone, oral, less than or equal to 3 mg	X	X
J0573	Suboxone	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg	X	X
J0574	Suboxone	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg	X	X
J0575	Suboxone	Buprenorphine/naloxone, oral, greater than 10 mg	X	X
J0571	Subutex	Buprenorphine, oral, 1 mg	X	X
J7321	Supartz/ Hyalgan	HYALURONAN OR DERIVATIVE, HYALGAN OR	X	

		SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE		
J9226	Supprelin LA	HISTRELIN IMPLANT	X	
J2860	Sylvant	INJECTION SILTUXIMAB 10 MG	X	
90378 (CPT)	Synagis	PALIVIZUMAB	X	X
J7331	Synojynt	HYAL/DERIV SYNOJOYNT IA INJ 1 MG	X	
J9262	Synribo	Injection, omacetaxine mepesuccinate, 0.01 mg	*	
J7325	Synvisc/ Synvisc-One	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	X	
J0593	Takhzyro	INJECTION LANADELUMAB-FLYO 1 MG	X	
J9265	Taxol	INJECTION, PACLITAXEL, 30 MG	*	
J9171	Taxotere	INJECTION, DOCETAXEL, 1 MG	*	
C9482	Tecentriq	Injection, atezolizumab, 10mg	*	
J8700	Temodar	TEMOZOLOMIDE	*	X
J9328	Temodar IV	INJECTION, TEMOZOLOMIDE, 1 MG	*	
J3241	Tepezza	INJECTION TEPROTUMUMAB-TRBW 10 MG	X	
S0189	Testopel	Implant, testosterone pellet	X	
J9031	Tice Bcg, Theracys	BCG (INTRAVESICAL) PER INSTILLATION	*	
J7682	Tobi	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MG		X
J9330	Torisel	INJECTION, TEMSIROLIMUS, 1 MG	*	
J9033	Treanda	INJECTION, BENDAMUSTINE HCL, 1 MG	*	
J3315	Trelstar	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	X (PA at POS 11 only; hem/onc exempt from PA. Claim will pay with ICD-10 diagnosis code C61)	
J3316	Trelstar	INJECTION TRIPTORELIN ER 3.75 MG	X	

J1628	Tremfya	INJECTION GUSELKUMAB 1 MG	X	
J7332	Triluron	HYAL/DERIV TRILURON IA INJ 1 MG	X	
J9017	Trisenox	INJECTION, ARSENIC TRIOXIDE, 1 MG	*	
J7329	Trivisc	HYALN/DERIV TRIVISC FOR IA INJ 1 MG	X	
C9066	Trodelvy	INJ SACITUZUMAB GOVITECN-HZIY 10 MG	*	
Q5115	Truxima	INJ RITUXIMAB-ABBS BIOSIMILAR 10 MG	X	
J2323	Tysabri	INJECTION, NATALIZUMAB, 1 MG	X	
J7686	Tyvaso	Treprostinil, non-comp unit	X	
J1303	Ultomiris	INJECTION RAVULIZUMAB-CWVZ 10 MG	X	
C9052	Utomiris	INJECTION RAVULIZUMAB-CWVZ 10 MG	X	
J9357	Valstar	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	*	
J9225	Vantas	HISTRELIN IMPLANT (VANTAS), 50 MG	X (PA at POS 11 only; hem/onc exempt from PA. Claim will pay with ICD-10 diagnosis code C61)	
J8670	Varubi	ROLAPITANT, ORAL 1 MG		X (POS 11, 12 and 22)
J9303	Vectibix	INJECTION, PANITUMUMAB, 10 MG	*	
J9041	Velcade	INJECTION, BORTEZOMIB, 0.1 MG	*	
J9044	Velcade	INJECTION BORTEZOMIB NOS 0.1 MG	*	
Q4074	Ventavis	Iloprost non-comp unit dose	X	
J9219	Viadur	IMPLANT, LEUPROLIDE ACETATE, 65 MG	*	
J9025	Vidaza	INJECTION, AZACITIDINE, 1 MG	*	
J1322	Vimizim	Injection, elosulfase alfa, 1 mg	X	
J7333	Visco-3	HYAL/DERIV VISCO-3 IA INJ PER DOSE	X	
J1562	Vivaglobin	IVIG	X	
J2315	Vivitrol	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	X	
J3385	Vpriv	Velaglucerase alfa	X	

J3032	Vyepti	INJECTION EPTINEZUMAB-JJMR 1 MG	X	
J1429	Vyondys 53	INJECTION GOLODIRSEN 10 MG	X	
J9153	Vyxeos	INJ LIPOSOMAL 1 MG DNR & 2.27 MG CA	*	
J8520	Xeloda	Capecitabine, oral, 150 mg	*	X
J8521	Xeloda	Capecitabine, oral, 500 mg	*	X
J1558	Xembify	INJ IMMUNE GLOBULIN XEMBIFY 100 MG	X	
J0691	Xenleta	INJECTION LEFAMULIN 1 MG	X	
J0588	Xeomin	Injection, incobotulinumtoxinA, 1 unit	X	
J0775	Xiaflex	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	*	
A9606	Xofigo	Radium RA-223 dichloride, therapeutic, per microcurie	X	
J2357	Xolair	INJECTION, OMALIZUMAB, 5 MG	X	
J9228	Yervoy	INJECTION, IPILUMUMAB, 1 MG	*	
Q2041	Yescarta	KTE-C19 TO 200 M AUTO ANTI-CD19 CAR	X	
J9352	Yondelis	INJECTION, TRABECTEDIN 0.1MG	*	
J7314	Yutiq	INJECT FA INTRAVITREAL IMPL 0.01 MG	X	
J9400	Zaltrap	Injection, ziv-aflibercept, 1 mg	*	
J9320	Zansosar	INJECTION, STREPTOZOCIN, 1 G	*	
Q5101	Zarxio	INJECTION FILGRASTIM BIOSIMILAR 1 MICROGRAM	X	
J0565	Zinplava	INJECTION BEZLOTOXUMAB 10 MG	X	
J9202	Zoladex	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	X	
J3399	Zolgensma	INJ AVSX-101-XIOI P-TX TO 5X10^15VG	X (PA at POS 11 only; hem/onc exempt from PA with ICD-10 C61)	
J7527	Zortress	Everolimus, oral, 0.25 mg		X (POS 11, 12 and 99)
J1632	Zulresso	INJECTION BREXANOLONE 1 MG	*	
J1599		IVIG, NON-LYOPHILIZED, LIQUID, NOS	X	
J3490		UNCLASSIFIED DRUGS	*	

J3590		UNCLASSIFIED BIOLOGICS	*	
J8530		ORAL, CYCLOPHOPHAMIDE 25 MG	*	
J8999		PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	*	
J9001		INJECTION, DOXORUBICIN HCL, ALL LIPID FORMULATIONS, 10 MG	*	
J9040		INJECTION, BLEOMYCIN SULFATE, 15 UNITS	*	
J9045		INJECTION, CARBOPLATIN, 50 MG	*	
J9060		CISPLATIN, POWDER OR SOLUTION, PER 10 MG	*	
J9070		CYCLOPHOSPHAMIDE, 100 MG	*	
J9100		INJECTION, CYTARABINE, 100 MG	*	
J9130		DACARBAZINE, 100 MG	*	
J9178		INJECTION, EPIRUBICIN HCL, 2 MG	*	
J9181		INJECTION, ETOPOSIDE, 10 MG	*	
J9185		INJECTION, FLUDARABINE PHOSPHATE, 50 MG	*	
J9200		INJECTION, FLOXURIDINE, 500 MG	*	
J9209		INJECTION, MESNA, 200 MG	*	
J9250		METHOTREXATE SODIUM, 5 MG	*	
J9260		METHOTREXATE SODIUM, 50 MG	*	
J9280		MITOMYCIN, 5 MG	*	
J9293		INJECTION, MITOXANTRONE HCL, PER 5 MG	*	
J9340		INJECTION, THIOTEPA, 15 MG	*	
J9360		INJECTION, VINBLASTINE SULFATE, 1 MG	*	
J9370		VINCRISTINE SULFATE, 1 MG	*	
J9999		NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	*	

*Drugs used to treat cancer that are marked with an * do not require PA. However, if a request has been received it will be reviewed for medical necessity and appropriate indication.