

Below is the list of Medical Drug J-codes that require pre-service review for Mountain Health Co-op Commercial and Individual Plans. Please submit requests using the Medical Prior Auth Medical Electronic Request Form (select Medical Pharmacy from the drop down) or the PDF form that are available under Prior Authorization Forms, attach all necessary clinical documentation and submit to the Pharmacy Team by either fax to 801-213-1547 or by email: uhealthplanspharmacyteam@hsc.utah.edu

If you have questions or need assistance please call for 844-262-1560

| Procedure Code | Description | PA Status |
|----------------|---|---|
| 11980 | IMPLANT,HORMONE,SUBCUTANEOUS | Auth Required |
| 90378 | RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG EA | Auth Required |
| 90626 | TICK-BORNE ENCEPHALITIS VIRUS VACCINE, INACTIVATED; 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE | Auth Required |
| 90627 | TICK-BORNE ENCEPHALITIS VIRUS VACCINE, INACTIVATED; 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE | Auth Required |
| 90671 | PNEUMOCOCCAL CONJUGATE VACCINE, 15 VALENT (PCV15), FOR INTRAMUSCUALR USE | Auth Not Required |
| 90677 | PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR INTRAMUSCUALR USE | Auth Not Required |
| 90758 | ZAIRE EBOLAVIRUS VACCINE, LIVE, FOR INTRAMUSCUALR USE | Auth Required |
| 99601 | HOME INFUSION/VISIT, 2 HRS | Auth Required |
| 99602 | HOME INFUSION, EACH ADDTL HR | Auth Required |
| 0537T | CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY | Auth Required |
| 0538T | CAR-T THERAPY PREP BLOOD DERIVED T LMPHCYT FOR TRANSPORTATION | Auth Required |
| 0539T | CAR-T THERAPY RECEIPT & PREP CAR-T CELLS FOR ADMIN | Auth Required |
| 0540T | CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION | Auth Required |
| A4238 | SUPPLY ALLOW FOR ADJUNCTIVE CONT GLUCOSE MONITOR (CGM) 1 MONTH SUPPLY | Auth Required |
| A9276 | DISPOSABLE SENSOR, CGM SYS | Auth Required. Quantity Limit applies: Medtronic quantity of 15 allowed in 105 day rolling period. Dexcom covered under retail pharmacy benefit. Please contact Pharmacy Customer Service for assistance. |

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| A9277 | EXTERNAL TRANSMITTER, CGM | Auth Required. Quantity Limit applies: Medtronic quantity of 4 allowed in a 365 day rolling period. Dexcom covered under retail pharmacy benefit. Please contact Pharmacy Customer Service for assistance. |
| A9278 | EXTERNAL RECEIVER, CGM SYS | Auth Required. Quantity limit applies: Medtronic quantity of 1 allowed in a 365 day rolling period. Dexcom covered under retail pharmacy benefit. Please contact Pharmacy Customer Service for assistance. |
| A9513 | LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MILLICURIE | Auth Required |
| A9590 | IODINE I-131, IOBENGUANE, 1 MILLICURIE | Auth Required |
| A9606 | RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE | Auth Required |
| B4164 | PARENTERAL 50% DEXTROSE SOLU | Auth Required |
| B4168 | PARENTERAL SOL AMINO ACID 3. | Auth Required |
| B4172 | PARENTERAL SOL AMINO ACID 5. | Auth Required |
| B4176 | PARENTERAL SOL AMINO ACID 7- | Auth Required |
| B4178 | PARENTERAL SOL AMINO ACID > | Auth Required |
| B4180 | PARENTERAL SOL CARB > 50% | Auth Required |
| B4185 | PARENTERAL SOL 10 GM LIPIDS | Auth Required |
| B4187 | OMEGAVEN, 10 GRAMS LIPIDS | Auth Required |
| B4189 | PARENTERAL SOL AMINO ACID & | Auth Required |
| B4193 | PARENTERAL SOL 52-73 GM PROT | Auth Required |
| B4197 | PARENTERAL SOL 74-100 GM PRO | Auth Required |
| B4199 | PARENTERAL SOL > 100GM PROTE | Auth Required |
| B4216 | PARENTERAL NUTRITION ADDITIV | Auth Not Required |
| B4220 | PARENTERAL SUPPLY KIT PREMIX | Auth Required |
| B4222 | PARENTERAL SUPPLY KIT HOMEMI | Auth Required |
| B4224 | PARENTERAL ADMINISTRATION KI | Auth Required |
| B5000 | PARENTERAL SOL RENAL-AMIROSY | Auth Required |
| B5100 | PARENTERAL SOL HEPATIC-FREAM | Auth Required |

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| B5200 | PARENTERAL SOL STRES-BRNCH C | Auth Required |
| B9004 | PARENTERAL INFUS PUMP PORTAB | Auth Required |
| B9006 | PARENTERAL INFUS PUMP STATIO | Auth Required |
| B9999 | PARENTERAL SUPP NOT OTHRWS C | Auth Required |
| C8957 | PROLONGED IV INF, REQ PUMP | Auth Required |
| C9046 | COCAINE HCL NASAL SOLUTION FOR TOPICAL ADMIN, 1 MG | Auth Not Required |
| C9047 | INJ, CAPLACIZUMAB-YHDP, 1 MG | Auth Required |
| C9088 | INSTILLATION, BUPIVACAINE AND MELOXICAM, 1 MG/0.03 MG | Auth Not Required |
| C9089 | BUPIVACAINE, COLLAGEN-MATRIX IMPLANT, 1 MG | Auth Not Required |
| C9101 | INJECTION, OLICERIDINE, 0.1 MG | Auth Required |
| C9113 | INJ PANTOPRAZOLE SODIUM, VIA | Auth Required |
| C9143 | COCAINE HCL NASAL SOLUTION (NUMBRINO), 1 MG | Auth Not Required |
| C9144 | INJ, BUPIVACAINE (POSIMIR), 1 MG | Auth Not Required |
| C9248 | INJ, CLEVIDIPINE BUTYRATE | Auth Required |
| C9254 | INJECTION, LACOSAMIDE 1MG | Auth Not Required |
| C9257 | BEVACIZUMAB INJECTION 0.25MG | Auth Not Required |
| C9285 | LIDOCAINE 70 MG/TETRACAINE 70 MG, PER PATCH | Auth Required |
| C9290 | INJECTION BUPIVACAINE LIPOSOME 1 MG | Auth Not Required |
| C9293 | INJ, GLUCARPIDASE, 10 UNITS | Auth Required |
| C9399 | UNCLASSIFIED DRUGS OR BIOLOG | Auth Required when billing over \$500 |
| C9460 | INJ, CANGRELOR, 1 MG | Auth Not Required |
| C9462 | INJ, DELAFLOXACIN, 1 MG | Auth Not Required |
| C9482 | INJ, SOTALOL HYDROCHLORIDE, 1 MG | Auth Required |
| C9488 | INJ, CONIVAPTAN HYDROCHLORIDE, 1 MG | Auth Required |
| E0779 | AMB INFUSION PUMP MECHANICAL | Auth Required |
| E0780 | MECH AMB INFUSION PUMP <8HRS | Auth Required |
| E0781 | EXTERNAL AMBULATORY INFUS PU | Auth Required |
| E0791 | PARENTERAL INFUSION PUMP STA | Auth Required |
| E2102 | ADJUNCTIVE CONT GLUCOSE MONITOR OR RECEIVER | Auth Required |
| E2103 | NON-ADJUNCTIVE, NON-IMPLANTED CONT GLUCOSE MONITOR OR RECEIVER | Auth Required |
| G0088 | PROF SVCS, INITIAL HOME VISIT, ADMIN NON-CHEMO IV INFUSION, EA DRUG ADMIN, PER DAY, EA 15 MIN | Auth Required |

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| G0089 | PROF SVCS, INITIAL HOME VISIT, ADMIN SUBCUTANEOUS IMMUNOTHERAPY OR OTHER INFUSION DRUG/BIOLOGIC, EA DRUG ADMIN, PER DAY, EA 15 MIN | Auth Required |
| G0090 | PROF SVCS, INITIAL HOME VISIT, ADMIN IV CHEMO/HIGHLY COMPLEX INFUSION DRUG/BIOLOGIC, EA INFUSION DRUG ADMIN, PER DAY, EA 15 MIN | Auth Required |
| J0120 | TETRACYCLINE UP TO 250MG INJ | Auth Not Required |
| J0121 | INJ, OMADACYCLINE, 1 MG | Not Covered |
| J0122 | INJ, ERAVACYCLINE, 1 MG | Auth Required |
| J0129 | ABATACEPT INJ,10MG | Auth Required. Subcutaneous therapy goes through retail pharmacy benefit. Please contact RealRx pharmacy customer service for retail pharmacy benefit. |
| J0130 | ABCIXMAB 10MG INJECTION | Auth Not Required |
| J0131 | INJ, ACETAMINOPHEN, 10 MG | Auth Not Required |
| J0132 | ACETYLCYSTEINE INJECTION | Auth Not Required |
| J0133 | ACYCLOVIR INJECTION | Auth Not Required |
| J0134 | INJECTION, ACETAMINOPHEN (FRESENIUS KABI), 10 MG | Auth Not Required |
| J0135 | ADALIMUMAB INJECTION | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J0136 | INJECTION, ACETAMINOPHEN (B BRAUN), 10 MG | Auth Not Required |
| J0153 | INJ, ADENOSINE, 1 MG | Auth Not Required |
| J0171 | ADRENALIN EPINEPHRINE 0.1 MG INJ | Auth Not Required |
| J0172 | INJ, ADUCANUMAB-AVWA, 2 MG | Not Covered |
| J0173 | INJECTION, EPINEPHRINE (BELCHER) NOT THERAPEUTICALLY EQUIVALENT TO J0171, 0.1 MG | Auth Not Required |
| J0178 | INJ, AFLIBERCEPT, 1 MG | Auth Required |
| J0179 | INJ, BROLUCIZUMAB-DBLL, 1 MG | Auth Required |
| J0180 | AGALSIDASE BETA INJECTION | Auth Required |
| J0185 | INJ, APREPITANT, 1 MG | Auth Not Required |
| J0190 | BIPERIDEN LACTATE PER 5MG INJ | Auth Not Required |
| J0200 | ALATROFLOXACIN MESYL 100MG INJ | Auth Not Required |

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| J0202 | INJ, AALEMTUZUMAB, 1 MG | Auth Required |
| J0205 | ALGLUCERASE PER 10 UNITS INJ | Auth Required |
| J0207 | AMIFOSTINE 500 MG | Auth Not Required |
| J0210 | METHYL HCI UP TO 250MG INJ | Auth Not Required |
| J0219 | INJECTION, AVALGLUCOSIDASE ALFA-NGPT, 4 MG | Not Covered |
| J0220 | ALGUCOSIDASE ALFA 10MG INJ | Auth Required |
| J0221 | INJ, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG | Auth Required |
| J0222 | INJ, PATISIRAN, 0.1 MG | Auth Required |
| J0223 | INJECTION, GIVOSIRAN, 0.5 MG | Auth Required |
| J0224 | INJECTION, LUMASIRAN, 0.5 MG | Auth Required |
| J0225 | INJECTION, VUTRISIRAN, 1 MG | Auth Required |
| J0248 | INJ, REMDESIVIR, 1MG | Auth Required |
| J0256 | ALPHA 1 PROTEINASE INH 10MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J0257 | INJ, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J0270 | ALPROSTADIL PER 1.25MCG INJ | Auth Not Required |
| J0275 | ALPROSTADIL URETHRAL SUPPOSIT RY | Auth Not Required |
| J0278 | AMIKACIN SULFATE INJECTION | Auth Not Required |
| J0280 | AMINOPHYLLIN TO 250MG INJ | Auth Not Required |
| J0282 | AMIODARONE HCL 30 MG INJ | Auth Not Required |
| J0283 | INJECTION, AMIODARONE HYDROCHLORIDE (NEXTERONE), 30 MG | Auth Not Required |
| J0285 | AMPHOTER B ANY LIPID 50MG INJ | Auth Not Required |
| J0287 | AMPHOTERICIN B LIPID COMPLEX 10MG | Auth Not Required |
| J0288 | AMPHOTERCIN B CHOL SULF 10MG | Auth Not Required |
| J0289 | AMPHOTERICIN B LIPOSOME 10MG | Auth Not Required |
| J0290 | AMPICILLIN 500 MG INJ | Auth Not Required |
| J0291 | INJ, PLAZOMICIN, 5 MG | Auth Not Required |
| J0295 | AMPICILLIN SODIUM PER 1.5 GM | Auth Not Required |
| J0300 | AMOBARBITAL TO 125 MG INJ | Auth Not Required |
| J0330 | SUCCINYCHOLINE CHL TO 20MG INJ | Auth Not Required |

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| J0348 | ANIDULAFUNGIN INJ, 1MG | Auth Not Required |
| J0350 | ANISTREPLASE PER 30 UNITS INJ | Auth Not Required |
| J0360 | HYDRALAZINE HCL UP TO 20MG INJ | Auth Not Required |
| J0364 | A POMORPHINE HYDROCHL INJ, 1MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J0365 | APROTONIN, 10,000 KIU | Auth Not Required |
| J0380 | METARAMINOL BITAR PER 10MG | Auth Not Required |
| J0390 | CHLOROQUINE HCL TO 250MG INJ | Auth Not Required |
| J0395 | ARBUTAMINE HCL 1MG INJ | Auth Not Required |
| J0400 | ARIPIPRAZOLE INJ 0.25MG | Auth Not Required |
| J0401 | INJECTION ARIPIPRAZOLE EXTENDED RELEASE 1 MG | Auth Required |
| J0456 | AZITHROMYCIN 500MG INJ | Auth Not Required |
| J0461 | ATROPINE SULFATE INJ 0.01MG | Auth Not Required |
| J0470 | DIMERCAPROL 100MG INJ | Auth Not Required |
| J0475 | BACLOFEN 10 MG INJECTION | Auth Not Required |
| J0476 | BACLOFEN 50MCG INJ | Auth Not Required |
| J0480 | BASILIXIMAB | Auth Required |
| J0485 | INJ, BELATACEPT, 1 MG | Auth Required |
| J0490 | INJ, BELIMUMAB, 10 MG | Auth Required |
| J0491 | INJECTION, ANIFROLUMAB-FNIA, 1 MG | Not Covered |
| J0500 | DICYCLOMINE HCL UP TO 20MG | Auth Not Required |
| J0515 | BENZTROPINE MESYLATE 1MG INJ | Auth Not Required |
| J0517 | INJ, BENRALIZUMAB, 1 MG | Auth Required |
| J0520 | BETHANECHOL CH MYT URE 5MG INJ | Auth Not Required |
| J0558 | PENG BENZATHINE/PROCAINE 100,000 U INJ | Auth Not Required |
| J0561 | PENICILLIN G BENZATHINE 100,000 U INJ | Auth Not Required |
| J0565 | INJ, BEZLOTOXUMAB, 10 MG | Auth Required |
| J0567 | INJECTION, CERLIPONASE ALFA 1 MG | Auth Required |
| J0570 | BUPRENORPHINE IMPLANT, 74.2 MG | Auth Required |
| J0571 | BUPRENORPHINE, ORAL, 1 MG | Auth Not Required |
| J0572 | BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG | Auth Not Required |

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| J0573 | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG | Auth Not Required |
| J0574 | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG | Auth Not Required |
| J0575 | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG | Auth Not Required |
| J0583 | BIVALIRUDIN | Auth Not Required |
| J0584 | INJECTION, BUROSUMAB-TWZA 1M | Auth Required |
| J0585 | BOTULINUM TOXIN A PER UNIT | Auth Not Required. Not Covered for DX: L11.8, L57.2, L57.4, L66.4, L87.1, L90.3, L90.4, L92.2, L94.8, L98.5, L98.6 |
| J0586 | ABOBOTULINUMTOXINA 5 UNITS | Auth Not Required. Not Covered for DX: L11.8, L57.2, L57.4, L66.4, L87.1, L90.3, L90.4, L92.2, L94.8, L98.5, L98.6 |
| J0587 | BOTULINUM TOXIN TYPE B/100 UNI | Auth Not Required. Not Covered for DX: L11.8, L57.2, L57.4, L66.4, L87.1, L90.3, L90.4, L92.2, L94.8, L98.5, L98.6 |
| J0588 | INJ, INCOBOTULINUMTOXIN A, 1 UNIT | Auth Not Required. Not Covered for DX: L11.8, L57.2, L57.4, L66.4, L87.1, L90.3, L90.4, L92.2, L94.8, L98.5, L98.6 |
| J0591 | INJECTION, DEOXYCHOLIC ACID, 1 MG | Plan Exclusion not covered for cosmetic use. |
| J0592 | BUPRENOPHRINE HCL 0.1MG INJ | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J0593 | INJ, LANADELUMAB-FLYO, 1 MG | Auth Required |
| J0594 | BUSULFAN INJ, 1MG | Auth Not Required |
| J0595 | BUTORPHANOL TARTRATE, 1MG | Auth Not Required |
| J0596 | INJ, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS | Auth Required |
| J0597 | C-1 ESTERASE, BERINERT 10 UNITS INJ | Auth Required |
| J0598 | C1 ESTERASE INHIBITOR INJ 10 UNITS | Auth Required |
| J0599 | INJECTION, HAEGARDA 10 UNITS | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J0600 | EDETATE CALCIUM DISODIUM INJ | Auth Not Required |

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| J0604 | CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS) | Auth Not Required |
| J0606 | INJ, ETELCALCETIDE, 0.1 MG | Auth Required |
| J0610 | CALCIUM GLUCONATE PER 10ML INJ | Auth Not Required |
| J0611 | INJECTION, CALCIUM GLUCONATE (WG CRITICAL CARE), PER 10 ML | Auth Not Required |
| J0620 | CALCIUM GLYCER LACT 10 ML INJ | Auth Not Required |
| J0630 | CALCITONIN SALMON 400 UNIT INJ | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J0636 | CALCITRIOL INJ 0.1 MG | Auth Not Required |
| J0637 | CASPOFUNGIN ACETATE 5MG INJ | Auth Required |
| J0638 | CANAKINUMAB 1 MG INJECTION | Auth Required |
| J0640 | LEUCOVORIN CALCIUM 50MG INJ | Auth Not Required |
| J0641 | LEVOLEUCOVORIN CAL 0.5MG INJ | Auth Not Required |
| J0642 | INJ, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG | Auth Required |
| J0670 | MEPIVACAINE HCL 10ML INJ | Auth Not Required |
| J0689 | INJECTION, CEFAZOLIN SODIUM (BAXTER), 500 MG | Auth Not Required |
| J0690 | CEFAZOLIN SODIUM 500MG INJ | Auth Not Required |
| J0691 | INJECTION, LEFAMULIN, 1 MG | Auth Required |
| J0692 | CEFEPIME HYDROCHLORIDE INJ 500MG | Auth Not Required |
| J0694 | CEFOXITIN SODIUM 1GM INJ | Auth Not Required |
| J0695 | INJ, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG | Auth Required |
| J0696 | CEFTRIAXONE SODIUM 250MG INJ | Auth Not Required |
| J0697 | STERILE CEFUROXIME 750MG INJ | Auth Not Required |
| J0698 | CEFOTAXIME SODIUM PER G | Auth Not Required |
| J0699 | INJ, CEFIDEROCOL, 10 MG | Auth Required |
| J0701 | INJECTION, CEFAZOLIN SODIUM (BAXTER), 500 MG | Auth Not Required |
| J0702 | BETAMETH ACET 3MG W SOD PHOS 3MG | Auth Not Required |
| J0703 | INJECTION, CEFEPIME HYDROCHLORIDE (B BRAUN), 500 MG | Auth Not Required |
| J0706 | CAFFEINE CITRATE INJ 5 MG | Auth Not Required |
| J0710 | CEPHAPIRIN SODIUM 1GM INJ | Auth Not Required |
| J0712 | INJ, CEFTAROLINE FOSAMIL, 10 MG | Auth Required |

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| J0713 | CEFTAZIDIME PER 500MG INJ | Auth Not Required |
| J0714 | INJ, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G | Auth Required |
| J0715 | CEFTIZOXIME SODIUM 500 MG INJ | Auth Not Required |
| J0716 | INJ, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MILLIGRAMS | Auth Not Required |
| J0717 | INJECTION CERTOLIZUMAB PEGOL 1 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J0720 | CHLORAMPHENICOL SOD SUC 1G INJ | Auth Not Required |
| J0725 | CHOR GONADOTROPIN 1000U INJ | Plan Exclusion. Refer to plan document to verify if plan exclusion. Please contact Customer Servicew for benefit coverage. |
| J0735 | CLONIDINE HCL 1 MG INJ | Auth Not Required |
| J0739 | INJECTION, CABOTEGRAVIR, 1 MG | Not Covered |
| J0740 | CIDOFOVIR 375MG INJECTION | Auth Not Required |
| J0741 | INJ, CABOTEGRAVIR AND RILPIVIRINE, 2MG/3MG | Not Covered |
| J0742 | INJECTION, IMIPENEM 4 MG, CILASTATIN 4 MG AND RELEBACTAM 2 MG | Auth Required |
| J0743 | CILASTATIN SOD IMIP 250MG INJ | Auth Not Required |
| J0744 | CIPROFLOXACIN IV INF,200MG | Auth Not Required |
| J0745 | CODEINE PHOSPHATE 30 MG INJ | Auth Not Required |
| J0770 | COLISTIMETHATE SOD 150MG INJ | Auth Not Required |
| J0775 | COLLAGENASE, CLOST HIST 0.01 MG INJ | Auth Required |
| J0780 | PROCHLORPERAZINE TO 10MG INJ | Auth Not Required |
| J0791 | INJECTION, CRIZANLIZUMAB-TMCA, 5 MG | Auth Required |
| J0795 | CORTICORELIN OVINE TRIFLUTAL | Auth Not Required |
| J0800 | CORTICOTROPIN UP TO 40 UN INJ | Auth Required |
| J0834 | COSYNTROPIN CORTROSYN INJ 0.25MG | Auth Not Required |
| J0840 | INJ, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM | Auth Not Required |
| J0841 | INJ, CROTALIDAE IMMUNE F(AB)2 (EQUINE), 120 MG | Auth Not Required |
| J0850 | CYTOMEGALOVIRUS IMM IV VIAL | Auth Required |
| J0875 | INJ, DALBAVANCIN, 5MG | Not Covered |
| J0877 | INJECTION, DAPTOMYCIN (HOSPIRA), 1 MG | Auth Not Required |
| J0878 | DAPTOMYCIN INJECTION | Auth Not Required |

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| J0879 | INJECTION, DIFELIKEFALIN, 0.1 MICROGRAM | Not Covered |
| J0881 | DARBEPOTIN ALFA INJ 1 MCG | Auth Required |
| J0882 | DARBEPO ALFA INJ ESRD 1MCG | Auth Not Required |
| J0883 | INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE) | Auth Not Required |
| J0884 | INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS) | Auth Not Required |
| J0885 | EPOETIN ALFA (NON ESRD)1000 UNITS | Auth Required |
| J0887 | INJ, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS) | Auth Required |
| J0888 | INJECTIN, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE) | Auth Required |
| J0890 | INJECTION, PEGINESATIDE, 0. 1 MG (FOR ESRD ON DIALYSIS) | Auth Required |
| J0891 | INJECTION, ARGATROBAN (ACCORD), 1 MG (FOR NON-ESRD USE) | Auth Not Required |
| J0892 | INJECTION, ARGATROBAN (ACCORD), 1 MG (FOR ESRD ON DIALYSIS) | Auth Not Required |
| J0893 | INJECTION, DECITABINE (SUN PHARMA), 1 MG | Auth Required |
| J0894 | DECITABINE INJ, 1MG | Auth Required |
| J0895 | DEFEROX MESY 500MG PER 5CC INJ | Auth Not Required |
| J0896 | INJECTION, LUSPATERCEPT-AAMT, 0.25 MG | Auth Required |
| J0897 | INJ, DENOSUMAB, 1 MG | Auth Required |
| J0898 | INJECTION, ARGATROBAN (AUROMEDICS), 1 MG (FOR NON-ESRD USE) | Auth Not Required |
| J0899 | INJECTION, ARGATROBAN (AUROMEDICS), 1 MG (FOR ESRD ON DIALYSIS) | Auth Not Required |
| J0945 | BROMPHENIRAMINE MAL 10MG INJ | Auth Not Required |
| J1000 | DEPO ESTRADIOL CYPI 5MG INJ | Auth Not Required |
| J1020 | METHYLPREDNISOLONE 20 MG INJ | Auth Not Required |
| J1030 | METHYLPREDNISOLONE 40 MG INJ | Auth Not Required |
| J1040 | METHYLPRED ACETATE 80MG INJ | Auth Not Required |
| J1050 | INJ, MEDROXYPROGESTERONE ACETATE, 1 MG | Auth Not Required |
| J1071 | INJ, TESTOSTERONE CYPIONATE, 1MG | Auth Not Required |
| J1094 | DEXAMETHASONE ACETATE 1 MG INJ | Auth Not Required |
| J1095 | INJECTION, DEXAMETHASONE 9% | Auth Not Required |
| J1096 | DEXAMETHASONE, OPTH INSERT, 0.1 MG | Not Covered |
| J1097 | PHENYLEPHRINE 10.16 MG/ML AND KETOROLAC 2.88 MG/ML OPTH IRRIGATION SOL, 1 ML | Not Covered |
| J1100 | DEXAMETHASONE SOD PHOS 1MG | Auth Not Required |
| J1110 | DIHYDROERGOTAMINE INJECTION 1MG | Auth Not Required |
| J1120 | ACETAZOLAMID SODIUM INJECTIO | Auth Not Required |

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| J1130 | INJ, DICLOFENAC SODIUM, 0.5 MG | Auth Not Required |
| J1160 | DIGOXIN INJECTION | Auth Not Required |
| J1162 | DIGOXIN IMMUNE FAB (OVINE) | Auth Not Required |
| J1165 | PHENYTOIN SODIUM INJECTION | Auth Not Required |
| J1170 | HYDROMORPHONE INJECTION | Auth Not Required |
| J1180 | DYPHYLLINE INJECTION | Auth Not Required |
| J1190 | DEXRAZOXANE HCL INJECTION 250 MG | Auth Not Required |
| J1200 | DIPHENHYDRAMINE HCL UP TO 50MG | Auth Not Required |
| J1201 | INJECTION, CETIRIZINE HYDROCHLORIDE, 0.5 MG | Auth Not Required |
| J1205 | CHLOROTHIAZIDE SODIUM INJ | Auth Not Required |
| J1212 | DIMETHYL SULFOXIDE 50% 50 ML | Auth Not Required |
| J1230 | METHADONE INJECTION | Auth Not Required |
| J1240 | DIMENHYDRINATE INJECTION | Auth Not Required |
| J1245 | DIPYRIDAMOLE INJECTION | Auth Not Required |
| J1250 | DOBUTAMINE HCL,PER 250 MG | Auth Not Required |
| J1260 | DOLASETRON MESYLATE 10MG INJ | Auth Not Required |
| J1265 | DOPAMINE INJECTION | Auth Not Required |
| J1267 | DORIPENEM 10MG INJ | Auth Not Required |
| J1270 | DOXERCALCIFEROL, 1 MCG INJ | Auth Not Required |
| J1290 | ECALLANTIDE 1 MG INJECTION | Auth Required |
| J1300 | ECULIZUMAB 10MG INJ | Auth Required |
| J1301 | INJ, EDARAVONE, 1 MG | Auth Required |
| J1302 | INJECTION, SUTIMLIMAG-JOME, 10 MG | Auth Required |
| J1303 | INJ, RAVULIZUMAB-CWVZ, 10 MG | Auth Required |
| J1305 | INJ, EVINACUMAB-DGNB, 5MG | Not Covered |
| J1306 | INJECTION, INCLISIRAN, 1 MG | Auth Required |
| J1320 | AMITRIPTYLINE INJECTION | Auth Not Required |
| J1322 | INJ, ELOSULFASE ALFA, 1MG | Auth Required |
| J1324 | ENFUVIRTIDE INJ, 1MG | Auth Required |
| J1325 | EPOPSTENOL,0.5 MG | Auth Not Required |
| J1327 | EPTIFIBATIDE 5MG INJ | Auth Not Required |
| J1330 | ERGONOVINE MALEATE INJECTION | Auth Not Required |
| J1335 | ERTAPENEM SODIUM 500MG | Auth Not Required |

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| J1364 | ERYTHRO LACTOBIONATE /500 MG | Auth Not Required |
| J1380 | ESTRADIOL VALERATE 10 MG INJ | Auth Not Required |
| J1410 | INJ ESTROGEN CONJUGATE 25 MG | Auth Not Required |
| J1426 | INJ, CASIMERSEN, 10 MG | Not Covered |
| J1427 | INJECTION, VILTOLARSEN, 10 MG | Not Covered |
| J1428 | INJ, ETEPLIRSEN, 10 MG | Not Covered |
| J1429 | INJECTION, GOLODIRSEN, 10 MG | Not Covered |
| J1430 | ETHANOLAMINE OLEATE 100 MG | Auth Not Required |
| J1435 | INJECTION ESTRONE PER 1 MG | Auth Not Required |
| J1436 | ETIDRONATE DISODIUM INJ | Auth Not Required |
| J1437 | INJECTION, FERRIC DERISOMALTOSE, 10 MG | Auth Required |
| J1438 | ETANERCEPT 25MG INJ | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J1439 | INJ, FERRIC CARBOXYMALTOSE, 1MG | Auth Required |
| J1442 | INJECTION FILGRASTIM G-CSF 1 MICROGRAM | Not Covered |
| J1443 | INJ, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1 MG OF IRON | Auth Required |
| J1444 | INJ, FERRIC PYROPHOSPHATE CITRATE POWDER, 0.1 MG OF IRON | Not Covered |
| J1445 | INJ. FERRIC PYROPHOSPHATE CIT SOL 0.1 MG OF IRON | No Auth Required |
| J1447 | INJ, TBO-FILGRASTIM, 1 MICROGRAM | Auth Not Required |
| J1448 | INJ, TRILACICLIB, 1MG | Not Covered |
| J1450 | FLUCONAZOLE 200MG INJ | Auth Not Required |
| J1451 | FOMEPIZOLE, 15 MG | Auth Not Required |
| J1452 | FOMIVIRSEN SOD INTRAOC 1.65 MG | Auth Not Required |
| J1453 | FOSAPREPITANT 1MG INJ | Auth Not Required |
| J1454 | INJ, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG | Auth Required |
| J1455 | FOSCARNET SODIUM 1,000MG INJ | Auth Not Required |
| J1456 | INJECTION, FOSAPREPITANT (TEVA), 1 MG | Auth Not Required |
| J1457 | GALLIUM NITRATE INJECTION | Auth Not Required |
| J1458 | GALSULFASE INJ, 1MG | Auth Required |
| J1459 | IMMUNE GLOBULIN 500MG INJ | Auth Required |
| J1460 | GAMMA GLOBULIN 1 CC INJ | Auth Required |
| J1551 | INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG | Not Covered |

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| J1554 | INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG | Not Covered |
| J1555 | INJ, IMMUNE GLOBULIN (CUVITRU), 100 MG | Auth Required |
| J1556 | INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG | Auth Required |
| J1557 | INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), IV, NON-LYOPHILIZED (E.G. | Auth Required |
| J1558 | INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG | Auth Required |
| J1559 | HIZENTRA 100 MG INJECTION | Auth Required |
| J1560 | GAMMA GLOBULIN >10 CC INJ | Auth Required |
| J1561 | IMMUNE GLOBULIN IV 500MG | Auth Required |
| J1562 | IMMUNE GLOBULIN INJ 1000MG | Auth Required |
| J1566 | IMMUNE GLOBULIN, POWDER | Auth Required |
| J1568 | OCTAGAM INJECTION | Auth Required |
| J1569 | GAMMAGARD LIQUID INJECTION | Auth Required |
| J1570 | GANCICLOVIR SODIUM 500MG INJ | Auth Not Required |
| J1571 | HEPAGAM B IM INJECTION | Auth Not Required |
| J1572 | IMMUNE GLOBULIN IV 500MG,NONLYOPHILIZED | Auth Required |
| J1573 | HEPAGAM B INTRAVENOUS, INJ | Auth Not Required |
| J1574 | INJECTION, GANCICLOVIR SODIUM (EXELA), 500 MG | Auth Not Required |
| J1575 | INJ, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN | Not Covered |
| J1580 | GARAMYCIN GENTAMICIN 80MG INJ | Auth Not Required |
| J1595 | INJECTION GLATIRAMER ACETATE | Auth Required |
| J1599 | IVIG NON-LYOPHILIZED 500 MG IV | Auth Required |
| J1600 | GOLD SOD THIOMALEATE 50MG INJ | Auth Not Required |
| J1602 | INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE | Auth Required |
| J1610 | GLUCAGON HYDROCHLOR 1 MG INJ | Auth Not Required |
| J1611 | INJECTION, GLUCAGON HYDROCHLORIDE (FRESENIUS KABI), PER 1 MG | Auth Not Required |
| J1620 | GONADORELIN HYDRO 100 MCG INJ | Auth Not Required |
| J1626 | GRANISETRON HCL 100 MCG | Auth Not Required |
| J1627 | INJ, GRANISETRON, EXTENDED-RELEASE, 0.1 MG | Auth Required |
| J1628 | INJ, GUSELKUMAB, 1 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |

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| J1630 | HALOPERIDOL UP TO 5MG INJ | Auth Not Required |
| J1631 | HALOPERIDOL DECANOATE 50MG INJ | Auth Not Required |
| J1632 | INJECTION, BREXANOLONE, 1 MG | Auth Required |
| J1640 | INJ, HEMIN, 1 MG | Auth Required |
| J1642 | HEPARIN SODIUM 10 UNITS INJ | Auth Not Required |
| J1643 | INJECTION, HEPARIN SODIUM (PFIZER), PER 1000 UNITS | Auth Not Required |
| J1644 | HEPARIN SODIUM PER 1000U INJ | Auth Not Required |
| J1645 | DALTEPARIN SODIUM PER 2500 IU | Auth Not Required |
| J1650 | ENOXAPARIN SODIUM 10 MG INJ | Auth Not Required |
| J1652 | FONDAPARINUX SOD 0.5MG INJ | Auth Not Required |
| J1655 | TINZAPARIN SODIUM,1000 IU INJ | Auth Not Required |
| J1670 | TETANUS IMM GLOB TO 250MG INJ | Auth Not Required |
| J1675 | HISTRELIN ACETATE | Auth Required |
| J1700 | HYDROCORTISONE ACET 25MG INJ | Auth Not Required |
| J1710 | HYDROCORTISONE SOD PH 50MG INJ | Auth Not Required |
| J1720 | HYDROCORT SOD SUCC 100MG INJ | Auth Not Required |
| J1726 | INJ, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J1729 | INJECTION, HYDROXYPROGESTERONE CAPROATE, NOS, 10 MG | Auth Required |
| J1730 | DIAZOXIDE UP TO 300MG INJ | Auth Not Required |
| J1738 | INJECTION, MELOXICAM, 1 MG | Not Covered |
| J1740 | IBANDRONATE SODIUM INJ, 1MG | Auth Not Required |
| J1741 | INJ, IBUPROFEN, 100 MG | Auth Not Required |
| J1742 | IBUTILIDE FUMARATE 1 MG INJ | Auth Not Required |
| J1743 | IDURSULFASE INJECTION | Auth Required |
| J1744 | INJ, ICATIBANT, 1 MG | Auth Required |
| J1745 | INFLIXIMAB 10MG INJ | Auth Required |
| J1746 | INJ, IBALIZUMAB-UIYK, 10 MG | Auth Required |
| J1750 | IRON DEXTRAN 50MG INJ | Auth Required |
| J1756 | IRON SUCROSE 1 MG INJ | Auth Required |
| J1786 | IMUGLUCERASE 10 UNIT INJECTION | Auth Required |
| J1790 | DROPERIDOL INJ UP TO 5MG | Auth Not Required |

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| J1800 | PROPRANOLOL HCL TO 1MG INJ | Auth Not Required |
| J1810 | DROPER FENTANYL CIT TO 2ML AMP | Auth Not Required |
| J1815 | INSULIN PER 5 UNITS INJ | Auth Not Required |
| J1817 | INSULIN ADM THROUGH DME/50 UN | Auth Not Required |
| J1823 | INJECTION, INEBILIZUMAB-CDON, 1 MG | Auth Required |
| J1826 | INTERFERON BETA-1A 30MCG INJ | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J1830 | INTERFERON BETA 1B 0.25 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J1833 | INJ, ISAVUCONAZONIUM, 1 MG | Auth Required |
| J1835 | ITRACONAZOLE, 50 MG INJ | Auth Not Required |
| J1840 | KANAMYCIN SULFATE 500 MG INJ | Auth Not Required |
| J1850 | KANAMYCIN SULFATE 75 MG INJ | Auth Not Required |
| J1885 | KETOROLAC TROM PER 15MG INJ | Auth Not Required |
| J1890 | CEPHALOTHIN SODIUM TO 1G INJ | Auth Not Required |
| J1930 | IANREOTIDE 1MG INJ | Auth Required |
| J1931 | LARONIDASE INJECTION | Auth Required |
| J1932 | INJECTION, LANREOTIDE, (CIPLA), 1 MG | Auth Required |
| J1940 | FUROSEMIDE TO 20MG INJ | Auth Not Required |
| J1943 | INJ, ARIPIPRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG | Auth Required |
| J1944 | INJ, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG | Auth Required |
| J1945 | LEPIRUDIN | Auth Not Required |
| J1950 | LEUPROLIDE ACETATE 3.75MG INJ | Auth Required |
| J1951 | INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG | Not Covered |
| J1952 | LEUPROLIDE INJECTABLE, CAMCEVI, 1 MG | Not Covered |
| J1953 | LEVETIRACETAM 10MG INJ | Auth Not Required |
| J1955 | LEVOCARNITINE PER 1G INJ | Not Covered |
| J1956 | LEVOFLOXACIN 250MG INJ | Auth Not Required |
| J1960 | LEVORPHANOL TARTRATE 2MG INJ | Auth Not Required |
| J1980 | HYOSCYAMINE SULF 0.25MG INJ | Auth Not Required |

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| J1990 | CHLORDIAZEPOXIDE HCL 100MG INJ | Auth Not Required |
| J2001 | LIDOCAINE HCl IV,10 MG, INJ | Auth Not Required |
| J2010 | LINCOMYCIN HCL 300MG INJ | Auth Not Required |
| J2020 | INJ, LINEZOLID, 200 MG | Auth Not Required |
| J2021 | INJECTION, LINEZOLID (HOSPIRA), 200 MG | Auth Not Required |
| J2060 | LORAZEPAM 2MG INJ | Auth Not Required |
| J2062 | LOXAPINE, INHALATION, 1 MG | Auth Required |
| J2150 | MANNITOL 25% IN 50ML INJ | Auth Not Required |
| J2170 | MECASERMIN INJ, 1MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J2175 | MEPERIDINE HYDROCHL 100MG INJ | Auth Not Required |
| J2180 | MEPERIDINE PROM HCL 50MG INJ | Auth Not Required |
| J2182 | INJ, MEPOLIZUMAB, 1 MG | Auth Required |
| J2184 | INJECTION, MEROPENEM (B. BRAUN), 100 MG | Auth Not Required |
| J2185 | MEROPENEM | Auth Not Required |
| J2186 | INJ, MEROPENEM AND VABORBACTAM, 10MG/10MG (20MG) | Auth Not Required |
| J2210 | METHYLERGONOVIN MAL 0.2MG INJ | Auth Not Required |
| J2212 | INJECTION, METHYLNALTREXONE, 0. 1 MG | Auth Not Required |
| J2247 | INJECTION, MICA FUNGIN SODIUM (PAR PHARM), 1 MG | Auth Not Required |
| J2248 | MICA FUNGIN SODIUM INJ,1MG | Auth Not Required |
| J2250 | MIDAZOLAM HCL PER 1 MG INJ | Auth Not Required |
| J2251 | INJECTION, MIDAZOLAM HYDROCHLORIDE (WG CRITICAL CARE), PER 1 MG | Auth Not Required |
| J2260 | MILRINONE LACTATE 5 ML INJ | Auth Not Required |
| J2265 | INJ, MINOCYCLINE HYDROCHLORIDE, 1 MG | Auth Not Required |
| J2270 | MORPHINE SULFATE 10MG INJ | Auth Not Required |
| J2272 | INJECTION, MORPHINE SULFATE (FRESENIUS KABI), UP TO 10 MG | Auth Not Required |
| J2274 | INJ, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG | Auth Not Required |
| J2278 | ZICONOTIDE INJECTION | Auth Required |
| J2280 | INJ, MOXIFLOXACIN 100 MG | Auth Not Required |
| J2281 | INJECTION, MOXIFLOXACIN (FRESENIUS KABI), 100 MG | Auth Not Required |
| J2300 | NALBUPHINE HCL PER 10 MG INJ | Auth Not Required |

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| J2310 | NALOXONE HCL PER 1 MG INJ | Auth Not Required |
| J2311 | INJECTION, NALOXONE HYDROCHLORIDE (ZIMHI), 1 MG | Auth Not Required |
| J2315 | NALTREXONE EPOT INJ, 1MG | Auth Not Required |
| J2320 | NANDROLONE DECANOATE 50 MG INJ | Auth Not Required |
| J2323 | NATALIZUMAB 1MG INJ | Auth Required |
| J2325 | NESIRITIDE INJECTION | Auth Not Required |
| J2326 | INJ, NUSINERSEN, 0.1 MG | Auth Required |
| J2327 | INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG | Auth Required |
| J2350 | INJ, OCRELIZUMAB, 1 MG | Auth Required |
| J2353 | OCTREOTIDE DEPOT IM INJ, 1MG | Auth Required |
| J2354 | OCTREOTIDE NON-D SUBC/IV,25MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J2355 | OPRELVEKIN 5 MG INJ | Auth Not Required |
| J2356 | INJECTION, TEZEPELUMAB-EKKO, 1 MG | Auth Required |
| J2357 | OMALIZUMAB INJECTION | Auth Required |
| J2358 | OLANZAPINE LONG-ACTING 1 MG INJ | Auth Not Required |
| J2360 | ORPHENADRINE CIT 60MG INJ | Auth Not Required |
| J2370 | PHENYLEPHRINE HCL 1ML INJ | Auth Not Required |
| J2400 | CHLOROPROCAINE HCL 30ML INJ | Auth Not Required |
| J2401 | INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 1 MG | Auth Not Required |
| J2402 | INJECTION, CHLOROPROCAINE HYDROCHLORIDE (CLOROTEKAL), PER 1 MG | Auth Not Required |
| J2405 | ONDANSETRON HCL 1MG INJ | Auth Not Required |
| J2406 | INJ, ORITAVANCIN (KIMYRSA), 10 MG | Not Covered |
| J2407 | INJ, ORITAVANCIN, 10 MG | Not Covered |
| J2410 | OXYMORPHONE HCL 1MG INJ | Auth Not Required |
| J2425 | PALIFERMIN INJECTION | Auth Required |
| J2426 | PALIPERIDONE PALMITATE 1 MG INJ | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J2430 | PAMIDRONATE DISODIUM 30MG INJ | Auth Not Required |
| J2440 | PAPAVERINE HCL 60MG INJ | Auth Not Required |
| J2460 | OXYTETRACYCLINE TO 50MG INJ | Auth Not Required |

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| J2469 | PALONOSETRON HCL | Auth Not Required |
| J2501 | PARICALCITOL 1 MCG INJ | Auth Not Required |
| J2502 | INJ, PASIREOTIDE LONG ACTING, 1 MG | Auth Required |
| J2503 | PEGAPTANIB SODIUM INJECTION | Auth Required |
| J2506 | INJ, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG | Not Covered |
| J2507 | INJ, PEGLOTICASE, 1 MG | Auth Required |
| J2510 | PENIC G PROC TO 600,000 U INJ | Auth Not Required |
| J2513 | PENTASTARCH 10% SOLUTION | Auth Not Required |
| J2515 | PENTOBARBITAL SODIUM 50MG INJ | Auth Not Required |
| J2540 | PENICILLIN G POTASS 50MG INJ | Auth Not Required |
| J2543 | PIPERAC SOD TAZO SOD 1.12G INJ | Auth Not Required |
| J2545 | PENTAMIDINE ISETH 300MG INJ | Auth Not Required |
| J2547 | INJ, PERAMIVIR, 1 MG | Auth Not Required |
| J2550 | PROMETHAZINE HCL 50MG INJ | Auth Not Required |
| J2560 | PHENOBARBITAL SOD 120MG INJ | Auth Not Required |
| J2562 | PLERIXAFOR INJECTION 1MG | Auth Required |
| J2590 | OXYTOCIN TO 10 UNITS INJ | Auth Not Required |
| J2597 | DESMOPRESSIN ACETATE 1 MCG INJ | Auth Not Required |
| J2650 | PREDNISOLONE ACET 1ML INJ | Auth Not Required |
| J2670 | TOLAZOLINE HCL TO 25MG INJ | Auth Not Required |
| J2675 | PROGESTERONE PER 50MG INJ | Auth Not Required |
| J2680 | FLUPHENAZINE DECAN 25 MG INJ | Auth Not Required |
| J2690 | PROCAINAMIDE HCL 1G INJ | Auth Not Required |
| J2700 | OXACILLIN SOD 250MG INJ | Auth Not Required |
| J2704 | INJ, PROPOFOL, 10 MG | Auth Not Required |
| J2710 | NEOSTIGMINE METHYL 0.5MG INJ | Auth Not Required |
| J2720 | PROTAMINE SULFATE 10 MG INJ | Auth Not Required |
| J2724 | PROTEIN C CONCENTRATE | Auth Required |
| J2725 | PROTIRELIN PER 250 MCG INJ | Auth Not Required |
| J2730 | PRALIDOXIME CHLORIDE 1G INJ | Auth Not Required |
| J2760 | PHENTOLAMINE MESYLATE 5MG ING | Auth Not Required |
| J2765 | METOCLOPRAMIDE HCL 10MG INJ | Auth Not Required |
| J2770 | QUINUPRISTIN/DALFOPRIST 500 MG | Auth Not Required |

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| J2777 | INJECTION, FARICIMAB-SVOA, 0.1 MG | Auth Required |
| J2778 | RANIBIZUMAB 0.1MG INJ | Auth Required |
| J2779 | INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG | Not Covered |
| J2780 | RANITIDINE HYDROCHLOR 25MG INJ | Auth Not Required |
| J2783 | RASBURICASE | Auth Required |
| J2785 | REGADENOSON 0.1MG INJ | Auth Not Required |
| J2786 | INJ, RESLIZUMAB, 1 MG | Auth Required |
| J2787 | RIBOFLAVIN 5-PHOSPHATE, OPHTHALMIC SOLUTION, UP TO 3 ML | Auth Required |
| J2788 | RHO D IMMUNE GLOBULIN,HUMA 50MCG INJ | Auth Not Required |
| J2790 | RHO D IMM GLOB 300MCG INJ | Auth Not Required |
| J2791 | RHOPHYLAC INJECTION | Auth Not Required |
| J2792 | RHO D IMM GLOB IV 100IU INJ | Auth Not Required |
| J2793 | RILONACEPT INJECTION 1MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J2794 | RISPERIDONE, LONG ACTING 0.5MG | Auth Not Required |
| J2795 | ROPIVACAINE HCL 1 MG | Auth Not Required |
| J2796 | ROMIPLOSTIM INJECTION 10MCG | Auth Required |
| J2797 | INJ, ROLAPITANT, 0.5 MG | Auth Required |
| J2798 | INJ, RISPERIDONE, (PERSERIS), 0.5 MG | Auth Required |
| J2800 | METHOCARBAMOL TO 10ML INJ | Auth Not Required |
| J2805 | SINCALIDE INJECTION | Auth Not Required |
| J2810 | THEOPHYLLINE PER 40 MG INJ | Auth Not Required |
| J2820 | SARGRAMOSTIM GM-CSF 50MCG INJ | Auth Not Required |
| J2840 | INJ, SEBELIPASE ALFA, 1 MG | Auth Required |
| J2850 | INJ SECRETIN SYNTHETIC HUMAN | Auth Not Required |
| J2860 | INJ, SILTUXIMAB, 10 MG | Auth Required |
| J2910 | AUROTHIOGLUCOSE 50MG INJ | Auth Not Required |
| J2916 | SOD FERRIC GLUC COMPLEX 12.5MG INJ | Auth Required |
| J2920 | METHYLPRED SOD SUCC 40MG INJ | Auth Not Required |

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| J2930 | METHYLPRED SOD SUCC 125MG INJ | Auth Not Required |
| J2940 | SOMATREM, 1 MG INJ | Auth Not Required |
| J2941 | SOMATROPIN, 1 MG INJ | Auth Required |
| J2950 | PROMAZINE HCL 25 MG INJ | Auth Not Required |
| J2993 | RETEPLASE 18.8 MG INJECTION | Auth Not Required |
| J2995 | STREPTOKINASE 250,000 IU INJ | Auth Not Required |
| J2997 | ALTEPLASE RECOMBINANT 1 MG INJ | Auth Not Required |
| J2998 | INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG | Not Covered |
| J3000 | STREPTOMYCIN 1G INJ | Auth Not Required |
| J3010 | FENTANYL CITRATE INJ 0.1 MG | Auth Not Required |
| J3030 | SUMATRIPTAN SUCCINATE 6MG INJ | Auth Not Required |
| J3031 | INJ, FREMANEZUMAB-VFRM, 1 MG | Auth Required |
| J3032 | INJECTION, EPTINEZUMAB-JJMR, 1 MG | Auth Required |
| J3060 | INJECTION TALIGLUCERACE ALFA 10 UNITS | Auth Required |
| J3070 | PENTAZOCINE HCL 30MG INJ | Auth Not Required |
| J3090 | INJ, TEDIZOLID PHOSPHATE, 1 MG | Not Covered |
| J3095 | TELEVANCIN 10 MG INJECTION | Not Covered |
| J3101 | TENECTEPLASE 1MG INJ | Auth Not Required |
| J3105 | TERBUTALINE SULFATE 1MG INJ | Auth Not Required |
| J3110 | TERIPARATIDE INJECTION | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J3111 | INJ, ROMOSUZUMAB-AQQG, 1 MG | Auth Required |
| J3121 | INJ, TESTOSTERONE ENANTHATE, 1MG | Auth Not Required |
| J3145 | INJ, TESTOSTERONE UNDECANOATE, 1 MG | Auth Not Required |
| J3230 | CHLORPROMAZINE HCL 50MG INJ | Auth Not Required |
| J3240 | THYROTROPIN ALPHA 0.9MG INJ | Auth Not Required |
| J3241 | INJECTION, TEPROTUMUMAB-TRBW, 10 MG | Auth Required |
| J3243 | TIGECYCLINE INJECTION 1MG | Auth Required |
| J3244 | INJECTION, TIGECYCLINE (ACCORD), 1 MG | Auth Not Required |
| J3245 | INJ, TILDRAKIZUMAB, 1 MG | Auth Required |
| J3246 | TIROFIBAN HCL | Auth Not Required |
| J3250 | TRIMETHOBENZA HCL 200MG INJ | Auth Not Required |

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| J3260 | TOBRAMYCIN SULFATE 80MG INJ | Auth Not Required |
| J3262 | TOCILIZUMAB 1 MG INJECTION | Auth Required |
| J3265 | TORSEMIDE 10 MG/ML INJECTION | Auth Not Required |
| J3280 | THIETHYLPERAZINE MAL 10MG INJ | Auth Not Required |
| J3285 | TREPROSTINIL INJECTION | Auth Required |
| J3299 | INJECTION, TRIAMCINOLONE ACETONIDE (XIPERE), 1 MG | Not Covered |
| J3300 | TRIAMCINOLONE ACETONIDE 1MG INJ | Auth Not Required |
| J3301 | TRIAMCINOLONE ACET 10MG INJ | Auth Not Required |
| J3302 | TRIAMCINOLONE DIACET 5MG INJ | Auth Not Required |
| J3303 | TRIAMCINOLONE HEXACET 5MG INJ | Auth Not Required |
| J3304 | INJECTION, TRIAMCINOLONE ACE, PRES FREE, EXT REL, 1MG | Auth Required |
| J3305 | TRIMETREXATE GLUCOR 25MG INJ | Auth Not Required |
| J3310 | PERPHENAZINE 5MG INJECTION | Auth Not Required |
| J3315 | TRIPTORELIN PAMOATE 3.7MG INJ | Auth Required |
| J3316 | INJ, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG | Auth Required |
| J3320 | SPECTINOMYCIN DIHYD 2G INJ | Auth Not Required |
| J3350 | UREA UP TO 40G INJECTION | Auth Not Required |
| J3355 | UROFOLLITROPIN, 75 IU | Plan Exclusion. Refer to plan document to verify if plan exclusion. Please contact Customer Servicew for benefit coverage. |
| J3357 | USTEKINUMAB 1 MG INJECTION | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J3358 | USTEKINUMAB, FOR IV INJECTION, 1 MG | Auth Required |
| J3360 | DIAZEPAM UP TO 5MG INJECTION | Auth Not Required |
| J3364 | UROKINASE 5000 IU VIAL INJ | Auth Not Required |
| J3365 | UROKINASE 250,000 IU VIAL IV | Auth Not Required |
| J3370 | VANCOMYCIN HCL 500MG INJ | Auth Not Required |
| J3371 | INJECTION, VANCOMYCIN HCL (MYLAN), 500 MG | Auth Not Required |
| J3372 | INJECTION, VANCOMYCIN HCL (XELLIA), 500 MG | Auth Required |
| J3380 | INJ, VEDOLIZUMAB, 1 MG | Auth Required |
| J3385 | VELAGLUCERASE ALFA100 UNIT INJ | Auth Required |

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| J3396 | VERTEPORFIN INJECTION | Auth Required |
| J3397 | INJ, VESTRONIDASE ALFA-VJBK, 1 MG | Auth Required |
| J3398 | INJ, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES | Auth Required |
| J3399 | INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X10^15 VECTOR GENOMES | Auth Required |
| J3400 | TRIFLUPROMAZINE HCL 20MG INJ | Auth Not Required |
| J3410 | HYDROXYZINE HCL 25MG INJ | Auth Not Required |
| J3411 | INJECTION, THIAMINE HCL 100MG | Auth Not Required |
| J3415 | PYRIDOXINE HCL 100MG INJ | Auth Not Required |
| J3420 | VITAMIN B12 CYANO 1000MCG INJ | Auth Not Required |
| J3430 | VITAMIN K PHYTONADIONE 1MG INJ | Auth Not Required |
| J3465 | INJECTION, VORICONAZOLE | Auth Not Required |
| J3470 | HYALURONIDASE TO 150UNITS INJ | Auth Not Required |
| J3471 | OVINE, UP TO 999 USP UNITS | Auth Not Required |
| J3472 | OVINE, 1000 USP UNITS | Auth Not Required |
| J3473 | HYALURONIDASE RECOMBIN 1 USP | Auth Not Required |
| J3475 | MAGNESIUM SULPH PER 500 MG INJ | Auth Not Required |
| J3480 | POTASSIUM CHLORIDE PER 2 MEQ | Auth Not Required |
| J3485 | ZIDOVUDINE 10 MG INJ | Auth Not Required |
| J3486 | ZIPRASIDONE MESYLATE | Auth Not Required |
| J3489 | INJECTION ZOLEDRONIC ACID 1 MG | Auth Not Required |
| J3490 | UNCLASSIFIED DRUGS | Auth Required when billing over \$500 |
| J3520 | EDETATE DISODIUM PER 150MG | Auth Not Required |
| J3530 | NASAL VACCINE INHALATION | Auth Not Required |
| J3535 | METERED DOSE INHALER DRUG | Auth Not Required |
| J3570 | LAETRILE AMYGDALIN VIT B17 | Auth Not Required |
| J3590 | UNCLASSIFIED BIOLOGICS | Auth Required when billing over \$500 |
| J3591 | DRUG OR BIOLOGICAL, ESRD ON DIALYSIS, NOC | Auth Required |
| J7030 | NORMAL SALINE SOLUTION 1,000CC | Auth Not Required |
| J7040 | NORMAL SAL SOL INFUS 500ML=1UN | Auth Not Required |
| J7042 | 5% DEXT/NORMAL SAL 500ML=1UNIT | Auth Not Required |
| J7050 | NORMAL SALINE SOL INFUS 250CC | Auth Not Required |
| J7060 | 5% DEXTROSE/WATER 500ML = 1 UN | Auth Not Required |

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| J7070 | D5W INFUSION 1,000CC | Auth Not Required |
| J7100 | DEXTRAN 40 500 ML INFUSION | Auth Not Required |
| J7110 | DEXTRAN 75 INFUSION 500ML | Auth Not Required |
| J7120 | RINGERS LACTATE INFUS 1000CC | Auth Not Required |
| J7121 | 5% DEXTROSE IN LACTATED RINGERS INF, UP TO 1000 CC | Auth Not Required |
| J7131 | HYPERTONIC SALINE SOLUTION, 1 ML | Auth Not Required |
| J7168 | PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER IU OF FACTOR IX ACTIVITY | Auth Not Required |
| J7169 | INJECTION, COAGULATION FACTOR XA (RECOMBINANT), INACTIVATED-ZHZO (ANDEXXA), 10 MG | Auth Not Required |
| J7170 | INJ, EMICIZUMAB-KXWH, 0.5 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7175 | INJ, FACTOR X, (HUMAN), 1 I.U. | Auth Required |
| J7177 | INJECTION, FIBRYGA, 1 MG | Auth Required |
| J7178 | INJ, HUMAN FIBRINOGEN CONCENTRATE, 1 MG | Auth Required |
| J7179 | INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWF:RCO | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7180 | INJ, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U. | Auth Required |
| J7181 | INJ, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU | Auth Required |
| J7182 | INJ, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7183 | INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN),1 I.U. | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7185 | XYNTHA INJ PER I.U. | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7186 | ANTIHEMOPHILIC FACTOR VIII PER FACTOR | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |

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| J7187 | VON WILLEBRAND FACT, IU VWF | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7188 | INJ, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U. | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7189 | FACTOR VIIIA | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7190 | FACTOR VIII HUMAN PER IU | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7191 | FACTOR VIII PORCINE PER IU | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7192 | FACTOR VIII RECOMBINANT PER IU | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7193 | FACTOR IX (PURIFIED) PER IU | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7194 | FACTOR IX COMPLEX PER IU | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7195 | FACTOR IX, PER IU | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7197 | ANTITHROMBIN III HUMAN PER IU | Auth Required |
| J7198 | ANTI INHIBITOR PER IU | Auth Required |
| J7199 | HEMOPHILIA CLOTTING FACTOR NOS | Auth Required |
| J7200 | INJ, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |

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| J7201 | INJ, FACTOR IX, FC FUSION PROTEIN (RECOMBINANT), PER IU | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7202 | INJ, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7203 | INJECTION, FACTOR IX, RECOMB GLY REBINYN, 1IU | Auth Required |
| J7204 | INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR , GLYCOPEGYLATED-EXEI, PER IU | Not Covered |
| J7205 | INJ, FACTOR VIII FC FUSION (RECOMBINANT), PER IU | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7207 | INJ, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U. | Not Covered |
| J7208 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U. | Not Covered |
| J7209 | INJ, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U. | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7210 | INJ, FACTOR VIII, (AFSTYLA), 1 I.U. | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7211 | INJECTION, FACTOR VIII, (KOVALTRY), 1 I.U. | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7212 | FACTOR VIIA-JNCW (SEVENFACT), 1 MICROGRAM | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7294 | SEGESTERONE ACETATE AND ETHINYL ESTRADIOL 0.15MG, 0.013MG PER 24 HOURS; YEARLY VAGINAL SYSTEM, EACH | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| J7295 | ETHINYL ESTRADIOL AND ETONOGESTREL 0.015MG, 0.12MG PER 24 HOURS; MONTHLY VAGINAL RING, EACH | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |

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| J7296 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG | Auth Not Required |
| J7297 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG, 3 YEAR DURATION | Auth Not Required |
| J7298 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG, 5 YEAR DURATION | Auth Not Required |
| J7300 | INTRAUTERINE COPPER CONTRACEPT | Auth Not Required |
| J7301 | LEVONORGESTREL-REL IU CONTRACEPTIVE SYS 13.5 MG | Auth Not Required |
| J7304 | CONTRACEPTIVE HORMONE PATCH | Auth Not Required |
| J7306 | LEVONORGESTREL IMPLANT SYS | Auth Not Required |
| J7307 | ETONOGESTREL IMPLANT W SUPPLI | Auth Not Required |
| J7308 | AMINOLEVULINIC ACID, 20% | Auth Not Required |
| J7309 | METHYL AMINOLEVULINATE, TOP 1G 16.8% | Auth Required |
| J7310 | GANCICLOVIR 4.5MG LONG ACT IMPT | Auth Required |
| J7311 | FLUOCINOLONE ACETONIDE IMPLT | Auth Required |
| J7312 | DEXAMETHASONE INTRA IMPLANT 0.1 MG | Auth Not Required |
| J7313 | INJ, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG | Auth Not Required |
| J7314 | INJ, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG | Auth Required |
| J7315 | MITOMYCIN, OPHTHALMIC, 0. 2 MG | Auth Not Required |
| J7316 | INJECTION OCRIPLASMIN 0.125 MG | Auth Required |
| J7318 | INJECTION, DUROLANE 1 MG | Auth Required |
| J7320 | HYALURONAN OR DERIVATIVE, GENVISC 850, INTRA-ARTICULAR INJECTION, 1 MG | Auth Required |
| J7321 | HYALURONAN/HYALGAN INTRA-ARTIC INJ | Auth Required |
| J7322 | HYALURONAN OR DERIVATIVE, HYMOVIS, INTRA-ARTICULAR INJECTION, 1 MG | Auth Required |
| J7323 | HYALURONAN/EUFLEXXA INTRA-ARTIC INJ | Auth Required |
| J7324 | ORTHOVISC INJ PER DOSE | Auth Required |
| J7325 | SYNVISC OR SYNVISC-ONE | Auth Required |
| J7326 | HYALURONAN/DERIVATIVE, GEL-ONE,INTRA-ARTICULAR INJ PER DOSE | Auth Required |
| J7327 | HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJ, PER DOSE | Auth Required |

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| J7328 | HYALURONAN OR DERIVATIVE, GEL-SYN, INTRA-ARTICULAR INJECTION, 0.1 MG | Auth Required |
| J7329 | INJECTION, TRIVISC 1 MG | Auth Required |
| J7330 | AUTOLOG CULT CHONDROCYTES IMP | Auth Required |
| J7331 | HYALURONAN OR DERIVATIVE, SYNOJOYNT, INTRA-ARTICULAR INJECTION, 1 MG | Not Covered |
| J7332 | HYALURONAN OR DERIVATIVE, TRILURON, INTRA-ARTICULAR INJECTION, 1 MG | Not Covered |
| J7336 | CAPSAICIN 8% PATCH, PER SQ CENT | Auth Not Required |
| J7340 | CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION | Auth Required |
| J7342 | INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG | Auth Not Required |
| J7345 | AMINOLEVULINIC ACID HCL, TOPICAL ADMINISTRATION, 10% GEL, 10 MG | Auth Not Required |
| J7351 | INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM | Auth Required |
| J7352 | AFAMELANOTIDE IMPLANT, 1 MG | Auth Required |
| J7402 | MOMETASONE FUROATE SINUS IMPLANT, (SINUVA), 10 MCG | Not Covered |
| J7500 | AZATHIOPRINE ORAL 50MG | Auth Not Required |
| J7501 | AZATHIOPRINE PARENTERAL 100MG | Auth Not Required |
| J7502 | CYCLOSPORINE ORAL 100MG | Auth Not Required |
| J7503 | TACROLIMUS, EXTENDED RELEASE, (ENVARUSUS XR), ORAL, 0.25 MG | Auth Not Required |
| J7504 | LYMPHOCYTE IMM GLOB 250MG PAR | Auth Required |
| J7505 | MUROMONAB-CD3 PARENTAL 5 MG | Auth Not Required |
| J7507 | TACROLIMUS ORAL PER 1 MG | Auth Not Required |
| J7508 | TACROLIMUS EXTENDED RELEASE ORAL 0.1 MG | Auth Not Required |
| J7509 | METHYLPREDNISOLONE ORAL 4MG | Auth Not Required |
| J7510 | PREDNISOLONE ORAL PER 5 MG | Auth Not Required |
| J7511 | LYMPHOCYTE IMM GLOBULIN, 25 MG | Auth Not Required |
| J7512 | PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG | Auth Not Required |
| J7513 | DACLIZUMAB PARENTERAL 25 MG | Auth Not Required |
| J7515 | CYCLOSPORINE ORAL 25MG | Auth Not Required |
| J7516 | CYCLOSPORIN PARENTERAL 250MG | Auth Not Required |
| J7517 | MYCOPHENOLATE MOFET ORAL 250MG | Auth Not Required |
| J7518 | MYCOPHENOLIC ACID, ORAL 180MG | Auth Not Required |
| J7520 | SIROLIMUS ORAL 1 MG | Auth Not Required |

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| J7525 | TACROLIMUS PARENTERAL 5 MG | Auth Not Required |
| J7527 | EVEROLIMUS, ORAL, 0. 25 MG | Auth Not Required |
| J7599 | IMMUNOSUPPRESSIVE DRUG, NEC | Auth Required when billing over \$500 |
| J7604 | ACETYLCYSTEINE IHN SOL UNIT DOSE | Auth Not Required |
| J7605 | ARFORMOTEROL NON-COMP UNIT | Auth Not Required |
| J7606 | FORM FURMARATE IHN SOL UNIT DOSE | Auth Not Required |
| J7607 | LEVALBUTEROL INH SOLU 0.5 MG | Auth Not Required |
| J7608 | ACETYLCYSTEINE INH SOL NONCOMP UN 1GM | Auth Not Required |
| J7609 | ALBUTEROL INH SOL UNIT DOS 1MG | Auth Not Required |
| J7610 | ALBUTEROL INHAL SOLUTION,1MG | Auth Not Required |
| J7611 | ALBUTEROL,INH SOL,CONCNR/MG | Auth Not Required |
| J7612 | LEVALBUTEROL INH SOL CON 0.5MG | Auth Not Required |
| J7613 | ALBUTEROL INH SOL,UNIT DOSE/MG | Auth Not Required |
| J7614 | LEVALBUTEROL INH SOL UNIT .5MG | Auth Not Required |
| J7615 | ACETYLCYSTEINE 20% PER ML INH | Auth Not Required |
| J7620 | ALBUTER 2.5MG/IPRA BRO .05 MG | Auth Not Required |
| J7622 | BETHAMETHASONE,INH SOL UNIT/MI | Auth Not Required |
| J7624 | BETHAMETHASONE,INH SOL UNT/MIL | Auth Not Required |
| J7626 | BUDESONIDE INH SOL,UNIT.5MG | Auth Not Required |
| J7627 | BUDESONIDE INH SOL COMPOUND 0.5 | Auth Not Required |
| J7628 | BITOLTEROL MESY INH CON PER MI | Auth Not Required |
| J7629 | BITOLTEROL MES INH UNIT PER MI | Auth Not Required |
| J7631 | CROMOLYN SOD INH UNIT PER 10MG | Auth Not Required |
| J7632 | CROMOLYN SODIUM COMP UNIT | Auth Not Required |
| J7633 | BUDESONIDE INH SOL CON .25MIL | Auth Not Required |
| J7634 | BUDESONIDE INH SOL 0.25MIL | Auth Not Required |
| J7635 | ATROPINE INH SOL CONC PER MIL | Auth Not Required |
| J7636 | ATROPINE INH UNIT DOSE PER MIL | Auth Not Required |
| J7637 | DEXAMETHASONE INH CONC PER MIL | Auth Not Required |
| J7638 | DEXAMETHASONE INH UNIT PER MIL | Auth Not Required |
| J7639 | DORNASE ALPHA INH UNIT DOSE PER MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |

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| J7640 | FORMOTEROL, INH SOL COMPOUNDED | Auth Not Required |
| J7641 | FLUNISOLIDE INHAL SOL UNIT/MIL | Auth Not Required |
| J7642 | CLYCOPYRROLATE INH PER MIL | Auth Not Required |
| J7643 | GLYCOPYRROLATE INH SOL UNIT/MI | Auth Not Required |
| J7644 | IPRATROPIUM BROM INH UNIT/MIL | Auth Not Required |
| J7645 | IPRATROP BROMIDE INH SOL 1MIL | Auth Not Required |
| J7647 | ISOETHARINE HCl INHAL SOL 1MIL | Auth Not Required |
| J7648 | ISOETHARINE HCl INH CON/MIL | Auth Not Required |
| J7649 | ISOETHARINE HCl INH UNT MIL | Auth Not Required |
| J7650 | ISOETHARINE HCl INH SOL UNT DO | Auth Not Required |
| J7657 | ISOPROTERENOL HCl INH SOL 1MIL | Auth Not Required |
| J7658 | ISOPROTERENOL HCl INH PER MIL | Auth Not Required |
| J7659 | ISOPROTERENOL HCl INH PER MG | Auth Not Required |
| J7660 | ISOPROTEREN HCl INH SOL UNT DO | Auth Not Required |
| J7665 | MANNITOL, VIA INHALER, 5 MG | Auth Not Required |
| J7667 | METAPROTERNOL SULF INH SOL 10M | Auth Not Required |
| J7668 | METAPROTEREN SUL INH PER 10MG | Auth Not Required |
| J7669 | METAPROTERENOL SULF INH 10 MG | Auth Not Required |
| J7670 | METAPROTER SULF INH SOL UNT DO | Auth Not Required |
| J7674 | METHACHOLINE CHLORIDE, NEB | Auth Not Required |
| J7676 | PENTAMIDINE COMP UNIT DOSE | Auth Not Required |
| J7677 | REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, 1 MICROGRAM | Auth Required |
| J7680 | TERBUTALINE SUL INH CON PER MG | Auth Not Required |
| J7681 | TERBUTALINE SULF INH CON MG | Auth Not Required |
| J7682 | TOBRAMYCIN UNIT INH 300MG | Auth Required |
| J7683 | TRIAMCINOLONE INH CONC PER MG | Auth Not Required |
| J7684 | TRIAMCINOLONE INH UNIT PER MG | Auth Not Required |
| J7685 | TOBRAMYCIN INH SOL UNT DO 300M | Auth Required |
| J7686 | TREPROSTINIL, NON-COMP UNIT 1.74 MG | Auth Required |
| J7699 | INHALATION SOLUT FOR DME NOC | Auth Required when billing over \$500 |
| J7799 | NON INHALATION DRUGS NOC | Auth Required when billing over \$500 |
| J7999 | COMPOUNDED DRUG, NOC | Auth Required when billing over \$500 |

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| J8498 | ANTIEMETIC RECTAL/SUPP NOS | Auth Required |
| J8499 | ORAL PRESCRIP DRUG NON CHEMO | Auth Required when billing over \$500 |
| J8501 | ORAL APREPITANT | Auth Not Required |
| J8510 | BULSULFAN ORAL 2MG | Auth Not Required |
| J8515 | CABERGOLINE, ORAL 0.25MG | Auth Not Required |
| J8520 | CAPECITABINE ORAL 150MG | Auth Not Required |
| J8521 | CAPECITABINE ORAL 500MG | Auth Not Required |
| J8530 | CYCLOPHOSPHAMIDE ORAL 25 MG | Auth Not Required |
| J8540 | ORAL DEXAMETHASONE | Auth Not Required |
| J8560 | ETOPOSIDE ORAL 50 MG | Auth Not Required |
| J8562 | ORAL FLUDARABINE PHOSPHATE 10 MG | Auth Not Required |
| J8565 | GEFITINIB ORAL | Auth Not Required |
| J8597 | ANTIEMETIC DRUG ORAL NOS | Auth Not Required |
| J8600 | MELPHALAN ORAL 2 MG | Auth Not Required |
| J8610 | METHOTREXATE ORAL 2.5 MG | Auth Not Required |
| J8650 | NABILONE ORAL 1MG | Auth Not Required |
| J8655 | NETUPITANT 300 MG AND PALONOSETRON 0.5 MG | Auth Required |
| J8670 | ROLAPITANT, ORAL, 1 MG | Auth Not Required |
| J8700 | TEMOZOLMIDE ORAL 5 MG | Auth Not Required |
| J8705 | TOPOTECAN ORAL 0.25MG | Auth Not Required |
| J8999 | ORAL PRESCRIPTION DRUG CHEMO | Auth Required when billing over \$500 |
| J9000 | DOXORUBIC HCL 10 MG CHEMO | Auth Not Required |
| J9015 | ALDESLEUKIN PER SINGLE USE VL | Auth Required |
| J9017 | ARSENIC TRIOXIDE, 1 MG | Auth Required |
| J9019 | INJ, ASPARAGINASE (ERWINAZE), 1,000 IU | Auth Required |
| J9020 | ASPARAGINASE 10,000 UNITS | Auth Required |
| J9021 | INJ, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1 MG | Auth Required |
| J9022 | INJ, ATEZOLIZUMAB, 10 MG | Auth Required |
| J9023 | INJ, AVELUMAB, 10 MG | Auth Required |
| J9025 | AZACITIDINE INJECTION | Auth Required |
| J9027 | CLOFARABINE INJECTION | Auth Required |
| J9030 | BCG LIVE INTRAVESICAL INSTILLATION, 1 MG | Auth Not Required |
| J9032 | INJ, BELINOSTAT, 10 MG | Auth Required |

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| J9033 | BENDAMUSTINE HCl 1MG INJ | Auth Required |
| J9034 | INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG | Auth Required |
| J9035 | BEVACIZUMAB INJECTION | Auth Required |
| J9036 | INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO), 1 MG | Not Covered |
| J9037 | INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG | Auth Required |
| J9039 | INJ, BLINATUMOMAB, 1 MICROGRAM | Auth Required |
| J9040 | BLEOMYCIN SULFATE 15 UNITS | Auth Not Required |
| J9041 | BORTEZOMIB INJECTION | Auth Required |
| J9042 | INJ, BRENTUXIMAB VEDOTIN, 1 MG | Auth Required |
| J9043 | INJ, CABAZITAXEL, 1 MG | Auth Required |
| J9044 | INJECTION, BORTEZOMIB, NOS, 0.1 MG | Auth Required |
| J9045 | CARBOPLATIN 50MG | Auth Not Required |
| J9046 | INJECTION, BORTEZOMIB, (DR. REDDY'S), 0.1 MG | Auth Required |
| J9047 | INJECTION CARFILZOMIB 1 MG | Auth Required |
| J9048 | INJECTION, BORTEZOMIB (FRESENIUS KABI), 0.1 MG | Auth Required |
| J9049 | INJECTION, BORTEZOMIB (HOSPIRA), 0.1 MG | Auth Required |
| J9050 | CARMUSTINE 100MG INJ | Auth Required |
| J9055 | CETUXIMAB INJECTION | Auth Required |
| J9057 | INJ, COPANLISIB, 1 MG | Auth Required |
| J9060 | CISPLATIN POWDER OR SOL 10MG | Auth Not Required |
| J9061 | INJ, AMIVANTAMAB-VMJW, 2 MG | Auth Required |
| J9065 | CLADRIBINE PER 1 MG INJ | Auth Required |
| J9070 | CYCLOPHOSPHAMIDE 100 MG | Auth Not Required |
| J9071 | INJECTION, CYCLOPHOSPHAMIDE, (AUROMEDICS), 5 MG | Auth Not Required |
| J9098 | CYTARABINE LIPOSOME 10MG INJ | Auth Required |
| J9100 | CYTARABINE 100 MG | Auth Not Required |
| J9118 | INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS | Auth Required |
| J9119 | INJECTION, CEMIPLIMAB-RWLC, 1 MG | Auth Required |
| J9120 | DACTINOMYCIN D 0.5MG | Auth Required |
| J9130 | DACARBAZINE 100 MG | Auth Not Required |
| J9144 | INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ | Not Covered |
| J9145 | INJ, DARATUMUMAB, 10 MG | Auth Required |
| J9150 | DAUNORUBICIN 10MG | Auth Not Required |

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| J9151 | DAUNORUBICIN CITRATE LIPO 10MG | Auth Required |
| J9153 | INJ, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE | Auth Required |
| J9155 | DEGARELIX INJECTION 1MG | Auth Required |
| J9160 | DENILEUKIN DIFTITOX 300 MCG | Auth Required |
| J9165 | DIETHYLSTILBESTROL DIP 250MG | Auth Not Required |
| J9171 | DOCETAXEL INJECTION 1MG | Auth Not Required |
| J9173 | INJ, DURVALUMAB, 10 MG | Auth Required |
| J9175 | ELLIOTTS B SOLUTION PER ML | Auth Not Required |
| J9176 | INJ, ELOTUZUMAB, 1 MG | Auth Required |
| J9177 | INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG | Auth Required |
| J9178 | INJ, EPIRUBICIN HCL, 2 MG | Auth Not Required |
| J9179 | INJ, ERIBULIN MESYLATE, 0.1 MG | Auth Required |
| J9181 | ETOPOSIDE 10 MG | Auth Not Required |
| J9185 | FLUDARABINE PHOSPHATE 50 MG | Auth Not Required |
| J9190 | FLUOROURACIL 500MG | Auth Not Required |
| J9198 | INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG | Not Covered |
| J9200 | FLOXURIDINE 500MG | Auth Required |
| J9201 | GEMCITABINE HCL 200 MG | Auth Not Required |
| J9202 | GOSERELIN ACETATE IMP 3.6MG | Auth Required |
| J9203 | INJ, GEMTUZUMAB OZOGAMICIN, 0.1 MG | Auth Required |
| J9204 | INJ, MOGAMULIZUMAB-KPKC, 1 MG | Auth Required |
| J9205 | INJ, IRINOTECAN LIPOSOME, 1 MG | Auth Required |
| J9206 | IRONOTECAN 20 MG | Auth Not Required |
| J9207 | IXABEPILONE 1MG INJ | Auth Required |
| J9208 | IFOSFAMIDE PER 1G | Auth Not Required |
| J9209 | MESNA 200MG | Auth Not Required |
| J9210 | INJ, EMAPALUMAB-LZSG, 1 MG | Auth Required |
| J9211 | IDARUBICIN HCL 5MG | Auth Required |
| J9212 | INTERFERON ALFACON 1 RECO 1MCG,1MCG | Auth Required |
| J9213 | INTERFERON ALFA 2A REC 3MIL UN | Auth Required |
| J9214 | INTERFERON ALFA 2B REC 1MIL | Auth Required |
| J9215 | INTERFERON ALFA N3 250,000 IU | Auth Required |
| J9216 | INTERFERON GAMMA 1 B 3MIL | Auth Required |

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| J9217 | LEUPROLIDE ACETATE SUSP 7.5MG | Auth Required |
| J9218 | LEUPROLIDE ACETATE PER 1MG | Auth Required |
| J9219 | LEUPROLIDE ACETATE IMP 65 MG | Auth Required |
| J9223 | INJECTION, LURBINECTEDIN, 0.1 MG | Auth Required |
| J9225 | VANTAS IMPLANT | Auth Required |
| J9226 | SUPPRELIN LA IMPLANT | Auth Required |
| J9227 | INJECTION, ISATUXIMAB-IRFC, 10 MG | Auth Required |
| J9228 | INJ, IPILIMUMAB, 1 MG | Auth Required |
| J9229 | INJ, INOTUZUMAB OZOGAMICIN, 0.1 MG | Auth Required |
| J9230 | MECHLORETHAMINE HCL 10MG | Auth Required |
| J9245 | MELPHALAN HCL 50MG INJ | Auth Required |
| J9246 | INJECTION, MELPHALAN (EVOMELA), 1 MG | Not Covered |
| J9247 | INJ, MELPHALAN FLUFENAMIDE, 1MG | Not Covered |
| J9250 | METHOTREXATE SODIUM 5 MG | Auth Not Required |
| J9260 | METHOTREXATE SODIUM 50MG | Auth Not Required |
| J9261 | NELARABINE INJ 50MG | Auth Required |
| J9262 | INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG | Auth Required |
| J9263 | OXALIPLATIN | Auth Not Required |
| J9264 | PACLITAXEL PROTEIN BOUND | Auth Required |
| J9266 | PEGASPARGASE SINGLE DOSE VIAL | Auth Required |
| J9267 | INJ, PACLITAXEL, 1 MG | Auth Not Required |
| J9268 | PENTOSTATIN PER 10MG | Auth Required |
| J9269 | INJ, TAGRAXOFUSP-ERZS, 10 MICROGRAMS | Auth Required |
| J9270 | PLICAMYCIN 2.5MG | Auth Not Required |
| J9271 | INJ, PEMBROLIZUMAB, 1 MG | Auth Required |
| J9272 | INJ, DOSTARLIMAB-GXLY, 10 MG | Auth Required |
| J9273 | INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG | Auth Required |
| J9274 | INJECTION, TEBENTAFUSP-TEBN, 1 MICROGRAM | Auth Required |
| J9280 | MITOMYCIN 5 MG | Auth Not Required |
| J9281 | MITOMYCIN PYELOALYCEAL INSTILLATION, 1 MG | Auth Required |
| J9285 | INJ, OLARATUMAB, 10 MG | Auth Required |
| J9293 | MITOXANTRONE HCL PER 5MG | Auth Required |
| J9295 | INJ, NECITUMUMAB, 1 MG | Auth Required |

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| J9298 | INJECTION, NIVOLUMAB AND RELATLIMAB-RMBW, 3 MG/1 MG | Auth Required |
| J9299 | INJ, NIVOLUMAB, 1 MG | Auth Required |
| J9301 | INJ, OBINUTUZUMAB, 10 MG | Auth Required |
| J9302 | OFATUMUMAB 10 MG INJECTION | Auth Required |
| J9303 | PANITUMUMAB INJECTION | Auth Required |
| J9304 | INJECTION, PEMETREXED (PEMFEXY), 10 MG | Auth Required |
| J9305 | PEMETREXED INJECTION | Auth Required |
| J9306 | INJECTION PERTUZUMAB 1 MG | Auth Required |
| J9307 | PRALATREXATE 1 MG INJECTION | Auth Required |
| J9308 | INJ, RAMUCIRUMAB, 5 MG | Auth Required |
| J9309 | INJ, POLATUZUMAB VEDOTIN-PIIQ, 1 MG | Auth Required |
| J9311 | INJ, RITUXIMAB 10 MG AND HYALURONIDASE | Not Covered |
| J9312 | INJ, RITUXIMAB, 10 MG | Auth Required |
| J9313 | INJ, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG | Auth Required |
| J9316 | INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG | Not Covered |
| J9317 | INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG | Auth Required |
| J9318 | INJ, ROMIDEPSIN, NON-LYOPHILIZED, 0.1 MG | Auth Required |
| J9319 | INJ, ROMIDEPSIN, LYOPHILIZED, 0.1 MG | Auth Required |
| J9320 | STREPTOZOCIN 1G | Auth Required |
| J9325 | INJ, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS | Auth Required |
| J9328 | TEMOZOLOMIDE INJECTION 1MG | Auth Required |
| J9330 | TEMSIROLIMUS INJECTION | Auth Required |
| J9331 | INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG | Not Covered |
| J9332 | INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG | Auth Required |
| J9340 | THIOTEPA 15MG | Auth Required |
| J9348 | INJECTION, NAXITAMAB-GQGK, 1 MG | Auth Required |
| J9349 | INJECTION, TAFASITAMAB-CXIX, 2 MG | Auth Required |
| J9351 | TOPOTECAN 0.1 MG INJECTION | Auth Not Required |
| J9352 | INJ, TRABECTEDIN, 0.1 MG | Auth Required |

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| J9353 | INJECTION, MARGTUXIMAB-CMKB, 5MG | Auth Required |
| J9354 | INJ ADO-TRASTUZUMAB EMTANSINE 1 MG | Auth Required |
| J9355 | TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG | Auth Required |
| J9356 | INJ, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK | Not Covered |
| J9357 | VALRUBICIN INTRAVESICAL 200MG | Auth Required |
| J9358 | INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG | Auth Required |
| J9359 | INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG | Auth Required |
| J9360 | VINBLASTINE SULFATE 1MG | Auth Not Required |
| J9370 | VINCRISTINE SULFATE 1 MG | Auth Not Required |
| J9371 | INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG | Auth Required |
| J9390 | VINORELBINE TARTRATE PER 10 MG | Auth Not Required |
| J9393 | INJECTION, FULVESTRANT (TEVA), 25 MG | Auth Required |
| J9394 | INJECTION, FULVESTRANT (FRESENIUS KABI), 25 MG | Auth Required |
| J9395 | FULVESTRANT INJ 25MG | Auth Not Required |
| J9400 | INJECTION ZIV-AFLIBERCEPT 1 MG | Auth Required |
| J9600 | PORFIMER SODIUM 75 MG | Auth Required |
| J9999 | ANTINEOPLASTIC NOC DRUG | Auth Required when billing over \$500 |
| K0455 | PUMP UNINTERRUPTED INFUSION | Auth Required |
| K0552 | SUPPLY/EXT INF PUMP SYR TYPE | Auth Not Required |
| K0553 | SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), 1 MONTH | Not covered. Medicare code only. |
| K0554 | THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM (CGM) RECEIVER/MONITOR | Not covered. Medicare code only. |
| K1006 | SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC, ANY TYPE, FOR USE WITH EXTERNAL URINE MANAGEMENT SYSTEM | Auth Required |
| Q0138 | FERUMOXYTOL, NON-ESRD | Auth Required |
| Q0139 | FERUMOXYTOL, ESRD USE | Auth Required |
| Q0144 | AZITHROMYCIN DIHYDRATE, ORAL | Auth Not Required |
| Q0161 | CHLORPROMAZINE HYDROCHLORIDE 5 MG ORAL | Auth Not Required |
| Q0162 | ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A | Auth Not Required |
| Q0163 | DIPHENHYDRAMINE HCL 50MG | Auth Not Required |
| Q0164 | PROCHLORPERAZINE MALEATE 5MG | Auth Not Required |

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| Q0166 | GRANISETRON HCL 1 MG ORAL | Auth Not Required |
| Q0167 | DRONABINOL,2.5MG,ORAL | Auth Not Required |
| Q0169 | PROMETHAZINE HCL,12.5MG,ORAL | Auth Not Required |
| Q0173 | TRIMETHOBENZAMIDE HCL 250MG | Auth Not Required |
| Q0174 | THIETHYLPERAZINE MALEATE10MG | Auth Not Required |
| Q0175 | PERPHENZINE,4MG,ORAL | Auth Not Required |
| Q0177 | HYDROXYZINE PAMOATE 25MG | Auth Not Required |
| Q0180 | DOLASETRON MESYLATE ORAL | Auth Not Required |
| Q0181 | UNSPECIFIED ORAL ANTI-EMETIC | Auth Not Required |
| Q0510 | DISPENS FEE IMMUNOSUPPRESSIVE | Not Covered. Used for Medicare only. |
| Q0511 | SUP FEE ANTIEM,ANTICA,IMMUNO | Not Covered. Used for Medicare only. |
| Q0512 | PX SUP FEE ANTI-CAN SUB PRES | Not Covered. Used for Medicare only. |
| Q0513 | DISP FEE INHAL DRUGS/30 DAYS | Not Covered. Used for Medicare only. |
| Q0514 | DISP FEE INHAL DRUGS/90 DAYS | Not Covered. Used for Medicare only. |
| Q0515 | SERMORELIN ACETATE INJECTION | Auth Not Required |
| Q2004 | IRRIGATION SOLUTION TREAT BLADDER CALCULI,500 ML | Auth Not Required |
| Q2009 | FOSPHENYTOIN INJ PE 50MG | Auth Not Required |
| Q2017 | TENIPOSIDE, 50 MG | Auth Required |
| Q2026 | RADIESSE INJECTION 0.1 ML | Not Covered |
| Q2028 | INJECTION SCULPTRA 0.5 MG | Plan Exclusion. Refer to plan document to verify if plan exclusion. Please contact Customer Servicew for benefit coverage. |
| Q2034 | FLU VIRUS VAC SPLIT VIRUS INTRAMUSCULAR AGRIFLU | Auth Not Required |
| Q2035 | AFLURIA VACC, 3 YRS & >, IM | Auth Not Required |
| Q2036 | FLULAVAL VACC, 3 YRS & >, IM | Auth Not Required |
| Q2037 | FLUVIRIN VACC, 3 YRS & >, IM | Auth Not Required |
| Q2038 | FLUZONE VACC, 3 YRS & >, IM | Auth Not Required |
| Q2039 | NOS FLU VACC, 3 YRS & >, IM | Auth Not Required |
| Q2041 | INFUSION, AXICABTAGENE CILOLEUCEL, MAX 200 MIL AUTOLOGUOS CAR T CELLS, PER INFUSION | Auth Required |
| Q2042 | TISAGENLECLEUCEL CAR-POS T CELLS, PER THERAPEUTIC DOSE | Auth Required |

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| Q2043 | SIPULEUCEL-T, MIN 50 MILL AUTOLOGOUS CD54+ CELLS ACTVTD, PER INFUSION | Auth Required |
| Q2049 | INJ DOXORUBICIN HCl LIP IMPORTED LIPODOX 10 MG | Auth Required |
| Q2050 | INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG | Auth Required |
| Q2052 | SERVICES SUPPLIES IN HOME MEDICARE IVIG DEM | Auth Required |
| Q2053 | BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, PER THERAPEUTIC DOSE | Auth Required |
| Q2054 | LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR- POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PRPARATION PROCEDURES, PER THERAPEUTIC DOSE | Auth Required |
| Q2055 | IDECABTAGENE VICLEUCEL,UP TO 460 MIL AUTOLOGOUS BCMA DIR CAR-POS T CELLS | Auth Required |
| Q2056 | CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS BCMA DIRECTED CAR- POSITIVE T CELLS, INC LEUKAPHERESIS AND DOSE PREP PROC, PER THERAPEUTIC DOSE | Auth Required |
| Q3027 | INJECTION INTERFERON BETA-1A 1 MCG IM USE | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| Q3028 | INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| Q4074 | ILOPROST NON-COMP UNIT DOSE | Auth Not Required |
| Q4081 | EPOETIN ALFA, 100 UNITS ESRD | Auth Required |
| Q4082 | DRUG/BIO NOC PART B DRUG CAP | Auth Required |
| Q5101 | INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM | Auth Not Required |

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| Q5103 | INJ, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG | Auth Required |
| Q5104 | INJ, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG | Auth Required |
| Q5105 | INJ, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (ESRD ON DIALYSIS), 100 UNITS | Auth Not Required |
| Q5106 | INJ, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (NON-ESRD USE), 1000 UNITS | Auth Not Required |
| Q5107 | INJECTION MVASI, 10 MG | Auth Not Required |
| Q5108 | INJECTION, FULPHILA | Auth Not Required |
| Q5109 | INJECTION, IXIFI, 10 MG | Auth Required |
| Q5110 | NIVESTYM | No Auth Required |
| Q5111 | INJ, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG | Auth Not Required |
| Q5112 | INJ, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG | Auth Required |
| Q5113 | INJ, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MG | Auth Required |
| Q5114 | INJ, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG | Auth Required |
| Q5115 | INJ, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA) 10 MG | Auth Required |
| Q5116 | INJ, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG | Auth Required |
| Q5117 | INJ, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG | Auth Required |
| Q5118 | INJ, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG | Auth Not Required |
| Q5119 | INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG | Auth Not Required |
| Q5120 | INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG | Auth Not Required |
| Q5121 | INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG | Not Covered |
| Q5122 | INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG | Auth Not Required |
| Q5123 | INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG | Not Covered |
| Q5124 | INJECTION, RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ), 0.1 MG | Auth Required |
| Q5125 | INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MICROGRAM | Not Covered |
| Q5126 | INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG | Not Covered |
| Q9991 | INJ, BUPRENORPHINE EXT-REL (SUBLOCADE), 100 MG OR LESS | Auth Not Required |
| Q9992 | INJ, BUPRENORPHINE EXT-REL (SUBLOCADE), GREATER THAN 100 MG | Auth Not Required |
| S0012 | BUTORPHANOL TARTRATE, NASAL | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0014 | TACRINE HYDROCHLORIDE 10MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |

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| S0017 | INJECTION, AMINOCAPROIC ACID 5GM | Auth Not Required |
| S0020 | INJECTION, BUPIVICAINE HYDRO 30ML | Auth Not Required |
| S0021 | INJECTION, CEFOPERAZONE SOD 1 GM | Not Covered |
| S0023 | INJECTION, CIMETIDINE HYDROC 300MG | Auth Required |
| S0028 | INJ, FAMOTIDINE, 20 MG | Auth Not Required |
| S0030 | INJECTION, METRONIDAZOLE 500MG | Auth Not Required |
| S0032 | INJECTION, NAFCILLIN SODIUM 2GMS | Auth Not Required |
| S0034 | INJ, OFLOXACIN, 400 MG | Auth Not Required |
| S0039 | INJECTION, SULFAMETHOXAZOLE 10ML | Auth Not Required |
| S0040 | INJECTION, TICARCILLIN DISOD 3.1GM | Auth Required |
| S0073 | INJ, AZTREONAM, 500 MG | Auth Not Required |
| S0074 | INJECTION, CEFOTETAN DISODIU | Auth Not Required |
| S0077 | INJECTION, CLINDAMYCIN PHOSP | Auth Not Required |
| S0078 | INJECTION, FOSPHENYTOIN SODI | Auth Not Required |
| S0080 | INJECTION, PENTAMIDINE ISETH | Auth Not Required |
| S0081 | INJECTION, PIPERACILLIN SODI | Auth Not Required |
| S0088 | IMATINIB 100 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0090 | SILDENAFIL CITRATE 25MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0091 | GRANISETRON 1MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0092 | HYDROMORPHONE 250 MG | Auth Not Required |
| S0093 | MORPHINE 500 MG | Auth Not Required |
| S0104 | ZIDOVUDINE, ORAL, 100 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0106 | BUPROPION HCL SR 60 TABLETS | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |

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| S0108 | MERCAPTOPYRINE 50 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0109 | METHADONE ORAL 5MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0117 | TRETINOIN TOPICAL 5 G | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0119 | ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0122 | INJ MENOTROPINS 75 IU | Plan Exclusion. Refer to plan document to verify if plan exclusion. Please contact Customer Service for benefit coverage. |
| S0126 | INJ FOLLITROPIN ALFA 75 IU | Plan Exclusion. Refer to plan document to verify if plan exclusion. Please contact Customer Service for benefit coverage. |
| S0128 | INJ FOLLITROPIN BETA 75 IU | Plan Exclusion. Refer to plan document to verify if plan exclusion. Please contact Customer Service for benefit coverage. |
| S0132 | INJ GANIRELIX ACETAT 250 MCG | Plan Exclusion. Refer to plan document to verify if plan exclusion. Please contact Customer Service for benefit coverage. |
| S0136 | CLOZAPINE, 25 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0137 | DIDANOSINE, 25 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |

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| S0138 | FINASTERIDE, 5 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0139 | MINOXIDIL, 10 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0140 | SAQUINAVIR, 200 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0142 | COLISTIMETHATE INH SOL MG | Auth Required |
| S0145 | PEG INTERFERON ALFA-2A/180 | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0148 | PEG INTERFERON ALFA-2B/10 | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0155 | EPOPROSTENOL DILUTANT | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0156 | EXEMESTANE 25 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0157 | BECAPLERMIN GEL 1%, 0.5 GM | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0160 | DEXTROAMPHETAMINE | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0164 | INJECTION PANTROPRAZOLE | Auth Not Required |
| S0166 | INJ OLANZAPINE 2.5MG | Auth Required |
| S0169 | CALCITROL | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |

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| S0170 | ANASTROZOLE 1 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0171 | BUMETANIDE 0.5 MG | Auth Required |
| S0172 | CHLORAMBUCIL 2 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0174 | DOLASETRON 50 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0175 | FLUTAMIDE 125 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0176 | HYDROXYUREA 500 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0177 | LEVAMISOLE 50 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0178 | LOMUSTINE 10 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0179 | MEGESTROL 20 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0182 | PROCARBAZINE 5 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0183 | PROCHLORPERAZINE 5 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0187 | TAMOXIFEN 10 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |

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| S0189 | TESTOSTERONE PELLETT 75 MG | Auth Required |
| S0190 | MIFEPRISTONE, ORAL, 200 MG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0191 | MISOPROSTOL, ORAL, 200 MCG | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0194 | VITAMIN SUPPL 100 CAPS | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S0197 | PRENATAL VITAMINS 30 DAY | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S4989 | CONTRACEPT IUD | Auth Not Required |
| S4990 | NICOTINE PATCH LEGEND | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S4991 | NICOTINE PATCH NONLEGEND | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S4993 | CONTRACEPTIVE PILLS FOR BC | Auth Not Required |
| S4995 | SMOKING CESSATION GUM | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S5000 | PRESCRIPTION DRUG, GENERIC | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S5001 | PRESCRIPTION DRUG, BRAND NAME | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S5010 | 5% DEXTROSE AND 0.45% SALINE | Auth Not Required |
| S5012 | 5% DEXTROSE WITH POTASSIUM | Auth Not Required |
| S5013 | 5% DEXTROSE/0.45% SALINE 1000ML | Auth Not Required |
| S5014 | D5W/0.45NS W KCL AND MGS04 | Auth Not Required |

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| S5035 | HIT ROUTINE DEVICE MAINT | Auth Required |
| S5036 | HIT DEVICE REPAIR | Auth Required |
| S5497 | HIT CATH CARE NOC | Auth Not Required |
| S5498 | HIT SIMPLE CATH CARE | Auth Not Required |
| S5501 | HIT COMPLEX CATH CARE | Auth Not Required |
| S5502 | HIT INTERIM CATH CARE | Auth Not Required |
| S5517 | HIT DECLOTTING KIT | Auth Not Required |
| S5518 | HIT CATH REPAIR KIT | Auth Required |
| S5520 | HIT PICC INSERT KIT | Auth Required |
| S5521 | HIT MIDLINE CATH INSERT KIT | Auth Required |
| S5522 | HIT PICC INSERT NO SUPP | Auth Required |
| S5523 | HIP MIDLINE CATH INSERT KIT | Auth Required |
| S5550 | INSULIN RAPID 5 U | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S5551 | INSULIN MOST RAPID 5 U | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S5552 | INSULIN INTERMED 5 U | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S5553 | INSULIN LONG ACTING 5 U | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S5560 | INSULIN REUSE PEN 1.5 ML | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S5561 | INSULIN REUSE PEN 3 ML | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S5565 | INSULIN CARTRIDGE 150 U | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |

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| S5566 | INSULIN CARTRIDGE 300 U | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S5570 | INSULIN DISPOS PEN 1.5 ML | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S5571 | INSULIN DISPOS PEN 3 ML | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S8490 | 100 INSULIN SYRINGES | Not covered under medical benefit. Contact RealRx pharmacy customer service for benefit coverage. |
| S9325 | HIT PAIN MGMT PER DIEM | Auth Not Required |
| S9326 | HIT CONT PAIN PER DIEM | Auth Not Required |
| S9327 | HIT INT PAIN PER DIEM | Auth Not Required |
| S9328 | HIT PAIN IMP PUMP DIEM | Not Covered |
| S9329 | HIT CHEMO PER DIEM | Auth Not Required |
| S9330 | HIT CONT CHEM DIEM | Auth Not Required |
| S9331 | HIT INTERMIT CHEMO DIEM | Auth Not Required |
| S9336 | HIT CONT ANTICOAG DIEM | Auth Not Required |
| S9338 | HIT IMMUNOTHERAPY DIEM | Auth Not Required |
| S9345 | HIT ANTI-HEMOPHIL DIEM | Auth Not Required |
| S9346 | HIT ALPHA-1-PROTEINAS DIEM | Auth Not Required |
| S9347 | HIT LONGTERM INFUSION DIEM | Auth Not Required |
| S9348 | HIT SYMPATHOMIM DIEM | Auth Not Required |
| S9349 | HIT TOCOLYSIS DIEM | Auth Not Required |
| S9351 | HIT CONT ANTIEMETIC DIEM | Auth Not Required |
| S9353 | HIT CONT INSULIN DIEM | Auth Not Required |
| S9355 | HIT CHELATION DIEM | Auth Not Required |
| S9357 | HIT ENZYME REPLACE DIEM | Auth Not Required |
| S9359 | HIT ANTI-TNF PER DIEM | Auth Not Required |
| S9361 | HIT DIURETIC INFUS DIEM | Auth Not Required |
| S9363 | HIT ANTI-SPASMOTIC DIEM | Auth Not Required |

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| S9364 | HIT TPN TOTAL DIEM | Auth Required |
| S9365 | HIT TPN 1 LITER DIEM | Auth Required |
| S9366 | HIT TPN 2 LITER DIEM | Auth Required |
| S9367 | HIT TPN 3 LITER DIEM | Auth Required |
| S9368 | HIT TPN OVER 3L DIEM | Auth Required |
| S9370 | HT INJ ANTIEMETIC DIEM | Auth Not Required |
| S9372 | HT INJ ANTICOAG DIEM | Auth Not Required |
| S9373 | HIT HYDRA TOTAL DIEM | Auth Not Required |
| S9374 | HIT HYDRA 1 LITER DIEM | Auth Not Required |
| S9375 | HIT HYDRA 2 LITER DIEM | Auth Not Required |
| S9376 | HIT HYDRA 3 LITER DIEM | Auth Not Required |
| S9377 | HIT HYDRA OVER 3L DIEM | Auth Not Required |
| S9379 | HIT NOC PER DIEM | Auth Not Required |
| S9381 | HIT HIGH RISK/ESCORT | Auth Not Required |
| S9490 | HIT CORTICOSTEROID/DIEM | Auth Not Required |
| S9494 | HIT ANTIBIOTIC TOTAL DIEM | Auth Not Required |
| S9497 | HIT ANTIBIOTIC Q3H DIEM | Auth Not Required |
| S9500 | HIT ANTIBIOTIC Q24H DIEM | Auth Not Required |
| S9501 | HIT ANTIBIOTIC Q12H DIEM | Auth Not Required |
| S9502 | HIT ANTIBIOTIC Q8H DIEM | Auth Not Required |
| S9503 | HIT ANTIBIOTIC Q6H DIEM | Auth Not Required |
| S9504 | HIT ANTIBIOTIC Q4H DIEM | Auth Not Required |
| S9529 | VENIPUNCTURE HOME/SNF | Auth Not Required |
| S9537 | HT HEM HORM INJ DIEM | Auth Not Required |
| S9538 | HIT BLOOD PRODUCTS DIEM | Auth Not Required |
| S9542 | HT INJ NOC PER DIEM | Auth Not Required |
| S9558 | HT INJ GROWTH HORM DIEM | Auth Required |
| S9559 | HIT INJ INTERFERON DIEM | Auth Not Required |
| S9560 | HT INJ HORMONE DIEM | Auth Not Required |
| S9562 | HT INJ PALIVIZUMAB DIEM | Auth Not Required |
| S9810 | HT PHARM PER HOUR | Auth Not Required |

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