Priority Health Medicare Part B

Medical Drug List

Priority Health Medical Drug List

Medicare

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lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
*** Miscellaneous Medical Drugs**				
**** Miscellaneous Medical Drugs***				
B4189	N/A	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Part B Drug	Drug Name: **TROPHAMINE**
B4199	N/A	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Part B Drug	Drug Name: **TROPHAMINE**
G0138	N/A	Intravenous infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipaglucosidase alfa-atga	Part B Drug	PA; Drug Name: **OPFOLDA**

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
G2082	N/A	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation	Part B Drug	PA; Drug Name: **SPRAVATO**
G2083	N/A	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation	Part B Drug	PA; Drug Name: **SPRAVATO**
J1736	N/A	Injection, meloxicam (delova), 1 mg	Part B Drug	PA; Drug Name: **QAMZOVA**
Q5150	N/A	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	Part B Drug	PA; Drug Name: **Ahzantive (aflibercept-mrbb)**
Q5155	N/A	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	Part B Drug	PA; Drug Name: **YESAFILI**

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Antidote Therapeutics				
Acetaminophen Antidote				
J7608	*acetylcysteine*	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram	Part B Drug	B vs D (PA applies)
Antidote Therapeutics				
J0618	*calcium chloride*	Injection, calcium chloride, 2 mg	Part B Drug	
J0716	ANASCORP	Injection, centruroides immune f(ab)2, up to 120 milligrams (Code Price is per 1 vial) (For billing prior to 1/1/13 use C9288 or J3590)	Part B Drug	
J0841	ANAVIP	Injection, crotalidae immune f(ab')2 (equine), 120 mg	Part B Drug	
J0895	*deferoxamine*	Injection, deferoxamine mesylate, 500 mg	Part B Drug	PA; No PA required for ICD-10 codes D56.0-D56.9, D57.00-D57.819, E72.00-E72.09, E83.00-E83.09, E83.10-E83.19, E83.52, K74.3, K74.4, K74.5, T56.0X1A-T56.0X4S, T56.1X1A-T56.1X4S, T56.3X1A-T56.3X4S, T56.4X1A-T56.4X4S, T56.5X1A-T56.0X4S, T56.811A-T56.814S, T56.891A-T56.894S, T56.91A-T56.94X2, T57.01A-T57.0X4S, T80.92XA-T80.92XS.

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0895	DESFERAL	Injection, deferoxamine mesylate, 500 mg	Part B Drug	PA; No PA required for ICD-10 codes D56.0-D56.9, D57.00-D57.819, E72.00-E72.09, E83.00-E83.09, E83.10-E83.19, E83.52, K74.3, K74.4, K74.5, T56.0X1A-T56.0X4S, T56.1X1A-T56.1X4S, T56.3X1A-T56.3X4S, T56.4X1A-T56.4X4S, T56.5X1A-T56.0X4S, T56.811A-T56.814S, T56.891A-T56.894S, T56.91A-T56.94X2, T57.01A-T57.0X4S, T80.92XA-T80.92XS.
J1610	GLUCAGON EMERGENCY KIT (HUMAN)	Injection, glucagon hydrochloride, per 1 mg	Part B Drug	
J1611	GLUCAGON (HCL) EMERGENCY KIT	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	Part B Drug	
J1611	*glucagon 1 mg vial*	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	Part B Drug	
J2312	LIFEMS NALOXONE	Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg	Part B Drug	
J2312	*naloxone injection*	Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg	Part B Drug	
J2313	ZIMHI	Injection, naloxone hydrochloride (zimhi), 0.01 mg	Part B Drug	
Chemotherapy Antidotes/Protectants				
J0207	ETHYOL	Injection, amifostine, 500mg (All NDCs Inactive October 2024)	Part B Drug	
J0640	*leucovorin calcium injection*	Injection, leucovorin calcium, per 50 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0641	*levoleucovorin calcium*	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Part B Drug	
J0642	KHAPZORY	Injection, levoleucovorin (khapzory), 0.5 mg	Part B Drug	
J1190	*dexrazoxane hcl*	Injection, dexrazoxane hydrochloride, per 250 mg	Part B Drug	
J1448	COSELA	Injection, trilaciclib, 1mg	Part B Drug	PA
J9209	*mesna intravenous*	Injection, mesna, 200 mg	Part B Drug	
J9209	MESNEX INTRAVENOUS	Injection, mesna, 200 mg	Part B Drug	
Antihistamine Drugs				
Ethanolamine Derivatives				
J1200	*diphenhydramine hcl injection*	Injection, diphenhydramine HCl, up to 50 mg	Part B Drug	
First Generation Antihistamines				
J1200	*diphenhydramine hcl injection*	Injection, diphenhydramine HCl, up to 50 mg	Part B Drug	
Other Antihistamines				
J1308	*famotidine (pf)-nacl (iso-os)*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial 25's,sdv,p/f,outer*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial inner, p/f, suv*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial inner, suv, p/f*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial outer, p/f, suv*	Injection, famotidine, 0.25 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1308	*famotidine 20 mg/2 ml vial outer, suv, p/f*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial p/f, inner, sdv*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial p/f, outer, sdv*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial p/f, suv, inner*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial p/f, suv, outer*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial sdv,p/f,inner*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial suv, p/f*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 200 mg/20 ml vial 10's,mdv,outer*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 200 mg/20 ml vial mdv, inner*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 200 mg/20 ml vial mdv, outer*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 200 mg/20 ml vial muv, inner*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 200 mg/20 ml vial muv, outer*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 40 mg/4 ml vial*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 40 mg/4 ml vial inner*	Injection, famotidine, 0.25 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1308	*famotidine 40 mg/4 ml vial mdv,inner*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 40 mg/4 ml vial mdv,outer*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 40 mg/4 ml vial muv, inner*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 40 mg/4 ml vial muv, outer*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 40 mg/4 ml vial outer*	Injection, famotidine, 0.25 mg	Part B Drug	
Phenothiazine Derivatives				
J2550	PHENERGAN	Injection, promethazine HCl, up to 50 mg	Part B Drug	
J2550	*promethazine injection*	Injection, promethazine HCl, up to 50 mg	Part B Drug	
Second Generation Antihistamines				
J1201	QUZYTTIR	Injection, cetirizine hydrochloride, 0.5 mg	Part B Drug	PA; ST applies
Anti-Infective Agents				
1St Generation Cephalosporin Antibiotics				
J0687	*cefazolin intravenous*	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	Part B Drug	
J0688	*cefazolin intravenous*	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0689	*cefazolin in dextrose (iso-os)*	Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg	Part B Drug	
J0690	*cefazolin 1 gm vial 25's, p/f*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 1 gm vial 25's, suv*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 1 gm vial inner, suv*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 1 gm vial inner, suv, p/f*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 1 gm vial inner,sdv*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 1 gm vial outer, suv*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 1 gm vial outer, suv, p/f*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 1 gm vial outer,sdv*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 1 gm vial p/f*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 1 gm vial p/f, sdv*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 1 gm vial sdv*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 1 gm vial suv*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 2 gm vial inner, suv*	Injection, cefazolin sodium, 500 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0690	*cefazolin 2 gm vial outer, suv*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 3 gm vial inner, p/f*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 3 gm vial outer, p/f*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 500 mg vial 10's, outer, suv*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 500 mg vial 25's*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 500 mg vial 25's, p/f*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 500 mg vial 25's, sdv*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 500 mg vial inner, suv*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 500 mg vial p/f, sdv*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin 500 mg vial suv*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin in dextrose (iso-os)*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J0690	*cefazolin intravenous*	Injection, cefazolin sodium, 500 mg	Part B Drug	
J3490	*cefazolin sod 100 gm bulk bag*	Unclassified drugs	Part B Drug	
J3490	*cefazolin sod 300 gm bulk bag*	Unclassified drugs	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7999	*cefazolin in dextrose 5 %*	Compounded drug, not otherwise classified (NDCs listed are for final compounded products only)	Part B Drug	
2Nd Generation Cephalosporin Antibiotics				
J0525	CEFOTAN	Injection, cefotetan disodium, 10 mg	Part B Drug	
J0525	*cefotetan*	Injection, cefotetan disodium, 10 mg	Part B Drug	
3Rd Generation Cephalosporin Antibiotics				
J0696	*ceftriaxone 1 gm vial inner, suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 1 gm vial inner, suv, p/f*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 1 gm vial outer, 10's, suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 1 gm vial outer, suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 1 gm vial outer, suv, p/f*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 1 gm vial p/f, sdv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 1 gm vial sdv, inner*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 1 gm vial sdv, outer*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 1 gm vial suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0696	*ceftriaxone 1 gm vial suv, 25's*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 1 gm vial suv, inner*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 1 gm vial suv, outer*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 1 gm vial suv, p/f*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 1 gm vial suv,outer*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 10 gm vial mdv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 10 gm vial muv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 10 gm vial muv, p/f*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 10 gm vial p/f, mdv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial 10's,20ml sdv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial inner, suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial inner, suv, p/f*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial inner,suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial outer, suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0696	*ceftriaxone 2 gm vial outer, suv, p/f*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial outer,suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial p/f, sdv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial sdv, inner*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial sdv, outer*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial suv , inner*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial suv , outer*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial suv, 25's*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial suv, inner*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial suv, outer*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial suv, p/f*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial suv, p/f, inner*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 2 gm vial suv, p/f, outer*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0696	*ceftriaxone 2 gm vial suv,outer*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 250 mg vial 10's,suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 250 mg vial inner, suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 250 mg vial inner, suv, p/f*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 250 mg vial outer, suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 250 mg vial outer, suv, p/f*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 250 mg vial sdv, p/f, inner*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 250 mg vial sdv, p/f, outer*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 250 mg vial suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 250 mg vial suv, inner*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 250 mg vial suv, outer*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 500 mg vial 10's, outer, suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 500 mg vial inner, suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 500 mg vial inner, suv, p/f*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0696	*ceftriaxone 500 mg vial outer, suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 500 mg vial outer, suv, p/f*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 500 mg vial suv*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 500 mg vial suv, 25's*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 500 mg vial suv, inner*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 500 mg vial suv, outer*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 500 mg vial suv,outer*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone 500 mg vial suv,p/f*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone in dextrose,iso-os*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0696	*ceftriaxone intravenous*	Injection, ceftriaxone sodium, per 250 mg	Part B Drug	
J0714	AVYCAZ	Injection, ceftazidime and avibactam, 0.5 g/0.125 g (For billing prior to 1/1/16 use C9399 or J3490)	Part B Drug	
4Th Generation Cephalosporin Antibiotics				
J0692	*cefepime*	Injection, cefepime HCl, 500 mg	Part B Drug	
J3490	*cefepime*	Unclassified drugs	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
5Th Generation Cephalosporin Antibiotics				
J0681	ZEVTERA	Injection, ceftobiprole medocaril sodium, 3 mg	Part B Drug	PA; ST applies
J0695	ZERBAXA	Injection, ceftolozane 50 mg and tazobactam 25 mg (Code re-used by CMS effective 1/1/16) (For billing prior to 1/1/16 use C9452 or J3490)	Part B Drug	
J0712	*ceftaroline fosamil*	Injection, ceftaroline fosamil, 10 mg (For billing prior to 1/1/12 use J3490 or C9282)	Part B Drug	
J0712	TEFLARO	Injection, ceftaroline fosamil, 10 mg (For billing prior to 1/1/12 use J3490 or C9282)	Part B Drug	
Amebicides				
J1836	METRO I.V.	Injection, metronidazole, 10 mg	Part B Drug	
J1836	*metronidazole in nacl (iso-os)*	Injection, metronidazole, 10 mg	Part B Drug	
Aminoglycoside Antibiotics				
J0278	*amikacin*	Injection, amikacin sulfate, 100 mg	Part B Drug	
J0291	ZEMDRI	Injection, plazomicin, 5 mg	Part B Drug	
J3535	TOBI PODHALER	Drug administered through a metered dose inhaler	Part D Drug	
J7682	BETHKIS	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7682	KITABIS PAK	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	Part B Drug	B vs D (PA applies)
J7682	TOBI	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	Part B Drug	B vs D (PA applies)
J7682	*tobramycin in 0.225 % nacl*	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	Part B Drug	B vs D (PA applies)
J7682	*tobramycin inhalation*	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	Part B Drug	B vs D (PA applies)
J7682	*tobramycin with nebulizer*	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	Part B Drug	B vs D (PA applies)
Aminomethylcyclines				
J0121	NUZYRA INTRAVENOUS	Injection, omadacycline, 1 mg	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Antimalarials				
J1271	DOXY-100	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl inner, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	
J1271	*doxycycline hyclate 100 mg vl inner, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl outer, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	
J1271	*doxycycline hyclate 100 mg vl outer, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, inner*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, outer*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, suv, inner*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, suv, outer*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl suv, p/f, inner*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl suv, p/f, outer*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
Antiprotozoals, P Jirovecii Pneumonia				
J2545	NEBUPENT	Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2545	*pentamidine inhalation*	Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg	Part B Drug	
Antituberculosis Agents				
J1834	*isoniazid injection*	Injection, isoniazid, 1 mg	Part B Drug	
Azole Antifungals				
J1833	CRESEMBA INTRAVENOUS	Injection, isavuconazonium sulfate, 1 mg (For billing prior to 1/1/16 use C9456 or J3490)	Part B Drug	
J3465	VFEND IV	Injection, voriconazole, 10 mg	Part B Drug	
J3465	*voriconazole intravenous*	Injection, voriconazole, 10 mg	Part B Drug	
J3465	*voriconazole-hpbcd*	Injection, voriconazole, 10 mg	Part B Drug	
Carbapenem Antibiotics				
J0742	RECARBRIO	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	Part B Drug	PA
J1335	*ertapenem*	Injection, ertapenem sodium, 500 mg	Part B Drug	
J2183	*meropenem*	Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg	Part B Drug	
J2184	*meropenem-0.9% sodium chloride*	Injection, meropenem (b. braun), not therapeutically equivalent to j2185, 100 mg	Part B Drug	
J2185	*meropenem*	Injection, meropenem, 100 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2186	VABOMERE	Injection, meropenem and vaborbactam, 10mg/10mg, (20mg)	Part B Drug	
Cmv Antivirals				
C9399	PREVYMIS INTRAVENOUS	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
J3490	PREVYMIS INTRAVENOUS	Unclassified drugs	Part B Drug	PA
Cyclic Lipopeptide Antibiotics				
J0872	*daptomycin*	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	Part B Drug	
J0873	*daptomycin*	Injection, daptomycin (xellia), not therapeutically equivalent to j0878 or j0872, 1 mg	Part B Drug	
J0874	*daptomycin in 0.9 % sod chlor*	Injection, daptomycin (baxter), not therapeutically equivalent to j0878, 1 mg	Part B Drug	
J0877	*daptomycin*	Injection, daptomycin (hospira), not therapeutically equivalent to j0878, 1 mg	Part B Drug	
J0878	*daptomycin*	Injection, daptomycin, 1 mg	Part B Drug	
J3490	*daptomycin*	Unclassified drugs	Part B Drug	
Echinocandin Antifungals				
J0349	REZZAYO	Injection, rezafungin, 1 mg	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0637	*caspofungin*	Injection, caspofungin acetate, 5 mg	Part B Drug	
J2246	*micafungin in 0.9 % sodium chl*	Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg	Part B Drug	
J2247	*micafungin*	Injection, micafungin sodium (par pharm) not thereapeutically equivalent to j2248, 1 mg	Part B Drug	
J2248	*micafungin*	Injection, micafungin sodium, 1 mg	Part B Drug	
Extended-Spectrum Penicillins				
C9399	*piperacillin-tazo 3.375 g dplx*	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	
C9399	*piperacillin-tazo 4.5 g duplex*	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	
J2543	*piperacillin-tazobactam intravenous recon soln*	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	Part B Drug	
J2543	ZOSYN IN DEXTROSE (ISO-OSM)	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J3490	*piperacillin-tazo 3.375 g dplx*	Unclassified drugs	Part B Drug	
J3490	*piperacillin-tazo 4.5 g duplex*	Unclassified drugs	Part B Drug	
Fluorocyclines				
J0122	XERAVA	Injection, eravacycline, 1 mg	Part B Drug	
Glycopeptide Antibiotics				
J0875	*dalbavancin*	Injection, dalbavancin, 5 mg (For billing prior to 1/1/16 use C9443 or J3490)	Part B Drug	
J0875	DALVANCE	Injection, dalbavancin, 5 mg (For billing prior to 1/1/16 use C9443 or J3490)	Part B Drug	
J2406	KIMYRSA	Injection, oritavancin (kimyrsa), 10 mg	Part B Drug	PA; ST applies
J2407	ORBACTIV	Injection, oritavancin (orbactiv), 10 mg (For billing prior to 1/1/16 use C9444 or J3490)	Part B Drug	PA; ST applies
J3095	VIBATIV	Injection, telavancin, 10 mg (For billing prior to 1/1/11 use J3490 or C9258)	Part B Drug	PA; ST applies
J3373	*vancomycin in 0.9 % sodium chl intravenous piggyback*	Injection, vancomycin hydrochloride, 10 mg	Part B Drug	
J3373	*vancomycin in dextrose 5 % intravenous piggyback*	Injection, vancomycin hydrochloride, 10 mg	Part B Drug	
J3373	*vancomycin intravenous*	Injection, vancomycin hydrochloride, 10 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J3374	*vancomycin intravenous*	Injection, vancomycin hydrochloride (mylan) not therapeutically equivalent to j3373, 10 mg	Part B Drug	
J3375	TYZAVAN	Injection, vancomycin hydrochloride (xellia), not therapeutically equivalent to j3373, 10 mg	Part B Drug	
J3375	*vancomycin-diluent combo no.1*	Injection, vancomycin hydrochloride (xellia), not therapeutically equivalent to j3373, 10 mg	Part B Drug	
Hiv Capsid Inhibitors				
J0738	YEZTUGO	Injection, lenacapavir, 1 mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	Part B Drug	
J0752	YEZTUGO	Oral, lenacapavir, 300 mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	Part B Drug	
J1961	SUNLENCA SUBCUTANEOUS	Injection, lenacapavir (only for use as hiv treatment), 1 mg	Part B Drug	PA
J8499	SUNLENCA ORAL	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified	Part D Drug	
Hiv Entry And Fusion Inhibitors				
J1746	TROGARZO	Injection, ibalizumab-uiyk, 10 mg	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Hiv Integrase Inhibitor Antiretrovirals				
J0739	APRETUDE	Injection, cabotegravir, 1 mg	Part B Drug	
J0741	CABENUVA	Injection, cabotegravir and rilpivirine, 2mg/3mg	Part B Drug	PA
Hiv Nucleoside, Nucleotide Rt Inhibitors				
J0750	*emtricitabine-tenofovir disoproxil fumarate 200-300 mg tab*	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	Part B Drug	B vs D (PA applies)
J0750	*emtricitabine-tenofovir disoproxil fumarate 200-300 mg tab inner*	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	Part B Drug	B vs D (PA applies)
J0750	*emtricitabine-tenofovir disoproxil fumarate 200-300 mg tab outer*	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	Part B Drug	B vs D (PA applies)
J0750	TRUVADA 200 MG-300 MG TABLET	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0750	TRUVADA 200 MG-300 MG TABLET F/C	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	Part B Drug	B vs D (PA applies)
J0751	DESCOVY 200-25 MG TABLET	Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	Part B Drug	
Interferon Antivirals				
J9215	ALFERON N	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 IU (All NDCs inactive as of 5/8/2024)	Medicare Chemo	
Lincomycin Antibiotics				
J0736	CLEOCIN INJECTION	Injection, clindamycin phosphate, 300 mg	Part B Drug	
J0736	*clindamycin in 5 % dextrose*	Injection, clindamycin phosphate, 300 mg	Part B Drug	
J0736	*clindamycin phosphate injection*	Injection, clindamycin phosphate, 300 mg	Part B Drug	
J0737	*clindamycin in 0.9 % sod chlor*	Injection, clindamycin phosphate (baxter), not therapeutically equivalent to j0736, 300 mg	Part B Drug	
Monobactam Antibiotics				
J0457	AZACTAM	Injection, aztreonam, 100 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0457	*aztreonam*	Injection, aztreonam, 100 mg	Part B Drug	
J0458	EMBLAVEO	Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg)	Part B Drug	PA; ST applies
Monoclonal Antibodies (08:18)				
90378	SYNAGIS 100 MG/ML VIAL	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each (All NDCs Inactive as 12/31/2025)	Part B Drug	PA
90378	SYNAGIS 50 MG/0.5 ML VIAL	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each (All NDCs Inactive as 12/31/2025)	Part B Drug	PA
90380	BEYFORTUS	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	Part B Drug	PA
90381	BEYFORTUS	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	Part B Drug	PA
90382	ENFLONSIA	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	Part B Drug	PA
J0638	ILARIS (PF)	Injection, canakinumab, 1 mg (For billing prior to 1/1/11 use J3590 or C9399)	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q0224	PEMGARDA (EUA)	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg	Part B Drug	
Nitroimidazole Derivatives, Misc				
J1836	METRO I.V.	Injection, metronidazole, 10 mg	Part B Drug	
J1836	*metronidazole in nacl (iso-os)*	Injection, metronidazole, 10 mg	Part B Drug	
Nucleoside And Nucleotide Antivirals				
J0133	*acyclovir sodium*	Injection, acyclovir, 5 mg	Part B Drug	B vs D (PA applies)
J0248	VEKLURY	Injection, remdesivir, 1 mg	Part B Drug	
J0750	*emtricitabine-tenofovir disoproxil fumarate 200-300 mg tab*	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0750	*emtricitabine-tenofovir disoproxil fumarate 200-300 mg tab inner*	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	Part B Drug	B vs D (PA applies)
J0750	*emtricitabine-tenofovir disoproxil fumarate 200-300 mg tab outer*	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	Part B Drug	B vs D (PA applies)
J0750	TRUVADA 200 MG-300 MG TABLET	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	Part B Drug	B vs D (PA applies)
J0750	TRUVADA 200 MG-300 MG TABLET F/C	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	Part B Drug	B vs D (PA applies)
J0751	DESCOVY 200-25 MG TABLET	Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	Part B Drug	
J1570	*ganciclovir sodium*	Injection, ganciclovir sodium, 500 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Other Misc. Antibacterial Agents				
J0911	DEFENCATH	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	Not Separately Payable	
Oxazolidinone Antibiotics				
J2020	*linezolid in dextrose 5%*	Injection, linezolid, 200 mg	Part B Drug	
J2020	ZYVOX INTRAVENOUS	Injection, linezolid, 200 mg	Part B Drug	PA
J2021	*linezolid-0.9% sodium chloride*	Injection, linezolid (hospira), not therapeutically equivalent to j2020, 200 mg	Part B Drug	
J3090	SIVEXTRO INTRAVENOUS	Injection, tedizolid phosphate, 1 mg (For billing prior to 1/1/16 use C9446 or J3490)	Part B Drug	PA; ST applies
Penicillinase-Resistant Penicillins				
J2291	*nafcillin in dextrose iso-osm*	Injection, nafcillin sodium (baxter), 20 mg	Part B Drug	
Pleuromutilins				
J0691	XENLETA INTRAVENOUS	Injection, lefamulin, 1 mg (All NDCs inactive effective 1/3/2024)	Part B Drug	PA; ST applies
Polyene Antifungals				
J0285	*amphotericin b*	Injection, amphotericin B, 50mg	Part B Drug	B vs D (PA applies)
J0287	ABELCET 100 MG/20 ML VIAL	Injection, amphotericin B lipid complex, 10 mg (NDC inactive as of 9/17/2025)	Part B Drug	
J0289	*amphotericin b liposome*	Injection, amphotericin B liposome, 10 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Quinolone Antibiotics				
C9462	BAXDELA INTRAVENOUS	Injection, delafloxacin, 1 mg	Part B Drug	PA
Siderophore Cephalosporins				
J0699	FETROJA	Injection, cefiderocol, 10 mg	Part B Drug	
Tetracycline Antibiotics				
J1271	DOXY-100	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl inner, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	
J1271	*doxycycline hyclate 100 mg vl inner, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl outer, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	
J1271	*doxycycline hyclate 100 mg vl outer, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, inner*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, outer*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, suv, inner*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, suv, outer*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl suv, p/f, inner*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl suv, p/f, outer*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Antineoplastic Agents				
Antineoplastic Agents				
A9513	LUTATHERA	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	Medicare Chemo	PA
A9543	ZEVALIN (Y-90)	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries (Code Price is per dose)	Medicare Chemo	PA
A9590	AZEDRA DOSIMETRIC VIAL	Iodine i-131, iobenguane, 1 millicurie (All NDCs Inactive as of April 2024)	Medicare Chemo	PA
A9590	AZEDRA THERAPEUTIC VIAL	Iodine i-131, iobenguane, 1 millicurie (All NDCs Inactive as of April 2024)	Medicare Chemo	PA
A9607	PLUVICTO	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Medicare Chemo	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
C9257	AVASTIN 100 MG/4 ML VIAL P/F,SUV	Injection, bevacizumab, 0.25 mg	Part B Drug	PA; No PA required for ICD-10 codes B39.4, B39.5, B39.9, E08.311, E08.3211 - E08.3213, E08.3311 - E08.3313, E08.3411 - E08.3413, E08.3511 - E08.3513, E08.3591 - E08.3593, E09.311, E09.3211 - E09.3213, E09.3311 - E09.3313, E09.3411 - E09.3413, E09.3511 - E09.3513, E09.3591 - E09.3593, E10.311, E10.3211 - E10.3213, E10.3311 - E10.3313, E10.3411 - E10.3413, E10.3511-E10.3513, E10.3591-E10.3593, E11.3100-E11.3199, E11.3211-E11.3213, E11.3311-E11.3313, E11.3411-E11.3413, E11.3511-E11.3513, E11.3591-E11.3593, E13.311, E13.3211- E13.3213, E13.3311 - E13.3313, E13.3411-E13.3413, E13.3511, E13.3513, E13.3591-E13.3593, H21.1x1-H21.1x3, H32, H34.8110-H34.8132, H34.8310-H34.8332, H35.051-H35.059, H35.3210 - H35.3233, H35.351 - H35.353, H35.81, H40.89, H44.2a1-H44.2E3.

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
C9257	AVASTIN 400 MG/16 ML VIAL P/F,SUV	Injection, bevacizumab, 0.25 mg	Part B Drug	PA; No PA required for ICD-10 codes B39.4, B39.5, B39.9, E08.311, E08.3211 - E08.3213, E08.3311 - E08.3313, E08.3411 - E08.3413, E08.3511 - E08.3513, E08.3591 - E08.3593, E09.311, E09.3211 - E09.3213, E09.3311 - E09.3313, E09.3411 - E09.3413, E09.3511 - E09.3513, E09.3591 - E09.3593, E10.311, E10.3211 - E10.3213, E10.3311 - E10.3313, E10.3411 - E10.3413, E10.3511-E10.3513, E10.3591-E10.3593, E11.3100-E11.3199, E11.3211-E11.3213, E11.3311-E11.3313, E11.3411-E11.3413, E11.3511-E11.3513, E11.3591-E11.3593, E13.311, E13.3211- E13.3213, E13.3311 - E13.3313, E13.3411-E13.3413, E13.3511, E13.3513, E13.3591-E13.3593, H21.1x1-H21.1x3, H32, H34.8110-H34.8132, H34.8310-H34.8332, H35.051-H35.059, H35.3210 - H35.3233, H35.351 - H35.353, H35.81, H40.89, H44.2a1-H44.2E3.
C9306	EMRELIS	Injection, telisotuzumab vedotin-tllv, 1 mg (Code deleted effective 12/31/2025)	Medicare Chemo	PA
C9307	LYNOZYFIC	Injection, linvoseltamab-gcpt, 1 mg	Medicare Chemo	PA
C9308	KYXATA	Injection, carboplatin (avyxa), 1 mg	Medicare Chemo	PA; ST applies
C9399	AMTAGVI	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
C9399	BLENREP	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Medicare Chemo	PA
C9399	INLEXZO	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Medicare Chemo	PA
C9399	KEYTRUDA QLEX	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
C9399	RYBREVANT FASPRO	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
C9399	UNITUXIN	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Medicare Chemo	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0614	GRAFAPEX	Injection, treosulfan, 50 mg	Medicare Chemo	PA; No PA required for ICD-10 codes C92.00, C92.02, C92.A0, C92.A2, D46.Z, D46.9.
J0870	RYTELO	Injection, imetelstat, 1 mg	Medicare Chemo	PA
J0893	*decitabine*	Injection, decitabine (sun pharma), not therapeutically equivalent to j0894, 1 mg	Part B Drug	
J0894	*decitabine*	Injection, decitabine, 1 mg	Part B Drug	
J1323	ELREXFIO	Injection, elranatamab-bcmm, 1 mg	Medicare Chemo	PA
J1326	VYLOY	Injection, zolbetuximab-clzb, 2 mg	Medicare Chemo	PA
J1950	LUPRON DEPOT 11.25 MG 3MO KIT 3 MONTH, SUV	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Part B Drug	
J1950	LUPRON DEPOT 3.75 MG KIT P/F, SUV	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Part B Drug	
J1950	LUPRON DEPOT-PED	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Part B Drug	
J1950	LUPRON DEPOT-PED (3 MONTH)	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Part B Drug	
J1951	FENSOLVI	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	Part B Drug	PA
J1952	CAMCEVI (6 MONTH)	Leuprolide injectable, camcevi, 1 mg	Medicare Chemo	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1954	LUTRATE DEPOT (3 MONTH)	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	Medicare Chemo	
J2860	SYLVANT	Injection, siltuximab, 10 mg (Code re-used by CMS effective 1/1/16) (For billing prior to 1/1/16 use C9455 or J3590)	Part B Drug	
J3055	TALVEY	Injection, talquetamab-tgvs, 0.25 mg	Medicare Chemo	PA
J3263	LOQTORZI	Injection, toripalimab-tpzi, 1 mg	Medicare Chemo	PA
J3315	TRELSTAR	Injection, triptorelin pamoate, 3.75 mg	Part B Drug	B vs D (PA applies)
J3316	TRIPTODUR	Injection, triptorelin, extended-release, 3.75 mg	Part B Drug	
J7527	*everolimus 0.25 mg tablet*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 0.25 mg tablet inner*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 0.25 mg tablet outer*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 0.5 mg tablet*	Everolimus, oral, 0.25 mg	Part B Drug	
J7527	*everolimus 0.5 mg tablet*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 0.5 mg tablet inner*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 0.5 mg tablet outer*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 0.75 mg tablet*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7527	*everolimus 0.75 mg tablet inner*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 0.75 mg tablet outer*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 1 mg tablet*	Everolimus, oral, 0.25 mg	Part B Drug	
J7527	*everolimus 1 mg tablet*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 1 mg tablet inner*	Everolimus, oral, 0.25 mg	Part B Drug	
J7527	*everolimus 1 mg tablet inner*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 1 mg tablet outer*	Everolimus, oral, 0.25 mg	Part B Drug	
J7527	*everolimus 1 mg tablet outer*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	ZORTRESS	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J8522	*capecitabine*	Capecitabine, oral, 50 mg	Part B Drug	B vs D (PA applies)
J8522	XELODA 150 MG TABLET	Capecitabine, oral, 50 mg	Part B Drug	B vs D (PA applies)
J8522	XELODA 500 MG TABLET	Capecitabine, oral, 50 mg	Part B Drug	B vs D (PA applies)
J8522	XELODA 500 MG TABLET F/C	Capecitabine, oral, 50 mg	Part B Drug	B vs D (PA applies)
J8530	*cyclophosphamide oral*	Cyclophosphamide, oral, 25 mg	Part B Drug	B vs D (PA applies)
J8610	*methotrexate sodium oral*	Methotrexate, oral, 2.5 mg	Medicare Chemo	B vs D (PA applies)
J8610	TREXALL	Methotrexate, oral, 2.5 mg	Medicare Chemo	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J8611	JYLAMVO	Methotrexate (jylamvo), oral, 2.5 mg	Medicare Chemo	B vs D (PA applies)
J8612	XATMEP	Methotrexate (xatmep), oral, 2.5 mg	Part B Drug	B vs D (PA applies)
J9000	ADRIAMYCIN	Injection, doxorubicin hydrochloride, 10 mg	Medicare Chemo	
J9000	*doxorubicin*	Injection, doxorubicin hydrochloride, 10 mg	Part B Drug	
J9011	DATROWAY	Injection, datopotamab deruxtecan-dlnk, 1 mg	Medicare Chemo	PA
J9015	PROLEUKIN	Injection, aldesleukin, per single-use vial	Part B Drug	
J9019	ERWINASE 10,000 UNIT VIAL P/F, INNER	Injection, asparaginase (Erwinaze), 1,000 IU (For billing prior to 1/1/13 use C9289 or J9999) (Code deleted effective 12/31/2025)	Medicare Chemo	PA
J9019	ERWINASE 10,000 UNIT VIAL P/F, OUTER	Injection, asparaginase (Erwinaze), 1,000 IU (For billing prior to 1/1/13 use C9289 or J9999) (Code deleted effective 12/31/2025)	Medicare Chemo	PA
J9021	RYLAZE	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Medicare Chemo	PA
J9022	TECENTRIQ	Injection, atezolizumab, 10 mg (For billing prior to 1/1/18 use J9999 or C9483 for OPPS billing)	Medicare Chemo	PA
J9023	BAVENCIO	Injection, avelumab, 10 mg (For billing prior to 1/1/18 use J9999 or C9491 for OPPS billing)	Medicare Chemo	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9024	TECENTRIQ HYBREZA	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Medicare Chemo	PA
J9026	IMDELLTRA	Injection, tarlatamab-dlle, 1 mg	Medicare Chemo	PA
J9028	ANKTIVA	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Medicare Chemo	PA
J9029	ADSTILADRIN	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9030	TICE BCG	BCG live intravesical instillation, 1 mg	Part B Drug	
J9032	BELEODAQ	Injection, belinostat, 10 mg (For billing prior to 1/1/16 use C9442 or J9999)	Medicare Chemo	
J9033	*bendamustine*	Injection, bendamustine hydrochloride, 1 mg	Medicare Chemo	
J9033	TREANDA	Injection, bendamustine hydrochloride, 1 mg	Medicare Chemo	
J9034	BENDEKA	Injection, bendamustine HCl (Bendeka), 1 mg	Medicare Chemo	
J9035	AVASTIN 100 MG/4 ML VIAL P/F,SUV	Injection, bevacizumab, 10 mg	Medicare Chemo	PA; ST applies
J9035	AVASTIN 400 MG/16 ML VIAL P/F,SUV	Injection, bevacizumab, 10 mg	Medicare Chemo	PA; ST applies
J9036	BELRAPZO	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	Medicare Chemo	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9036	*bendamustine*	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	Medicare Chemo	
J9039	BLINCYTO	Injection, blinatumomab, 1 microgram (For billing prior to 1/1/16 use C9449 or J9999)	Medicare Chemo	PA
J9040	*bleomycin*	Injection, bleomycin sulfate, 15 units	Part B Drug	
J9041	*bortezomib injection*	Injection, bortezomib, 0.1 mg	Medicare Chemo	
J9041	VELCADE	Injection, bortezomib, 0.1 mg	Medicare Chemo	
J9042	ADCETRIS	Injection, brentuximab vedotin, 1 mg (For billing prior to 1/1/13 use C9287 or J9999)	Medicare Chemo	PA
J9043	JEVTANA	Injection, cabazitaxel, 1 mg (For billing prior to 1/1/12 use J9999 or C9276)	Medicare Chemo	PA
J9045	*carboplatin intravenous solution*	Injection, carboplatin, 50 mg	Part B Drug	
J9045	PARAPLATIN 1,000 MG/100 ML VL MUV, P/F	Injection, carboplatin, 50 mg	Part B Drug	
J9045	PARAPLATIN 50 MG/5 ML VIAL MUV, P/F	Injection, carboplatin, 50 mg	Part B Drug	
J9045	PARAPLATIN 600 MG/60 ML VIAL MUV, P/F	Injection, carboplatin, 50 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9046	*bortezomib intravenous recon soln*	Injection, bortezomib (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg (All NDCs inactive effective 1/10/2024)	Medicare Chemo	
J9047	KYPROLIS	Injection, carfilzomib, 1 mg (For billing prior to 1/1/14 use C9295 or J9999)	Medicare Chemo	
J9048	*bortezomib intravenous recon soln*	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg (All NDCs inactive as of 4/3/2024)	Medicare Chemo	
J9049	*bortezomib injection*	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	Medicare Chemo	
J9050	BICNU	Injection, carmustine, 100 mg	Part B Drug	
J9050	*carmustine*	Injection, carmustine, 100 mg	Part B Drug	
J9052	*carmustine*	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	Part B Drug	
J9054	BORUZU	Injection, bortezomib (boruzu), 0.1 mg	Medicare Chemo	PA; ST applies
J9055	ERBITUX	Injection, cetuximab, 10 mg	Medicare Chemo	PA
J9056	VIVIMUSTA	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Medicare Chemo	PA; ST applies
J9057	ALIQOPA	Injection, copanlisib, 1 mg (All NDCs inactive as of 10/16/2024)	Medicare Chemo	PA
J9060	*cisplatin*	Injection, cisplatin, powder or solution, per 10 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9061	RYBREVANT	Injection, amivantamab-vmjw, 2 mg	Medicare Chemo	PA
J9063	ELAHERE	Injection, mirvetuximab soravtansine-gynx, 1 mg	Medicare Chemo	PA
J9065	*cladribine*	Injection, cladribine, per 1 mg	Part B Drug	
J9071	*cyclophosphamide 1 gm/5 ml vl muv, p/f*	Injection, cyclophosphamide, (auromedics), 5 mg	Medicare Chemo	
J9071	*cyclophosphamide 1 gm/5 ml vl suv*	Injection, cyclophosphamide, (auromedics), 5 mg	Medicare Chemo	
J9071	*cyclophosphamide 2 gm/10 ml vl muv, p/f*	Injection, cyclophosphamide, (auromedics), 5 mg	Medicare Chemo	
J9071	*cyclophosphamide 500 mg/2.5 ml muv, p/f*	Injection, cyclophosphamide, (auromedics), 5 mg	Medicare Chemo	
J9071	*cyclophosphamide 500 mg/2.5 ml suv*	Injection, cyclophosphamide, (auromedics), 5 mg	Medicare Chemo	
J9072	*cyclophosphamide 1 gm/2 ml vl*	Injection, cyclophosphamide (frindovyx), 5 mg	Medicare Chemo	PA; ST applies
J9072	*cyclophosphamide 2 gm/4 ml vl*	Injection, cyclophosphamide (frindovyx), 5 mg	Medicare Chemo	PA; ST applies
J9072	*cyclophosphamide 500 mg/ml vl*	Injection, cyclophosphamide (frindovyx), 5 mg	Medicare Chemo	PA; ST applies
J9072	FRINDOVYX	Injection, cyclophosphamide (frindovyx), 5 mg	Medicare Chemo	PA; ST applies
J9073	*cyclophosphamide 1 gm/5 ml vl muv, p/f*	Injection, cyclophosphamide (dr. reddy's), 5 mg	Medicare Chemo	
J9073	*cyclophosphamide 2 gm/10 ml vl muv, p/f*	Injection, cyclophosphamide (dr. reddy's), 5 mg	Medicare Chemo	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9073	*cyclophosphamide 500 mg/2.5 ml muv, p/f*	Injection, cyclophosphamide (dr. reddy's), 5 mg	Medicare Chemo	
J9074	*cyclophosphamide 1 gm/10 ml vl inner, muv, p/f*	Injection, cyclophosphamide (sandoz), 5 mg	Medicare Chemo	
J9074	*cyclophosphamide 1 gm/10 ml vl outer, muv, p/f*	Injection, cyclophosphamide (sandoz), 5 mg	Medicare Chemo	
J9074	*cyclophosphamide 2 gm/20 ml vl inner, muv, p/f*	Injection, cyclophosphamide (sandoz), 5 mg	Medicare Chemo	
J9074	*cyclophosphamide 2 gm/20 ml vl outer, muv, p/f*	Injection, cyclophosphamide (sandoz), 5 mg	Medicare Chemo	
J9074	*cyclophosphamide 500 mg/5 ml vl inner, muv, p/f*	Injection, cyclophosphamide (sandoz), 5 mg	Medicare Chemo	
J9074	*cyclophosphamide 500 mg/5 ml vl outer, muv, p/f*	Injection, cyclophosphamide (sandoz), 5 mg	Medicare Chemo	
J9075	*cyclophosphamide intravenous recon soln*	Injection, cyclophosphamide, not otherwise specified, 5mg	Medicare Chemo	
J9076	*cyclophosphamide 1 gm/5 ml vl muv, p/f*	Injection, cyclophosphamide (baxter), 5 mg	Medicare Chemo	
J9076	*cyclophosphamide 500 mg/2.5 ml muv, p/f*	Injection, cyclophosphamide (baxter), 5 mg	Medicare Chemo	
J9118	ASPARLAS	Injection, calaspargase pegol-mknl, 10 units	Medicare Chemo	PA; No PA required for ICD-10 codes C91.00 - C91.02, C83.50 - C83.59.

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9119	LIBTAYO	Injection, cemiplimab-rwlc, 1 mg	Medicare Chemo	PA
J9120	COSMEGEN	Injection, dactinomycin, 0.5 mg	Part B Drug	
J9120	*dactinomycin*	Injection, dactinomycin, 0.5 mg	Part B Drug	
J9130	*dacarbazine*	Dacarbazine, 100 mg	Part B Drug	
J9144	DARZALEX FASPRO	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Medicare Chemo	PA; No PA required when billed with the following ICD-10 codes: C90.00-C90.32 (multiple myeloma) or E85.81.
J9145	DARZALEX	Injection, daratumumab, 10 mg (For billing prior to 1/1/17 use J9999 or C9476 for OPPS billing)	Medicare Chemo	PA; No PA required when billed with the following ICD-10 codes: C90.00-C90.32 (multiple myeloma) or E85.81.
J9153	VYXEOS	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Medicare Chemo	PA
J9155	FIRMAGON	Injection, degarelix, 1 mg (For billing prior to 1/1/10 use J9999 or C9399)	Medicare Chemo	PA; No PA required for ICD-10 codes C61, C79.82 and D07.5.
J9155	FIRMAGON KIT W DILUENT SYRINGE	Injection, degarelix, 1 mg (For billing prior to 1/1/10 use J9999 or C9399)	Medicare Chemo	PA; No PA required for ICD-10 codes C61, C79.82 and D07.5.
J9161	LYMPHIR	Injection, denileukin diftitox-cxdl, 1 mcg	Part B Drug	PA
J9171	*docetaxel*	Injection, docetaxel, 1 mg	Part B Drug	
J9172	DOCIVYX	Injection, docetaxel (docivyx), 1 mg	Medicare Chemo	PA; ST applies
J9173	IMFINZI	Injection, durvalumab, 10 mg	Medicare Chemo	PA
J9174	BEIZRAY	Injection, docetaxel (beizray), 1 mg	Medicare Chemo	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9174	BEIZRAY-ALBUMIN	Injection, docetaxel (beizray), 1 mg	Medicare Chemo	PA; ST applies
J9176	EMPLICITI	Injection, elotuzumab, 1 mg (For billing prior to 1/1/17 use J9999 or C9477 for OPPS billing)	Part B Drug	
J9177	PADCEV	Injection, enfortumab vedotin-ejfv, 0.25 mg	Medicare Chemo	PA
J9178	ELLENCE	Injection, epirubicin HCl, 2 mg	Part B Drug	
J9178	*epirubicin 200 mg/100 ml vial suv, p/f*	Injection, epirubicin HCl, 2 mg	Part B Drug	
J9179	*eribulin*	Injection, eribulin mesylate, 0.1 mg (For billing prior to 1/1/12 use J9999 or C9280)	Part B Drug	
J9179	HALAVEN	Injection, eribulin mesylate, 0.1 mg (For billing prior to 1/1/12 use J9999 or C9280)	Part B Drug	
J9181	ETOPOPHOS	Injection, etoposide, 10 mg	Part B Drug	
J9181	*etoposide intravenous*	Injection, etoposide, 10 mg	Part B Drug	
J9184	AVGEMSI	Injection, gemcitabine hydrochloride (avyxa), 200 mg	Part B Drug	PA; ST applies
J9190	ADRUCIL	Injection, fluorouracil, 500 mg	Medicare Chemo	
J9190	*fluorouracil intravenous*	Injection, fluorouracil, 500 mg	Medicare Chemo	
J9196	*gemcitabine*	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to J9201, 200 mg	Medicare Chemo	
J9200	*floxuridine*	Injection, floxuridine, 500 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9201	*gemcitabine*	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	Medicare Chemo	
J9202	ZOLADEX	Goserelin acetate implant, per 3.6 mg	Part B Drug	
J9203	MYLOTARG	Injection, gemtuzumab ozogamicin, 0.1 mg (For billing prior to 1/1/18 use J9999 or C9399 for OPPS billing)	Medicare Chemo	PA
J9204	POTELIGEO	Injection, mogamulizumab-kpkc, 1 mg	Medicare Chemo	
J9205	ONIVYDE	Injection, irinotecan liposome, 1 mg (For billing prior to 1/1/17 use J9999 or C9474 for OPPS billing)	Medicare Chemo	PA
J9206	CAMPTOSAR	Injection, irinotecan, 20 mg	Part B Drug	
J9206	*irinotecan*	Injection, irinotecan, 20 mg	Part B Drug	
J9207	IXEMPRA	Injection, ixabepilone, 1 mg	Part B Drug	
J9208	IFEX	Injection, ifosfamide, 1 gram	Part B Drug	
J9208	*ifosfamide*	Injection, ifosfamide, 1 gram	Part B Drug	
J9211	IDAMYCIN PFS	Injection, idarubicin hydrochloride, 5 mg	Part B Drug	
J9211	*idarubicin*	Injection, idarubicin hydrochloride, 5 mg	Part B Drug	
J9215	ALFERON N	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 IU (All NDCs inactive as of 5/8/2024)	Medicare Chemo	
J9217	ELIGARD	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9217	ELIGARD (3 MONTH)	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9217	ELIGARD (4 MONTH)	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9217	ELIGARD (6 MONTH)	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9217	LUPRON DEPOT (4 MONTH)	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9217	LUPRON DEPOT (6 MONTH)	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9217	LUPRON DEPOT 22.5 MG 3MO KIT SUV, P/F	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9217	LUPRON DEPOT 7.5 MG KIT SINGLE DOSE	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9217	VABRINTY (4 MONTH)	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9218	*leuprolide*	Leuprolide acetate, per 1 mg	Part D Drug	
J9223	ZEPZELCA	Injection, lurbinectedin, 0.1 mg	Medicare Chemo	PA
J9226	SUPPRELIN LA	Histrelin implant (Supprelin LA), 50 mg	Part B Drug	PA; ST applies
J9227	SARCLISA	Injection, isatuximab-irfc, 10 mg	Medicare Chemo	PA
J9228	YERVOY	Injection, ipilimumab, 1 mg (For billing prior to 1/1/12 use J9999 or C9284)	Medicare Chemo	PA
J9229	BESPONSA	Injection, inotuzumab ozogamicin, 0.1 mg	Medicare Chemo	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9245	*melphalan hcl*	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	Medicare Chemo	
J9246	EVOMELA	Injection, melphalan (evomela), 1 mg	Medicare Chemo	PA
J9248	HEPZATO	Injection, melphalan (hepzato), 1 mg	Medicare Chemo	PA
J9248	HEPZATO (50 MM CATHETER)	Injection, melphalan (hepzato), 1 mg	Medicare Chemo	PA
J9248	HEPZATO (62 MM CATHETER)	Injection, melphalan (hepzato), 1 mg	Medicare Chemo	PA
J9249	IVRA	Injection, melphalan (apotex), 1 mg	Medicare Chemo	PA; ST applies
J9263	*oxaliplatin*	Injection, oxaliplatin, 0.5 mg	Medicare Chemo	
J9264	ABRAXANE	Injection, paclitaxel protein-bound particles, 1 mg	Medicare Chemo	
J9264	*paclitaxel protein-bound*	Injection, paclitaxel protein-bound particles, 1 mg	Medicare Chemo	
J9266	ONCASPAR	Injection, pegaspargase, per single dose vial	Medicare Chemo	PA; No PA required for ICD-10 codes C91.00 - C91.02, C83.50 - C83.59.
J9267	*paclitaxel*	Injection, paclitaxel, 1 mg	Medicare Chemo	
J9268	NIPENT	Injection, pentostatin, per 10 mg	Part B Drug	
J9269	ELZONRIS	Injection, tagraxofusp-erzs, 10 micrograms	Medicare Chemo	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9271	KEYTRUDA	Injection, pembrolizumab, 1 mg (For billing prior to 1/1/16 use C9027 or J9999)	Medicare Chemo	PA
J9272	JEMPERLI	Injection, dostarlimab-gxly, 10 mg	Medicare Chemo	PA
J9273	TIVDAK	Injection, tisotumab vedotin-tftv, 1 mg	Medicare Chemo	PA
J9274	KIMMTRAK	Injection, tebentafusp-tebn, 1 microgram	Medicare Chemo	PA
J9275	UNLOXCYT	Injection, cosibelimab-ipdl, 2 mg	Medicare Chemo	PA
J9276	ZIIHERA	Injection, zanidatamab-hrii, 2 mg	Medicare Chemo	PA
J9280	*mitomycin intravenous*	Injection, mitomycin, 5 mg	Part B Drug	
J9280	MUTAMYCIN	Injection, mitomycin, 5 mg	Part B Drug	
J9281	JELMYTO	Mitomycin pyelocalyceal instillation, 1 mg	Medicare Chemo	PA
J9282	ZUSDURI	Mitomycin, intravesical instillation, 1 mg	Part B Drug	PA
J9286	COLUMVI	Injection, glofitamab-gxbm, 2.5 mg	Medicare Chemo	PA
J9289	OPDIVO QVANTIG	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	Medicare Chemo	PA
J9292	AXTLE	Injection, pemetrexed dipotassium, 10 mg	Medicare Chemo	
J9293	*mitoxantrone*	Injection, mitoxantrone hydrochloride, per 5 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9294	*pemetrexed disodium*	Injection, pemetrexed (hospira), not therapeutically equivalent to j9305, 10 mg	Medicare Chemo	
J9295	PORTRAZZA 800 MG/50 ML VIAL	Injection, necitumumab, 1 mg (For billing prior to 1/1/17 use J9999 or C9475 for OPPS billing) (NDC inactive since 7/15/2025)	Medicare Chemo	PA
J9296	*pemetrexed disodium*	Injection, pemetrexed (accord), not therapeutically equivalent to j9305, 10 mg	Medicare Chemo	
J9297	*pemetrexed disodium*	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	Medicare Chemo	
J9298	OPDUALAG	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Medicare Chemo	PA
J9299	OPDIVO	Injection, nivolumab, 1 mg (For billing prior to 1/1/16 use C9453 or J9999)	Medicare Chemo	PA
J9301	GAZYVA	Injection, obinutuzumab, 10 mg (For billing prior to 1/1/15 use C9021 or J9999)	Medicare Chemo	PA
J9302	ARZERRA	Injection, ofatumumab, 10 mg (For billing prior to 1/1/11 use J9999 or C9260)	Medicare Chemo	PA
J9303	VECTIBIX	Injection, panitumumab, 10 mg	Medicare Chemo	PA; No PA required for ICD-10 codes C18.0 - C21.8, C17.0 - C17.8 , C78.01 - C78.02, C78.6 - C78.7.
J9304	PEMFEXY	Injection, pemetrexed (pemfexy), 10 mg	Medicare Chemo	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9305	ALIMTA	Injection, pemetrexed, not otherwise specified, 10 mg	Medicare Chemo	
J9305	*pemetrexed disodium*	Injection, pemetrexed, not otherwise specified, 10 mg	Medicare Chemo	
J9306	PERJETA	Injection, pertuzumab, 1 mg (For billing prior to 1/1/14 use C9292 or J9999)	Medicare Chemo	
J9307	FOLOTYN	Injection, pralatrexate, 1 mg (For billing prior to 1/1/11 use J9999 or C9259)	Medicare Chemo	
J9307	*pralatrexate*	Injection, pralatrexate, 1 mg (For billing prior to 1/1/11 use J9999 or C9259)	Medicare Chemo	
J9308	CYRAMZA	Injection, ramucirumab, 5 mg (For billing prior to 1/1/16 use C9025 or J9999)	Medicare Chemo	PA
J9309	POLIVY	Injection, polatuzumab vedotin-piiq, 1 mg	Medicare Chemo	PA
J9311	RITUXAN HYCELA	Injection, rituximab 10 mg and hyaluronidase	Medicare Chemo	PA; ST applies
J9312	RITUXAN	Injection, rituximab, 10 mg	Medicare Chemo	PA; ST applies
J9313	LUMOXITI 1 MG VIAL	Injection, moxetumomab pasudotox-tdfk, 0.01 mg (All NDCs inactive as of 12/20/2023)	Medicare Chemo	PA
J9314	*pemetrexed*	Injection, pemetrexed (teva), not therapeutically equivalent to j9305, 10 mg	Medicare Chemo	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9316	PHESGO	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Medicare Chemo	PA; No PA required for ICD-10 codes C50.000 - C50.999 and C50.A0 - C50.A9
J9317	TRODELVY	Injection, sacituzumab govitecan-hziy, 2.5 mg	Medicare Chemo	PA
J9318	*romidepsin*	Injection, romidepsin, non-lyophilized, 0.1 mg	Medicare Chemo	PA
J9319	ISTODAX	Injection, romidepsin, lyophilized, 0.1 mg	Medicare Chemo	PA
J9319	*romidepsin*	Injection, romidepsin, lyophilized, 0.1 mg	Medicare Chemo	PA
J9320	ZANOSAR	Injection, streptozocin, 1 gram	Part B Drug	
J9321	EPKINLY	Injection, epcoritamab-bysp, 0.16 mg	Medicare Chemo	PA
J9322	*pemetrexed disodium*	Injection, pemetrexed (bluepoint), not therapeutically equivalent to j9305, 10 mg	Medicare Chemo	
J9324	PEMRYDI RTU	Injection, pemetrexed (pemrydi rtu), 10 mg	Medicare Chemo	PA; ST applies
J9325	IMLYGIC	Injection, talimogene laherparepvec, per 1 million plaque forming units (For billing prior to 1/1/17 use J9999 or C9472 for OPPS billing)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9326	EMRELIS	Injection, telisotuzumab vedotin-tllv, 1 mg	Medicare Chemo	PA
J9329	TEVIMBRA	Injection, tislelizumab-jsgr, 1mg	Medicare Chemo	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9331	FYARRO	Injection, sirolimus protein-bound particles, 1 mg	Medicare Chemo	PA
J9341	TEPYLUTE	Injection, thiotepa (tepylute), 1 mg	Medicare Chemo	
J9342	TEPADINA INJECTION SOLUTION	Injection, thiotepa, not otherwise specified, 1 mg	Medicare Chemo	
J9345	ZYNYZ	Injection, retifanlimab-dlwr, 1 mg	Medicare Chemo	PA
J9347	IMJUDO	Injection, tremelimumab-actl, 1 mg	Medicare Chemo	PA
J9348	DANYELZA	Injection, naxitamab-gqgk, 1 mg	Medicare Chemo	PA
J9349	MONJUVI	Injection, tafasitamab-cxix, 2 mg	Medicare Chemo	PA
J9350	LUNSUMIO	Injection, mosunetuzumab-axgb, 1 mg (Code reused effective 7/1/2023)	Medicare Chemo	PA
J9350	LUNSUMIO VELO	Injection, mosunetuzumab-axgb, 1 mg (Code reused effective 7/1/2023)	Part B Drug	PA
J9351	*topotecan*	Injection, topotecan, 0.1 mg	Part B Drug	
J9352	YONDELIS	Injection, trabectedin, 0.1 mg (For billing prior to 1/1/17 use J9999 or C9480 for OPPS billing)	Medicare Chemo	PA
J9353	MARGENZA	Injection, margetuximab-cmkb, 5 mg	Medicare Chemo	PA; ST applies
J9354	KADCYLA	Injection, ado-trastuzumab emtansine, 1 mg (For billing prior to 1/1/14 use C9131 or J9999)	Medicare Chemo	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9355	HERCEPTIN	Injection, trastuzumab, excludes biosimilar, 10 mg	Medicare Chemo	PA; ST applies
J9356	HERCEPTIN HYLECTA	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Medicare Chemo	PA; ST applies
J9357	*valrubicin*	Injection, valrubicin, intravesical, 200 mg	Medicare Chemo	
J9357	VALSTAR	Injection, valrubicin, intravesical, 200 mg	Medicare Chemo	
J9358	ENHERTU	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Medicare Chemo	PA
J9359	ZYNLONTA	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Medicare Chemo	PA
J9360	*vinblastine*	Injection, vinblastine sulfate, 1 mg	Part B Drug	
J9370	VINCASAR PFS	Vincristine sulfate, 1 mg	Part B Drug	
J9370	*vincristine*	Vincristine sulfate, 1 mg	Part B Drug	
J9380	TECVAYLI	Injection, teclistamab-cqyv, 0.5 mg (Code reused effective 7/1/2023)	Medicare Chemo	PA
J9382	BIZENGRI	Injection, zenocutuzumab-zbco, 1 mg	Medicare Chemo	PA
J9390	*vinorelbine*	Injection, vinorelbine tartrate, per 10 mg	Part B Drug	
J9393	*fulvestrant*	Injection, fulvestrant (teva), not therapeutically equivalent to j9395, 25 mg (All NDCs inactive as of 10/16/2023)	Medicare Chemo	
J9394	*fulvestrant*	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	Medicare Chemo	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9395	FASLODEX	Injection, fulvestrant, 25 mg	Medicare Chemo	
J9395	*fulvestrant*	Injection, fulvestrant, 25 mg	Medicare Chemo	
J9400	ZALTRAP	Injection, ziv-aflibercept, 1 mg (For billing prior to 1/1/14 use C9296 or J9999)	Part B Drug	
J9600	PHOTOFRIN	Injection, porfimer sodium, 75 mg	Part B Drug	
J9999	AMTAGVI	Not otherwise classified, antineoplastic drugs	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9999	INLEXZO	Not otherwise classified, antineoplastic drugs	Medicare Chemo	PA
J9999	KEYTRUDA QLEX	Not otherwise classified, antineoplastic drugs	Part B Drug	PA
J9999	RYBREVANT FASPRO	Not otherwise classified, antineoplastic drugs	Part B Drug	PA
J9999	UNITUXIN	Not otherwise classified, antineoplastic drugs	Medicare Chemo	PA
Q2041	YESCARTA	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (For billing prior to 4/1/18 use J9999 or C9399 for OPPS billing) (Code Price is for drug ONLY) (Code re-used by CMS)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q2042	KYMRIAH	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code was reused by CMS 1/1/2019) (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2043	PROVENGE	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion (Code Price is per 250 mL)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2053	TECARTUS	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2054	BREYANZI	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q2054	BREYANZI CD4 COMPONENT (2OF 2)	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2054	BREYANZI CD8 COMPONENT (1OF 2)	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2055	ABECMA	Idecabtagene vicleucel, up to 510 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2056	CARVYKTI	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q2058	AUCATZYL	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion (Split dose infusion; complete therapy=2 separate infusions 10 days apart)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q5107	MVASI	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Medicare Chemo	
Q5112	ONTRUZANT	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Medicare Chemo	
Q5113	HERZUMA	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Medicare Chemo	PA; ST applies
Q5114	OGIVRI	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Medicare Chemo	
Q5115	TRUXIMA	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Medicare Chemo	
Q5116	TRAZIMERA	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Medicare Chemo	PA; ST applies
Q5117	KANJINTI	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Medicare Chemo	PA; ST applies
Q5118	ZIRABEV	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Medicare Chemo	
Q5119	RUXIENCE	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Medicare Chemo	
Q5123	RIABNI	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Medicare Chemo	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q5126	ALYMSYS	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Medicare Chemo	PA; ST applies
Q5129	VEGZELMA	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Medicare Chemo	PA; ST applies
Q5146	HERCESSI	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Medicare Chemo	PA; ST applies
Q5160	JOBEVNE	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	Medicare Chemo	PA; ST applies
Antitoxins,Immune Glob,Toxoids,Vaccines				
Allergenic Extracts (Therapeutic)				
C9399	PALFORZIA (LEVEL 0)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
C9399	PALFORZIA (LEVEL 1)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
C9399	PALFORZIA (LEVEL 2)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
C9399	PALFORZIA (LEVEL 3)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
C9399	PALFORZIA (LEVEL 4)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
C9399	PALFORZIA (LEVEL 5)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
C9399	PALFORZIA (LEVEL 6)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
C9399	PALFORZIA (LEVEL 7)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
C9399	PALFORZIA (LEVEL 8)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
C9399	PALFORZIA (LEVEL 9)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
C9399	PALFORZIA (LEVEL 10)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
C9399	PALFORZIA (LEVEL 11 UP-DOSE)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
C9399	PALFORZIA INITIAL (1-3 YRS)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
C9399	PALFORZIA INITIAL (4-17 YRS)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
C9399	PALFORZIA LEVEL 11 MAINTENANCE	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
J3590	PALFORZIA (LEVEL 0)	Unclassified biologics	Part B Drug	PA
J3590	PALFORZIA (LEVEL 1)	Unclassified biologics	Part B Drug	PA
J3590	PALFORZIA (LEVEL 2)	Unclassified biologics	Part B Drug	PA
J3590	PALFORZIA (LEVEL 3)	Unclassified biologics	Part B Drug	PA
J3590	PALFORZIA (LEVEL 4)	Unclassified biologics	Part B Drug	PA
J3590	PALFORZIA (LEVEL 5)	Unclassified biologics	Part B Drug	PA
J3590	PALFORZIA (LEVEL 6)	Unclassified biologics	Part B Drug	PA
J3590	PALFORZIA (LEVEL 7)	Unclassified biologics	Part B Drug	PA
J3590	PALFORZIA (LEVEL 8)	Unclassified biologics	Part B Drug	PA
J3590	PALFORZIA (LEVEL 9)	Unclassified biologics	Part B Drug	PA
J3590	PALFORZIA (LEVEL 10)	Unclassified biologics	Part B Drug	PA
J3590	PALFORZIA (LEVEL 11 UP-DOSE)	Unclassified biologics	Part B Drug	PA
J3590	PALFORZIA INITIAL (1-3 YRS)	Unclassified biologics	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J3590	PALFORZIA INITIAL (4-17 YRS)	Unclassified biologics	Part B Drug	PA
J3590	PALFORZIA LEVEL 11 MAINTENANCE	Unclassified biologics	Part B Drug	PA
Antitoxins And Immune Globulins				
90284	CUVITRU 1 GRAM/5 ML VIAL SUV,INNER,P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
90284	CUVITRU 10 GRAM/50 ML VIAL	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
90284	CUVITRU 2 GRAM/10 ML VIAL SUV,INNER,P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
90284	CUVITRU 2 GRAM/10 ML VIAL SUV,OUTER,P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
90284	CUVITRU 4 GRAM/20 ML VIAL SUV,INNER,P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
90284	CUVITRU 4 GRAM/20 ML VIAL SUV,OUTER,P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
90284	CUVITRU 8 GRAM/ 40 ML VIAL SUV,INNER,P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
90284	CUVITRU 8 GRAM/ 40 ML VIAL SUV,OUTER,P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
90284	GAMMAGARD LIQUID ERC 10G/100 ML INNER, SUV, P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
90284	GAMMAGARD LIQUID ERC 5 G/50 ML INNER, SUV, P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
90284	GAMMAKED	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
90284	GAMUNEX-C	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
90284	HIZENTRA	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
90284	XEMBIFY 20% (1 G/5 ML) VIAL INNER, SUV, P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
90284	XEMBIFY 20% (10 G/50 ML) VIAL INNER, SUV, P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
90284	XEMBIFY 20% (10 G/50 ML) VIAL OUTER, SUV, P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
90284	XEMBIFY 20% (2 G/10 ML) VIAL INNER, SUV, P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
90284	XEMBIFY 20% (2 G/10 ML) VIAL OUTER, SUV, P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
90284	XEMBIFY 20% (4 G/20 ML) VIAL INNER, SUV, P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
90284	XEMBIFY 20% (4 G/20 ML) VIAL OUTER, SUV, P/F	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each (Use 90284 for CPT billing requirements ONLY - see also J1559, J1561, J1562, and J1569 for non-CPT billing)	Part B Drug	B vs D (PA applies)
J0565	ZINPLAVA	Injection, bezlotoxumab, 10 mg (For billing prior to 1/1/18 use J3590 or C9490 for OPPS billing)	Part B Drug	PA
J0716	ANASCORP	Injection, centruroides immune f(ab)2, up to 120 milligrams (Code Price is per 1 vial) (For billing prior to 1/1/13 use C9288 or J3590)	Part B Drug	
J0841	ANAVIP	Injection, crotalidae immune f(ab')2 (equine), 120 mg	Part B Drug	
J1459	PRIVIGEN	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g liquid), 500 mg	Part B Drug	B vs D (PA applies)
J1551	CUTAQUIG	Injection, immune globulin (cutaquig), 100 mg	Part B Drug	B vs D (PA applies)
J1552	ALYGLO	Injection, immune globulin (alyglo), 500 mg	Part B Drug	PA; B vs D (PA applies); ST applies
J1554	ASCENIV	Injection, immune globulin (asceniv), 500 mg	Part B Drug	PA; B vs D (PA applies); ST applies
J1555	CUVITRU 1 GRAM/5 ML VIAL SUV,INNER,P/F	Injection, immune globulin (Cuvitru), 100 mg (For billing prior to 1/1/18 use J3590 or C9399 for OPPS billing)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1555	CUVITRU 1 GRAM/5 ML VIAL SUV,OUTER,P/F	Injection, immune globulin (Cuvitru), 100 mg (For billing prior to 1/1/18 use J3590 or C9399 for OPPS billing)	Part B Drug	B vs D (PA applies)
J1555	CUVITRU 10 GRAM/50 ML VIAL	Injection, immune globulin (Cuvitru), 100 mg (For billing prior to 1/1/18 use J3590 or C9399 for OPPS billing)	Part B Drug	
J1555	CUVITRU 2 GRAM/10 ML VIAL SUV,INNER,P/F	Injection, immune globulin (Cuvitru), 100 mg (For billing prior to 1/1/18 use J3590 or C9399 for OPPS billing)	Part B Drug	
J1555	CUVITRU 2 GRAM/10 ML VIAL SUV,OUTER,P/F	Injection, immune globulin (Cuvitru), 100 mg (For billing prior to 1/1/18 use J3590 or C9399 for OPPS billing)	Part B Drug	
J1555	CUVITRU 4 GRAM/20 ML VIAL SUV,INNER,P/F	Injection, immune globulin (Cuvitru), 100 mg (For billing prior to 1/1/18 use J3590 or C9399 for OPPS billing)	Part B Drug	
J1555	CUVITRU 4 GRAM/20 ML VIAL SUV,OUTER,P/F	Injection, immune globulin (Cuvitru), 100 mg (For billing prior to 1/1/18 use J3590 or C9399 for OPPS billing)	Part B Drug	
J1555	CUVITRU 8 GRAM/ 40 ML VIAL SUV,INNER,P/F	Injection, immune globulin (Cuvitru), 100 mg (For billing prior to 1/1/18 use J3590 or C9399 for OPPS billing)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1555	CUVITRU 8 GRAM/ 40 ML VIAL SUV,OUTER,P/F	Injection, immune globulin (Cuvitru), 100 mg (For billing prior to 1/1/18 use J3590 or C9399 for OPPS billing)	Part B Drug	
J1556	BIVIGAM	Injection, immune globulin (Bivigam), 500 mg (For billing prior to 1/1/14 see C9130 or J1599)	Part B Drug	PA; B vs D (PA applies); ST applies
J1557	GAMMAPLEX	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg (For billing prior to 1/1/12 use 90283, J1599 or C9270)	Part B Drug	B vs D (PA applies)
J1557	GAMMAPLEX (WITH SORBITOL)	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg (For billing prior to 1/1/12 use 90283, J1599 or C9270)	Part B Drug	B vs D (PA applies)
J1558	XEMBIFY 20% (1 G/5 ML) VIAL INNER, SUV, P/F	Injection, immune globulin (xembify), 100 mg	Part B Drug	
J1558	XEMBIFY 20% (1 G/5 ML) VIAL OUTER, SUV, P/F	Injection, immune globulin (xembify), 100 mg	Part B Drug	B vs D (PA applies)
J1558	XEMBIFY 20% (10 G/50 ML) VIAL INNER, SUV, P/F	Injection, immune globulin (xembify), 100 mg	Part B Drug	
J1558	XEMBIFY 20% (10 G/50 ML) VIAL OUTER, SUV, P/F	Injection, immune globulin (xembify), 100 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1558	XEMBIFY 20% (2 G/10 ML) VIAL INNER, SUV, P/F	Injection, immune globulin (xembify), 100 mg	Part B Drug	
J1558	XEMBIFY 20% (2 G/10 ML) VIAL OUTER, SUV, P/F	Injection, immune globulin (xembify), 100 mg	Part B Drug	
J1558	XEMBIFY 20% (4 G/20 ML) VIAL INNER, SUV, P/F	Injection, immune globulin (xembify), 100 mg	Part B Drug	
J1558	XEMBIFY 20% (4 G/20 ML) VIAL OUTER, SUV, P/F	Injection, immune globulin (xembify), 100 mg	Part B Drug	
J1559	HIZENTRA	Injection, immune globulin (Hizentra), 100 mg (For billing prior to 1/1/11 use J3590 or C9399) (see also 90284 for CPT billing requirements)	Part B Drug	B vs D (PA applies)
J1561	GAMUNEX-C	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg	Part B Drug	B vs D (PA applies)
J1566	GAMMAGARD S-D (IGA < 1 MCG/ML)	Injection, immune globulin, intravenous, lyophilized (e.g powder), not otherwise specified, 500 mg (Only Carimune NF, Panglobulin NF and Gammagard S/D should be billed using this code)	Part B Drug	B vs D (PA applies)
J1568	OCTAGAM	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1569	GAMMAGARD LIQUID 10% VIAL INNER,P/F, SUV	Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg	Part B Drug	
J1569	GAMMAGARD LIQUID 10% VIAL OUTER,P/F, SUV	Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg	Part B Drug	
J1569	GAMMAGARD LIQUID 10% VIAL OUTER,P/F, SUV	Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg	Part B Drug	B vs D (PA applies)
J1569	GAMMAGARD LIQUID ERC 10G/100 ML OUTER, SUV, P/F	Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg	Part B Drug	PA
J1569	GAMMAGARD LIQUID ERC 5 G/50 ML OUTER, SUV, P/F	Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg	Part B Drug	PA
J1572	FLEBOGAMMA DIF	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg	Part B Drug	B vs D (PA applies)
J1573	HEPAGAM B	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 mL (see J1571 for IM use)	Part B Drug	
J1575	HYQVIA	Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immune globulin (For billing prior to 1/1/16 use C9399 or J3590)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1576	PANZYGA	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Part B Drug	PA; B vs D (PA applies); ST applies
J1599	YIMMUGO	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg	Part B Drug	PA; ST applies
J2790	HYPERRHO 1,500 UNIT SYRINGE P/F,INNER,SDV	Injection, Rho d immune globulin, human, full dose, 300 micrograms (1500 I.U.) (see also 90384 for CPT billing requirements)	Part B Drug	
J2790	HYPERRHO 1,500 UNIT SYRINGE P/F,OUTER,SDV	Injection, Rho d immune globulin, human, full dose, 300 micrograms (1500 I.U.) (see also 90384 for CPT billing requirements)	Part B Drug	
J2790	RHOGAM ULTRA-FILTERED PLUS	Injection, Rho d immune globulin, human, full dose, 300 micrograms (1500 I.U.) (see also 90384 for CPT billing requirements)	Part B Drug	
J2791	RHOPHYLAC	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU (see also 90384 and 90386 for CPT billing requirements)	Part B Drug	
Vaccines				
90740	RECOMBIVAX HB (PF)	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3-dose schedule, for intramuscular use (Code price is per dose = 40mcg)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
90744	ENGERIX-B PEDIATRIC (PF)	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for intramuscular use (Code price is per dose = 0.5 mL)	Part B Drug	B vs D (PA applies)
90744	RECOMBIVAX HB (PF)	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for intramuscular use (Code price is per dose = 0.5 mL)	Part B Drug	B vs D (PA applies)
90746	ENGERIX-B (PF)	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use (Code Price is per dose = 1 mL)	Part B Drug	B vs D (PA applies)
90746	RECOMBIVAX HB (PF)	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use (Code Price is per dose = 1 mL)	Part B Drug	B vs D (PA applies)
90747	ENGERIX-B (PF)	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4-dose schedule, for intramuscular use (Code price is per 40mcg = 1 dose)	Part B Drug	B vs D (PA applies)
91304	NUVAXOVID 2025-2026 (PF)	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
91319	COMIRNATY 2025-2026(5-11Y)(PF)	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	Part B Drug	
91320	COMIRNATY 2025-26 (12Y UP)(PF)	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	Part B Drug	
91321	SPIKEVAX 2025-26 (6M-11Y) (PF)	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, 25 mcg/0.25 mL dosage, for intramuscular use	Part B Drug	
91322	SPIKEVAX 2025-2026(12Y UP)(PF)	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, 50 mcg/0.5 mL dosage, for intramuscular use	Part B Drug	
91323	MNEXSPIKE 2025-2026 (PF)	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV⊠2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Autonomic Drugs				
Alpha- And Beta-Adrenergic Agonists				
J0163	ADRENALIN IN 0.9 % SOD CHLOR	Injection, epinephrine in sodium chloride (endo), 0.1 mg	Part B Drug	
J0164	*epineph bitart in 0.9% sod chl intravenous solution*	Injection, epinephrine in sodium chloride (baxter), 0.1 mg	Part B Drug	
J0165	ADRENALIN	Injection, epinephrine, not otherwise specified, 0.1 mg	Part B Drug	
J0165	ADYPHREN	Injection, epinephrine, not otherwise specified, 0.1 mg	Part B Drug	
J0165	*epinephrine injection solution*	Injection, epinephrine, not otherwise specified, 0.1 mg	Part B Drug	
J0166	*epinephrine hcl (pf)*	Injection, epinephrine (bpi), not therapeutically equivalent to j0165, 0.1 mg	Part B Drug	
J0166	*epinephrine injection solution*	Injection, epinephrine (bpi), not therapeutically equivalent to j0165, 0.1 mg	Part B Drug	
J0167	*epinephrine 1 mg/10 ml abbojct inner, suv*	Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg (All NDCs inactive as of 11/4/2025)	Part B Drug	
J0167	*epinephrine 1 mg/10 ml abbojct suv, outer*	Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg (All NDCs inactive as of 11/4/2025)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0168	*epinephrine 1 mg/10 ml luerjet inner, suv*	Injection, epinephrine (international medication systems), not therapeutically equivalent to j0165, 0.1 mg	Part B Drug	
J0168	*epinephrine 1 mg/10 ml luerjet outer, suv*	Injection, epinephrine (international medication systems), not therapeutically equivalent to j0165, 0.1 mg	Part B Drug	
J0169	ADRENALIN	Injection, epinephrine (adrenalin), not therapeutically equivalent to j0165, 0.1 mg	Part B Drug	
J0171	*epinephrine 1 mg/10 ml luerjet suv*	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	Part B Drug	
J0171	*epinephrine injection solution*	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	Part B Drug	
J3490	AUVI-Q	Unclassified drugs	Part D Drug	
J3490	*epinephrine injection auto-injector*	Unclassified drugs	Part D Drug	
J3490	EPIPEN	Unclassified drugs	Part D Drug	
J3490	EPIPEN 2-PAK	Unclassified drugs	Part D Drug	
J3490	EPIPEN JR 2-PAK	Unclassified drugs	Part D Drug	
J3490	NEFFY	Unclassified drugs	Part D Drug	
J3490	REZIPRES	Unclassified drugs	Part B Drug	
Alpha-Adrenergic Agonists (12:12)				
J2371	*phenylephrine hcl injection*	Injection, phenylephrine hydrochloride, 20 micrograms	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2371	VAZCULEP	Injection, phenylephrine hydrochloride, 20 micrograms	Part B Drug	
J2372	BIORPHEN	Injection, phenylephrine hydrochloride (biorphen), 20 micrograms	Part B Drug	
J2373	IMMPHENTIV	Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms	Part B Drug	
Antimuscarinics/Antispasmodics				
J0462	*atropine injection solution*	Injection, atropine sulfate, not therapeutically equivalent to j0461, 0.01 mg	Part B Drug	
J0462	*atropine intravenous solution*	Injection, atropine sulfate, not therapeutically equivalent to j0461, 0.01 mg	Part B Drug	
J7620	*ipratropium-albuterol*	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME	Part B Drug	B vs D (PA applies)
J7644	*ipratropium bromide inhalation*	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	Part B Drug	B vs D (PA applies)
J7677	YUPELRI	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Antiparkinsonian Agents				
J0515	*benztropine injection*	Injection, benztropine mesylate, per 1mg	Part B Drug	
Botulinum Toxins				
J0585	BOTOX	Injection, onabotulinumtoxinA, 1 unit	Part B Drug	PA; ST applies
J0585	BOTOX COSMETIC	Injection, onabotulinumtoxinA, 1 unit	Not Covered	
J0586	DYSPORT	Injection, abobotulinumtoxinA, 5 units (For billing prior to 1/1/10 use J3590 or C9399)	Part B Drug	PA; ST applies
J0587	MYOBLOC	Injection, rimabotulinumtoxinB, 100 units	Part B Drug	PA; ST applies
J0588	XEOMIN	Injection, incobotulinumtoxinA, 1 unit	Part B Drug	PA; ST applies
J0589	DAXXIFY	Injection, daxibotulinumtoxina-lanm, 1 unit	Part B Drug	PA; ST applies
J3590	JEUVEAU	Unclassified biologics	Not Covered	
Gaba-Derivative Skeletal Muscle Relaxant				
J0475	*baclofen intrathecal*	Injection, baclofen, 10 mg	Part B Drug	
J0475	GABLOFEN	Injection, baclofen, 10 mg	Part B Drug	
J0475	LIORESAL	Injection, baclofen, 10 mg	Part B Drug	
J0476	*baclofen intrathecal*	Injection, baclofen, 50 mcg, for intrathecal trial	Part B Drug	
J0476	GABLOFEN	Injection, baclofen, 50 mcg, for intrathecal trial	Part B Drug	
J0476	LIORESAL	Injection, baclofen, 50 mcg, for intrathecal trial	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Neuromuscular Blocking Agents				
J0330	*succinylcholine 100 mg/5 ml syringe suv, p/f, outer*	Injection, succinylcholine chloride, up to 20mg	Part B Drug	
J0330	*succinylcholine 200 mg/10 ml syr suv, p/f, outer*	Injection, succinylcholine chloride, up to 20mg	Part B Drug	
J0330	*succinylcholine chloride injection*	Injection, succinylcholine chloride, up to 20mg	Part B Drug	
Non-Sel. Beta-Adrenergic Blocking Agents				
J1920	*labetalol hcl 20 mg/4 ml crpjt suv, inner*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml crpjt suv, outer*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml syrng suv, inner*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml syrng suv, outer*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol intravenous solution*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1921	*labetalol hcl 10 mg/2 ml syrng inner, suv, p/f*	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	Part B Drug	
J1921	*labetalol hcl 10 mg/2 ml syrng outer, suv, p/f*	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	Part B Drug	
Parasympathomimetic (Cholinergic Agents)				
J2710	BLOXIVERZ	Injection, neostigmine methylsulfate, up to 0.5 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2710	*neostigmine 3 mg/3 ml syringe inner, suv*	Injection, neostigmine methylsulfate, up to 0.5 mg	Part B Drug	
J2710	*neostigmine 3 mg/3 ml syringe outer, suv*	Injection, neostigmine methylsulfate, up to 0.5 mg	Part B Drug	
J2710	*neostigmine methylsulfate intravenous solution*	Injection, neostigmine methylsulfate, up to 0.5 mg	Part B Drug	
J2711	PREVDUO	Injection, neostigmine methylsulfate 0.1 mg and glycopyrrolate 0.02 mg	Part B Drug	
Selective Alpha-1-Adrenergic Block.Agent				
J1920	*labetalol hcl 20 mg/4 ml crpjt suv, inner*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml crpjt suv, outer*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml syrng suv, inner*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml syrng suv, outer*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol intravenous solution*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1921	*labetalol hcl 10 mg/2 ml syrng inner, suv, p/f*	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	Part B Drug	
J1921	*labetalol hcl 10 mg/2 ml syrng outer, suv, p/f*	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Selective Beta-2-Adrenergic Agonists				
J3105	*terbutaline subcutaneous*	Injection, terbutaline sulfate, up to 1 mg	Part B Drug	
J3535	XOPENEX HFA	Drug administered through a metered dose inhaler	Part B Drug	
J7605	*arformoterol*	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	Part B Drug	B vs D (PA applies)
J7605	BROVANA	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	Part B Drug	B vs D (PA applies)
J7606	*formoterol fumarate*	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	Part B Drug	B vs D (PA applies)
J7606	PERFOROMIST	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	Part B Drug	B vs D (PA applies)
J7611	*albuterol sulfate inhalation solution for nebulization*	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg (Code reinstated effective 4/1/2008)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7612	*levalbuterol hcl*	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg (Code reinstated effective 4/1/2008)	Part B Drug	B vs D (PA applies)
J7613	*albuterol sulfate inhalation solution for nebulization*	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg (Code reinstated effective 4/1/2008)	Part B Drug	B vs D (PA applies)
J7614	*levalbuterol hcl*	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg (Code reinstated effective 4/1/2008)	Part B Drug	B vs D (PA applies)
J7614	XOPENEX 1.25 MG/3 ML SOLUTION P/F, 24'S	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg (Code reinstated effective 4/1/2008)	Part B Drug	
J7620	*ipratropium-albuterol*	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Selective Beta-Adrenergic Blocking Agent				
J0616	*metoprolol tartrate intravenous*	Injection, metoprolol tartrate, 1 mg	Part B Drug	
J1805	BREVIBLOC	Injection, esmolol hydrochloride, 10 mg	Part B Drug	
J1805	BREVIBLOC IN NACL (ISO-OSM)	Injection, esmolol hydrochloride, 10 mg	Part B Drug	
J1805	*esmolol in nacl (iso-osm)*	Injection, esmolol hydrochloride, 10 mg	Part B Drug	
J1805	*esmolol intravenous solution*	Injection, esmolol hydrochloride, 10 mg	Part B Drug	
J1806	*esmolol in sterile water*	Injection, esmolol hydrochloride (wg critical care), not therapeutically equivalent to j1805, 10 mg	Part B Drug	
Smoking Cessation Agents				
J2315	VIVITROL	Injection, naltrexone, depot form, 1 mg	Part B Drug	
Blood Derivatives				
Blood Derivatives				
J0256	ARALAST NP	Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	Part B Drug	PA
J0256	PROLASTIN-C	Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	Part B Drug	PA
J0256	ZEMAIRA	Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0257	GLASSIA	Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg (For billing prior to 1/1/12 use J3590 or C9399)	Part B Drug	PA
J2998	RYPLAZIM	Injection, plasminogen, human-tvmh, 1 mg	Part B Drug	PA
Blood Formation, Coagulation, Thrombosis				
Antianemia Drugs				
J0881	ARANESP 10 MCG/0.4 ML SYRINGE P/F, INNER, SUV	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 10 MCG/0.4 ML SYRINGE P/F, OUTER, SUV	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, INNER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, OUTER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 100 MCG/ML VIAL P/F, 4'S, SDV	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 100 MCG/ML VIAL P/F, SDV	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, INNER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0881	ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, OUTER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 200 MCG/0.4 ML SYRINGE P/F, SDV	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 200 MCG/ML VIAL	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 25 MCG/0.42 ML SYRING P/F,SDV,INNER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 25 MCG/0.42 ML SYRING P/F,SDV,OUTER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 25 MCG/ML VIAL P/F,SDV,INNER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 25 MCG/ML VIAL P/F,SDV,OUTER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 300 MCG/0.6 ML SYRINGE	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 40 MCG/0.4 ML SYRINGE P/F, INNER, SDV	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 40 MCG/0.4 ML SYRINGE P/F,SDV,OUTER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 40 MCG/ML VIAL P/F,SDV,INNER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0881	ARANESP 40 MCG/ML VIAL P/F,SDV,OUTER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 500 MCG/1 ML SYRINGE	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 60 MCG/0.3 ML SYRINGE P/F,SDV, OUTER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 60 MCG/0.3 ML SYRINGE P/F,SDV,INNER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 60 MCG/ML VIAL P/F,SDV,INNER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0881	ARANESP 60 MCG/ML VIAL P/F,SDV,OUTER	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Part B Drug	
J0882	ARANESP 10 MCG/0.4 ML SYRINGE P/F, INNER, SUV	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 10 MCG/0.4 ML SYRINGE P/F, OUTER, SUV	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, INNER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, OUTER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 100 MCG/ML VIAL P/F, 4'S, SDV	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0882	ARANESP 100 MCG/ML VIAL P/F, SDV	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, INNER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, OUTER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 200 MCG/0.4 ML SYRINGE P/F, SDV	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 200 MCG/ML VIAL	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 25 MCG/0.42 ML SYRING P/F,SDV,INNER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 25 MCG/0.42 ML SYRING P/F,SDV,OUTER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 25 MCG/ML VIAL P/F,SDV,INNER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 25 MCG/ML VIAL P/F,SDV,OUTER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 300 MCG/0.6 ML SYRINGE	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 40 MCG/0.4 ML SYRINGE P/F, INNER, SDV	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0882	ARANESP 40 MCG/0.4 ML SYRINGE P/F,SDV,OUTER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 40 MCG/ML VIAL P/F,SDV,INNER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 40 MCG/ML VIAL P/F,SDV,OUTER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 500 MCG/1 ML SYRINGE	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 60 MCG/0.3 ML SYRINGE P/F,SDV, OUTER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 60 MCG/0.3 ML SYRINGE P/F,SDV,INNER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 60 MCG/ML VIAL P/F,SDV,INNER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0882	ARANESP 60 MCG/ML VIAL P/F,SDV,OUTER	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0887	MIRCERA	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0896	REBLOZYL	Injection, luspatercept-aamt, 0.25 mg	Part B Drug	PA
J0901	VAFSEO	Vadadustat, oral, 1 mg (for esrd on dialysis)	Not Separately Payable	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Anticoagulants, Miscellaneous				
J0911	DEFENCATH	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	Not Separately Payable	
Blood Form.,Coag,Thrombosis Agents Misc.				
J0791	ADAKVEO	Injection, crizanlizumab-tmca, 5 mg	Part B Drug	PA; ST applies
Direct Thrombin Inhibitors				
J0582	*bivalirudin intravenous solution*	Injection, bivalirudin (endo), not therapeutically equivalent to j0583, 1 mg	Part B Drug	
Hematopoietic Agents				
J0882	ARANESP (IN POLYSORBATE)	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0885	EPOGEN	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Part B Drug	PA; ST applies
J0885	PROCRIT 10,000 UNITS/ML VIAL SDV,P/F,INNER	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Part B Drug	
J0885	PROCRIT 10,000 UNITS/ML VIAL SDV,P/F,OUTER	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Part B Drug	
J0885	PROCRIT 2,000 UNITS/ML VIAL SDV, P/F, INNER	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0885	PROCRIT 2,000 UNITS/ML VIAL SDV,P/F, OUTER	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Part B Drug	
J0885	PROCRIT 4,000 UNITS/ML VIAL SDV, P/F, INNER	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Part B Drug	
J0885	PROCRIT 4,000 UNITS/ML VIAL SDV, P/F, OUTER	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Part B Drug	
J0885	PROCRIT 40,000 UNITS/ML VIAL INNER, P/F,SDV	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Part B Drug	
J0885	PROCRIT 40,000 UNITS/ML VIAL OUTER, SDV,P/F	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Part B Drug	
J0887	MIRCERA	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	Part B Drug	B vs D (PA applies)
J0896	REBLOZYL	Injection, luspatercept-aamt, 0.25 mg	Part B Drug	PA
J0901	VAFSEO	Vadadustat, oral, 1 mg (for esrd on dialysis)	Not Separately Payable	
J1442	NEUPOGEN	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram	Part B Drug	PA; ST applies
J1447	GRANIX	Injection, tbo-filgrastim, 1 microgram	Part B Drug	PA; ST applies
J1449	ROLVEDON	Injection, eflapegrastim-xnst, 0.1 mg	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2277	APHEXDA	Injection, motixafortide, 0.25 mg	Part B Drug	
J2506	NEULASTA	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Part B Drug	
J2506	NEULASTA ONPRO	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Part B Drug	
J2562	MOZOBIL	Injection, plerixafor, 1 mg (For billing prior to 1/1/10 use J3490 or C9252)	Part B Drug	
J2562	*plerixafor*	Injection, plerixafor, 1 mg (For billing prior to 1/1/10 use J3490 or C9252)	Part B Drug	
J2802	NPLATE	Injection, romiplostim, 1 microgram	Part B Drug	PA
J2820	LEUKINE	Injection, sargramostim (GM-CSF), 50 mcg	Part B Drug	
J9361	RYZNEUTA	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Part B Drug	PA; ST applies
Q4081	EPOGEN	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Part B Drug	PA; ST applies
Q4081	PROCRIT 10,000 UNITS/ML VIAL SDV,P/F,INNER	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Part B Drug	
Q4081	PROCRIT 10,000 UNITS/ML VIAL SDV,P/F,OUTER	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Part B Drug	
Q4081	PROCRIT 2,000 UNITS/ML VIAL SDV, P/F, INNER	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q4081	PROCRIT 2,000 UNITS/ML VIAL SDV,P/F, OUTER	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Part B Drug	
Q4081	PROCRIT 4,000 UNITS/ML VIAL SDV, P/F, INNER	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Part B Drug	
Q4081	PROCRIT 4,000 UNITS/ML VIAL SDV, P/F, OUTER	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Part B Drug	
Q4081	PROCRIT 40,000 UNITS/ML VIAL INNER, P/F,SDV	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Part B Drug	
Q4081	PROCRIT 40,000 UNITS/ML VIAL OUTER, SDV,P/F	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Part B Drug	
Q5101	ZARXIO	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 microgram	Part B Drug	
Q5105	RETACRIT 10,000 UNIT/ML VIAL P/F, INNER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 10,000 UNIT/ML VIAL P/F, OUTER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 10,000 UNIT/ML VIAL SUV, P/F, INNER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 10,000 UNIT/ML VIAL SUV, P/F, OUTER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q5105	RETACRIT 2,000 UNIT/ML VIAL P/F, INNER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 2,000 UNIT/ML VIAL P/F, OUTER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 2,000 UNIT/ML VIAL SUV, P/F, INNER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 2,000 UNIT/ML VIAL SUV, P/F, OUTER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 20,000 UNIT/2 ML VIAL INNER, MUV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 20,000 UNIT/2 ML VIAL MUV, INNER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 20,000 UNIT/2 ML VIAL MUV, OUTER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 20,000 UNIT/2 ML VIAL OUTER, MUV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 20,000 UNIT/ML VIAL INNER, MUV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 20,000 UNIT/ML VIAL MUV,INNER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q5105	RETACRIT 20,000 UNIT/ML VIAL MUV,OUTER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 20,000 UNIT/ML VIAL OUTER, MUV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 3,000 UNIT/ML VIAL P/F, INNER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 3,000 UNIT/ML VIAL P/F, OUTER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 3,000 UNIT/ML VIAL SUV, P/F, INNER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 3,000 UNIT/ML VIAL SUV, P/F, OUTER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 4,000 UNIT/ML VIAL P/F, INNER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 4,000 UNIT/ML VIAL P/F, OUTER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 4,000 UNIT/ML VIAL SUV, P/F, INNER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 4,000 UNIT/ML VIAL SUV, P/F, OUTER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q5105	RETACRIT 40,000 UNIT/ML VIAL P/F, INNER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5105	RETACRIT 40,000 UNIT/ML VIAL P/F, OUTER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Part B Drug	B vs D (PA applies)
Q5106	RETACRIT 10,000 UNIT/ML VIAL P/F, INNER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 10,000 UNIT/ML VIAL P/F, OUTER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 10,000 UNIT/ML VIAL SUV, P/F, INNER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 10,000 UNIT/ML VIAL SUV, P/F, OUTER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 2,000 UNIT/ML VIAL P/F, INNER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 2,000 UNIT/ML VIAL P/F, OUTER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 2,000 UNIT/ML VIAL SUV, P/F, INNER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 2,000 UNIT/ML VIAL SUV, P/F, OUTER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q5106	RETACRIT 20,000 UNIT/2 ML VIAL INNER, MUV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 20,000 UNIT/2 ML VIAL MUV, INNER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 20,000 UNIT/2 ML VIAL MUV, OUTER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 20,000 UNIT/2 ML VIAL OUTER, MUV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 20,000 UNIT/ML VIAL INNER, MUV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 20,000 UNIT/ML VIAL MUV,INNER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 20,000 UNIT/ML VIAL MUV,OUTER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 20,000 UNIT/ML VIAL OUTER, MUV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 3,000 UNIT/ML VIAL P/F, INNER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 3,000 UNIT/ML VIAL P/F, OUTER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q5106	RETACRIT 3,000 UNIT/ML VIAL SUV, P/F, INNER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 3,000 UNIT/ML VIAL SUV, P/F, OUTER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 4,000 UNIT/ML VIAL P/F, INNER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 4,000 UNIT/ML VIAL P/F, OUTER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 4,000 UNIT/ML VIAL SUV, P/F, INNER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 4,000 UNIT/ML VIAL SUV, P/F, OUTER	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 40,000 UNIT/ML VIAL P/F, INNER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5106	RETACRIT 40,000 UNIT/ML VIAL P/F, OUTER, SDV	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Part B Drug	
Q5108	FULPHILA	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	Part B Drug	
Q5110	NIVESTYM	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q5111	UDENYCA	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Part B Drug	PA; ST applies
Q5111	UDENYCA AUTOINJECTOR	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Part B Drug	PA; ST applies
Q5111	UDENYCA ONBODY	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Part B Drug	PA; ST applies
Q5120	ZIEXTENZO	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Part B Drug	PA; ST applies
Q5122	NYVEPRIA	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Part B Drug	PA; ST applies
Q5125	RELEUKO	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Part B Drug	PA; ST applies
Q5127	STIMUFEND	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Part B Drug	PA; ST applies
Q5130	FYLNETRA	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	Part B Drug	PA; ST applies
Q5148	NYPOZI	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Part B Drug	PA; ST applies
Hemostatics				
J1411	HEMGENIX	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J1412	ROCTAVIAN	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J2597	DDAVP INJECTION	Injection, desmopressin acetate, per 1 mcg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2597	*desmopressin injection*	Injection, desmopressin acetate, per 1 mcg	Part B Drug	
J3290	CYKLOKAPRON	Injection, tranexamic acid, 5 mg	Part B Drug	
J3290	*tranexamic acid intravenous*	Injection, tranexamic acid, 5 mg	Part B Drug	
J7165	BALFAXAR	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity	Part B Drug	
J7170	HEMLIBRA	Injection, emicizumab-kxwh, 0.5 mg	Part B Drug	
J7172	HYMPAVZI PEN	Injection, marstacimab-hncq, 0.5 mg	Part B Drug	PA; ST applies
J7173	ALHEMO PEN	Injection, concizumab-mtci, 0.5 mg	Part B Drug	PA; ST applies
J7174	QFITLIA	Injection, fitusiran, 0.04 mg	Part B Drug	PA; ST applies
J7174	QFITLIA PEN	Injection, fitusiran, 0.04 mg	Part B Drug	PA; ST applies
J7175	COAGADEX	Injection, factor X, (human), 1 IU (For billing prior to 1/1/17 use J3590 or C9399 for OPPS billing)	Part B Drug	
J7177	FIBRYGA	Injection, human fibrinogen concentrate (fibryga), 1 mg (Price is per 1mg. Product contains approximately 1 gram (900-1300mg))	Part B Drug	PA
J7179	VONVENDI	Injection, Von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo (For billing prior to 1/1/17 use J7199 or C9399 for OPPS billing)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7180	CORIFACT	Injection, factor XIII (antihemophilic factor, human), 1 IU (Code Price is per 1 IU - Corifact contains 1000-1600 Units) (For billing prior to 1/1/12 use J3590 or C9399)	Part B Drug	
J7181	TRETTEN	Injection, factor XIII A-subunit, (recombinant), per IU For billing prior to 1/1/15 use C9134 or J3590)	Part B Drug	
J7182	NOVOEIGHT	Injection, factor VIII, (antihemophilic factor, recombinant), (Novoeight), per IU	Part B Drug	
J7183	WILATE	Injection, Von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO	Part B Drug	
J7185	XYNTHA	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	Part B Drug	
J7185	XYNTHA SOLOFUSE	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	Part B Drug	
J7186	ALPHANATE	Injection, antihemophilic factor VIII/Von Willebrand factor complex (human), per factor VIII I.U.	Part B Drug	
J7187	HUMATE-P	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7188	OBIZUR	Injection, factor VIII (antihemophilic factor, recombinant), (Obizur), per IU (Code re-used by CMS effective 1/1/16) (For billing prior to 1/1/16 use C9399 or J7199)	Part B Drug	
J7189	NOVOSEVEN RT	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram	Part B Drug	
J7190	HEMOFIL M HIGH	Factor VIII (antihemophilic factor [human]) per IU	Part B Drug	
J7190	HEMOFIL M LOW	Factor VIII (antihemophilic factor [human]) per IU	Part B Drug	
J7190	HEMOFIL M MID	Factor VIII (antihemophilic factor [human]) per IU	Part B Drug	
J7190	HEMOFIL M SUPER HIGH	Factor VIII (antihemophilic factor [human]) per IU	Part B Drug	
J7190	KOATE	Factor VIII (antihemophilic factor [human]) per IU	Part B Drug	
J7192	ADVATE	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified (Effective 9/1/18 Code Price is based on Median Pricing Methodology)	Part B Drug	
J7192	KOGENATE FS	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified (Effective 9/1/18 Code Price is based on Median Pricing Methodology)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7192	RECOMBINATE	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified (Effective 9/1/18 Code Price is based on Median Pricing Methodology)	Part B Drug	
J7193	ALPHANINE SD	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	Part B Drug	
J7194	PROFILNINE	Factor IX, complex, per IU	Part B Drug	
J7195	BENEFIX	Injection factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	Part B Drug	
J7198	FEIBA NF	Anti-inhibitor, per IU	Part B Drug	
J7200	RIXUBIS	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU (For billing prior to 1/1/15 use C9133 or J7195)	Part B Drug	
J7201	ALPROLIX	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU	Part B Drug	
J7202	IDELVION	Injection, factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU (For billing prior to 1/1/17 use J7199 or C9139 for OPPS billing)	Part B Drug	
J7203	REBINYN	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7204	ESPEROCT	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Part B Drug	
J7205	ELOCTATE	Injection, factor VIII, Fc fusion protein (recombinant), per IU	Part B Drug	
J7207	ADYNOVATE	Injection, factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU (For billing prior to 1/1/17 use J7199 or C9137 for OPPS billing)	Part B Drug	
J7208	JIVI	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Part B Drug	
J7209	NUWIQ	Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU (For billing prior to 1/1/17 use J7199 or C9138 for OPPS billing)	Part B Drug	
J7210	AFSTYLA	Injection, factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU (For billing prior to 1/1/18 use J7199 or C9140 for OPPS billing)	Part B Drug	
J7211	KOVALTRY	Injection, factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU (For billing prior to 1/1/18 use J7192)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7212	SEVENFACT	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Part B Drug	
J7213	IXINITY	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	Part B Drug	
J7214	ALTUVIIIO	Injection, factor viii/von willebrand factor complex, recombinant (altuviiio), per factor viii i.u.	Part B Drug	
Iron Preparations				
J1437	MONOFERRIC	Injection, ferric derisomaltose, 10 mg	Part B Drug	
J1439	INJECTAFER	Injection, ferric carboxymaltose, 1 mg	Part B Drug	
J1750	INFED	Injection, iron dextran, 50 mg (Code reinstated effective 1/1/09)	Part B Drug	
J1756	VENOFER	Injection, iron sucrose, 1 mg	Part B Drug	
J2916	FERRLECIT	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Part B Drug	
J2916	*sodium ferric gluconat-sucrose*	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Part B Drug	
Q0138	FERAHEME	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use) (For billing prior to 1/1/10 use J3490 or C9399)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q0138	*ferumoxytol*	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use) (For billing prior to 1/1/10 use J3490 or C9399)	Part B Drug	
Von Willebrand Factor-Related Antithromb				
C9047	CABLIVI INJECTION KIT	Injection, caplacizumab-yhdp, 1 mg	Part B Drug	PA
Cardiovascular Drugs				
Alpha-Adrenergic Blocking Agents (24:16)				
J1920	*labetalol hcl 20 mg/4 ml crpjt suv, inner*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml crpjt suv, outer*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml syrng suv, inner*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml syrng suv, outer*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol intravenous solution*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1921	*labetalol hcl 10 mg/2 ml syrng inner, suv, p/f*	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	Part B Drug	
J1921	*labetalol hcl 10 mg/2 ml syrng outer, suv, p/f*	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	Part B Drug	
Angptl3 Inhibitors (24:06)				
J1305	EVKEEZA	Injection, evinacumab-dgnb, 5mg	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Antilipemic Agents, Miscellaneous				
C9399	REDEMPLO	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J1306	LEQVIO	Injection, inclisiran, 1 mg	Part B Drug	PA; ST applies
J3490	REDEMPLO	Unclassified drugs	Part D Drug	
Beta-Adrenergic Blocking Agents (24:20)				
J0616	*metoprolol tartrate intravenous*	Injection, metoprolol tartrate, 1 mg	Part B Drug	
J1805	BREVIBLOC	Injection, esmolol hydrochloride, 10 mg	Part B Drug	
J1805	BREVIBLOC IN NACL (ISO-OSM)	Injection, esmolol hydrochloride, 10 mg	Part B Drug	
J1805	*esmolol in nacl (iso-osm)*	Injection, esmolol hydrochloride, 10 mg	Part B Drug	
J1805	*esmolol intravenous solution*	Injection, esmolol hydrochloride, 10 mg	Part B Drug	
J1806	*esmolol in sterile water*	Injection, esmolol hydrochloride (wg critical care), not therapeutically equivalent to j1805, 10 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml crpjt suv, inner*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml crpjt suv, outer*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1920	*labetalol hcl 20 mg/4 ml syrng suv, inner*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml syrng suv, outer*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol intravenous solution*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1921	*labetalol hcl 10 mg/2 ml syrng inner, suv, p/f*	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	Part B Drug	
J1921	*labetalol hcl 10 mg/2 ml syrng outer, suv, p/f*	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	Part B Drug	
Bradykinin Receptors Antagonists				
J1744	FIRAZYR	Injection, icatibant, 1 mg (For billing prior to 1/1/13 use J3490 or C9399)	Part D Drug	
J1744	*icatibant*	Injection, icatibant, 1 mg (For billing prior to 1/1/13 use J3490 or C9399)	Part D Drug	
J1744	SAJAZIR	Injection, icatibant, 1 mg (For billing prior to 1/1/13 use J3490 or C9399)	Part D Drug	
Calcium-Channel Blocking Agents				
J0759	CLEVIPREX	Injection, clevidipine butyrate, 1 mg	Part B Drug	
Cardiotonic Agents				
J1160	*digoxin injection*	Injection, digoxin, up to 0.5 mg	Part B Drug	
J1160	LANOXIN INJECTION	Injection, digoxin, up to 0.5 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1160	LANOXIN PEDIATRIC	Injection, digoxin, up to 0.5 mg	Part B Drug	
Class Ii Antiarrhythmics				
J0616	*metoprolol tartrate intravenous*	Injection, metoprolol tartrate, 1 mg	Part B Drug	
J1805	BREVIBLOC	Injection, esmolol hydrochloride, 10 mg	Part B Drug	
J1805	BREVIBLOC IN NACL (ISO-OSM)	Injection, esmolol hydrochloride, 10 mg	Part B Drug	
J1805	*esmolol in nacl (iso-osm)*	Injection, esmolol hydrochloride, 10 mg	Part B Drug	
J1805	*esmolol intravenous solution*	Injection, esmolol hydrochloride, 10 mg	Part B Drug	
J1806	*esmolol in sterile water*	Injection, esmolol hydrochloride (wg critical care), not therapeutically equivalent to j1805, 10 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml crpjt suv, inner*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml crpjt suv, outer*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml syrng suv, inner*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol hcl 20 mg/4 ml syrng suv, outer*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1920	*labetalol intravenous solution*	Injection, labetalol hydrochloride, 5 mg	Part B Drug	
J1921	*labetalol hcl 10 mg/2 ml syrng inner, suv, p/f*	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1921	*labetalol hcl 10 mg/2 ml syrng outer, suv, p/f*	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	Part B Drug	
J3490	RAPIBLYK	Unclassified drugs	Part B Drug	PA
Class Iv Antiarrhythmics				
J1163	*diltiazem hcl intravenous*	Injection, diltiazem hydrochloride, 0.5 mg	Part B Drug	
J3490	*diltiazem 100 mg/100 ml-nacl bag outer, suv, p/f*	Unclassified drugs	Part B Drug	
Dihydropyridines				
J0759	CLEVIPREX	Injection, clevidipine butyrate, 1 mg	Part B Drug	
Kallikrein Inhibitors (24:48:08)				
C9399	DAWNZERA	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J0593	TAKHZYRO	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0593	TAKHZYRO 300 MG/2 ML VIAL	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	Part D Drug	
J1290	KALBITOR	Injection, ecallantide, 1 mg (For billing prior to 1/1/11 use J3590 or C9263)	Part D Drug	
Loop Diuretics (24:36)				
J1938	*furosemide injection*	Injection, furosemide, 1 mg	Part B Drug	
J1941	FUROSCIX	Injection, furosemide (furoscix), 20 mg	Part D Drug	
Nitrates And Nitrites				
J2305	*nitroglycerin in 5 % dextrose*	Injection, nitroglycerin, 5 mg	Part B Drug	
J2305	*nitroglycerin intravenous*	Injection, nitroglycerin, 5 mg	Part B Drug	
Vasodilating Agents, Misc (24:08)				
J0759	CLEVIPREX	Injection, clevidipine butyrate, 1 mg	Part B Drug	
Vasodilating Agents, Miscellaneous				
J0759	CLEVIPREX	Injection, clevidipine butyrate, 1 mg	Part B Drug	
J1325	*epoprostenol*	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	Part B Drug	
J1325	FLOLAN	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1325	VELETRI	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	Part B Drug	
J1749	AURLUMYN	Injection, iloprost, 0.1 mcg	Not Covered	
J3285	REMODULIN 100 MG/20 ML VIAL	Injection, treprostinil, 1 mg	Part B Drug	PA
J3285	REMODULIN 20 MG/20 ML VIAL	Injection, treprostinil, 1 mg	Part B Drug	PA
J3285	REMODULIN 200 MG/20 ML VIAL	Injection, treprostinil, 1 mg	Part B Drug	PA
J3285	REMODULIN 50 MG/20 ML VIAL	Injection, treprostinil, 1 mg	Part B Drug	PA
J3285	*treprostinil sodium*	Injection, treprostinil, 1 mg	Part B Drug	PA
J3535	TYVASO DPI 16 MCG CARTRIDGE	Drug administered through a metered dose inhaler	Part D Drug	
J3535	TYVASO DPI 16 MCG CARTRIDGE INNER	Drug administered through a metered dose inhaler	Part D Drug	
J3535	TYVASO DPI 16 MCG CARTRIDGE OUTER	Drug administered through a metered dose inhaler	Part D Drug	
J3535	TYVASO DPI 16-32-48 MCG TITRAT	Drug administered through a metered dose inhaler	Part D Drug	
J3535	TYVASO DPI 32 MCG CARTRIDGE	Drug administered through a metered dose inhaler	Part D Drug	
J3535	TYVASO DPI 32 MCG CARTRIDGE INNER	Drug administered through a metered dose inhaler	Part D Drug	
J3535	TYVASO DPI 32 MCG CARTRIDGE OUTER	Drug administered through a metered dose inhaler	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J3535	TYVASO DPI 32-64 MCG MAINT KIT	Drug administered through a metered dose inhaler	Part D Drug	
J3535	TYVASO DPI 48 MCG CARTRIDGE	Drug administered through a metered dose inhaler	Part D Drug	
J3535	TYVASO DPI 48 MCG CARTRIDGE INNER	Drug administered through a metered dose inhaler	Part D Drug	
J3535	TYVASO DPI 48 MCG CARTRIDGE OUTER	Drug administered through a metered dose inhaler	Part D Drug	
J3535	TYVASO DPI 64 MCG CARTRIDGE	Drug administered through a metered dose inhaler	Part D Drug	
J3535	TYVASO DPI 64 MCG CARTRIDGE INNER	Drug administered through a metered dose inhaler	Part D Drug	
J3535	TYVASO DPI 64 MCG CARTRIDGE OUTER	Drug administered through a metered dose inhaler	Part D Drug	
J3535	TYVASO DPI 80 MCG CARTRIDGE INNER	Drug administered through a metered dose inhaler	Part D Drug	
J3535	TYVASO DPI 80 MCG CARTRIDGE OUTER	Drug administered through a metered dose inhaler	Part D Drug	
J7686	TYVASO	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg (For billing prior to 1/1/11 use J7699)	Part B Drug	PA; B vs D (PA applies); ST applies
J7686	TYVASO INSTITUTIONAL START KIT	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg (For billing prior to 1/1/11 use J7699)	Part B Drug	PA; B vs D (PA applies); ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7686	TYVASO REFILL KIT	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg (For billing prior to 1/1/11 use J7699)	Part B Drug	PA; B vs D (PA applies); ST applies
J7686	TYVASO STARTER KIT	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg (For billing prior to 1/1/11 use J7699)	Part B Drug	PA; B vs D (PA applies); ST applies
Cellular And Gene Therapy				
Cellular Therapy				
C9399	AMTAGVI	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
C9399	LANTIDRA	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
C9399	OMISIRGE	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3402	RYONCIL	Injection, remestemcel-l-rknd, per therapeutic dose	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products); ST applies
J3590	LANTIDRA	Unclassified biologics	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3590	OMISIRGE	Unclassified biologics	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3590	RETHYMIC	Unclassified biologics	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9999	AMTAGVI	Not otherwise classified, antineoplastic drugs	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2043	PROVENGE	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion (Code Price is per 250 mL)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Gene Therapy				
C9399	ITVISMA	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
C9399	KEBILIDI	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
C9399	PAPZIMEOS	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA; ST applies
J1411	HEMGENIX	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J1412	ROCTAVIAN	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J1413	ELEVIDYS	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J3387	SKYSONA	Injection, elivaldogene autotemcel, per treatment	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3389	ZEVASKYN	Topical administration, prademagene zamikeracel, per treatment	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3391	LENMELDY	Injection, atidarsagene autotemcel, per treatment	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3392	CASGEVY	Injection, exagamglogene autotemcel, per treatment	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products); ST applies
J3393	ZYNTEGLO	Injection, betibeglogene autotemcel, per treatment	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3394	LYFGENIA	Injection, lovotibeglogene autotemcel, per treatment	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products); ST applies
J3398	LUXTURNA	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3399	ZOLGENSMA	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3401	VYJUVEK	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J3403	ENCELTO	Revakinagene taroretcel-lwey, per implant	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3590	ITVISMA	Unclassified biologics	Part B Drug	PA
J3590	KEBILIDI	Unclassified biologics	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3590	PAPZIMEOS	Unclassified biologics	Part B Drug	PA; ST applies
J9029	ADSTILADRIN	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9325	IMLYGIC	Injection, talimogene laherparepvec, per 1 million plaque forming units (For billing prior to 1/1/17 use J9999 or C9472 for OPPS billing)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2041	YESCARTA	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (For billing prior to 4/1/18 use J9999 or C9399 for OPPS billing) (Code Price is for drug ONLY) (Code re-used by CMS)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q2042	KYMRIAH	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code was reused by CMS 1/1/2019) (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2053	TECARTUS	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2054	BREYANZI	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2054	BREYANZI CD4 COMPONENT (2OF 2)	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q2054	BREYANZI CD8 COMPONENT (1OF 2)	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2055	ABECMA	Idecabtagene vicleucel, up to 510 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2056	CARVYKTI	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2057	TECELRA	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q2058	AUCATZYL	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion (Split dose infusion; complete therapy=2 separate infusions 10 days apart)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Central Nervous System Agents				
Amyotrophic Lateral Sclerosis(Als) Agent				
J1301	*edaravone*	Injection, edaravone, 1 mg	Part B Drug	PA
J1301	RADICAVA	Injection, edaravone, 1 mg	Part B Drug	PA
J1304	QALSODY	Injection, tofersen, 1 mg	Part B Drug	PA
Anorexigenic Agents, Miscellaneous				
C9399	MOUNJARO	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	OZEMPIC	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
C9399	VICTOZA 2-PAK	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	VICTOZA 3-PAK	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	WEGOVY SUBCUTANEOUS	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J3490	MOUNJARO	Unclassified drugs	Part D Drug	
J3490	OZEMPIC	Unclassified drugs	Part D Drug	
J3490	SAXENDA	Unclassified drugs	Part D Drug	
J3490	VICTOZA 2-PAK	Unclassified drugs	Part D Drug	
J3490	VICTOZA 3-PAK	Unclassified drugs	Part D Drug	
J3490	WEGOVY SUBCUTANEOUS	Unclassified drugs	Part D Drug	
J8499	WEGOVY 1.5 MG TABLET	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Anticholinergic Agents (Cns)				
J0515	*benztropine injection*	Injection, benztropine mesylate, per 1mg	Part B Drug	
Antidepressants, Miscellaneous				
J3490	KETALAR	Unclassified drugs	Not Covered	
J3490	*ketamine injection*	Unclassified drugs	Not Covered	
Antimanic Agents				
J0401	ABILIFY MAINTENA	Injection, aripiprazole (abilify maintena), 1 mg	Part B Drug	
J0402	ABILIFY ASIMTUFII	Injection, aripiprazole (abilify asimtufii), 1 mg	Part B Drug	
J1943	ARISTADA INITIO	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	Part B Drug	
J1944	ARISTADA	Injection, aripiprazole lauroxil, (aristada), 1 mg	Part B Drug	
J2358	ZYPREXA RELPREVV	Injection, olanzapine, long-acting, 1 mg	Part B Drug	
J2359	*olanzapine intramuscular*	Injection, olanzapine, 0.5 mg	Part B Drug	
J2359	ZYPREXA INTRAMUSCULAR	Injection, olanzapine, 0.5 mg	Part B Drug	
J2794	RISPERDAL CONSTA	Injection, risperidone (risperdal consta), 0.5 mg	Part B Drug	
J2794	*risperidone microspheres*	Injection, risperidone (risperdal consta), 0.5 mg	Part B Drug	
J2798	PERSERIS	Injection, risperidone, (perseris), 0.5 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2799	UZEDY	Injection, risperidone (uzedy), 1 mg	Part B Drug	
J2801	RYKINDO	Injection, risperidone (rykindo), 0.5 mg	Part B Drug	
J3486	GEODON INTRAMUSCULAR	Injection, ziprasidone mesylate, 10 mg	Part B Drug	
J3486	*ziprasidone mesylate*	Injection, ziprasidone mesylate, 10 mg	Part B Drug	
Antimigraine Agents, Miscellaneous				
J0131	*acetaminophen 1,000 mg/100 ml bag p/f, single use*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	
J0131	*acetaminophen 1,000 mg/100 ml bag single-use, p/f*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	
J0131	*acetaminophen 1,000 mg/100 ml vl inner, suv*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	
J0131	*acetaminophen 1,000 mg/100 ml vl inner, suv, p/f*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	
J0131	*acetaminophen 1,000 mg/100 ml vl inner,suv*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	
J0131	*acetaminophen 1,000 mg/100 ml vl outer, suv*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	
J0131	*acetaminophen 1,000 mg/100 ml vl outer, suv, p/f*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	
J0131	*acetaminophen 1,000 mg/100 ml vl outer,suv*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0134	*acetaminophen 1,000 mg/100 ml bag p/f, suv, inner*	Injection, acetaminophen (fresenius kabi), not therapeutically equivalent to j0131, 10 mg	Part B Drug	
J0134	*acetaminophen 1,000 mg/100 ml bag p/f, suv, outer*	Injection, acetaminophen (fresenius kabi), not therapeutically equivalent to j0131, 10 mg	Part B Drug	
J0136	*acetaminophen 1,000 mg/100 ml bag p/f, suv*	Injection, acetaminophen (b braun), not therapeutically equivalent to j0131, 10 mg	Part B Drug	
J0136	*acetaminophen 500 mg/50 ml bag single use, p/f*	Injection, acetaminophen (b braun), not therapeutically equivalent to j0131, 10 mg	Part B Drug	
J0137	*acetaminophen 1,000 mg/100 ml bag inner, single use*	Injection, acetaminophen (hikma), not therapeutically equivalent to j0131, 10 mg	Part B Drug	
J0137	*acetaminophen 1,000 mg/100 ml bag outer, single use*	Injection, acetaminophen (hikma), not therapeutically equivalent to j0131, 10 mg	Part B Drug	
J0138	COMBOGESIC IV	Injection, acetaminophen 10 mg and ibuprofen 3 mg	Part B Drug	
Anxiolytics,Sedatives,And Hypnotics,Misc				
J2550	PHENERGAN	Injection, promethazine HCl, up to 50 mg	Part B Drug	
J2550	*promethazine injection*	Injection, promethazine HCl, up to 50 mg	Part B Drug	
J3490	PRECEDEX 1,000 MCG/250 ML BAG SUV, P/F, OUTER	Unclassified drugs	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J3490	PRECEDEX 200 MCG/50 ML BAG SUV, P/F, OUTER	Unclassified drugs	Part B Drug	
J3490	PRECEDEX 400 MCG/100 ML BAG SUV, P/F, OUTER	Unclassified drugs	Part B Drug	
Atypical Antipsychotics				
J0401	ABILIFY MAINTENA	Injection, aripiprazole (abilify maintena), 1 mg	Part B Drug	
J0402	ABILIFY ASIMTUFII	Injection, aripiprazole (abilify asimtufii), 1 mg	Part B Drug	
J1943	ARISTADA INITIO	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	Part B Drug	
J1944	ARISTADA	Injection, aripiprazole lauroxil, (aristada), 1 mg	Part B Drug	
J2358	ZYPREXA RELPREVV	Injection, olanzapine, long-acting, 1 mg	Part B Drug	
J2359	*olanzapine intramuscular*	Injection, olanzapine, 0.5 mg	Part B Drug	
J2359	ZYPREXA INTRAMUSCULAR	Injection, olanzapine, 0.5 mg	Part B Drug	
J2426	INVEGA SUSTENNA	Injection, paliperidone palmitate extended release (invega sustenna), 1 mg	Part B Drug	
J2427	INVEGA HAFYERA	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2427	INVEGA TRINZA	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg	Part B Drug	
J2428	ERZOFRI	Injection, paliperidone palmitate extended release (erzofri), 1 mg	Part B Drug	PA; ST applies
J2794	RISPERDAL CONSTA	Injection, risperidone (risperdal consta), 0.5 mg	Part B Drug	
J2794	*risperidone microspheres*	Injection, risperidone (risperdal consta), 0.5 mg	Part B Drug	
J2798	PERSERIS	Injection, risperidone, (perseris), 0.5 mg	Part B Drug	
J2799	UZEDY	Injection, risperidone (uzedy), 1 mg	Part B Drug	
J2801	RYKINDO	Injection, risperidone (rykindo), 0.5 mg	Part B Drug	
J3486	GEODON INTRAMUSCULAR	Injection, ziprasidone mesylate, 10 mg	Part B Drug	
J3486	*ziprasidone mesylate*	Injection, ziprasidone mesylate, 10 mg	Part B Drug	
Barbiturates (Anticonvulsants)				
J2560	*phenobarbital sodium*	Injection, phenobarbital sodium, up to 120 mg	Part B Drug	
J2561	SEZABY	Injection, phenobarbital sodium (sezaby), 1 mg	Part B Drug	
Barbiturates (Anxiolytic, Sedative/Hyp)				
J2560	*phenobarbital sodium*	Injection, phenobarbital sodium, up to 120 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2561	SEZABY	Injection, phenobarbital sodium (sezaby), 1 mg	Part B Drug	
Benzodiazepines (Anticonvulsants)				
J2060	ATIVAN INJECTION	Injection, lorazepam, 2 mg	Part B Drug	
J2060	*lorazepam injection*	Injection, lorazepam, 2 mg	Part B Drug	
J3360	*diazepam injection*	Injection, diazepam, up to 5 mg	Part B Drug	
J3490	*midazolam intramuscular*	Unclassified drugs	Part B Drug	
Benzodiazepines (Anxiolytic,Sedativ/Hyp)				
J2060	ATIVAN INJECTION	Injection, lorazepam, 2 mg	Part B Drug	
J2060	*lorazepam injection*	Injection, lorazepam, 2 mg	Part B Drug	
J2252	*midazolam in nacl,iso-osmo(pf) intravenous solution*	Injection, midazolam in 0.8% sodium chloride, intravenous, not therapeutically equivalent to j2250, 1 mg	Part B Drug	
J3360	*diazepam injection*	Injection, diazepam, up to 5 mg	Part B Drug	
Butyrophenones				
J1630	*haloperidol lactate injection*	Injection, haloperidol, up to 5 mg	Part B Drug	
J1630	*haloperidol lactate intramuscular*	Injection, haloperidol, up to 5 mg	Part B Drug	
J1631	*haloperidol decanoate*	Injection, haloperidol decanoate, per 50 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Calcitonin Gene-Related Peptide Antag.				
J3031	AJOVY AUTOINJECTOR	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Part D Drug	
J3031	AJOVY SYRINGE	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Part D Drug	
J3032	VYEPTI	Injection, eptinezumab-jjmr, 1 mg	Part B Drug	PA; ST applies
Central Nervous System Agents, Misc.				
J3490	VYLEESI	Unclassified drugs	Part D Drug	
Dibenzoxapines				
J2062	ADASUVE	Loxapine for inhalation, 1 mg	Not Covered	
Dopamine Precursors				
J7340	DUOPA	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 mL	Part B Drug	
J7356	VYALEV	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg	Part B Drug	PA
Non-Barbiturates				
J3490	KETALAR	Unclassified drugs	Not Covered	
J3490	*ketamine injection*	Unclassified drugs	Not Covered	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Nonergot-Deriv.Dopamine Receptor Agonist				
C9399	ONAPGO	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J0364	APOKYN	Injection, apomorphine hydrochloride, 1 mg	Part D Drug	
J0364	*apomorphine*	Injection, apomorphine hydrochloride, 1 mg	Part D Drug	
J3490	ONAPGO	Unclassified drugs	Part D Drug	
Non-Opioid Analgesics				
J0131	*acetaminophen 1,000 mg/100 ml bag p/f, single use*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	
J0131	*acetaminophen 1,000 mg/100 ml bag single-use, p/f*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	
J0131	*acetaminophen 1,000 mg/100 ml vl inner, suv*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	
J0131	*acetaminophen 1,000 mg/100 ml vl inner, suv, p/f*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	
J0131	*acetaminophen 1,000 mg/100 ml vl inner,suv*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	
J0131	*acetaminophen 1,000 mg/100 ml vl outer, suv*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0131	*acetaminophen 1,000 mg/100 ml vl outer, suv, p/f*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	
J0131	*acetaminophen 1,000 mg/100 ml vl outer,suv*	Injection, acetaminophen, not otherwise specified, 10 mg	Part B Drug	
J0134	*acetaminophen 1,000 mg/100 ml bag p/f, suv, inner*	Injection, acetaminophen (fresenius kabi), not therapeutically equivalent to j0131, 10 mg	Part B Drug	
J0134	*acetaminophen 1,000 mg/100 ml bag p/f, suv, outer*	Injection, acetaminophen (fresenius kabi), not therapeutically equivalent to j0131, 10 mg	Part B Drug	
J0136	*acetaminophen 1,000 mg/100 ml bag p/f, suv*	Injection, acetaminophen (b braun), not therapeutically equivalent to j0131, 10 mg	Part B Drug	
J0136	*acetaminophen 500 mg/50 ml bag single use, p/f*	Injection, acetaminophen (b braun), not therapeutically equivalent to j0131, 10 mg	Part B Drug	
J0137	*acetaminophen 1,000 mg/100 ml bag inner, single use*	Injection, acetaminophen (hikma), not therapeutically equivalent to j0131, 10 mg	Part B Drug	
J0137	*acetaminophen 1,000 mg/100 ml bag outer, single use*	Injection, acetaminophen (hikma), not therapeutically equivalent to j0131, 10 mg	Part B Drug	
J0138	COMBOGESIC IV	Injection, acetaminophen 10 mg and ibuprofen 3 mg	Part B Drug	
J2278	PRIALT	Injection, ziconotide, 1 microgram	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Opioid Agonists (28:08)				
J1171	DILAUDID 0.2 MG/ML SYRINGE SUV, P/F, INNER	Injection, hydromorphone, 0.1 mg	Part B Drug	
J1171	DILAUDID 0.2 MG/ML SYRINGE SUV, P/F, OUTER	Injection, hydromorphone, 0.1 mg	Part B Drug	
J1171	DILAUDID 0.5 MG/0.5 ML SYRINGE SUV, P/F, INNER	Injection, hydromorphone, 0.1 mg	Part B Drug	
J1171	DILAUDID 0.5 MG/0.5 ML SYRINGE SUV, P/F, OUTER	Injection, hydromorphone, 0.1 mg	Part B Drug	
J1171	DILAUDID 1 MG/ML SYRINGE SUV, P/F, INNER	Injection, hydromorphone, 0.1 mg	Part B Drug	
J1171	DILAUDID 1 MG/ML SYRINGE SUV, P/F, OUTER	Injection, hydromorphone, 0.1 mg	Part B Drug	
J1171	DILAUDID 2 MG/ML SYRINGE SUV, P/F, INNER	Injection, hydromorphone, 0.1 mg	Part B Drug	
J1171	DILAUDID 2 MG/ML SYRINGE SUV, P/F, OUTER	Injection, hydromorphone, 0.1 mg	Part B Drug	
J1171	*hydromorphone (pf)*	Injection, hydromorphone, 0.1 mg	Part B Drug	
J1171	*hydromorphone injection*	Injection, hydromorphone, 0.1 mg	Part B Drug	
J2175	DEMEROL	Injection, meperidine hydrochloride, per 100 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2175	DEMEROL (PF)	Injection, meperidine hydrochloride, per 100 mg	Part B Drug	
J2175	*meperidine (pf)*	Injection, meperidine hydrochloride, per 100 mg	Part B Drug	
Opioid Antagonists (28:10)				
J2312	LIFEMS NALOXONE	Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg	Part B Drug	
J2312	*naloxone injection*	Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg	Part B Drug	
J2315	VIVITROL	Injection, naltrexone, depot form, 1 mg	Part B Drug	
Opioid Partial Agonists				
J0577	BRIXADI	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy	Part B Drug	
J0578	BRIXADI	Injection, buprenorphine extended release (brixadi), greater than 7 days and up to 28 days of therapy	Part B Drug	
J0592	*buprenorphine hcl injection*	Injection, buprenorphine hydrochloride, 0.1 mg	Part B Drug	
Q9991	SUBLOCADE	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg (For billing prior to 7/1/18 use J3490 or C9399 for Hospital OPPS use) (Code Price is per 100 mg)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q9992	SUBLOCADE	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg (For billing prior to 7/1/18 use J3490 or C9399 for Hospital OPPS use) (Code Price is per 300 mg)	Part B Drug	
Phenothiazines				
J2679	*fluphenazine hcl injection*	Injection, fluphenazine hcl, 1.25 mg	Part B Drug	
J2680	*fluphenazine decanoate*	Injection, fluphenazine decanoate, up to 25 mg	Part B Drug	
J3230	*chlorpromazine injection*	Injection, chlorpromazine HCl, up to 50 mg	Part B Drug	
Reversible Cox-1/Cox-2 Inhibitors				
J0138	COMBOGESIC IV	Injection, acetaminophen 10 mg and ibuprofen 3 mg	Part B Drug	
J0668	ZYNRELEF	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Part B Drug	
J1737	XIFYRM	Injection, meloxicam (azurity), 1 mg	Part B Drug	
Devices				
Devices				
J7318	DUROLANE	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7320	GENVISC 850	Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg (Code re-used by CMS effective 1/1/17) (GenVisc 850 dose is 25 mg/2.5 mL) (Note: Total dose regimen = 3 - 5 injections)	Part B Drug	PA
J7321	HYALGAN	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose (Hyalgan dose is 20 mg/2 mL, Supartz and Visco-3 dose is 25 mg/2.5 mL) (Note: Total dose regimen = 3 - 5 injections)	Part B Drug	PA
J7321	SUPARTZ FX	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose (Hyalgan dose is 20 mg/2 mL, Supartz and Visco-3 dose is 25 mg/2.5 mL) (Note: Total dose regimen = 3 - 5 injections)	Part B Drug	
J7321	VISCO-3	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose (Hyalgan dose is 20 mg/2 mL, Supartz and Visco-3 dose is 25 mg/2.5 mL) (Note: Total dose regimen = 3 - 5 injections)	Part B Drug	PA
J7322	HYMOVIS	Hyaluronan or derivative, hymovis or hymovis one, for intra-articular injection, 1 mg	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7322	HYMOVIS ONE	Hyaluronan or derivative, hymovis or hymovis one, for intra-articular injection, 1 mg	Part B Drug	PA
J7323	EUFLEXXA	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (20 mg/2 mL) (Note: Total dose regimen = 3 injections)	Part B Drug	
J7324	ORTHOVISC	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (30 mg/2 mL) (Note: Total dose regimen = 3 - 4 injections)	Part B Drug	PA
J7325	SYNVISC	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg (For billing prior to 1/1/10 see J7322 for Synvisc and J3490 for Synvisc-One)	Part B Drug	PA
J7325	SYNVISC-ONE	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg (For billing prior to 1/1/10 see J7322 for Synvisc and J3490 for Synvisc-One)	Part B Drug	PA
J7326	GEL-ONE	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7327	MONOVISC	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose (For billing prior to 1/1/15 use C9399 or J3490) (Dose 88 mg/4 mL) (Note: Total dose regimen = 1 dose)	Part B Drug	PA
J7328	GELSYN-3	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg	Part B Drug	
J7329	TRIVISC	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Part B Drug	PA
J7331	SYNOJOYNT 1% 20 MG/2 ML SYRING	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	Part B Drug	PA
J7332	TRILURON	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Part B Drug	PA
Diagnostic Agents				
Adrenocortical Insufficiency				
J0801	ACTHAR	Injection, corticotropin (acthar gel), up to 40 units	Part D Drug	
J0801	ACTHAR SELFJECT	Injection, corticotropin (acthar gel), up to 40 units	Part D Drug	
J0802	CORTROPHIN GEL	Injection, corticotropin (ani), up to 40 units	Part D Drug	
Diagnostic Agents				
A9596	ILLUCCIX	Gallium ga-68 gozetotide, diagnostic, (illuccix), 1 millicurie (NDC Unit Pricing is based on 7 mCi dose)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1611	*glucagon 1 mg vial inner, suv*	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	Part B Drug	
J1611	*glucagon 1 mg vial outer, suv*	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	Part B Drug	
J1611	*glucagon 1 mg vial suv, inner*	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	Part B Drug	
J1611	*glucagon 1 mg vial suv, outer*	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	Part B Drug	
J1611	*glucagon 1 mg vial suv,inner*	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	Part B Drug	
J1611	*glucagon 1 mg vial suv,outer*	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	Part B Drug	
Gallbladder Function				
J2805	KINEVAC	Injection, sincalide, 5 micrograms	Part B Drug	
J2805	*sincalide*	Injection, sincalide, 5 micrograms	Part B Drug	
Kidney Function				
J2151	*mannitol 25 %*	Injection, mannitol, 250 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Myasthenia Gravis				
J2710	BLOXIVERZ	Injection, neostigmine methylsulfate, up to 0.5 mg	Part B Drug	
J2710	*neostigmine 3 mg/3 ml syringe inner, suv*	Injection, neostigmine methylsulfate, up to 0.5 mg	Part B Drug	
J2710	*neostigmine 3 mg/3 ml syringe outer, suv*	Injection, neostigmine methylsulfate, up to 0.5 mg	Part B Drug	
J2710	*neostigmine methylsulfate intravenous solution*	Injection, neostigmine methylsulfate, up to 0.5 mg	Part B Drug	
Thyroid Function				
J3240	THYROGEN	Injection,thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial (Code Price is per 1 vial)	Part B Drug	
Electrolytic, Caloric, And Water Balance				
Caloric Agents				
B4185	CLINOLIPID	Parenteral nutrition solution, not otherwise specified, 10 grams lipids (Effective 2/1/07 Code Price is per 10 gm lipids and is based on median pricing methodology - previously Code Price was based on 1 mL and average pricing methodology)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
B4185	INTRALIPID	Parenteral nutrition solution, not otherwise specified, 10 grams lipids (Effective 2/1/07 Code Price is per 10 gm lipids and is based on median pricing methodology - previously Code Price was based on 1 mL and average pricing methodology)	Part B Drug	B vs D (PA applies)
B4185	KABIVEN	Parenteral nutrition solution, not otherwise specified, 10 grams lipids (Effective 2/1/07 Code Price is per 10 gm lipids and is based on median pricing methodology - previously Code Price was based on 1 mL and average pricing methodology)	Part B Drug	B vs D (PA applies)
B4185	NUTRILIPID	Parenteral nutrition solution, not otherwise specified, 10 grams lipids (Effective 2/1/07 Code Price is per 10 gm lipids and is based on median pricing methodology - previously Code Price was based on 1 mL and average pricing methodology)	Part B Drug	B vs D (PA applies)
B4185	PERIKABIVEN	Parenteral nutrition solution, not otherwise specified, 10 grams lipids (Effective 2/1/07 Code Price is per 10 gm lipids and is based on median pricing methodology - previously Code Price was based on 1 mL and average pricing methodology)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
B4185	SMOFLIPID	Parenteral nutrition solution, not otherwise specified, 10 grams lipids (Effective 2/1/07 Code Price is per 10 gm lipids and is based on median pricing methodology - previously Code Price was based on 1 mL and average pricing methodology)	Part B Drug	B vs D (PA applies)
J3490	AMINOSYN II 10 %	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	AMINOSYN II 15 %	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	AMINOSYN-PF 10 %	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	AMINOSYN-PF 7 % (SULFITE-FREE)	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	CLINIMIX 5%/D15W SULFITE FREE	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	CLINIMIX 4.25%/D10W SULF FREE	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	CLINIMIX 4.25%-5% SOLUTION INNER, SUV	Unclassified drugs	Part B Drug	
J3490	CLINIMIX 4.25%-5% SOLUTION OUTER, SUV	Unclassified drugs	Part B Drug	
J3490	CLINIMIX 4.25%-5% SOLUTION SINGLE USE	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	CLINIMIX 5%-20% SOLUTION INNER, SUV	Unclassified drugs	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J3490	CLINIMIX 5%-20% SOLUTION OUTER, SUV	Unclassified drugs	Part B Drug	
J3490	CLINIMIX 5%-20% SOLUTION SINGLE USE	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	CLINIMIX 6%-D5W (SULFITE-FREE)	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	CLINIMIX 8%-D10W(SULFITE-FREE)	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	CLINIMIX 8%-D14W(SULFITE-FREE)	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	CLINIMIX E 2.75%/D5W SULF FREE	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	CLINIMIX E 4.25%/D10W SUL FREE	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	CLINIMIX E 4.25%/D5W SULF FREE	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	CLINIMIX E 5%/D15W SULFIT FREE	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	CLINIMIX E 5%/D20W SULFIT FREE	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	CLINIMIX E 8%-D10W SULFITEFREE	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	CLINIMIX E 8%-D14W SULFITEFREE	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	PREMASOL 10 %	Unclassified drugs	Part B Drug	B vs D (PA applies)
J3490	TROPHAMINE 10 %	Unclassified drugs	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7042	D5 % (D-GLUCOSE)-0.9 % SODCHLR	5% Dextrose/normal saline (500 mL = 1 unit)	Part B Drug	
Electrolytic,Caloric,Water Balance Misc,				
J0584	CRYSVITA	Injection, burosumab-twza 1 mg	Part B Drug	PA
Loop Diuretics (40:28)				
J1807	*ethacrynate sodium*	Injection, ethacrynate sodium, 1 mg	Part B Drug	
J1938	*furosemide injection*	Injection, furosemide, 1 mg	Part B Drug	
J1941	FUROSCIX	Injection, furosemide (furoscix), 20 mg	Part D Drug	
Phosphate-Removing Agents				
J0607	FOSRENOL	Lanthanum carbonate, oral, 5 mg (for esrd on dialysis)	Not Separately Payable	
J0607	*lanthanum*	Lanthanum carbonate, oral, 5 mg (for esrd on dialysis)	Not Separately Payable	
J0608	FOSRENOL	Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to j0607 (for esrd on dialysis)	Not Separately Payable	
J0609	AURYXIA	Ferric citrate, oral, 3 mg ferric iron, (for esrd on dialysis)	Not Separately Payable	
J0615	*calcium acetate*	Calcium acetate, oral, 23 mg (for esrd on dialysis)	Not Separately Payable	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0615	*calcium acetate(phosphat bind)*	Calcium acetate, oral, 23 mg (for esrd on dialysis)	Not Separately Payable	
J0618	*calcium chloride*	Injection, calcium chloride, 2 mg	Part B Drug	
Replacement Preparations				
J0618	*calcium chloride*	Injection, calcium chloride, 2 mg	Part B Drug	
J3490	PLASMA-LYTE 148 PH 7.4	Unclassified drugs	Part B Drug	
J3490	PLASMA-LYTE A	Unclassified drugs	Part B Drug	
J3490	*potassium phos in 0.9 % nacl intravenous piggyback*	Unclassified drugs	Part B Drug	
Enzymes				
Enzyme Inhibitors				
J1202	OPFOLDA	Miglustat, oral, 65 mg	Part D Drug	
Enzymes				
C9399	REVCOVI	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
J0180	FABRAZYME	Injection, agalsidase beta, 1 mg	Part B Drug	PA
J0217	LAMZEDE	Injection, velmanase alfa-tycv, 1 mg	Part B Drug	PA
J0218	XENPOZYME	Injection, olipudase alfa-rpcp, 1 mg	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0219	NEXVIAZYME	Injection, avalglucosidase alfa-ngpt, 4 mg	Part B Drug	PA
J0221	LUMIZYME	Injection, alglucosidase alfa, (Lumizyme), 10 mg (For billing prior to 1/1/12 use J3590 or C9277)	Part B Drug	PA
J0567	BRINEURA INTRAVENTRICULAR KIT	Injection, cerliponase alfa, 1 mg	Part B Drug	PA
J0775	XIAFLEX	Injection, collagenase, clostridium histolyticum, 0.01 mg (For billing prior to 1/1/11 use J3590 or C9266)	Part B Drug	PA; No PA required for ICD-10 codes M72.0 or N48.6.
J1203	POMBILITI	Injection, cipaglucosidase alfa-atga, 5 mg	Part B Drug	PA
J1322	VIMIZIM	Injection, elosulfase alfa, 1 mg (For billing prior to 1/1/15 use C9022 or J3590)	Part B Drug	PA; No PA required for ICD-10 code: E76.210.
J1458	NAGLAZYME	Injection, galsulfase, 1 mg	Part B Drug	
J1743	ELAPRASE	Injection, idursulfase, 1 mg	Part B Drug	
J1786	CEREZYME	Injection, imiglucerase, 10 units	Part B Drug	
J1931	ALDURAZYME	Injection, laronidase, 0.1 mg	Part B Drug	
J2508	ELFABRIO	Injection, pegunigalsidase alfa-iwxj, 1 mg	Part B Drug	PA
J2783	ELITEK	Injection, rasburicase, 0.5 mg	Part B Drug	
J2840	KANUMA	Injection, sebelipase alfa, 1 mg (For billing prior to 1/1/17 use J3590 or C9478 for OPPS billing)	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J3060	ELELYSO	Injection, taliglucerase alfa, 10 units	Part B Drug	
J3385	VPRIV	Injection, velaglucerase alfa, 100 units (For billing prior to 1/1/11 use J3490 or C9271)	Part B Drug	
J3397	MEPSEVII	Injection, vestronidase alfa-vjbk, 1 mg	Part B Drug	PA
J3590	REVCOVI	Unclassified biologics	Part B Drug	PA
J7171	ADZYNMA	Injection, adamts13, recombinant-krhn, 10 iu	Part B Drug	PA
J7639	PULMOZYME	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	Part B Drug	B vs D (PA applies)
J9021	RYLAZE	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Medicare Chemo	PA
J9118	ASPARLAS	Injection, calaspargase pegol-mknl, 10 units	Medicare Chemo	PA; No PA required for ICD-10 codes C91.00 - C91.02, C83.50 - C83.59.
Eye, Ear, Nose And Throat (Eent) Preps.				
Antibacterials (52:04)				
J1271	DOXY-100	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl inner, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	
J1271	*doxycycline hyclate 100 mg vl inner, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1271	*doxycycline hyclate 100 mg vl outer, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	
J1271	*doxycycline hyclate 100 mg vl outer, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, inner*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, outer*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, suv, inner*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, suv, outer*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl suv, p/f, inner*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl suv, p/f, outer*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J2280	*moxifloxacin-sod.chloride(iso)*	Injection, moxifloxacin, 100 mg	Part B Drug	
J2281	*moxifloxacin-sod.ace,sul-water*	Injection, moxifloxacin (fresenius kabi), not therapeutically equivalent to j2280, 100 mg	Part B Drug	
Antiglaucoma Agents, Miscellaneous				
J7315	MITOSOL	Mitomycin, ophthalmic, 0.2 mg (Code re-used by CMS effective 1/1/13) (For billing prior to 1/1/13 use J3490 or C9399)	Part B Drug	
Anti-Inflammatory Agents (Eent)				
J3241	TEPEZZA	Injection, teprotumumab-trbw, 10 mg	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7502	*cyclosporine modified*	Cyclosporine, oral, 100 mg	Part B Drug	B vs D (PA applies)
J7502	*cyclosporine oral*	Cyclosporine, oral, 100 mg	Part B Drug	B vs D (PA applies)
J7502	GENGRAF	Cyclosporine, oral, 100 mg	Part B Drug	B vs D (PA applies)
J7502	NEORAL	Cyclosporine, oral, 100 mg	Part B Drug	B vs D (PA applies)
J7502	SANDIMMUNE ORAL	Cyclosporine, oral, 100 mg	Part B Drug	B vs D (PA applies)
J7515	*cyclosporine modified*	Cyclosporine, oral, 25 mg	Part B Drug	B vs D (PA applies)
J7515	*cyclosporine oral*	Cyclosporine, oral, 25 mg	Part B Drug	B vs D (PA applies)
J7515	GENGRAF	Cyclosporine, oral, 25 mg	Part B Drug	B vs D (PA applies)
J7515	NEORAL	Cyclosporine, oral, 25 mg	Part B Drug	B vs D (PA applies)
J7515	SANDIMMUNE ORAL	Cyclosporine, oral, 25 mg	Part B Drug	B vs D (PA applies)
J7516	*cyclosporine intravenous*	Injection, cyclosporine, 250 mg	Part B Drug	
J7516	SANDIMMUNE INTRAVENOUS	Injection, cyclosporine, 250 mg	Part B Drug	
Antivirals (Eent)				
J1570	*ganciclovir sodium*	Injection, ganciclovir sodium, 500 mg	Part B Drug	
Corticosteroids (Eent)				
J1095	DEXYCU (PF)	Injection, dexamethasone 9 percent, intraocular, 1 microgram (Code reused by CMS January 1, 2019) (Each single dose vial provides a 0.005 mL dose equivalent to 517 micrograms)	Part B Drug	
J1100	*dexamethasone 10 mg/ml vial inner, suv, p/f*	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1100	*dexamethasone 10 mg/ml vial inner,suv,p/f*	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	
J1100	*dexamethasone 10 mg/ml vial outer, suv, p/f*	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	
J1100	*dexamethasone 10 mg/ml vial outer,suv,p/f*	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	
J1100	*dexamethasone 10 mg/ml vial sdv, p/f, inner*	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	
J1100	*dexamethasone 10 mg/ml vial sdv, p/f, outer*	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	
J1100	*dexamethasone 10 mg/ml vial suv, p/f*	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	
J1100	*dexamethasone 10 mg/ml vial suv, p/f, inner*	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	
J1100	*dexamethasone 10 mg/ml vial suv, p/f, outer*	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	
J1100	*dexamethasone sodium phos (pf) injection syringe*	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	
J1100	*dexamethasone sodium phosphate injection*	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	
J1100	DOUBLEDEX (PF)	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	
J1100	MAS CARE-PAK (PF)	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	
J3299	XIPERE (PF)	Injection, triamcinolone acetonide (xipere), 1 mg	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7311	RETISERT	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	Part B Drug	PA; ST applies
J7312	OZURDEX	Injection, dexamethasone, intravitreal implant, 0.1 mg (For billing prior to 1/1/11 use J3490 or C9256)	Part B Drug	PA
J7313	ILUVIEN	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	Part B Drug	PA
J7314	YUTIQ	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	Part B Drug	PA
J7402	SINUVA	Mometasone furoate sinus implant, (sinuva), 10 micrograms	Part B Drug	PA
Eent Drugs, Miscellaneous				
J2779	SUSVIMO (INITIAL FILL)	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Part B Drug	PA; ST applies
J2787	PHOTREXA CROSS-LINKING KIT	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q5124	BYOOVIZ	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Part B Drug	PA; No PA required for ICD-10 codes E08.311, E08.319, E08.3211-E08.3213, E08.3291 - E08.3293, E08.3311-E08.3313, E08.3391 - E08.3393, E08.3411- E08.3413, E08.3491 - E08.3493, E08.3511- E08.3513, E08.3521 - E08.3523, E08.3531 - E08.3533, E08.3541 - E08.3543, E08.3551 - E08.3553, E08.3591 - E08.3593, E09.311, E09.319, E09.3211-E09.3213, E09.3291 - E09.3291, E09.3311-E09.3313, E09.3391 - E09.3393, E09.3411-E09.3413, E09.3491 - E09.3493, E09.3511- E09.3513, E09.3521 - E09.3523, E09.3531 - E09.3533, E09.3541 - E09.3543, E09.3551 - E09.3553, E09.3591 - E09.3593, E10.311, E10.319, E10.3211- E10.3213, E10.3291 - E10.3293, E10.3311- E10.3313, E10.3391 - E10.3393, E10.3411- E10.3413, E10.3491 - E10.3493, E10.3511-E10.3513, E10.3591-E10.3599, E11.3211-E11.3219, E11.3291-E11.3299, E11.3311- E11.3313, E11.3391 - E11.3393, E11.3411- E11.3413, E11.3491 - E11.3493, E11.3511 - E11.3513, E11.3521 - E11.3523, E11.3531 - E11.3533, E11.3541 - E11.3543, E11.3551 - E11.3553, E11.3591 - E11.3593, E13.311, E13.319, E13.3211-E13.3213, E13.3291 - E13.3293, E13.3311- E13.3313, E13.3391 - E13.3393, E13.3411-E13.3413, E13.3491 - E13.3493, E13.3511- E13.3513, E13.3521 - E13.3523, E13.3531 - E13.3533, E13.3541 - E13.3543, E13.3551 - E13.3553, E13.3591 - E13.3593, H34.8110, H34.8120, H34.8130, H34.8310, H34.8320, H34.8330, H34.8390, H35.051 - H35.053, H35.3210 - H35.3233, H35.351 - H35.353, H44.21 - H44.2E9.
Eent Nonsteroidal Anti-Inflam. Agents				
J1097	OMIDRIA	phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Local Anesthetics (Eent)				
J2403	IHEEZO (PF)	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg	Part B Drug	PA; ST applies
Macular Degeneration Agents				
J2781	SYFOVRE (PF)	Injection, pegcetacoplan, intravitreal, 1 mg	Part B Drug	PA
J2782	IZERVAY (PF)	Injection, avacincapted pegol, 0.1 mg	Part B Drug	PA
J3396	VISUDYNE	Injection, verteporfin, 0.1 mg	Part B Drug	PA; No PA required for ICD-10 codes B39.4,B39.5, H32,H35.3210-H35.3233, H35.711 - H35.713, H44.20-H44.2E9.
Mydriatics				
J1097	OMIDRIA	phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	Part B Drug	
J2371	*phenylephrine hcl injection*	Injection, phenylephrine hydrochloride, 20 micrograms	Part B Drug	
J2371	VAZCULEP	Injection, phenylephrine hydrochloride, 20 micrograms	Part B Drug	
Prostaglandin Analogs				
J7351	DURYSTA	Injection, bimatoprost, intracameral implant, 1 microgram	Part B Drug	PA; ST applies
J7355	IDOSE TR	Injection, travoprost, intracameral implant, 1 microgram	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Vascular Endothelial Growth Factor Antag				
J0177	EYLEA HD	Injection, aflibercept hd, 1 mg	Part B Drug	PA; No PA required when billed with the following ICD-10 codes: A18.53, E08.311, E08.319, E08.3211 - E08.3213, E08.3291 - E08.3293, E08.3311 - E08.3313, E08.3391 - E08.3393, E08.3411 - E08.3413, E08.3491 - E08.3493, E08.3511 - E08.3513, E08.3521 - E08.3523, E08.3531 - E08.3533, E08.3541 - E08.3543, E08.3551 - E08.3553, E08.3591 - E08.3593, E09.311, E09.319, E09.3211 - E09.3213, E09.3291 - E09.3291, E09.3311 - E09.3313, E09.3391 - E09.3393, E09.3411 - E09.3413, E09.3491 - E09.3493, E09.3511 - E09.3513, E09.3521 - E09.3523, E09.3531 - E09.3533, E09.3541 - E09.3543, E09.3551 - E09.3553, E09.3591 - E09.3593, E10.311, E10.319, E10.3211 - E10.3213, E10.3291 - E10.3293, E10.3311 - E10.3313, E10.3391 - E10.3393, E10.3411 - E10.3413, E10.3491 - E10.3493, E10.3511 - E10.3513, E10.3591 - E10.3599, E11.3211-E11.3219, E11.3291-E11.3299, E11.3311- E11.3313, E11.3391 - E11.3393, E11.3411- E11.3413, E11.3491 - E11.3493, E11.3511 - E11.3513, E11.3521 - E11.3523, E11.3531 - E11.3533, E11.3541 - E11.3543, E11.3551 - E11.3553, E11.3591 - E11.3593, E13.311, E13.319, E13.3211- E13.3213, E13.3291 - E13.3293, E13.3311- E13.3313, E13.3391 - E13.3393, E13.3411- E13.3413, E13.3491 - E13.3493, E13.3511- E13.3513, E13.3521 - E13.3523, E13.3531 - E13.3533, E13.3541 - E13.3543, E13.3551 - E13.3553, E13.3591 - E13.3593, H34.8110, H34.8120, H34.8130, H34.8190, H34.8310, H34.8320, H34.8330, H34.8390, H35.051 - H35.053, H35.101 - H35.169, H35.3210 - H35.3233, H35.351 - H35.353

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0178	EYLEA	Injection, aflibercept, 1 mg	Part B Drug	PA; No PA required when billed with the following ICD-10 codes: A18.53, E08.311, E08.319, E08.3211 - E08.3213, E08.3291 - E08.3293, E08.3311 - E08.3313, E08.3391 - E08.3393, E08.3411 - E08.3413, E08.3491 - E08.3493, E08.3511 - E08.3513, E08.3521 - E08.3523, E08.3531 - E08.3533, E08.3541 - E08.3543, E08.3551 - E08.3553, E08.3591 - E08.3593, E09.311, E09.319, E09.3211 - E09.3213, E09.3291 - E09.3291, E09.3311 - E09.3313, E09.3391 - E09.3393, E09.3411 - E09.3413, E09.3491 - E09.3493, E09.3511 - E09.3513, E09.3521 - E09.3523, E09.3531 - E09.3533, E09.3541 - E09.3543, E09.3551 - E09.3553, E09.3591 - E09.3593, E10.311, E10.319, E10.3211 - E10.3213, E10.3291 - E10.3293, E10.3311 - E10.3313, E10.3391 - E10.3393, E10.3411 - E10.3413, E10.3491 - E10.3493, E10.3511 - E10.3513, E10.3591 - E10.3599, E11.3211-E11.3219, E11.3291-E11.3299, E11.3311-E11.3313, E11.3391 - E11.3393, E11.3411- E11.3413, E11.3491 - E11.3493, E11.3511 - E11.3513, E11.3521 - E11.3523, E11.3531 - E11.3533, E11.3541 - E11.3543, E11.3551 - E11.3553, E11.3591 - E11.3593, E13.311, E13.319, E13.3211- E13.3213, E13.3291 - E13.3293, E13.3311- E13.3313, E13.3391 - E13.3393, E13.3411- E13.3413, E13.3491 - E13.3493, E13.3511- E13.3513, E13.3521 - E13.3523, E13.3531 - E13.3533, E13.3541 - E13.3543, E13.3551 - E13.3553, E13.3591 - E13.3593, H34.8110, H34.8120, H34.8130, H34.8190, H34.8310, H34.8320, H34.8330, H34.8390, H35.051 - H35.053, H35.101 - H35.169, H35.3210 - H35.3233, H35.351 - H35.353
J0179	BEOVU	Injection, brolucizumab-dbll, 1 mg	Part B Drug	PA; No PA required for ICD-10 codes H35.3210-H35.3213, H35.3220-H32.3223, H35.3230-H35.3233, H35.3290-H35.3293.

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2777	VABYSMO	Injection, faricimab-svoa, 0.1 mg	Part B Drug	PA; No PA required for ICD-10 codes A18.53, E08.311, E08.319, E08.3211 - E08.3213, E08.3291 - E08.3293, E08.3311 - E08.3313, E08.3391 - E08.3393, E08.3411 - E08.3413, E08.3491 - E08.3493, E08.3511 - E08.3513, E08.3521 - E08.3523, E08.3531 - E08.3533, E08.3541 - E08.3543, E08.3551 - E08.3553, E08.3591 - E08.3593, E09.311, E09.319, E09.3211 - E09.3213, E09.3291 - E09.3291, E09.3311 - E09.3313, E09.3391 - E09.3393, E09.3411 - E09.3413, E09.3491 - E09.3493, E09.3511 - E09.3513, E09.3521 - E09.3523, E09.3531 - E09.3533, E09.3541 - E09.3543, E09.3551 - E09.3553, E09.3591 - E09.3593, E10.311, E10.319, E10.3211 - E10.3213, E10.3291 - E10.3293, E10.3311 - E10.3313, E10.3391 - E10.3393, E10.3411 - E10.3413, E10.3491 - E10.3493, E10.3511 - E10.3513, E10.3591 - E10.3599, E11.3211-E11.3219, E11.3291-E11.3299, E11.3311- E11.3313, E11.3391 - E11.3393, E11.3411- E11.3413, E11.3491 - E11.3493, E11.3511 - E11.3513, E11.3521 - E11.3523, E11.3531 - E11.3533, E11.3541 - E11.3543, E11.3551 - E11.3553, E11.3591 - E11.3593, E13.311, E13.319, E13.3211- E13.3213, E13.3291 - E13.3293, E13.3311- E13.3313, E13.3391 - E13.3393, E13.3411-E13.3413, E13.3491 - E13.3493, E13.3511- E13.3513, E13.3521 - E13.3523, E13.3531 - E13.3533, E13.3541 - E13.3543, E13.3551 - E13.3553, E13.3591 - E13.3593, H34.8110, H34.8120, H34.8130, H34.8190, H34.8310, H34.8320, H34.8330, H34.8390, H35.051 - H35.053, H35.101 - H35.169, H35.3210 - H35.3233, H35.351 - H35.353

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2778	LUCENTIS 0.3 MG/0.05 ML VIAL P/F, SUV, SAMPLE	Injection, ranibizumab, 0.1 mg	Part B Drug	PA; No PA required for ICD-10 codes E08.311, E08.319, E08.3211-E08.3213, E08.3291 - E08.3293, E08.3311-E08.3313, E08.3391 - E08.3393, E08.3411- E08.3413, E08.3491 - E08.3493, E08.3511- E08.3513, E08.3521 - E08.3523, E08.3531 - E08.3533, E08.3541 - E08.3543, E08.3551 - E08.3553, E08.3591 - E08.3593, E09.311, E09.319, E09.3211-E09.3213, E09.3291 - E09.3291, E09.3311-E09.3313, E09.3391 - E09.3393, E09.3411-E09.3413, E09.3491 - E09.3493, E09.3511- E09.3513, E09.3521 - E09.3523, E09.3531 - E09.3533, E09.3541 - E09.3543, E09.3551 - E09.3553, E09.3591 - E09.3593, E10.311, E10.319, E10.3211- E10.3213, E10.3291 - E10.3293, E10.3311- E10.3313, E10.3391 - E10.3393, E10.3411- E10.3413, E10.3491 - E10.3493, E10.3511-E10.3513, E10.3591-E10.3599, E11.3211-E11.3219, E11.3291-E11.3299, E11.3311- E11.3313, E11.3391 - E11.3393, E11.3411- E11.3413, E11.3491 - E11.3493, E11.3511 - E11.3513, E11.3521 - E11.3523, E11.3531 - E11.3533, E11.3541 - E11.3543, E11.3551 - E11.3553, E11.3591 - E11.3593, E13.311, E13.319, E13.3211-E13.3213, E13.3291 - E13.3293, E13.3311- E13.3313, E13.3391 - E13.3393, E13.3411-E13.3413, E13.3491 - E13.3493, E13.3511- E13.3513, E13.3521 - E13.3523, E13.3531 - E13.3533, E13.3541 - E13.3543, E13.3551 - E13.3553, E13.3591 - E13.3593, H34.8110, H34.8120, H34.8130, H34.8310, H34.8320, H34.8330, H34.8390, H35.051 - H35.053, H35.3210 - H35.3233, H35.351 - H35.353, H44.21 - H44.2E9.

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2778	LUCENTIS INTRAVITREAL SYRINGE	Injection, ranibizumab, 0.1 mg	Part B Drug	PA; No PA required for ICD-10 codes E08.311, E08.319, E08.3211-E08.3213, E08.3291 - E08.3293, E08.3311-E08.3313, E08.3391 - E08.3393, E08.3411- E08.3413, E08.3491 - E08.3493, E08.3511- E08.3513, E08.3521 - E08.3523, E08.3531 - E08.3533, E08.3541 - E08.3543, E08.3551 - E08.3553, E08.3591 - E08.3593, E09.311, E09.319, E09.3211-E09.3213, E09.3291 - E09.3291, E09.3311-E09.3313, E09.3391 - E09.3393, E09.3411-E09.3413, E09.3491 - E09.3493, E09.3511- E09.3513, E09.3521 - E09.3523, E09.3531 - E09.3533, E09.3541 - E09.3543, E09.3551 - E09.3553, E09.3591 - E09.3593, E10.311, E10.319, E10.3211- E10.3213, E10.3291 - E10.3293, E10.3311- E10.3313, E10.3391 - E10.3393, E10.3411- E10.3413, E10.3491 - E10.3493, E10.3511-E10.3513, E10.3591-E10.3599, E11.3211-E11.3219, E11.3291-E11.3299, E11.3311- E11.3313, E11.3391 - E11.3393, E11.3411- E11.3413, E11.3491 - E11.3493, E11.3511 - E11.3513, E11.3521 - E11.3523, E11.3531 - E11.3533, E11.3541 - E11.3543, E11.3551 - E11.3553, E11.3591 - E11.3593, E13.311, E13.319, E13.3211-E13.3213, E13.3291 - E13.3293, E13.3311- E13.3313, E13.3391 - E13.3393, E13.3411-E13.3413, E13.3491 - E13.3493, E13.3511- E13.3513, E13.3521 - E13.3523, E13.3531 - E13.3533, E13.3541 - E13.3543, E13.3551 - E13.3553, E13.3591 - E13.3593, H34.8110, H34.8120, H34.8130, H34.8310, H34.8320, H34.8330, H34.8390, H35.051 - H35.053, H35.3210 - H35.3233, H35.351 - H35.353, H44.21 - H44.2E9.
J2779	SUSVIMO	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q5128	CIMERLI	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Part B Drug	PA; No PA required for ICD-10 codes E08.311, E08.319, E08.3211-E08.3213, E08.3291 - E08.3293, E08.3311-E08.3313, E08.3391 - E08.3393, E08.3411- E08.3413, E08.3491 - E08.3493, E08.3511- E08.3513, E08.3521 - E08.3523, E08.3531 - E08.3533, E08.3541 - E08.3543, E08.3551 - E08.3553, E08.3591 - E08.3593, E09.311, E09.319, E09.3211-E09.3213, E09.3291 - E09.3291, E09.3311-E09.3313, E09.3391 - E09.3393, E09.3411-E09.3413, E09.3491 - E09.3493, E09.3511- E09.3513, E09.3521 - E09.3523, E09.3531 - E09.3533, E09.3541 - E09.3543, E09.3551 - E09.3553, E09.3591 - E09.3593, E10.311, E10.319, E10.3211- E10.3213, E10.3291 - E10.3293, E10.3311- E10.3313, E10.3391 - E10.3393, E10.3411- E10.3413, E10.3491 - E10.3493, E10.3511-E10.3513, E10.3591-E10.3599, E11.3211-E11.3219, E11.3291-E11.3299, E11.3311- E11.3313, E11.3391 - E11.3393, E11.3411- E11.3413, E11.3491 - E11.3493, E11.3511 - E11.3513, E11.3521 - E11.3523, E11.3531 - E11.3533, E11.3541 - E11.3543, E11.3551 - E11.3553, E11.3591 - E11.3593, E13.311, E13.319, E13.3211-E13.3213, E13.3291 - E13.3293, E13.3311- E13.3313, E13.3391 - E13.3393, E13.3411-E13.3413, E13.3491 - E13.3493, E13.3511- E13.3513, E13.3521 - E13.3523, E13.3531 - E13.3533, E13.3541 - E13.3543, E13.3551 - E13.3553, E13.3591 - E13.3593, H34.8110, H34.8120, H34.8130, H34.8310, H34.8320, H34.8330, H34.8390, H35.051 - H35.053, H35.3210 - H35.3233, H35.351 - H35.353, H44.21 - H44.2E9.

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q5147	PAVBLU	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Part B Drug	PA; No PA required for ICD-10 codes A18.53, E08.311, E08.319, E08.3211 - E08.3213, E08.3291 - E08.3293, E08.3311 - E08.3313, E08.3391 - E08.3393, E08.3411 - E08.3413, E08.3491 - E08.3493, E08.3511 - E08.3513, E08.3521 - E08.3523, E08.3531 - E08.3533, E08.3541 - E08.3543, E08.3551 - E08.3553, E08.3591 - E08.3593, E09.311, E09.319, E09.3211 - E09.3213, E09.3291 - E09.3291, E09.3311 - E09.3313, E09.3391 - E09.3393, E09.3411 - E09.3413, E09.3491 - E09.3493, E09.3511 - E09.3513, E09.3521 - E09.3523, E09.3531 - E09.3533, E09.3541 - E09.3543, E09.3551 - E09.3553, E09.3591 - E09.3593, E10.311, E10.319, E10.3211 - E10.3213, E10.3291 - E10.3293, E10.3311 - E10.3313, E10.3391 - E10.3393, E10.3411 - E10.3413, E10.3491 - E10.3493, E10.3511 - E10.3513, E10.3591 - E10.3599, E11.3211-E11.3219, E11.3291-E11.3299, E11.3311- E11.3313, E11.3391 - E11.3393, E11.3411- E11.3413, E11.3491 - E11.3493, E11.3511 - E11.3513, E11.3521 - E11.3523, E11.3531 - E11.3533, E11.3541 - E11.3543, E11.3551 - E11.3553, E11.3591 - E11.3593, E13.311, E13.319, E13.3211- E13.3213, E13.3291 - E13.3293, E13.3311- E13.3313, E13.3391 - E13.3393, E13.3411-E13.3413, E13.3491 - E13.3493, E13.3511- E13.3513, E13.3521 - E13.3523, E13.3531 - E13.3533, E13.3541 - E13.3543, E13.3551 - E13.3553, E13.3591 - E13.3593, H34.8110, H34.8120, H34.8130, H34.8190, H34.8310, H34.8320, H34.8330, H34.8390, H35.051 - H35.053, H35.101 - H35.169, H35.3210 - H35.3233, H35.351 - H35.353.
Vasoconstrictors				
J1097	OMIDRIA	phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2371	*phenylephrine hcl injection*	Injection, phenylephrine hydrochloride, 20 micrograms	Part B Drug	
J2371	VAZCULEP	Injection, phenylephrine hydrochloride, 20 micrograms	Part B Drug	
Gastrointestinal Drugs				
5-Ht3 Receptor Antagonists				
J1454	AKYNZEO (FOSNETUPITANT)	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Part B Drug	
J1626	*granisetron hcl 1 mg/ml vial sdv, p/f*	Injection, granisetron hydrochloride, 100 mcg	Part B Drug	
J1626	*granisetron hcl 1 mg/ml vial suv, p/f*	Injection, granisetron hydrochloride, 100 mcg	Part B Drug	
J1626	*granisetron hcl intravenous*	Injection, granisetron hydrochloride, 100 mcg	Part B Drug	
J1627	SUSTOL	Injection, granisetron, extended-release, 0.1 mg (For billing prior to 1/1/18 use J3490 or C9486 for OPPS billing)	Part B Drug	PA
J2405	*ondansetron hcl (pf)*	Injection, ondansetron hydrochloride, per 1 mg	Part B Drug	
J2405	*ondansetron hcl intravenous*	Injection, ondansetron hydrochloride, per 1 mg	Part B Drug	
J2468	POSFREA	Injection, palonosetron hydrochloride (posfrea), 25 micrograms	Part B Drug	
J2469	*palonosetron*	Injection, palonosetron HCl, 25 mcg	Part B Drug	
J8597	*ondansetron hcl oral*	Antiemetic drug, oral, not otherwise specified	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q0162	*ondansetron*	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	Part B Drug	B vs D (PA applies)
Q0162	*ondansetron hcl oral*	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	Part B Drug	B vs D (PA applies)
Q0166	*granisetron hcl oral*	Granisetron hydrochloride, 1 mg oral, FDA-approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen - see also S0091	Part B Drug	B vs D (PA applies)
Antiemetics, Miscellaneous				
J2358	ZYPREXA RELPREVV	Injection, olanzapine, long-acting, 1 mg	Part B Drug	
J2359	*olanzapine intramuscular*	Injection, olanzapine, 0.5 mg	Part B Drug	
J2359	ZYPREXA INTRAMUSCULAR	Injection, olanzapine, 0.5 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Antiulcer Agents And Acid Suppressants				
J1836	METRO I.V.	Injection, metronidazole, 10 mg	Part B Drug	
J1836	*metronidazole in nacl (iso-os)*	Injection, metronidazole, 10 mg	Part B Drug	
Digestants				
J3490	GATTEX 30-VIAL	Unclassified drugs	Part D Drug	
J3490	GATTEX ONE-VIAL	Unclassified drugs	Part D Drug	
Dopamine Receptor Antagonists				
J0184	BARHEMSYS	Injection, amisulpride, 1 mg	Part B Drug	PA
J2550	PHENERGAN	Injection, promethazine HCl, up to 50 mg	Part B Drug	
J2550	*promethazine injection*	Injection, promethazine HCl, up to 50 mg	Part B Drug	
Gi Drugs, Miscellaneous				
J1440	REBYOTA	Fecal microbiota, live - jslm, 1 ml (Code reused effective 7/1/2023)	Part B Drug	PA; ST applies
Q0155	SYNDROS	Dronabinol (syndros), 0.1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q0167	*dronabinol*	Dronabinol, 2.5 mg oral, FDA-approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment, not to exceed a 48-hour dosage regimen (Code price is per 2.5 mg effective 5/31/01)	Part B Drug	B vs D (PA applies)
Q0167	MARINOL 2.5 MG CAPSULE	Dronabinol, 2.5 mg oral, FDA-approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment, not to exceed a 48-hour dosage regimen (Code price is per 2.5 mg effective 5/31/01)	Part B Drug	B vs D (PA applies)
Histamine H2-Antagonists				
J1308	*famotidine (pf)-nacl (iso-os)*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial 25's,sdv,p/f,outer*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial inner, p/f, suv*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial inner, suv, p/f*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial outer, p/f, suv*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial outer, suv, p/f*	Injection, famotidine, 0.25 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1308	*famotidine 20 mg/2 ml vial p/f, inner, sdv*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial p/f, outer, sdv*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial p/f, suv, inner*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial p/f, suv, outer*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial sdv,p/f,inner*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 20 mg/2 ml vial suv, p/f*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 200 mg/20 ml vial 10's,mdv,outer*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 200 mg/20 ml vial mdv, inner*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 200 mg/20 ml vial mdv, outer*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 200 mg/20 ml vial muv, inner*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 200 mg/20 ml vial muv, outer*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 40 mg/4 ml vial*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 40 mg/4 ml vial inner*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 40 mg/4 ml vial mdv,inner*	Injection, famotidine, 0.25 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1308	*famotidine 40 mg/4 ml vial mdv,outer*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 40 mg/4 ml vial muv, inner*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 40 mg/4 ml vial muv, outer*	Injection, famotidine, 0.25 mg	Part B Drug	
J1308	*famotidine 40 mg/4 ml vial outer*	Injection, famotidine, 0.25 mg	Part B Drug	
Immunomodulatory Agents (56:44)				
J2267	OMVOH 100 MG/ML PEN	Injection, mirikizumab-mrkz, 1 mg (Code Price is based on Median Pricing Methodology)	Part D Drug	
J2267	OMVOH 100 MG/ML SYRINGE	Injection, mirikizumab-mrkz, 1 mg (Code Price is based on Median Pricing Methodology)	Part D Drug	
J2267	OMVOH 200 MG DOSE (100 MG/ML X 2 SYRINGES)	Injection, mirikizumab-mrkz, 1 mg (Code Price is based on Median Pricing Methodology)	Part D Drug	
J2267	OMVOH 200 MG DOSE (100 MG/ML X 2 PENS)	Injection, mirikizumab-mrkz, 1 mg (Code Price is based on Median Pricing Methodology)	Part D Drug	
J2267	OMVOH 300 MG DOSE (100 MG/ML-200 MG/2 ML)	Injection, mirikizumab-mrkz, 1 mg (Code Price is based on Median Pricing Methodology)	Part D Drug	
J2267	OMVOH INTRAVENOUS	Injection, mirikizumab-mrkz, 1 mg (Code Price is based on Median Pricing Methodology)	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2267	OMVOH PEN 300 MG DOSE (100 MG/ML-200 MG/2 ML)	Injection, mirikizumab-mrkz, 1 mg (Code Price is based on Median Pricing Methodology)	Part D Drug	
Neurokinin-1 Receptor Antagonists				
J0185	CINVANTI	Injection, aprepitant, 1 mg	Part B Drug	
J1434	FOCINVEZ	Injection, fosaprepitant (focinvez), 1 mg	Part B Drug	
J1453	EMEND (FOSAPREPITANT)	Injection, fosaprepitant, 1 mg	Part B Drug	
J1453	*fosaprepitant*	Injection, fosaprepitant, 1 mg	Part B Drug	
J1454	AKYNZEO (FOSNETUPITANT)	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Part B Drug	
J1456	*fosaprepitant*	Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg	Part B Drug	
J3490	APONVIE	Unclassified drugs	Part B Drug	
J8501	*aprepitant*	Aprepitant, oral, 5 mg	Part B Drug	B vs D (PA applies)
J8501	EMEND	Aprepitant, oral, 5 mg	Part B Drug	B vs D (PA applies)
Opioid Antagonists (56:18)				
J2212	RELISTOR SUBCUTANEOUS	Injection, methylnaltrexone, 0.1 mg (For billing prior to 1/1/13 use J3490 or C9399)	Part B Drug	
Proton-Pump Inhibitors				
J1370	*esomeprazole sodium*	Injection, esomeprazole sodium, 1 mg	Part B Drug	
J1370	NEXIUM I.V. 40 MG VIAL	Injection, esomeprazole sodium, 1 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2470	*pantoprazole intravenous*	Injection, pantoprazole sodium, 40 mg	Part B Drug	
J2470	PROTONIX INTRAVENOUS	Injection, pantoprazole sodium, 40 mg	Part B Drug	
J2471	*pantoprazole intravenous*	Injection, pantoprazole (hikma), not therapeutically equivalent to j2470, 40 mg	Part B Drug	
J2472	*pantoprazole in 0.9% sod chlor*	Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	Part B Drug	
Heavy Metal Antagonists				
Heavy Metal Antagonists				
J0895	*deferoxamine*	Injection, deferoxamine mesylate, 500 mg	Part B Drug	PA; No PA required for ICD-10 codes D56.0-D56.9, D57.00-D57.819, E72.00-E72.09, E83.00-E83.09, E83.10-E83.19, E83.52, K74.3, K74.4, K74.5, T56.0X1A-T56.0X4S, T56.1X1A-T56.1X4S, T56.3X1A-T56.3X4S, T56.4X1A-T56.4X4S, T56.5X1A-T56.0X4S, T56.811A-T56.814S, T56.891A-T56.894S, T56.91A-T56.94X2, T57.01A-T57.0X4S, T80.92XA-T80.92XS.
J0895	DESFERAL	Injection, deferoxamine mesylate, 500 mg	Part B Drug	PA; No PA required for ICD-10 codes D56.0-D56.9, D57.00-D57.819, E72.00-E72.09, E83.00-E83.09, E83.10-E83.19, E83.52, K74.3, K74.4, K74.5, T56.0X1A-T56.0X4S, T56.1X1A-T56.1X4S, T56.3X1A-T56.3X4S, T56.4X1A-T56.4X4S, T56.5X1A-T56.0X4S, T56.811A-T56.814S, T56.891A-T56.894S, T56.91A-T56.94X2, T57.01A-T57.0X4S, T80.92XA-T80.92XS.

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Hormones And Synthetic Substitutes				
Adrenals				
J1010	DEPO-MEDROL	Injection, methylprednisolone acetate, 1 mg	Part B Drug	
J1010	*methylprednisolone acetate*	Injection, methylprednisolone acetate, 1 mg	Part B Drug	
J1100	*dexamethasone 4 mg/ml vial suv, inner*	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	
J1100	*dexamethasone 4 mg/ml vial suv, outer*	Injection, dexamethasone sodium phosphate, 1 mg	Part B Drug	
J2919	*methylprednisolone sodium succ*	Injection, methylprednisolone sodium succinate, 5 mg	Part B Drug	
J2919	SOLU-MEDROL	Injection, methylprednisolone sodium succinate, 5 mg	Part B Drug	
J2919	SOLU-MEDROL (PF)	Injection, methylprednisolone sodium succinate, 5 mg	Part B Drug	
J3304	ZILRETTA	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Part B Drug	
J7312	OZURDEX	Injection, dexamethasone, intravitreal implant, 0.1 mg (For billing prior to 1/1/11 use J3490 or C9256)	Part B Drug	PA
J7402	SINUVA	Mometasone furoate sinus implant, (sinuva), 10 micrograms	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7626	*budesonide inhalation*	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg	Part B Drug	B vs D (PA applies)
J7626	PULMICORT	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg	Part B Drug	B vs D (PA applies)
Androgens				
J1072	AZMIRO	Injection, testosterone cypionate (azmiro), 1 mg	Part B Drug	PA; ST applies
J1073	TESTOPEL	Testosterone pellet, implant, 75 mg	Part B Drug	PA; ST applies
J3145	AVEED	Injection, testosterone undecanoate, 1 mg (For billing prior to 1/1/15 use C9023 or J3490)	Part B Drug	PA; ST applies
Antidiabetic Agents, Miscellaneous				
J9381	TZIELD	Injection, teplizumab-mzwv, 5 mcg	Part B Drug	PA
Antigonadtropins				
J1072	AZMIRO	Injection, testosterone cypionate (azmiro), 1 mg	Part B Drug	PA; ST applies
J1073	TESTOPEL	Testosterone pellet, implant, 75 mg	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J3145	AVEED	Injection, testosterone undecanoate, 1 mg (For billing prior to 1/1/15 use C9023 or J3490)	Part B Drug	PA
J7295	ELURYNG	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7295	ENILLORING	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7295	*etonogestrel-ethinyl estradiol*	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7295	HALOETTE	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7295	NUVARING	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7296	KYLEENA	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg (For billing prior to 1/1/18 use Q9984)	Refer to Contraceptive Coverage	
J7301	SKYLA	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	Refer to Contraceptive Coverage	
J7307	NEXPLANON	Etonogestrel (contraceptive) implant system, including implant and supplies (Code Price is per 1 implant system)	Refer to Contraceptive Coverage	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9155	FIRMAGON	Injection, degarelix, 1 mg (For billing prior to 1/1/10 use J9999 or C9399)	Medicare Chemo	PA; No PA required for ICD-10 codes C61, C79.82 and D07.5.
J9155	FIRMAGON KIT W DILUENT SYRINGE	Injection, degarelix, 1 mg (For billing prior to 1/1/10 use J9999 or C9399)	Medicare Chemo	PA; No PA required for ICD-10 codes C61, C79.82 and D07.5.
Antiparathyroid Agents				
J0604	*cinacalcet*	Cinacalcet, oral, 1 mg, (for ESRD on dialysis) (For billing prior to 1/1/18 use J8499)	Part B Drug	B vs D (PA applies)
J0604	SENSIPAR	Cinacalcet, oral, 1 mg, (for ESRD on dialysis) (For billing prior to 1/1/18 use J8499)	Part B Drug	B vs D (PA applies)
J0606	PARSABIV	Injection, etelcalcetide, 0.1 mg (For billing prior to 1/1/18 use J3490 or C9399 for OPPS billing)	Part B Drug	B vs D (PA applies)
Contraceptives				
J7294	ANNOVERA	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each	Part D Drug	
J7295	ELURYNG	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7295	ENILLORING	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7295	*etonogestrel-ethinyl estradiol*	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7295	HALOETTE	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7295	NUVARING	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7296	KYLEENA	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg (For billing prior to 1/1/18 use Q9984)	Refer to Contraceptive Coverage	
J7301	SKYLA	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	Refer to Contraceptive Coverage	
J7307	NEXPLANON	Etonogestrel (contraceptive) implant system, including implant and supplies (Code Price is per 1 implant system)	Refer to Contraceptive Coverage	
Estrogens				
J1000	DEPO-ESTRADIOL	Injection, depo-estradiol cypionate, up to 5 mg	Part B Drug	
J7295	ELURYNG	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7295	ENILLORING	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7295	*etonogestrel-ethinyl estradiol*	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7295	HALOETTE	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7295	NUVARING	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
Glycogenolytic Agents				
J1610	GLUCAGON EMERGENCY KIT (HUMAN)	Injection, glucagon hydrochloride, per 1 mg	Part B Drug	
J1611	GLUCAGON (HCL) EMERGENCY KIT	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	Part B Drug	
J1611	*glucagon hcl*	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	Part B Drug	
Gonadotropins				
J1950	LUPRON DEPOT 11.25 MG 3MO KIT 3 MONTH, SUV	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Part B Drug	
J1950	LUPRON DEPOT 3.75 MG KIT P/F, SUV	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Part B Drug	
J1950	LUPRON DEPOT-PED	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Part B Drug	
J1950	LUPRON DEPOT-PED (3 MONTH)	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1951	FENSOLVI	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	Part B Drug	PA
J1952	CAMCEVI (6 MONTH)	Leuprolide injectable, camcevi, 1 mg	Medicare Chemo	
J1954	LUTRATE DEPOT (3 MONTH)	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	Medicare Chemo	
J3315	TRELSTAR	Injection, triptorelin pamoate, 3.75 mg	Part B Drug	B vs D (PA applies)
J3316	TRIPTODUR	Injection, triptorelin, extended-release, 3.75 mg	Part B Drug	
J9202	ZOLADEX	Goserelin acetate implant, per 3.6 mg	Part B Drug	
J9217	ELIGARD	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9217	ELIGARD (3 MONTH)	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9217	ELIGARD (4 MONTH)	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9217	ELIGARD (6 MONTH)	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9217	LUPRON DEPOT (4 MONTH)	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9217	LUPRON DEPOT (6 MONTH)	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9217	LUPRON DEPOT 22.5 MG 3MO KIT SUV, P/F	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9217	LUPRON DEPOT 7.5 MG KIT SINGLE DOSE	Leuprolide acetate (for depot suspension), 7.5 mg	Medicare Chemo	
J9218	*leuprolide*	Leuprolide acetate, per 1 mg	Part D Drug	
J9226	SUPPRELIN LA	Histrelin implant (Supprelin LA), 50 mg	Part B Drug	PA; ST applies
Incretin Mimetics				
C9399	BYDUREON BCISE	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	*liraglutide*	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	*liraglutide (weight loss)*	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	MOUNJARO	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
C9399	OZEMPIC	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	TRULICITY	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	VICTOZA 2-PAK	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	VICTOZA 3-PAK	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	WEGOVY SUBCUTANEOUS	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
C9399	ZEPBOUND	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J3490	MOUNJARO	Unclassified drugs	Part D Drug	
J3490	OZEMPIC	Unclassified drugs	Part D Drug	
J3490	SAXENDA	Unclassified drugs	Part D Drug	
J3490	TRULICITY	Unclassified drugs	Part D Drug	
J3490	VICTOZA 2-PAK	Unclassified drugs	Part D Drug	
J3490	VICTOZA 3-PAK	Unclassified drugs	Part D Drug	
J3490	WEGOVY SUBCUTANEOUS	Unclassified drugs	Part D Drug	
J3490	ZEPBOUND	Unclassified drugs	Part D Drug	
J8499	WEGOVY 1.5 MG TABLET	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified	Part D Drug	
Melanocortin Receptor Agonists				
J7352	SCENESSE	Afamelanotide implant, 1 mg	Part B Drug	PA
Parathyroid Agents				
C9399	YORVIPATH	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J3110	FORTEO	Injection, teriparatide, 10 mcg	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J3110	*teriparatide*	Injection, teriparatide, 10 mcg	Part D Drug	
J3490	YORVIPATH	Unclassified drugs	Part D Drug	
Pituitary				
C9399	NGENLA	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J0801	ACTHAR	Injection, corticotropin (acthar gel), up to 40 units	Part D Drug	
J0801	ACTHAR SELFJECT	Injection, corticotropin (acthar gel), up to 40 units	Part D Drug	
J0802	CORTROPHIN GEL	Injection, corticotropin (ani), up to 40 units	Part D Drug	
J2596	*vasopressin in 0.9 % sod chlor intravenous solution*	Injection, vasopressin (long grove), not therapeutically equivalent to j2598, 1 unit	Part B Drug	
J2597	DDAVP INJECTION	Injection, desmopressin acetate, per 1 mcg	Part B Drug	
J2597	*desmopressin injection*	Injection, desmopressin acetate, per 1 mcg	Part B Drug	
J2598	*vasopressin*	Injection, vasopressin, 1 unit	Part B Drug	
J2598	VASOSTRICT	Injection, vasopressin, 1 unit	Part B Drug	
J2599	*vasopressin*	Injection, vasopressin (american regent), not therapeutically equivalent to j2598, 1 unit	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2601	*vasopressin in 0.9 % sod chlor intravenous solution*	Injection, vasopressin (baxter), 1 unit	Part B Drug	
J2941	GENOTROPIN	Injection, somatropin, 1 mg	Part D Drug	
J2941	GENOTROPIN MINIQUICK	Injection, somatropin, 1 mg	Part D Drug	
J2941	HUMATROPE INJECTION CARTRIDGE	Injection, somatropin, 1 mg	Part D Drug	
J2941	NORDITROPIN FLEXPRO	Injection, somatropin, 1 mg	Part D Drug	
J2941	NUTROPIN AQ NUSPIN	Injection, somatropin, 1 mg	Part D Drug	
J2941	OMNITROPE	Injection, somatropin, 1 mg	Part D Drug	
J2941	SAIZEN SAIZENPREP	Injection, somatropin, 1 mg	Part D Drug	
J2941	SEROSTIM	Injection, somatropin, 1 mg	Part D Drug	
J2941	ZOMACTON	Injection, somatropin, 1 mg	Part D Drug	
J3590	NGENLA	Unclassified biologics	Part D Drug	
Progestins				
J7295	ELURYNG	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7295	ENILLORING	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7295	*etonogestrel-ethinyl estradiol*	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7295	HALOETTE	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7295	NUVARING	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Part D Drug	
J7296	KYLEENA	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg (For billing prior to 1/1/18 use Q9984)	Refer to Contraceptive Coverage	
J7301	SKYLA	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	Refer to Contraceptive Coverage	
J7307	NEXPLANON	Etonogestrel (contraceptive) implant system, including implant and supplies (Code Price is per 1 implant system)	Refer to Contraceptive Coverage	
Somatostatin Agonists				
J1930	*lanreotide*	Injection, lanreotide, 1 mg (Code re-used by CMS effective 1/1/2009)	Part B Drug	
J1930	SOMATULINE DEPOT	Injection, lanreotide, 1 mg (Code re-used by CMS effective 1/1/2009)	Part B Drug	
J1932	*lanreotide*	Injection, lanreotide, (cipla), 1 mg	Part B Drug	
J2353	*octreotide,microspheres*	Injection, octreotide, depot form for intramuscular injection, 1 mg	Part B Drug	
J2353	SANDOSTATIN LAR DEPOT	Injection, octreotide, depot form for intramuscular injection, 1 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2502	SIGNIFOR LAR	Injection, pasireotide long acting, 1 mg (Code Price is based on Median pricing methodology due to flat pricing) (For billing prior to 1/1/16 use C9454 or J3490)	Part B Drug	PA; ST applies
Somatotropin Agonists				
C9399	EGRIFTA SV	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	EGRIFTA WR	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J2170	INCRELEX	Injection, mecasermin, 1 mg	Part D Drug	
Thyroid Agents				
J0650	*levothyroxine intravenous*	Injection, levothyroxine sodium, not otherwise specified, 10 mcg	Part B Drug	
J0651	*levothyroxine intravenous*	Injection, levothyroxine sodium (fresenius kabi), not therapeutically equivalent to j0650, 10 mcg	Part B Drug	
J0652	*levothyroxine intravenous*	Injection, levothyroxine sodium (hikma), not therapeutically equivalent to j0650, 10 mcg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Immunomodulatory Agents (90:00)				
Antimetabolites, Immunosupp Therapy Misc				
J7500	AZASAN	Azathioprine, oral, 50 mg	Part B Drug	B vs D (PA applies)
J7500	*azathioprine*	Azathioprine, oral, 50 mg	Part B Drug	B vs D (PA applies)
J7500	IMURAN	Azathioprine, oral, 50 mg	Part B Drug	B vs D (PA applies)
J7514	MYHIBBIN	Mycophenolate mofetil (myhibbin), oral suspension, 100 mg	Part B Drug	B vs D (PA applies)
J7517	CELLCEPT ORAL CAPSULE	Mycophenolate mofetil, oral, 250 mg	Part B Drug	B vs D (PA applies)
J7517	CELLCEPT ORAL TABLET	Mycophenolate mofetil, oral, 250 mg	Part B Drug	B vs D (PA applies)
J7517	*mycophenolate mofetil oral capsule*	Mycophenolate mofetil, oral, 250 mg	Part B Drug	B vs D (PA applies)
J7517	*mycophenolate mofetil oral tablet*	Mycophenolate mofetil, oral, 250 mg	Part B Drug	B vs D (PA applies)
J7518	*mycophenolate sodium*	Mycophenolic acid, oral, 180 mg	Part B Drug	B vs D (PA applies)
J7518	MYFORTIC	Mycophenolic acid, oral, 180 mg	Part B Drug	B vs D (PA applies)
Antimetabolites				
J9065	*cladribine*	Injection, cladribine, per 1 mg	Part B Drug	
April Or Baff Inhibitor Agents				
C9399	VOYXACT	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
J3590	VOYXACT	Unclassified biologics	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Bone-Modifying Agents				
C9399	BILDYOS	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	Preferred
C9399	BILPREVDA	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	Preferred
J0897	PROLIA	Injection, denosumab, 1 mg (Code price uses median pricing methodology)	Part B Drug	PA; ST applies
J0897	XGEVA	Injection, denosumab, 1 mg (Code price uses median pricing methodology)	Part B Drug	PA; ST applies
J3111	EVENITY	Injection, romosozumab-aqqg, 1 mg	Part B Drug	PA; ST applies
Q5136	JUBBONTI	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	Part B Drug	Preferred
Q5136	WYOST	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	Part B Drug	Preferred
Q5157	OSENVELT	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg (Code Price is based on median pricing methodology)	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q5157	STOBOCLO	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg (Code Price is based on median pricing methodology)	Part B Drug	PA; ST applies
Q5158	BOMYNTRA SUBCUTANEOUS SOLUTION	Injection, denosumab-bnht (bomyntra/conexxence), biosimilar, 1 mg (Code Price is based on median pricing methodology)	Part B Drug	PA; ST applies
Q5158	CONEXXENCE	Injection, denosumab-bnht (bomyntra/conexxence), biosimilar, 1 mg (Code Price is based on median pricing methodology)	Part B Drug	PA; ST applies
Q5159	OSPOMYV	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	Part B Drug	PA; ST applies
Calcineurin Inhibitors, Misc (90:28)				
J7502	*cyclosporine modified*	Cyclosporine, oral, 100 mg	Part B Drug	B vs D (PA applies)
J7502	*cyclosporine oral*	Cyclosporine, oral, 100 mg	Part B Drug	B vs D (PA applies)
J7502	GENGRAF	Cyclosporine, oral, 100 mg	Part B Drug	B vs D (PA applies)
J7502	NEORAL	Cyclosporine, oral, 100 mg	Part B Drug	B vs D (PA applies)
J7502	SANDIMMUNE ORAL	Cyclosporine, oral, 100 mg	Part B Drug	B vs D (PA applies)
J7503	ENVARSUS XR	Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg (Code re-used by CMS effective 1/1/16)	Part B Drug	B vs D (PA applies)
J7507	PROGRAF ORAL	Tacrolimus, immediate release, oral, per 1 mg	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7507	*tacrolimus oral*	Tacrolimus, immediate release, oral, per 1 mg	Part B Drug	B vs D (PA applies)
J7508	ASTAGRAF XL	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg	Part B Drug	B vs D (PA applies)
J7508	*tacrolimus oral*	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg	Part B Drug	B vs D (PA applies)
J7515	*cyclosporine modified*	Cyclosporine, oral, 25 mg	Part B Drug	B vs D (PA applies)
J7515	*cyclosporine oral*	Cyclosporine, oral, 25 mg	Part B Drug	B vs D (PA applies)
J7515	GENGRAF	Cyclosporine, oral, 25 mg	Part B Drug	B vs D (PA applies)
J7515	NEORAL	Cyclosporine, oral, 25 mg	Part B Drug	B vs D (PA applies)
J7515	SANDIMMUNE ORAL	Cyclosporine, oral, 25 mg	Part B Drug	B vs D (PA applies)
J7516	*cyclosporine intravenous*	Injection, cyclosporine, 250 mg	Part B Drug	
J7516	SANDIMMUNE INTRAVENOUS	Injection, cyclosporine, 250 mg	Part B Drug	
J7521	PROGRAF ORAL	Tacrolimus, granules, oral suspension, 0.1 mg (Code price based on median pricing methodology)	Part B Drug	B vs D (PA applies)
J7525	PROGRAF INTRAVENOUS	Tacrolimus, parenteral, 5 mg	Part B Drug	
Complement Inhibitor Agents (90:20)				
J1299	SOLIRIS	Injection, eculizumab, 2 mg	Part B Drug	PA; ST applies
J1302	ENJAYMO	Injection, sutimlimab-jome, 10 mg	Part B Drug	PA; ST applies
J1303	ULTOMIRIS	Injection, ravulizumab-cwvz, 10 mg	Part B Drug	PA; ST applies
J1307	PIASKY	Injection, crovalimab-akkz, 10 mg	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2781	SYFOVRE (PF)	Injection, pegcetacoplan, intravitreal, 1 mg	Part B Drug	PA
J2782	IZERVAY (PF)	Injection, avacincapted pegol, 0.1 mg	Part B Drug	PA
J3490	EMPAVELI	Unclassified drugs	Part B Drug	B vs D (PA applies)
Q5152	BKEMV	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	Part B Drug	PA; ST applies
Complement Inhibitors (90:08)				
C9399	ZILBRYSQ	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA; ST applies
J3490	ZILBRYSQ	Unclassified drugs	Part B Drug	PA; ST applies
Disease-Modifying Antirheumat Drugs Misc				
C9399	ENTYVIO PEN	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J0129	ORENCIA (WITH MALTOSE)	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 self administered)	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0129	ORENCIA CLICKJECT	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 self administered)	Part D Drug	
J3380	ENTYVIO	Injection, vedolizumab, intravenous, 1 mg	Part B Drug	PA; ST applies
Disease-Modifying Antirheumatic Drugs				
J1628	TREMFYA INTRAVENOUS	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	Part B Drug	PA; ST applies
J1628	TREMFYA ONE-PRESS	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	Part D Drug	
J1628	TREMFYA PEN	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	Part D Drug	
J1628	TREMFYA PEN INDUCTION PK(2PEN)	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	Part D Drug	
J1628	TREMFYA SUBCUTANEOUS	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	Part D Drug	
J8610	*methotrexate sodium oral*	Methotrexate, oral, 2.5 mg	Medicare Chemo	B vs D (PA applies)
J8610	TREXALL	Methotrexate, oral, 2.5 mg	Medicare Chemo	B vs D (PA applies)
J8611	JYLAMVO	Methotrexate (jylamvo), oral, 2.5 mg	Medicare Chemo	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J8612	XATMEP	Methotrexate (xatmep), oral, 2.5 mg	Part B Drug	B vs D (PA applies)
J9311	RITUXAN HYCELA	Injection, rituximab 10 mg and hyaluronidase	Medicare Chemo	PA; ST applies
J9312	RITUXAN	Injection, rituximab, 10 mg	Medicare Chemo	PA; ST applies
Q5115	TRUXIMA	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Medicare Chemo	
Q5119	RUXIENCE	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Medicare Chemo	
Q5123	RIABNI	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Medicare Chemo	
Igg1 Monoclonal Antibodies				
C9399	BENLYSTA SUBCUTANEOUS	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J0490	BENLYSTA INTRAVENOUS	Injection, belimumab, 10 mg	Part B Drug	PA; ST applies
J0491	SAPHNELO	Injection, anifrolumab-fnia, 1 mg	Part B Drug	PA; ST applies
Immunomodulatory Agents (90:00)				
J7527	*everolimus 0.25 mg tablet*	Everolimus, oral, 0.25 mg	Part B Drug	
J7527	*everolimus 0.25 mg tablet*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 0.25 mg tablet inner*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7527	*everolimus 0.25 mg tablet outer*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 0.5 mg tablet*	Everolimus, oral, 0.25 mg	Part B Drug	
J7527	*everolimus 0.5 mg tablet*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 0.5 mg tablet inner*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 0.5 mg tablet outer*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 0.75 mg tablet*	Everolimus, oral, 0.25 mg	Part B Drug	
J7527	*everolimus 0.75 mg tablet*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 0.75 mg tablet inner*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 0.75 mg tablet outer*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 1 mg tablet*	Everolimus, oral, 0.25 mg	Part B Drug	
J7527	*everolimus 1 mg tablet*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 1 mg tablet inner*	Everolimus, oral, 0.25 mg	Part B Drug	
J7527	*everolimus 1 mg tablet inner*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	*everolimus 1 mg tablet outer*	Everolimus, oral, 0.25 mg	Part B Drug	
J7527	*everolimus 1 mg tablet outer*	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J7527	ZORTRESS	Everolimus, oral, 0.25 mg	Part B Drug	B vs D (PA applies)
J8530	*cyclophosphamide oral*	Cyclophosphamide, oral, 25 mg	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9071	*cyclophosphamide 1 gm/5 ml vl muv, p/f*	Injection, cyclophosphamide, (auromedics), 5 mg	Medicare Chemo	
J9071	*cyclophosphamide 1 gm/5 ml vl suv*	Injection, cyclophosphamide, (auromedics), 5 mg	Medicare Chemo	
J9071	*cyclophosphamide 2 gm/10 ml vl muv, p/f*	Injection, cyclophosphamide, (auromedics), 5 mg	Medicare Chemo	
J9071	*cyclophosphamide 500 mg/2.5 ml muv, p/f*	Injection, cyclophosphamide, (auromedics), 5 mg	Medicare Chemo	
J9071	*cyclophosphamide 500 mg/2.5 ml suv*	Injection, cyclophosphamide, (auromedics), 5 mg	Medicare Chemo	
J9072	*cyclophosphamide 1 gm/2 ml vl*	Injection, cyclophosphamide (frindovyx), 5 mg	Medicare Chemo	PA; ST applies
J9072	*cyclophosphamide 2 gm/4 ml vl*	Injection, cyclophosphamide (frindovyx), 5 mg	Medicare Chemo	PA; ST applies
J9072	*cyclophosphamide 500 mg/ml vl*	Injection, cyclophosphamide (frindovyx), 5 mg	Medicare Chemo	PA; ST applies
J9072	FRINDOVYX	Injection, cyclophosphamide (frindovyx), 5 mg	Medicare Chemo	PA; ST applies
J9073	*cyclophosphamide 1 gm/5 ml vl muv, p/f*	Injection, cyclophosphamide (dr. reddy's), 5 mg	Medicare Chemo	
J9073	*cyclophosphamide 2 gm/10 ml vl muv, p/f*	Injection, cyclophosphamide (dr. reddy's), 5 mg	Medicare Chemo	
J9073	*cyclophosphamide 500 mg/2.5 ml muv, p/f*	Injection, cyclophosphamide (dr. reddy's), 5 mg	Medicare Chemo	
J9074	*cyclophosphamide 1 gm/10 ml vl inner, muv, p/f*	Injection, cyclophosphamide (sandoz), 5 mg	Medicare Chemo	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9074	*cyclophosphamide 1 gm/10 ml vl outer, muv, p/f*	Injection, cyclophosphamide (sandoz), 5 mg	Medicare Chemo	
J9074	*cyclophosphamide 2 gm/20 ml vl inner, muv, p/f*	Injection, cyclophosphamide (sandoz), 5 mg	Medicare Chemo	
J9074	*cyclophosphamide 2 gm/20 ml vl outer, muv, p/f*	Injection, cyclophosphamide (sandoz), 5 mg	Medicare Chemo	
J9074	*cyclophosphamide 500 mg/5 ml vl inner, muv, p/f*	Injection, cyclophosphamide (sandoz), 5 mg	Medicare Chemo	
J9074	*cyclophosphamide 500 mg/5 ml vl outer, muv, p/f*	Injection, cyclophosphamide (sandoz), 5 mg	Medicare Chemo	
J9075	*cyclophosphamide intravenous recon soln*	Injection, cyclophosphamide, not otherwise specified, 5mg	Medicare Chemo	
J9076	*cyclophosphamide 1 gm/5 ml vl muv, p/f*	Injection, cyclophosphamide (baxter), 5 mg	Medicare Chemo	
J9076	*cyclophosphamide 500 mg/2.5 ml muv, p/f*	Injection, cyclophosphamide (baxter), 5 mg	Medicare Chemo	
Interferon Gamma Inhibitor Agents, Misc				
J9210	GAMIFANT	Injection, emapalumab-lzsg, 1 mg	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Interferons				
J1830	BETASERON SUBCUTANEOUS KIT	Injection, interferon beta-1B, 0.25 mg (code may be used for Medicare when drug administered under direct supervision of a physician; not for use if self-administered)	Part D Drug	
J9215	ALFERON N	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 IU (All NDCs inactive as of 5/8/2024)	Medicare Chemo	
Interleukin Inhibitor Agents, Misc				
J0480	SIMULECT	Injection, basiliximab, 20 mg	Part B Drug	
J2357	XOLAIR	Injection, omalizumab, 5 mg	Part B Drug	PA; ST applies
Interleukin-Mediated Agents, Misc				
C9399	KEVZARA	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	STARJEMZA INTRAVENOUS	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
C9399	STARJEMZA SUBCUTANEOUS	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J3247	COSENTYX INTRAVENOUS	Injection, secukinumab, intravenous, 1 mg	Part B Drug	PA; ST applies
J3262	ACTEMRA 200 MG/10 ML VIAL	Injection, tocilizumab, 1 mg (For billing prior to 1/1/11 use J3590 or C9264)	Part B Drug	PA; ST applies
J3262	ACTEMRA 400 MG/20 ML VIAL	Injection, tocilizumab, 1 mg (For billing prior to 1/1/11 use J3590 or C9264)	Part B Drug	PA; ST applies
J3262	ACTEMRA 80 MG/4 ML VIAL	Injection, tocilizumab, 1 mg (For billing prior to 1/1/11 use J3590 or C9264)	Part B Drug	PA; ST applies
J3357	STELARA SUBCUTANEOUS	Ustekinumab, for subcutaneous injection, 1 mg (Code price based on median pricing methodology)	Part D Drug	
J3357	*ustekinumab subcutaneous*	Ustekinumab, for subcutaneous injection, 1 mg (Code price based on median pricing methodology)	Part D Drug	
J3358	STELARA INTRAVENOUS	Ustekinumab, for intravenous injection, 1 mg (For billing prior to 1/1/18 use Q9989)	Part B Drug	PA; ST applies
J3358	*ustekinumab intravenous*	Ustekinumab, for intravenous injection, 1 mg (For billing prior to 1/1/18 use Q9989)	Part B Drug	PA; ST applies
J3590	ACTEMRA ACTPEN	Unclassified biologics	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J3590	ACTEMRA SUBCUTANEOUS	Unclassified biologics	Part D Drug	
J3590	COSENTYX (2 SYRINGES)	Unclassified biologics	Part D Drug	
J3590	COSENTYX PEN	Unclassified biologics	Part D Drug	
J3590	COSENTYX PEN (2 PENS)	Unclassified biologics	Part D Drug	
J3590	COSENTYX SUBCUTANEOUS	Unclassified biologics	Part D Drug	
J3590	COSENTYX UNOREADY PEN	Unclassified biologics	Part D Drug	
J3590	KEVZARA	Unclassified biologics	Part D Drug	
J3590	KINERET	Unclassified biologics	Part D Drug	
Q0249	ACTEMRA 200 MG/10 ML VIAL	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	Not Covered	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q0249	ACTEMRA 400 MG/20 ML VIAL	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	Not Covered	
Q0249	ACTEMRA 80 MG/4 ML VIAL	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	Not Covered	
Q5098	IMULDOSA INTRAVENOUS	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	Part B Drug	PA; ST applies
Q5098	IMULDOSA SUBCUTANEOUS	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	Part D Drug	
Q5099	STEQEYMA INTRAVENOUS	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	Part B Drug	PA; ST applies
Q5099	STEQEYMA SUBCUTANEOUS	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	Part D Drug	
Q5100	YESINTEK INTRAVENOUS	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q5100	YESINTEK SUBCUTANEOUS	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	Part D Drug	
Q5133	TOFIDENCE	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	Part B Drug	PA; ST applies
Q5135	TYENNE AUTOINJECTOR	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Part D Drug	
Q5135	TYENNE INTRAVENOUS	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Part B Drug	PA; ST applies
Q5135	TYENNE SUBCUTANEOUS	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Part D Drug	
Q5137	WEZLANA SUBCUTANEOUS	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	Part D Drug	
Q5138	WEZLANA INTRAVENOUS	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	Part B Drug	PA; ST applies
Q5156	AVTOZMA INTRAVENOUS	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	Part B Drug	PA; ST applies
Q9996	PYZCHIVA AUTOINJECTOR	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Part D Drug	
Q9996	PYZCHIVA SUBCUTANEOUS	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Part D Drug	
Q9996	*ustekinumab-ttwe subcutaneous*	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Part D Drug	
Q9997	PYZCHIVA INTRAVENOUS	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	Part B Drug	PA; ST applies
Q9997	*ustekinumab-ttwe intravenous*	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q9998	SELARSDI INTRAVENOUS	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	Part B Drug	PA; ST applies
Q9998	SELARSDI SUBCUTANEOUS	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	Part D Drug	
Q9998	*ustekinumab-aekn*	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	Part D Drug	
Q9999	OTULFI INTRAVENOUS	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	Part B Drug	PA; ST applies
Q9999	OTULFI SUBCUTANEOUS	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	Part D Drug	
Monoclonal Antibodies (90:04)				
C9399	KESIMPTA PEN	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J0202	LEMTRADA	Injection, alemtuzumab, 1 mg	Part B Drug	PA
J2323	TYSABRI	Injection, natalizumab, 1 mg	Part B Drug	PA
J2329	BRIUMVI	Injection, ublituximab-xiiy, 1mg	Part B Drug	
J2350	OCREVUS	Injection, ocrelizumab, 1 mg (For billing prior to 1/1/18 use J3590 or C9494 for OPPS billing) (Code re-used by CMS 1/1/18)	Part B Drug	
J3590	KESIMPTA PEN	Unclassified biologics	Part D Drug	
Q5134	TYRUKO	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Monoclonal Antibodies (90:10)				
C9399	LEQEMBI IQLIK	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J0174	LEQEMBI	Injection, lecanemab-irmb, 1 mg	Part B Drug	PA
J0175	KISUNLA	Injection, donanemab-azbt, 2 mg	Part B Drug	PA
J3490	LEQEMBI IQLIK	Unclassified drugs	Part D Drug	
Monoclonal Antibodies (90:12)				
J1823	UPLIZNA	Injection, inebilizumab-cdon, 1 mg	Part B Drug	PA
Mtor Inhibitors, Miscellaneous				
J7520	*sirolimus*	Sirolimus, oral, 1 mg	Part B Drug	B vs D (PA applies)
Neonatal Fc Receptor Blockers				
C9305	IMAAVY	Injection, nipocalimab-aahu, 3 mg (Code deleted effective 12/31/2025)	Part B Drug	PA; ST applies
J9256	IMAAVY	Injection, nipocalimab-aahu, 3 mg	Part B Drug	PA; ST applies
J9332	VYVGART	Injection, efgartigimod alfa-fcab, 2mg	Part B Drug	PA; ST applies
J9333	RYSTIGGO	Injection, rozanolixizumab-noli, 1 mg	Part B Drug	PA; ST applies
J9334	VYVGART HYTRULO SUBCUTANEOUS SOLUTION	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9334	VYVGART HYTRULO SUBCUTANEOUS SYRINGE	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Part D Drug	
Polyclonal Antibodies, Miscellaneous				
J7504	ATGAM	Lymphocyte immune globulin, anti-thymocyte globulin, equine, parenteral, 250 mg	Part B Drug	
T-Cell Costimulatory Blockers, Misc				
J0485	NULOJIX	Injection, belatacept, 1 mg (For billing prior to 1/1/13 use C9286 or J3590)	Part B Drug	PA; ST applies
Tumor Necrosis Factor Inhibitors, Misc				
C9399	*adalimumab-adaz*	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	AMJEVITA(CF)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	AMJEVITA(CF) AUTOINJECTOR	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
C9399	HADLIMA	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	HADLIMA PUSHTOUCH	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	HADLIMA(CF)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	HADLIMA(CF) PUSHTOUCH	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	HYRIMOZ PEN CROHN'S-UC STARTER	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
C9399	HYRIMOZ PEN PSORIASIS STARTER	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	HYRIMOZ(CF)	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	HYRIMOZ(CF) PEDI CROHN STARTER	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	HYRIMOZ(CF) PEN	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	YUSIMRY(CF) PEN	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0139	HUMIRA	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	Part D Drug	
J0139	HUMIRA PEN	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	Part D Drug	
J0139	HUMIRA(CF)	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	Part D Drug	
J0139	HUMIRA(CF) PEN	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	Part D Drug	
J0139	HUMIRA(CF) PEN CROHNS-UC-HS	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	Part D Drug	
J0139	HUMIRA(CF) PEN PSOR-UV-ADOL HS	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	Part D Drug	
J0717	CIMZIA 2X200 MG/ML SYRINGE KIT	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)	Part B Drug	PA; ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0717	CIMZIA POWDER FOR RECONST	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)	Part B Drug	PA; ST applies
J0717	CIMZIA STARTER KIT	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)	Part B Drug	PA; ST applies
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)	Part D Drug	
J1438	ENBREL MINI	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)	Part D Drug	
J1438	ENBREL SURECLICK	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)	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1602	SIMPONI ARIA	Injection, golimumab, 1 mg, for intravenous use (For billing prior to 1/1/14 use C9399 or J3590)	Part B Drug	PA; ST applies
J1745	*infliximab*	Injection, infliximab, excludes biosimilar, 10 mg (Code is to be used for Remicade or Infliximab)	Part B Drug	PA; ST applies
J1745	REMICADE	Injection, infliximab, excludes biosimilar, 10 mg (Code is to be used for Remicade or Infliximab)	Part B Drug	PA; ST applies
J1748	ZYMFENTRA	Injection, infliximab-dyyb (zymfentra), 10 mg	Part B Drug	PA; ST applies
J3590	SIMPONI	Unclassified biologics	Part D Drug	
Q5103	INFLECTRA	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	Part B Drug	PA; ST applies
Q5104	RENFLEXIS	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	Part B Drug	
Q5121	AVSOLA	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Part B Drug	
Q5140	*adalimumab-fkjp*	Injection, adalimumab-fkjp, biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	
Q5140	HULIO(CF)	Injection, adalimumab-fkjp, biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	
Q5140	HULIO(CF) PEN	Injection, adalimumab-fkjp, biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q5141	*adalimumab-aaty*	Injection, adalimumab-aaty, biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	
Q5141	ADALIMUMAB-AATY(CF) AI CROHNS	Injection, adalimumab-aaty, biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	
Q5141	YUFLYMA(CF)	Injection, adalimumab-aaty, biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	
Q5141	YUFLYMA(CF) AI CROHN'S-UC-HS	Injection, adalimumab-aaty, biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	
Q5141	YUFLYMA(CF) AUTOINJECTOR	Injection, adalimumab-aaty, biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	
Q5142	*adalimumab-ryvk*	Injection, adalimumab-ryvk biosimilar, 1 mg	Part D Drug	
Q5142	SIMLANDI(CF)	Injection, adalimumab-ryvk biosimilar, 1 mg	Part D Drug	
Q5142	SIMLANDI(CF) AUTOINJECTOR	Injection, adalimumab-ryvk biosimilar, 1 mg	Part D Drug	
Q5143	*adalimumab-adbm*	Injection, adalimumab-adbm, biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	
Q5143	CYLTEZO(CF)	Injection, adalimumab-adbm, biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	
Q5143	CYLTEZO(CF) PEN	Injection, adalimumab-adbm, biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q5143	CYLTEZO(CF) PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML	Injection, adalimumab-adbm, biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	
Q5143	CYLTEZO(CF) PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML	Injection, adalimumab-adbm, biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	
Q5144	*adalimumab-aacf*	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Part D Drug	
Q5144	ADALIMUMAB-AACF(CF) PEN CROHNS	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Part D Drug	
Q5144	ADALIMUMAB-AACF(CF) PEN PS-UV	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Part D Drug	
Q5145	ABRILADA(CF)	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	
Q5145	ABRILADA(CF) PEN	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg (Recommend NDC Level Pricing)	Part D Drug	
Local Anesthetics				
Local Anesthetics				
C9089	XARACOLL	Bupivacaine, collagen-matrix implant, 1 mg (Code deleted effective 12/31/2025)	Part B Drug	
C9144	POSIMIR	Injection, bupivacaine (posimir), 1 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
C9399	XARACOLL	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	
J0665	*bupivacaine (pf)*	Injection, bupivicaine, not otherwise specified, 0.5 mg	Part B Drug	
J0665	*bupivacaine hcl*	Injection, bupivicaine, not otherwise specified, 0.5 mg	Part B Drug	
J0665	*bupivacaine-dextrose-water(pf)*	Injection, bupivicaine, not otherwise specified, 0.5 mg	Part B Drug	
J0665	MARCAINE	Injection, bupivicaine, not otherwise specified, 0.5 mg	Part B Drug	
J0665	MARCAINE (PF)	Injection, bupivicaine, not otherwise specified, 0.5 mg	Part B Drug	
J0665	MARCAINE SPINAL (PF)	Injection, bupivicaine, not otherwise specified, 0.5 mg	Part B Drug	
J0665	SENSORCAINE	Injection, bupivicaine, not otherwise specified, 0.5 mg	Part B Drug	
J0665	SENSORCAINE-MPF	Injection, bupivicaine, not otherwise specified, 0.5 mg	Part B Drug	
J0665	SENSORCAINE-MPF SPINAL	Injection, bupivicaine, not otherwise specified, 0.5 mg	Part B Drug	
J0666	*bupivacaine liposome (pf)*	Injection, bupivacaine liposome, 1 mg	Part B Drug	
J0666	EXPAREL (PF)	Injection, bupivacaine liposome, 1 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0668	ZYNRELEF	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Part B Drug	
J2403	IHEEZO (PF)	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg	Part B Drug	PA; ST applies
J2795	NAROPIN (PF)	Injection, ropivacaine hydrochloride, 1 mg	Part B Drug	
J2795	*ropivacaine (pf) injection solution*	Injection, ropivacaine hydrochloride, 1 mg	Part B Drug	
J2795	*ropivacaine (pf)-nacl,iso-osm injection*	Injection, ropivacaine hydrochloride, 1 mg	Part B Drug	
J3490	POSIMIR	Unclassified drugs	Part B Drug	
J3490	XARACOLL	Unclassified drugs	Part B Drug	
Miscellaneous Therapeutic Agents				
Antigout Agents				
J0206	*allopurinol sodium*	Injection, allopurinol sodium, 1 mg	Part B Drug	
J0206	ALOPRIM	Injection, allopurinol sodium, 1 mg	Part B Drug	
J2507	KRYSTEXXA	Injection, pegloticase, 1 mg (For billing prior to 1/1/12 use J3590 or C9281)	Part B Drug	PA; ST applies
Antisense Oligonucleotides				
J1426	AMONDYS-45	Injection, casimersen, 10 mg	Part B Drug	PA
J1427	VILTEPSO	Injection, viltolarsen, 10 mg	Part B Drug	PA
J1428	EXONDYS-51	Injection, eteplirsen, 10 mg (For billing prior to 1/1/18 use J3490 or C9484 for OPPS billing)	Part B Drug	PA
J1429	VYONDYS-53	Injection, golodirsen, 10 mg	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2326	SPINRAZA (PF)	Injection, nusinersen, 0.1 mg (For billing prior to 1/1/18 use J3490 or C9489 for OPPS billing)	Part B Drug	PA; ST applies
Bone Anabolic Agents				
J3110	FORTEO	Injection, teriparatide, 10 mcg	Part D Drug	
J3110	*teriparatide*	Injection, teriparatide, 10 mcg	Part D Drug	
Bone Resorption Inhibitors				
J1000	DEPO-ESTRADIOL	Injection, depo-estradiol cypionate, up to 5 mg	Part B Drug	
J1740	*ibandronate intravenous syringe*	Injection, ibandronate sodium, 1 mg	Part B Drug	
J2430	*pamidronate intravenous solution*	Injection, pamidronate disodium, per 30 mg	Part B Drug	
J3489	RECLAST	Injection, zoledronic acid, 1 mg	Part B Drug	
J3489	*zoledronic acid intravenous solution*	Injection, zoledronic acid, 1 mg	Part B Drug	
J3489	*zoledronic acid-mannitol-water*	Injection, zoledronic acid, 1 mg	Part B Drug	
J3489	*zoledronic ac-mannitol-0.9nacl*	Injection, zoledronic acid, 1 mg	Part B Drug	
Bradykinin Receptor Antagonists				
J1744	FIRAZYR	Injection, icatibant, 1 mg (For billing prior to 1/1/13 use J3490 or C9399)	Part D Drug	
J1744	*icatibant*	Injection, icatibant, 1 mg (For billing prior to 1/1/13 use J3490 or C9399)	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1744	SAJAZIR	Injection, icatibant, 1 mg (For billing prior to 1/1/13 use J3490 or C9399)	Part D Drug	
Complement Inhibitors (92:32)				
J0596	RUCONEST	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units (For billing prior to 1/1/16 use C9445 or J3590)	Part D Drug	
J0597	BERINERT	Injection, C-1 esterase inhibitor (human), Berinert, 10 units (For billing prior to 1/1/11 use J3590 or C9269)	Part D Drug	
J0598	CINRYZE	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	Part B Drug	PA; ST applies
J0599	HAEGARDA	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Part D Drug	
J9376	VEOPOZ	Injection, pozelimab-bbfg, 1 mg	Part B Drug	PA
Complement Inhibitors				
Q5151	EPYSQLI	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	Part B Drug	PA; ST applies
Immunomodulatory Agents				
J2351	OCREVUS ZUNOVO	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Part B Drug	
J9015	PROLEUKIN	Injection, aldesleukin, per single-use vial	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Other Miscellaneous Therapeutic Agents				
C9399	FORZINITY	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J0222	ONPATTRO	Injection, Patisiran, 0.1 mg	Part B Drug	PA
J0223	GIVLAARI	Injection, givosiran, 0.5 mg	Part B Drug	PA
J0224	OXLUMO	Injection, lumasiran, 0.5 mg	Part B Drug	PA
J0225	AMVUTTRA	Injection, vutrisiran, 1 mg	Part B Drug	PA
J0591	KYBELLA	Injection, deoxycholic acid, 1 mg	Not Covered	
J1809	NULIBRY	Injection, fosdenopterin, 0.1 mg	Part B Drug	PA
J1955	CARNITOR INTRAVENOUS	Injection, levocarnitine, per 1 g	Part B Drug	
J1955	*levocarnitine intravenous*	Injection, levocarnitine, per 1 g	Part B Drug	
J3490	FORZINITY	Unclassified drugs	Part D Drug	
J3490	RIVFLOZA	Unclassified drugs	Part B Drug	PA
J9038	NIKTIMVO	Injection, axatilimab-csfr, 0.1 mg	Part B Drug	PA; ST applies
Protective Agents				
J7352	SCENESSE	Afamelanotide implant, 1 mg	Part B Drug	PA
Oxytocics				
Oxytocics				
J0675	*carboprost tromethamine*	Injection, carboprost tromethamine, 0.1 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0675	HEMABATE	Injection, carboprost tromethamine, 0.1 mg	Part B Drug	
J2210	*methylergonovine injection*	Injection, methylergonovine maleate, up to 0.2 mg	Part B Drug	
Pharmaceutical Aids				
Pharmaceutical Aids				
J3490	DILUENT FOR LEFAMULIN(XENLETA)	Unclassified drugs	Part B Drug	PA; ST applies
Radioactive Agents				
Radioactive Agents				
A9513	LUTATHERA	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	Medicare Chemo	PA
A9601	TAUVID	Flortaucipir f 18 injection, diagnostic, 1 millicurie	Part B Drug	
A9606	XOFIGO	Radium Ra-223 dichloride, therapeutic, per microcurie (For billing prior to 1/1/15 use C9399 or A9699)	Medicare Chemo	
A9607	PLUVICTO	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Medicare Chemo	PA
Respiratory Tract Agents				
Alpha And Beta Adrenergic Agonist(Respr)				
J0164	*epineph bitart in 0.9% sod chl intravenous solution*	Injection, epinephrine in sodium chloride (baxter), 0.1 mg	Part B Drug	
J0165	ADRENALIN	Injection, epinephrine, not otherwise specified, 0.1 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0165	ADYPHREN AMP	Injection, epinephrine, not otherwise specified, 0.1 mg	Part B Drug	
J0165	ADYPHREN II	Injection, epinephrine, not otherwise specified, 0.1 mg	Part B Drug	
J0165	*epinephrine hcl (pf)*	Injection, epinephrine, not otherwise specified, 0.1 mg	Part B Drug	
J0165	*epinephrine injection solution*	Injection, epinephrine, not otherwise specified, 0.1 mg	Part B Drug	
J0165	EPINEPHRINE PROFESSIONAL	Injection, epinephrine, not otherwise specified, 0.1 mg	Part B Drug	
J0165	EPINEPHRINESNAP	Injection, epinephrine, not otherwise specified, 0.1 mg	Part B Drug	
J0165	EPINEPHRINESNAP-EMS	Injection, epinephrine, not otherwise specified, 0.1 mg	Part B Drug	
J0165	EPINEPHRINESNAP-V	Injection, epinephrine, not otherwise specified, 0.1 mg	Part B Drug	
J0166	*epinephrine hcl (pf)*	Injection, epinephrine (bpi), not therapeutically equivalent to j0165, 0.1 mg	Part B Drug	
J0166	*epinephrine injection solution*	Injection, epinephrine (bpi), not therapeutically equivalent to j0165, 0.1 mg	Part B Drug	
J0167	*epinephrine 1 mg/10 ml abbojct outer, suv*	Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg (All NDCs inactive as of 11/4/2025)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0167	*epinephrine 1 mg/10 ml abbojct suv, inner*	Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg (All NDCs inactive as of 11/4/2025)	Part B Drug	
J0167	*epinephrine 1 mg/10 ml abbojct suv, outer*	Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg (All NDCs inactive as of 11/4/2025)	Part B Drug	
J0168	*epinephrine 0.1 mg/ml syringe suv*	Injection, epinephrine (international medication systems), not therapeutically equivalent to j0165, 0.1 mg	Part B Drug	
J0168	*epinephrine 1 mg/10 ml luerjet inner, suv*	Injection, epinephrine (international medication systems), not therapeutically equivalent to j0165, 0.1 mg	Part B Drug	
J0168	*epinephrine 1 mg/10 ml luerjet outer, suv*	Injection, epinephrine (international medication systems), not therapeutically equivalent to j0165, 0.1 mg	Part B Drug	
J0168	*epinephrine 1 mg/10 ml luerjet suv*	Injection, epinephrine (international medication systems), not therapeutically equivalent to j0165, 0.1 mg	Part B Drug	
J0169	ADRENALIN	Injection, epinephrine (adrenalin), not therapeutically equivalent to j0165, 0.1 mg	Part B Drug	
J3490	AUVI-Q	Unclassified drugs	Part D Drug	
J3490	*epinephrine injection auto-injector*	Unclassified drugs	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J3490	EPIPEN	Unclassified drugs	Part D Drug	
J3490	EPIPEN 2-PAK	Unclassified drugs	Part D Drug	
J3490	EPIPEN JR 2-PAK	Unclassified drugs	Part D Drug	
J3490	NEFFY	Unclassified drugs	Part D Drug	
J3490	REZIPRES	Unclassified drugs	Part B Drug	
Anticholinergic Agents (Respir.Tract)				
J7620	*ipratropium-albuterol*	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME	Part B Drug	B vs D (PA applies)
J7644	*ipratropium bromide inhalation*	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	Part B Drug	B vs D (PA applies)
J7677	YUPELRI	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	Part B Drug	PA; ST applies
Dual Phosphodiesterase Inhibitor (48:34)				
J7601	OHTUVAYRE	Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	Part B Drug	PA; B vs D (PA applies); ST applies
First Generation Antihist.(Respir Tract)				
J1200	*diphenhydramine hcl injection*	Injection, diphenhydramine HCl, up to 50 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2550	PHENERGAN	Injection, promethazine HCl, up to 50 mg	Part B Drug	
J2550	*promethazine injection*	Injection, promethazine HCl, up to 50 mg	Part B Drug	
Interleukin Antagonists				
C9399	EXDENSUR	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA
J0517	FASENRA	Injection, benralizumab, 1 mg	Part B Drug	PA; ST applies
J0517	FASENRA PEN	Injection, benralizumab, 1 mg	Part D Drug	
J0638	ILARIS (PF)	Injection, canakinumab, 1 mg (For billing prior to 1/1/11 use J3590 or C9399)	Part B Drug	PA; ST applies
J2182	NUCALA SUBCUTANEOUS AUTO-INJECTOR	Injection, mepolizumab, 1 mg (For billing prior to 1/1/17 use J3590 or C9473 for OPPS billing)	Part D Drug	
J2182	NUCALA SUBCUTANEOUS RECON SOLN	Injection, mepolizumab, 1 mg (For billing prior to 1/1/17 use J3590 or C9473 for OPPS billing)	Part B Drug	PA; ST applies
J2182	NUCALA SUBCUTANEOUS SYRINGE	Injection, mepolizumab, 1 mg (For billing prior to 1/1/17 use J3590 or C9473 for OPPS billing)	Part D Drug	
J2356	TEZSPIRE	Injection, tezepelumab-ekko, 1 mg	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J2786	CINQAIR	Injection, reslizumab, 1 mg (For billing prior to 1/1/17 use J3590 or C9481 for OPPS billing)	Part B Drug	PA; ST applies
J3590	EXDENSUR	Unclassified biologics	Part B Drug	PA
Mast-Cell Stabilizers				
J7631	*cromolyn inhalation*	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit-dose form, per 10 milligrams	Part B Drug	B vs D (PA applies)
J7631	*cromolyn oral*	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit-dose form, per 10 milligrams	Part B Drug	B vs D (PA applies)
Mucolytic Agents				
J7608	*acetylcysteine*	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram	Part B Drug	B vs D (PA applies)
J7639	PULMOZYME	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	Part B Drug	B vs D (PA applies)
Prostacyclin & Prostacyclin Derivatives				
J3285	REMODULIN 8 MG/20 ML VIAL	Injection, treprostinil, 1 mg	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Q4074	VENTAVIS 10 MCG/1 ML SOLUTION SINGLE-USE,P/F	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms (All NDCs Inactive as of 10/15/2025)	Part B Drug	PA; B vs D (PA applies); ST applies
Respiratory Tract Agents, Miscellaneous				
C9399	WINREVAIR	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part B Drug	PA; ST applies
J3590	WINREVAIR	Unclassified biologics	Part B Drug	PA; ST applies
Second Generation Antihist(Respir Tract)				
J1201	QUZYTTIR	Injection, cetirizine hydrochloride, 0.5 mg	Part B Drug	PA; ST applies
Select.Beta-2-Adrenergic Agonist(Respir)				
J3105	*terbutaline subcutaneous*	Injection, terbutaline sulfate, up to 1 mg	Part B Drug	
J3535	XOPENEX HFA	Drug administered through a metered dose inhaler	Part B Drug	
J7605	*arformoterol*	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7605	BROVANA	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	Part B Drug	B vs D (PA applies)
J7606	*formoterol fumarate*	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	Part B Drug	B vs D (PA applies)
J7606	PERFOROMIST	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	Part B Drug	B vs D (PA applies)
J7611	*albuterol sulfate inhalation solution for nebulization*	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg (Code reinstated effective 4/1/2008)	Part B Drug	B vs D (PA applies)
J7612	*levalbuterol hcl*	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg (Code reinstated effective 4/1/2008)	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7613	*albuterol sulfate inhalation solution for nebulization*	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg (Code reinstated effective 4/1/2008)	Part B Drug	B vs D (PA applies)
J7614	*levalbuterol hcl*	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg (Code reinstated effective 4/1/2008)	Part B Drug	B vs D (PA applies)
J7614	XOPENEX 1.25 MG/3 ML SOLUTION P/F, 24'S	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg (Code reinstated effective 4/1/2008)	Part B Drug	
J7620	*ipratropium-albuterol*	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME	Part B Drug	B vs D (PA applies)
Vasodilating Agents (Respiratory Tract)				
J1325	*epoprostenol*	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	Part B Drug	
J1325	FLOLAN	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1325	VELETRI	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	Part B Drug	
J1749	AURLUMYN	Injection, iloprost, 0.1 mcg	Not Covered	
J3285	REMODULIN 100 MG/20 ML VIAL	Injection, treprostinil, 1 mg	Part B Drug	PA
J3285	REMODULIN 20 MG/20 ML VIAL	Injection, treprostinil, 1 mg	Part B Drug	PA
J3285	REMODULIN 200 MG/20 ML VIAL	Injection, treprostinil, 1 mg	Part B Drug	PA
J3285	REMODULIN 50 MG/20 ML VIAL	Injection, treprostinil, 1 mg	Part B Drug	PA
J3285	*treprostinil sodium*	Injection, treprostinil, 1 mg	Part B Drug	PA
J7686	TYVASO	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg (For billing prior to 1/1/11 use J7699)	Part B Drug	PA; B vs D (PA applies); ST applies
J7686	TYVASO INSTITUTIONAL START KIT	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg (For billing prior to 1/1/11 use J7699)	Part B Drug	PA; B vs D (PA applies); ST applies

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7686	TYVASO REFILL KIT	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg (For billing prior to 1/1/11 use J7699)	Part B Drug	PA; B vs D (PA applies); ST applies
J7686	TYVASO STARTER KIT	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg (For billing prior to 1/1/11 use J7699)	Part B Drug	PA; B vs D (PA applies); ST applies
Skin And Mucous Membrane Agents				
Antibacterials (84:04)				
J0736	CLEOCIN INJECTION	Injection, clindamycin phosphate, 300 mg	Part B Drug	
J0736	*clindamycin in 5 % dextrose*	Injection, clindamycin phosphate, 300 mg	Part B Drug	
J0736	*clindamycin phosphate injection*	Injection, clindamycin phosphate, 300 mg	Part B Drug	
J0737	*clindamycin in 0.9 % sod chlor*	Injection, clindamycin phosphate (baxter), not therapeutically equivalent to j0736, 300 mg	Part B Drug	
J1271	DOXY-100	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl inner, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	
J1271	*doxycycline hyclate 100 mg vl inner, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1271	*doxycycline hyclate 100 mg vl outer, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	
J1271	*doxycycline hyclate 100 mg vl outer, suv, p/f*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, inner*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, outer*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, suv, inner*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl p/f, suv, outer*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl suv, p/f, inner*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1271	*doxycycline hyclate 100 mg vl suv, p/f, outer*	Injection, doxycycline hyclate, 1 mg	Part B Drug	B vs D (PA applies)
J1836	METRO I.V.	Injection, metronidazole, 10 mg	Part B Drug	
J1836	*metronidazole in nacl (iso-os)*	Injection, metronidazole, 10 mg	Part B Drug	
J2280	*moxifloxacin-sod.chloride(iso)*	Injection, moxifloxacin, 100 mg	Part B Drug	
J2281	*moxifloxacin-sod.ace,sul-water*	Injection, moxifloxacin (fresenius kabi), not therapeutically equivalent to j2280, 100 mg	Part B Drug	
Antiproliferants				
J7308	LEVULAN	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J9190	ADRUCIL	Injection, fluorouracil, 500 mg	Medicare Chemo	
J9190	*fluorouracil intravenous*	Injection, fluorouracil, 500 mg	Medicare Chemo	
Antipruritics And Local Anesthetics				
J0879	KORSUVA	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)	Not Separately Payable	
Antivirals (Skin And Mucous Membrane)				
J0133	*acyclovir 1,000 mg/20 ml vial inner, suv*	Injection, acyclovir, 5 mg	Part B Drug	B vs D (PA applies)
J0133	*acyclovir 1,000 mg/20 ml vial outer, suv*	Injection, acyclovir, 5 mg	Part B Drug	B vs D (PA applies)
J0133	*acyclovir 1,000 mg/20 ml vial sdv*	Injection, acyclovir, 5 mg	Part B Drug	B vs D (PA applies)
J0133	*acyclovir 1,000 mg/20 ml vial suv, inner*	Injection, acyclovir, 5 mg	Part B Drug	B vs D (PA applies)
J0133	*acyclovir 1,000 mg/20 ml vial suv, outer*	Injection, acyclovir, 5 mg	Part B Drug	B vs D (PA applies)
J0133	*acyclovir 1,000 mg/20 ml vial suv, p/f, inner*	Injection, acyclovir, 5 mg	Part B Drug	
J0133	*acyclovir 1,000 mg/20 ml vial suv, p/f, outer*	Injection, acyclovir, 5 mg	Part B Drug	
J0133	*acyclovir 500 mg/10 ml vial inner, suv*	Injection, acyclovir, 5 mg	Part B Drug	B vs D (PA applies)
J0133	*acyclovir 500 mg/10 ml vial inner, suv, p/f*	Injection, acyclovir, 5 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J0133	*acyclovir 500 mg/10 ml vial outer, suv*	Injection, acyclovir, 5 mg	Part B Drug	B vs D (PA applies)
J0133	*acyclovir 500 mg/10 ml vial outer, suv, p/f*	Injection, acyclovir, 5 mg	Part B Drug	
J0133	*acyclovir 500 mg/10 ml vial sdv*	Injection, acyclovir, 5 mg	Part B Drug	B vs D (PA applies)
J0133	*acyclovir 500 mg/10 ml vial suv*	Injection, acyclovir, 5 mg	Part B Drug	B vs D (PA applies)
J0133	*acyclovir 500 mg/10 ml vial suv, inner*	Injection, acyclovir, 5 mg	Part B Drug	B vs D (PA applies)
J0133	*acyclovir 500 mg/10 ml vial suv, outer*	Injection, acyclovir, 5 mg	Part B Drug	B vs D (PA applies)
J7354	YCANTH	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Part B Drug	
Cell Stimulants And Proliferants				
J2425	KEPIVANCE	Injection, palifermin, 50 micrograms	Part B Drug	
Corticosteroids (Skin, Mucous Membrane)				
J7311	RETISERT	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	Part B Drug	PA; ST applies
J7313	ILUVIEN	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	Part B Drug	PA
J7314	YUTIQ	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	Part B Drug	PA

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J7402	SINUVA	Mometasone furoate sinus implant, (sinuva), 10 micrograms	Part B Drug	PA
Immunomodulatory Agents (84:06)				
C9399	BIMZELX	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
C9399	BIMZELX AUTOINJECTOR	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Part D Drug	
J1628	TREMFYA INTRAVENOUS	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	Part B Drug	PA; ST applies
J1628	TREMFYA ONE-PRESS	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	Part D Drug	
J1628	TREMFYA PEN	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	Part D Drug	
J1628	TREMFYA PEN INDUCTION PK(2PEN)	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	Part D Drug	
J1628	TREMFYA SUBCUTANEOUS	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	Part D Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
J1747	SPEVIGO	Injection, spesolimab-sbzo, 1 mg	Part B Drug	PA; ST applies
J2327	SKYRIZI INTRAVENOUS	Injection, risankizumab-rzaa, intravenous, 1 mg	Part B Drug	PA; ST applies
J3245	ILUMYA	Injection, tildrakizumab, 1 mg (Code reused by CMS 1/1/2019)	Part B Drug	PA; ST applies
J3590	SILIQ	Unclassified biologics	Part D Drug	
J3590	SKYRIZI SUBCUTANEOUS	Unclassified biologics	Part D Drug	
J7503	ENVARSUS XR	Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg (Code re-used by CMS effective 1/1/16)	Part B Drug	B vs D (PA applies)
J7507	PROGRAF ORAL	Tacrolimus, immediate release, oral, per 1 mg	Part B Drug	B vs D (PA applies)
J7507	*tacrolimus oral*	Tacrolimus, immediate release, oral, per 1 mg	Part B Drug	B vs D (PA applies)
J7508	ASTAGRAF XL	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg	Part B Drug	B vs D (PA applies)
J7508	*tacrolimus oral*	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg	Part B Drug	B vs D (PA applies)
J7520	*sirolimus*	Sirolimus, oral, 1 mg	Part B Drug	B vs D (PA applies)
J7521	PROGRAF ORAL	Tacrolimus, granules, oral suspension, 0.1 mg (Code price based on median pricing methodology)	Part B Drug	B vs D (PA applies)
J7525	PROGRAF INTRAVENOUS	Tacrolimus, parenteral, 5 mg	Part B Drug	
J7525	*tacrolimus intravenous*	Tacrolimus, parenteral, 5 mg	Part B Drug	

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

HCPCS/ CPT Code	Drug Name	HCPCS/CPT Code Description	Coverage Level	Notes & Restrictions
Skin And Mucous Membrane Agents, Misc.				
J3389	ZEVASKYN	Topical administration, prademagene zamikeracel, per treatment	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3401	VYJUVEK	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J7336	QUTENZA	Capsaicin 8% patch, per square centimeter	Part B Drug	PA; ST applies
Sunscreen Agents				
J7352	SCENESSE	Afamelanotide implant, 1 mg	Part B Drug	PA
Vitamins				
Vitamin D				
J0636	*calcitriol intravenous*	Injection, calcitriol, 0.1 mcg	Part B Drug	
J8499	*doxercalciferol oral*	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified	Part B Drug	B vs D (PA applies)

PA-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D (PA applies)**-Part B vs Part D

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