

**Priority Health Medicare Part B**  
Medical Drug List



# Priority Health Medical Drug List

## Medicare

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**Medicare**

**CURRENT AS OF 10/1/2025**

**lowercase italics** = Generic drugs

**UPPERCASE** = Brand name drugs

**Coverage Level**

**Notes & Restrictions**

HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>* Miscellaneous Medical Drugs</b>				
<b>* <i>Miscellaneous Medical Drugs</i></b>				
Q0222	Injection, bebtelovimab, 175 mg (NDC inactive as of 12/7/2022) (Code deleted effective 12/12/2024)	N/A	Not Covered	
G2082	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	N/A	Part B Drug	PA
G2083	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	N/A	Part B Drug	PA
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	N/A	Part B Drug	PA
Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	N/A	Part B Drug	PA
Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	N/A	Part B Drug	PA
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	N/A	Part B Drug	PA

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

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*October 2025*

*Last Updated October 13, 2025*

HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Antidote Therapeutics</b>				
<i>Acetaminophen Antidote</i>				
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram	<i>acetylcysteine</i>	Part B Drug	B vs D
<b>Antidote Therapeutics</b>				
J0716	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)	ANASCORP	Part B Drug	
J0841	Injection, crotalidae immune f(ab')2 (equine), 120 mg	ANAVIP	Part B Drug	
J0618	Injection, calcium chloride, 2 mg	<i>calcium chloride</i>	Part B Drug	
J0895	Injection, deferoxamine mesylate, 500 mg	<i>deferoxamine</i>	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0895	Injection, deferoxamine mesylate, 500 mg	DESFERAL	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	Injection, glucagon hydrochloride, per 1 mg	GLUCAGEN 1 MG HYPOKIT	Part B Drug	
J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	GLUCAGON (HCL) EMERGENCY KIT	Part B Drug	
J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	<i>glucagon 1 mg vial</i>	Part B Drug	
J1610	Injection, glucagon hydrochloride, per 1 mg	GLUCAGON EMERGENCY KIT (HUMAN)	Part B Drug	
J2312	Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg	LIFEMS NALOXONE	Part B Drug	
J2312	Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg	<i>naloxone injection</i>	Part B Drug	
J2313	Injection, naloxone hydrochloride (zimhi), 0.01 mg	ZIMHI	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Chemotherapy Antidotes/Protectants</b>				
J1448	Injection, trilaciclib, 1mg	COSELA	Part B Drug	PA
J1190	Injection, dexrazoxane hydrochloride, per 250 mg	<i>dexrazoxane hcl</i>	Part B Drug	
J0207	Injection, amifostine, 500mg (All NDCs Inactive October 2024)	ETHYOL	Part B Drug	
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	FUSILEV I.V. 50 MG VIAL	Part B Drug	
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	KHAPZORY	Part B Drug	
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	<i>levoleucovorin calcium</i>	Part B Drug	
J9209	Injection, mesna, 200 mg	<i>mesna intravenous</i>	Part B Drug	
J9209	Injection, mesna, 200 mg	MESNEX INTRAVENOUS	Part B Drug	
J1190	Injection, dexrazoxane hydrochloride, per 250 mg	TOTECT	Part B Drug	
<b>Antihistamine Drugs</b>				
<b>Ethanolamine Derivatives</b>				
J1200	Injection, diphenhydramine HCl, up to 50 mg	<i>diphenhydramine hcl injection</i>	Part B Drug	
<b>First Generation Antihistamines</b>				
J1200	Injection, diphenhydramine HCl, up to 50 mg	<i>diphenhydramine hcl injection</i>	Part B Drug	
<b>Other Antihistamines</b>				
J1308	Injection, famotidine, 0.25 mg	<i>famotidine (pf)</i>	Part B Drug	
J1308	Injection, famotidine, 0.25 mg	<i>famotidine (pf)-nacl (iso-os)</i>	Part B Drug	
J1308	Injection, famotidine, 0.25 mg	<i>famotidine intravenous</i>	Part B Drug	
<b>Phenothiazine Derivatives</b>				
J2550	Injection, promethazine HCl, up to 50 mg	PHENERGAN	Part B Drug	
J2550	Injection, promethazine HCl, up to 50 mg	<i>promethazine injection</i>	Part B Drug	
<b>Second Generation Antihistamines</b>				
J1201	Injection, cetirizine hydrochloride, 0.5 mg	QUZYTIR	Part B Drug	PA

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

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HCP/CS/CPT Code	HCP/CS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Anti-Infective Agents</b>				
<b>1st Generation Cephalosporin Antibiotics</b>				
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 1 gm vial 25's, plf</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 1 gm vial 25's, suv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 1 gm vial inner, suv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 1 gm vial inner, suv, plf</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 1 gm vial inner, sdv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 1 gm vial outer, suv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 1 gm vial outer, suv, plf</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 1 gm vial outer, sdv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 1 gm vial plf</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 1 gm vial plf, sdv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 1 gm vial sdv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 1 gm vial suv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 10 gm vial inner, mdv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 10 gm vial inner, muv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 10 gm vial inner, plf, mdv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 10 gm vial inner, muv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 10 gm vial mdv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 10 gm vial outer, mdv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 10 gm vial outer, muv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 10 gm vial outer, plf, mdv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 10 gm vial outer, muv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 10 gm vial plf, mdv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 2 gm vial inner, suv</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 2 gm vial outer, suv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 3 gm vial inner, plf</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 3 gm vial outer, plf</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 500 mg vial 10's, outer, suv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 500 mg vial 25's</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 500 mg vial 25's, plf</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 500 mg vial 25's, sdv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 500 mg vial inner, suv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 500 mg vial plf, sdv</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin 500 mg vial suv</i>	Part B Drug	
J0689	Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg	<i>cefazolin in dextrose (iso-os)</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin in dextrose (iso-os)</i>	Part B Drug	
J0687	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	<i>cefazolin intravenous</i>	Part B Drug	
J0688	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg	<i>cefazolin intravenous</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin intravenous</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin sod 100 gm bulk bag</i>	Part B Drug	
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin sod 300 gm bulk bag</i>	Part B Drug	
<b>3Rd Generation Cephalosporin Antibiotics</b>				
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g (For billing prior to 1/1/16 use C9399 or J3490)	AVYCAZ	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>5Th Generation Cephalosporin Antibiotics</b>				
J0712	Injection, ceftaroline fosamil, 10 mg (For billing prior to 1/1/12 use J3490 or C9282)	TEFLARO	Part B Drug	
J0695	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)	ZERBAXA	Part B Drug	
J0681	Injection, ceftobiprole medocaril sodium, 3 mg	ZEVTERA	Part B Drug	PA
<b>Amebicides</b>				
J1836	Injection, metronidazole, 10 mg	METRO I.V.	Part B Drug	
J1836	Injection, metronidazole, 10 mg	<i>metronidazole in nacl (iso-os)</i>	Part B Drug	
<b>Aminoglycoside Antibiotics</b>				
J7682	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	BETHKIS	Part B Drug	B vs D
J7682	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	KITABIS PAK	Part B Drug	B vs D
J7682	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	TOBI	Part B Drug	B vs D
J3535	Drug administered through a metered dose inhaler	TOBI PODHALER	Part D Drug	
J7682	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	<i>tobramycin in 0.225 % nacl</i>	Part B Drug	B vs D
J7682	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	<i>tobramycin inhalation</i>	Part B Drug	B vs D

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7682	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	<i>tobramycin with nebulizer</i>	Part B Drug	B vs D
J0291	Injection, plazomicin, 5 mg	ZEMDRI	Part B Drug	
<b>Aminomethylcyclines</b>				
J0121	Injection, omadacycline, 1 mg	NUZYRA INTRAVENOUS	Part B Drug	PA
<b>Antimalarials</b>				
J1271	Injection, doxycycline hyclate, 1 mg	DOXY-100	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl inner, suv, plf</i>	Part B Drug	
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl inner, suv, plf</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl outer, suv, plf</i>	Part B Drug	
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl outer, suv, plf</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, inner</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, outer</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, suv, inner</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, suv, outer</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl suv, plf, inner</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl suv, plf, outer</i>	Part B Drug	B vs D

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Antiprotozoals, P Jirovecii Pneumonia</b>				
J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg	NEBUPENT	Part B Drug	
J3490	Unclassified drugs	PENTAM	Part B Drug	
J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg	<i>pentamidine</i>	Part B Drug	
J3490	Unclassified drugs	<i>pentamidine</i>	Part B Drug	
<b>Antiretrovirals</b>				
J8499	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified	SUNLENCA ORAL	Part D Drug	
J1961	Injection, lenacapavir (only for use as hiv treatment), 1 mg	SUNLENCA SUBCUTANEOUS	Part B Drug	PA
J0738	Injection, lenacapavir, 1 mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	YEZTUGO	Part B Drug	
J0752	Oral, lenacapavir, 300 mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	YEZTUGO	Part B Drug	
<b>Antituberculosis Agents</b>				
J1834	Injection, isoniazid, 1 mg	<i>isoniazid injection</i>	Part B Drug	
<b>Azole Antifungals</b>				
J1833	Injection, isavuconazonium sulfate, 1 mg (For billing prior to 1/1/16 use C9456 or J3490)	CRESEMBA INTRAVENOUS	Part B Drug	
J3465	Injection, voriconazole, 10 mg	VFEND IV	Part B Drug	
J3465	Injection, voriconazole, 10 mg	<i>voriconazole intravenous</i>	Part B Drug	
J3465	Injection, voriconazole, 10 mg	<i>voriconazole-hpbcd</i>	Part B Drug	

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

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HCP/CS/CPT Code	HCP/CS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Carbapenem Antibiotics</b>				
J1335	Injection, ertapenem sodium, 500 mg	<i>ertapenem</i>	Part B Drug	
J1335	Injection, ertapenem sodium, 500 mg	INVANZ 1 GM VIAL	Part B Drug	
J2183	Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg	<i>meropenem</i>	Part B Drug	
J2185	Injection, meropenem, 100 mg	<i>meropenem</i>	Part B Drug	
J2184	Injection, meropenem (b. braun), not therapeutically equivalent to j2185, 100 mg	<i>meropenem-0.9% sodium chloride</i>	Part B Drug	
J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	RECARBRIO	Part B Drug	PA
J2186	Injection, meropenem and vaborbactam, 10mg/10mg, (20mg)	VABOMERE	Part B Drug	
<b>Cmv Antivirals</b>				
C9399	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)	PREVYMIS INTRAVENOUS	Part B Drug	PA
J3490	Unclassified drugs	PREVYMIS INTRAVENOUS	Part B Drug	PA
<b>Cyclic Lipopeptide Antibiotics</b>				
J0878	Injection, daptomycin, 1 mg	CUBICIN RF 500 MG VIAL	Part B Drug	
J0872	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	<i>daptomycin</i>	Part B Drug	
J0873	Injection, daptomycin (xellia), not therapeutically equivalent to j0878 or j0872, 1 mg	<i>daptomycin</i>	Part B Drug	
J0877	Injection, daptomycin (hospira), not therapeutically equivalent to j0878, 1 mg	<i>daptomycin</i>	Part B Drug	
J0878	Injection, daptomycin, 1 mg	<i>daptomycin</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0874	Injection, daptomycin (baxter), not therapeutically equivalent to j0878, 1 mg	<i>daptomycin in 0.9 % sod chlor</i>	Part B Drug	
<b><i>Echinocandin Antifungals</i></b>				
J0637	Injection, caspofungin acetate, 5 mg	CANCIDAS IV 50 MG VIAL	Part B Drug	
J0637	Injection, caspofungin acetate, 5 mg	CANCIDAS IV 70 MG VIAL	Part B Drug	
J0637	Injection, caspofungin acetate, 5 mg	<i>caspofungin</i>	Part B Drug	
J2247	Injection, micafungin sodium (par pharm) not thereapeutically equivalent to j2248, 1 mg	<i>micafungin</i>	Part B Drug	
J2248	Injection, micafungin sodium, 1 mg	<i>micafungin</i>	Part B Drug	
J2246	Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg	<i>micafungin in 0.9 % sodium chl</i>	Part B Drug	
J2248	Injection, micafungin sodium, 1 mg	MYCAMINE	Part B Drug	
J0349	Injection, rezafungin, 1 mg	REZZAYO	Part B Drug	PA
<b><i>Extended-Spectrum Penicillins</i></b>				
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	<i>piperacillin-tazobactam</i>	Part B Drug	
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	ZOSYN IN DEXTROSE (ISO-OSM)	Part B Drug	
<b><i>Fluorocyclines</i></b>				
J0122	Injection, eravacycline, 1 mg	XERAVA	Part B Drug	
<b><i>Glycopeptide Antibiotics</i></b>				
J0875	Injection, dalbavancin, 5 mg (For billing prior to 1/1/16 use C9443 or J3490)	DALVANCE	Part B Drug	
J2406	Injection, oritavancin (kimyrsa), 10 mg	KIMYRSA	Part B Drug	PA
J2407	Injection, oritavancin (orbactiv), 10 mg (For billing prior to 1/1/16 use C9444 or J3490)	ORBACTIV	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J3370	Injection, vancomycin HCl, 500 mg (Code deleted effective 6/30/2025)	<i>vancomycin in 0.9 % sodium chl intravenous piggyback</i>	Part B Drug	
J3373	Injection, vancomycin hydrochloride, 10 mg	<i>vancomycin in 0.9 % sodium chl intravenous piggyback</i>	Part B Drug	
J3370	Injection, vancomycin HCl, 500 mg (Code deleted effective 6/30/2025)	<i>vancomycin in dextrose 5 % intravenous piggyback</i>	Part B Drug	
J3373	Injection, vancomycin hydrochloride, 10 mg	<i>vancomycin in dextrose 5 % intravenous piggyback</i>	Part B Drug	
J3370	Injection, vancomycin HCl, 500 mg (Code deleted effective 6/30/2025)	<i>vancomycin intravenous</i>	Part B Drug	
J3371	Injection, vancomycin hcl (mylan), not therapeutically equivalent to j3370, 500 mg (Code deleted 6/30/2025)	<i>vancomycin intravenous</i>	Part B Drug	
J3373	Injection, vancomycin hydrochloride, 10 mg	<i>vancomycin intravenous</i>	Part B Drug	
J3374	Injection, vancomycin hydrochloride (mylan) not therapeutically equivalent to j3373, 10 mg	<i>vancomycin intravenous</i>	Part B Drug	
J3372	Injection, vancomycin hcl (xellia), not therapeutically equivalent to j3370, 500 mg (Code deleted effective 6/30/2025)	<i>vancomycin-diluent combo no.1</i>	Part B Drug	
J3375	Injection, vancomycin hydrochloride (xellia), not therapeutically equivalent to j3373, 10 mg	<i>vancomycin-diluent combo no.1</i>	Part B Drug	
J3095	Injection, telavancin, 10 mg (For billing prior to 1/1/11 use J3490 or C9258)	VIBATIV	Part B Drug	PA
<b>Hiv Entry And Fusion Inhibitors</b>				
J1746	Injection, ibalizumab-uiyk, 10 mg	TROGARZO	Part B Drug	PA
<b>Hiv Integrase Inhibitor Antiretrovirals</b>				
J0739	Injection, cabotegravir, 1 mg	APRETUDE	Part B Drug	
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	CABENUVA	Part B Drug	PA

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

**Priority Health Medicare Plans**

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Hiv Nucleoside, Nucleotide Rt Inhibitors</b>				
J0751	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)	DESCOVY 200-25 MG TABLET	Part B Drug	
J0750	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)	<i>emtricitabine-tenofovir disoproxil fumarate 200-300 mg tab</i>	Part B Drug	
J0750	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)	<i>emtricitabine-tenofovir disoproxil fumarate 200-300 mg tab inner</i>	Part B Drug	
J0750	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)	<i>emtricitabine-tenofovir disoproxil fumarate 200-300 mg tab outer</i>	Part B Drug	
J0750	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)	TRUVADA 200 MG-300 MG TABLET	Part B Drug	
J0750	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)	TRUVADA 200 MG-300 MG TABLET F/C	Part B Drug	
<b>Interferon Antivirals</b>				
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 IU (All NDCs inactive as of 5/8/2024)	ALFERON N	Medicare Chemo	
<b>Lincomycin Antibiotics</b>				
J0736	Injection, clindamycin phosphate, 300 mg	CLEOCIN 300 MG-D5W-GALAXY INNER, SINGLE USE	Part B Drug	
J0736	Injection, clindamycin phosphate, 300 mg	CLEOCIN INJECTION	Part B Drug	
J0737	Injection, clindamycin phosphate (baxter), not therapeutically equivalent to j0736, 300 mg	<i>clindamycin in 0.9 % sod chlor</i>	Part B Drug	
J0736	Injection, clindamycin phosphate, 300 mg	<i>clindamycin in 5 % dextrose</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0736	Injection, clindamycin phosphate, 300 mg	<i>clindamycin phosphate injection</i>	Part B Drug	
<b>Monobactam Antibiotics</b>				
J0457	Injection, aztreonam, 100 mg	AZACTAM	Part B Drug	
J0457	Injection, aztreonam, 100 mg	<i>aztreonam</i>	Part B Drug	
J0458	Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg)	EMBLAVEO	Part B Drug	PA
<b>Monoclonal Antibodies (08:18)</b>				
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	BEYFORTUS	Part B Drug	PA
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	BEYFORTUS	Part B Drug	PA
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	ENFLONSIA	Part B Drug	PA
J0638	Injection, canakinumab, 1 mg (For billing prior to 1/1/11 use J3590 or C9399)	ILARIS (PF)	Part B Drug	PA
Q0224	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	PEMGARDA (EUA)	Part B Drug	
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	SYNAGIS	Part B Drug	PA
<b>Nitroimidazole Derivatives, Misc</b>				
J1836	Injection, metronidazole, 10 mg	METRO I.V.	Part B Drug	
J1836	Injection, metronidazole, 10 mg	<i>metronidazole in nacl (iso-os)</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b><i>Nucleoside And Nucleotide Antivirals</i></b>				
J0133	Injection, acyclovir, 5 mg	<i>acyclovir sodium</i>	Part B Drug	B vs D
J0751	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)	DESCOVY 200-25 MG TABLET	Part B Drug	
J0750	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)	<i>emtricitabine-tenofovir disoproxil fumarate 200-300 mg tab</i>	Part B Drug	
J0750	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)	<i>emtricitabine-tenofovir disoproxil fumarate 200-300 mg tab inner</i>	Part B Drug	
J0750	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)	<i>emtricitabine-tenofovir disoproxil fumarate 200-300 mg tab outer</i>	Part B Drug	
J1574	Injection, ganciclovir sodium (exela), not therapeutically equivalent to j1570, 500 mg (All NDCs inactive as of 6/18/2025)	<i>ganciclovir 500 mg/250 ml bag outer, plf, sdv</i>	Part B Drug	
J1574	Injection, ganciclovir sodium (exela), not therapeutically equivalent to j1570, 500 mg (All NDCs inactive as of 6/18/2025)	<i>ganciclovir 500 mg/250 ml bag sdv, inner, plf</i>	Part B Drug	
J1570	Injection, ganciclovir sodium, 500 mg	<i>ganciclovir sodium</i>	Part B Drug	
J0248	Injection, remdesivir, 1 mg	<i>remdesivir</i>	Part B Drug	
J0750	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)	TRUVADA 200 MG-300 MG TABLET	Part B Drug	
J0750	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)	TRUVADA 200 MG-300 MG TABLET F/C	Part B Drug	
J0248	Injection, remdesivir, 1 mg	VEKLURY	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Other Misc. Antibacterial Agents</b>				
J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	DEFENCATH	Not Separately Payable	
<b>Oxazolidinone Antibiotics</b>				
J2020	Injection, linezolid, 200 mg	<i>linezolid in dextrose 5%</i>	Part B Drug	
J2021	Injection, linezolid (hospira), not therapeutically equivalent to j2020, 200 mg	<i>linezolid-0.9% sodium chloride</i>	Part B Drug	
J3090	Injection, tedizolid phosphate, 1 mg (For billing prior to 1/1/16 use C9446 or J3490)	SIVEXTRO INTRAVENOUS	Part B Drug	PA
J2020	Injection, linezolid, 200 mg	ZYVOX 200 MG/100 ML-D5W OUTER,SINGLE USE	Part B Drug	
J2020	Injection, linezolid, 200 mg	ZYVOX 600 MG/300 ML-D5W P/F, SINGLE USE	Part B Drug	
J2020	Injection, linezolid, 200 mg	ZYVOX 600 MG/300 ML-D5W SINGLE USE	Part B Drug	PA
<b>Penicillinase-Resistant Penicillins</b>				
J2291	Injection, nafcillin sodium (baxter), 20 mg	<i>nafcillin in dextrose iso-osm</i>	Part B Drug	
<b>Pleuromutilins</b>				
J0691	Injection, lefamulin, 1 mg (All NDCs inactive effective 1/3/2024)	XENLETA INTRAVENOUS	Part B Drug	PA
<b>Polyene Antifungals</b>				
J0287	Injection, amphotericin B lipid complex, 10 mg	ABELCET 100 MG/20 ML VIAL	Part B Drug	B vs D
J0285	Injection, amphotericin B, 50mg	<i>amphotericin b</i>	Part B Drug	B vs D
<b>Quinolone Antibiotics</b>				
C9462	Injection, delafloxacin, 1 mg	BAXDELA INTRAVENOUS	Part B Drug	PA
J3490	Unclassified drugs	BAXDELA INTRAVENOUS	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Siderophore Cephalosporins</b>				
J0699	Injection, cefiderocol, 10 mg	FETROJA	Part B Drug	
<b>Tetracycline Antibiotics</b>				
J1271	Injection, doxycycline hyclate, 1 mg	DOXY-100	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl inner, suv, plf</i>	Part B Drug	
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl inner, suv, plf</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl outer, suv, plf</i>	Part B Drug	
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl outer, suv, plf</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, inner</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, outer</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, suv, inner</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, suv, outer</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl suv, plf, inner</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl suv, plf, outer</i>	Part B Drug	B vs D

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Antineoplastic Agents</b>				
<i>Antineoplastic Agents</i>				
Q2055	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)	ABECMA	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9264	Injection, paclitaxel protein-bound particles, 1 mg	ABRAXANE	Medicare Chemo	
J9042	Injection, brentuximab vedotin, 1 mg (For billing prior to 1/1/13 use C9287 or J9999)	ADCETRIS	Medicare Chemo	PA
J9000	Injection, doxorubicin hydrochloride, 10 mg	ADRIAMYCIN	Part B Drug	
J9190	Injection, fluorouracil, 500 mg	ADRUCIL	Medicare Chemo	
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	ADSTILADRIN	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 IU (All NDCs inactive as of 5/8/2024)	ALFERON N	Medicare Chemo	
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	ALIMTA	Medicare Chemo	
J9057	Injection, copanlisib, 1 mg (All NDCs inactive as of 10/16/2024)	ALIQOPA	Medicare Chemo	PA
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	ALKERAN (AS HCL)	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
C9142	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg (Code deleted effective 12/31/2022)	ALYMSYS	Medicare Chemo	PA
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	ALYMSYS	Medicare Chemo	PA
C9399	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)	AMTAGVI	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9999	Not otherwise classified, antineoplastic drugs	AMTAGVI	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	ANKTIVA	Medicare Chemo	PA
J9302	Injection, ofatumumab, 10 mg (For billing prior to 1/1/11 use J9999 or C9260)	ARZERRA	Medicare Chemo	PA
J9118	Injection, calaspargase pegol-mknl, 10 units	ASPARLAS	Medicare Chemo	PA; No PA required for ICD- 10 codes C91.00 - C91.02, C83.50 - C83.59.
C9301	Obecabtagene autoleucel, up to 400 million cd19 car- positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code deleted effective 6/30/2025)	AUCATZYL	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q2058	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)	AUCATZYL	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9035	Injection, bevacizumab, 10 mg	AVASTIN 100 MG/4 ML VIAL P/F,SUV	Medicare Chemo	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
C9257	Injection, bevacizumab, 0.25 mg	AVASTIN 100 MG/4 ML VIAL P/F,SUV	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**-Part B vs Part D  
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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J9035	Injection, bevacizumab, 10 mg	AVASTIN 400 MG/16 ML VIAL P/F,SUV	Medicare Chemo	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
C9257	Injection, bevacizumab, 0.25 mg	AVASTIN 400 MG/16 ML VIAL P/F,SUV	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**-Part B vs Part D  
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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
C9399	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)	AVGEMSI	Medicare Chemo	PA
J9999	Not otherwise classified, antineoplastic drugs	AVGEMSI	Medicare Chemo	PA
J9292	Injection, pemetrexed dipotassium, 10 mg	AXTLE	Medicare Chemo	
A9590	Iodine i-131, iobenguane, 1 millicurie (All NDCs Inactive as of April 2024)	AZEDRA DOSIMETRIC VIAL	Medicare Chemo	PA
A9590	Iodine i-131, iobenguane, 1 millicurie (All NDCs Inactive as of April 2024)	AZEDRA THERAPEUTIC VIAL	Medicare Chemo	PA
J9023	Injection, avelumab, 10 mg (For billing prior to 1/1/18 use J9999 or C9491 for OPSS billing)	BAVENCIO	Medicare Chemo	PA
J9032	Injection, belinostat, 10 mg (For billing prior to 1/1/16 use C9442 or J9999)	BELEODAQ	Medicare Chemo	
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	BELRAPZO	Medicare Chemo	
J9033	Injection, bendamustine hydrochloride, 1 mg	<i>bendamustine</i>	Medicare Chemo	
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	<i>bendamustine</i>	Medicare Chemo	
J9034	Injection, bendamustine HCl (BendeKa), 1 mg	BENDEKA	Medicare Chemo	
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	BESPONSA	Medicare Chemo	PA
J9050	Injection, carmustine, 100 mg	BICNU	Part B Drug	
J9382	Injection, zenocutuzumab-zbco, 1 mg	BIZENGRI	Medicare Chemo	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J9040	Injection, bleomycin sulfate, 15 units	<i>bleomycin</i>	Part B Drug	
J9039	Injection, blinatumomab, 1 microgram (For billing prior to 1/1/16 use C9449 or J9999)	BLINCYTO	Medicare Chemo	PA
J9041	Injection, bortezomib, 0.1 mg	<i>bortezomib injection</i>	Medicare Chemo	
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	<i>bortezomib injection</i>	Medicare Chemo	
J9046	Injection, bortezomib (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg (All NDCs inactive effective 1/10/2024)	<i>bortezomib intravenous recon soln</i>	Medicare Chemo	
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg (All NDCs inactive as of 4/3/2024)	<i>bortezomib intravenous recon soln</i>	Medicare Chemo	
J9054	Injection, bortezomib (boruzu), 0.1 mg	BORUZU	Medicare Chemo	
Q2054	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)	BREYANZI	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2054	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)	BREYANZI CD4 COMPONENT (2OF 2)	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q2054	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)	BREYANZI CD8 COMPONENT (1OF 2)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J1952	Leuprolide injectable, camcevi, 1 mg	CAMCEVI (6 MONTH)	Medicare Chemo	
J9206	Injection, irinotecan, 20 mg	CAMPTOSAR	Part B Drug	
J8522	Capecitabine, oral, 50 mg	<i>capecitabine</i>	Part B Drug	B vs D
J9045	Injection, carboplatin, 50 mg	<i>carboplatin intravenous solution</i>	Part B Drug	
J9050	Injection, carmustine, 100 mg	<i>carmustine</i>	Part B Drug	
J9052	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	<i>carmustine</i>	Part B Drug	
Q2056	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)	CARVYKTI	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9060	Injection, cisplatin, powder or solution, per 10 mg	<i>cisplatin</i>	Part B Drug	
J9065	Injection, cladribine, per 1 mg	<i>cladribine</i>	Part B Drug	
J9286	Injection, glofitamab-gxbm, 2.5 mg	COLUMVI	Medicare Chemo	PA
J9120	Injection, dactinomycin, 0.5 mg	COSMEGEN	Part B Drug	
J9071	Injection, cyclophosphamide, (auromedics), 5 mg	<i>cyclophosphamide intravenous</i>	Medicare Chemo	
J9072	Injection, cyclophosphamide (frindovyx), 5 mg	<i>cyclophosphamide intravenous</i>	Medicare Chemo	

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

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J9073	Injection, cyclophosphamide (dr. reddy's), 5 mg	<i>cyclophosphamide intravenous</i>	Medicare Chemo	
J9074	Injection, cyclophosphamide (sandoz), 5 mg	<i>cyclophosphamide intravenous</i>	Medicare Chemo	
J9075	Injection, cyclophosphamide, not otherwise specified, 5mg	<i>cyclophosphamide intravenous</i>	Medicare Chemo	
J9076	Injection, cyclophosphamide (baxter), 5 mg	<i>cyclophosphamide intravenous</i>	Medicare Chemo	
J8530	Cyclophosphamide, oral, 25 mg	<i>cyclophosphamide oral</i>	Part B Drug	B vs D
J9308	Injection, ramucirumab, 5 mg (For billing prior to 1/1/16 use C9025 or J9999)	CYRAMZA	Medicare Chemo	PA
J9130	Dacarbazine, 100 mg	<i>dacarbazine</i>	Part B Drug	
J9120	Injection, dactinomycin, 0.5 mg	<i>dactinomycin</i>	Part B Drug	
J9348	Injection, naxitamab-gqqk, 1 mg	DANYELZA	Medicare Chemo	PA
J9145	Injection, daratumumab, 10 mg (For billing prior to 1/1/17 use J9999 or C9476 for OPSS billing)	DARZALEX	Medicare Chemo	PA; No PA required when billed with the following ICD-10 codes: C90.00-C90.32 (multiple myeloma) or E85.81.
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	DARZALEX FASPRO	Medicare Chemo	PA; No PA required when billed with the following ICD-10 codes: C90.00-C90.32 (multiple myeloma) or E85.81.
C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg (Code deleted effective 9/30/2025)	DATROWAY	Medicare Chemo	PA
J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg	DATROWAY	Medicare Chemo	PA

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

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J0893	Injection, decitabine (sun pharma), not therapeutically equivalent to j0894, 1 mg	<i>decitabine</i>	Part B Drug	
J0894	Injection, decitabine, 1 mg	<i>decitabine</i>	Part B Drug	
J9171	Injection, docetaxel, 1 mg	<i>docetaxel</i>	Part B Drug	
J9172	Injection, docetaxel (docivyx), 1 mg	DOCIVYX	Medicare Chemo	PA
J9000	Injection, doxorubicin hydrochloride, 10 mg	<i>doxorubicin</i>	Part B Drug	
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	ELAHERE	Medicare Chemo	PA
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	ELIGARD	Medicare Chemo	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	ELIGARD (3 MONTH)	Medicare Chemo	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	ELIGARD (4 MONTH)	Medicare Chemo	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	ELIGARD (6 MONTH)	Medicare Chemo	
J9178	Injection, epirubicin HCl, 2 mg	ELLEENCE	Part B Drug	
C9165	Injection, elranatamab-bcmm, 1 mg (Code deleted effective 3/31/2024)	ELREXFIO	Medicare Chemo	PA
J1323	Injection, elranatamab-bcmm, 1 mg	ELREXFIO	Medicare Chemo	PA
J9176	Injection, elotuzumab, 1 mg (For billing prior to 1/1/17 use J9999 or C9477 for OPSS billing)	EMPLICITI	Part B Drug	
C9306	Injection, telisotuzumab vedotin-tllv, 1 mg	EMRELIS	Medicare Chemo	PA
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	ENHERTU	Medicare Chemo	PA

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

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J9178	Injection, epirubicin HCl, 2 mg	<i>epirubicin 200 mg/100 ml vial suv, p/f</i>	Part B Drug	
J9321	Injection, epcoritamab-bysp, 0.16 mg	EPKINLY	Medicare Chemo	PA
J9055	Injection, cetuximab, 10 mg	ERBITUX	Medicare Chemo	PA
J9179	Injection, eribulin mesylate, 0.1 mg (For billing prior to 1/1/12 use J9999 or C9280)	<i>eribulin</i>	Part B Drug	
J9019	Injection, asparaginase (Erwinaze), 1,000 IU (For billing prior to 1/1/13 use C9289 or J9999)	ERWINASE	Medicare Chemo	PA
J9181	Injection, etoposide, 10 mg	ETOPOPHOS	Part B Drug	
J9181	Injection, etoposide, 10 mg	<i>etoposide intravenous</i>	Part B Drug	
J7527	Everolimus, oral, 0.25 mg	<i>everolimus (immunosuppressive)</i>	Part B Drug	B vs D
J9246	Injection, melphalan (evomela), 1 mg	EVOMELA	Medicare Chemo	PA
J9395	Injection, fulvestrant, 25 mg	FASLODEX	Medicare Chemo	
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	FENSOLVI	Part B Drug	PA
J9155	Injection, degarelix, 1 mg (For billing prior to 1/1/10 use J9999 or C9399)	FIRMAGON	Medicare Chemo	No PA required for ICD-10 codes C61, C79.82 and D07.5.
J9155	Injection, degarelix, 1 mg (For billing prior to 1/1/10 use J9999 or C9399)	FIRMAGON KIT W DILUENT SYRINGE	Medicare Chemo	No PA required for ICD-10 codes C61, C79.82 and D07.5.
J9200	Injection, floxuridine, 500 mg	<i>floxuridine</i>	Part B Drug	
J9190	Injection, fluorouracil, 500 mg	<i>fluorouracil intravenous</i>	Medicare Chemo	

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

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J9307	Injection, pralatrexate, 1 mg (For billing prior to 1/1/11 use J9999 or C9259)	FOLOTYN	Medicare Chemo	
J9072	Injection, cyclophosphamide (frindovyx), 5 mg	FRINDOVYX	Medicare Chemo	
J9393	Injection, fulvestrant (teva), not therapeutically equivalent to j9395, 25 mg (All NDCs inactive as of 10/16/2023)	<i>fulvestrant</i>	Medicare Chemo	
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	<i>fulvestrant</i>	Medicare Chemo	
J9395	Injection, fulvestrant, 25 mg	<i>fulvestrant</i>	Medicare Chemo	
J9331	Injection, sirolimus protein-bound particles, 1 mg	FYARRO	Medicare Chemo	PA
J9301	Injection, obinutuzumab, 10 mg (For billing prior to 1/1/15 use C9021 or J9999)	GAZYVA	Medicare Chemo	
J9196	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to J9201, 200 mg	<i>gemcitabine</i>	Medicare Chemo	
J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	<i>gemcitabine</i>	Medicare Chemo	
J0614	Injection, treosulfan, 50 mg	GRAFAPEX	Medicare Chemo	PA; No PA required for ICD-10 codes C92.00, C92.02, C92.A0, C92.A2, D46.Z, D46.9.
J9179	Injection, eribulin mesylate, 0.1 mg (For billing prior to 1/1/12 use J9999 or C9280)	HALAVEN	Part B Drug	
J9248	Injection, melphalan (hepzato), 1 mg	HEPZATO	Medicare Chemo	PA
J9248	Injection, melphalan (hepzato), 1 mg	HEPZATO (50 MM CATHETER)	Medicare Chemo	PA

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

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J9248	Injection, melphalan (hepzato), 1 mg	HEPZATO (62 MM CATHETER)	Medicare Chemo	PA
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	HERCEPTIN	Medicare Chemo	PA
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	HERCEPTIN HYLECTA	Medicare Chemo	PA
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	HERCESSI	Medicare Chemo	PA
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	HERZUMA	Medicare Chemo	PA
J9351	Injection, topotecan, 0.1 mg	HYCAMTIN 4 MG VIAL P/F,SDV	Part B Drug	
J9211	Injection, idarubicin hydrochloride, 5 mg	IDAMYCIN PFS	Part B Drug	
J9211	Injection, idarubicin hydrochloride, 5 mg	<i>idarubicin</i>	Part B Drug	
J9208	Injection, ifosfamide, 1 gram	IFEX	Part B Drug	
J9208	Injection, ifosfamide, 1 gram	<i>ifosfamide</i>	Part B Drug	
J9026	Injection, tarlatamab-dlle, 1 mg	IMDELLTRA	Medicare Chemo	PA
J9173	Injection, durvalumab, 10 mg	IMFINZI	Medicare Chemo	PA
J9347	Injection, tremelimumab-actl, 1 mg	IMJUDO	Medicare Chemo	PA
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units (For billing prior to 1/1/17 use J9999 or C9472 for OPSS billing)	IMLYGIC	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J9198	Injection, gemcitabine hydrochloride, (infugem), 100 mg (All NDCs inactive as of 8/16/2023)	INFUGEM	Medicare Chemo	PA
J9206	Injection, irinotecan, 20 mg	<i>irinotecan</i>	Part B Drug	
J9319	Injection, romidepsin, lyophilized, 0.1 mg	ISTODAX	Medicare Chemo	PA
J9249	Injection, melphalan (apotex), 1 mg	IVRA	Medicare Chemo	PA
J9207	Injection, ixabepilone, 1 mg	IXEMPRA	Part B Drug	
J9281	Mitomycin pyelocalyceal instillation, 1 mg	JELMYTO	Medicare Chemo	PA
J9272	Injection, dostarlimab-gxly, 10 mg	JEMPERLI	Medicare Chemo	PA
J9043	Injection, cabazitaxel, 1 mg (For billing prior to 1/1/12 use J9999 or C9276)	JEVTANA	Medicare Chemo	PA
J8611	Methotrexate (jylamvo), oral, 2.5 mg	JYLAMVO	Medicare Chemo	B vs D
J9354	Injection, ado-trastuzumab emtansine, 1 mg (For billing prior to 1/1/14 use C9131 or J9999)	KADCYLA	Medicare Chemo	
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	KANJINTI	Medicare Chemo	PA
J9271	Injection, pembrolizumab, 1 mg (For billing prior to 1/1/16 use C9027 or J9999)	KEYTRUDA	Medicare Chemo	PA
C9399	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)	KEYTRUDA QLEX	Part B Drug	PA
J9999	Not otherwise classified, antineoplastic drugs	KEYTRUDA QLEX	Part B Drug	PA
J9274	Injection, tebentafusp-tebn, 1 microgram	KIMMTRAK	Medicare Chemo	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q2042	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)	KYMRIAH	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9047	Injection, carfilzomib, 1 mg (For billing prior to 1/1/14 use C9295 or J9999)	KYPROLIS	Medicare Chemo	
J9218	Leuprolide acetate, per 1 mg	<i>leuprolide</i>	Part D Drug	
J1954	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	<i>leuprolide depot 22.5 mg vial inner, sub</i>	Medicare Chemo	
J1954	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	<i>leuprolide depot 22.5 mg vial outer, sub</i>	Medicare Chemo	
J9119	Injection, cemiplimab-rwlc, 1 mg	LIBTAYO	Medicare Chemo	PA
J3263	Injection, toripalimab-tpzi, 1 mg	LOQTORZI	Medicare Chemo	PA
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg (All NDCs inactive as of 12/20/2023)	LUMOXITI 1 MG VIAL	Medicare Chemo	PA
J9350	Injection, mosunetuzumab-axgb, 1 mg (Code reused effective 7/1/2023)	LUNSUMIO	Medicare Chemo	PA
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	LUPRON DEPOT (4 MONTH)	Medicare Chemo	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	LUPRON DEPOT (6 MONTH)	Medicare Chemo	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	LUPRON DEPOT 11.25 MG 3MO KIT 3 MONTH, SUV	Part B Drug	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	LUPRON DEPOT 22.5 MG 3MO KIT SUV, P/F	Medicare Chemo	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	LUPRON DEPOT 3.75 MG KIT P/F, SUV	Part B Drug	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	LUPRON DEPOT 3.75 MG KIT SUV, P/F, SAMPLE	Part B Drug	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	LUPRON DEPOT 7.5 MG KIT SINGLE DOSE	Medicare Chemo	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	LUPRON DEPOT-PED	Part B Drug	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	LUPRON DEPOT-PED (3 MONTH)	Part B Drug	
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	LUTATHERA	Medicare Chemo	PA
J1954	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	LUTRATE DEPOT (3 MONTH)	Medicare Chemo	
C9399	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)	LYNOZYFIC	Medicare Chemo	PA
J9999	Not otherwise classified, antineoplastic drugs	LYNOZYFIC	Medicare Chemo	PA
J9353	Injection, margetuximab-cmkb, 5 mg	MARGENZA	Medicare Chemo	PA
J9371	Injection, vincristine sulfate liposome, 1 mg (All NDCs inactive as of 4/3/2024) (Code deleted effective 6/30/2024)	MARQIBO	Medicare Chemo	
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	<i>melphalan hcl</i>	Part B Drug	
J8610	Methotrexate, oral, 2.5 mg	<i>methotrexate sodium oral</i>	Medicare Chemo	B vs D
J9280	Injection, mitomycin, 5 mg	<i>mitomycin intravenous</i>	Part B Drug	

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

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HCP/CS/CPT Code	HCP/CS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	<i>mitoxantrone</i>	Part B Drug	
J9349	Injection, tafasitamab-cxix, 2 mg	MONJUVI	Medicare Chemo	PA
J9280	Injection, mitomycin, 5 mg	MUTAMYCIN	Part B Drug	
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	MVASI	Medicare Chemo	
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg (For billing prior to 1/1/18 use J9999 or C9399 for OPPS billing)	MYLOTARG	Medicare Chemo	PA
J9390	Injection, vinorelbine tartrate, per 10 mg	NAVELBINE	Part B Drug	
J9268	Injection, pentostatin, per 10 mg	NIPENT	Part B Drug	
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	OGIVRI	Medicare Chemo	
J9266	Injection, pegaspargase, per single dose vial	ONCASPAR	Medicare Chemo	PA; No PA required for ICD-10 codes C91.00 - C91.02, C83.50 - C83.59.
J9205	Injection, irinotecan liposome, 1 mg (For billing prior to 1/1/17 use J9999 or C9474 for OPPS billing)	ONIVYDE	Medicare Chemo	PA
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	ONTRUZANT	Medicare Chemo	
J9299	Injection, nivolumab, 1 mg (For billing prior to 1/1/16 use C9453 or J9999)	OPDIVO	Medicare Chemo	PA
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	OPDIVO QVANTIG	Medicare Chemo	PA
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	OPDUALAG	Medicare Chemo	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J9264	Injection, paclitaxel protein-bound particles, 1 mg	<i>paclitaxel protein-bound</i>	Medicare Chemo	
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	PADCEV	Medicare Chemo	PA
J9045	Injection, carboplatin, 50 mg	PARAPLATIN	Part B Drug	
J9314	Injection, pemetrexed (teva), not therapeutically equivalent to j9305, 10 mg	<i>pemetrexed</i>	Medicare Chemo	
J9323	Injection, pemetrexed ditromethamine, 10 mg (All NDCs inactive as of 7/14/2025)	<i>pemetrexed 1 gram vial</i>	Medicare Chemo	
J9323	Injection, pemetrexed ditromethamine, 10 mg (All NDCs inactive as of 7/14/2025)	<i>pemetrexed 100 mg vial</i>	Medicare Chemo	
J9323	Injection, pemetrexed ditromethamine, 10 mg (All NDCs inactive as of 7/14/2025)	<i>pemetrexed 500 mg vial</i>	Medicare Chemo	
J9294	Injection, pemetrexed (hospira), not therapeutically equivalent to j9305, 10 mg	<i>pemetrexed disodium</i>	Medicare Chemo	
J9296	Injection, pemetrexed (accord), not therapeutically equivalent to j9305, 10 mg	<i>pemetrexed disodium</i>	Medicare Chemo	
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	<i>pemetrexed disodium</i>	Medicare Chemo	
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	<i>pemetrexed disodium</i>	Medicare Chemo	
J9322	Injection, pemetrexed (bluepoint), not therapeutically equivalent to j9305, 10 mg	<i>pemetrexed disodium</i>	Medicare Chemo	
J9304	Injection, pemetrexed (pemfexy), 10 mg	PEMFEXY	Medicare Chemo	PA
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	PEMRYDI RTU	Medicare Chemo	PA

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HCP/CS/CPT Code	HCP/CS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J9306	Injection, pertuzumab, 1 mg (For billing prior to 1/1/14 use C9292 or J9999)	PERJETA	Medicare Chemo	
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	PHESGO	Medicare Chemo	PA; No PA required for ICD-10 code C50
J9600	Injection, porfimer sodium, 75 mg	PHOTOFRIN	Part B Drug	
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	PLUVICTO	Medicare Chemo	PA
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	POLIVY	Medicare Chemo	PA
J9295	Injection, necitumumab, 1 mg (For billing prior to 1/1/17 use J9999 or C9475 for OPSS billing) (NDC inactive since 7/15/2025)	PORTRAZZA 800 MG/50 ML VIAL	Medicare Chemo	PA
J9204	Injection, mogamulizumab-kpkc, 1 mg	POTELIGEO	Medicare Chemo	
J9307	Injection, pralatrexate, 1 mg (For billing prior to 1/1/11 use J9999 or C9259)	<i>pralatrexate</i>	Medicare Chemo	
J9015	Injection, aldesleukin, per single-use vial	PROLEUKIN	Part B Drug	
Q2043	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)	PROVENGE	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	RIABNI	Part B Drug	PA
J9312	Injection, rituximab, 10 mg	RITUXAN	Medicare Chemo	PA
J9311	Injection, rituximab 10 mg and hyaluronidase	RITUXAN HYCELA	Medicare Chemo	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	<i>romidepsin</i>	Medicare Chemo	PA
J9319	Injection, romidepsin, lyophilized, 0.1 mg	<i>romidepsin</i>	Medicare Chemo	PA
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	RUXIENCE	Medicare Chemo	
J9061	Injection, amivantamab-vmjw, 2 mg	RYBREVANT	Medicare Chemo	PA
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	RYLAZE	Medicare Chemo	PA
J0870	Injection, imetelstat, 1 mg	RYTELO	Medicare Chemo	PA
J9227	Injection, isatuximab-irfc, 10 mg	SARCLISA	Medicare Chemo	PA
J9226	Histrelin implant (Supprelin LA), 50 mg	SUPPRELIN LA	Part B Drug	PA
J2860	Injection, siltuximab, 10 mg (Code re-used by CMS effective 1/1/16) (For billing prior to 1/1/16 use C9455 or J3590)	SYLVANT	Part B Drug	
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg (For billing prior to 1/1/14 use C9297, J9999) (NDC inactive as of 12/27/2023)	SYNRIBO 3.5 MG/ML VIAL	Medicare Chemo	
C9163	Injection, talquetamab-tgvs, 0.25 mg (Code deleted effective 3/31/2024)	TALVEY	Medicare Chemo	PA
J3055	Injection, talquetamab-tgvs, 0.25 mg	TALVEY	Medicare Chemo	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q2053	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)	TECARTUS	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9022	Injection, atezolizumab, 10 mg (For billing prior to 1/1/18 use J9999 or C9483 for OPPS billing)	TECENTRIQ	Medicare Chemo	PA
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	TECENTRIQ HYBREZA	Medicare Chemo	PA
J9380	Injection, teclistamab-cqyv, 0.5 mg (Code reused effective 7/1/2023)	TECVAYLI	Medicare Chemo	PA
Q2017	Injection, teniposide, 50 mg (All NDCs inactive as of 7/23/2024)	<i>teniposide</i>	Part B Drug	
J9342	Injection, thiotepa, not otherwise specified, 1 mg	TEPADINA 100 MG VIAL	Medicare Chemo	
J9340	Injection, thiotepa, 15 mg (Code deleted effective 6/30/2025)	TEPADINA 100 MG VIAL	Part B Drug	
J9342	Injection, thiotepa, not otherwise specified, 1 mg	TEPADINA 15 MG VIAL	Medicare Chemo	
J9340	Injection, thiotepa, 15 mg (Code deleted effective 6/30/2025)	TEPADINA 15 MG VIAL	Part B Drug	
J9342	Injection, thiotepa, not otherwise specified, 1 mg	TEPADINA INJECTION SOLUTION	Medicare Chemo	
J9341	Injection, thiotepa (tepylute), 1 mg	TEPYLUTE	Medicare Chemo	
J9329	Injection, tislelizumab-jsgr, 1mg	TEVIMBRA	Medicare Chemo	PA
J9340	Injection, thiotepa, 15 mg (Code deleted effective 6/30/2025)	<i>thiotepa</i>	Medicare Chemo	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J9342	Injection, thiotepa, not otherwise specified, 1 mg	<i>thiotepa</i>	Medicare Chemo	
J9030	BCG live intravesical instillation, 1 mg	TICE BCG	Part B Drug	
J9273	Injection, tisotumab vedotin-tftv, 1 mg	TIVDAK	Medicare Chemo	PA
J9181	Injection, etoposide, 10 mg	TOPOSAR 1,000 MG/50 ML VIAL MDV,POLYMER	Part B Drug	
J9181	Injection, etoposide, 10 mg	TOPOSAR 100 MG/5 ML VIAL MDV,POLYMER	Part B Drug	
J9181	Injection, etoposide, 10 mg	TOPOSAR 500 MG/25 ML VIAL MDV,POLYMER	Part B Drug	
J9351	Injection, topotecan, 0.1 mg	<i>topotecan</i>	Part B Drug	
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	TRAZIMERA	Medicare Chemo	
J9033	Injection, bendamustine hydrochloride, 1 mg	TREANDA	Medicare Chemo	
J3315	Injection, triptorelin pamoate, 3.75 mg	TRELSTAR	Part B Drug	B vs D
J8610	Methotrexate, oral, 2.5 mg	TREXALL	Medicare Chemo	B vs D
J3316	Injection, triptorelin, extended-release, 3.75 mg	TRIPTODUR	Part B Drug	
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	TRODELVY	Medicare Chemo	PA
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	TRUXIMA	Medicare Chemo	
C9399	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)	UNITUXIN	Medicare Chemo	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J9999	Not otherwise classified, antineoplastic drugs	UNITUXIN	Medicare Chemo	PA
J9275	Injection, cosibelimab-ipdl, 2 mg	UNLOXCYT	Medicare Chemo	PA
J9357	Injection, valrubicin, intravesical, 200 mg	<i>valrubicin</i>	Medicare Chemo	
J9357	Injection, valrubicin, intravesical, 200 mg	VALSTAR	Medicare Chemo	
J9303	Injection, panitumumab, 10 mg	VECTIBIX	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.
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	VEGZELMA	Medicare Chemo	PA
J9041	Injection, bortezomib, 0.1 mg	VELCADE	Medicare Chemo	
J9360	Injection, vinblastine sulfate, 1 mg	<i>vinblastine</i>	Part B Drug	
J9370	Vincristine sulfate, 1 mg	VINCASAR PFS	Part B Drug	
J9370	Vincristine sulfate, 1 mg	<i>vincristine</i>	Part B Drug	
J9390	Injection, vinorelbine tartrate, per 10 mg	<i>vinorelbine</i>	Part B Drug	
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	VIVIMUSTA	Medicare Chemo	PA
C9303	Injection, zolbetuximab-clzb, 1 mg (Code deleted 6/30/2025)	VYLOY	Medicare Chemo	PA
J1326	Injection, zolbetuximab-clzb, 2 mg	VYLOY	Medicare Chemo	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	VYXEOS	Medicare Chemo	PA
J8612	Methotrexate (xatmep), oral, 2.5 mg	XATMEP	Part B Drug	B vs D
J8522	Capecitabine, oral, 50 mg	XELODA	Part B Drug	B vs D
J9228	Injection, ipilimumab, 1 mg (For billing prior to 1/1/12 use J9999 or C9284)	YERVOY	Medicare Chemo	PA
Q2041	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 OPSS billing) (Code Price is for drug ONLY) (Code re-used by CMS)	YESCARTA	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9352	Injection, trabectedin, 0.1 mg (For billing prior to 1/1/17 use J9999 or C9480 for OPSS billing)	YONDELIS	Medicare Chemo	PA
J9400	Injection, ziv-aflibercept, 1 mg (For billing prior to 1/1/14 use C9296 or J9999)	ZALTRAP	Part B Drug	
J9320	Injection, streptozocin, 1 gram	ZANOSAR	Part B Drug	
J9223	Injection, lurbinectedin, 0.1 mg	ZEPZELCA	Medicare Chemo	PA
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries (Code Price is per dose)	ZEVALIN (Y-90)	Medicare Chemo	PA
C9302	Injection, zanidatamab-hrii, 2 mg (Code deleted effective 6/30/2025)	ZIIHERA	Medicare Chemo	PA
J9276	Injection, zanidatamab-hrii, 2 mg	ZIIHERA	Medicare Chemo	PA
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	ZIRABEV	Medicare Chemo	
J9202	Goserelin acetate implant, per 3.6 mg	ZOLADEX	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7527	Everolimus, oral, 0.25 mg	ZORTRESS	Part B Drug	B vs D
C9399	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)	ZUSDURI	Medicare Chemo	PA
J9999	Not otherwise classified, antineoplastic drugs	ZUSDURI	Medicare Chemo	PA
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	ZYNLONTA	Medicare Chemo	PA
J9345	Injection, retifanlimab-dlwr, 1 mg	ZYNYZ	Medicare Chemo	PA
<b>Antitoxins,Immune Glob,Toxoids,Vaccines</b>				
<b>Allergenic Extracts (Therapeutic)</b>				
C9399	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)	PALFORZIA (LEVEL 0)	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA (LEVEL 0)	Part B Drug	PA
C9399	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)	PALFORZIA (LEVEL 1)	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA (LEVEL 1)	Part B Drug	PA
C9399	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)	PALFORZIA (LEVEL 2)	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA (LEVEL 2)	Part B Drug	PA
C9399	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)	PALFORZIA (LEVEL 3)	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA (LEVEL 3)	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
C9399	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)	PALFORZIA (LEVEL 4)	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA (LEVEL 4)	Part B Drug	PA
C9399	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)	PALFORZIA (LEVEL 5)	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA (LEVEL 5)	Part B Drug	PA
C9399	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)	PALFORZIA (LEVEL 6)	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA (LEVEL 6)	Part B Drug	PA
C9399	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)	PALFORZIA (LEVEL 7)	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA (LEVEL 7)	Part B Drug	PA
C9399	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)	PALFORZIA (LEVEL 8)	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA (LEVEL 8)	Part B Drug	PA
C9399	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)	PALFORZIA (LEVEL 9)	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA (LEVEL 9)	Part B Drug	PA
C9399	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)	PALFORZIA (LEVEL 10)	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA (LEVEL 10)	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
C9399	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)	PALFORZIA (LEVEL 11 UP-DOSE)	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA (LEVEL 11 UP-DOSE)	Part B Drug	PA
C9399	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)	PALFORZIA INITIAL (1-3 YRS)	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA INITIAL (1-3 YRS)	Part B Drug	PA
C9399	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)	PALFORZIA INITIAL (4-17 YRS)	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA INITIAL (4-17 YRS)	Part B Drug	PA
C9399	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)	PALFORZIA LEVEL 11 MAINTENANCE	Part B Drug	PA
J3590	Unclassified biologics	PALFORZIA LEVEL 11 MAINTENANCE	Part B Drug	PA
<b>Antitoxins And Immune Globulins</b>				
J1552	Injection, immune globulin (alyglo), 500 mg	ALYGLO	Part B Drug	
J0716	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)	ANASCORP	Part B Drug	
J0841	Injection, crotalidae immune f(ab)2 (equine), 120 mg	ANAVIP	Part B Drug	
J1554	Injection, immune globulin (asceniv), 500 mg	ASCENIV	Part B Drug	
J1556	Injection, immune globulin (Bivigam), 500 mg (For billing prior to 1/1/14 see C9130 or J1599)	BIVIGAM	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
90284	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)	CUTAQUIG	Part B Drug	
J1551	Injection, immune globulin (cutaquig), 100 mg	CUTAQUIG	Part B Drug	
90284	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)	CUVITRU	Part B Drug	
J1555	Injection, immune globulin (Cuvitru), 100 mg (For billing prior to 1/1/18 use J3590 or C9399 for OPBS billing)	CUVITRU	Part B Drug	
J1572	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg	FLEBOGAMMA DIF	Part B Drug	
90284	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)	GAMMAGARD LIQUID	Part B Drug	
J1569	Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg	GAMMAGARD LIQUID	Part B Drug	
J1566	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)	GAMMAGARD S-D (IGA < 1 MCG/ML)	Part B Drug	
90284	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)	GAMMAKED	Part B Drug	
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg	GAMMAKED	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg (For billing prior to 1/1/12 use 90283, J1599 or C9270)	GAMMAPLEX	Part B Drug	
J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg (For billing prior to 1/1/12 use 90283, J1599 or C9270)	GAMMAPLEX (WITH SORBITOL)	Part B Drug	
90284	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)	GAMUNEX-C	Part B Drug	
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg	GAMUNEX-C	Part B Drug	
J1573	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 mL (see J1571 for IM use)	HEPAGAM B	Part B Drug	
90284	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)	HIZENTRA	Part B Drug	
J1559	Injection, immune globulin (Hizentra), 100 mg (For billing prior to 1/1/11 use J3590 or C9399) (see also 90284 for CPT billing requirements)	HIZENTRA	Part B Drug	
J2790	Injection, Rho d immune globulin, human, full dose, 300 micrograms (1500 I.U.) (see also 90384 for CPT billing requirements)	HYPERRHO S-D 1,500 UNIT SYRING P/F,INNER,SDV	Part B Drug	
J2790	Injection, Rho d immune globulin, human, full dose, 300 micrograms (1500 I.U.) (see also 90384 for CPT billing requirements)	HYPERRHO S-D 1,500 UNIT SYRING P/F,OUTER,SDV	Part B Drug	
J1575	Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immune globulin (For billing prior to 1/1/16 use C9399 or J3590)	HYQVIA	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	OCTAGAM	Part B Drug	
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	PANZYGA	Part B Drug	
J1459	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g liquid), 500 mg	PRIVIGEN	Part B Drug	
J2790	Injection, Rho d immune globulin, human, full dose, 300 micrograms (1500 I.U.) (see also 90384 for CPT billing requirements)	RHOGAM ULTRA-FILTERED PLUS	Part B Drug	
J2791	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU (see also 90384 and 90386 for CPT billing requirements)	RHOPHYLAC	Part B Drug	
90284	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)	XEMBIFY	Part B Drug	
J1558	Injection, immune globulin (xembify), 100 mg	XEMBIFY	Part B Drug	
J0565	Injection, bezlotoxumab, 10 mg (For billing prior to 1/1/18 use J3590 or C9490 for OPBS billing)	ZINPLAVA	Part B Drug	PA
<b>Vaccines</b>				
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use (Code Price is per dose = 1 mL)	ENGERIX-B (PF)	Part B Drug	B vs D
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4-dose schedule, for intramuscular use (Code price is per 40mcg = 1 dose)	ENGERIX-B (PF)	Part B Drug	B vs D
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for intramuscular use (Code price is per dose = 0.5 mL)	ENGERIX-B PEDIATRIC (PF)	Part B Drug	B vs D

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3-dose schedule, for intramuscular use (Code price is per dose = 40mcg)	RECOMBIVAX HB (PF)	Part B Drug	B vs D
90743	Hepatitis B vaccine (HepB), adolescent, 2-dose schedule, for intramuscular use (Code Price is per dose = 1 mL)	RECOMBIVAX HB (PF)	Part B Drug	B vs D
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for intramuscular use (Code price is per dose = 0.5 mL)	RECOMBIVAX HB (PF)	Part B Drug	B vs D
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use (Code Price is per dose = 1 mL)	RECOMBIVAX HB (PF)	Part B Drug	B vs D
<b>Autonomic Drugs</b>				
<i>Alpha- And Beta-Adrenergic Agonists</i>				
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	ADRENALIN	Part B Drug	
J0169	Injection, epinephrine (adrenalin), not therapeutically equivalent to j0165, 0.1 mg	ADRENALIN	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	ADRENALIN	Part B Drug	
J0163	Injection, epinephrine in sodium chloride (endo), 0.1 mg	ADRENALIN IN 0.9 % SOD CHLOR	Part B Drug	
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	ADYPHREN	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	ADYPHREN AMP	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	ADYPHREN II	Part B Drug	
J3490	Unclassified drugs	AUVI-Q	Part D Drug	
J0164	Injection, epinephrine in sodium chloride (baxter), 0.1 mg	<i>epineph bitart in 0.9% sod chl intravenous solution</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0168	Injection, epinephrine (international medication systems), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine 0.1 mg/ml syringe suv</i>	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	<i>epinephrine 0.1 mg/ml syringe suv</i>	Part B Drug	
J0167	Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine 1 mg/10 ml abbojct inner, suv</i>	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	<i>epinephrine 1 mg/10 ml abbojct outer, suv</i>	Part B Drug	
J0167	Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine 1 mg/10 ml abbojct suv, inner</i>	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	<i>epinephrine 1 mg/10 ml abbojct suv, inner</i>	Part B Drug	
J0167	Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine 1 mg/10 ml abbojct suv, outer</i>	Part B Drug	
J0168	Injection, epinephrine (international medication systems), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine 1 mg/10 ml luerjet suv</i>	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	<i>epinephrine 1 mg/10 ml luerjet suv</i>	Part B Drug	
J0166	Injection, epinephrine (bpi), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine hcl (pf)</i>	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	<i>epinephrine hcl (pf)</i>	Part B Drug	
J0173	Injection, epinephrine (belcher), not therapeutically equivalent to j0171, 0.1 mg (Code deleted effective 6/30/2025)	<i>epinephrine hcl (pf)</i>	Part B Drug	
J3490	Unclassified drugs	<i>epinephrine injection auto-injector</i>	Part D Drug	
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	<i>epinephrine injection solution</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0166	Injection, epinephrine (bpi), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine injection solution</i>	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	<i>epinephrine injection solution</i>	Part B Drug	
J0173	Injection, epinephrine (belcher), not therapeutically equivalent to j0171, 0.1 mg (Code deleted effective 6/30/2025)	<i>epinephrine injection solution</i>	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	EPINEPHRINE PROFESSIONAL	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	EPINEPHRINE PROFESSIONL EMS KT	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	EPINEPHRINESNAP	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	EPINEPHRINESNAP-EMS	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	EPINEPHRINESNAP-V	Part B Drug	
J3490	Unclassified drugs	EPIPEN	Part D Drug	
J3490	Unclassified drugs	EPIPEN 2-PAK	Part D Drug	
J3490	Unclassified drugs	EPIPEN JR 2-PAK	Part D Drug	
J3490	Unclassified drugs	NEFFY	Part D Drug	
J3490	Unclassified drugs	REZIPRES	Part B Drug	
<b>Alpha-Adrenergic Agonists</b>				
J2372	Injection, phenylephrine hydrochloride (biorphen), 20 micrograms	BIORPHEN	Part B Drug	
J2373	Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms	IMMPHENTIV	Part B Drug	
J2371	Injection, phenylephrine hydrochloride, 20 micrograms	<i>phenylephrine hcl injection</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J2371	Injection, phenylephrine hydrochloride, 20 micrograms	VAZCULEP	Part B Drug	
<b>Antimuscarinics/Antispasmodics</b>				
J0462	Injection, atropine sulfate, not therapeutically equivalent to j0461, 0.01 mg	<i>atropine injection solution</i>	Part B Drug	
J0462	Injection, atropine sulfate, not therapeutically equivalent to j0461, 0.01 mg	<i>atropine intravenous solution</i>	Part B Drug	
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	<i>ipratropium bromide inhalation</i>	Part B Drug	B vs D
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME	<i>ipratropium-albuterol</i>	Part B Drug	B vs D
J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	YUPELRI	Part B Drug	PA
<b>Antiparkinsonian Agents</b>				
J0515	Injection, benztropine mesylate, per 1mg	<i>benztropine injection</i>	Part B Drug	
<b>Botulinum Toxins</b>				
J0585	Injection, onabotulinumtoxinA, 1 unit	BOTOX	Part B Drug	PA
J0585	Injection, onabotulinumtoxinA, 1 unit	BOTOX COSMETIC	Not Covered	
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	DAXXIFY	Part B Drug	PA
J0586	Injection, abobotulinumtoxinA, 5 units (For billing prior to 1/1/10 use J3590 or C9399)	DYSPORE	Part B Drug	PA
C9399	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)	JEUVEAU	Not Covered	
J3590	Unclassified biologics	JEUVEAU	Not Covered	
J0587	Injection, rimabotulinumtoxinB, 100 units	MYOBLOC	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0588	Injection, incobotulinumtoxinA, 1 unit	XEOMIN	Part B Drug	PA
<b><i>Gaba-Derivative Skeletal Muscle Relaxant</i></b>				
J0475	Injection, baclofen, 10 mg	<i>baclofen intrathecal</i>	Part B Drug	
J0476	Injection, baclofen, 50 mcg, for intrathecal trial	<i>baclofen intrathecal</i>	Part B Drug	
J0475	Injection, baclofen, 10 mg	GABLOFEN	Part B Drug	
J0476	Injection, baclofen, 50 mcg, for intrathecal trial	GABLOFEN	Part B Drug	
J0475	Injection, baclofen, 10 mg	LIORESAL	Part B Drug	
J0476	Injection, baclofen, 50 mcg, for intrathecal trial	LIORESAL	Part B Drug	
<b><i>Neuromuscular Blocking Agents</i></b>				
J0330	Injection, succinylcholine chloride, up to 20mg	<i>succinylcholine 100 mg/5 ml syringe sub, p/f, outer</i>	Part B Drug	
J0330	Injection, succinylcholine chloride, up to 20mg	<i>succinylcholine 200 mg/10 ml syr sub, p/f, outer</i>	Part B Drug	
<b><i>Non-SEL. Beta-Adrenergic Blocking Agents</i></b>				
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 100 mg/100 ml-nacl p/f, sub, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 100 mg/100 ml-nacl p/f, sub, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-dextrose p/f, sub, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-dextrose p/f, sub, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-nacl p/f, sub, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-nacl p/f, sub, outer</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 300 mg/300 ml-nacl p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 300 mg/300 ml-nacl p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol hcl 10 mg/2 ml syrng inner, suv, p/f</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol hcl 10 mg/2 ml syrng outer, suv, p/f</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol hcl 20 mg/4 ml crpjt suv, inner</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol hcl 20 mg/4 ml crpjt suv, outer</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol intravenous solution</i>	Part B Drug	
<b>Parasympathomimetic (Cholinergic Agents)</b>				
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	BLOXIVERZ	Part B Drug	
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	<i>neostigmine 3 mg/3 ml syringe inner, suv</i>	Part B Drug	
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	<i>neostigmine 3 mg/3 ml syringe outer, suv</i>	Part B Drug	
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	<i>neostigmine methylsulfate intravenous solution</i>	Part B Drug	
<b>Selective Alpha-1-Adrenergic Block.Agent</b>				
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 100 mg/100 ml-nacl p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 100 mg/100 ml-nacl p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-dextrose p/f, suv, inner</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-dextrose p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-nacl p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-nacl p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 300 mg/300 ml-nacl p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 300 mg/300 ml-nacl p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol hcl 10 mg/2 ml syrng inner, suv, p/f</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol hcl 10 mg/2 ml syrng outer, suv, p/f</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol hcl 20 mg/4 ml crpjt suv, inner</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol hcl 20 mg/4 ml crpjt suv, outer</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol intravenous solution</i>	Part B Drug	
<b>Selective Beta-2-Adrenergic Agonists</b>				
J7611	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg (Code reinstated effective 4/1/2008)	<i>albuterol sulfate inhalation solution for nebulization</i>	Part B Drug	B vs D
J7613	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg (Code reinstated effective 4/1/2008)	<i>albuterol sulfate inhalation solution for nebulization</i>	Part B Drug	B vs D
J7605	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	<i>arformoterol</i>	Part B Drug	B vs D

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7605	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	BROVANA	Part B Drug	B vs D
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	<i>formoterol fumarate</i>	Part B Drug	B vs D
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	<i>formoterol fumarate-nebulizer</i>	Part B Drug	B vs D
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME	<i>ipratropium-albuterol</i>	Part B Drug	B vs D
J7612	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg (Code reinstated effective 4/1/2008)	<i>levalbuterol hcl</i>	Part B Drug	B vs D
J7614	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg (Code reinstated effective 4/1/2008)	<i>levalbuterol hcl</i>	Part B Drug	B vs D
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	PERFOROMIST	Part B Drug	B vs D
J3105	Injection, terbutaline sulfate, up to 1 mg	<i>terbutaline subcutaneous</i>	Part B Drug	
J7614	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg (Code reinstated effective 4/1/2008)	XOPENEX 1.25 MG/3 ML SOLUTION P/F, 24'S	Part B Drug	B vs D
<b>Selective Beta-Adrenergic Blocking Agent</b>				
J1805	Injection, esmolol hydrochloride, 10 mg	BREVIBLOC	Part B Drug	
J1805	Injection, esmolol hydrochloride, 10 mg	BREVIBLOC IN NAACL (ISO-OSM)	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1805	Injection, esmolol hydrochloride, 10 mg	<i>esmolol in nacl (iso-osm)</i>	Part B Drug	
J1806	Injection, esmolol hydrochloride (wg critical care), not therapeutically equivalent to j1805, 10 mg	<i>esmolol in sterile water</i>	Part B Drug	
J1805	Injection, esmolol hydrochloride, 10 mg	<i>esmolol intravenous solution</i>	Part B Drug	
J0616	Injection, metoprolol tartrate, 1 mg	<i>metoprolol tartrate intravenous</i>	Part B Drug	
<b>Smoking Cessation Agents</b>				
J2315	Injection, naltrexone, depot form, 1 mg	VIVITROL	Part B Drug	
<b>Blood Derivatives</b>				
<b>Blood Derivatives</b>				
J0256	Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	ARALAST NP	Part B Drug	PA
J0257	Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg (For billing prior to 1/1/12 use J3590 or C9399)	GLASSIA	Part B Drug	PA
J0256	Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	PROLASTIN C 1,000 MG VIAL P/F,SUV,PRICE/MG	Part B Drug	PA
J0256	Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	PROLASTIN C 1,000 MG VIAL PRICE/MG,SDV	Part B Drug	PA
J0256	Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	PROLASTIN-C	Part B Drug	PA
J2998	Injection, plasminogen, human-tvmh, 1 mg	RYPLAZIM	Part B Drug	PA
J0256	Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	ZEMAIRA	Part B Drug	PA
<b>Blood Formation, Coagulation, Thrombosis</b>				
<b>Antianemia Drugs</b>				
J0881	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	ARANESP (IN POLYSORBATE)	Part B Drug	B vs D
J0882	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	ARANESP (IN POLYSORBATE)	Part B Drug	B vs D

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

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HCP/CS/CPT Code	HCP/CS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	MIRCERA	Part B Drug	B vs D
J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use)	MIRCERA	Part B Drug	B vs D
J0896	Injection, luspatercept-aamt, 0.25 mg	REBLOZYL	Part B Drug	PA
J0901	Vadadustat, oral, 1 mg (for esrd on dialysis)	VAFSEO	Not Separately Payable	
<b>Anticoagulants, Miscellaneous</b>				
J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	DEFENCATH	Not Separately Payable	
<b>Blood Form.,Coag,Thrombosis Agents Misc.</b>				
J0791	Injection, crizanlizumab-tmca, 5 mg	ADAKVEO	Part B Drug	PA
<b>Direct Thrombin Inhibitors</b>				
J0582	Injection, bivalirudin (endo), not therapeutically equivalent to j0583, 1 mg	<i>bivalirudin intravenous solution</i>	Part B Drug	
<b>Hematopoietic Agents</b>				
J2277	Injection, motixafortide, 0.25 mg	APHEXDA	Part B Drug	
J0881	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	ARANESP (IN POLYSORBATE)	Part B Drug	B vs D
J0882	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	ARANESP (IN POLYSORBATE)	Part B Drug	B vs D
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	EPOGEN	Part B Drug	B vs D
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	EPOGEN	Part B Drug	B vs D
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	FULPHILA	Part B Drug	
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	FYLNETRA	Part B Drug	PA
J1447	Injection, tbo-filgrastim, 1 microgram	GRANIX	Part B Drug	PA
J2820	Injection, sargramostim (GM-CSF), 50 mcg	LEUKINE	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	MIRCERA	Part B Drug	B vs D
J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use)	MIRCERA	Part B Drug	B vs D
J2562	Injection, plerixafor, 1 mg (For billing prior to 1/1/10 use J3490 or C9252)	MOZOBIL	Part B Drug	
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	NEULASTA	Part B Drug	
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	NEULASTA ONPRO	Part B Drug	
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram	NEUPOGEN	Part B Drug	PA
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram	NIVESTYM	Part B Drug	
J2802	Injection, romiplostim, 1 microgram	NPLATE	Part B Drug	PA
C9173	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram (Code deleted effective 6/30/2025)	NYPOZI	Part B Drug	PA
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	NYPOZI	Part B Drug	PA
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	NYVEPRIA	Part B Drug	
J2562	Injection, plerixafor, 1 mg (For billing prior to 1/1/10 use J3490 or C9252)	<i>plerixafor</i>	Part B Drug	
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	PROCRIT	Part B Drug	B vs D
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	PROCRIT	Part B Drug	B vs D
J0896	Injection, luspatercept-aamt, 0.25 mg	REBLOZYL	Part B Drug	PA
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	RELEUKO	Part B Drug	PA
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	RELEUKO 300 MCG/ML VIAL P/F, SUV, INNER	Part B Drug	PA
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	RELEUKO 300 MCG/ML VIAL P/F, SUV, OUTER	Part B Drug	PA
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	RELEUKO 480 MCG/1.6 ML VIAL P/F, SUV, INNER	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	RELEUKO 480 MCG/1.6 ML VIAL P/F, SUV, OUTER	Part B Drug	PA
Q5105	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	RETACRIT	Part B Drug	B vs D
Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	RETACRIT	Part B Drug	B vs D
J1449	Injection, eflapegrastim-xnst, 0.1 mg	ROLVEDON	Part B Drug	PA
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	RYZNEUTA	Part B Drug	PA
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	STIMUFEND	Part B Drug	PA
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	UDENYCA	Part B Drug	PA
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	UDENYCA AUTOINJECTOR	Part B Drug	PA
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	UDENYCA ONBODY	Part B Drug	PA
J0901	Vadadustat, oral, 1 mg (for esrd on dialysis)	VAFSEO	Not Separately Payable	
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 microgram	ZARXIO	Part B Drug	
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	ZIEXTENZO	Part B Drug	PA
<b>Hemostatics</b>				
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified (Effective 9/1/18 Code Price is based on Median Pricing Methodology)	ADVATE	Part B Drug	
J7207	Injection, factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU (For billing prior to 1/1/17 use J7199 or C9137 for OPPS billing)	ADYNOVATE	Part B Drug	
J7210	Injection, factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU (For billing prior to 1/1/18 use J7199 or C9140 for OPPS billing)	AFSTYLA	Part B Drug	
J7173	Injection, concizumab-mtci, 0.5 mg	ALHEMO PEN	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7186	Injection, antihemophilic factor VIII/Von Willebrand factor complex (human), per factor VIII I.U.	ALPHANATE	Part B Drug	
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	ALPHANINE SD	Part B Drug	
J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU	ALPROLIX	Part B Drug	
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	ALTUVIIIO	Part B Drug	
J7165	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity	BALFAXAR	Part B Drug	
J7195	Injection factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	BENEFIX	Part B Drug	
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (Code deleted effective 12/31/2024)	BEQVEZ 4 VIAL KIT SUV, P/F, OUTER	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (All NDCs inactive as of 6/18/2025)	BEQVEZ 4 VIAL KIT SUV, P/F, OUTER	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (Code deleted effective 12/31/2024)	BEQVEZ 5 VIAL KIT SUV, P/F, OUTER	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (All NDCs inactive as of 6/18/2025)	BEQVEZ 5 VIAL KIT SUV, P/F, OUTER	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (Code deleted effective 12/31/2024)	BEQVEZ 6 VIAL KIT SUV, P/F, OUTER	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (All NDCs inactive as of 6/18/2025)	BEQVEZ 6 VIAL KIT SUV, P/F, OUTER	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (Code deleted effective 12/31/2024)	BEQVEZ 7 VIAL KIT SUV, P/F, OUTER	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (All NDCs inactive as of 6/18/2025)	BEQVEZ 7 VIAL KIT SUV, P/F, OUTER	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (Code deleted effective 12/31/2024)	BEQVEZ VIAL SUV, P/F, INNER	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (All NDCs inactive as of 6/18/2025)	BEQVEZ VIAL SUV, P/F, INNER	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J7175	Injection, factor X, (human), 1 IU (For billing prior to 1/1/17 use J3590 or C9399 for OPPS billing)	COAGADEX	Part B Drug	
J7180	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)	CORIFACT	Part B Drug	
J3290	Injection, tranexamic acid, 5 mg	CYKLOKAPRON	Part B Drug	
J2597	Injection, desmopressin acetate, per 1 mcg	DDAVP INJECTION	Part B Drug	
J2597	Injection, desmopressin acetate, per 1 mcg	<i>desmopressin injection</i>	Part B Drug	
J7205	Injection, factor VIII, Fc fusion protein (recombinant), per IU	ELOCTATE	Part B Drug	
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	ESPEROCT	Part B Drug	
J7198	Anti-inhibitor, per IU	FEIBA NF	Part B Drug	
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg (Price is per 1mg. Product contains approximately 1 gram (900-1300mg))	FIBRYGA 1 GRAM RANGE VIAL P/F, SINGLE USE	Not Separately Payable	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg (Price is per 1mg. Product contains approximately 1 gram (900-1300mg))	FIBRYGA 1 GRAM RANGE VIAL PRICE/MG,P/F,SUV	Not Separately Payable	
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	HEMGENIX	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J7170	Injection, emicizumab-kxwh, 0.5 mg	HEMLIBRA	Part B Drug	
J7190	Factor VIII (antihemophilic factor [human]) per IU	HEMOFIL M HIGH	Part B Drug	
J7190	Factor VIII (antihemophilic factor [human]) per IU	HEMOFIL M LOW	Part B Drug	
J7190	Factor VIII (antihemophilic factor [human]) per IU	HEMOFIL M MID	Part B Drug	
J7190	Factor VIII (antihemophilic factor [human]) per IU	HEMOFIL M SUPER HIGH	Part B Drug	
J7187	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO	HUMATE-P	Part B Drug	
C9304	Injection, marstacimab-hncq, 0.5 mg (Code deleted effective 6/30/2025)	HYMPAVZI PEN	Part B Drug	PA
J7172	Injection, marstacimab-hncq, 0.5 mg	HYMPAVZI PEN	Part B Drug	PA
J7202	Injection, factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU (For billing prior to 1/1/17 use J7199 or C9139 for OPSS billing)	IDELVION	Part B Drug	
J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	IXINITY	Part B Drug	
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	JIVI	Part B Drug	
J7190	Factor VIII (antihemophilic factor [human]) per IU	KOATE	Part B Drug	
J7190	Factor VIII (antihemophilic factor [human]) per IU	KOATE-DVI	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified (Effective 9/1/18 Code Price is based on Median Pricing Methodology)	KOGENATE FS	Part B Drug	
J7211	Injection, factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU (For billing prior to 1/1/18 use J7192)	KOVALTRY	Part B Drug	
J7182	Injection, factor VIII, (antihemophilic factor, recombinant), (Novoeight), per IU	NOVOEIGHT	Part B Drug	
J7189	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram	NOVOSEVEN RT	Part B Drug	
J7209	Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwig), 1 IU (For billing prior to 1/1/17 use J7199 or C9138 for OPSS billing)	NUWIQ	Part B Drug	
J7188	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)	OBIZUR	Part B Drug	
J7194	Factor IX, complex, per IU	PROFILNINE	Part B Drug	
J7174	Injection, fitusiran, 0.04 mg	QFITLIA	Part B Drug	PA
J7174	Injection, fitusiran, 0.04 mg	QFITLIA PEN	Part B Drug	PA
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	REBINYN	Part B Drug	
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified (Effective 9/1/18 Code Price is based on Median Pricing Methodology)	RECOMBINATE	Part B Drug	
J7200	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU (For billing prior to 1/1/15 use C9133 or J7195)	RIXUBIS	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 <sup>13</sup> vector genomes	ROCTAVIAN	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	SEVENFACT	Part B Drug	
J3290	Injection, tranexamic acid, 5 mg	<i>tranexamic acid in nacl,iso-os</i>	Part B Drug	
J3290	Injection, tranexamic acid, 5 mg	<i>tranexamic acid intravenous</i>	Part B Drug	
J7181	Injection, factor XIII A-subunit, (recombinant), per IU For billing prior to 1/1/15 use C9134 or J3590)	TRETTEN	Part B Drug	
J7179	Injection, Von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo (For billing prior to 1/1/17 use J7199 or C9399 for OPPS billing)	VONVENDI	Part B Drug	
J7183	Injection, Von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO	WILATE	Part B Drug	
J7185	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	XYNTHA	Part B Drug	
J7185	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	XYNTHA SOLOFUSE	Part B Drug	
<b>Iron Preparations</b>				
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use) (For billing prior to 1/1/10 use J3490 or C9399)	FERAHEME	Part B Drug	
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	FERRLECIT	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use) (For billing prior to 1/1/10 use J3490 or C9399)	<i>ferumoxytol</i>	Part B Drug	
J1750	Injection, iron dextran, 50 mg (Code reinstated effective 1/1/09)	INFED	Part B Drug	
J1439	Injection, ferric carboxymaltose, 1 mg	INJECTAFER	Part B Drug	
J1437	Injection, ferric derisomaltose, 10 mg	MONOFERRIC	Part B Drug	
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	<i>sodium ferric gluconat-sucrose</i>	Part B Drug	
J1756	Injection, iron sucrose, 1 mg	VENOFER	Part B Drug	
<b><i>Von Willebrand Factor-Related Antithromb</i></b>				
C9047	Injection, caplacizumab-yhdp, 1 mg	CABLIVI INJECTION KIT	Part B Drug	PA
J3590	Unclassified biologics	CABLIVI INJECTION KIT	Part B Drug	PA
<b>Cardiovascular Drugs</b>				
<b><i>Alpha-Adrenergic Blocking Agents</i></b>				
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 100 mg/100 ml-nacl p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 100 mg/100 ml-nacl p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-dextrose p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-dextrose p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-nacl p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-nacl p/f, suv, outer</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 300 mg/300 ml-nacl p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 300 mg/300 ml-nacl p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol hcl 10 mg/2 ml syrng inner, suv, p/f</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol hcl 10 mg/2 ml syrng outer, suv, p/f</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol hcl 20 mg/4 ml crpjt suv, inner</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol hcl 20 mg/4 ml crpjt suv, outer</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol intravenous solution</i>	Part B Drug	
<b>Angpt13 Inhibitors (24:06)</b>				
J1305	Injection, evinacumab-dgnb, 5mg	EVKEEZA	Part B Drug	PA
<b>Antilipemic Agents, Miscellaneous</b>				
J1306	Injection, inclisiran, 1 mg	LEQVIO	Part B Drug	PA
<b>Beta-Adrenergic Blocking Agents</b>				
J1805	Injection, esmolol hydrochloride, 10 mg	BREVIBLOC	Part B Drug	
J1805	Injection, esmolol hydrochloride, 10 mg	BREVIBLOC IN NAACL (ISO-OSM)	Part B Drug	
J1805	Injection, esmolol hydrochloride, 10 mg	<i>esmolol in nacl (iso-osm)</i>	Part B Drug	
J1806	Injection, esmolol hydrochloride (wg critical care), not therapeutically equivalent to j1805, 10 mg	<i>esmolol in sterile water</i>	Part B Drug	
J1805	Injection, esmolol hydrochloride, 10 mg	<i>esmolol intravenous solution</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 100 mg/100 ml-nacl p/f, suv, inner</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 100 mg/100 ml-nacl p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-dextrose p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-dextrose p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-nacl p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-nacl p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 300 mg/300 ml-nacl p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 300 mg/300 ml-nacl p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol hcl 10 mg/2 ml syrng inner, suv, p/f</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol hcl 10 mg/2 ml syrng outer, suv, p/f</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol hcl 20 mg/4 ml crpjt suv, inner</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol hcl 20 mg/4 ml crpjt suv, outer</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol intravenous solution</i>	Part B Drug	
J0616	Injection, metoprolol tartrate, 1 mg	<i>metoprolol tartrate intravenous</i>	Part B Drug	
<b>Bradykinin Receptors Antagonists</b>				
J1744	Injection, icatibant, 1 mg (For billing prior to 1/1/13 use J3490 or C9399)	FIRAZYR	Part D Drug	

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

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J1744	Injection, icatibant, 1 mg (For billing prior to 1/1/13 use J3490 or C9399)	<i>icatibant</i>	Part D Drug	
J1744	Injection, icatibant, 1 mg (For billing prior to 1/1/13 use J3490 or C9399)	SAJAZIR	Part D Drug	
<b>Cardiotonic Agents</b>				
J1160	Injection, digoxin, up to 0.5 mg	<i>digoxin injection</i>	Part B Drug	
J1160	Injection, digoxin, up to 0.5 mg	LANOXIN INJECTION	Part B Drug	
J1160	Injection, digoxin, up to 0.5 mg	LANOXIN PEDIATRIC	Part B Drug	
<b>Class II Antiarrhythmics</b>				
J1805	Injection, esmolol hydrochloride, 10 mg	BREVIBLOC	Part B Drug	
J1805	Injection, esmolol hydrochloride, 10 mg	BREVIBLOC IN NAACL (ISO-OSM)	Part B Drug	
J1805	Injection, esmolol hydrochloride, 10 mg	<i>esmolol in nacl (iso-osm)</i>	Part B Drug	
J1806	Injection, esmolol hydrochloride (wg critical care), not therapeutically equivalent to j1805, 10 mg	<i>esmolol in sterile water</i>	Part B Drug	
J1805	Injection, esmolol hydrochloride, 10 mg	<i>esmolol intravenous solution</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 100 mg/100 ml-nacl p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 100 mg/100 ml-nacl p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-dextrose p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-dextrose p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-nacl p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 200 mg/200 ml-nacl p/f, suv, outer</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 300 mg/300 ml-nacl p/f, suv, inner</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol 300 mg/300 ml-nacl p/f, suv, outer</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol hcl 10 mg/2 ml syrng inner, suv, p/f</i>	Part B Drug	
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	<i>labetalol hcl 10 mg/2 ml syrng outer, suv, p/f</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol hcl 20 mg/4 ml crpjt suv, inner</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol hcl 20 mg/4 ml crpjt suv, outer</i>	Part B Drug	
J1920	Injection, labetalol hydrochloride, 5 mg	<i>labetalol intravenous solution</i>	Part B Drug	
J0616	Injection, metoprolol tartrate, 1 mg	<i>metoprolol tartrate intravenous</i>	Part B Drug	
J3490	Unclassified drugs	RAPIBLYK	Part B Drug	PA
<b>Class Iv Antiarrhythmics</b>				
J3490	Unclassified drugs	<i>diltiazem 100 mg/100 ml-nacl bag outer, suv, p/f</i>	Part B Drug	
J1163	Injection, diltiazem hydrochloride, 0.5 mg	<i>diltiazem hcl intravenous</i>	Part B Drug	
<b>Kallikrein Inhibitors (24:48:08)</b>				
J1290	Injection, ecallantide, 1 mg (For billing prior to 1/1/11 use J3590 or C9263)	KALBITOR	Part D Drug	
J0593	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)	TAKHZYRO	Part D Drug	
<b>Loop Diuretics (24:36)</b>				
J1941	Injection, furosemide (furoscix), 20 mg	FUROSCIX	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1938	Injection, furosemide, 1 mg	<i>furosemide 100 mg/10 ml syring inner, sdv</i>	Part B Drug	
J1938	Injection, furosemide, 1 mg	<i>furosemide 100 mg/10 ml syring outer, sdv</i>	Part B Drug	
J1938	Injection, furosemide, 1 mg	<i>furosemide injection</i>	Part B Drug	
<b>Nitrates And Nitrites</b>				
J2305	Injection, nitroglycerin, 5 mg	<i>nitroglycerin in 5 % dextrose</i>	Part B Drug	
J2305	Injection, nitroglycerin, 5 mg	<i>nitroglycerin intravenous</i>	Part B Drug	
<b>Vasodilating Agents, Miscellaneous</b>				
J1749	Injection, iloprost, 0.1 mcg	AURLUMYN	Not Covered	
J0759	Injection, clevidipine butyrate, 1 mg	CLEVIPREX	Part B Drug	
J1325	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	<i>epoprostenol</i>	Part B Drug	
J1325	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	<i>epoprostenol sodium 0.5 mg vl</i>	Part B Drug	
J1325	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	<i>epoprostenol sodium 1.5 mg vl</i>	Part B Drug	
J1325	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	FLOLAN	Part B Drug	
J3285	Injection, treprostinil, 1 mg	REMODULIN 100 MG/20 ML VIAL	Part B Drug	PA
J3285	Injection, treprostinil, 1 mg	REMODULIN 20 MG/20 ML VIAL	Part B Drug	PA
J3285	Injection, treprostinil, 1 mg	REMODULIN 200 MG/20 ML VIAL	Part B Drug	PA
J3285	Injection, treprostinil, 1 mg	REMODULIN 50 MG/20 ML VIAL	Part B Drug	PA
J3285	Injection, treprostinil, 1 mg	<i>treprostinil sodium</i>	Part B Drug	PA
J7686	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)	TYVASO	Part B Drug	B vs D

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7686	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)	TYVASO INSTITUTIONAL START KIT	Part B Drug	B vs D
J7686	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)	TYVASO REFILL KIT	Part B Drug	B vs D
J7686	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)	TYVASO STARTER KIT	Part B Drug	B vs D
J1325	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	VELETRI	Part B Drug	
<b>Cellular And Gene Therapy</b>				
<i>Cellular Therapy</i>				
C9399	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)	AMTAGVI	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9999	Not otherwise classified, antineoplastic drugs	AMTAGVI	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
C9399	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)	LANTIDRA	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3590	Unclassified biologics	LANTIDRA	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
C9399	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)	OMISIRGE	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3590	Unclassified biologics	OMISIRGE	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2043	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)	PROVENGE	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J3590	Unclassified biologics	RETHYMIC	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3402	Injection, remestemcel-l-rknd, per therapeutic dose	RYONCIL	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
<b>Gene Therapy</b>				
Q2055	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)	ABECMA	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	ADSTILADRIN	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2058	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)	AUCATZYL	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (All NDCs inactive as of 6/18/2025)	BEQVEZ 4 VIAL KIT SUV, P/F, OUTER	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (All NDCs inactive as of 6/18/2025)	BEQVEZ 5 VIAL KIT SUV, P/F, OUTER	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (All NDCs inactive as of 6/18/2025)	BEQVEZ 6 VIAL KIT SUV, P/F, OUTER	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (All NDCs inactive as of 6/18/2025)	BEQVEZ 7 VIAL KIT SUV, P/F, OUTER	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (All NDCs inactive as of 6/18/2025)	BEQVEZ VIAL SUV, P/F, INNER	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q2054	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)	BREYANZI	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2054	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)	BREYANZI CD4 COMPONENT (2OF 2)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2054	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)	BREYANZI CD8 COMPONENT (1OF 2)	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2056	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)	CARVYKTI	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3392	Injection, exagamglogene autotemcel, per treatment	CASGEVY	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1413	Injection, delandistrogene moxeparvec-rokl, per therapeutic dose	ELEVIDYS	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3403	Revakinagene taroretcel-lwey, per implant	ENCELTO	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J1411	Injection, etranacogene dezaparvec-drlb, per therapeutic dose	HEMGENIX	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units (For billing prior to 1/1/17 use J9999 or C9472 for OPSS billing)	IMLYGIC	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
C9399	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)	KEBILIDI	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J3590	Unclassified biologics	KEBILIDI	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2042	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)	KYMRIAH	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3391	Injection, atidarsagene autotemcel, per treatment	LENMELDY	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	LUXTURNA	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3394	Injection, lovotibeglogene autotemcel, per treatment	LYFGENIA	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 <sup>13</sup> vector genomes	ROCTAVIAN	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
C9399	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)	SKYSONA	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3590	Unclassified biologics	SKYSONA	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2053	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)	TECARTUS	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	TECELRA	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> pfu/ml vector genomes, per 0.1 ml	VYJUVEK	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
Q2041	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)	YESCARTA	Medicare Chemo	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	ZOLGENSMA	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3393	Injection, betibeglogene autotemcel, per treatment	ZYNTEGLO	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
<b>Central Nervous System Agents</b>				
<b><i>Amyotrophic Lateral Sclerosis(Als) Agent</i></b>				
J1301	Injection, edaravone, 1 mg	<i>edaravone</i>	Part B Drug	PA
J1304	Injection, tofersen, 1 mg	QALSODY	Part B Drug	PA
J1301	Injection, edaravone, 1 mg	RADICAVA	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Anorexigenic Agents, Miscellaneous</b>				
C9399	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)	MOUNJARO	Part D Drug	
J3490	Unclassified drugs	MOUNJARO	Part D Drug	
C9399	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)	OZEMPIC	Part D Drug	
J3490	Unclassified drugs	OZEMPIC	Part D Drug	
J3490	Unclassified drugs	SAXENDA	Part D Drug	
C9399	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)	VICTOZA 2-PAK	Part D Drug	
J3490	Unclassified drugs	VICTOZA 2-PAK	Part D Drug	
C9399	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)	VICTOZA 3-PAK	Part D Drug	
J3490	Unclassified drugs	VICTOZA 3-PAK	Part D Drug	
C9399	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)	WEGOVY	Part D Drug	
J3490	Unclassified drugs	WEGOVY	Part D Drug	
<b>Anticholinergic Agents (Cns)</b>				
J0515	Injection, benztropine mesylate, per 1mg	<i>benztropine injection</i>	Part B Drug	
<b>Antidepressants, Miscellaneous</b>				
J3490	Unclassified drugs	KETALAR	Not Covered	
J3490	Unclassified drugs	<i>ketamine injection</i>	Not Covered	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Antimanic Agents</b>				
J0402	Injection, aripiprazole (abilify asimtufii), 1 mg	ABILIFY ASIMTUFII	Part B Drug	
J0401	Injection, aripiprazole (abilify maintena), 1 mg	ABILIFY MAINTENA	Part B Drug	
J1944	Injection, aripiprazole lauroxil, (aristada), 1 mg	ARISTADA	Part B Drug	
J1943	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	ARISTADA INITIO	Part B Drug	
J3486	Injection, ziprasidone mesylate, 10 mg	GEODON INTRAMUSCULAR	Part B Drug	
J2359	Injection, olanzapine, 0.5 mg	<i>olanzapine intramuscular</i>	Part B Drug	
J2798	Injection, risperidone, (perseris), 0.5 mg	PERSERIS	Part B Drug	
J2794	Injection, risperidone (risperdal consta), 0.5 mg	RISPERDAL CONSTA	Part B Drug	
J2794	Injection, risperidone (risperdal consta), 0.5 mg	<i>risperidone microspheres</i>	Part B Drug	
J2801	Injection, risperidone (rykindo), 0.5 mg	RYKINDO	Part B Drug	
J2799	Injection, risperidone (uzedy), 1 mg	UZEDY	Part B Drug	
J3490	Unclassified drugs	<i>valproate sodium</i>	Part B Drug	
J3486	Injection, ziprasidone mesylate, 10 mg	<i>ziprasidone mesylate</i>	Part B Drug	
J2359	Injection, olanzapine, 0.5 mg	ZYPREXA 10 MG VIAL	Part B Drug	
J2358	Injection, olanzapine, long-acting, 1 mg	ZYPREXA RELPREVV	Part B Drug	
<b>Antimigraine Agents, Miscellaneous</b>				
J0137	Injection, acetaminophen (hikma), not therapeutically equivalent to j0131, 10 mg	<i>acetaminophen 1,000 mg/100 ml bag inner, single use</i>	Part B Drug	
J0137	Injection, acetaminophen (hikma), not therapeutically equivalent to j0131, 10 mg	<i>acetaminophen 1,000 mg/100 ml bag outer, single use</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml bag plf, single use</i>	Part B Drug	
J0136	Injection, acetaminophen (b braun), not therapeutically equivalent to j0131, 10 mg	<i>acetaminophen 1,000 mg/100 ml bag plf, suv</i>	Part B Drug	

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

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HCP/CS/CPT Code	HCP/CS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0134	Injection, acetaminophen (fresenius kabi), not therapeutically equivalent to j0131, 10 mg	<i>acetaminophen 1,000 mg/100 ml bag p/f, suv, inner</i>	Part B Drug	
J0134	Injection, acetaminophen (fresenius kabi), not therapeutically equivalent to j0131, 10 mg	<i>acetaminophen 1,000 mg/100 ml bag p/f, suv, outer</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml bag single-use, p/f</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml vl inner, suv</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml vl inner, suv, p/f</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml vl inner, suv</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml vl outer, suv</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml vl outer, suv, p/f</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml vl outer, suv</i>	Part B Drug	
J0136	Injection, acetaminophen (b braun), not therapeutically equivalent to j0131, 10 mg	<i>acetaminophen 500 mg/50 ml bag single use, p/f</i>	Part B Drug	
J0138	Injection, acetaminophen 10 mg and ibuprofen 3 mg	COMBOGESIC IV	Part B Drug	
J3490	Unclassified drugs	<i>valproate sodium</i>	Part B Drug	
<b><i>Anxiolytics, Sedatives, And Hypnotics, Misc</i></b>				
J2550	Injection, promethazine HCl, up to 50 mg	PHENERGAN	Part B Drug	
C9399	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)	PRECEDEX 1,000 MCG/250 ML BAG SUV, P/F, OUTER	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J3490	Unclassified drugs	PRECEDEX 1,000 MCG/250 ML BAG SUV, P/F, OUTER	Part B Drug	
C9399	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)	PRECEDEX 200 MCG/50 ML BAG SUV, P/F, OUTER	Part B Drug	
J3490	Unclassified drugs	PRECEDEX 200 MCG/50 ML BAG SUV, P/F, OUTER	Part B Drug	
C9399	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)	PRECEDEX 400 MCG/100 ML BAG SUV, P/F, OUTER	Part B Drug	
J3490	Unclassified drugs	PRECEDEX 400 MCG/100 ML BAG SUV, P/F, OUTER	Part B Drug	
J2550	Injection, promethazine HCl, up to 50 mg	<i>promethazine injection</i>	Part B Drug	
<b>Atypical Antipsychotics</b>				
J0402	Injection, aripiprazole (abilify asimtufii), 1 mg	ABILIFY ASIMTUFII	Part B Drug	
J0401	Injection, aripiprazole (abilify maintena), 1 mg	ABILIFY MAINTENA	Part B Drug	
J1944	Injection, aripiprazole lauroxil, (aristada), 1 mg	ARISTADA	Part B Drug	
J1943	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	ARISTADA INITIO	Part B Drug	
J2428	Injection, paliperidone palmitate extended release (erzofri), 1 mg	ERZOFRI	Part B Drug	PA
J3486	Injection, ziprasidone mesylate, 10 mg	GEODON INTRAMUSCULAR	Part B Drug	
J2427	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg	INVEGA HAFYERA	Part B Drug	
J2426	Injection, paliperidone palmitate extended release (invega sustenna), 1 mg	INVEGA SUSTENNA	Part B Drug	
J2427	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg	INVEGA TRINZA	Part B Drug	
J2359	Injection, olanzapine, 0.5 mg	<i>olanzapine intramuscular</i>	Part B Drug	

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

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J2798	Injection, risperidone, (perseris), 0.5 mg	PERSERIS	Part B Drug	
J2794	Injection, risperidone (risperdal consta), 0.5 mg	RISPERDAL CONSTA	Part B Drug	
J2794	Injection, risperidone (risperdal consta), 0.5 mg	<i>risperidone microspheres</i>	Part B Drug	
J2801	Injection, risperidone (rykindo), 0.5 mg	RYKINDO	Part B Drug	
J2799	Injection, risperidone (uzedy), 1 mg	UZEDY	Part B Drug	
J3486	Injection, ziprasidone mesylate, 10 mg	<i>ziprasidone mesylate</i>	Part B Drug	
J2359	Injection, olanzapine, 0.5 mg	ZYPREXA 10 MG VIAL	Part B Drug	
J2358	Injection, olanzapine, long-acting, 1 mg	ZYPREXA RELPREVV	Part B Drug	
<b>Barbiturates (Anticonvulsants)</b>				
J2560	Injection, phenobarbital sodium, up to 120 mg	<i>phenobarbital sodium</i>	Part B Drug	
J2561	Injection, phenobarbital sodium (sezaby), 1 mg	SEZABY	Part B Drug	
<b>Barbiturates (Anxiolytic, Sedative/Hyp)</b>				
J2560	Injection, phenobarbital sodium, up to 120 mg	<i>phenobarbital sodium</i>	Part B Drug	
J2561	Injection, phenobarbital sodium (sezaby), 1 mg	SEZABY	Part B Drug	
<b>Benzodiazepines (Anticonvulsants)</b>				
J2060	Injection, lorazepam, 2 mg	ATIVAN INJECTION	Part B Drug	
J3360	Injection, diazepam, up to 5 mg	<i>diazepam injection</i>	Part B Drug	
J2060	Injection, lorazepam, 2 mg	<i>lorazepam injection</i>	Part B Drug	
<b>Benzodiazepines (Anxiolytic, Sedative/Hyp)</b>				
J2060	Injection, lorazepam, 2 mg	ATIVAN INJECTION	Part B Drug	
J3360	Injection, diazepam, up to 5 mg	<i>diazepam injection</i>	Part B Drug	
J2060	Injection, lorazepam, 2 mg	<i>lorazepam injection</i>	Part B Drug	
<b>Butyrophenones</b>				
J1631	Injection, haloperidol decanoate, per 50 mg	HALDOL DECANOATE 100 AMPUL 5'S	Part B Drug	

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

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J1631	Injection, haloperidol decanoate, per 50 mg	HALDOL DECANOATE 50 AMPUL STRL, 3'S	Part B Drug	
J1631	Injection, haloperidol decanoate, per 50 mg	<i>haloperidol decanoate</i>	Part B Drug	
J1630	Injection, haloperidol, up to 5 mg	<i>haloperidol lactate injection</i>	Part B Drug	
J1630	Injection, haloperidol, up to 5 mg	<i>haloperidol lactate intramuscular</i>	Part B Drug	
<b><i>Calcitonin Gene-Related Peptide Antag.</i></b>				
J3031	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)	AJOVY AUTOINJECTOR	Part D Drug	
J3031	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)	AJOVY SYRINGE	Part D Drug	
J3032	Injection, eptinezumab-jjmr, 1 mg	VYEPTI	Part B Drug	PA
<b><i>Dibenzoxapines</i></b>				
J2062	Loxapine for inhalation, 1 mg	ADASUVE	Not Covered	
<b><i>Dopamine Precursors</i></b>				
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 mL	DUOPA	Part B Drug	
J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg	VYALEV	Part B Drug	PA
<b><i>Gaba Modulators</i></b>				
J1632	Injection, brexanolone, 1 mg (All NDCs inactive as of 12/31/2024)	ZULRESSO 100 MG/20 ML VIAL	Part B Drug	
<b><i>Gaba-Mediated Anticonvulsants</i></b>				
J3490	Unclassified drugs	<i>valproate sodium</i>	Part B Drug	

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

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<b>Non-Barbiturates</b>				
J3490	Unclassified drugs	KETALAR	Not Covered	
J3490	Unclassified drugs	<i>ketamine injection</i>	Not Covered	
<b>Nonergot-Deriv.Dopamine Receptor Agonist</b>				
J0364	Injection, apomorphine hydrochloride, 1 mg	APOKYN	Part D Drug	
J0364	Injection, apomorphine hydrochloride, 1 mg	<i>apomorphine</i>	Part D Drug	
C9399	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)	ONAPGO	Part D Drug	
J3490	Unclassified drugs	ONAPGO	Part D Drug	
<b>Non-Opioid Analgesics</b>				
J0137	Injection, acetaminophen (hikma), not therapeutically equivalent to j0131, 10 mg	<i>acetaminophen 1,000 mg/100 ml bag inner, single use</i>	Part B Drug	
J0137	Injection, acetaminophen (hikma), not therapeutically equivalent to j0131, 10 mg	<i>acetaminophen 1,000 mg/100 ml bag outer, single use</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml bag plf, single use</i>	Part B Drug	
J0136	Injection, acetaminophen (b braun), not therapeutically equivalent to j0131, 10 mg	<i>acetaminophen 1,000 mg/100 ml bag plf, suv</i>	Part B Drug	
J0134	Injection, acetaminophen (fresenius kabi), not therapeutically equivalent to j0131, 10 mg	<i>acetaminophen 1,000 mg/100 ml bag plf, suv, inner</i>	Part B Drug	
J0134	Injection, acetaminophen (fresenius kabi), not therapeutically equivalent to j0131, 10 mg	<i>acetaminophen 1,000 mg/100 ml bag plf, suv, outer</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml bag single-use, plf</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml vl inner, suv</i>	Part B Drug	

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

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J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml vl inner, suv, plf</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml vl inner,suv</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml vl outer, suv</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml vl outer, suv, plf</i>	Part B Drug	
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen 1,000 mg/100 ml vl outer,suv</i>	Part B Drug	
J0136	Injection, acetaminophen (b braun), not therapeutically equivalent to j0131, 10 mg	<i>acetaminophen 500 mg/50 ml bag single use, plf</i>	Part B Drug	
J0138	Injection, acetaminophen 10 mg and ibuprofen 3 mg	COMBOGESIC IV	Part B Drug	
J2278	Injection, ziconotide, 1 microgram	PRIALT	Part B Drug	
<b>Opioid Agonists (28:08)</b>				
J2175	Injection, meperidine hydrochloride, per 100 mg	DEMEROL	Part B Drug	
J2175	Injection, meperidine hydrochloride, per 100 mg	DEMEROL (PF)	Part B Drug	
J1171	Injection, hydromorphone, 0.1 mg	DILAUDID 0.2 MG/ML SYRINGE SUV, P/F, INNER	Part B Drug	
J1171	Injection, hydromorphone, 0.1 mg	DILAUDID 0.2 MG/ML SYRINGE SUV, P/F, OUTER	Part B Drug	
J1171	Injection, hydromorphone, 0.1 mg	DILAUDID 0.5 MG/0.5 ML SYRINGE SUV, P/F, INNER	Part B Drug	
J1171	Injection, hydromorphone, 0.1 mg	DILAUDID 0.5 MG/0.5 ML SYRINGE SUV, P/F, OUTER	Part B Drug	
J1171	Injection, hydromorphone, 0.1 mg	DILAUDID 1 MG/ML SYRINGE SUV, P/F, INNER	Part B Drug	

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

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J1171	Injection, hydromorphone, 0.1 mg	DILAUDID 1 MG/ML SYRINGE SUV, P/F, OUTER	Part B Drug	
J1171	Injection, hydromorphone, 0.1 mg	DILAUDID 2 MG/ML SYRINGE SUV, P/F, INNER	Part B Drug	
J1171	Injection, hydromorphone, 0.1 mg	DILAUDID 2 MG/ML SYRINGE SUV, P/F, OUTER	Part B Drug	
J1171	Injection, hydromorphone, 0.1 mg	<i>hydromorphone (pf)</i>	Part B Drug	
J1171	Injection, hydromorphone, 0.1 mg	<i>hydromorphone injection</i>	Part B Drug	
J2175	Injection, meperidine hydrochloride, per 100 mg	<i>meperidine (pf)</i>	Part B Drug	
<b>Opioid Antagonists (28:10)</b>				
J2312	Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg	LIFEMS NALOXONE	Part B Drug	
J2312	Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg	<i>naloxone injection</i>	Part B Drug	
J2315	Injection, naltrexone, depot form, 1 mg	VIVITROL	Part B Drug	
J2311	Injection, naloxone hydrochloride (zimhi), 1 mg (Code deleted effective 6/30/2025)	ZIMHI	Part B Drug	
J2313	Injection, naloxone hydrochloride (zimhi), 0.01 mg	ZIMHI	Part B Drug	
<b>Opioid Partial Agonists</b>				
J0577	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy	BRIXADI	Part B Drug	
J0578	Injection, buprenorphine extended release (brixadi), greater than 7 days and up to 28 days of therapy	BRIXADI	Part B Drug	
J0592	Injection, buprenorphine hydrochloride, 0.1 mg	BUPRENEX 0.3 MG/ML AMPUL INNER	Part B Drug	
J0592	Injection, buprenorphine hydrochloride, 0.1 mg	BUPRENEX 0.3 MG/ML AMPUL OUTER	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0592	Injection, buprenorphine hydrochloride, 0.1 mg	<i>buprenorphine hcl injection</i>	Part B Drug	
Q9991	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 OPSS use) (Code Price is per 100 mg)	SUBLOCADE	Part B Drug	
Q9992	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg (For billing prior to 7/1/18 use J3490 or C9399 for Hospital OPSS use) (Code Price is per 300 mg)	SUBLOCADE	Part B Drug	
<b>Phenothiazines</b>				
J3230	Injection, chlorpromazine HCl, up to 50 mg	<i>chlorpromazine injection</i>	Part B Drug	
J2680	Injection, fluphenazine decanoate, up to 25 mg	<i>fluphenazine decanoate</i>	Part B Drug	
J2679	Injection, fluphenazine hcl, 1.25 mg	<i>fluphenazine hcl injection</i>	Part B Drug	
<b>Reversible Cox-1/Cox-2 Inhibitors</b>				
J0138	Injection, acetaminophen 10 mg and ibuprofen 3 mg	COMBOGESIC IV	Part B Drug	
J3490	Unclassified drugs	XIFYRM	Part B Drug	
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg (Code deleted effective 9/30/2025)	ZYNRELEF	Part B Drug	
J0668	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	ZYNRELEF	Part B Drug	
<b>Devices</b>				
<b>Devices</b>				
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	DUROLANE	Part B Drug	
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (20 mg/2 mL) (Note: Total dose regimen = 3 injections)	EUFLEXXA	Part B Drug	
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	GEL-ONE	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg	GELSYN-3	Part B Drug	
J7320	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)	GENVISC 850	Part B Drug	PA
J7321	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)	HYALGAN	Part B Drug	PA
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg (Code re-used by CMS effective 1/1/17) (For billing prior to 1/1/17 use J3490 or C9471 for OPPS billing) (Hymovis dose is 24 mg/3 mL) (Note: Total dose regimen = 2 injections)	HYMOVIS	Part B Drug	PA
J7327	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)	MONOVISC	Part B Drug	PA
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (30 mg/2 mL) (Note: Total dose regimen = 3 - 4 injections)	ORTHOVISC	Part B Drug	PA
J7321	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)	SUPARTZ FX	Part B Drug	
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	SYNOJOYNT	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7325	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)	SYNVISC	Part B Drug	PA
J7325	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)	SYNVISC-ONE	Part B Drug	PA
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	TRILURON	Part B Drug	PA
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	TRIVISC	Part B Drug	PA
J7321	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)	VISCO-3	Part B Drug	PA
<b>Diagnostic Agents</b>				
<b>Adrenocortical Insufficiency</b>				
J0801	Injection, corticotropin (acthar gel), up to 40 units	ACTHAR	Part D Drug	
J0801	Injection, corticotropin (acthar gel), up to 40 units	ACTHAR SELFJECT	Part D Drug	
J0802	Injection, corticotropin (ani), up to 40 units	CORTROPHIN GEL	Part D Drug	
<b>Diagnostic Agents</b>				
J1610	Injection, glucagon hydrochloride, per 1 mg	GLUCAGEN DIAGNOSTIC 1 MG VIAL INNER, SUV	Part B Drug	
J1610	Injection, glucagon hydrochloride, per 1 mg	GLUCAGEN DIAGNOSTIC 1 MG VIAL OUTER, SUV	Part B Drug	
J1610	Injection, glucagon hydrochloride, per 1 mg	GLUCAGEN DIAGNOSTIC 1 MG VIAL SUV	Part B Drug	
J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	<i>glucagon 1 mg vial inner, suv</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	<i>glucagon 1 mg vial outer, suv</i>	Part B Drug	
J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	<i>glucagon 1 mg vial suv, inner</i>	Part B Drug	
J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	<i>glucagon 1 mg vial suv, outer</i>	Part B Drug	
J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	<i>glucagon 1 mg vial suv,inner</i>	Part B Drug	
J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	<i>glucagon 1 mg vial suv,outer</i>	Part B Drug	
A9596	Gallium ga-68 gozetotide, diagnostic, (illuccix), 1 millicurie (NDC Unit Pricing is based on 5 mCi dose)	ILLUCCIX	Part B Drug	
<b>Gallbladder Function</b>				
J2805	Injection, sincalide, 5 micrograms	KINEVAC	Part B Drug	
J2805	Injection, sincalide, 5 micrograms	<i>sincalide</i>	Part B Drug	
<b>Myasthenia Gravis</b>				
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	BLOXIVERZ	Part B Drug	
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	<i>neostigmine 3 mg/3 ml syringe inner, suv</i>	Part B Drug	
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	<i>neostigmine 3 mg/3 ml syringe outer, suv</i>	Part B Drug	
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	<i>neostigmine methylsulfate intravenous solution</i>	Part B Drug	
<b>Thyroid Function</b>				
J3240	Injection,thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial (Code Price is per 1 vial)	THYROGEN	Part B Drug	

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

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<b>Electrolytic, Caloric, And Water Balance</b>				
<i>Caloric Agents</i>				
J3490	Unclassified drugs	AMINOSYN 10% IV SOLUTION SINGLE-USE	Part B Drug	
J3490	Unclassified drugs	AMINOSYN 7%-ELECTROLYTE SOL	Part B Drug	
J3490	Unclassified drugs	AMINOSYN 8.5% IV SOLUTION SINGLE-USE	Part B Drug	
J3490	Unclassified drugs	AMINOSYN 8.5%-ELECTROLYTES SOL SINGLE-USE	Part B Drug	
J3490	Unclassified drugs	AMINOSYN II 10 %	Part B Drug	
J3490	Unclassified drugs	AMINOSYN II 15 %	Part B Drug	
J3490	Unclassified drugs	AMINOSYN II 7% IV SOLUTION	Part B Drug	
J3490	Unclassified drugs	AMINOSYN II 8.5% IV SOLUTION SINGLE USE	Part B Drug	
J3490	Unclassified drugs	AMINOSYN II 8.5%-ELECTROLYTES	Part B Drug	
J3490	Unclassified drugs	AMINOSYN M 3.5% IV SOLUTION SINGLE-USE	Part B Drug	
J3490	Unclassified drugs	AMINOSYN-PF 10 %	Part B Drug	
J3490	Unclassified drugs	AMINOSYN-PF 7 % (SULFITE-FREE)	Part B Drug	
J3490	Unclassified drugs	CLINIMIX 5%/D15W SULFITE FREE	Part B Drug	
J3490	Unclassified drugs	CLINIMIX 4.25%/D10W SULF FREE	Part B Drug	

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

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J3490	Unclassified drugs	CLINIMIX 4.25%/D5W SULFIT FREE	Part B Drug	
J3490	Unclassified drugs	CLINIMIX 5%-D20W(SULFITE- FREE)	Part B Drug	
J3490	Unclassified drugs	CLINIMIX 6%-D5W (SULFITE- FREE)	Part B Drug	
J3490	Unclassified drugs	CLINIMIX 8%-D10W(SULFITE- FREE)	Part B Drug	
J3490	Unclassified drugs	CLINIMIX 8%-D14W(SULFITE- FREE)	Part B Drug	
J3490	Unclassified drugs	CLINIMIX E 2.75%/D5W SULF FREE	Part B Drug	
J3490	Unclassified drugs	CLINIMIX E 4.25%/D10W SUL FREE	Part B Drug	
J3490	Unclassified drugs	CLINIMIX E 4.25%/D5W SULF FREE	Part B Drug	
J3490	Unclassified drugs	CLINIMIX E 5%/D15W SULFIT FREE	Part B Drug	
J3490	Unclassified drugs	CLINIMIX E 5%/D20W SULFIT FREE	Part B Drug	
J3490	Unclassified drugs	CLINIMIX E 8%-D10W SULFITEFREE	Part B Drug	
J3490	Unclassified drugs	CLINIMIX E 8%-D14W SULFITEFREE	Part B Drug	
B4185	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)	CLINOLIPID	Part B Drug	B vs D

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7042	5% Dextrose/normal saline (500 mL = 1 unit)	D5 % (D-GLUCOSE)-0.9 % SODCHLR	Part B Drug	
B4185	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)	INTRALIPID	Part B Drug	B vs D
B4185	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)	KABIVEN	Part B Drug	B vs D
B4185	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)	NUTRILIPID	Part B Drug	B vs D
B4185	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)	PERIKABIVEN	Part B Drug	B vs D
J3490	Unclassified drugs	PREMASOL 10 %	Part B Drug	
B4185	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)	SMOFLIPID	Part B Drug	B vs D
J3490	Unclassified drugs	TROPHAMINE 10 %	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<i>Electrolytic, Caloric, Water Balance Misc,</i>				
J0584	Injection, burosumab-twza 1 mg	CRYSVITA	Part B Drug	PA
<i>Loop Diuretics (40:28)</i>				
J1807	Injection, ethacrynate sodium, 1 mg	<i>ethacrynate sodium</i>	Part B Drug	
J1941	Injection, furosemide (furoscix), 20 mg	FUROSCIX	Part D Drug	
J1938	Injection, furosemide, 1 mg	<i>furosemide 100 mg/10 ml syring inner, sdv</i>	Part B Drug	
J1938	Injection, furosemide, 1 mg	<i>furosemide 100 mg/10 ml syring outer, sdv</i>	Part B Drug	
J1938	Injection, furosemide, 1 mg	<i>furosemide injection</i>	Part B Drug	
<i>Phosphate-Removing Agents</i>				
J0609	Ferric citrate, oral, 3 mg ferric iron, (for esrd on dialysis)	AURYXIA	Not Separately Payable	
J0615	Calcium acetate, oral, 23 mg (for esrd on dialysis)	<i>calcium acetate</i>	Not Separately Payable	
J0615	Calcium acetate, oral, 23 mg (for esrd on dialysis)	<i>calcium acetate(phosphat bind)</i>	Not Separately Payable	
J0618	Injection, calcium chloride, 2 mg	<i>calcium chloride</i>	Part B Drug	
J0607	Lanthanum carbonate, oral, 5 mg (for esrd on dialysis)	FOSRENOL	Not Separately Payable	
J0608	Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to j0607 (for esrd on dialysis)	FOSRENOL	Not Separately Payable	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0607	Lanthanum carbonate, oral, 5 mg (for esrd on dialysis)	<i>lanthanum</i>	Not Separately Payable	
<b>Replacement Preparations</b>				
J0618	Injection, calcium chloride, 2 mg	<i>calcium chloride</i>	Part B Drug	
J3490	Unclassified drugs	PLASMA-LYTE 148 PH 7.4	Part B Drug	
J3490	Unclassified drugs	PLASMA-LYTE A	Part B Drug	
J3490	Unclassified drugs	<i>potassium phos in 0.9 % nacl intravenous piggyback</i>	Part B Drug	
<b>Enzymes</b>				
<b>Enzyme Inhibitors</b>				
J1202	Miglustat, oral, 65 mg	OPFOLDA	Part D Drug	
<b>Enzymes</b>				
J7171	Injection, adamts13, recombinant-krhn, 10 iu	ADZYNMA	Part B Drug	PA
J1931	Injection, laronidase, 0.1 mg	ALDURAZYME	Part B Drug	
J9118	Injection, calaspargase pegol-mknl, 10 units	ASPARLAS	Medicare Chemo	PA; No PA required for ICD- 10 codes C91.00 - C91.02, C83.50 - C83.59.
J0567	Injection, cerliponase alfa, 1 mg	BRINEURA INTRAVENTRICULAR KIT	Part B Drug	PA
J1786	Injection, imiglucerase, 10 units	CEREZYME	Part B Drug	
J1743	Injection, idursulfase, 1 mg	ELAPRASE	Part B Drug	
J3060	Injection, taliglucerase alfa, 10 units	ELELYSO	Part B Drug	
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	ELFABRIO	Part B Drug	PA
J2783	Injection, rasburicase, 0.5 mg	ELITEK	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0180	Injection, agalsidase beta, 1 mg	FABRAZYME	Part B Drug	PA
J2840	Injection, sebelipase alfa, 1 mg (For billing prior to 1/1/17 use J3590 or C9478 for OPBS billing)	KANUMA	Part B Drug	PA
J0217	Injection, velmanase alfa-tycv, 1 mg	LAMZEDE	Part B Drug	PA
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg (For billing prior to 1/1/12 use J3590 or C9277)	LUMIZYME	Part B Drug	PA
J3397	Injection, vestronidase alfa-vjvk, 1 mg	MEPSEVII	Part B Drug	
J1458	Injection, galsulfase, 1 mg	NAGLAZYME	Part B Drug	
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	NEXVIAZYME	Part B Drug	PA
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	POMBILITI	Part B Drug	PA
J7639	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	PULMOZYME	Part B Drug	B vs D
C9399	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)	REVCОВI	Part B Drug	PA
J3590	Unclassified biologics	REVCОВI	Part B Drug	PA
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	RYLAZE	Medicare Chemo	PA
J1322	Injection, elosulfase alfa, 1 mg (For billing prior to 1/1/15 use C9022 or J3590)	VIMIZIM	Part B Drug	PA; No PA required for ICD-10 code: E76.210.
J3385	Injection, velaglucerase alfa, 100 units (For billing prior to 1/1/11 use J3490 or C9271)	VPRIV	Part B Drug	
J0218	Injection, olipudase alfa-rpcp, 1 mg	XENPOZYME	Part B Drug	PA

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

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HCP/CS/CPT Code	HCP/CS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg (For billing prior to 1/1/11 use J3590 or C9266)	XIAFLEX	Part B Drug	PA; No PA required for ICD-10 codes M72.0 or N48.6.
<b>Eye, Ear, Nose And Throat (Eent) Preps.</b>				
<b>Antibacterials (52:04)</b>				
J1271	Injection, doxycycline hyclate, 1 mg	DOXY-100	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl inner, suv, plf</i>	Part B Drug	
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl inner, suv, plf</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl outer, suv, plf</i>	Part B Drug	
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl outer, suv, plf</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, inner</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, outer</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, suv, inner</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, suv, outer</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl suv, plf, inner</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl suv, plf, outer</i>	Part B Drug	B vs D

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J2281	Injection, moxifloxacin (fresenius kabi), not therapeutically equivalent to j2280, 100 mg	<i>moxifloxacin-sod.ace,sul-water</i>	Part B Drug	
J2280	Injection, moxifloxacin, 100 mg	<i>moxifloxacin-sod.chloride(iso)</i>	Part B Drug	
<b>Antiglaucoma Agents, Miscellaneous</b>				
J7315	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)	MITOSOL	Part B Drug	
<b>Anti-Inflammatory Agents (Eent)</b>				
J7516	Injection, cyclosporine, 250 mg	<i>cyclosporine intravenous</i>	Part B Drug	
J7502	Cyclosporine, oral, 100 mg	<i>cyclosporine modified</i>	Part B Drug	B vs D
J7515	Cyclosporine, oral, 25 mg	<i>cyclosporine modified</i>	Part B Drug	B vs D
J7502	Cyclosporine, oral, 100 mg	<i>cyclosporine oral</i>	Part B Drug	B vs D
J7515	Cyclosporine, oral, 25 mg	<i>cyclosporine oral</i>	Part B Drug	B vs D
J7502	Cyclosporine, oral, 100 mg	GENGRAF	Part B Drug	B vs D
J7515	Cyclosporine, oral, 25 mg	GENGRAF	Part B Drug	B vs D
J7502	Cyclosporine, oral, 100 mg	NEORAL	Part B Drug	B vs D
J7515	Cyclosporine, oral, 25 mg	NEORAL	Part B Drug	B vs D
J7502	Cyclosporine, oral, 100 mg	SANDIMMUNE 100 MG/ML SOLN	Part B Drug	B vs D
J7516	Injection, cyclosporine, 250 mg	SANDIMMUNE INTRAVENOUS	Part B Drug	
J7515	Cyclosporine, oral, 25 mg	SANDIMMUNE ORAL	Part B Drug	B vs D
J3241	Injection, teprotumumab-trbw, 10 mg	TEPEZZA	Part B Drug	PA
<b>Antivirals (Eent)</b>				
J1574	Injection, ganciclovir sodium (exela), not therapeutically equivalent to j1570, 500 mg (All NDCs inactive as of 6/18/2025)	<i>ganciclovir 500 mg/250 ml bag outer, p/f, sdv</i>	Part B Drug	

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

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HCP/CS/CPT Code	HCP/CS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1574	Injection, ganciclovir sodium (exela), not therapeutically equivalent to j1570, 500 mg (All NDCs inactive as of 6/18/2025)	<i>ganciclovir 500 mg/250 ml bag sdv, inner, plf</i>	Part B Drug	
J1570	Injection, ganciclovir sodium, 500 mg	<i>ganciclovir sodium</i>	Part B Drug	
<b>Corticosteroids (Eent)</b>				
J1095	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)	DEXYCU (PF)	Part B Drug	
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	ILUVIEN	Part B Drug	PA
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg (For billing prior to 1/1/11 use J3490 or C9256)	OZURDEX	Part B Drug	PA
J7311	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	RETISERT	Part B Drug	PA
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	SINUVA	Part B Drug	PA
J3299	Injection, triamcinolone acetonide (xipere), 1 mg	XIPERE (PF)	Part B Drug	PA
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	YUTIQ	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<i>Ent Drugs, Miscellaneous</i>				

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<p>PA-Prior Authorization: <b>ST applies</b>-Step Therapy applies: <b>B vs D</b>-Part B vs Part D  Q5124 Injection, rahibizumab-nuna, biosimilar, (byooviz), 0.1 mg  <b>Priority Health Medicare Plans</b>  October 2025  Last Updated October 13, 2025</p>		BYOOVIZ	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 -

HCP/CS/CPT Code	HCP/CS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	PHOTREXA 0.146% EYE DROPS	Part B Drug	
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	PHOTREXA CROSS-LINKING KIT	Part B Drug	
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	PHOTREXA VISCOUS 0.146% DROPS	Part B Drug	
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	SUSVIMO (INITIAL FILL)	Part B Drug	PA
<b>Eent Nonsteroidal Anti-Inflam. Agents</b>				
J1097	phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	OMIDRIA	Part B Drug	
<b>Local Anesthetics (Eent)</b>				
J2403	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg	IHEEZO (PF)	Part B Drug	PA
<b>Macular Degeneration Agents</b>				
J2782	Injection, avacincapted pegol, 0.1 mg	IZERVAY (PF)	Part B Drug	PA
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	SYFOVRE (PF)	Part B Drug	PA
J3396	Injection, verteporfin, 0.1 mg	VISUDYNE	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.
<b>Mydriatics</b>				
J1097	phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	OMIDRIA	Part B Drug	
J2371	Injection, phenylephrine hydrochloride, 20 micrograms	<i>phenylephrine hcl injection</i>	Part B Drug	
J2371	Injection, phenylephrine hydrochloride, 20 micrograms	VAZCULEP	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<i>Prostaglandin Analogs</i>				
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	DURYSTA	Part B Drug	PA
J7355	Injection, travoprost, intracameral implant, 1 microgram	IDOSE TR	Part B Drug	PA
<i>Vascular Endothelial Growth Factor Antag</i>				
J0179	Injection, brolocizumab-dbll, 1 mg	BEOVU	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<p>PA-Prior Authorization; <b>ST applies</b>-Step Therapy applies; <b>B vs D-Part B vs Part D</b>  Q5128 Injection, rahibizumab-eqrn (cimerli), biosimilar, 0.1 mg  <b>Priority Health Medicare Plans</b>  October 2025  Last Updated October 13, 2025</p>		CIMERLI	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 - E09.3293, 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 -

HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
		EYLEA	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 - E09.3293, 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

**PA**-Prior Authorization; **ST applies**-Step Therapy applies; **B vs D**-Part B vs Part D  
**Priority Health Medicare Plans**  
 J0178 Injection, aflibercept, 1 mg  
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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<p><b>PA</b>-Prior Authorization; <b>ST applies</b>-Step Therapy applies; <b>B vs D</b>-Part B vs Part D  <b>Priority Health Plan</b> (Code deleted effective October 2025)  <small>C9161</small>  <i>Last Updated October 13, 2025</i></p>	<p>Hydrocodone Bitartrate and Proparacaine HCl Ophthalmic Drops, 1 mg (Code deleted effective October 2025)</p>	<p>EYLEA HD</p>	<p>Part B Drug</p>	<p>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 - E09.3293, 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</p>

HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
	<p><b>PA</b>-Prior Authorization; <b>ST applies</b>-Step Therapy applies; <b>B vs D</b>-Part B vs Part D  <b>Priority Health Medicare Plans</b>  <small>50177</small> Injection, amibcept hd, 1 mg</p>	EYLEA HD	Part B Drug	<p>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 - E09.3293, 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</p>

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<p><b>PA</b>-Prior Authorization; <b>ST applies</b>-Step Therapy applies; <b>B vs D-Part B vs Part D</b>  <b>J2778</b> Injection, rahibizumab, 0.1 mg  <b>Priority Health Medicare Plans</b>  October 2025  Last Updated October 13, 2025</p>		<p><b>USCENTS</b> 0.3 MG/0.05 ML VIAL  P/F, SUV, SAMPLE</p>	<p>Part B Drug</p>	<p>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 -</p>

HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<p><b>PA</b>-Prior Authorization; <b>ST applies</b>-Step Therapy applies; <b>B vs D-Part B vs D</b>-Part B vs D  <b>J2778</b> Injection, rahibizumab, 0.1 mg  <b>Priority Health Medicare Plans</b>  October 2025  Last Updated October 13, 2025</p>		<p><b>USCANTD</b> INTRAVITREAL  <b>SYRINGE</b></p>	<p>Part B Drug</p>	<p>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 -</p>

HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<p><b>PA</b>-Prior Authorization; <b>ST applies</b>-Step Therapy applies; <b>B vs D</b>-Part B vs Part D  <b>Priority Health Plan</b> - <b>Priority Health Plan</b>  October 2025  Last Updated October 13, 2025</p>	<p>05147 Health Plan - <b>Part B</b>  Pavlyy (pavblu), biosimilar, 1 mg</p>	<p>PAVBLU</p>	<p>Part B Drug</p>	<p>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</p>

HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	SUSVIMO	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<p><b>PA</b>-Prior Authorization; <b>ST applies</b>-Step Therapy applies; <b>B vs D</b>-Part B vs Part D  <b>Priority Health Insurance Plans</b>  October 2025  Last Updated October 13, 2025</p>	<p>12777 Hydrocodone bitartrate, 0.1 mg</p>	<p>VABYSMO</p>	<p>Part B Drug</p>	<p>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</p>

HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Vasoconstrictors</b>				
J1097	phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	OMIDRIA	Part B Drug	
J2371	Injection, phenylephrine hydrochloride, 20 micrograms	<i>phenylephrine hcl injection</i>	Part B Drug	
J2371	Injection, phenylephrine hydrochloride, 20 micrograms	VAZCULEP	Part B Drug	
<b>Gastrointestinal Drugs</b>				
<b>5-Ht3 Receptor Antagonists</b>				
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	AKYNZEO (FOSNETUPITANT)	Part B Drug	
J1626	Injection, granisetron hydrochloride, 100 mcg	<i>granisetron hcl 1 mg/ml vial sdv, p/f</i>	Part B Drug	
J1626	Injection, granisetron hydrochloride, 100 mcg	<i>granisetron hcl 1 mg/ml vial suv, p/f</i>	Part B Drug	
J1626	Injection, granisetron hydrochloride, 100 mcg	<i>granisetron hcl intravenous</i>	Part B Drug	
Q0166	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	<i>granisetron hcl oral</i>	Part B Drug	B vs D
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron</i>	Part B Drug	B vs D
J2405	Injection, ondansetron hydrochloride, per 1 mg	<i>ondansetron hcl (pf)</i>	Part B Drug	
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron hcl 24 mg tablet f/c,u-d,1x1</i>	Part B Drug	B vs D

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron hcl 4 mg tablet</i>	Part B Drug	B vs D
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron hcl 4 mg tablet f/c</i>	Part B Drug	B vs D
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron hcl 4 mg tablet f/c, u-d, 1x3</i>	Part B Drug	B vs D
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron hcl 4 mg tablet f/c,u-d,1x3</i>	Part B Drug	B vs D
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron hcl 4 mg tablet inner</i>	Part B Drug	B vs D
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron hcl 4 mg tablet outer</i>	Part B Drug	B vs D
J8597	Antiemetic drug, oral, not otherwise specified	<i>ondansetron hcl 8 mg tablet</i>	Part B Drug	
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron hcl 8 mg tablet</i>	Part B Drug	B vs D

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron hcl 8 mg tablet f/c</i>	Part B Drug	B vs D
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron hcl 8 mg tablet f/c, 1x3, u-d</i>	Part B Drug	B vs D
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron hcl 8 mg tablet f/c,u-d, 1x3</i>	Part B Drug	B vs D
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron hcl 8 mg tablet inner</i>	Part B Drug	B vs D
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron hcl 8 mg tablet outer</i>	Part B Drug	B vs D
J2405	Injection, ondansetron hydrochloride, per 1 mg	<i>ondansetron hcl intravenous</i>	Part B Drug	
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron hcl oral solution</i>	Part B Drug	B vs D
J2469	Injection, palonosetron HCl, 25 mcg	<i>palonosetron</i>	Part B Drug	
J2468	Injection, palonosetron hydrochloride (posfrea), 25 micrograms	POSFREA	Part B Drug	
J1627	Injection, granisetron, extended-release, 0.1 mg (For billing prior to 1/1/18 use J3490 or C9486 for OPPS billing)	SUSTOL	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	ZUPLENZ 8 MG SOLUBLE FILM OUTER	Part B Drug	B vs D
<b>Antiemetics, Miscellaneous</b>				
J2359	Injection, olanzapine, 0.5 mg	<i>olanzapine intramuscular</i>	Part B Drug	
J2359	Injection, olanzapine, 0.5 mg	ZYPREXA 10 MG VIAL	Part B Drug	
J2358	Injection, olanzapine, long-acting, 1 mg	ZYPREXA RELPREVV	Part B Drug	
<b>Antiulcer Agents And Acid Suppressants</b>				
J1836	Injection, metronidazole, 10 mg	METRO I.V.	Part B Drug	
J1836	Injection, metronidazole, 10 mg	<i>metronidazole in nacl (iso-os)</i>	Part B Drug	
<b>Digestants</b>				
C9399	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)	GATTEX 30-VIAL	Part D Drug	
J3490	Unclassified drugs	GATTEX 30-VIAL	Part D Drug	
C9399	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)	GATTEX ONE-VIAL	Part D Drug	
J3490	Unclassified drugs	GATTEX ONE-VIAL	Part D Drug	
<b>Dopamine Receptor Antagonists</b>				
J0184	Injection, amisulpride, 1 mg	BARHEMSYS	Part B Drug	PA
J2550	Injection, promethazine HCl, up to 50 mg	PHENERGAN	Part B Drug	
J2550	Injection, promethazine HCl, up to 50 mg	<i>promethazine injection</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Gi Drugs, Miscellaneous</b>				
Q0167	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)	<i>dronabinol</i>	Part B Drug	B vs D
Q0167	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)	MARINOL 2.5 MG CAPSULE	Part B Drug	B vs D
J1440	Fecal microbiota, live - jslm, 1 ml (Code reused effective 7/1/2023)	REBYOTA	Part B Drug	PA
Q0155	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	SYNDROS	Part B Drug	B vs D
<b>Histamine H2-Antagonists</b>				
J1308	Injection, famotidine, 0.25 mg	<i>famotidine (pf)</i>	Part B Drug	
J1308	Injection, famotidine, 0.25 mg	<i>famotidine (pf)-nacl (iso-os)</i>	Part B Drug	
J1308	Injection, famotidine, 0.25 mg	<i>famotidine intravenous</i>	Part B Drug	
<b>Immunomodulatory Agents (56:44)</b>				
J2267	Injection, mirikizumab-mrkz, 1 mg (Code Price is based on Median Pricing Methodology)	OMVOH 100 MG/ML PEN	Part D Drug	
J2267	Injection, mirikizumab-mrkz, 1 mg (Code Price is based on Median Pricing Methodology)	OMVOH 100 MG/ML SYRINGE	Part D Drug	
J2267	Injection, mirikizumab-mrkz, 1 mg (Code Price is based on Median Pricing Methodology)	OMVOH 200 MG DOSE (100 MG/ML X 2 SYRINGES)	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J2267	Injection, mirikizumab-mrkz, 1 mg (Code Price is based on Median Pricing Methodology)	OMVOH 200 MG DOSE (100 MG/ML X 2 PENS)	Part D Drug	
J2267	Injection, mirikizumab-mrkz, 1 mg (Code Price is based on Median Pricing Methodology)	OMVOH 300 MG DOSE (100 MG/ML-200 MG/2 ML)	Part D Drug	
J2267	Injection, mirikizumab-mrkz, 1 mg (Code Price is based on Median Pricing Methodology)	OMVOH INTRAVENOUS	Part B Drug	PA
J2267	Injection, mirikizumab-mrkz, 1 mg (Code Price is based on Median Pricing Methodology)	OMVOH PEN 300 MG DOSE (100 MG/ML-200 MG/2 ML)	Part D Drug	
<b>Neurokinin-1 Receptor Antagonists</b>				
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	AKYNZEO (FOSNETUPITANT)	Part B Drug	
C9145	Injection, aprepitant, (apovie), 1 mg	APONVIE	Part B Drug	
J3490	Unclassified drugs	APONVIE	Part B Drug	
J8501	Aprepitant, oral, 5 mg	<i>aprepitant</i>	Part B Drug	B vs D
J0185	Injection, aprepitant, 1 mg	CINVANTI	Part B Drug	
J8501	Aprepitant, oral, 5 mg	EMEND	Part B Drug	B vs D
J1453	Injection, fosaprepitant, 1 mg	EMEND (FOSAPREPITANT)	Part B Drug	
J1434	Injection, fosaprepitant (focinvez), 1 mg	FOCINVEZ	Part B Drug	
J1453	Injection, fosaprepitant, 1 mg	<i>fosaprepitant</i>	Part B Drug	
J1456	Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg	<i>fosaprepitant</i>	Part B Drug	
<b>Opioid Antagonists (56:18)</b>				
J2212	Injection, methylnaltrexone, 0.1 mg (For billing prior to 1/1/13 use J3490 or C9399)	RELISTOR SUBCUTANEOUS	Part B Drug	
<b>Proton-Pump Inhibitors</b>				
J1370	Injection, esomeprazole sodium, 1 mg	<i>esomeprazole sodium</i>	Part B Drug	
J1370	Injection, esomeprazole sodium, 1 mg	NEXIUM I.V. 40 MG VIAL	Part B Drug	

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

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HCP/CS/CPT Code	HCP/CS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J2472	Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	<i>pantoprazole in 0.9% sod chlor</i>	Part B Drug	
J2470	Injection, pantoprazole sodium, 40 mg	<i>pantoprazole intravenous</i>	Part B Drug	
J2471	Injection, pantoprazole (hikma), not therapeutically equivalent to j2470, 40 mg	<i>pantoprazole intravenous</i>	Part B Drug	
J2470	Injection, pantoprazole sodium, 40 mg	PROTONIX INTRAVENOUS	Part B Drug	
<b>Heavy Metal Antagonists</b>				
<i>Heavy Metal Antagonists</i>				
J0895	Injection, deferoxamine mesylate, 500 mg	<i>deferoxamine</i>	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**-Part B vs Part D

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0895	Injection, deferoxamine mesylate, 500 mg	DESFERAL	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.

### Hormones And Synthetic Substitutes

#### Adrenals

J7626	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg	<i>budesonide inhalation</i>	Part B Drug	B vs D
J1010	Injection, methylprednisolone acetate, 1 mg	DEPO-MEDROL	Part B Drug	
J1010	Injection, methylprednisolone acetate, 1 mg	<i>methylprednisolone acetate</i>	Part B Drug	
J2919	Injection, methylprednisolone sodium succinate, 5 mg	<i>methylprednisolone sodium succ</i>	Part B Drug	
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg (For billing prior to 1/1/11 use J3490 or C9256)	OZURDEX	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7626	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg	PULMICORT	Part B Drug	B vs D
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	SINUVA	Part B Drug	PA
J2919	Injection, methylprednisolone sodium succinate, 5 mg	SOLU-MEDROL	Part B Drug	
J2919	Injection, methylprednisolone sodium succinate, 5 mg	SOLU-MEDROL (PF)	Part B Drug	
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	ZILRETTA	Part B Drug	
<b>Androgens</b>				
J3145	Injection, testosterone undecanoate, 1 mg (For billing prior to 1/1/15 use C9023 or J3490)	AVEED	Part B Drug	PA
J1072	Injection, testosterone cypionate (azmiro), 1 mg	AZMIRO	Part B Drug	PA
J3490	Unclassified drugs	TESTOPEL	Part B Drug	PA
<b>Antidiabetic Agents, Miscellaneous</b>				
J9381	Injection, teplizumab-mzww, 5 mcg	TZIELD	Part B Drug	PA
<b>Antigonadotropins</b>				
J3145	Injection, testosterone undecanoate, 1 mg (For billing prior to 1/1/15 use C9023 or J3490)	AVEED	Part B Drug	PA
J1072	Injection, testosterone cypionate (azmiro), 1 mg	AZMIRO	Part B Drug	PA
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	ELURYNG	Part D Drug	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	ENILLORING	Part D Drug	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	<i>etonogestrel-ethinyl estradiol</i>	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J9155	Injection, degarelix, 1 mg (For billing prior to 1/1/10 use J9999 or C9399)	FIRMAGON	Medicare Chemo	No PA required for ICD-10 codes C61, C79.82 and D07.5.
J9155	Injection, degarelix, 1 mg (For billing prior to 1/1/10 use J9999 or C9399)	FIRMAGON KIT W DILUENT SYRINGE	Medicare Chemo	No PA required for ICD-10 codes C61, C79.82 and D07.5.
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	HALOETTE	Part D Drug	
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg (For billing prior to 1/1/18 use Q9984)	KYLEENA	Refer to Contraceptive Coverage	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Code Price is per 1 implant system)	NEXPLANON	Refer to Contraceptive Coverage	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	NUVARING	Part D Drug	
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	SKYLA	Refer to Contraceptive Coverage	
J3490	Unclassified drugs	TESTOPEL	Part B Drug	PA
<b>Antiparathyroid Agents</b>				
J0604	Cinacalcet, oral, 1 mg, (for ESRD on dialysis) (For billing prior to 1/1/18 use J8499)	<i>cinacalcet</i>	Part B Drug	B vs D
J0606	Injection, etelcalcetide, 0.1 mg (For billing prior to 1/1/18 use J3490 or C9399 for OPPS billing)	PARSABIV	Part B Drug	
J0604	Cinacalcet, oral, 1 mg, (for ESRD on dialysis) (For billing prior to 1/1/18 use J8499)	SENSIPAR	Part B Drug	B vs D

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Contraceptives</b>				
J7294	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each	ANNOVERA	Part D Drug	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	ELURYNG	Part D Drug	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	ENILLORING	Part D Drug	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	<i>etonogestrel-ethinyl estradiol</i>	Part D Drug	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	HALOETTE	Part D Drug	
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg (For billing prior to 1/1/18 use Q9984)	KYLEENA	Refer to Contraceptive Coverage	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Code Price is per 1 implant system)	NEXPLANON	Refer to Contraceptive Coverage	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	NUVARING	Part D Drug	
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	SKYLA	Refer to Contraceptive Coverage	
<b>Estrogens</b>				
J1000	Injection, depo-estradiol cypionate, up to 5 mg	DEPO-ESTRADIOL	Part B Drug	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	ELURYNG	Part D Drug	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	ENILLORING	Part D Drug	

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

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HCP/CS/CPT Code	HCP/CS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	<i>etonogestrel-ethinyl estradiol</i>	Part D Drug	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	HALOETTE	Part D Drug	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	NUVARING	Part D Drug	
<b>Glycogenolytic Agents</b>				
J1610	Injection, glucagon hydrochloride, per 1 mg	GLUCAGEN 1 MG HYPOKIT	Part B Drug	
J1610	Injection, glucagon hydrochloride, per 1 mg	GLUCAGEN DIAGNOSTIC 1 MG VIAL INNER, SUV	Part B Drug	
J1610	Injection, glucagon hydrochloride, per 1 mg	GLUCAGEN DIAGNOSTIC 1 MG VIAL OUTER, SUV	Part B Drug	
J1610	Injection, glucagon hydrochloride, per 1 mg	GLUCAGEN DIAGNOSTIC 1 MG VIAL SUV	Part B Drug	
J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	GLUCAGON (HCL) EMERGENCY KIT	Part B Drug	
J1610	Injection, glucagon hydrochloride, per 1 mg	GLUCAGON EMERGENCY KIT (HUMAN)	Part B Drug	
J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	<i>glucagon hcl</i>	Part B Drug	
<b>Gonadotropins</b>				
J1952	Leuprolide injectable, camcevi, 1 mg	CAMCEVI (6 MONTH)	Medicare Chemo	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	ELIGARD	Medicare Chemo	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	ELIGARD (3 MONTH)	Medicare Chemo	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	ELIGARD (4 MONTH)	Medicare Chemo	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	ELIGARD (6 MONTH)	Medicare Chemo	
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	FENSOLVI	Part B Drug	PA
J9218	Leuprolide acetate, per 1 mg	<i>leuprolide</i>	Part D Drug	
J1954	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	<i>leuprolide depot 22.5 mg vial inner, suv</i>	Medicare Chemo	
J1954	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	<i>leuprolide depot 22.5 mg vial outer, suv</i>	Medicare Chemo	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	LUPRON DEPOT (4 MONTH)	Medicare Chemo	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	LUPRON DEPOT (6 MONTH)	Medicare Chemo	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	LUPRON DEPOT 11.25 MG 3MO KIT 3 MONTH, SUV	Part B Drug	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	LUPRON DEPOT 22.5 MG 3MO KIT SUV, P/F	Medicare Chemo	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	LUPRON DEPOT 3.75 MG KIT P/F, SUV	Part B Drug	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	LUPRON DEPOT 3.75 MG KIT SUV, P/F, SAMPLE	Part B Drug	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	LUPRON DEPOT 7.5 MG KIT SINGLE DOSE	Medicare Chemo	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	LUPRON DEPOT-PED	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	LUPRON DEPOT-PED (3 MONTH)	Part B Drug	
J1954	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	LUTRATE DEPOT (3 MONTH)	Medicare Chemo	
J9226	Histrelin implant (Supprelin LA), 50 mg	SUPPRELIN LA	Part B Drug	PA
J3315	Injection, triptorelin pamoate, 3.75 mg	TRELSTAR	Part B Drug	B vs D
J3316	Injection, triptorelin, extended-release, 3.75 mg	TRIPTODUR	Part B Drug	
J9202	Goserelin acetate implant, per 3.6 mg	ZOLADEX	Part B Drug	
<b>Incretin Mimetics</b>				
J3490	Unclassified drugs	BYDUREON 2 MG VIAL INNER, SUV	Part D Drug	
C9399	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)	BYDUREON BCISE	Part D Drug	
J3490	Unclassified drugs	BYDUREON BCISE	Part D Drug	
J3490	Unclassified drugs	BYETTA 10 MCG DOSE PEN INJ SINGLE USE	Part D Drug	
J3490	Unclassified drugs	BYETTA 5 MCG DOSE PEN INJ SINGLE USE	Part D Drug	
C9399	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)	MOUNJARO	Part D Drug	
J3490	Unclassified drugs	MOUNJARO	Part D Drug	
C9399	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)	OZEMPIC	Part D Drug	
J3490	Unclassified drugs	OZEMPIC	Part D Drug	
J3490	Unclassified drugs	SAXENDA	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
C9399	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)	TRULICITY	Part D Drug	
J3490	Unclassified drugs	TRULICITY	Part D Drug	
C9399	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)	VICTOZA 2-PAK	Part D Drug	
J3490	Unclassified drugs	VICTOZA 2-PAK	Part D Drug	
C9399	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)	VICTOZA 3-PAK	Part D Drug	
J3490	Unclassified drugs	VICTOZA 3-PAK	Part D Drug	
C9399	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)	WEGOVY	Part D Drug	
J3490	Unclassified drugs	WEGOVY	Part D Drug	
C9399	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)	ZEPBOUND	Part D Drug	
J3490	Unclassified drugs	ZEPBOUND	Part D Drug	
<b>Melanocortin Receptor Antagonists</b>				
J7352	Afamelanotide implant, 1 mg	SCENESSE	Part B Drug	PA
<b>Parathyroid Agents</b>				
J3110	Injection, teriparatide, 10 mcg	FORTEO	Part D Drug	
J3110	Injection, teriparatide, 10 mcg	<i>teriparatide</i>	Part D Drug	
C9399	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)	YORVIPATH	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J3490	Unclassified drugs	YORVIPATH	Part D Drug	
<b>Pituitary</b>				
J0801	Injection, corticotropin (acthar gel), up to 40 units	ACTHAR	Part D Drug	
J0801	Injection, corticotropin (acthar gel), up to 40 units	ACTHAR SELFJECT	Part D Drug	
J0802	Injection, corticotropin (ani), up to 40 units	CORTROPHIN GEL	Part D Drug	
J2597	Injection, desmopressin acetate, per 1 mcg	DDAVP INJECTION	Part B Drug	
J2597	Injection, desmopressin acetate, per 1 mcg	<i>desmopressin injection</i>	Part B Drug	
J2941	Injection, somatropin, 1 mg	GENOTROPIN	Part D Drug	
J2941	Injection, somatropin, 1 mg	GENOTROPIN MINIQUICK	Part D Drug	
J2941	Injection, somatropin, 1 mg	HUMATROPE INJECTION CARTRIDGE	Part D Drug	
C9399	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)	NGENLA	Part D Drug	
J3590	Unclassified biologics	NGENLA	Part D Drug	
J2941	Injection, somatropin, 1 mg	NORDITROPIN FLEXPPO	Part D Drug	
J2941	Injection, somatropin, 1 mg	NUTROPIN AQ NUSPIN	Part D Drug	
J2941	Injection, somatropin, 1 mg	OMNITROPE	Part D Drug	
J2941	Injection, somatropin, 1 mg	SAIZEN 5 MG VIAL	Part D Drug	
J2941	Injection, somatropin, 1 mg	SAIZEN 8.8 MG VIAL	Part D Drug	
J2941	Injection, somatropin, 1 mg	SAIZEN SAIZENPREP	Part D Drug	
J2941	Injection, somatropin, 1 mg	SEROSTIM	Part D Drug	
J2598	Injection, vasopressin, 1 unit	<i>vasopressin</i>	Part B Drug	
J2599	Injection, vasopressin (american regent), not therapeutically equivalent to j2598, 1 unit	<i>vasopressin</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J2601	Injection, vasopressin (baxter), 1 unit	<i>vasopressin in 0.9 % sod chlor intravenous solution</i>	Part B Drug	
J2598	Injection, vasopressin, 1 unit	VASOSTRICT	Part B Drug	
J2941	Injection, somatropin, 1 mg	ZOMACTON	Part D Drug	
<b>Progestins</b>				
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	ELURYNG	Part D Drug	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	ENILLORING	Part D Drug	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	<i>etonogestrel-ethinyl estradiol</i>	Part D Drug	
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	HALOETTE	Part D Drug	
J1729	Injection, hydroxyprogesterone caproate, Not Otherwise Specified, 10 mg (For billing prior to 1/1/18 use J3490 or Q9985) (All NDCs inactive as of 11/29/2023)	<i>hydroxyprogesterone 1.25 g/5 ml</i>	Part B Drug	PA; No PA required for ICD-10 codes C54-C54.9, C55, E23.0, E28.31-E28.319, E28.39, E28.9, N91-N91.5, N92.1, N92.5, N92.6, N93.8, N93.9, N95.1, N97.0, and Z85.42
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg (For billing prior to 1/1/18 use Q9984)	KYLEENA	Refer to Contraceptive Coverage	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Code Price is per 1 implant system)	NEXPLANON	Refer to Contraceptive Coverage	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	NUVARING	Part D Drug	
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	SKYLA	Refer to Contraceptive Coverage	
<b>Somatostatin Agonists</b>				
J1930	Injection, lanreotide, 1 mg (Code re-used by CMS effective 1/1/2009)	<i>lanreotide</i>	Part B Drug	
J1932	Injection, lanreotide, (cipl), 1 mg	<i>lanreotide</i>	Part B Drug	
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	<i>octreotide,microspheres</i>	Part B Drug	
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	SANDOSTATIN LAR DEPOT	Part B Drug	
J2502	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)	SIGNIFOR LAR	Part B Drug	PA
J1930	Injection, lanreotide, 1 mg (Code re-used by CMS effective 1/1/2009)	SOMATULINE DEPOT	Part B Drug	
<b>Somatotropin Agonists</b>				
C9399	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)	EGRIFTA SV	Part D Drug	
J3590	Unclassified biologics	EGRIFTA SV	Part D Drug	
C9399	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)	EGRIFTA WR	Part D Drug	
J3590	Unclassified biologics	EGRIFTA WR	Part D Drug	
J2170	Injection, mecasermin, 1 mg	INCRELEX	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Thyroid Agents</b>				
J0650	Injection, levothyroxine sodium, not otherwise specified, 10 mcg	<i>levothyroxine intravenous</i>	Part B Drug	
J0651	Injection, levothyroxine sodium (fresenius kabi), not therapeutically equivalent to j0650, 10 mcg	<i>levothyroxine intravenous</i>	Part B Drug	
J0652	Injection, levothyroxine sodium (hikma), not therapeutically equivalent to j0650, 10 mcg	<i>levothyroxine intravenous</i>	Part B Drug	
<b>Immunomodulatory Agents (90:00)</b>				
<b>Antimetabolites, Immunosupp Therapy Misc</b>				
J7500	Azathioprine, oral, 50 mg	AZASAN	Part B Drug	B vs D
J7500	Azathioprine, oral, 50 mg	<i>azathioprine</i>	Part B Drug	B vs D
J7517	Mycophenolate mofetil, oral, 250 mg	CELLCEPT	Part B Drug	B vs D
J7500	Azathioprine, oral, 50 mg	IMURAN	Part B Drug	B vs D
J7517	Mycophenolate mofetil, oral, 250 mg	<i>mycophenolate mofetil</i>	Part B Drug	B vs D
J7518	Mycophenolic acid, oral, 180 mg	<i>mycophenolate sodium</i>	Part B Drug	B vs D
J7518	Mycophenolic acid, oral, 180 mg	MYFORTIC	Part B Drug	B vs D
J7514	Mycophenolate mofetil (myhibbin), oral suspension, 100 mg	MYHIBBIN	Part B Drug	B vs D
<b>Antimetabolites</b>				
J9065	Injection, cladribine, per 1 mg	<i>cladribine</i>	Part B Drug	
<b>Bone-Modifying Agents</b>				
Q5158	Injection, denosumab-bnht (bomynta/conexxence), biosimilar, 1 mg (Code Price is based on median pricing methodology)	BOMYNTRA SUBCUTANEOUS SOLUTION	Part B Drug	PA
Q5158	Injection, denosumab-bnht (bomynta/conexxence), biosimilar, 1 mg (Code Price is based on median pricing methodology)	CONEXXENCE	Part B Drug	PA
J3111	Injection, romosozumab-aqqg, 1 mg	EVENITY	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	JUBBONTI	Part B Drug	PA
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg (Code Price is based on median pricing methodology)	OSENVELT	Part B Drug	PA
J0897	Injection, denosumab, 1 mg (Code price uses median pricing methodology)	PROLIA	Part B Drug	
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg (Code Price is based on median pricing methodology)	STOBOCLO	Part B Drug	PA
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	WYOST	Part B Drug	PA
J0897	Injection, denosumab, 1 mg (Code price uses median pricing methodology)	XGEVA	Part B Drug	
<b>Calcineurin Inhibitors, Misc (90:28)</b>				
J7508	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg	ASTAGRAF XL	Part B Drug	B vs D
J7516	Injection, cyclosporine, 250 mg	<i>cyclosporine intravenous</i>	Part B Drug	
J7502	Cyclosporine, oral, 100 mg	<i>cyclosporine modified</i>	Part B Drug	B vs D
J7515	Cyclosporine, oral, 25 mg	<i>cyclosporine modified</i>	Part B Drug	B vs D
J7502	Cyclosporine, oral, 100 mg	<i>cyclosporine oral</i>	Part B Drug	B vs D
J7515	Cyclosporine, oral, 25 mg	<i>cyclosporine oral</i>	Part B Drug	B vs D
J7503	Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg (Code re-used by CMS effective 1/1/16)	ENVARUSUS XR	Part B Drug	B vs D
J7502	Cyclosporine, oral, 100 mg	GENGRAF	Part B Drug	B vs D
J7515	Cyclosporine, oral, 25 mg	GENGRAF	Part B Drug	B vs D
J7502	Cyclosporine, oral, 100 mg	NEORAL	Part B Drug	B vs D
J7515	Cyclosporine, oral, 25 mg	NEORAL	Part B Drug	B vs D
J7525	Tacrolimus, parenteral, 5 mg	PROGRAF INTRAVENOUS	Part B Drug	
J7507	Tacrolimus, immediate release, oral, per 1 mg	PROGRAF ORAL	Part B Drug	B vs D

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7521	Tacrolimus, granules, oral suspension, 0.1 mg (Code price based on median pricing methodology)	PROGRAF ORAL	Part B Drug	B vs D
J7502	Cyclosporine, oral, 100 mg	SANDIMMUNE 100 MG/ML SOLN	Part B Drug	B vs D
J7516	Injection, cyclosporine, 250 mg	SANDIMMUNE INTRAVENOUS	Part B Drug	
J7515	Cyclosporine, oral, 25 mg	SANDIMMUNE ORAL	Part B Drug	B vs D
J7507	Tacrolimus, immediate release, oral, per 1 mg	<i>tacrolimus oral</i>	Part B Drug	B vs D
J7508	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg	<i>tacrolimus oral</i>	Part B Drug	B vs D
<b>Complement Inhibitor Agents (90:20)</b>				
Q5152	Injection, eculizumab-aeab (bkemv), biosimilar, 2 mg	BKEMV	Part B Drug	PA
J3490	Unclassified drugs	EMPAVELI	Part B Drug	B vs D
J1302	Injection, sutimlimab-jome, 10 mg	ENJAYMO	Part B Drug	PA
J2782	Injection, avacincapted pegol, 0.1 mg	IZERVAY (PF)	Part B Drug	PA
J1307	Injection, crovalimab-akkz, 10 mg	PIASKY	Part B Drug	PA
J1299	Injection, eculizumab, 2 mg	SOLIRIS	Part B Drug	PA
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	SYFOVRE (PF)	Part B Drug	PA
J1303	Injection, ravulizumab-cwvz, 10 mg	ULTOMIRIS	Part B Drug	PA
<b>Complement Inhibitors (90:08)</b>				
C9399	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)	ZILBRYSQ	Part B Drug	PA
J3490	Unclassified drugs	ZILBRYSQ	Part B Drug	PA
<b>Disease-Modifying Antirheumat Drugs Misc</b>				
J3380	Injection, vedolizumab, intravenous, 1 mg	ENTYVIO	Part B Drug	PA
C9399	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)	ENTYVIO PEN	Part D Drug	

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

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J3590	Unclassified biologics	ENTYVIO PEN	Part D Drug	
J0129	Injection, abatacept, 10 mg (Code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug self administered)	ORENCIA (WITH MALTOSE)	Part B Drug	PA
J0129	Injection, abatacept, 10 mg (Code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug self administered)	ORENCIA CLICKJECT	Part D Drug	
<b><i>Disease-Modifying Antirheumatic Drugs</i></b>				
J8611	Methotrexate (jylamvo), oral, 2.5 mg	JYLAMVO	Medicare Chemo	B vs D
J8610	Methotrexate, oral, 2.5 mg	<i>methotrexate sodium oral</i>	Medicare Chemo	B vs D
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	RIABNI	Part B Drug	PA
J9312	Injection, rituximab, 10 mg	RITUXAN	Medicare Chemo	PA
J9311	Injection, rituximab 10 mg and hyaluronidase	RITUXAN HYCELA	Medicare Chemo	PA
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	RUXIENCE	Medicare Chemo	
J1628	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	TREMFYA INTRAVENOUS	Part B Drug	PA
J1628	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	TREMFYA ONE-PRESS	Part D Drug	
J1628	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	TREMFYA PEN	Part D Drug	
J1628	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	TREMFYA PEN INDUCTION PK-CROHN	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1628	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	TREMFYA SUBCUTANEOUS	Part D Drug	
J8610	Methotrexate, oral, 2.5 mg	TREXALL	Medicare Chemo	B vs D
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	TRUXIMA	Medicare Chemo	
J8612	Methotrexate (xatmep), oral, 2.5 mg	XATMEP	Part B Drug	B vs D
<b>Igg1 Monoclonal Antibodies</b>				
J0490	Injection, belimumab, 10 mg	BENLYSTA INTRAVENOUS	Part B Drug	PA
C9399	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)	BENLYSTA SUBCUTANEOUS	Part D Drug	
J3590	Unclassified biologics	BENLYSTA SUBCUTANEOUS	Part D Drug	
J0491	Injection, anifrolumab-fnia, 1 mg	SAPHNELO	Part B Drug	PA
<b>Immunomodulatory Agents (90:00)</b>				
J9071	Injection, cyclophosphamide, (auromedics), 5 mg	<i>cyclophosphamide intravenous</i>	Medicare Chemo	
J9072	Injection, cyclophosphamide (frindovyx), 5 mg	<i>cyclophosphamide intravenous</i>	Medicare Chemo	
J9073	Injection, cyclophosphamide (dr. reddy's), 5 mg	<i>cyclophosphamide intravenous</i>	Medicare Chemo	
J9074	Injection, cyclophosphamide (sandoz), 5 mg	<i>cyclophosphamide intravenous</i>	Medicare Chemo	
J9075	Injection, cyclophosphamide, not otherwise specified, 5mg	<i>cyclophosphamide intravenous</i>	Medicare Chemo	
J9076	Injection, cyclophosphamide (baxter), 5 mg	<i>cyclophosphamide intravenous</i>	Medicare Chemo	
J8530	Cyclophosphamide, oral, 25 mg	<i>cyclophosphamide oral</i>	Part B Drug	B vs D

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7527	Everolimus, oral, 0.25 mg	<i>everolimus (immunosuppressive)</i>	Part B Drug	B vs D
J9072	Injection, cyclophosphamide (frindovyx), 5 mg	FRINDOVYX	Medicare Chemo	
J7527	Everolimus, oral, 0.25 mg	ZORTRESS	Part B Drug	B vs D
<b>Interferon Gamma Inhibitor Agents, Misc</b>				
J9210	Injection, emapalumab-lzsg, 1 mg	GAMIFANT	Part B Drug	PA
<b>Interferons</b>				
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 IU (All NDCs inactive as of 5/8/2024)	ALFERON N	Medicare Chemo	
J1830	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)	BETASERON SUBCUTANEOUS KIT	Part D Drug	
J1830	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)	EXTAVIA 0.3 MG KIT P/F, OUTER,SUV	Part D Drug	
J1830	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)	EXTAVIA 0.3 MG KIT P/F,INNER,SUV	Part D Drug	
J1830	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)	EXTAVIA 0.3 MG VIAL	Part D Drug	
<b>Interleukin Inhibitor Agents, Misc</b>				
J0480	Injection, basiliximab, 20 mg	SIMULECT	Part B Drug	
J2357	Injection, omalizumab, 5 mg	XOLAIR	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<i>Interleukin-Mediated Agents, Misc</i>				
Q0249	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	ACTEMRA 200 MG/10 ML VIAL	Not Covered	
J3262	Injection, tocilizumab, 1 mg (For billing prior to 1/1/11 use J3590 or C9264)	ACTEMRA 200 MG/10 ML VIAL	Part B Drug	PA
Q0249	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	ACTEMRA 400 MG/20 ML VIAL	Not Covered	
J3262	Injection, tocilizumab, 1 mg (For billing prior to 1/1/11 use J3590 or C9264)	ACTEMRA 400 MG/20 ML VIAL	Part B Drug	PA
Q0249	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	ACTEMRA 80 MG/4 ML VIAL	Not Covered	
J3262	Injection, tocilizumab, 1 mg (For billing prior to 1/1/11 use J3590 or C9264)	ACTEMRA 80 MG/4 ML VIAL	Part B Drug	PA
C9399	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)	ACTEMRA ACTPEN	Part D Drug	
J3590	Unclassified biologics	ACTEMRA ACTPEN	Part D Drug	
C9399	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)	ACTEMRA SUBCUTANEOUS	Part D Drug	
J3590	Unclassified biologics	ACTEMRA SUBCUTANEOUS	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q0237	Injection, tocilizumab-anoh, for hospitalized adult patients 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	AVTOZMA	Part B Drug	PA
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	AVTOZMA	Part B Drug	PA
C9399	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)	COSENTYX (2 SYRINGES)	Part D Drug	
J3590	Unclassified biologics	COSENTYX (2 SYRINGES)	Part D Drug	
J3247	Injection, secukinumab, intravenous, 1 mg	COSENTYX INTRAVENOUS	Part B Drug	PA
C9399	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)	COSENTYX PEN	Part D Drug	
J3590	Unclassified biologics	COSENTYX PEN	Part D Drug	
C9399	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)	COSENTYX PEN (2 PENS)	Part D Drug	
J3590	Unclassified biologics	COSENTYX PEN (2 PENS)	Part D Drug	
C9399	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)	COSENTYX SUBCUTANEOUS	Part D Drug	
J3590	Unclassified biologics	COSENTYX SUBCUTANEOUS	Part D Drug	
C9399	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)	COSENTYX UNOREADY PEN	Part D Drug	
J3590	Unclassified biologics	COSENTYX UNOREADY PEN	Part D Drug	
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	IMULDOSA INTRAVENOUS	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	IMULDOSA SUBCUTANEOUS	Part D Drug	
C9399	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)	KEVZARA	Part D Drug	
J3590	Unclassified biologics	KEVZARA	Part D Drug	
J3590	Unclassified biologics	KINERET	Part D Drug	
Q9999	Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg	OTULFI INTRAVENOUS	Part B Drug	PA
Q9999	Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg	OTULFI SUBCUTANEOUS	Part D Drug	
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	PYZCHIVA INTRAVENOUS	Part B Drug	PA
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	PYZCHIVA SUBCUTANEOUS SYRINGE	Part D Drug	
Q9998	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	SELARSDI INTRAVENOUS	Part B Drug	PA
Q9998	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	SELARSDI SUBCUTANEOUS	Part D Drug	
J3358	Ustekinumab, for intravenous injection, 1 mg (For billing prior to 1/1/18 use Q9989)	STELARA INTRAVENOUS	Part B Drug	PA
C9261	Injection, ustekinumab, 1 mg (Code deleted effective 12/31/10 - see J3357)	STELARA SUBCUTANEOUS	Part D Drug	
J3357	Ustekinumab, for subcutaneous injection, 1 mg (Code price based on median pricing methodology)	STELARA SUBCUTANEOUS	Part D Drug	
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	STEQEYMA	Part D Drug	
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	STEQEYMA I.V.	Part B Drug	PA
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	TOFIDENCE	Part B Drug	PA
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	TYENNE AUTOINJECTOR	Part D Drug	
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	TYENNE INTRAVENOUS	Part B Drug	PA
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	TYENNE SUBCUTANEOUS	Part D Drug	
J3358	Ustekinumab, for intravenous injection, 1 mg (For billing prior to 1/1/18 use Q9989)	<i>ustekinumab intravenous</i>	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J3357	Ustekinumab, for subcutaneous injection, 1 mg (Code price based on median pricing methodology)	<i>ustekinumab subcutaneous</i>	Part D Drug	
Q9998	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	<i>ustekinumab-aekn</i>	Part D Drug	
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	<i>ustekinumab-ttwe intravenous</i>	Part B Drug	PA
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	<i>ustekinumab-ttwe subcutaneous</i>	Part D Drug	
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	WEZLANA	Part D Drug	
Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	WEZLANA I.V.	Part B Drug	PA
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	YESINTEK INTRAVENOUS	Part B Drug	PA
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	YESINTEK SUBCUTANEOUS	Part D Drug	
<b>Monoclonal Antibodies (90:04)</b>				
J2329	Injection, ublituximab-xiyy, 1mg	BRIUMVI	Part B Drug	
C9399	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)	KESIMPTA PEN	Part D Drug	
J3590	Unclassified biologics	KESIMPTA PEN	Part D Drug	
J0202	Injection, alemtuzumab, 1 mg	LEMTRADA	Part B Drug	PA
J2350	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)	OCREVUS	Part B Drug	
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	TYRUKO	Part B Drug	PA
J2323	Injection, natalizumab, 1 mg	TYSABRI	Part B Drug	PA
<b>Monoclonal Antibodies (90:10)</b>				
J0172	Injection, aducanumab-avwa, 2 mg (All NDCs inactive as of 1/9/2025)	ADUHELM 170 MG/1.7 ML VIAL	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0172	Injection, aducanumab-avwa, 2 mg (All NDCs inactive as of 1/9/2025)	ADUHELM 300 MG/3 ML VIAL	Part B Drug	PA
J0175	Injection, donanemab-azbt, 2 mg	KISUNLA	Part B Drug	PA
J0174	Injection, lecanemab-irmb, 1 mg	LEQEMBI	Part B Drug	PA
<b>Monoclonal Antibodies (90:12)</b>				
J1823	Injection, inebilizumab-cdon, 1 mg	UPLIZNA	Part B Drug	PA
<b>Mtor Inhibitors, Miscellaneous</b>				
J7520	Sirolimus, oral, 1 mg	RAPAMUNE 0.5 MG TABLET	Part B Drug	B vs D
J7520	Sirolimus, oral, 1 mg	RAPAMUNE 1 MG TABLET	Part B Drug	B vs D
J7520	Sirolimus, oral, 1 mg	RAPAMUNE 1 MG TABLET 10X10, U-D	Part B Drug	B vs D
J7520	Sirolimus, oral, 1 mg	RAPAMUNE 1 MG/ML ORAL SOLN INNER	Part B Drug	B vs D
J7520	Sirolimus, oral, 1 mg	RAPAMUNE 1 MG/ML ORAL SOLN OUTER	Part B Drug	B vs D
J7520	Sirolimus, oral, 1 mg	RAPAMUNE 2 MG TABLET	Part B Drug	B vs D
J7520	Sirolimus, oral, 1 mg	<i>sirolimus</i>	Part B Drug	B vs D
<b>Neonatal Fc Receptor Blockers</b>				
C9305	Injection, nipocalimab-aahu, 3 mg	IMAAVY	Part B Drug	PA
J9333	Injection, rozanolixizumab-noli, 1 mg	RYSTIGGO	Part B Drug	PA
J9332	Injection, efgartigimod alfa-fcab, 2mg	VYVGART	Part B Drug	PA
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	VYVGART HYTRULO SUBCUTANEOUS SOLUTION	Part B Drug	PA
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	VYVGART HYTRULO SUBCUTANEOUS SYRINGE	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b><i>Polyclonal Antibodies, Miscellaneous</i></b>				
J7504	Lymphocyte immune globulin, anti-thymocyte globulin, equine, parenteral, 250 mg	ATGAM	Part B Drug	
<b><i>T-Cell Costimulatory Blockers, Misc</i></b>				
J0485	Injection, belatacept, 1 mg (For billing prior to 1/1/13 use C9286 or J3590)	NULOJIX	Part B Drug	PA
<b><i>Tumor Necrosis Factor Inhibitors, Misc</i></b>				
Q5132	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg (Effective 1/1/2024 use NDC level pricing for appropriate reimbursement based on NDC submitted)(Code deleted effective 12/31/2024)	ABRILADA(CF)	Part D Drug	
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg (Recommend NDC Level Pricing)	ABRILADA(CF)	Part D Drug	
Q5132	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg (Effective 1/1/2024 use NDC level pricing for appropriate reimbursement based on NDC submitted)(Code deleted effective 12/31/2024)	ABRILADA(CF) PEN	Part D Drug	
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg (Recommend NDC Level Pricing)	ABRILADA(CF) PEN	Part D Drug	
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg (Code deleted effective 12/31/2024)	<i>adalimumab-aacf</i>	Part D Drug	
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	<i>adalimumab-aacf</i>	Part D Drug	
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg (Code deleted effective 12/31/2024)	ADALIMUMAB-AACF(CF) PEN CROHNS	Part D Drug	
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	ADALIMUMAB-AACF(CF) PEN CROHNS	Part D Drug	
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg (Code deleted effective 12/31/2024)	ADALIMUMAB-AACF(CF) PEN PS-UV	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	ADALIMUMAB-AACF(CF) PEN PS-UV	Part D Drug	
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg (Recommend NDC Level Pricing)	<i>adalimumab-aaty</i>	Part D Drug	
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg (Recommend NDC Level Pricing)	ADALIMUMAB-AATY(CF) AI CROHNS	Part D Drug	
C9399	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)	<i>adalimumab-adaz</i>	Part D Drug	
J3590	Unclassified biologics	<i>adalimumab-adaz</i>	Part D Drug	
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg (Recommend NDC Level Pricing)	<i>adalimumab-adbm</i>	Part D Drug	
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg (Recommend NDC Level Pricing)	ADALIMUMAB-ADB(M)CF PEN CROHNS	Part D Drug	
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg (Recommend NDC Level Pricing)	ADALIMUMAB-ADB(M)CF PEN PS-UV	Part D Drug	
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg (Recommend NDC Level Pricing)	<i>adalimumab-fkjp</i>	Part D Drug	
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg (Recommend NDC Level Pricing)	<i>adalimumab-fkjp(cf) 20 mg/0.4 ml syringe</i>	Part D Drug	
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg (Recommend NDC Level Pricing)	<i>adalimumab-fkjp(cf) 40 mg/0.8 ml syringe</i>	Part D Drug	
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg (Recommend NDC Level Pricing)	<i>adalimumab-fkjp(cf) pen 40 mg/0.8 ml</i>	Part D Drug	
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	<i>adalimumab-ryvk</i>	Part D Drug	
C9399	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)	AMJEVITA(CF)	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J3590	Unclassified biologics	AMJEVITA(CF)	Part D Drug	
C9399	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)	AMJEVITA(CF) AUTOINJECTOR	Part D Drug	
J3590	Unclassified biologics	AMJEVITA(CF) AUTOINJECTOR	Part D Drug	
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	AVSOLA	Part B Drug	PA; ST applies
C9399	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)	CDV HYRIMOZ 40 MG/0.8 ML SYR INNER, SUV, P/F	Part D Drug	
J3590	Unclassified biologics	CDV HYRIMOZ 40 MG/0.8 ML SYR INNER, SUV, P/F	Part D Drug	
C9399	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)	CDV HYRIMOZ 40 MG/0.8 ML SYR OUTER, SUV, P/F	Part D Drug	
J3590	Unclassified biologics	CDV HYRIMOZ 40 MG/0.8 ML SYR OUTER, SUV, P/F	Part D Drug	
C9399	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)	CDV HYRIMOZ PEN 40 MG/0.8 ML INNER, SUV, P/F	Part D Drug	
J3590	Unclassified biologics	CDV HYRIMOZ PEN 40 MG/0.8 ML INNER, SUV, P/F	Part D Drug	
C9399	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)	CDV HYRIMOZ PEN 40 MG/0.8 ML OUTER, SUV, P/F	Part D Drug	
J3590	Unclassified biologics	CDV HYRIMOZ PEN 40 MG/0.8 ML OUTER, SUV, P/F	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0717	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)	CIMZIA 2X200 MG/ML SYRINGE KIT	Part B Drug	PA
J0717	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)	CIMZIA POWDER FOR RECONST	Part B Drug	PA
J0717	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)	CIMZIA STARTER KIT	Part B Drug	PA
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg (Recommend NDC Level Pricing)	CYLTEZO(CF)	Part D Drug	
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg (Recommend NDC Level Pricing)	CYLTEZO(CF) PEN	Part D Drug	
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg (Recommend NDC Level Pricing)	CYLTEZO(CF) PEN CROHN'S-UC-HS	Part D Drug	
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg (Recommend NDC Level Pricing)	CYLTEZO(CF) PEN PSORIASIS-UV	Part D Drug	
J1438	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)	ENBREL	Part D Drug	
J1438	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)	ENBREL 25 MG KIT INNER, MDV	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1438	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)	ENBREL 25 MG KIT OUTER, MDV	Part D Drug	
J1438	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)	ENBREL MINI	Part D Drug	
J1438	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)	ENBREL SURECLICK	Part D Drug	
C9399	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)	HADLIMA	Part D Drug	
J3590	Unclassified biologics	HADLIMA	Part D Drug	
C9399	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)	HADLIMA PUSHTOUCH	Part D Drug	
J3590	Unclassified biologics	HADLIMA PUSHTOUCH	Part D Drug	
C9399	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)	HADLIMA(CF)	Part D Drug	
J3590	Unclassified biologics	HADLIMA(CF)	Part D Drug	
C9399	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)	HADLIMA(CF) PUSHTOUCH	Part D Drug	
J3590	Unclassified biologics	HADLIMA(CF) PUSHTOUCH	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg (Recommend NDC Level Pricing)	HULIO(CF)	Part D Drug	
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg (Recommend NDC Level Pricing)	HULIO(CF) 20 MG/0.4 ML SYRINGE	Part D Drug	
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg (Recommend NDC Level Pricing)	HULIO(CF) 40 MG/0.8 ML SYRINGE	Part D Drug	
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg (Recommend NDC Level Pricing)	HULIO(CF) PEN	Part D Drug	
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg (Recommend NDC Level Pricing)	HULIO(CF) PEN 40 MG/0.8 ML	Part D Drug	
J0135	Injection, adalimumab, 20 mg (Effective 6/1/18 use NDC level pricing for appropriate reimbursement based on NDC submitted)(Code deleted effective 12/31/2024)	HUMIRA	Part D Drug	
J0139	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	HUMIRA	Part D Drug	
J0135	Injection, adalimumab, 20 mg (Effective 6/1/18 use NDC level pricing for appropriate reimbursement based on NDC submitted)(Code deleted effective 12/31/2024)	HUMIRA PEN	Part D Drug	
J0139	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	HUMIRA PEN	Part D Drug	
J0135	Injection, adalimumab, 20 mg (Effective 6/1/18 use NDC level pricing for appropriate reimbursement based on NDC submitted)(Code deleted effective 12/31/2024)	HUMIRA PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML	Part D Drug	
J0139	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	HUMIRA PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML	Part D Drug	
J0135	Injection, adalimumab, 20 mg (Effective 6/1/18 use NDC level pricing for appropriate reimbursement based on NDC submitted)(Code deleted effective 12/31/2024)	HUMIRA PEN PSORIASIS-UVEITIS-ADOL HS STARTER 40 MG/0.8 ML	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0139	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	HUMIRA PEN PSORIASIS- UVEITIS-ADOL HS STARTER 40 MG/0.8 ML	Part D Drug	
J0135	Injection, adalimumab, 20 mg (Effective 6/1/18 use NDC level pricing for appropriate reimbursement based on NDC submitted)(Code deleted effective 12/31/2024)	HUMIRA(CF)	Part D Drug	
J0139	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	HUMIRA(CF)	Part D Drug	
J0135	Injection, adalimumab, 20 mg (Effective 6/1/18 use NDC level pricing for appropriate reimbursement based on NDC submitted)(Code deleted effective 12/31/2024)	HUMIRA(CF) PEDIATRIC CROHN'S START 80 MG/0.8 ML- 40 MG/0.4 ML	Part D Drug	
J0139	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	HUMIRA(CF) PEDIATRIC CROHN'S START 80 MG/0.8 ML- 40 MG/0.4 ML	Part D Drug	
J0135	Injection, adalimumab, 20 mg (Effective 6/1/18 use NDC level pricing for appropriate reimbursement based on NDC submitted)(Code deleted effective 12/31/2024)	HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SYRINGE	Part D Drug	
J0139	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SYRINGE	Part D Drug	
J0135	Injection, adalimumab, 20 mg (Effective 6/1/18 use NDC level pricing for appropriate reimbursement based on NDC submitted)(Code deleted effective 12/31/2024)	HUMIRA(CF) PEN	Part D Drug	
J0139	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	HUMIRA(CF) PEN	Part D Drug	
J0135	Injection, adalimumab, 20 mg (Effective 6/1/18 use NDC level pricing for appropriate reimbursement based on NDC submitted)(Code deleted effective 12/31/2024)	HUMIRA(CF) PEN CROHNS-UC- HS	Part D Drug	
J0139	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	HUMIRA(CF) PEN CROHNS-UC- HS	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0135	Injection, adalimumab, 20 mg (Effective 6/1/18 use NDC level pricing for appropriate reimbursement based on NDC submitted)(Code deleted effective 12/31/2024)	HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML	Part D Drug	
J0139	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML	Part D Drug	
J0135	Injection, adalimumab, 20 mg (Effective 6/1/18 use NDC level pricing for appropriate reimbursement based on NDC submitted)(Code deleted effective 12/31/2024)	HUMIRA(CF) PEN PSOR-UV-ADOL HS	Part D Drug	
J0139	Injection, adalimumab, 1 mg (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	HUMIRA(CF) PEN PSOR-UV-ADOL HS	Part D Drug	
C9399	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)	HYRIMOZ PEN CROHN'S-UC STARTER	Part D Drug	
J3590	Unclassified biologics	HYRIMOZ PEN CROHN'S-UC STARTER	Part D Drug	
C9399	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)	HYRIMOZ PEN PSORIASIS STARTER	Part D Drug	
J3590	Unclassified biologics	HYRIMOZ PEN PSORIASIS STARTER	Part D Drug	
C9399	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)	HYRIMOZ(CF)	Part D Drug	
J3590	Unclassified biologics	HYRIMOZ(CF)	Part D Drug	
C9399	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)	HYRIMOZ(CF) PEDI CROHN STARTER	Part D Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J3590	Unclassified biologics	HYRIMOZ(CF) PEDI CROHN STARTER	Part D Drug	
C9399	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)	HYRIMOZ(CF) PEN	Part D Drug	
J3590	Unclassified biologics	HYRIMOZ(CF) PEN	Part D Drug	
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg (Code deleted effective 12/31/2024)	IDACIO(CF) 40 MG/0.8 ML SYRINGE (2 PACK)	Part D Drug	
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	IDACIO(CF) 40 MG/0.8 ML SYRINGE (2 PACK)	Part D Drug	
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg (Code deleted effective 12/31/2024)	IDACIO(CF) PEN 40 MG/0.8 ML	Part D Drug	
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	IDACIO(CF) PEN 40 MG/0.8 ML	Part D Drug	
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg (Code deleted effective 12/31/2024)	IDACIO(CF) PEN 40 MG/0.8 ML (2 PACK)	Part D Drug	
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	IDACIO(CF) PEN 40 MG/0.8 ML (2 PACK)	Part D Drug	
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg (Code deleted effective 12/31/2024)	IDACIO(CF) PEN CROHN'S-UC START 40 MG/0.8 ML (6 PACK)	Part D Drug	
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	IDACIO(CF) PEN CROHN'S-UC START 40 MG/0.8 ML (6 PACK)	Part D Drug	
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg (Code deleted effective 12/31/2024)	IDACIO(CF) PEN PLAQUE PSORIASIS STARTER 40 MG/0.8 ML (4PK)	Part D Drug	
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	IDACIO(CF) PEN PLAQUE PSORIASIS STARTER 40 MG/0.8 ML (4PK)	Part D Drug	
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	INFLECTRA	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J1745	Injection, infliximab, excludes biosimilar, 10 mg (Code is to be used for Remicade or Infliximab)	<i>infliximab</i>	Part B Drug	PA; ST applies
J1745	Injection, infliximab, excludes biosimilar, 10 mg (Code is to be used for Remicade or Infliximab)	REMICADE	Part B Drug	PA; ST applies
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	RENFLEXIS	Part B Drug	
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	SIMLANDI(CF)	Part D Drug	
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	SIMLANDI(CF) AUTOINJECTOR	Part D Drug	
C9399	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)	SIMPONI	Part D Drug	
J3590	Unclassified biologics	SIMPONI	Part D Drug	
J1602	Injection, golimumab, 1 mg, for intravenous use (For billing prior to 1/1/14 use C9399 or J3590)	SIMPONI ARIA	Part B Drug	PA
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg (Recommend NDC Level Pricing)	YUFLYMA(CF)	Part D Drug	
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg (Recommend NDC Level Pricing)	YUFLYMA(CF) AI CROHN'S-UC-HS	Part D Drug	
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg (Recommend NDC Level Pricing)	YUFLYMA(CF) AUTOINJECTOR	Part D Drug	
C9399	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)	YUSIMRY(CF) PEN	Part D Drug	
J3590	Unclassified biologics	YUSIMRY(CF) PEN	Part D Drug	
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	ZYMFENTRA	Part B Drug	PA; ST applies
<b>Local Anesthetics</b>				
<i>Local Anesthetics</i>				
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	<i>bupivacaine (pf)</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	<i>bupivacaine hcl</i>	Part B Drug	
J0666	Injection, bupivacaine liposome, 1 mg	<i>bupivacaine liposome (pf)</i>	Part B Drug	
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	<i>bupivacaine-dextrose-water(pf)</i>	Part B Drug	
J0666	Injection, bupivacaine liposome, 1 mg	EXPAREL (PF)	Part B Drug	
J2403	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg	IHEEZO (PF)	Part B Drug	PA
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	MARCAINE	Part B Drug	
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	MARCAINE (PF)	Part B Drug	
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	MARCAINE SPINAL (PF)	Part B Drug	
C9144	Injection, bupivacaine (posimir), 1 mg	POSIMIR	Part B Drug	
J3490	Unclassified drugs	POSIMIR	Part B Drug	
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	SENSORCAINE	Part B Drug	
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	SENSORCAINE-MPF	Part B Drug	
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	SENSORCAINE-MPF SPINAL	Part B Drug	
C9089	Bupivacaine, collagen-matrix implant, 1 mg	XARACOLL	Part B Drug	
J3490	Unclassified drugs	XARACOLL	Part B Drug	
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg (Code deleted effective 9/30/2025)	ZYNRELEF	Part B Drug	
J0668	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	ZYNRELEF	Part B Drug	
<b>Miscellaneous Therapeutic Agents</b>				
<b><i>Antigout Agents</i></b>				
J0206	Injection, allopurinol sodium, 1 mg	<i>allopurinol sodium</i>	Part B Drug	
J0206	Injection, allopurinol sodium, 1 mg	ALOPRIM	Part B Drug	
J2507	Injection, pegloticase, 1 mg (For billing prior to 1/1/12 use J3590 or C9281)	KRYSTEXXA	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
<b>Antisense Oligonucleotides</b>				
J1426	Injection, casimersen, 10 mg	AMONDYS-45	Part B Drug	PA
J1428	Injection, eteplirsen, 10 mg (For billing prior to 1/1/18 use J3490 or C9484 for OPSS billing)	EXONDYS-51	Part B Drug	PA
J2326	Injection, nusinersen, 0.1 mg (For billing prior to 1/1/18 use J3490 or C9489 for OPSS billing)	SPINRAZA (PF)	Part B Drug	PA
J1427	Injection, viltolarsen, 10 mg	VILTEPSO	Part B Drug	PA
J1429	Injection, golodirsen, 10 mg	VYONDYS-53	Part B Drug	PA
<b>Bone Anabolic Agents</b>				
J3110	Injection, teriparatide, 10 mcg	FORTEO	Part D Drug	
J3110	Injection, teriparatide, 10 mcg	<i>teriparatide</i>	Part D Drug	
<b>Bone Resorption Inhibitors</b>				
J1000	Injection, depo-estradiol cypionate, up to 5 mg	DEPO-ESTRADIOL	Part B Drug	
J1740	Injection, ibandronate sodium, 1 mg	<i>ibandronate intravenous</i>	Part B Drug	PA
J2430	Injection, pamidronate disodium, per 30 mg	<i>pamidronate intravenous solution</i>	Part B Drug	
J3489	Injection, zoledronic acid, 1 mg	RECLAST	Part B Drug	
J3489	Injection, zoledronic acid, 1 mg	<i>zoledronic acid intravenous solution</i>	Part B Drug	
J3489	Injection, zoledronic acid, 1 mg	<i>zoledronic acid-mannitol-water</i>	Part B Drug	
J3489	Injection, zoledronic acid, 1 mg	<i>zoledronic ac-mannitol-0.9nacl</i>	Part B Drug	
<b>Bradykinin Receptor Antagonists</b>				
J1744	Injection, icatibant, 1 mg (For billing prior to 1/1/13 use J3490 or C9399)	FIRAZYR	Part D Drug	
J1744	Injection, icatibant, 1 mg (For billing prior to 1/1/13 use J3490 or C9399)	<i>icatibant</i>	Part D Drug	

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

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J1744	Injection, icatibant, 1 mg (For billing prior to 1/1/13 use J3490 or C9399)	SAJAZIR	Part D Drug	
<b>Complement Inhibitors (92:32)</b>				
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units (For billing prior to 1/1/11 use J3590 or C9269)	BERINERT	Part D Drug	
J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	CINRYZE	Part B Drug	PA
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	HAEGARDA	Part D Drug	
J0596	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units (For billing prior to 1/1/16 use C9445 or J3590)	RUCONEST	Part D Drug	
J9376	Injection, pozelimab-bbfg, 1 mg	VEOPOZ	Part B Drug	PA
<b>Complement Inhibitors</b>				
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	EPYSQLI	Part B Drug	PA
<b>Immunomodulatory Agents</b>				
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	OCREVUS ZUNOVO	Part B Drug	
J9015	Injection, aldesleukin, per single-use vial	PROLEUKIN	Part B Drug	
<b>Other Miscellaneous Therapeutic Agents</b>				
J0225	Injection, vutrisiran, 1 mg	AMVUTTRA	Part B Drug	PA
J1955	Injection, levocarnitine, per 1 g	CARNITOR INTRAVENOUS	Part B Drug	
J0223	Injection, givosiran, 0.5 mg	GIVLAARI	Part B Drug	PA
J0591	Injection, deoxycholic acid, 1 mg	KYBELLA	Not Covered	
J1955	Injection, levocarnitine, per 1 g	<i>levocarnitine intravenous</i>	Part B Drug	
J9038	Injection, axatilimab-csfr, 0.1 mg	NIKTIMVO	Part B Drug	PA
J1809	Injection, fosdenopterin, 0.1 mg	NULIBRY	Part B Drug	PA
J0222	Injection, Patisiran, 0.1 mg	ONPATTRO	Part B Drug	PA
J0224	Injection, lumasiran, 0.5 mg	OXLUMO	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
C9399	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)	RIVFLOZA	Part B Drug	PA
J3490	Unclassified drugs	RIVFLOZA	Part B Drug	PA
<b>Protective Agents</b>				
J7352	Afamelanotide implant, 1 mg	SCENESSE	Part B Drug	PA
<b>Oxytocics</b>				
<b>Oxytocics</b>				
J0675	Injection, carboprost tromethamine, 0.1 mg	<i>carboprost tromethamine</i>	Part B Drug	
J0675	Injection, carboprost tromethamine, 0.1 mg	HEMABATE	Part B Drug	
J2210	Injection, methylergonovine maleate, up to 0.2 mg	<i>methylergonovine injection</i>	Part B Drug	
<b>Radioactive Agents</b>				
<b>Radioactive Agents</b>				
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	PLUVICTO	Medicare Chemo	PA
A9601	Flortaucipir f 18 injection, diagnostic, 1 millicurie	TAUVID	Part B Drug	
A9606	Radium Ra-223 dichloride, therapeutic, per microcurie (For billing prior to 1/1/15 use C9399 or A9699)	XOFIGO	Medicare Chemo	
<b>Respiratory Tract Agents</b>				
<b>Alpha And Beta Adrenergic Agonist(Respr)</b>				
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	ADRENALIN	Part B Drug	
J0169	Injection, epinephrine (adrenalin), not therapeutically equivalent to j0165, 0.1 mg	ADRENALIN	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	ADRENALIN	Part B Drug	
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	ADYPHREN	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	ADYPHREN	Part B Drug	
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	ADYPHREN AMP	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	ADYPHREN AMP	Part B Drug	
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	ADYPHREN II	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	ADYPHREN II	Part B Drug	
J3490	Unclassified drugs	AUVI-Q	Part D Drug	
J0164	Injection, epinephrine in sodium chloride (baxter), 0.1 mg	<i>epineph bitart in 0.9% sod chl intravenous solution</i>	Part B Drug	
J0168	Injection, epinephrine (international medication systems), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine 0.1 mg/ml syringe suv</i>	Part B Drug	
J0167	Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine 1 mg/10 ml abbojct inner, suv</i>	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	<i>epinephrine 1 mg/10 ml abbojct inner, suv</i>	Part B Drug	
J0167	Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine 1 mg/10 ml abbojct outer, suv</i>	Part B Drug	
J0167	Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine 1 mg/10 ml abbojct suv, inner</i>	Part B Drug	
J0167	Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine 1 mg/10 ml abbojct suv, outer</i>	Part B Drug	
J0168	Injection, epinephrine (international medication systems), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine 1 mg/10 ml luerjet suv</i>	Part B Drug	
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	<i>epinephrine hcl (pf)</i>	Part B Drug	
J0166	Injection, epinephrine (bpi), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine hcl (pf)</i>	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	<i>epinephrine hcl (pf)</i>	Part B Drug	
J0173	Injection, epinephrine (belcher), not therapeutically equivalent to j0171, 0.1 mg (Code deleted effective 6/30/2025)	<i>epinephrine hcl (pf)</i>	Part B Drug	
J3490	Unclassified drugs	<i>epinephrine injection auto-injector</i>	Part D Drug	
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	<i>epinephrine injection solution</i>	Part B Drug	
J0166	Injection, epinephrine (bpi), not therapeutically equivalent to j0165, 0.1 mg	<i>epinephrine injection solution</i>	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	<i>epinephrine injection solution</i>	Part B Drug	
J0173	Injection, epinephrine (belcher), not therapeutically equivalent to j0171, 0.1 mg (Code deleted effective 6/30/2025)	<i>epinephrine injection solution</i>	Part B Drug	
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	EPINEPHRINE PROFESSIONAL	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	EPINEPHRINE PROFESSIONAL	Part B Drug	
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	EPINEPHRINE PROFESSIONL EMS KT	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	EPINEPHRINE PROFESSIONL EMS KT	Part B Drug	
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	EPINEPHRINESNAP	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	EPINEPHRINESNAP	Part B Drug	
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	EPINEPHRINESNAP-EMS	Part B Drug	
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	EPINEPHRINESNAP-EMS	Part B Drug	
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	EPINEPHRINESNAP-V	Part B Drug	

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J0171	Injection, adrenalin, epinephrine, 0.1 mg (Code deleted effective 6/30/2025)	EPINEPHRINESNAP-V	Part B Drug	
J3490	Unclassified drugs	EPIPEN	Part D Drug	
J3490	Unclassified drugs	EPIPEN 2-PAK	Part D Drug	
J3490	Unclassified drugs	EPIPEN JR 2-PAK	Part D Drug	
J3490	Unclassified drugs	NEFFY	Part D Drug	
J3490	Unclassified drugs	REZIPRES	Part B Drug	
<b>Anticholinergic Agents (Respir. Tract)</b>				
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	<i>ipratropium bromide inhalation</i>	Part B Drug	B vs D
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME	<i>ipratropium-albuterol</i>	Part B Drug	B vs D
J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	YUPELRI	Part B Drug	PA
<b>Dual Phosphodiesterase Inhibitor (48:34)</b>				
J7601	Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	OHTUVAYRE	Part B Drug	
<b>First Generation Antihist.(Respir Tract)</b>				
J1200	Injection, diphenhydramine HCl, up to 50 mg	<i>diphenhydramine hcl injection</i>	Part B Drug	
J2550	Injection, promethazine HCl, up to 50 mg	PHENERGAN	Part B Drug	
J2550	Injection, promethazine HCl, up to 50 mg	<i>promethazine injection</i>	Part B Drug	
<b>Interleukin Antagonists</b>				
J2786	Injection, reslizumab, 1 mg (For billing prior to 1/1/17 use J3590 or C9481 for OPSS billing)	CINQAIR	Part B Drug	PA

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

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J0517	Injection, benralizumab, 1 mg	FASENRA	Part B Drug	PA
J0517	Injection, benralizumab, 1 mg	FASENRA PEN	Part D Drug	
J0638	Injection, canakinumab, 1 mg (For billing prior to 1/1/11 use J3590 or C9399)	ILARIS (PF)	Part B Drug	PA
J2182	Injection, mepolizumab, 1 mg (For billing prior to 1/1/17 use J3590 or C9473 for OPPS billing)	NUCALA SUBCUTANEOUS AUTO-INJECTOR	Part D Drug	
J2182	Injection, mepolizumab, 1 mg (For billing prior to 1/1/17 use J3590 or C9473 for OPPS billing)	NUCALA SUBCUTANEOUS RECON SOLN	Part B Drug	PA
J2182	Injection, mepolizumab, 1 mg (For billing prior to 1/1/17 use J3590 or C9473 for OPPS billing)	NUCALA SUBCUTANEOUS SYRINGE	Part D Drug	
J2356	Injection, tezepelumab-ekko, 1 mg	TEZSPIRE	Part B Drug	PA
<b>Mast-Cell Stabilizers</b>				
J7631	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit-dose form, per 10 milligrams	<i>cromolyn inhalation</i>	Part B Drug	B vs D
J7631	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit-dose form, per 10 milligrams	<i>cromolyn oral</i>	Part B Drug	B vs D
<b>Mucolytic Agents</b>				
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram	<i>acetylcysteine</i>	Part B Drug	B vs D
J7639	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	PULMOZYME	Part B Drug	B vs D

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

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<b><i>Prostacyclin &amp; Prostacyclin Derivatives</i></b>				
Q4074	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms (Please note: AWP/WAC pricing is the same for the 10 mcg and 20 mcg unit dose vials. Therefore bill/reimburse 1 unit of the code regardless of strength used)	VENTAVIS	Part B Drug	B vs D
<b><i>Respiratory Tract Agents, Miscellaneous</i></b>				
C9399	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)	WINREVAIR	Part B Drug	PA
J3590	Unclassified biologics	WINREVAIR	Part B Drug	PA
<b><i>Second Generation Antihist(Respir Tract)</i></b>				
J1201	Injection, cetirizine hydrochloride, 0.5 mg	QUZYTIR	Part B Drug	PA
<b><i>Select. Beta-2-Adrenergic Agonist(Respir)</i></b>				
J7611	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg (Code reinstated effective 4/1/2008)	<i>albuterol sulfate inhalation solution for nebulization</i>	Part B Drug	B vs D
J7613	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg (Code reinstated effective 4/1/2008)	<i>albuterol sulfate inhalation solution for nebulization</i>	Part B Drug	B vs D
J7605	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	<i>arformoterol</i>	Part B Drug	B vs D
J7605	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	BROVANA	Part B Drug	B vs D

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

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J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	<i>formoterol fumarate</i>	Part B Drug	B vs D
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	<i>formoterol fumarate-nebulizer</i>	Part B Drug	B vs D
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME	<i>ipratropium-albuterol</i>	Part B Drug	B vs D
J7612	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg (Code reinstated effective 4/1/2008)	<i>levalbuterol hcl</i>	Part B Drug	B vs D
J7614	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg (Code reinstated effective 4/1/2008)	<i>levalbuterol hcl</i>	Part B Drug	B vs D
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	PERFOROMIST	Part B Drug	B vs D
J3105	Injection, terbutaline sulfate, up to 1 mg	<i>terbutaline subcutaneous</i>	Part B Drug	
J7614	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg (Code reinstated effective 4/1/2008)	XOPENEX 1.25 MG/3 ML SOLUTION P/F, 24'S	Part B Drug	B vs D
<b>Vasodilating Agents (Respiratory Tract)</b>				
J1749	Injection, iloprost, 0.1 mcg	AURLUMYN	Not Covered	
J1325	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	<i>epoprostenol</i>	Part B Drug	
J1325	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	<i>epoprostenol sodium 0.5 mg vl</i>	Part B Drug	

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

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J1325	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	<i>epoprostenol sodium 1.5 mg v1</i>	Part B Drug	
J1325	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	FLOLAN	Part B Drug	
J3285	Injection, treprostinil, 1 mg	REMODULIN 100 MG/20 ML VIAL	Part B Drug	PA
J3285	Injection, treprostinil, 1 mg	REMODULIN 20 MG/20 ML VIAL	Part B Drug	PA
J3285	Injection, treprostinil, 1 mg	REMODULIN 200 MG/20 ML VIAL	Part B Drug	PA
J3285	Injection, treprostinil, 1 mg	REMODULIN 50 MG/20 ML VIAL	Part B Drug	PA
J3285	Injection, treprostinil, 1 mg	<i>treprostinil sodium</i>	Part B Drug	PA
J7686	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)	TYVASO	Part B Drug	B vs D
J7686	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)	TYVASO INSTITUTIONAL START KIT	Part B Drug	B vs D
J7686	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)	TYVASO REFILL KIT	Part B Drug	B vs D
J7686	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)	TYVASO STARTER KIT	Part B Drug	B vs D
J1325	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	VELETRI	Part B Drug	
<b>Skin And Mucous Membrane Agents</b>				
<b><i>Antibacterials (84:04)</i></b>				
J0736	Injection, clindamycin phosphate, 300 mg	CLEOCIN 300 MG-D5W-GALAXY INNER, SINGLE USE	Part B Drug	
J0736	Injection, clindamycin phosphate, 300 mg	CLEOCIN INJECTION	Part B Drug	

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

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J0737	Injection, clindamycin phosphate (baxter), not therapeutically equivalent to j0736, 300 mg	<i>clindamycin in 0.9 % sod chlor</i>	Part B Drug	
J0736	Injection, clindamycin phosphate, 300 mg	<i>clindamycin in 5 % dextrose</i>	Part B Drug	
J0736	Injection, clindamycin phosphate, 300 mg	<i>clindamycin phosphate injection</i>	Part B Drug	
J1271	Injection, doxycycline hyclate, 1 mg	DOXY-100	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl inner, suv, plf</i>	Part B Drug	
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl inner, suv, plf</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl outer, suv, plf</i>	Part B Drug	
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl outer, suv, plf</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, inner</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, outer</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, suv, inner</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl plf, suv, outer</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl suv, plf, inner</i>	Part B Drug	B vs D
J1271	Injection, doxycycline hyclate, 1 mg	<i>doxycycline hyclate 100 mg vl suv, plf, outer</i>	Part B Drug	B vs D
J1836	Injection, metronidazole, 10 mg	METRO I.V.	Part B Drug	
J1836	Injection, metronidazole, 10 mg	<i>metronidazole in nacl (iso-os)</i>	Part B Drug	

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

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J2281	Injection, moxifloxacin (fresenius kabi), not therapeutically equivalent to j2280, 100 mg	<i>moxifloxacin-sod.ace,sul-water</i>	Part B Drug	
J2280	Injection, moxifloxacin, 100 mg	<i>moxifloxacin-sod.chloride(iso)</i>	Part B Drug	
<b>Antiproliferants</b>				
J9190	Injection, fluorouracil, 500 mg	ADRUCIL	Medicare Chemo	
J9190	Injection, fluorouracil, 500 mg	<i>fluorouracil intravenous</i>	Medicare Chemo	
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	LEVULAN	Part B Drug	
<b>Antipruritics And Local Anesthetics</b>				
J0879	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)	KORSUVA	Not Separately Payable	
<b>Antivirals (Skin And Mucous Membrane)</b>				
J0133	Injection, acyclovir, 5 mg	<i>acyclovir sodium</i>	Part B Drug	B vs D
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	YCANTH	Part B Drug	
<b>Cell Stimulants And Proliferants</b>				
J2425	Injection, palifermin, 50 micrograms	KEPIVANCE	Part B Drug	
<b>Corticosteroids (Skin, Mucous Membrane)</b>				
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	ILUVIEN	Part B Drug	PA
J7311	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	RETISERT	Part B Drug	PA
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	SINUVA	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	YUTIQ	Part B Drug	PA
<b>Immunomodulatory Agents (84:06)</b>				
J7508	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg	ASTAGRAF XL	Part B Drug	B vs D
J7503	Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg (Code re-used by CMS effective 1/1/16)	ENVARSUS XR	Part B Drug	B vs D
J3245	Injection, tildrakizumab, 1 mg (Code reused by CMS 1/1/2019)	ILUMYA	Part B Drug	PA
J7525	Tacrolimus, parenteral, 5 mg	PROGRAF INTRAVENOUS	Part B Drug	
J7507	Tacrolimus, immediate release, oral, per 1 mg	PROGRAF ORAL	Part B Drug	B vs D
J7521	Tacrolimus, granules, oral suspension, 0.1 mg (Code price based on median pricing methodology)	PROGRAF ORAL	Part B Drug	B vs D
J7520	Sirolimus, oral, 1 mg	RAPAMUNE 0.5 MG TABLET	Part B Drug	B vs D
J7520	Sirolimus, oral, 1 mg	RAPAMUNE 1 MG TABLET	Part B Drug	B vs D
J7520	Sirolimus, oral, 1 mg	RAPAMUNE 1 MG TABLET 10X10, U-D	Part B Drug	B vs D
J7520	Sirolimus, oral, 1 mg	RAPAMUNE 1 MG/ML ORAL SOLN INNER	Part B Drug	B vs D
J7520	Sirolimus, oral, 1 mg	RAPAMUNE 1 MG/ML ORAL SOLN OUTER	Part B Drug	B vs D
J7520	Sirolimus, oral, 1 mg	RAPAMUNE 2 MG TABLET	Part B Drug	B vs D
C9399	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)	SILIQ	Part D Drug	
J3590	Unclassified biologics	SILIQ	Part D Drug	
J7520	Sirolimus, oral, 1 mg	<i>sirolimus</i>	Part B Drug	B vs D
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	SKYRIZI INTRAVENOUS	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
C9399	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)	SKYRIZI SUBCUTANEOUS	Part D Drug	
J3590	Unclassified biologics	SKYRIZI SUBCUTANEOUS	Part D Drug	
J1747	Injection, spesolimab-sbzo, 1 mg	SPEVIGO 150 MG/ML SYRINGE INNER, SUV, P/F	Part B Drug	PA
J1747	Injection, spesolimab-sbzo, 1 mg	SPEVIGO 150 MG/ML SYRINGE OUTER, SUV, P/F	Part B Drug	PA
J1747	Injection, spesolimab-sbzo, 1 mg	SPEVIGO INTRAVENOUS	Part B Drug	PA
J7507	Tacrolimus, immediate release, oral, per 1 mg	<i>tacrolimus oral</i>	Part B Drug	B vs D
J7508	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg	<i>tacrolimus oral</i>	Part B Drug	B vs D
J1628	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	TREMFYA INTRAVENOUS	Part B Drug	PA
J1628	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	TREMFYA ONE-PRESS	Part D Drug	
J1628	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	TREMFYA PEN	Part D Drug	
J1628	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	TREMFYA PEN INDUCTION PK-CROHN	Part D Drug	
J1628	Injection, guselkumab, 1 mg (Effective 1/1/2025 Code Level Pricing has been reinstated)	TREMFYA SUBCUTANEOUS	Part D Drug	
<b><i>Skin And Mucous Membrane Agents, Misc.</i></b>				
J7336	Capsaicin 8% patch, per square centimeter	QUTENZA	Part B Drug	PA

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

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HCPCS/ CPT Code	HCPCS/CPT Code Description	Drug Name	Coverage Level	Notes & Restrictions
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> pfu/ml vector genomes, per 0.1 ml	VYJUVEK	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
C9399	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)	ZEVASKYN	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
J3590	Unclassified biologics	ZEVASKYN	Part B Drug	PA; Cellular/Gene Therapy (For more information, see the website FDA's Approved Cellular and Gene Therapy Products)
<b>Sunscreen Agents</b>				
J7352	Afamelanotide implant, 1 mg	SCENESSE	Part B Drug	PA
<b>Vitamins</b>				
<b>Vitamin D</b>				
J0636	Injection, calcitriol, 0.1 mcg	<i>calcitriol intravenous</i>	Part B Drug	
J8499	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified	<i>doxercalciferol oral</i>	Part B Drug	B vs D

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

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