

Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
C9014	PA required	Brineura	Cerliponase alfa, 1 mg	
C9015	PA required	Haegarda	C1 esterase inhibitor (human), 10 units	
C9016	PA required	Trelstar Depot	Triptorelin extended release, 3.75 mg	
C9021	PA required	Gazyva	Obinutuzumab, 10 mg	
C9022	PA required	Vimizim	Elosulfase alfa, 1 mg	
C9023	PA required	Aveed	Testosterone undecanoate, 1 mg	
C9024	PA required	Vyxeos	Injection, liposomal, daunorubicin/cytarabine 1 mg-2.27 mg	
C9025	PA required	Cyramza	Ramucirumab, 5 mg	
C9026	PA required	Entyvio	Vedolizumab, 1 mg	
C9027	PA required	Keytruda	Pembrolizumab, 1 mg	
C9028	PA required	Besponsa	Inotuzumab ozogamicin, 0.1 mg	
C9029	PA required	Tremfya	Guselkumab, 1 mg	
C9030	PA required	Aliqopa	Copanlisib, 1 mg injection	
C9031	No PA required	Lutathera	Lutetium Lu 177 dotatate therapeutic, 1 mCi	
C9032	PA required	Luxturna	Voretigene neparvovec-rzyl 1 billion vector genome	
C9033	PA required	Akynzeo	Injection, fosnetupitant/palonosetron 235 mg-0.25 mg	
C9034	PA required	Dexycu	Injection, dexamethasone 9%, intraocular, 1 mcg	
C9035	PA required	Aristada Initio	Aripiprazole lauroxil, 1 mg injection	
C9036	PA required	Onpattro	Patisiran, 0.1 mg injection	
C9037	PA required	Perseris	Risperidone, 0.5 mg injection	
C9038	PA required	Poteligeo	Mogamulizumab-kpkc, 1 mg injection	
C9039	PA required	Zemdri	Plazomicin, 5 mg injection	
C9040	PA required		Fremanezumab-vfrm, 1 mg	
C9042	PA required		Bendamustine HCl (Belrapzo), 1 mg	
C9043	PA required		Levoleucovorin, 1 mg injection	
C9044	PA required		Cemiplimab-rwlc, 1 mg injection	
C9045	PA required		Moxetumomab pasudotox-tdfk, 0.01 mg injection	
C9046	PA required		Cocaine hydrochloride nasal solutions, 1 mg	
C9047	PA required		Caplacizumab-yhdp, 1 mg	
C9048	PA required		Lacrimonal ophthalmic insert, 0.1 mg	
C9049	PA required		Tagraxofusp-erzs, 10 mcg	
C9050	PA required		Emapalumab-lzsg, 1 mg	
C9051	PA required		Omadacycline, 1 mg	
C9052	PA required		Ravulizumab-cwvz, 10 mg	
C9059	No PA required	Anjeso	Injection, meloxicam, 1 mg	
C9061	PA required	Tepezza	Injection, teprotumumab-trbw, 10 mg	
C9063	PA required	Vyepti	Injection, eptinezumab-jjmr, 1 mg	
C9069	PA required	Blenrep	Injection, belantamab mafodotin-blmf, 0.5 mg	
C9070	PA required	Monjuvi	Injection, tafasitamab-cxix, 2 mg	
C9071	PA required	Viltepso	Injection, viltolarsen, 10 mg	
C9072	PA required	Asceniv	Injection, immune globulin, 500 mg	
C9073	PA required	Tecartus	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	



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C9088	No PA required	Zynrelef	Instillation, bupivacaine/meloxicam, 1 mg-0.03 mg	
C9089	No PA required	Xaracoll	Bupivacaine, collagen-matrix implant, 1 mg	
C9090	PA required	Ryplazim	Injection, plasminogen, human-tvmh, 1 mg	
C9091	PA required	Fyarro	Injection, sirolimus protein-bound particles, 1 mg	
C9092	PA required	Xipere	Injection, triamcinolone acetonide, suprachoroidal (Xipere), 1 mg	
C9093	PA required	Susvimo	Injection, ranibizumab, via sustained release intravitreal implant (Susvimo), 0.1 mg	
C9113	No PA required	Protonix	Pantoprazole sodium injection	
C9121	No PA required	Argatroban	Argatroban injection, 5 mg	
C9133	PA required	Rixubis	Factor IX (antihemophilic factor) recombinant per IU	
C9134	PA required	Tretten	Factor XIII (antihemophilic factor recombinant) per 10 IU	
C9135	PA required	Alprolix	Factor IX (antihemophilic factor recombinant) per IU	
C9136	PA required	Eloctate	Factor VIII, Fc-fusion protein, (recombinant), per IU	
C9137	PA required	Adynovate	Factor VIII (antihemophilic factor, recombinated) pegylated, 1 IU	
C9138	PA required	Nuwiq	Factor VIII (antihemophilic factor, recombinant) 1 IU	
C9139	PA required	Idelvion	Factor IX, albumin fusion protein (recombinant), 1 IU	
C9140	PA required	Afstyla	Factor VIII (antihemophilic factor, recombinant), 1 IU	
C9141	PA required	Jivi	Factor VIII, (antihemophilic factor, recombinant) pegylated-aucl, 1 IU	
C9248	No PA required	Cleviprex	Clevidipine butyrate injection, 1 mg	
C9250	PA required	Artiss	Thrombin/fibrinog/aprot/cal CL	
C9254	PA required	Vimpat	Lacosamide injection	
C9257	PA required	Avastin	Bevacizumab injection	
C9275	No PA required	Cysview	Hexaminolevulinate hydrochloride, 100 mg, per study dose	
C9285	No PA required	Synera	Lidocaine/tetracaine patch	
C9290	No PA required	Erwinaze	Bupivacaine liposome/PF injection	
C9293	No PA required	Voraxaze	Glucarpidase injection	
C9349	No PA required	PuraPly	Puraply, and puraply antimicrobial, any type, per square centimeter	
C9399	PA required		Unclassified drugs or biologicals	
C9441	PA required	Injectafer	Ferric carboxymaltose, 1 mg	
C9442	PA required	Beleodaq	Belinostat, 10 mg	
C9443	PA required	Dalvance	Dalbavancin, 10 mg	
C9444	PA required	Orbactiv	Oritavancin, 10 mg	
C9445	PA required	Ruconest	C-1 esterase inhibitor (recombinant), 10 units	
C9446	PA required	Sivextro	Tedizolid phosphate, 1 mg	
C9447	No PA required	Omidria	Phenylephrine and ketorolac, 4 ml vial	
C9448	PA required	Akynzeo	Netupitant, 300 mg, and palonosetron, 0.5 mg, oral	
C9449	PA required	Blinicyto	Blinatumomab, 1 mcg	
C9450	PA required	Retisert	Fluocinolone acetonide intravitreal implant, 0.01 mg	
C9451	PA required	Rapivab	Peramivir, 1 mg	
C9452	PA required	Zerbaxa	Ceftolozane, 50 mg, and tazobactam, 25 mg	
C9453	PA required	Opdivo	Nivolumab, 1 mg	
C9454	PA required	Signifor LAR	Pasireotide long acting, 1 mg	
C9455	PA required	Sylvant	Siltuximab, 10 mg	
C9456	PA required	Cresemba	Isavuconazonium sulfate, 1 mg	

## 2022 HCPCS Medication Codes Requiring Prior Authorization



Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
C9460	No PA required	Kengreal	Cangrelor tetrasodium injection	
C9462	PA required	Baxdela	Delafloxacin, 1 mg	
C9463	PA required	Cinvanti	Aprepitant, 1 mg injection	
C9464	PA required	Varubi	Rolapitant, 0.5 mg	
C9465	PA required	Euflexxa	Hyaluronan or derivative, durolane, for intra-articular injection, per dose	
C9466	PA required	Fasenra	Benralizumab 1 mg injection	
C9467	PA required	Rituxan Hycela	Rituximab and hyaluronidase, 10 mg	
C9468	PA required	Rebinyn	Factor IX (antihemophilic factor, recombinant) glycopegylated 1 i.U.	
C9469	PA required		Triamcinolone acetone, pf er, microsphere formulation, 1 mg injection	
C9470	PA required	Aristada	Aripiprazole lauroxil, 1 mg	
C9471	PA required	Euflexxa	Hyaluronan or derivative (Hymovis) for intra-articular injection, 1 mg	
C9472	PA required	Imlygic	Talimogene laherparepvec, 1 million plaque forming units (PFU)	
C9473	PA required	Nucala	Mepolizumab, 1 mg	
C9474	PA required	Onivyde	Irinotecan liposome, 1 mg	
C9475	PA required	Portrazza	Necitumumab, 1 mg	
C9476	PA required	Darzalex	Daratumumab, 10 mg	
C9477	PA required	Empliciti	Elotuzumab, 1 mg	
C9478	PA required	Kanuma	Sebelipase alfa, 1 mg	
C9479	PA required	Cetraxal	Ciprofloxacin otic suspension, 6 mg instillation	
C9480	PA required	Yondelis	Trabectedin, 0.1 mg	
C9481	PA required	Cinqair	Reslizumab, 1 mg	
C9482	PA required	Sotalol	Sotalol hydrochloride, 1 mg	
C9483	PA required	Tecentriq	Atezolizumab, 10 mg	
C9484	PA required	Exondys 51	Eteplirsen, 10 mg	
C9485	PA required	Lartruvo	Olaratumab, 10 mg	
C9486	PA required	Sustol	Granisetron extended release, 0.1 mg	
C9487	PA required	Stelara	Ustekinumab, for intravenous injection, 1 mg	
C9488	PA required	Vaprisol	Conivaptan hydrochloride, 1 mg	
C9489	PA required	Spinraza	Nusinersen, 0.1 mg	
C9490	PA required	Zinplava	Bezlotoxumab, 10 mg	
C9491	PA required	Bavencio	Avelumab, 10 mg	
C9492	PA required	Imfinzi	Durvalumab, 10 mg	
C9493	PA required	Radicava	Edaravone, 1 mg	
C9494	PA required	Ocrevus	Ocrelizumab, 1 mg	
C9497	No PA required	Adasuve	Loxapine INH powder	
J0120	No PA required	Sumycin	Tetracycline injection	
J0129	PA required	Orencia SQ	Abatacept	
J0130	No PA required	ReoPro	Abciximab injection	
J0131	No PA required	Tylenol	Acetaminophen injection	
J0132	No PA required	Mucomyst	Acetylcysteine injection	
J0133	No PA required	Zovirax	Acyclovir injection	
J0135	PA required	Humira	Adalimumab	
J0150	No PA required	Adenoscan	Adenosine, 6 mg injection	
J0151	No PA required	Adenocard	Adenosine diag, 1 mg injection	
J0153	No PA required	Adenocard	Adenosine, 1 mg injection	

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Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J0171	No PA required	Adrenalin	Epinephrine injection	
J0172	PA required	Aduhelm	Injection, aducanumab-avwa, 2 mg	
J0178	PA required	Eylea	Aflibercept	
J0180	PA required	Fabrazyme	Agalsidase beta	
J0185	PA required	Cinvanti	Aprepitant, 1 mg injection	
J0190	PA required	Akineton	Biperiden lactate, 5 mg adrenalin	
J0200	PA required	Trovan IV	Alatrofloxacin mesylate	
J0202	PA required	Lemtrada	Alemtuzumab injection	
J0205	PA required	Ceredase	Alglucerase injection	
J0207	PA required	Ethylol	Amifostine	
J0210	No PA required	Aldomet	Methyldopate hydrochloride injection	
J0215	PA required	Amevive	Alefacept	
J0219	PA required	Nexvazyme	Injection, avalglucosidase alfa-ngpt, 4 mg	
J0220	PA required	Lumizyme	Alglucosidase alfa injection	
J0221	PA required	Lumizyme	Alglucosidase alfa injection	
J0223	PA required	Givlaari	Injection, givosiran, 0.5 mg	
J0224	PA required	Oxlumo	Injection, lumasiran, 0.5 mg	
J0256	PA required	Aralast, Prolastin-C, Zemaira	Alpha 1-proteinase inhibitor	
J0257	PA required	Glassia	Alpha 1-proteinase inhibitor	
J0270	PA required	Caverject	Alprostadil for injection	
J0275	PA required	Muse	Alprostadil urethral suppos	
J0278	No PA required	Amikin	Amikacin sulfate injection	
J0280	No PA required	Phyllocontin	Aminophyllin, 250 mg injection	
J0282	No PA required	Cordarone	Amiodarone HCL	
J0285	No PA required	Amphocin	Amphotericin B	
J0287	No PA required	Abelcet	Amphotericin B lipid complex	
J0288	No PA required	Amphotec	Ampho B cholesteryl sulfate	
J0289	No PA required	Ambisome	Amphotericin B liposome injection	
J0290	No PA required	Totacillin-N	Ampicillin, 500 mg injection	
J0295	No PA required	Unasyn	Ampicillin sodium per 1.5 Gm	
J0300	No PA required	Amytal	Amobarbital, 125 mg injection	
J0330	No PA required	Anectine	Succinylcholine chloride injection	
J0348	No PA required	Eraxis	Anidulafungin injection	
J0350	No PA required	Eminase	Anistreplase, 30 U injection	
J0360	No PA required	Apresoline	Hydralazine HCL injection	
J0364	PA required	Apokyn	Apomorphine HCL	
J0365	No PA required	Trasylol	Aprotonin, 10,000 KIU	
J0380	PA required	Aramine	Metaraminol bitartrate injection	
J0390	No PA required	Aralen	Chloroquine injection	
J0395	PA required	GenESA	Arbutamine HCL injection	
J0400	PA required	Abilify	Aripiprazole injection	
J0401	PA required	Abilify Maintena	Aripiprazole extended release, 1 mg injection	
J0456	No PA required	Zithromax	Azithromycin	
J0461	No PA required	Atropen	Atropine sulfate injection	
J0470	No PA required	Bal in oil	Dimercaprol	
J0475	No PA required	Lioresal	Baclofen, 10 mg injection	
J0476	PA required	Lioresal Intrathecal	Baclofen intrathecal trial	



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J0480	PA required	Simulect	Basiliximab	
J0485	PA required	Nulojix	Belatacept injection	
J0490	PA required	Benlysta	Belimumab	
J0491	PA required	Saphnelo	Injection, anifrolumab-fnia, 1 mg	
J0500	No PA required	Bentyl	Dicyclomine injection	
J0515	No PA required	Cogentin	Benzotropine mesylate injection	
J0517	PA required	Fasenra	Benralizumab, 1 mg injection	
J0520	No PA required	Urecholine	Bethanechol chloride injection	
J0558	No PA required	Bicillin C-R	Penicillin G benzathine/procaine injection	
J0561	No PA required	Bicillin LA	Penicillin G benzathine injection	
J0565	PA required	Zinplava	Bezlotoxumab, 10 mg injection	
J0567	PA required	Brineura	Cerliponase alfa, 1 mg injection	
J0570	PA required	Probuphine	Buprenorphine implant, 74.2 mg	
J0571	No PA required	Subutex	Buprenorphine oral, 1 mg	
J0572	No PA required	Suboxone	Buprenorphine/naloxone up to 3 mg buprenorphine	
J0573	No PA required	Suboxone	Buprenorphine/naloxone, 3.1 to 6 mg buprenorphine	
J0574	No PA required	Suboxone	Buprenorphine/naloxone, 6.1 to 10 mg buprenorphine	
J0575	No PA required	Suboxone	Buprenorphine/naloxone over 10 mg buprenorphine	
J0583	No PA required	Angiomax	Bivalirudin	
J0584	PA required	Crysvita	Burosumab-twza, 1 mg injection	
J0585	PA required	Botox	Onabotulinumtoxin A, 1 unit	
J0586	PA required	Dysport	Onabotulinumtoxin A	
J0587	PA required	Myobloc	Onabotulinumtoxin B	
J0588	PA required	Xeomin	Onabotulinumtoxin A	
J0591	PA required	Kybella	Injection, deoxycholic acid, 1 mg	
J0592	No PA required	Buprenex	Buprenorphine hydrochloride	
J0594	PA required	Busulfex	Busulfan injection	
J0595	No PA required	Stadol	Butorphanol tartrate, 1 mg	
J0596	PA required	Ruconest	C1 esterase inhibitor (recombinant), 10 units	
J0597	PA required	Beriner	C1 esterase inhibitor (human)	
J0598	PA required	Cinryze	C1 esterase inhibitor (human)	
J0599	PA required	Haegarda	C-1 esterase inhibitor (human), 10 units injection	
J0600	No PA required	Calcium EDTA	Edetate calcium disodium	
J0604	No PA required	Sensipar	Cinacalcet, for ESRD patients on dialysis	
J0606	PA required	Parsabiv	Etelcalcetide, 0.1 mg injection	
J0610	No PA required	Kaleinate	Calcium gluconate injection	
J0620	No PA required	Calphosan	Calcium glycerophosphate and calcium lactate, 10 ml	
J0630	No PA required	Miacalcin	Calcitonin salmon injection	
J0636	No PA required	Calcijex	Calcitriol per 0.1 mcg injection	
J0637	No PA required	Cancidas	Caspofungin acetate	
J0638	PA required	Ilaris	Canakinumab	
J0640	PA required	Wellcovorin	Leucovorin calcium injection	
J0641	PA required	Fusilev	Levoleucovorin	
J0670	No PA required	Carbocaine	Mepivacaine HCL, 10 ml injection	
J0690	No PA required	Ancef	Cefazolin sodium injection	
J0691	PA required	Xenletta	Injection, lefamulin, 1 mg	
J0692	No PA required	Maxipime	Cefepime HCL for injection	
J0694	No PA required	Mefoxin	Cefoxitin sodium injection	



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J0695	PA required	Zerbaxa	Ceftolozane and tazobactam injection	
J0696	No PA required	Rocephin	Ceftriaxone sodium injection	
J0697	No PA required	Zinacef	Cefuroxime injection	
J0698	No PA required	Claforan	Cefotaxime sodium injection	
J0699	No PA required	Fetroja	Injection, cefiderocol, 10 mg	
J0702	No PA required	Celestone	Betamethasone acetate and sodium phosphate	
J0706	No PA required	Cafcit	Caffeine citrate injection	
J0710	PA required	Cefadyl	Cephapirin sodium injection	
J0712	PA required	Teflaro	Ceftaroline fosamil injection	
J0713	No PA required	Fortaz	Ceftazidime per 500 mg injection	
J0714	PA required	Avycaz	Ceftazidime and avibactam	
J0715	PA required	Cefizox	Ceftizoxime sodium, 500 mg	
J0716	No PA required	Anascorp	Centruroides immune F(ab') <sub>2</sub>	
J0717	PA required	Cimzia	Certolizumab pegol	
J0720	No PA required	Chloromycetin	Chloramphenicol sodium injection	
J0725	PA required	Novarel, Pregnyl	Chorionic gonadotropin	
J0735	No PA required	Duraclon	Clonidine HCL	
J0740	No PA required	Vistide	Cidofovir injection	
J0741	PA required	Cabenuva	Injection, cabotegravir/rilpivirine, 2 mg-3 mg	
J0742	PA required	Recarbrio	Injection, imipenem 4 mg, cilastatin 4 mg, and relebactam 2 mg	
J0743	PA required	Primaxin	Cilastatin sodium injection	
J0744	No PA required	Cipro	Ciprofloxacin IV	
J0745	No PA required	Phenaphen with codeine	Codeine phosphate, 30 mg injection	
J0760	No PA required	Colchicine	Colchicine injection	
J0770	No PA required	Coly-Mycin M	Colistimethate sodium injection	
J0775	PA required	Xiaflex	Collagenase, clostridium histolyticum injection	
J0780	No PA required	Compazine	Prochlorperazine injection	
J0791	PA required	Adakveo	Injection, crizanlizumab-tmca, 5 mg	
J0795	No PA required	Acthrel	Corticotropin	
J0800	PA required	HP Acthar	Corticotropin	
J0833	No PA required		Cosyntropin injection NOS	
J0834	No PA required	Cortrosyn	Cosyntropin injection	
J0840	No PA required	Crofab	Crotalidae polyvalent immune Fab	
J0841	No PA required	Anavip	Injection, crotalidae immune F(ab') <sub>2</sub> , (equine) 120 mg injection	
J0850	No PA required	Cytogam	Cytomegalovirus immune globulin IV/vial	
J0875	PA required	Dalvance	Dalbavancin injection	
J0878	PA required	Cubicin	Daptomycin injection	
J0879	PA required	Korsuva	Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis)	
J0881	PA required	Aranesp	Darbepoetin alfa	
J0882	PA required	Aranesp	Darbepoetin alfa	
J0883	PA required	Argatroban	Argatroban non-ESRD use, 1 mg	
J0884	PA required	Argatroban	Argatroban ESRD dialysis, 1 mg	
J0885	PA required	Epogen, Procrit	Epoetin alfa, for non-ESRD use	
J0886	PA required	Epogen, Procrit	Epoetin alfa, for ESRD dialysis	
J0887	No PA required	Mircera	Epoetin beta, for ESRD use	
J0888	PA required	Mircera	Epoetin beta, for non-ESRD use	
J0890	PA required	Omontys	Peginesatide injection	



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J0894	PA required	Dacogen	Decitabine injection	
J0895	No PA required	Desferal	Deferoxamine mesylate injection	
J0896	PA required	Reblozyl	Injection, luspatercept-aamt, 0.25 mg	
J0897	PA required	Prolia, Xgeva	Denosumab	
J0900	PA required	Androgyn LA	Testosterone enanthate injection	
J0945	No PA required	ND-Stat	Brompheniramine maleate injection	
J1000	No PA required	Estradiol	Depo-estradiol cypionate injection	
J1020	No PA required	Depo-Medrol	Methylprednisolone, 20 mg injection	
J1030	No PA required	Depo-Medrol	Methylprednisolone, 40 mg injection	
J1040	No PA required	Depo-Medrol	Methylprednisolone, 80 mg injection	
J1050	No PA required	Depo-Provera	Medroxyprogesterone acetate	
J1060	PA required	Depo-Testadiol	Testosterone cypionate, 1 ml	
J1070	PA required	Depo-Testosterone	Testosterone cypionate, 100 mg	
J1071	No PA required	Depo-Testosterone	Testosterone cypionate	
J1080	PA required		Testosterone cypionate, 200 mg	
J1094	No PA required	Dalalone LA	Dexamethasone acetate injection	
J1095	PA required	Dexycu	Dexamethasone 9% intraocular injection	
J1100	No PA required	Cortastat	Dexamethasone sodium phosphate	
J1110	No PA required	D.H.E. 45	Dihydroergotamine mesylt injection	
J1120	No PA required	Diamox	Acetazolamid sodium injection	
J1130	No PA required		Diclofenac sodium, 0.5 mg injection	
J1160	No PA required	Lanoxin	Digoxin injection	
J1162	No PA required	Digibind	Digoxin immune Fab (ovine)	
J1165	No PA required	Dilantin	Phenytoin sodium injection	
J1170	No PA required	Dilaudid	Hydromorphone injection	
J1180	No PA required	Lufyllin	Dyphylline injection	
J1190	No PA required	Zinecard	Dexrazoxane HCL injection	
J1200	No PA required	Benadryl	Diphenhydramine HCL injection	
J1201	No PA required	Quzyttir	Injection, cetirizine hydrochloride, 0.5 mg	
J1205	No PA required	Diuril	Chlorothiazide sodium injection	
J1212	No PA required	Rimso-50	Dimethyl sulfoxide 50%, 50 ml	
J1230	No PA required	Dolophine	Methadone injection	
J1240	No PA required	Dramamine	Dimenhydrinate injection	
J1245	No PA required	Persantine	Dipyridamole injection	
J1250	No PA required	Dobutrex	Dobutamine HCL, 250 mg injection	
J1260	PA required	Anzemet	Dolasetron mesylate	
J1265	No PA required	Intropin	Dopamine injection	
J1267	No PA required	Doribax	Doripenem injection	
J1270	No PA required	Hectorol	Doxercaliferol injection	
J1290	PA required	Kalbitor	Ecallantide	
J1300	PA required	Soliris	Eculizumab	
J1301	PA required	Radicava	Edaravone, 1 mg injection	
J1305	PA required	Evkeeza	Injection, evinacumab-dgnb, 5 mg	
J1320	No PA required	Elavil	Amitriptyline injection	
J1322	PA required	Vimizim	Elosulfase alfa injection	
J1324	No PA required	Fuzeon	Enfuvirtide injection	
J1325	PA required	Flolan, Veletri	Epoprostenol	
J1327	No PA required	Integrellin	Eptifibatide injection	





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J1330	No PA required	Ergotrate	Ergonovine maleate injection	
J1335	PA required	Invanz	Ertapenem injection	
J1364	No PA required		Erythromycin lactobionate, 500 mg	
J1380	No PA required	Delestrogen	Estradiol valerate, 10 mg injection	
J1410	No PA required	Premarin IV	Estrogen conjugate, 25 mg injection	
J1426	PA required	Amondys 45	Injection, casimersen, 10 mg	
J1428	PA required	Exondys 51	Eteplirsen, 10 mg injection	
J1429	PA required	Vyondys 53	Injection, golodirsen, 10 mg	
J1430	No PA required	Ethamolin	Ethanolamine oleate, 100 mg	
J1435	PA required	Theelin	Estrone per 1 mg injection	
J1436	PA required	Didronel	Etidronate disodium injection	
J1438	PA required	Enbrel	Etanercept	
J1439	No PA required	Injectafer	Ferric carboxymaltose	
J1442	PA required	Neupogen	Filgrastim	
J1443	No PA required	Triferic	Ferric pyrophosphate citrate injection	
J1444	No PA required		Ferric pyrophosphate citrate powder	
J1445	No PA required	Triferic AVNU	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	
J1446	PA required	Granix	Tbo-filgrastim, 5 microgram injection	
J1447	PA required	Granix	Tbo filgrastim, 1 microgram injection	
J1448	PA required	Cosela	Injection, trilaciclib, 1 mg	
J1450	No PA required	Diflucan	Fluconazole	
J1451	No PA required	Antizole	Fomepizole, 15 mg	
J1452	PA required	Vitravene	Intraocular fomivirsen NA	
J1453	PA required	Emend	Fosaprepitant injection	
J1454	PA required	Akynzeo	Fosnetupitant, 235 mg, and palonosetron, 0.25 mg injection	
J1455	No PA required	Foscavir	Foscarnet sodium injection	
J1457	PA required	Ganite	Gallium nitrate injection	
J1458	PA required	Naglazyme	Galsulfase injection	
J1459	PA required	Privigen	Human immune globulin	
J1460	PA required	GamaSTAN S/D	Gamma globulin IM	
J1555	PA required	Cuvitru	Human immune globulin SC (human) 20% solution	
J1556	PA required	Bivigam	Human immune globulin	
J1557	PA required	Gammaplex	Human immune globulin	
J1558	PA required	Xembify	Injection, immune globulin (xembify), 100 mg	
J1559	PA required	Hizentra	Human immune globulin	
J1560	PA required	Gamastan S/D	Human immune globulin	
J1561	PA required	Gammaked, Gamunex	Human immune globulin	
J1562	PA required	Vivaglobin	Human immune globulin	
J1566	PA required	Carimune NF, Gammagard SD	Human immune globulin	
J1568	PA required	Octagam	Human immune globulin	
J1569	PA required	Gammagard Liquid	Human immune globulin	
J1570	No PA required	Cytovene	Ganciclovir sodium injection	
J1571	No PA required	HepaGam B	Hepatitis B immune globulin IM injection	
J1572	PA required	Flebogamma	Human immune globulin	
J1573	No PA required	Hepagam B	Hepatitis B immune globulin IV injection	





Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J1575	PA required	Hyqvia	Immune globulin/hyaluronidase, 100 mg	
J1580	No PA required	Gentamine Sulfate	Garamycin, gentamicin, injection	
J1590	PA required	Tequin	Gatifloxacin injection	
J1595	PA required	Copaxone	Glatiramer acetate injection	
J1599	PA required		IVIg immune globulin injection, non-lyophilized, NOS	
J1600	PA required	Myochrisine	Gold sodium thiomalate injection	
J1602	PA required	Simponi Aria	Golimumab	
J1610	No PA required	GlucaGen	Glucagon HCL, 1 mg	
J1620	PA required	Factrel	Gonadorelin HCL, 100 mcg	
J1626	No PA required	Kytril	Granisetron HCL injection	
J1627	PA required	Kytril	Granisetron XR, 0.1 mg injection	
J1628	PA required		Guselkumab, 1 mg injection	
J1630	No PA required	Haldol	Haloperidol injection	
J1631	No PA required	Haldol Decanoate	Haloperidol decanoate injection	
J1640	No PA required	Panhematin	Hemin, 1 mg	
J1642	No PA required	Hep-Lock	Heparin sodium per 10 U injection	
J1644	No PA required	Liqusemin	Heparin sodium per 1,000 U injection	
J1645	PA required	Fragmin	Dalteparin sodium	
J1650	No PA required	Lovenox	Enoxaparin sodium	
J1652	PA required	Arixtra	Fondaparinux sodium	
J1655	PA required	Innohep	Tinzaparin sodium injection	
J1670	No PA required	HyperTET	Tetanus immune globulin injection	
J1675	PA required	Vantas	Histrelin acetate	
J1700	No PA required	Hydrocortone Acetate	Hydrocortisone acetate injection	
J1710	No PA required	Hydrocortone Phosphate	Hydrocortisone sodium phosphate injection	
J1720	No PA required	Solu-Cortef	Hydrocortisone sodium succinate	
J1725	PA required	Makena	Hydroxyprogesterone caproate, 1 mg	
J1726	PA required	Makena	Hydroxyprogesterone caproate, 10 mg	
J1729	PA required		Hydroxyprogesterone caproate NOS injection	
J1730	No PA required	Hyperstat IV	Diazoxide injection	
J1740	PA required	Boniva	Ibandronate sodium	
J1741	No PA required	Caldolor	Ibuprofen injection	
J1742	PA required	Corvert	Ibutilide fumarate injection	
J1743	PA required	Elaprase	Idursulfase injection	
J1744	PA required	Firazry	Icatibant injection	
J1745	PA required	Remicade	Infliximab	
J1746	PA required		Ibalizumab-uiyk, 10 mg injection	
J1750	No PA required	Infed	Iron dextran injection	
J1756	No PA required	Venofer	Iron sucrose injection	
J1786	PA required	Cerezyme	Imiglucerase	
J1790	No PA required	Inapsine	Droperidol injection	
J1800	No PA required	Inderal	Propranolol injection	
J1810	No PA required	Innovar	Droperidol/fentanyl injection	
J1815	No PA required	Humalog	Insulin injection	
J1817	No PA required	Humalog	Insulin for insulin pump use	
J1823	PA required	Uplizna	Injection, inebilizumab-cdon, 1 mg	
J1826	PA required	Avonex	Interferon beta-1a injection	
J1830	PA required	Betaseron	Interferon beta-1b, 0.25 mg	



Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J1833	PA required	Cresemba	Isavuconazonium injection	
J1835	No PA required	Sporonox	Itraconazole injection	
J1840	No PA required	Kantrex	Kanamycin sulfate, up to 500 mg injection	
J1850	No PA required	Kantrex	Kanamycin sulfate, up to 5 mg injection	
J1885	No PA required	Toradol	Ketorolac tromethamine injection	
J1890	No PA required	Keflin	Cephalothin sodium injection	
J1930	PA required	Somatuline Depot	Lanreotide	
J1931	PA required	Aldurazyme	Laronidase injection	
J1940	No PA required	Lasix	Furosemide injection	
J1942	PA required	Aristada	Aripiprazole lauroxil, 1 mg	
J1945	No PA required	Refludan	Lepirudin	
J1950	PA required	Lupron Depot	Leuprolide acetate	
J1951	PA required	Fensolvi	Injection, leuprolide acetate for depot suspension, 0.25 mg	
J1952	PA required	Camcevi	Leuprolide injectable, 1 mg	
J1953	No PA required	Keppra	Levetiracetam injection	
J1955	No PA required	Carnitor	Levocarnitine per 1 gm injection	
J1956	No PA required	Levaquin	Levofloxacin injection	
J1960	No PA required	Levo-Dromoran	Levorphanol tartrate injection	
J1980	No PA required	Levsin	Hyoscyamine sulfate injection	
J1990	No PA required	Librium	Chlordiazepoxide injection	
J2001	No PA required	Xylocaine	Lidocaine injection	
J2010	No PA required	Lincocin	Lincomycin injection	
J2020	PA required	Zyvox	Linezolid injection	
J2060	No PA required	Ativan	Lorazepam injection	
J2062	PA required		Loxapine for inhalation, 1 mg	
J2150	No PA required	Osmitrol	Mannitol injection	
J2170	PA required	Increlex	Mecasermin injection	
J2175	No PA required	Demerol	Meperidine hydrochloride, 100 mg	
J2180	No PA required	Mepergan	Meperidine/promethazine injection	
J2182	PA required	Nucala	Mepolizumab, 1 mg injection	
J2185	No PA required	Merrem	Meropenem	
J2186	No PA required	Vabomere	Meropenem, vaborbactam injection	
J2210	No PA required	Methergine	Methylergonovine maleate injection	
J2212	PA required	Relistor	Methylnaltrexone injection	
J2248	No PA required	Mycamine	Micafungin sodium injection	
J2250	No PA required	Versed	Midazolam HCL injection	
J2260	No PA required	Primacor	Milrinone lactate, 5 mg injection	
J2265	No PA required	Minocin	Minocycline HCL	
J2270	No PA required	Roxanol	Morphine sulfate injection, up to 10 mg	
J2271	PA required	Roxanol	Morphine sulfate injection, 100 mg	
J2274	No PA required		Morphine PF epidural or intrathecal injection, 10 mg	
J2275	PA required	Astramorph	Morphine sulfate injection	
J2278	PA required	Prialt	Ziconotide injection	
J2280	No PA required	Avelox	Moxifloxacin, 100 mg injection	
J2300	No PA required	Nubain	Nalbuphine HCL injection	
J2310	No PA required	Narcan	Naloxone HCL injection	
J2315	No PA required	Vivitrol	Naltrexone	



Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J2320	No PA required	Deca-Durabolin	Nandrolone decanoate, 50 mg	
J2323	PA required	Tysabri	Natalizumab	
J2325	No PA required	Natrecor	Nesiritide injection	
J2326	PA required	Spinraza	Nusinersen, 0.1 mg injection	
J2350	PA required	Ocrevus	Ocrelizumab, 1 mg injection	
J2353	PA required	Sandostatin LAR Depot	Octreotide, depot form, IM	
J2354	No PA required	Sandostatin	Octreotide injection, non-depot, IV	
J2355	PA required	Neumega	Oprelvekin	
J2357	PA required	Xolair	Omalizumab	
J2358	PA required	Zyprexa Relprevv	Olanzapine long-acting injection	
J2360	No PA required	Norflex	Orphenadrine injection	
J2370	No PA required	Neo-Synephrine	Phenylephrine HCL injection	
J2400	No PA required	Nesacaine	Chloroprocaine HCL injection	
J2405	No PA required	Zofran	Ondansetron HCL injection	
J2406	PA required	Kimyrsa	Injection, oritavancin, 10 mg	
J2407	PA required	Orbactiv	Oritavancin injection	
J2410	No PA required	Numorphan	Oxymorphone HCL injection	
J2425	PA required	Kepivance	Palifermin injection	
J2426	PA required	Invega Sustenna	Paliperidone palmitate injection	
J2430	PA required	Aredia	Pamidronate disodium, 30 mg	
J2440	No PA required	Para-Time SR	Papaverin HCL injection	
J2460	No PA required	Terramycin	Oxytetracycline injection	
J2469	PA required	Aloxi	Palonosetron	
J2501	No PA required	Zemplar	Paricalcitol	
J2502	PA required	Signafor LAR	Pasireotide long-acting injection	
J2503	PA required	Macugen	Pegaptanib sodium	
J2504	PA required	Adagen	Pegademase bovine, 25 IU	
J2506	PA required	Neulasta	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	
J2507	PA required	Krystexxa	Pegloticase injection	
J2510	No PA required	Wycillin	Penicillin G procaine injection	
J2513	No PA required	Pentaspán	Pentastarch 10% solution	
J2515	No PA required	Nembutal	Pentobarbital sodium injection	
J2540	No PA required	Pfizerpen	Penicillin G potassium injection	
J2543	PA required	Zosyn	Piperacillin/tazobactam	
J2545	No PA required	Nebupent	Pentamidine non-compound unit	
J2547	PA required	Rapivab	Peramivir injection	
J2550	No PA required	Phenergan	Promethazine HCL injection	
J2560	No PA required	Luminal Sodium	Phenobarbital sodium injection	
J2562	PA required	Mozobil	Plerixafor	
J2590	No PA required	Pitocin	Oxytocin injection	
J2597	No PA required	DDAVP	Desmopressin acetate injection	
J2650	No PA required	Pediapred	Prednisolone acetate injection	
J2670	No PA required	Priscoline	Totazoline HCL injection	
J2675	No PA required	Progesterone in oil	Progesterone	
J2680	No PA required	Prolixin Decanoate	Fluphenazine decanoate, 25 mg	
J2690	No PA required	Pronestyl	Procainamide HCL injection	
J2700	No PA required	Bactocill	Oxacillin sodium injection	
J2704	No PA required	Diprivan	Propofol, 10 mg injection	

## 2022 HCPCS Medication Codes Requiring Prior Authorization



Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J2710	No PA required	Prostigmin	Neostigmine methylsulfate injection	
J2720	No PA required	Prosulf	Protamine sulfate, 10 mg injection	
J2724	PA required	Ceprotrin	Protein C concentrate	
J2725	No PA required	Thypi-Nome	Protirelin per 250 mcg injection	
J2730	No PA required	Protopam	Pralidoxime chloride injection	
J2760	No PA required	Regitine	Phentolamine mesylate injection	
J2765	No PA required	Reglan	Metoclopramide HCL injection	
J2770	PA required	Synercid	Quinupristin/dalfopristin	
J2778	PA required	Lucentis	Ranibizumab	
J2780	No PA required	Zantac	Ranitidine HCL injection	
J2783	No PA required	Elitek	Rasburicase	
J2785	No PA required	Lexiscan	Regadenoson injection	
J2786	PA required	Cinqair	Reslizumab, 1 mg injection	
J2787	PA required	Photexa Viscous	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	
J2788	No PA required	HyperRHO S/D Mini Dose	Rho D immune globulin, mini dose	
J2790	No PA required	HyperRHO S/D, Rhogam Ultra-Filtered	Rho D immune globulin, full dose	
J2791	No PA required	Rhophylac	Rho D immune globulin, IM or IV, 100 IU	
J2792	No PA required	WinRho SDF	Rho D immune globulin, IV, solvent detergent 100 IU	
J2793	PA required	Arcalyst	Rilonacept injection	
J2794	PA required	Risperdal Consta	Risperidone long-acting	
J2795	No PA required	Naropin	Ropivacaine HCL injection	
J2796	PA required	Nplate	Romiplostim	
J2797	PA required	Varubi	Rolapitant, 0.5 mg injection	
J2800	No PA required	Robaxin	Methocarbamol injection	
J2805	No PA required	Kinevac	Sinalide injection	
J2810	No PA required	Theo-Dur	Theophylline per 40 mg	
J2820	PA required	Leukine	Sargramostim injection	
J2840	PA required	Kanuma	Sebelipase alfa, 1 mg injection	
J2850	No PA required	ChirRhoStim	Secretin synthetic human injection	
J2860	PA required	Sylvant	Siltuximab injection	
J2910	No PA required	Solganal	Aurothioglucose injection	
J2916	No PA required	Ferrlecit	Sodium ferric gluconate complex	
J2920	No PA required	Solu-Medrol	Methylprednisolone injection, to 40 mg	
J2930	No PA required	Solu-Medrol	Methylprednisolone injection, to 125 mg	
J2940	PA required	Protropin	Somatrem injection	
J2941	PA required	Humatrope	Somatropin injection	
J2950	No PA required	Sparine	Promazine HCL injection	
J2993	No PA required	Retavase	Reteplase injection	
J2995	No PA required	Streptase	Streptokinase, 250,000 IU injection	
J2997	No PA required	Activase	Alteplase recombinant	
J3000	No PA required	Strepto-Mycin	Streptomycin injection	
J3010	No PA required	Duragesic	Fentanyl citrate injection	
J3030	No PA required	Imitrex	Sumatriptan succinate, 6 mg	
J3060	PA required	Elelyso	Taliglucerase alfa	
J3070	No PA required	Talwin	Pentazocine injection	
J3090	No PA required	Sivextro	Tedizolid phosphate injection	
J3095	PA required	Vibativ	Telavancin injection	



Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J3101	No PA required	TNKase	Tenecteplase injection	
J3105	No PA required	Brethine	Terbutaline sulfate injection	
J3110	PA required	Forteo	Teriparatide injection	
J3120	PA required	Delatestryl	Testosterone enanthate injection up to 100 mg	
J3121	No PA required	Delatestryl	Testosterone enanthate, 1 mg	
J3130	PA required	Delatestryl	Testosterone enanthate up to 200 mg	
J3140	PA required	Andronaq 50	Testosterone suspension injection up to 50 mg	
J3145	No PA required	Aveed	Testosterone undecanoate, 1 mg	
J3150	PA required	Testex	Testosterone propionate injection up to 100 mg	
J3230	No PA required	Thorazine	Chlorpromazine HCL injection	
J3240	No PA required	Thyrogen	Thyrotropin alfa injection	
J3243	No PA required	Tygacil	Tigecycline injection	
J3245	PA required	Ilumya	Tildrakizumab, 1 mg injection	
J3246	No PA required	Aggrastat	Tirofiban HCL	
J3250	No PA required	Tigan	Trimethobenzamide HCL injection	
J3260	No PA required	Nebcin	Tobramycin sulfate injection	
J3262	PA required	Actemra	Tocilizumab	
J3265	No PA required	Demadex	Torse mide, 10 mg/mL injection	
J3280	No PA required	Torecan	Thiethylperazine maleate injection	
J3285	PA required	Remodulin	Treprostinil	
J3300	No PA required	Trivaris	Triamcinolone acetonide injection PF	
J3301	No PA required	Kenalog	Triamcinolone acetonide injection NOS	
J3302	No PA required	Aristocort	Triamcinolone diacetate injection	
J3303	No PA required	Aristospan	Triamcinolone hexacetonide injection	
J3304	PA required	Zilretta	Triamcinolone acetonide, preserv-free, ext-rel, microsphere, 1 mg injection	
J3305	No PA required	Neutrexin	Trimetrexate glucuronate injection	
J3310	No PA required	Trilafon	Perphenazine injection	
J3315	No PA required	Trelstar Depot	Triptorelin pamoate, 3.75 mg injection	
J3316	PA required	Trelstar Depot	Triptorelin, extended release, 3.75 mg injection	
J3320	No PA required	Trobicin	Spectinomycin dihydrochloride injection	
J3350	No PA required	Ureaphil	Urea injection	
J3355	No PA required	Bravelle	Urofollitropin, 75 IU	
J3357	PA required	Stelara	Ustekinumab	
J3358	PA required	Stelara	Ustekinumab, IV injection, 1 mg	
J3360	No PA required	Valium	Diazepam injection	
J3364	No PA required	Abbokinase	Urokinase, 5,000 IU injection	
J3365	No PA required	Abbokinase	Urokinase, 250,000 IU injection	
J3370	No PA required	Vancocin	Vancomycin HCL injection	
J3380	PA required	Entyvio	Vedolizumab injection	
J3385	PA required	VPRIV	Velaglucerase alfa	
J3396	PA required	Visudyne	Verteporfin	
J3397	PA required	Mepsevii	Vestronidase alfa-vjkb, 1 mg injection	
J3398	PA required	Luxturna	Voretigene neparvovec-rzyl, 1 billion vector genomes injection	
J3399	PA required	Zolgensma	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	
J3400	No PA required	Vesprin	Trifluorpromazine HCL injection	
J3410	No PA required	Vistaril	Hydroxyzine HCL injection	



Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J3411	No PA required	Thiamilate	Thiamine HCL, 100 mg	
J3415	No PA required	Nestrex	Pyridoxine HCL, 100 mg	
J3420	No PA required	B-12	Cyanocobalamin	
J3430	No PA required	AquaMEPHYTON	Vitamin K phytonadione injection	
J3465	No PA required	Vfend	Voriconazole injection	
J3470	PA required	Wydase	Hyaluronidase injection	
J3471	PA required	Vitrase	Hyaluronidase ovine, up to 999 USP units	
J3472	PA required	Vitrase	Hyaluronidase ovine, 1,000 USP units	
J3473	PA required	Hylenex	Hyaluronidase recombinant	
J3475	No PA required	Sulfamag	Magnesium sulfate injection	
J3480	No PA required	K-Dur	Potassium chloride injection	
J3485	No PA required	Retrovir	Zidovudine	
J3486	PA required	Geodon	Ziprasidone mesylate	
J3489	PA required	Reclast, Zometa	Zoledronic acid	
J3490	PA required		Drugs unclassified injection	
J3520	No PA required	Endrate	Edetate disodium per 150 mg	
J3530	No PA required		Nasal vaccine inhalation	
J3535	No PA required		Metered dose inhaler drug	
J3570	PA required		Laetrile amygdalin vitamin B17	
J3590	PA required		Unclassified biologics	
J3591	PA required		Unclassified drug or biological used for ESRD on dialysis	
J7030	No PA required		Normal saline solution infusion, 1,000 cc	
J7040	No PA required		Normal saline solution infusion, 500 mL = 1 unit	
J7042	No PA required	Dextrose	5% dextrose/normal saline	
J7050	No PA required		Normal saline solution infusion	
J7060	No PA required	Dextrose	5% dextrose/water, 500 mL = 1 unit	
J7070	No PA required		D5w (5% dextrose/water) infusion, 1,000 cc	
J7100	No PA required	Rheomacrodex	Dextran 40 infusion	
J7110	No PA required	Gentran 75	Dextran 75 infusion	
J7120	No PA required		Ringer's lactate infusion	
J7121	No PA required		5% dextrose in Ringer's lactate	
J7131	No PA required		Hypertonic saline solution	
J7168	PA required	Kcentra	Prothrombin complex concentrate (human), per IU of Factor IX activity	
J7169	PA required	Andexxa	Injection, coagulation Factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg	
J7170	PA required	Hemlibra	Emicizumab-kxwh, 0.5 mg injection	
J7175	PA required	Coagadex	Factor X (human), 1 IU injection	
J7177	PA required	Fibryga	Human fibrinogen concentrate, 1 mg injection	
J7178	PA required	RiaSTAP	Human fibrinogen concentrate injection	
J7179	PA required	Vonvendi	Von Willebrand factor (recombinant) injection, 1 IU	
J7180	PA required	Corifact	Factor XIII concentrate	
J7181	PA required	Tretten	Factor XIII recombinant A-subunit	
J7182	PA required	Novoeight	Factor VIII (antihemophilic factor, recombinant)	
J7183	PA required	Wilate	Von Willebrand factor/coagulation factor VIII complex	
J7185	PA required	Xyntha	Factor VIII (antihemophilic factor, recombinant)	
J7186	PA required	Alphanate	Antihemophilic factor/Von Willebrand factor complex, factor VIII per IU	



Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J7187	PA required	Humate-P	Antihemophilic factor/Von Willebrand factor complex VWF: RCO per IU	
J7188	PA required	Obizur	Factor VIII recombinant	
J7189	PA required	Novoseven RT	Factor VIIa, recombinant, per 1 mcg	
J7190	PA required	Hemofil M, Koate-DVI, Monoclate-P	Factor VIII, human, per IU	
J7191	PA required	Hyate:C	Factor VIII (porcine)	
J7192	PA required	Advate, Recombinate, Kogenate FS, Helixate FS	Factor VIII, recombinant, per IU, NOS	
J7193	PA required	Alphanine, Mononine	Factor IX, non-recombinant, per IU	
J7194	PA required	Bebulin, Profilnine SD	Factor IX, complex, per IU	
J7195	PA required	BeneFix	Factor IX, recombinant, per IU, NOS	
J7196	PA required	Proplex T	Antithrombin recombinant	
J7197	PA required	Throbate III	Antithrombin III injection	
J7198	PA required	Feiba	Anti-inhibitor coagulation complex	
J7199	PA required		Hemophilia clotting factor, not otherwise classified	
J7200	PA required	Rixubis	Factor IX	
J7201	PA required	Alprolix	Factor IX, Fc fusion protein	
J7202	PA required	Idelvion	Factor IX, albumin fusion protein, recombinant	
J7203	PA required	Rebinyn	Factor IX, (antihemophilic factor, recombinant), glycopegylated, 1 IU injection	
J7204	PA required	Esperoct	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU	
J7205	PA required	Eloctate	Factor VIII Fc fusion protein , recombinant	
J7207	PA required	Adynovate	Factor VIII pegylated recombinant, 1 IU	
J7208	PA required		Factor VIII, (antihemophilic factor, recombinant), pegylated-aucl	
J7209	PA required	Nuwiq	Factor VIII (antihemophilic factor, recombinant) 1 IU, injection	
J7210	PA required	Afstyla	Factor VIII (antihemophilic factor, recombinant) single chain	
J7211	PA required	Kovaltry	Factor VIII (antihemophilic factor, recombinant) 1 IU	
J7212	PA required	Sevenfact	Factor VIIa (antihemophilic factor, recombinant)-jncw, 1 mcg	
J7294	No PA required	Annovera	Segesterone acetate/ethinyl estradiol 0.15 mg-0.013 mg per 24 hours; yearly vaginal system, each	
J7295	No PA required	Nuvaring	Ethinyl estradiol/etonogestrel 0.015 mg-0.12 mg per 24 hours; monthly vaginal ring, each	
J7296	No PA required	Kyleena	Levonorgestrel-releasing intrauterine contraceptive system, 19.5 mg	
J7297	No PA required	Liletta	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 years	
J7298	No PA required	Mirena	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg 5 years	
J7300	No PA required	Paragard	Copper contraceptive intrauterine	
J7301	No PA required	Skyla	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg	
J7302	PA required		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	
J7304	No PA required	Xulane	Contraceptive hormone patch	
J7306	PA required	Norplant	Levonorgestrel contraceptive implant system, with supplies	
J7307	No PA required	Implanon	Etonogestrel contraceptive implant system, with supplies	





Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J7308	PA required	Levulan	Aminolevulinic acid HCL topical	
J7309	PA required	Metvixia	Methyl aminolevulinate, topical	
J7310	PA required	Vitrasert	Ganciclovir long-acting implant	
J7311	PA required	Retisert	Flucinolone acetonide intravitreal implant, 0.01 mg	
J7312	PA required	Ozurdex	Dexamethasone intravitreal implant	
J7313	PA required	Iluvien	Fluocinolone acetonide intravitreal implant, 0.19 mg	
J7315	No PA required	Mitomycin-C	Ophthalmic mitomycin	
J7316	PA required	Jetrea	Ocriplasmin, 0.125 mg/mL injection	
J7318	PA required	Durolane	Hyaluronan or derivative, for intra-articular injection, 1 mg	
J7320	PA required	GenVisc 850	Sodium hyaluronate for intra-articular injection, 1 mg	
J7321	PA required	Hyalgan, Supartz	Sodium hyaluronate or derivative, for intra-articular injection	
J7322	PA required	Hymovis	Sodium hyaluronate for intra-articular injection, 1 mg	
J7323	PA required	Euflexxa	Hyaluronan or derivative, for intra-articular injection	
J7324	PA required	Orthovisc	High molecular weight hyaluronan injection	
J7325	PA required	Synvisc	Hylan G-F 20	
J7326	PA required	Gel-One	Cross-linked hyaluronate	
J7327	PA required	Monovisc	High molecular weight hyaluronan injection	
J7328	PA required	Gelsyn	Sodium hyaluronate for intra-articular injection, 0.1 mg	
J7329	PA required	Trivisc	Hyaluronan or derivative, for intra-articular injection, 1 mg	
J7330	PA required	Carticel	Cultured chondrocytes implant	
J7333	PA required	Visco-3	Hyaluronan or derivative, Visco-3, for intra-articular injection, per dose	
J7335	PA required	Qutenza	Capsaicin 8% patch, per 10 sq centimeters	
J7336	No PA required	Qutenza	Capsaicin 8% patch, per sq centimeter	
J7340	No PA required	Duopa	Carbidopa levodopa enteral suspension, 100 ml	
J7342	No PA required	Otiprio	Ciprofloxacin otic suspension, 6 mg	
J7345	PA required	Ameluz	Aminolevulinic acid, 10% gel	
J7352	PA required	Scenesse	Afamelanotide implant, 1 mg	
J7500	No PA required	Imuran	Azathioprine oral, 50 mg	
J7501	No PA required	Imuran	Azathioprine parenteral, 100 mg	
J7502	No PA required	Sandimmune	Cyclosporine oral, 100 mg	
J7503	PA required	Envarsus XR	Tacrolimus, extended release, oral, 0.25 mg	
J7504	PA required	Atgam	Lymphocyte immune globulin	
J7505	PA required	Orthoclone OKT3	monoclonal antibodies	
J7506	No PA required	Orasone	Prednisone oral	
J7507	No PA required	Prograf	Tacrolimus, immediate release, oral, 1 mg	
J7508	PA required	Astagraf XL	Tacrolimus, extended release, oral, 0.1 mg	
J7509	No PA required	Medrol	Methylprednisolone oral	
J7510	No PA required	Delta-Cortef	Prednisolone oral, per 5 mg	
J7511	No PA required	Thymoglobulin	Antithymocyte globulin (rabbit)	
J7512	No PA required		Prednisone, immediate or delayed, release, oral, 1 mg	
J7513	PA required	Zenapax	Daclizumab, parenteral	
J7515	No PA required	Neoral	Cyclosporine oral, 25 mg	
J7516	No PA required	Neoral	Cyclosporin parenteral, 250 mg	
J7517	No PA required	Cellcept	Mycophenolate mofetil oral	
J7518	No PA required	Myfortic	Mycophenolic acid	
J7520	No PA required	Rapamune	Sirolimus oral	



Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J7525	No PA required	Prograf	Tacrolimus injection	
J7527	No PA required	Afinitor	Everolimus oral	
J7599	PA required		Immunosuppressive drug, (antihemophilic factor, recombinant) not otherwise classified	
J7604	PA required		Acetylcysteine compound unit	
J7605	No PA required	Brovana	Arformoterol non-compound unit	
J7606	No PA required	Perforomist	Formoterol fumarate inhalation	
J7607	PA required	Xopenex	Levalbuterol compound concentrated	
J7608	No PA required	Mucomyst	Acetylcysteine non-compound unit	
J7609	PA required	Proventil	Albuterol compound unit	
J7610	PA required	Ventolin	Albuterol compound concentrated	
J7611	No PA required	Volmax	Albuterol non-compound concentrated	
J7612	No PA required	Xopenex	Levalbuterol non-compound concentrated	
J7613	No PA required	Proventil	Albuterol non-compound unit	
J7614	No PA required	Xopenex	Levalbuterol non-compound unit	
J7615	PA required	Xopenex	Levalbuterol compound unit	
J7620	No PA required	DuoNeb	Albuterol ipratropium non-compound	
J7621	PA required		Albuterol up to 5 mg or 2.5 mg (levoalbuterol), and ipratropium bromide, up to 1 mg	
J7622	PA required		Beclomethasone compound unit	
J7624	PA required		Betamethasone compound unit	
J7626	No PA required	Pulmicort Respules	Budesonide non-compound unit	
J7627	PA required	Pulmicort	Budesonide compound unit	
J7628	PA required	Tornalate	Bitolterol mesylate compound concentrated	
J7629	PA required	Tornalate	Bitolterol mesylate compound unit	
J7631	No PA required	Nasal crom	Cromolyn sodium non-compound unit	
J7632	PA required		Cromolyn sodium compound unit	
J7633	No PA required	Pulmicort	Budesonide non-compound concentrated	
J7634	PA required	Rhinocort	Budesonide compound concentrated	
J7635	PA required	Sal-Tropine	Atropine compound concentrated	
J7636	PA required	Sal-Tropine	Atropine compound unit	
J7637	PA required	Decadron	Dexamethasone compound concentrated	
J7638	PA required	Decadron	Dexamethasone compound unit	
J7639	PA required	Pulmozyme	Dornase alfa non-compound unit	
J7640	PA required	Foradil	Formoterol compound unit	
J7641	PA required	Nasalide	Flunisolide compound unit	
J7642	PA required	Robinul	Glycopyrrolate compound concentrated	
J7643	PA required	Robinul	Glycopyrrolate compound unit	
J7644	No PA required	Atrovent	Ipratropium bromide non-compound	
J7645	PA required	Atrovent	Ipratropium bromide compound	
J7647	No PA required	Bronkosol	Isoetharine compound concentrated	
J7648	No PA required	Bronkosol	Isoetharine non-compound concentrated	
J7649	No PA required	Bronkosol	Isoetharine non-compound unit	
J7650	PA required	Bronkosol	Isoetharine compound unit	
J7657	PA required	Isuprel	Isoproterenol HCL compound concentrated	
J7658	No PA required	Isuprel	Isoproterenol HCL non-compound concentrated	
J7659	No PA required	Isuprel	Isoproterenol HCL non-compound unit	
J7660	PA required	Isuprel	Isoproterenol HCL compound unit	



Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J7665	No PA required	Aridol	Mannitol for inhaler	
J7667	No PA required	Alupent	Metaproterenol compound concentrated	
J7668	No PA required	Alupent	Metaproterenol non-compound concentrated	
J7669	No PA required	Alupent	Metaproterenol non-compound unit	
J7670	PA required	Alupent	Metaproterenol compound unit	
J7674	No PA required	Provocholine	Methacholine chloride, nebulizer	
J7676	PA required	Nebupent	Pentamidine compound unit dose	
J7677	PA required		Inhalation solution, FDA-approved final	
J7680	PA required	Brethine	Terbutaline sulfate compound concentrated	
J7681	PA required	Brethine	Terbutaline sulfate compound unit	
J7682	No PA required	Tobi	Tobramycin, inhalation solution, non-compound unit	
J7683	PA required	Azmacort	Triamcinolone compound concentrated	
J7684	PA required	Azmacort	Triamcinolone compound unit	
J7685	PA required	Tobrex	Tobramycin inhalation solution, compound unit	
J7686	PA required	Tyvaso	Treprostinil inhalation solution	
J7699	PA required		Inhalation solution for DME not otherwise classified	
J7799	PA required		Non-inhalation drug for DME not otherwise classified	
J7999	PA required		Compounded drug, not otherwise classified	
J8498	PA required		Antiemetic rectal suppository NOS	
J8499	PA required		Oral prescription drug non-chemotherapeutic, NOS	
J8501	PA required	Emend	Aprepitant oral	
J8510	No PA required	Myleran	Busulfan oral	
J8515	No PA required	Dostinex	Cabergoline oral, 0.25 mg	
J8520	PA required	Xeloda	Capecitabine, oral, 150 mg	
J8521	PA required	Xeloda	Capecitabine, oral, 500 mg	
J8530	No PA required	Cytosan	Cyclophosphamide oral, 25 mg	
J8540	No PA required	Decadron	Oral dexamethasone	
J8560	PA required	Vepesid	Etoposide oral, 50 mg	
J8562	PA required	Fludara	Oral fludarabine phosphate	
J8565	PA required	Iressa	Gefitinib oral	
J8597	PA required		Antiemetic drug oral NOS	
J8600	No PA required	Alkeran	Melphalan oral, 2 mg	
J8610	No PA required	Rheumatrex	Methotrexate oral, 2.5 mg	
J8650	PA required	Cesamet	Nabilone oral	
J8655	PA required	Akynzeo	Netupitant palonosetron oral	
J8670	PA required	Varubi	Rolapitant oral, 1 mg	
J8700	PA required	Temodar	Temozolomide	
J8705	PA required	Hycamtin Oral	Topotecan	
J8999	PA required		Oral prescription drug chemotherapeutic, NOS	
J9000	No PA required	Adriamycin	Doxorubicin HCL injection	
J9010	PA required	Campath	Alemtuzumab injection	
J9015	PA required	Proleukin	Aldesleukin injection	
J9017	PA required	Trisenox	Arsenic trioxide injection	
J9019	PA required	Erwinaze	Asparaginase	
J9020	PA required	Elspar	Asparaginase NOS	
J9021	PA required	Rylaze	Injection, asparaginase, recombinant, 0.1 mg	
J9022	PA required	Tecentriq	Atezolizumab, 10 mg injection	
J9023	PA required	Bavencio	Avelumab, 10 mg injection	

## 2022 HCPCS Medication Codes Requiring Prior Authorization



Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J9025	PA required	Vidaza	Azacitidine	
J9027	PA required	Clolar	Clofarabine injection	
J9030	No PA required		BCG Live intravesical instillation, 1 mg	
J9031	No PA required	Tice BCG	BCG live intravesical vac	
J9032	PA required	Beleodaq	Belinostat, 10 mg injection	
J9033	PA required	Treanda	Bendamustine	
J9034	PA required	Bendeka	Bendeka, 1 mg injection	
J9035	PA required	Avastin	Bevacizumab	
J9036	PA required	Belrapzo	Bendamustine hydrochloride	
J9039	PA required	Blincyto	Blinatumomab injection	
J9040	No PA required	Blenoxane	Bleomycin sulfate injection	
J9041	PA required	Velcade	Bortezomib	
J9042	PA required	Adcetris	Brentuximab	
J9043	PA required	Jevtana	Cabazitaxel	
J9044	PA required		Bortezomib, not otherwise specified, 0.1 mg injection	
J9045	No PA required	Carboplatin	Carboplatin	
J9047	PA required	Kyprolis	Carfilzomib	
J9050	No PA required	Bicnu	Carmustine injection	
J9055	PA required	Erbix	Cetuximab	
J9057	PA required	Aliqopa	Copanlisib, 1 mg injection	
J9060	No PA required	Platinol-AQ	Cisplatin, 10 mg injection	
J9061	PA required	Rybrevant	Injection, amivantamab-vmjw, 2 mg	
J9065	No PA required	Leustatin	Cladribine per 1 mg injection	
J9070	PA required	Cytoxan	Cyclophosphamide, 100 mg injection	
J9071	PA required	AuroMedics NDCs	Injection, cyclophosphamide, (AuroMedics), 5 mg	
J9098	PA required	DepoCyt	Cytarabine liposome injection	
J9100	No PA required	Cytosar-U	Cytarabine HCL, 100 mg injection	
J9120	No PA required	Cosmegen	Dactinomycin injection	
J9130	No PA required	Dtic-Dome	Dacarbazine, 100 mg injection	
J9144	PA required	Darzalex Faspro	Injection, daratumumab, 10 mg and hyaluronidase-fihj	
J9145	PA required	Darzalex	Daratumumab, 10 mg injection	
J9150	No PA required	Cerubidine	Daunorubicin injection	
J9151	PA required	Daunoxome	Daunorubicin citrate injection	
J9153	PA required	Vyxeos	Liposomal, 1 mg daunorubicin and 2.27 mg cytarabine injection	
J9155	PA required	Firmagon	Degarelix	
J9160	PA required	Ontak	Denileukin diftitox injection	
J9165	PA required	Stilphostrol	Diethylstilbestrol injection	
J9171	PA required	Docefrez, Taxotere	Docetaxel	
J9173	PA required	Imfinzi	Durvalumab, 10 mg injection	
J9175	No PA required		Elliotts B solution per ml	
J9176	PA required	Empliciti	Elotuzumab, 1 mg injection	
J9177	PA required	Padcev	Injection, enfortumab vedotin-efv, 0.25 mg	
J9178	No PA required	Ellence	Epirubicin HCL, 2 mg injection	
J9179	PA required	Halaven	Eribulin	
J9181	No PA required	Toposar	Etoposide injection	
J9185	PA required	Fludara	Fludarabine phosphate injection	
J9190	No PA required	Adrucil	Fluorouracil injection	



Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J9198	PA required	Infugem	Injection, gemcitabine hydrochloride, (Infugem), 100 mg	
J9200	No PA required	FUDR	Floxuridine injection	
J9201	PA required	Gemzar	Gemcitabine	
J9202	PA required	Zoladex	Goserelin acetate	
J9203	PA required	Mylotarg	Gemtuzumab ozogamicin, 0.1 mg	
J9205	PA required	Onivyde	Irinotecan liposome, 1 mg injection	
J9206	PA required	Camptosar	Irinotecan, 20 mg	
J9207	PA required	Ixempra	Ixabepilone injection	
J9208	No PA required	Ifex	Ifosfamide injection	
J9209	No PA required	Mesnex	Mesna injection	
J9211	No PA required	Idamycin	Idarubicin HCL injection	
J9212	PA required	Infergen	Interferon alfacon-1 injection	
J9213	PA required	Roferon-A	Interferon alfa-2a injection	
J9214	PA required	Intron A	Interferon alfa-2b	
J9215	PA required	Alferon-N	Interferon alfa-n3 injection	
J9216	PA required	Actimmune	Interferon gamma 1b injection	
J9217	PA required	Eligard, Lupron Depot	Leuprolide acetate, (for depot suspension), 7.5 mg	
J9218	PA required	Leuprolide Acetate	Leuprolide acetate, per 1 mg	
J9219	PA required	Lupron Depot	Leuprolide acetate implant, 65 mg	
J9223	PA required	Zepzelca	Injection, lurbinectedin, 0.1 mg	
J9225	PA required	Vantas	Histrelin implant, 50 mg	
J9226	PA required	Supprelin LA	Histrelin implant, 50 mg	
J9228	PA required	Yervoy	Ipilimumab	
J9229	PA required	Besponsa	Inotuzumab ozogamicin, 0.1 mg injection	
J9230	PA required	Mustargen	Mechlorethamine HCL injection	
J9245	No PA required	Alkeran	Melphalan HCL, 50 mg injection	
J9246	No PA required	Evomela	Injection, melphalan (Evomela), 1 mg	
J9247	PA required	Pepaxto	Injection, melphalan flufenamide, 1 mg	
J9250	No PA required	Rheumatrex	Methotrexate sodium injection, 5 mg	
J9260	No PA required	Rheumatrex	Methotrexate sodium injection, 50 mg	
J9261	PA required	Arranon	Nelarabine injection	
J9262	PA required	Synribo	Omacetaxine mepesuccinate, 0.01 mg injection	
J9263	PA required	Eloxatin	Oxaliplatin	
J9264	PA required	Abraxane	Paclitaxel, protein-bound	
J9265	PA required	Taxol	Paclitaxel, 30 mg	
J9266	PA required	Oncaspar	Pegaspargase injection	
J9267	PA required	Taxol	Paclitaxel injection, 1 mg	
J9268	PA required	Nipent	Pentostatin injection	
J9270	PA required	Mithracin	Plicamycin injection, 2.5 mg	
J9271	PA required	Keytruda	Pembrolizumab injection	
J9272	PA required	Jemperli	Injection, dostarlimab-gxly, 10 mg	
J9273	PA required	Tivdak	Injection, tisotumab vedotin-tftv, 1 mg	
J9280	No PA required	Mutamycin	Mitomycin injection	
J9281	PA required	Jelmyto	Mitomycin pyelocalyceal instillation, 1 mg	
J9285	PA required	Lartruvo	Olaratumab, 10 mg injection	
J9293	No PA required	Navatrone	Mitoxantrone HCL, 5 mg	
J9295	PA required	Portrazza	Necitumumab, 1 mg injection	



Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
J9299	PA required	Opdivo	Nivolumab injection	
J9300	PA required	Mylotarg	Gemtuzumab ozogamicin injection	
J9301	PA required	Gazyva	Obinutuzumab	
J9302	PA required	Arzerra	Ofatumumab injection	
J9303	PA required	Vectibix	Panitumumab	
J9305	PA required	Alimta	Pemetrexed	
J9306	PA required	Perjeta	Pertuzumab	
J9307	PA required	Folotyn	Pralatrexate	
J9308	PA required	Cyramza	Ramucirumab injection	
J9310	PA required	Rituxan	Rituximab, injection, 100 mg	
J9311	PA required	Rituxan Hycela	Rituximab, 10 mg and hyaluronidase injection	
J9312	PA required	Rituxan	Rituximab, 10 mg injection	
J9316	PA required	Phesgo	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	
J9317	PA required	Trodely	Injection, sacituzumab govitecan-hziy, 2.5 mg	
J9318	PA required	Romidepsin	Injection, romidepsin, nonlyophilized, 0.1 mg	
J9319	PA required	Istodax	Injection, romidepsin, lyophilized, 0.1 mg	
J9320	PA required	Zanosar	Streptozocin injection	
J9325	PA required	Imlygic	Talimogene laherparepvec injection	
J9328	PA required	Temodar	Temozolomide injection	
J9330	PA required	Torisel	Temsirolimus	
J9340	PA required	Thioplex	Thiotepa injection	
J9348	PA required	Danyelza	Injection, naxitamab-gqgk, 1 mg	
J9351	PA required	Hycamtin	Topotecan injection	
J9352	PA required	Yondelis	Trabectedin, 0.1 mg injection	
J9353	PA required	Margenza	Injection, margetuximab-cmkb, 5 mg	
J9354	PA required	Kadcyla	Ado-trastuzumab emtansine	
J9355	PA required	Herceptin	Trastuzumab	
J9356	PA required		Trastuzumab, 10 mg and hyaluronidase-oysk	
J9357	No PA required	Valstar	Valrubicin injection	
J9358	PA required	Enhertu	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	
J9359	PA required	Zylonta	Injection, loncastuximab tesirine-lpyl, 0.075 mg	
J9360	No PA required	Velban	Vinblastine sulfate injection	
J9370	PA required	Oncovin	Vincristine sulfate, 1 mg injection	
J9371	PA required	Marqibo	Vincristine sulfate liposome, 1 mg injection	
J9390	PA required	Navelbine	Vinorelbine tartrate injection	
J9395	PA required	Faslodex	Fulvestrant	
J9400	PA required	Zaltrap	Ziv-alflibercept	
J9600	PA required	Photofrin	Porfimer sodium injection	
J9999	PA required		Chemotherapy drug not otherwise classified	
Q0138	No PA required	Feraheme	Ferumoxytol, non-ESRD use	
Q0139	No PA required	Feraheme	Ferumoxytol, for ESRD on dialysis	
Q0144	No PA required	Zithromax	Azithromycin	
Q0161	No PA required	Thorazine	Chlorpromazine HCL	
Q0162	No PA required	Zofran	Ondansetron HCL	
Q0163	No PA required	Truxadryl	Diphenhydramine HCL	
Q0164	No PA required	Compazine	Prochlorperazine maleate	
Q0166	PA required	Kytril	Granisetron HCL	



Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
Q0167	No PA required	Marinol	Dronabinol	
Q0169	No PA required	Phenergan	Promethazine HCL	
Q0173	No PA required	Tigan	Trimethobenzamide HCL	
Q0174	No PA required	Torecan	Thiethylperazine maleate	
Q0175	No PA required	Trilifon	Perphenazine/amitriptyline HCL	
Q0177	No PA required	Vistaril	Hydroxyzine pamoate	
Q0180	PA required	Anzamet	Dolasetron mesylate	
Q0221	No PA required		Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals	
Q0243	PA required		Injection, casirivimab and imdevimab, 2400 mg	
Q0247	No PA Required		Injection, sotrovimab, 500 mg	
Q0515	PA required	Geref Diagnostic	Sermorelin acetate	
Q2004	No PA required	Renacidin	Hemiacidrin irrigation	
Q2009	No PA required	Cerebyx	Fosphenytoin sodium	
Q2017	PA required	Vumon	Teniposide	
Q2026	PA required	Radiesse	Volumizing filler for wrinkle reduction	
Q2028	PA required	Sculptra Aesthetic	Poly-L-lactic acid injectable	
Q2043	PA required	Provenge	Sipuleucel-T autologous CD54+ cells	
Q2049	PA required	Lipodox	Doxorubicin liposomal	
Q2050	PA required	Doxil	Doxorubicin liposomal, NOS	
Q2054	PA required	Breyanzi	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
Q2055	PA required	Abecma	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
Q3027	PA required	Avonex	Interferon beta-1a, 1 mcg for IM use	
Q3028	PA required	Rebif	Interferon beta-1A/albumin, 1 mcg for SQ use	
Q4074	PA required	Ventavis	Iloprost inhalation solution	
Q4081	PA required	Epogen	Epoetin alfa	
Q5101	PA required	Zarxio	Filgrastim-sndz	
Q5102	PA required	Inflectra	Inflizimab biosimilar	
Q5103	PA required	Inflectra	Inflectra injection	
Q5104	PA required	Renflexis	Infliximab-abda, biosimilar, injection	
Q5105	No PA required	Retacrit	Epoetin alfa, biosimilar (for ESRD on dialysis), 100 units	
Q5106	PA required	Retacrit	Epoetin alfa, biosimilar (for non-ESRD use), 1,000 units	
Q5107	PA required	Mvasi	Bevacizumab-awwb, biosimilar, 10 mg injection	
Q5108	PA required	Fulphila	Pegfilgrastim-jmdb, biosimilar, 0.5 mg (biosimilar to neulasta)	Ziextenzo (billed under J3590) is the preferred pegfilgrastim agent. Full class requires PA.
Q5109	PA required	Ixifi	Infliximab-qbtx, biosimilar, 10 mg injection	
Q5110	PA required	Nivestym	Filgrastim-aafi, 1 mcg, (biosimilar to Neupogen)	
Q5111	PA required		Pegfilgrastim-cbqv, biosimilar, 0.5 mg injection	Ziextenzo (billed under J3590) is the preferred pegfilgrastim agent. Full class requires PA.
Q5112	PA required	Ontruzant	Trastuzumab-dttb, biosimilar (ontruzant)	
Q5113	PA required	Herzuma	Trastuzumab-pkrb, biosimilar (herzuma)	





Procedure code	Authorization required	Brand name for reference only	HCPCS description	Additional notes
Q5114	PA required	Ogivri	Trastuzumab-dkst, biosimilar (ogivri)	
Q5115	PA required	Truxima	Rituximab-abbs, biosimilar (truxima)	
Q5122	PA required	Nyvepria	Injection, pegfilgrastim-apgf, biosimilar, 0.5 mg	
Q5123	PA required	Riabni	Injection, rituximab-arrx, biosimilar, 10 mg	
Q5124	PA required	Byooviz	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg	
Q9991	PA required	Sublocade	Buprenorphine extended-release ≤ 100 mg	
Q9992	PA required	Sublocade	Buprenorphine extended-release > 100 mg	
Q9993	PA required	Zilretta	Triamcinolone acetonide PF XR microsphere, 1 mg	
Q9994	PA required	RELIZORB	In-line cartridge — digestive enzymes for enteral feeding	
Q9995	PA required	Hemlibra	Emicizumab-kxwh, 0.5 mg injection	
S0013	PA required	Spravato	Esketamine, nasal spray, 1 mg	
S0020	No PA required	Marcaine	Bupivacaine hydrochloride, 30 ml	
S0028	No PA required	Pepcid	Famotidine, 20 mg injection	
S0077	No PA required	Cleocin	Clindamycin phosphate, 300 mg injection	
S0119	No PA required	Zofran	Ondansetron, oral, 4 mg	
S0145	PA required	Pegasys	Pegylated interferon alfa-2A	
S0148	PA required	Peg Intron	Pegylated interferon alfa-2B	
S0189	PA required	Testopel	Testosterone pellet, 75 mg	
S4993	No PA required		Contraceptive pills for birth control	
S5010	No PA required		5% Dextrose and 0.45% normal saline, 1,000 ml	
S5550	No PA required		Insulin rapid onset, 5 units	
S5551	No PA required		Insulin most rapid onset (lispro or aspart), 5 units	
S5552	No PA required		Insulin intermediate acting (NPH or lente), 5 units	
S5553	No PA required		Insulin long acting, 5 units	