



Health Net Health Plan of Oregon, Inc. (Health Net)

Commercial Prior Authorization Requirements List for Physician Administered Drugs

All services are subject to benefit plan coverage, member eligibility, and medical necessity for any plan benefit to be a covered service, regardless of whether prior authorization is required. When submitting a request, please attach pertinent medical records, treatment plans, and test results to support the medical appropriateness of the request. Health Net reserves the right to review utilization patterns retrospectively and to address adverse trends with providers.

This prior authorization list contains services that require prior authorization and is not intended to be a comprehensive list of covered services. The member's plan contract or Evidence of Coverage (EOC) provides a complete list of covered services. Plan contracts and EOCs are available to members on the member portal at [Health Net Oregon](#) or in hard copy upon request. Providers may obtain a copy of a member's plan contract or EOC by requesting from Health Net Provider Services Center at 1-888-802-7001.

New CMS billing codes (CPT & HCPC) may require prior authorization, call 1-888-802-7001.

Unless noted differently, all services listed below require prior authorization from Health Net. Providers can refer to the member's Health Net identification (ID) card to confirm product type. Medications administered while member is an inpatient do not require prior- auth.

Pharmacy Criteria/Policies

Visit the [Clinical, Pharmacy & Payment Policies](#) page

Electronic Prior Authorization Submissions

Submit your prior authorization (PA) requests electronically through our preferred solution [CoverMyMeds](#). Electronic prior authorization (ePA) automates the process, making it a quick and simple way to complete PA requests. The ePA process is HIPAA compliant and enables faster determinations. You may also use this link to track ePA requests.

Fax submission of a Prior Authorization Form (PDF) [Prior Auth Form](#)

Link to New Century Health: [NCH Portal](#)

PHARMACY SERVICES

CONTACT

Prescription Questions

Health Net Health Plan of Oregon, Inc.
1-888-802-7001

Option 6, Option 1:

- Option 1 for members
- Option 2 for providers

Retail Pharmacy Questions

CVS Caremark
Pharmacy Help Desk: 1-855-291-0581

Mail Order Pharmacy Questions

CVS Caremark
Customer Service: 1-888-624-1139, or
TTY 1-866-236-1069

Physicians Fax Number: 1-800-378-0323
24 hours a day, 365 days per year

Drug Prior Authorization Requests

Centene Pharmacy Services
Fax Number: 1-800-255-9198

Status Questions: 1-888-802-7001

SERVICE CODES	SERVICE DESCRIPTION
Outpatient Pharmacy	
90281	IMMUNE GLOBULIN HUMAN-IM USE
90283	IMMUNE GLOBULIN HUMAN-IV USE
90284	HUMAN IG SC
90378	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN
C9014	INJECTION CERLIPONASE ALFA 1 MG
C9015	INJ C-1 ESA INHIBITOR HAEGARDA 10 U
C9026	INJECTION VEDOLIZUMAB 1 MG
C9029	INJECTION GUSELKUMAB 1 MG
C9030	INJECTION COPANLISIB 1 MG
C9031	LUTETIUM LU 177 DOTATATE THER 1 MCI
C9032	INJ VORETIGN NEPARVOVC-RZYL 1 B V G
C9035	INJECTION ARIPIRAZOLE LAUROXIL 1 MG
C9036	INJECTION PATISIRAN 0.1 MG
C9038	INJECTION MOGAMULIZUMAB-KPKC 1 MG
C9042	INJECTION BENDAMUSTINE HCL 1 MG
C9043	INJECTION LEVOLEUCOVORIN 1 MG
C9044	INJECTION CEMIPILIMAB-RWLC 1 MG
C9045	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG
C9047	INJECTION, CAPLACIZUMAB-YHDP, 1 MG **Submit to NCH if Oncology or Urology provider**
C9049	INJECTION, TAGRAXOFUSP-ERZS, 10 MCG
C9050	INJECTION, EMAPALUMAB-LZSG, 1 MG
C9051	INJECTION, OMADACYCLINE, 1 MG
C9052	INJECTION, RAVULIZUMAB-CWVZ, 10 MG
C9053	INJECTION CRIZANLIZUMAB-TMCA 1 MG
C9056	INJECTION GIVOSIRAN 0.5 MG
C9058	INJECTION PEGFILGRASTIM-BMEZ BIOSIMILAR 0.5 MG
	C9058 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
C9059	INJECTION MELOXICAM 1 MG
C9061	INJECTION TEPROTUMUMAB-TRBW 10 MG
C9063	INJECTION EPTINEZUMAB-JJMR 1 MG
C9069	INJECTION BELANTAMAB MAFODONTIN BLMF 0.5 MG
C9070	INJECTION TAFASITAMAB CXIX 2 MG
C9071	INJECTION VILTOLARSEN 10 MG
C9072	INJECTION IMMUNE GLOBULIN 500 MG
C9073	BREXUCABTAGENE AUTOLEUCEL UP TO 200 M AUTOLOGOUS
C9084	INJECTION LONCASTUXIMAB TESIRINE-LPYL 0.1 MG
C9085	INJECTION, AVALGLUCOSIDASE ALFA-NGPT 4 MG
C9086	INJECTION ANIFROLUMAB-FNIA 1 MG
C9087	INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 10 MG
C9094	INJECTION, SUTIMLIMAB-jome, 10 MG
C9095	INJECTION, TEBENTAFUSP-TEBN 1 MCG
C9096	INJECTION, FILGRASTIM-ayow, BIOSIMILAR, (RELEUKO), 1 MCG
	C9096 - No authorization required if request is submitted by a hematologist, oncologist, or oncologist/hematologist
C9097	INJECTION, FARICIMAB-SVOA 0.1 MG
C9098	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D
C9122	MOMETASONE FUROATE SINUS IMPLANT 10 MCG SINUVA
C9130	INJ IMMUNE GLOBULIN BIVIGAM 500 MG
C9133	FACTOR IX RECOMBINANT
C9134	FACTOR XIII A-SUBUNIT RECOMB
C9136	FACTOR VIII (ELOCTATE)
C9137	ADYNOVATE FACTOR VIII RECOMB
C9138	NUWVIQ FACTOR VIII RECOMB
C9139	INJ FAC IX AB FUS PRT IDELVN 1 I.U.
C9140	AFSTYLA FACTOR VIII RECOMB
C9141	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU
C9142	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG
C9145	INJECTION, APREPITANT, (APONVIE), 1 MG
C9151 Eff 7.1.2023	INJECTION, PEGCETACOPLAN, 1 MG **Submit to NCH if Oncology or Urology provider**
C9293	GLUCARPIDASE
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS
C9467	INJ RITUXIMAB HYALURONIDASE
C9468	INJ, FACTOR IX, REBINYN
C9473	INJECTION, MEPOLIZUMAB
C9481	INJECTION RESLIZUMAB 1 MG

SERVICE CODES	SERVICE DESCRIPTION
C9484	INJECTION ETEPLIRSEN 10 MG
C9486	INJ GRANISETRON EXTENDED RLS 0.1 MG
C9489	INJECTION, NUSINERSEN
C9490	INJECTION, BEZLOTOXUMAB
C9493	INJECTION, EDARAVONE, 1 MG
C9494	INJECTION, OCRELIZUMAB, 1 MG
J0121	INJECTION OMADACYCLINE 1 MG
J0122	INJECTION ERAVACYCLINE 1 MG
J0129	ABATACEPT INJECTION
J0172	INJECTION, ADUCANUMAB-AVWA 2 MG
J0178	AFLIBERCEPT INJECTION
J0179	INJECTION BROLUCIZUMAB-DBLL 1 MG
J0180	INJECTION AGALSIDASE BETA 1 MG
J0185	INJECTION, APREPITANT, CINVANTI **Submit to NCH if Oncology or Urology provider**
J0202	INJECTION ALEMTUZUMAB 1 MG
J0207	INJECTION AMIFOSTINE 500 MG **Submit to NCH if Oncology or Urology provider**
J0208	INJECTION, SODIUM THIOSULFATE, 100 MG **Submit to NCH if Oncology or Urology provider**
J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG
J0219	INJECTION, AVALGLUCOSIDASE ALFA-NGPT 4 MG
J0220	ALGLUCOSIDASE ALFA INJECTION
J0221	LUMIZYME INJECTION
J0222	INJECTION PATISIRAN 0.1 MG
J0223	INJECTION GIVOSIRAN 0.5 MG
J0224	INJECTION LUMASIRAN 0.5 MG
J0225	INJECTION VUTRISIRAN, 1MG
J0256	ALPHA 1 PROTEINASE INHIBITOR
J0257	GLASSIA INJECTION
J0291	INJECTION PLAZOMICIN 5 MG
J0490	BELIMUMAB INJECTION
J0491	INJECTION, ANIFROLUMAB-FNIA 1 MG
J0517	INJECTION BENRALIZUMAB 1 MG
J0565	INJECTION BEZLOTOXUMAB 10 MG
J0567	INJECTION CERLIPONASE ALFA 1 MG
J0570	INJ PEN G BENZATHINE TO 1,200,000 UNITS
J0584	INJECTION BUROSUMAB-TWZA 1 MG
J0585	INJECTION,ONABOTULINUMTOXINA
J0586	ABOBOTULINUMTOXINA
J0587	INJ, RIMABOTULINUMTOXINB
J0588	INCOBOTULINUMTOXIN A
J0593	INJECTION LANADELUMAB-FLYO 1 MG
J0594	INJECTION BUSULFAN 1 MG **Submit to NCH if Oncology or Urology provider**
J0596	INJ C1 ESTERASE INHIB RUCONEST 10 U
J0598	C-1 ESTERASE, CINRYZE
J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS
J0604	CINACALCET ORAL 1 MG
J0610	INJECTION, CALCIUM GLUCONATE/FRESEN KABI PER 10 ML
J0611	INJECTION, CALCIUM GLUCONATE PER 10 ML
J0630	MIACALCIN, CALCITONIN SALMON **Submit to NCH if Oncology or Urology provider**
J0638	CANAKINUMAB INJECTION
J0640	INJECTION, LEUCOVORIN CALCIUM PER 50 MG **Submit to NCH if Oncology or Urology provider**
J0641	LEVOLEUCOVORIN INJECTION **Submit to NCH if Oncology or Urology provider**
J0642	LEVOLEUCOVORIN INJECTION **Submit to NCH if Oncology or Urology provider**
J0691	INJECTION LEFAMULIN 1 MG
J0717	CERTOLIZUMAB PEGOL INJ 1MG
J0725	INJ CHORIONIC GONADOTROPIN PER 1000 USP UNITS
J0739	INJECTION, CABOTEGRAVIR, 1 MG
J0742	INJ IMP 4 MG CILASTATIN 4 MG AND RELEBACTAM 2 MG
J0775	COLLAGENASE, CLOST HIST INJ
J0791	INJECTION CRIZANLIZUMAB-TMCA 5 MG
J0879	INJECTION, DIFELIKEFALIN 0.1 MICROGRAM
J0800	INJ CORTICOTROPIN TO 40 UNITS
J0881	INJECTION DARBEPOETIN ALFA 1 MICROGRAM NON-ESRD USE **Submit to NCH if Oncology or Urology provider**
	J0881 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J0882	INJECTION DARBEPOETIN ALFA 1 MICROGRAM FOR ESRD ON DIALYSIS

SERVICE CODES	SERVICE DESCRIPTION
	J0882 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD USE 1000 UNITS **Submit to NCH if Oncology or Urology provider**
J0887	EPOETIN BETA ESRD USE
J0888	EPOETIN BETA NON ESRD **Submit to NCH if Oncology or Urology provider**
	J0888 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J0893	INJECTION DECITABINE (SUN PHARMA), not therapeutically equivalent to J0894, 1 mg **Submit to NCH if Oncology or Urology provider**
J0894	INJECTION DECITABINE 1 MG **Submit to NCH if Oncology or Urology provider**
J0896	INJECTION LUSPATERCEPT-AAMT 0.25 MG **Submit to NCH if Oncology or Urology provider**
J0897	INJECTION, DENOSUMAB (PROLIA) **Submit to NCH if Oncology or Urology provider**
J0897	INJECTION, DENOSUMAB (XGEVA) **Submit to NCH if Oncology or Urology provider**
J1190	INJ DEXRAZOXANE HYDROCHLORIDE PER 250 MG **Submit to NCH if Oncology or Urology provider**
J1201	INJECTION CETIRIZINE HYDROCHLORIDE 0.5 MG
J1300	ECULIZUMAB INJECTION
J1301	INJECTION EDARAVONE 1 MG
J1302	INJECTION, SUTIMLIMAB-jome, 10 MG **Submit to NCH if Oncology or Urology provider**
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG
J1305	INJECTION EVINACUMAB-DGNB 5MG
J1306	INJECTION, INCLISIRAN, 1 MG
J1322	ELOSULFASE ALFA, INJECTION
J1411	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE
J1426	INJECTION CASIMERSEN 10 MG
J1427	INJECTION VILTOLARSEN 10 MG
J1428	INJECTION ETEPLIRSEN 10 MG
J1429	INJECTION GOLODIRSEN 10 MG
J1437	INJECTION FERRIC DERISOMALTOSE 10 MG **Submit to NCH if Oncology or Urology provider**
J1440 Eff 7.1.2023	FECAL MICROBIOTA, IVE - JSLM, 1 ml
J1442	INJ FILGRASTIM EXCL BIOSIMIL **Submit to NCH if Oncology or Urology provider**
J1444	INJ FERRIC PYROPHOSPHATE CITRATE PWD 0.1 MG IRON
J1447	INJECTION TBO-FILGRASTIM 1 MICROG **Submit to NCH if Oncology or Urology provider**
	J1447 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J1448	INJECTION TRILACICLIB 1MG **Submit to NCH if Oncology or Urology provider**
J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG **Submit to NCH if Oncology or Urology provider**
J1454	INJECTION, AKYNZEO - FOSNETUPITANT/PALONOSETRON **Submit to NCH if Oncology or Urology provider **
J1456	INJECTION FOSAPREPITANT (TEVA) not therapeutically equivalent to J1453, 1 mg **Submit to NCH if Oncology or Urology provider**
J1458	INJECTION, GALSULFASE, 1 MG
J1459	INJ IVIG PRIVIGEN 500 MG **Submit to NCH if Oncology or Urology provider**
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG
J1554	INJECTION IMMUNE GLOBULIN ASCENIV 500 MG **Submit to NCH if Oncology or Urology provider**
J1555	INJECTION IMMUNE GLOBULIN 100 MG
J1556	INJ, IMM GLOB BIVIGAM, 500MG **Submit to NCH if Oncology or Urology provider**
J1557	GAMMAPLEX INJECTION **Submit to NCH if Oncology or Urology provider**
J1558	INJECTION IMMUNE GLOBULIN XEMBIFY 100 MG
J1559	HIZENTRA INJECTION
J1561	GAMUNEX-C/GAMMAKED **Submit to NCH if Oncology or Urology provider**
J1562	VIVAGLOBIN, INJ
J1566	IMMUNE GLOBULIN, POWDER **Submit to NCH if Oncology or Urology provider**
J1568	OCTAGAM INJECTION **Submit to NCH if Oncology or Urology provider**
J1569	GAMMAGARD LIQUID INJECTION **Submit to NCH if Oncology or Urology provider**
J1572	FLEBOGAMMA INJECTION **Submit to NCH if Oncology or Urology provider**
J1575	INJ IG/HYALURONIDASE 100 MG IG
J1576 Eff 7.1.2023	INJECTION, IMMUNE GLOBULIN (PANZYVA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID) 500 MG **Submit to NCH if Oncology or Urology provider**
J1599	IVIG NON-LYOPHILIZED, NOS **Submit to NCH if Oncology or Urology provider**
J1602	GOLIMUMAB FOR IV USE 1MG
J1627	INJ GRANISETRON EXT-RLSE 0.1 MG **Submit to NCH if Oncology or Urology provider**
J1628	INJECTION GUSELKUMAB 1 MG
J1632	INJECTION BREXANOLONE 1 MG
J1640	INJECTION, HEMIN, 1 MG
J1726	INJECTION HPC 10 MG
J1729	INJECTION HPC NOS 10 MG
J1738	INJECTION MELOXICAM 1 MG

SERVICE CODES	SERVICE DESCRIPTION
J1743	IDURSULFASE INJECTION
J1745	INJECTION INFLIXIMAB, 10 MG
J1746	INJECTION IBALIZUMAB-UIYK 10 MG
J1747	INJECTION, SPESOLIMAB-SBZO, 1 MG
J1786	IMUGLUCERASE INJECTION
J1811 Eff 7.1.2023	INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
J1812 Eff 7.1.2023	INSULIN (FIASP), PER 5 UNITS
J1813 Eff 7.1.2023	INSULIN (LYUMJEV) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
J1814 Eff 7.1.2023	INSULIN (LYUMJEC), PER 5 UNITS
J1823	INJECTION INEBILIZUMAB CDON 1 MG
J1930	LANREOTIDE **Submit to NCH if Oncology or Urology provider**
J1931	INJECTION LARONIDASE 0.1 MG
J1932	INJECTION, LANREOTIDE, (CIPLA), 1 MG **Submit to NCH if Oncology or Urology provider**
J1941 Eff 7.1.2023	INJECTION, FUROSEMIDE (FUROSCIX), 20 MG
J1943	INJECTION ARIPIRAZOLE LAUROXIL 1 MG
J1944	INJECTION ARIPIRAZOLE LAUROXIL 1 MG
J1950	INJ LEUPROLIDE ACETATE PER 3.75 MG **Submit to NCH if Oncology or Urology provider**
J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG
	J1951 - No authorization required if request is submitted by a hematologist, oncologist, oncologist/hematologist or urologist
J1952	LEUPROLIDE INJECTABLE CAMCEVI, 1 MG **Submit to NCH if Oncology or Urology provider**
J1954	INJECTION LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (LUTRATE), 7.5 MG **Submit to NCH if Oncology or Urology provider**
J1961 Eff 7.1.2023	INJECTION, LENACAPAVIR, 1 MG
J2062	LOXAPINE FOR INHALATION 1 MG
J2182	INJECTION MEPOLIZUMAB 1MG
J2212	INJECTION, METHYLNALTREXONE **Submit to NCH if Oncology or Urology provider **
J2311	INJECTION, NALOXONE HCl (ZIMHI), 1 MG
J2323	NATALIZUMAB INJECTION
J2326	INJECTION NUSINERSEN 0.1 MG
J2327	INJECTION RISANKIZUMAB-RZAA, INTRAVENOUS, 1MG
J2329 Eff 7.1.2023	INJECTION, UBLITUXIMAB-XILY, 1 MG
J2350	INJ NIACINAMIDE NIACIN TO 100 MG
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG **Submit to NCH if Oncology or Urology provider**
J2354	INJ OCTREOTIDE, NON-DEPOT FORM FOR SUBCTNS OR INTRVNS INJ 25 MG **Submit to NCH if Oncology or Urology provider**
	J2354 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J2355	INJ OPRELVKIN 5 MG
	J2355 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J2356	INJECTION, TEZEPELUMAB-ekko, 1 MG
J2357	INJECTION OMALIZUMAB 5 MG
J2427 Eff 7.1.2023	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (INVEGA HAFYERA OR INVEGA TRINZA), 1 MG
J2430	INJECTION PAMIDRONATE DISODIUM PER 30 MG **Submit to NCH if Oncology or Urology provider **
J2440	INJ PAPAVERINE HCL TO 60 MG
J2469	INJECTION, PALONOSETRON HCL 25 MCG **Submit to NCH if Oncology or Urology provider **
J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG
J2506	INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG **Submit to NCH if Oncology or Urology provider**
J2507	PEGLOTICASE INJECTION
J2562	PLERIXAFOR INJECTION **Submit to NCH if Oncology or Urology provider**
J2724	PROTEIN C CONCENTRATE
J2777	INJECTION, FARICIMAB-svoa, 0.1 MG
J2778	RANIBIZUMAB INJECTION
J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG
J2783	INJECTION, RASBURICASE 0.5 MG **Submit to NCH if Oncology or Urology provider**
J2786	INJECTION RESLIZUMAB 1MG
J2796	ROMIPLOSTIM INJECTION **Submit to NCH if Oncology or Urology provider**
J2798	INJECTION RISPERIDONE 0.5 MG
J2820	INJ SARGRAMOSTIN (GM-CSF)/50MCG **Submit to NCH if Oncology or Urology provider**
J2860	SILTUXIMAB **Submit to NCH if Oncology or Urology provider **
J2940	INJECTION, SOMATREM, 1 MG
J2941	INJECTION, SOMATROPIN 1 MG
J2998	INJECTION, PLASMINOGEN, HUMAN-tvmh, 1 MG
J3031	INJECTION FREMANEZUMAB-VFRM 1 MG

SERVICE CODES	SERVICE DESCRIPTION
J3032	INJECTION EPTINEZUMAB-JJMR 1 MG
J3060	INJ, TALIGLUCERACE ALFA 10 U
J3111	INJECTION ROMOSUZUMAB-AQQG 1 MG
J3240	INJECTION, THROTROPIN **Submit to NCH if Oncology or Urology provider **
J3241	INJECTION TEPROTUMUMAB-TRBW 10 MG
J3245	INJECTION TILDRAKIZUMAB 1 MG
J3262	TOCILIZUMAB INJECTION
J3285	INJECTION TREPROSTINIL 1 MG
J3299	INJECTION, TRIAMCINOLONE ACETONIDE (XIPERE), 1 MG
J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG
J3315	INJ TRIPTORELIN PAMOATE 3.75 MG **Submit to NCH if Oncology or Urology provider**
J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG
J3355	INJECTION UROFOLLITROPIN 75 IU
J3357	USTEKINUMAB INJECTION
J3358	USTEKINUMAB INTRAVENOUS INJ 1 MG
J3380	INJECTION VEDOLIZUMAB 1 MG
J3385	VELAGLUCERASE ALFA
J3396	INJECTION VERTEPORFIN 0.1 MG
J3397	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG
J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G
J3399	INJ AVSX-101-XIOI P-TX TO 5X10^15 VCTR GNOMS
J3490	UNCLASSIFIED DRUGS **Submit to NCH if Oncology or Urology provider**
J3590	UNCLASSIFIED BIOLOGICS **Submit to NCH if Oncology or Urology provider**
J3591	UNCLASS RX/BIOLOGICAL USED FOR ESRD ON DIALYSIS
J7169	INJ COAGULATION FACTOR XA INACTIVATED-ZHZO 10 MG
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG
J7175	INJ FACTOR X (HUMAN) 1IU
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG
J7179	VONVENDI INJ 1 IU VWF RCO
J7180	FACTOR XIII ANTI-HEM FACTOR
J7181	FACTOR XIII RECOMB A-SUBUNIT
J7182	FACTOR VIII RECOMB NOVOEIGHT
J7183	WILATE INJECTION
J7185	XYNTHA INJ
J7186	ANTHEMOPHILIC VIII VWF COMP
J7187	HUMATE-P, INJ
J7188	INJECTION FACTOR VIII PER I.U.
J7189	FACTOR VIIA ANTHEMOPHILIC FACTOR RECOMBINANT /1 MICROGRAM
J7190	FACTOR VIII (ANTI-HEMOPHILIC FACTOR HUMAN)PER IU
J7191	FACTOR VIII (ANTHEMOPHILIC FACTOR (PORCINE)), P
J7192	FACTOR VIII RECOMBINANT NOS
J7193	FACTOR IX (ANTHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.
J7194	FACTOR IX COMPLX PER IU
J7195	FACTOR IX RECOMBINANT NOS
J7196	ANTITHROMBIN RECOMBINANT
J7197	ANTITHROMBIN III (HUMAN) PER IU
J7198	ANTI-INHIBITOR PER I.U.
J7199	HEMOPHILIA CLOTTING FACTOR NOC
J7200	FACTOR IX RECOMBINAN RIXUBIS
J7201	FACTOR IX FC FUSION RECOMB
J7202	FACTOR IX IDELVION INJ
J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU
J7204	INJ FAC VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU
J7205	INJ FACTOR VIII FC FUSION PER IU
J7207	FACTOR VIII PEGLATED RECOMB
J7208	INJECTION FACTOR VIII PEGLATED-AUCL 1 IU
J7209	FACTOR VIII NUWIQ RECOMB 1IU
J7210	INJ FACTOR VIII AFSTYLA 1 I.U.
J7211	INJ FACTOR VIII KOVALTRY 1 I.U.
J7212	FACTOR VIIA JNCW 1 MCG
J7213	Eff 7.12023 INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 IU
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT
J7312	DEXAMETHASONE INTRA IMPLANT
J7313	INJ FA INTRAVITREAL IMPL 0.01 MG
J7314	INJECTION FA INTRAVITREAL IMPL 0.01 MG
J7318	HYALURONAN SODIUM HYALURONATE OR DERIVATIVE INTRA-ARTICULAR INJ 1 MG

SERVICE CODES	SERVICE DESCRIPTION
J7320	HYLAN G-F 20 16 MG INTRA ARTICULAR INJ
J7321	HYALGAN/SUPARTZ INJ PER DOSE
J7322	SYNVISC INJ PER DOSE
J7323	EUFLEXXA INJ PER DOSE
J7324	ORTHOVISC INJ PER DOSE
J7325	SYNVISC OR SYNVISC-ONE
J7326	GEL-ONE
J7327	MONOVISC INJ PER DOSE
J7328	HYAL/DERIVATV GEL-SYN IA INJ 0.1 MG
J7329	HYALURONAN/DERIVATIVE TRIVISC FOR IA INJ 1 MG
J7331	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG
J7332	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG
J7333	HYALURONAN/DERIVATIVE VISCO-3 IA INJ PER DOSE
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG
J7352	AFAMELANOTIDE IMPLANT 1 MG
J7401	MOMETASONE FUROATE SINUS IMPLANT 10 MCG
J7402	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG
J7527	EVEROLIMUS ORAL (AFINITOR) **Submit to NCH if Oncology or Urology provider**
J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG
J7799	NOC DRUGS, OTHER THAN INHALATION, ADMIN THRU DME
J8499	PRESCRIPTION DRUG-ORAL-NON-CHEMOTHERAPEUTIC-NOS **Submit to NCH if Oncology or Urology provider**
J8501	ORAL SUSPENSION, APREPITANT **Submit to NCH if Oncology or Urology provider **
J8520	ORAL, CAPECITABINE 150 MG **Submit to NCH if Oncology or Urology provider **
J8521	ORAL, CAPECITABINE 500 MG **Submit to NCH if Oncology or Urology provider **
J8560	ORAL ETOPOSIDE **Submit to NCH if Oncology or Urology provider **
J8565	IRESSA - GEFITINIB **Submit to NCH if Oncology or Urology provider **
J8600	PRESCRIPTION DRUG -ORAL ALKERAN-MELPHALAN 2MG **Submit to NCH if Oncology or Urology provider **
J8610	ORAL, METHOTREXATE 2.5 MG **Submit to NCH if Oncology or Urology provider **
J8655	PRESCRIPTION DRUG-ORAL AKYNZEO - NETUPITANT/PALONOSETRON **Submit to NCH if Oncology or Urology provider **
J8670	ORAL, ROLAPITANT 1 MG **Submit to NCH if Oncology or Urology provider **
J8700	ORAL, TEMOZOLOMIDE **Submit to NCH if Oncology or Urology provider **
J8705	TOPOTECAN ORAL 0.25 MG **Submit to NCH if Oncology or Urology provider**
J8999	PRESCRIPTION DRUG-ORAL-CHEMOTHERAPEUTIC-NOS **Submit to NCH if Oncology or Urology provider**
J9010	ALEMTUZUMAB INJECTION
J9015	INJECTION, ALDESLEUKIN PER SINGLE USE VIAL **Submit to NCH if Oncology or Urology provider**
J9017	INJECTION, ARSENIC TRIOXIDE 1 MG **Submit to NCH if Oncology or Urology provider**
J9019	INJECTION, ERWINAZE **Submit to NCH if Oncology or Urology provider**
J9021	INJECT ASPARAGINASE RECOMBINANT (RYLAZE) 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9022	INJECTION ATEZOLIZUMAB 10 MG **Submit to NCH if Oncology or Urology provider**
J9023	INJECTION AVELUMAB 10 MG **Submit to NCH if Oncology or Urology provider**
J9025	INJECTION AZACITIDINE 1 MG **Submit to NCH if Oncology or Urology provider**
J9027	INJECTION, CLOFARABINE 1 MG **Submit to NCH if Oncology or Urology provider**
J9029 Eff 7.1.2023	INJECTION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE **Submit to NCH if Oncology or Urology provider**
J9030	BCG LIVE INTRAVESICAL INSTILLATION 1 MG **Submit to NCH if Oncology or Urology provider**
J9032	INJECTION, BELINOSTAT **Submit to NCH if Oncology or Urology provider **
J9033	INJECTION, BENDAMUSTINE (TREANDA) **Submit to NCH if Oncology or Urology provider **
J9034	INJ. BENDEKA 1 MG **Submit to NCH if Oncology or Urology provider**
J9035	INJECTION BEVACIZUMAB 10 MG **Submit to NCH if Oncology or Urology provider**
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG **Submit to NCH if Oncology or Urology provider**
J9037	INJECTION BELANTAMAB MAFODONTIN-BLMF 0.5 MG **Submit to NCH if Oncology or Urology provider**
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM **Submit to NCH if Oncology or Urology provider**
J9040	INJECTION BLEOMYCIN SULFATE 15 UNITS **Submit to NCH if Oncology or Urology provider **
J9041	INJECTION BORTEZOMIB 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9042	BRENTUXIMAB VEDOTIN INJ **Submit to NCH if Oncology or Urology provider**
J9043	CABAZITAXEL **Submit to NCH if Oncology or Urology provider**
J9044	INJECTION BORTEZOMIB NOS 0.1 MG
J9045	INJECTION, CARBOPLATIN 50 MG **Submit to NCH if Oncology or Urology provider **
J9046	INJECTION, BORTEZOMIB (DR REDDY'S) **Submit to NCH if Oncology or Urology provider**
J9047	INJECTION, CARFILZOMIB, 1 MG **Submit to NCH if Oncology or Urology provider**
J9048	INJECTION, BORTEZOMIB (FRESNIUS KABI) **Submit to NCH if Oncology or Urology provider**
J9049	BORTEZOMIB **Submit to NCH if Oncology or Urology provider**
J9050	INJECTION, CARMUSTINE 100 MG **Submit to NCH if Oncology or Urology provider**
J9055	INJECTION CETUXIMAB 10 MG **Submit to NCH if Oncology or Urology provider**
J9056 Eff 7.1.2023	INJECTION, BENDAMUSTINE HCl (VIVIMUSTA), 1 MG **Submit to NCH if Oncology or Urology provider**
J9057	INJECTION COPANLISIB 1 MG **Submit to NCH if Oncology or Urology provider**

SERVICE CODES	SERVICE DESCRIPTION
J9058 Eff 7.1.2023	INJECTION, BENDAMUSTINE HCl (APOTEX), 1 MG **Submit to NCH if Oncology or Urology provider**
J9059 Eff 7.1.2023	INJECTION, BENDAMUSTINE HCl (BAXTER), 1 MG **Submit to NCH if Oncology or Urology provider**
J9060	INJECTION, CISPLATIN POWDER OR SOLUTION 10 MG **Submit to NCH if Oncology or Urology provider**
J9061	INJECTION, AMIVANTAMAB-VMJW 2 MG **Submit to NCH if Oncology or Urology provider**
J9063 Eff 7.1.2023	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG **Submit to NCH if Oncology or Urology provider**
J9065	INJECTION CLADRIBINE PER 1 MG **Submit to NCH if Oncology or Urology provider**
J9070	INJECTION, CYCLOPHOSPHAMIDE, CYTOXAN **Submit to NCH if Oncology or Urology provider**
J9071	INJECTION, CYCLOPHOSPHAMIDE (AUROMEDICS) **Submit to NCH if Oncology or Urology provider**
J9100	INJECTION CYTARABINE 100 MG **Submit to NCH if Oncology or Urology provider**
J9118	INJECTION CALASPARGASE PEGOL-MKNL 10 UNITS **Submit to NCH if Oncology or Urology provider**
J9119	INJECTION CEMIPIMAB-RWLC 1 MG **Submit to NCH if Oncology or Urology provider**
J9120	INJECTION DACTINOMYCIN 0.5 MG **Submit to NCH if Oncology or Urology provider**
J9130	INJECTION, DACARBAZINE 100 MG **Submit to NCH if Oncology or Urology provider**
J9144	INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ **Submit to NCH if Oncology or Urology provider**
J9145	DARATUMUMAB **Submit to NCH if Oncology or Urology provider**
J9150	INJECTION, DAUNORUBICIN 10 MG **Submit to NCH if Oncology or Urology provider**
J9153	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA **Submit to NCH if Oncology or Urology provider**
J9155	INJECTION, DEGARELIX 1 MG **Submit to NCH if Oncology or Urology provider**
J9173	INJECTION DURVALUMAB 10 MG **Submit to NCH if Oncology or Urology provider**
J9176	INJECTION ELOTUZUMAB 1MG **Submit to NCH if Oncology or Urology provider**
J9177	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG **Submit to NCH if Oncology or Urology provider**
J9178	INJECTION, EPIRUBICIN **Submit to NCH if Oncology or Urology provider**
J9179	INJECTION, ERIBULIN MESYLATE **Submit to NCH if Oncology or Urology provider**
J9181	INJECTION, ETOPOSIDE **Submit to NCH if Oncology or Urology provider**
J9185	INJECTION FLUDARABINE PHOSPHATE 50 MG **Submit to NCH if Oncology or Urology provider**
J9190	INJECTION FLUOROURACIL 500 MG **Submit to NCH if Oncology or Urology provider**
J9196	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG **Submit to NCH if Oncology or Urology provider**
J9198	INJ GEMCITABINE HYDROCHLORIDE INFUGEM 100 MG **Submit to NCH if Oncology or Urology provider**
J9200	INJECTION, FLOXURIDINE 500 MG **Submit to NCH if Oncology or Urology provider**
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG **Submit to NCH if Oncology or Urology provider**
J9203	INJ GEMTUZUMAB OZOGAMICIN 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG **Submit to NCH if Oncology or Urology provider**
J9205	IRINOTECAN LIPOSOME **Submit to NCH if Oncology or Urology provider**
J9206	INJECTION, IRINOTECAN 20 MG **Submit to NCH if Oncology or Urology provider**
J9207	INJECTION, IXABEPILONE 1 MG, KIT **Submit to NCH if Oncology or Urology provider**
J9208	INJECTION IFOSFAMIDE 1 G **Submit to NCH if Oncology or Urology provider**
J9209	INJECTION, MESNA 200 MG **Submit to NCH if Oncology or Urology provider**
J9210	INJECTION EMAPALUMAB-LZSG 1 MG **Submit to NCH if Oncology or Urology provider**
J9211	INJECTION IDARUBICIN HCL 5 MG **Submit to NCH if Oncology or Urology provider**
J9212	INTERFERON ALFACON-1 INJ
J9213	INTERFERON ALFA-2A INJ
	J9213 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J9214	INTERFERON ALFA-2B INJ **Submit to NCH if Oncology or Urology provider**
	J9214 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J9215	INTERFERON ALFA-N3 INJ
	J9215 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J9216	INTERFERON GAMMA 1-B INJ **Submit to NCH if Oncology or Urology provider**
	J9216 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J9217	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG **Submit to NCH if Oncology or Urology provider**
	J9217 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z17.0, Z51.11 - Z51.12
	J9217 - No authorization required if request is submitted by a hematologist, oncologist, oncologist/hematologist or urologist
J9218	LEUPROLIDE ACETATE PER 1 MG **Submit to NCH if Oncology or Urology provider**
	J9218 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J9223	INJECTION LURBINECTEDIN 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9227	INJECTION ISATUXIMAB-IRFC 10 MG **Submit to NCH if Oncology or Urology provider**
J9228	IPILIMUMAB **Submit to NCH if Oncology or Urology provider**
J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9245	INJECTION, ALKERAN-MELPHALAN HCL 50 MG **Submit to NCH if Oncology or Urology provider**

SERVICE CODES	SERVICE DESCRIPTION
J9246	INJECTION MELPHALAN EVOMELA 1 MG
J9247	INJECTION MELPHALAN FLUFENAMIDE 1 MG
J9250	INJECTION, METHOTREXATE SODIUM 5 MG **Submit to NCH if Oncology or Urology provider**
J9259	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, NOT THERAPEUTICALLY EQUIVALENT TO J9264, 1 MG **Submit to NCH if Oncology or Urology Provider**
J9261	INJECTION, NELARABINE 50 MG **Submit to NCH if Oncology or Urology provider**
J9262	INJ, OMACETAXINE MEP, 0.01MG **Submit to NCH if Oncology or Urology provider**
J9263	INJECTION OXALIPLATIN 0.5 MG **Submit to NCH if Oncology or Urology provider**
J9264	INJECTION, PACITAXEL PROTEINBOUND PARTICLES 1 MG **Submit to NCH if Oncology or Urology provider**
J9266	PEGASPARGASE INJECTION **Submit to NCH if Oncology or Urology provider**
J9267	INJECTION, PACITAXEL **Submit to NCH if Oncology or Urology provider**
J9268	INJECTION, PENTOSTATIN 10 MG **Submit to NCH if Oncology or Urology provider**
J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG **Submit to NCH if Oncology or Urology provider**
J9271	INJECTION PEMBROLIZUMAB 1 MG **Submit to NCH if Oncology or Urology provider**
J9272	INJECTION, DOSTARLIMAB-GXLY 10 MG **Submit to NCH if Oncology or Urology provider**
J9273	TISOTUMAB VEDOTIN-TFTV **Submit to NCH if Oncology or Urology provider**
J9274	INJECTION, TEBENTAFUSP-tebn, 1 MCG **Submit to NCH if Oncology or Urology provider**
J9281	MITOMYCIN PYELOALYCEAL SOLUTION **Submit to NCH if Oncology or Urology provider**
J9285	INJECTION OLARATUMAB 10 MG **Submit to NCH if Oncology or Urology provider**
J9293	INJECTION, MITOXANTRONE HCL PER 5 MG **Submit to NCH if Oncology or Urology provider**
J9294	INJECTION, PEMETREXED (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG **Submit to NCH if Oncology or Urology provider**
J9295	INJECTION, NECITUMUMAB **Submit to NCH if Oncology or Urology provider**
J9296	INJECTION, PEMETREXED (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG **Submit to NCH if Oncology or Urology provider**
J9297	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG **Submit to NCH if Oncology or Urology provider**
J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-rmbw, 3 MG/1 MG **Submit to NCH if Oncology or Urology provider**
J9299	INJECTION NIVOLUMAB 1 MG **Submit to NCH if Oncology or Urology provider**
J9301	ORINUTUZUMAB **Submit to NCH if Oncology or Urology provider**
J9302	INJECTION, OFATUMUMAB **Submit to NCH if Oncology or Urology provider**
J9303	PANITUMUMAB INJECTION **Submit to NCH if Oncology or Urology provider**
J9304	INJECTION PEMETREXED PEMFEXY 10 MG **Submit to NCH if Oncology or Urology provider**
J9305	INJECTION PEMETREXED 10 MG **Submit to NCH if Oncology or Urology provider**
J9306	INJECTION, PERTUZUMAB, 1 MG **Submit to NCH if Oncology or Urology provider**
J9307	INJECTION, PRALATREXATE 1 MG **Submit to NCH if Oncology or Urology provider**
J9308	RAMUCIRUMAB **Submit to NCH if Oncology or Urology provider**
J9309	POLATUZUMAB VEDOTIN-PIIQ **Submit to NCH if Oncology or Urology provider**
J9310	RITUXIMAB INJECTION
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE **Submit to NCH if Oncology or Urology provider**
J9312	INJECTION RITUXIMAB 10 MG **Submit to NCH if Oncology or Urology provider**
J9313	INJECTION MOXETUMOMAB PASUDOTX-TDFK 0.01 MG **Submit to NCH if Oncology or Urology provider**
J9314	INJECTION PEMETREXED 10 MG **Submit to NCH if Oncology or Urology provider**
J9316	INJ PERTUZUMAB TRASTUZUMAB AND HYAL ZZXF PER 10 MG **Submit to NCH if Oncology or Urology provider**
J9317	INJECTION SACITUZUMAB GOVITECAN HZIY 2.5 MG **Submit to NCH if Oncology or Urology provider**
J9318	INJECTION ROMIDEPSIN NONLYOPHILIZED 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9319	INJECTION ROMIDEPSIN LYOPHILIZED 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9320	INJECTION, STREPTOZOCIN 1 G **Submit to NCH if Oncology or Urology provider**
J9321 Eff 7.1.2023	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG
J9322 Eff 7.1.2023	INJECTION, PEMETREXED (BLUEPOINT), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG **Submit to NCH if Oncology or Urology provider**
J9323 Eff 7.1.2023	INJECTION, PEMETREXED (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG **Submit to NCH if Oncology or Urology provider**
J9325	TALIMOGENE LAHERPAREPVEC **Submit to NCH if Oncology or Urology provider**
J9328	INJECTION, TEMOZOLOMIDE **Submit to NCH if Oncology or Urology provider**
J9330	INJECTION, TEMSIROLIMUS 1 MG **Submit to NCH if Oncology or Urology provider**
J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG **Submit to NCH if Oncology or Urology provider**
J9332	INJECTION, EFGARTIGIMOD alfa-fcab, 2 MG
J9340	INJECTION, THIOTEPA 15 MG **Submit to NCH if Oncology or Urology provider**
J9347 Eff 7.1.2023	INJECTION, TREMELIMUMAB-ACTL, 1 MG **Submit to NCH if Oncology or Urology provider**
J9348	INJECTION NAXITAMAB-GQK 1 MG **Submit to NCH if Oncology or Urology provider**
J9349	INJECTION TAFASITAMAB-CXIX 2 MG **Submit to NCH if Oncology or Urology provider**
J9350 Eff 7.1.2023	INJECTION, MOSUMETUZUMAB-AXGB, 1 MG **Submit to NCH if Oncology or Urology provider**
J9351	INJECTION, TOPOTECAN 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9352	TRABECTEDIN **Submit to NCH if Oncology or Urology provider**
J9353	INJECTION MARGETUXIMAB-CMKB 5 MG **Submit to NCH if Oncology or Urology provider**

SERVICE CODES	SERVICE DESCRIPTION
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG **Submit to NCH if Oncology or Urology provider**
J9355	TRASTUZUMAB INJECTION **Submit to NCH if Oncology or Urology provider**
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK **Submit to NCH if Oncology or Urology provider**
J9357	INJECTION, VALRUBICIN INTRAVESICAL 200 MG **Submit to NCH if Oncology or Urology provider **
J9358	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG **Submit to NCH if Oncology or Urology provider**
J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL **Submit to NCH if Oncology or Urology provider**
J9360	INJECTION, VINORELBINE SULFATE 1 MG **Submit to NCH if Oncology or Urology provider **
J9370	INJECTION, VINCRISTINE SULFATE 1 MG **Submit to NCH if Oncology or Urology provider **
J9371	INJECTION, VINCRISTINE LIPOSOMAL **Submit to NCH if Oncology or Urology provider **
J9380 Eff 7.1.2023	INJECTION, TECLISTAMAB-CQYV, 0.5 MG **Submit to NCH if Oncology or Urology provider**
J9381 Eff 7.1.2023	INJECTION, TEPLIZUMAB-MZWV, 5 MCG
J9390	INJECTION, VINORELBINE TARTRATE 10 MG **Submit to NCH if Oncology or Urology provider **
J9393	INJECTION, FULVESTRANT (TEVA) **Submit to NCH if Oncology or Urology provider**
J9394	INJECTION, FULVESTRANT (FRESNIUS KABI) **Submit to NCH if Oncology or Urology provider**
J9395	INJECTION, FULVESTRANT, 25 MG **Submit to NCH if Oncology or Urology provider**
J9400	INJ, ZIV-AFLIBERCEPT, 1MG **Submit to NCH if Oncology or Urology provider**
J9600	INJECTION, PORFIMER SODIUM 75 MG **Submit to NCH if Oncology or Urology provider **
J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUGS **Submit to NCH if Oncology or Urology provider**
Q0178	HYDROXYZINE PAMOATE 50 MG ORAL CHEMO ANTI-EMETIC
Q0221	TIXAGEV AND CILGAVE, 600 MG
Q0515	INJECTION SERMORELIN ACETATE 1 MICROGRAM
Q2017	INJECTION, TENIPOSIDE **Submit to NCH if Oncology or Urology provider **
Q2026	RADIESSE INJECTION
Q2027	SCULPTRA INJECTION
Q2028	INJ, SCULPTRA, 0.5MG
Q2040	INCOBOTULINUMTOXIN A
Q2041	WILATE INJECTION
Q2042	HYDROXYPROGESTERONE CAPROATE
Q2043	SIPLEUCEL-T AUTO CD54+ **Submit to NCH if Oncology or Urology provider**
Q2044	BELIMUMAB INJECTION
Q2050	LIPOSOMAL DOXORUBICIN **Submit to NCH if Oncology or Urology provider**
Q2053	BREXUCABTAGENE AUTOLCL AU ANTI-CD19 CAR P V T C
Q2054	LM >=110 MIL AUTOL ANTI-CD19 CAR-POS VIABL TC
Q2055	IDECABTAGENE VICL 460MIL AUTO BCMA CAR+T LEUKAPH
Q2056	CILTACABTAGENE AUTOLEUCEL
Q3027	INJ BETA INTERFERON IM 1 MCG
Q4074	ILOPROST NON-COMP UNIT DOSE
Q5101	INJ FILGRASTIM G-CSF BIOSIM **Submit to NCH if Oncology or Urology provider**
	Q5101 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5103	INJECTION, INFLECTRA
Q5104	INJECTION, RENFLEXIS
Q5105	INJ EPOETIN ALFA BIOSIMILAR 100 U - for ESRD
	Q5105 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5106	INJ EPOETIN ALFA BIOSIMILAR 1000 U - for non-ESRD **Submit to NCH if Oncology or Urology provider**
	Q5106 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5108	INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG **Submit to NCH if Oncology or Urology provider**
	Q5108 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5109	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5110	INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG **Submit to NCH if Oncology or Urology provider**
	Q5110 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG **Submit to NCH if Oncology or Urology provider**
	Q5111 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5116	INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5117	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5118	INJECTION BEVACIZUMAB-BVCR BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**

SERVICE CODES	SERVICE DESCRIPTION
Q5119	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG **Submit to NCH if Oncology or Urology provider**
Q5120	INJ PEGFILGRASTIM-BMEZ BIOSIMILR ZIEXTENZO 0.5 MG **Submit to NCH if Oncology or Urology provider**
	Q5120 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5121	INJ INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG
Q5122	INJECTION PEGFILGRASTIM APGF BIOSIMILAR 0.5 MG **Submit to NCH if Oncology or Urology provider**
	Q5122 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5124	INJECTION, RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG
Q5125	INJECTION, FILGRASTIM-ayow, BIOSIMILAR, (RELEUKO), 1 MCG **Submit to NCH if Oncology or Urology provider**
Q5126	INJECTION, BEVACIZUMAB - MALY **Submit to NCH if Oncology or Urology provider**
Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG **Submit to NCH if Oncology or Urology provider**
Q5128	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG
Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG **Submit to NCH if Oncology or Urology provider**
Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG **Submit to NCH if Oncology or Urology provider**
Q9989	USTEKINUMAB IV INJ, 1 MG
Q9991	BUPRENORPH XR 100 MG OR LESS
Q9992	BUPRENORPHINE XR OVER 100 MG
Q9993	INJ TRIAMCINOLONE EXT REL
Q9995	INJ EMICIZUMAB-KXWH, 0.5 MG
S0162	INJECTION EFALIZUMAB 125 MG