



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](#)

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 |
|----------------------------|---|
| Hemophilia Factors | |
| C9133 | FACTOR IX RECOMBINANT |
| C9134 | FACTOR XIII A-SUBUNIT RECOMB |
| C9136 | FACTOR VIII (ELOCTATE) |
| C9137 | ADYNOVATE FACTOR VIII RECOM |
| C9138 | NUWIQ 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 |
| C9468 | INJ, FACTOR IX, REBINYN |
| J7169 | INJ COAGULATION FACTOR XA INACTIVATED-ZHZO 10 MG |
| J7175 | INJ FACTOR X (HUMAN) 1IU |
| 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 | ANTIHEMOPHILIC VIII VWF COMP |
| J7187 | HUMATE-P, INJ |
| J7188 | INJECTION FACTOR VIII PER I.U. |
| J7189 | FACTOR VIIA ANTIHEMOPHILIC FACTOR RECOMBINANT /1 MICROGRAM |
| J7190 | FACTOR VIII (ANTI-HEMOPHILIC FACTOR HUMAN)PER IU |
| J7191 | FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), P |
| J7192 | FACTOR VIII RECOMBINANT NOS |
| J7193 | FACTOR IX (ANTIHEMOPHILIC 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 |
| J7207 | FACTOR VIII PEGYLATED RECOMB |
| J7208 | INJECTION FACTOR VIII PEGYLATED-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 |
| J7799 | NOC DRUGS, OTHER THAN INHALATION, ADMIN THRU DME |
| Q9995 | INJ EMICIZUMAB-KXWH, 0.5 MG |
| Medical Supply | |
| J2779 | INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG |
| 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 |
| C9026 | INJECTION VEDOLIZUMAB 1 MG |
| C9030 | INJECTION COPANLISIB 1 MG |
| C9031 | LUTETIUM LU 177 DOTATATE THER 1 MCI |
| C9032 | INJ VORETIGN NEPARVOVC-RZYL 1 B V G |
| C9036 | INJECTION PATISIRAN 0.1 MG |
| C9038 | INJECTION MOGAMULIZUMAB-KPKC 1 MG |
| C9044 | INJECTION CEMIPIMAB-RWLC 1 MG |
| C9045 | INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG |
| C9047 | INJECTION, CAPLACIZUMAB-YHDP, 1 MG |
| 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 |

| SERVICE CODES | SERVICE DESCRIPTION |
|--------------------|---|
| 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 - E31.23, 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 |
| C9096 | INJECTION, FILGRASTIM-ayow, BIOSIMILAR, (RELEUKO), 1 MCG |
| | C9096 - No authorization required if request is submitted by a hematologist, oncologist, or oncologist/hematologist |
| C9122 | MOMETASONE FUROATE SINUS IMPLANT 10 MCG SINUVA |
| C9130 | INJ IMMUNE GLOBULIN BIVIGAM 500 MG |
| C9142 | INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG |
| C9145 Eff 4.1.2023 | INJECTION, APREPITANT, (APONVIE), 1 MG |
| C9146 Eff 4.1.2023 | INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG |
| C9147 Eff 4.1.2023 | INJECTION, TREMELIMUMAB-ACTL, 1 MG |
| C9148 Eff 4.1.2023 | INJECTION, TECLISTAMAB-CQYV, 0.5 MG |
| C9149 Eff 4.1.2023 | INJECTION, TEPLIZUMAB-MZWV, 5 MCG |
| C9399 | UNCLASSIFIED DRUGS OR BIOLOGICALS |
| C9467 | INJ RITUXIMAB HYALURONIDASE |
| C9473 | INJECTION, MEPOLIZUMAB |
| C9481 | INJECTION RESLIZUMAB 1 MG |
| 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 |
| J0172 | INJECTION, ADUCANUMAB-AVWA 2 MG |
| J0178 | AFLIBERCEPT INJECTION |
| J0179 | INJECTION BROLUCIZUMAB-DBLL 1 MG |
| J0180 | INJECTION AGALSIDASE BETA 1 MG |
| J0202 | INJECTION ALEMTUZUMAB 1 MG |
| J0208 Eff 4.1.2023 | INJECTION, SODIUM THIOSULFATE, 100 MG |
| J0218 Eff 4.1.2023 | INJECTION, OLIPUDASE ALFA-RPCP, 1 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 |
| 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 |
| J0596 | INJ C1 ESTERASE INHIB RUCONEST 10 U |
| J0598 | C-1 ESTERASE, CINRYZE |
| J0604 | CINACALCET ORAL 1 MG |
| J0638 | CANAKINUMAB INJECTION |
| J0641 | LEVOLEUCOVORIN INJECTION |

| SERVICE CODES | SERVICE DESCRIPTION |
|--------------------|---|
| J0642 | LEVOLEUCOVORIN INJECTION |
| J0691 | INJECTION LEFAMULIN 1 MG |
| J0717 | CERTOLIZUMAB PEGOL INJ 1MG |
| 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 |
| J0800 | INJ CORTICOTROPIN TO 40 UNITS |
| J0893 | INJECTION DECITABINE (SUN PHARMA), not therapeutically equivalent to J0894, 1 mg |
| J0894 | INJECTION DECITABINE 1 MG |
| J0897 | INJECTION, DENOSUMAB (PROLIA) |
| J0897 | INJECTION, DENOSUMAB (XGEVA) |
| J1190 | INJ DEXRAZOXANE HYDROCHLORIDE PER 250 MG |
| J1201 | INJECTION CETIRIZINE HYDROCHLORIDE 0.5 MG |
| J1300 | ECULIZUMAB INJECTION |
| J1301 | INJECTION EDARAVONE 1 MG |
| J1302 | INJECTION, SUTIMLIMAB-jome, 10 MG |
| J1303 | INJECTION RAVULIZUMAB-CWVZ 10 MG |
| J1305 | INJECTION EVINACUMAB-DGNB 5MG |
| J1306 | INJECTION, INCLISIRAN, 1 MG |
| J1322 | ELOSULFASE ALFA, INJECTION |
| J1411 Eff 4.1.2023 | 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 |
| J1448 | INJECTION TRILACICLIB 1MG |
| J1449 Eff 4.1.2023 | INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG |
| J1456 | INJECTION FOSAPREPITANT (TEVA) not therapeutically equivalent to J1453, 1 mg |
| J1458 | INJECTION, GALSULFASE, 1 MG |
| J1459 | INJ IVIG PRIVIGEN 500 MG |
| J1551 | INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG |
| J1554 | INJECTION IMMUNE GLOBULIN ASCENIV 500 MG |
| J1555 | INJECTION IMMUNE GLOBULIN 100 MG |
| J1556 | INJ, IMM GLOB BIVIGAM, 500MG |
| J1557 | GAMMAPLEX INJECTION |
| J1558 | INJECTION IMMUNE GLOBULIN XEMBIFY 100 MG |
| J1559 | HIZENTRA INJECTION |
| J1561 | GAMUNEX-C/GAMMAKED |
| J1562 | VIVAGLOBIN, INJ |
| J1566 | IMMUNE GLOBULIN, POWDER |
| J1568 | OCTAGAM INJECTION |
| J1569 | GAMMAGARD LIQUID INJECTION |
| J1572 | FLEBOGAMMA INJECTION |
| J1575 | INJ IG/HYALURONIDASE 100 MG IG |
| J1599 | IVIG NON-LYOPHILIZED, NOS |
| J1602 | GOLIMUMAB FOR IV USE 1MG |
| J1627 | INJ GRANISETRON EXT-RLSE 0.1 MG |
| J1632 | INJECTION BREXANOLONE 1 MG |
| J1640 | INJECTION, HEMIN, 1 MG |
| J1726 | INJECTION HPC 10 MG |
| J1738 | INJECTION MELOXICAM 1 MG |
| J1743 | IDURSULFASE INJECTION |
| J1745 | INJECTION INFLIXIMAB, 10 MG |
| J1746 | INJECTION IBALIZUMAB-UIYK 10 MG |
| J1747 Eff 4.1.2023 | INJECTION, SPESOLIMAB-SBZO, 1 MG |
| J1786 | IMUGLUCERASE INJECTION |
| J1823 | INJECTION INEBILIZUMAB CDON 1 MG |
| J1930 | LANREOTIDE |
| J1931 | INJECTION LARONIDASE 0.1 MG |
| J1932 | INJECTION, LANREOTIDE, (CIPLA), 1 MG |
| J1943 | INJECTION ARIPIRAZOLE LAUROXIL 1 MG |
| J1944 | INJECTION ARIPIRAZOLE LAUROXIL 1 MG |
| J1950 | INJ LEUPROLIDE ACETATE PER 3.75 MG |
| 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 |

| SERVICE CODES | SERVICE DESCRIPTION |
|---------------|---|
| J1954 | INJECTION LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (LUTRATE), 7.5 MG |
| J2062 | LOXAPINE FOR INHALATION 1 MG |
| J2182 | INJECTION MEPOLIZUMAB 1MG |
| J2311 | INJECTION, NALOXONE HCl (ZIMHI), 1 MG |
| J2323 | NATALIZUMAB INJECTION |
| J2326 | INJECTION NUSINERSEN 0.1 MG |
| J2327 | INJECTION RISANKIZUMAB-RZAA, INTRAVENOUS, 1MG |
| J2350 | INJ NIACINAMIDE NIACIN TO 100 MG |
| J2353 | INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG |
| J2354 | INJ OCTREOTIDE, NON-DEPOT FORM FOR SUBCTNS OR INTRVNS INJ 25 MG |
| | 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 |
| J2356 | INJECTION, TEZEPelumab-ekko, 1 MG |
| J2357 | INJECTION OMALIZUMAB 5 MG |
| J2503 | INJECTION PEGAPTANIB SODIUM 0.3 MG |
| J2507 | PEGLOTICASE INJECTION |
| J2562 | PLERIXAFOR INJECTION |
| J2777 | INJECTION, FARICIMAB-svoa, 0.1 MG |
| J2778 | RANIBIZUMAB INJECTION |
| J2783 | INJECTION, RASBURICASE 0.5 MG |
| J2786 | INJECTION RESLIZUMAB 1MG |
| J2796 | ROMIPLOSTIM INJECTION |
| J2798 | INJECTION RISPERIDONE 0.5 MG |
| J2998 | INJECTION, PLASMINOGEN, HUMAN-tvmh, 1 MG |
| J3032 | INJECTION EPTINEZUMAB-JJMR 1 MG |
| J3060 | INJ, TALIGLUCERACE ALFA 10 U |
| J3111 | INJECTION ROMOSUZUMAB-AQQG 1 MG |
| J3241 | INJECTION TEPROTUMUMAB-TRBW 10 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 |
| J3316 | INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG |
| 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 |
| J3590 | UNCLASSIFIED BIOLOGICS |
| J3591 | UNCLASS RX/BIOLOGICAL USED FOR ESRD ON DIALYSIS |
| 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 |
| J7320 | HYLAN G-F 20 16 MG INTRA ARTICULAR INJ |
| J7321 | HYALGAN/SUPARTZ INJ PER DOSE |
| J7322 | SYNVISC INJ PER DOSE |
| J7323 | EUFLEXA 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) |
| J7677 | REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG |
| J8499 | PRESCRIPTION DRUG-ORAL-NON-CHEMOTHERAPEUTIC-NOS |

| SERVICE CODES | SERVICE DESCRIPTION |
|--------------------|--|
| J8705 | TOPOTECAN ORAL 0.25 MG |
| J8999 | PRESCRIPTION DRUG-ORAL-CHEMOTHERAPEUTIC-NOS |
| J9010 | ALEMTUZUMAB INJECTION |
| J9015 | INJECTION, ALDESLEUKIN PER SINGLE USE VIAL |
| J9017 | INJECTION, ARSENIC TRIOXIDE 1 MG |
| J9019 | INJECTION, ERWINAZE |
| J9021 | INJECT ASPARAGINASE RECOMBINANT (RYLAZE) 0.1 MG |
| J9022 | INJECTION ATEZOLIZUMAB 10 MG |
| J9023 | INJECTION AVELUMAB 10 MG |
| J9025 | INJECTION AZACITIDINE 1 MG |
| J9027 | INJECTION, CLOFARABINE 1 MG |
| J9030 | BCG LIVE INTRAVESICAL INSTILLATION 1 MG |
| J9034 | INJ. BENDEKA 1 MG |
| J9035 | INJECTION BEVACIZUMAB 10 MG |
| J9036 | INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG |
| J9037 | INJECTION BELANTAMAB MAFODONTIN-BLMF 0.5 MG |
| J9039 | INJECTION BLINATUMOMAB 1 MICROGRAM |
| J9042 | BRENTUXIMAB VEDOTIN INJ |
| J9043 | CABAZITAXEL |
| J9046 | INJECTION, BORTEZOMIB (DR REDDY'S) |
| J9047 | INJECTION, CARFILZOMIB, 1 MG |
| J9048 | INJECTION, BORTEZOMIB (FRESNIUS KABI) |
| J9049 | BORTEZOMIB |
| J9050 | INJECTION, CARMUSTINE 100 MG |
| J9055 | INJECTION CETUXIMAB 10 MG |
| J9057 | INJECTION COPANLISIB 1 MG |
| J9061 | INJECTION, AMIVANTAMAB-VMJW 2 MG |
| J9071 | INJECTION, CYCLOPHOSPHAMIDE (AUROMEDICS) |
| J9118 | INJECTION CALASPARGASE PEGOL-MKNL 10 UNITS |
| J9119 | INJECTION CEMIPILIMAB-RWLC 1 MG |
| J9144 | INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ |
| J9145 | DARATUMUMAB |
| J9176 | INJECTION ELOTUZUMAB 1MG |
| J9179 | INJECTION, ERIBULIN MESYLATE |
| J9196 Eff 4.1.2023 | INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG |
| J9198 | INJ GEMCITABINE HYDROCHLORIDE INFUGEM 100 MG |
| J9203 | INJ GEMTUZUMAB OZOGAMICIN 0.1 MG |
| J9204 | INJECTION MOGAMULIZUMAB-KPKC 1 MG |
| J9205 | IRINOTECAN LIPOSOME |
| J9210 | INJECTION EMAPALUMAB-LZSG 1 MG |
| J9217 | LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG |
| | 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 |
| J9223 | INJECTION LURBINECTEDIN 0.1 MG |
| J9227 | INJECTION ISATUXIMAB-IRFC 10 MG |
| J9228 | IPILIMUMAB |
| J9229 | INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG |
| J9246 | INJECTION MELPHALAN EVOMELA 1 MG |
| J9247 | INJECTION MELPHALAN FLUFENAMIDE 1 MG |
| J9261 | INJECTION, NELARABINE 50 MG |
| J9262 | INJ, OMACETAXINE MEP, 0.01MG |
| J9264 | INJECTION, PACITAXEL PROTEINBOUND PARTICLES 1 MG |
| J9266 | PEGASPARGASE INJECTION |
| J9269 | INJECTION TAGRAXOFUSP-ERZS 10 MCG |
| J9271 | INJECTION PEMBROLIZUMAB 1 MG |
| J9272 | INJECTION, DOSTARLIMAB-GXLY 10 MG |
| J9273 | TISOTUMAB VEDOTIN-TFTV |
| J9274 | INJECTION, TEBENTAFUSP-tebn, 1 MCG |
| J9281 | MITOMYCIN PYELOALYCEAL SOLUTION |
| J9294 Eff 4.1.2023 | INJECTION, PEMETREXED (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG |
| J9296 Eff 4.1.2023 | INJECTION, PEMETREXED (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG |
| J9297 Eff 4.1.2023 | INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG |
| J9298 | INJECTION, NIVOLUMAB AND RELATLIMAB-rmbw, 3 MG/1 MG |
| J9299 | INJECTION NIVOLUMAB 1 MG |
| J9301 | ORINUTUZUMAB |
| J9303 | PANITUMUMAB INJECTION |
| J9304 | INJECTION PEMETREXED PEMFEXY 10 MG |

| SERVICE CODES | SERVICE DESCRIPTION |
|---------------|---|
| J9305 | INJECTION PEMETREXED 10 MG |
| J9306 | INJECTION, PERTUZUMAB, 1 MG |
| J9308 | RAMUCIRUMAB |
| J9309 | POLATUZUMAB VEDOTIN-PIIQ |
| J9310 | RITUXIMAB INJECTION |
| J9311 | INJECTION RITUXIMAB 10 MG AND HYALURONIDASE |
| J9312 | INJECTION RITUXIMAB 10 MG |
| J9313 | INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG |
| J9314 | INJECTION PEMETREXED 10 MG |
| J9316 | INJ PERTUZUMAB TRASTUZUMAB AND HYAL ZZXF PER 10 MG |
| J9317 | INJECTION SACITUZUMAB GOVITECAN HZII 2.5 MG |
| J9318 | INJECTION ROMIDEPSIN NONLYOPHILIZED 0.1 MG |
| J9319 | INJECTION ROMIDEPSIN LYOPHILIZED 0.1 MG |
| J9325 | TALIMOGENE LAHERPAREPVEC |
| J9331 | INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG |
| J9332 | INJECTION, EFGARTIGIMOD alfa-fcab, 2 MG |
| J9348 | INJECTION NAXITAMAB-GQGK 1 MG |
| J9349 | INJECTION TAFASITAMAB-CXIX 2 MG |
| J9352 | TRABECTEDIN |
| J9353 | INJECTION MARGETUXIMAB-CMKB 5 MG |
| J9354 | INJ, ADO-TRASTUZUMAB EMT 1MG |
| J9355 | TRASTUZUMAB INJECTION |
| J9356 | INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK |
| J9358 | INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXXI 1 MG |
| J9359 | INJECTION, LONCASTUXIMAB TESIRINE-LPYL |
| J9393 | INJECTION, FULVESTRANT (TEVA) |
| J9394 | INJECTION, FULVESTRANT (FRESNIUS KABI) |
| J9395 | INJECTION, FULVESTRANT, 25 MG |
| J9400 | INJ, ZIV-AFLIBERCEPT, 1MG |
| J9999 | NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUGS |
| Q0178 | HYDROXYZINE PAMOATE 50 MG ORAL CHEMO ANTI-EMETIC |
| Q0515 | INJECTION SERMORELIN ACETATE 1 MICROGRAM |
| Q2026 | RADIESSE INJECTION |
| Q2027 | SCULPTRA INJECTION |
| Q2028 | INJ, SCULPTRA, 0.5MG |
| Q2040 | INCOCBOTULINUMTOXIN A |
| Q2041 | WILATE INJECTION |
| Q2042 | HYDROXYPROGESTERONE CAPROATE |
| Q2043 | SIPLEUCEL-T AUTO CD54+ |
| Q2044 | BELIMUMAB INJECTION |
| Q2050 | LIPOSOMAL DOXORUBICIN |
| 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 |
| Q4074 | ILOPROST NON-COMP UNIT DOSE |
| Q5101 | INJ FILGRASTIM G-CSF BIOSIM |
| | 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 |
| | 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 |
| Q5109 | INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG |
| Q5112 | INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG |
| Q5113 | INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG |
| Q5114 | INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG |
| Q5115 | INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG |
| Q5116 | INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG |
| Q5117 | INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG |
| Q5118 | INJECTION BEVACIZUMAB-BVCR BIOSIMILAR 10 MG |
| Q5119 | INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENC 10 MG |
| Q5120 | INJ PEGFILGRASTIM-BMEZ BIOSIMILR ZIEXTENZO 0.5 MG |

| SERVICE CODES | SERVICE DESCRIPTION |
|-------------------------|---|
| | 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 |
| | 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 |
| Q5126 | INJECTION, BEVACIZUMAB - MALY |
| Q5127 Eff 4.1.2023 | INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG |
| Q5128 Eff 4.1.2023 | INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG |
| Q5129 Eff 4.1.2023 | INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG |
| Q5130 Eff 4.1.2023 | INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG |
| Q9989 | USTEKINUMAB IV INJ, 1 MG |
| Q9991 | BUPRENORPH XR 100 MG OR LESS |
| Q9992 | BUPRENORPHINE XR OVER 100 MG |
| Q9993 | INJ TRIAMCINOLONE EXT REL |
| S0162 | INJECTION EFALIZUMAB 125 MG |
| Self Injectables | |
| C9015 | INJ C-1 ESA INHIBITOR HAEGARDA 10 U |
| C9029 | INJECTION GUSELKUMAB 1 MG |
| C9035 | INJECTION ARIPIRAZOLE LAUROXIL 1 MG |
| C9042 | INJECTION BENDAMUSTINE HCL 1 MG |
| C9043 | INJECTION LEVOLEUCOVORIN 1 MG |
| J0129 | ABATACEPT INJECTION |
| J0593 | INJECTION LANADELUMAB-FLYO 1 MG |
| J0599 | INJECTION C-1 ESTERASE INHIBITOR 10 UNITS |
| J0725 | INJ CHORIONIC GONADOTROPIN PER 1000 USP UNITS |
| J0881 | INJECTION DARBEPOETIN ALFA 1 MICROGRAM NON-ESRD USE |
| | 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 |
| | 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 |
| J0887 | EPOETIN BETA ESRD USE |
| J0888 | EPOETIN BETA NON ESRD |
| | 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 |
| J0896 | INJECTION LUSPATERCEPT-AAMT 0.25 MG |
| J1442 | INJ FILGRASTIM EXCL BIOSIMIL |
| J1444 | INJ FERRIC PYROPHOSPHATE CITRATE PWD 0.1 MG IRON |
| J1447 | INJECTION TBO-FILGRASTIM 1 MICROG |
| | 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 |
| J1628 | INJECTION GUSELKUMAB 1 MG |
| J1729 | INJECTION HPC NOS 10 MG |
| 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 |
| J2440 | INJ PAPAVERINE HCL TO 60 MG |
| J2506 | INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG |
| J2724 | PROTEIN C CONCENTRATE |
| J2820 | INJ SARGRAMOSTIN (GM-CSF)/50MCG |
| J2940 | INJECTION, SOMATREM, 1 MG |
| J2941 | INJECTION, SOMATROPIN 1 MG |
| J3031 | INJECTION FREMANEZUMAB-VFRM 1 MG |
| J3245 | INJECTION TILDRAKIZUMAB 1 MG |
| J3315 | INJ TRIPTORELIN PAMOATE 3.75 MG |
| J3355 | INJECTION UROFOLLITROPIN 75 IU |
| J3357 | USTEKINUMAB INJECTION |
| J7170 | INJECTION EMICIZUMAB-KXWH 0.5 MG |
| J7177 | INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG |
| J7205 | INJ FACTOR VIII FC FUSION PER IU |
| J9041 | INJECTION BORTEZOMIB 0.1 MG |

| SERVICE CODES | SERVICE DESCRIPTION |
|---------------|---|
| J9044 | INJECTION BORTEZOMIB NOS 0.1 MG |
| J9153 | INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA |
| J9173 | INJECTION DURVALUMAB 10 MG |
| J9177 | INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG |
| 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 |
| | 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 |
| | 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 |
| J9218 | LEUPROLIDE ACETATE PER 1 MG |
| | 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 |
| J9285 | INJECTION OLARATUMAB 10 MG |
| Q3027 | INJ BETA INTERFERON IM 1 MCG |
| Q5108 | INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG |
| | 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 |
| Q5110 | INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG |
| | 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 |
| | 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 |
| Q5125 | INJECTION, FILGRASTIM-ayow, BIOSIMILAR, (RELEUKO), 1 MCG |