

## Injections Requiring Prior Authorization

At VIVA Health, we strive to keep our provider network informed of any changes. Most of you may currently obtain prior authorizations for administered injections. Below is a list of injection, infusion, and supply codes that require prior authorization

Service Code	Service Code Description
90281	IMMUNE GLOBULIN (IG), HUMAN, FOR INTRAMUSCULAR USE
90283	IMMUNE GLOBULIN (IGIV), HUMAN, FOR INTRAVENOUS USE
90287	BOTULINUM ANTITOXIN, EQUINE, ANY ROUTE
90288	BOTULISM IMMUNE GLOBULIN, HUMAN, FOR INTRAVENOUS USE
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGIV), HUMAN, FOR INTRAVENOUS USE
90399	UNLISTED IMMUNE GLOBULIN
A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS
J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
J0135	INJECTION, ADALIMUMAB, 20 MG
J0178	INJECTION, AFLIBERCEPT, 1 MG
J0180	INJECTION, AGALSIDASE BETA, 1 MG
J0202	INJECTION, ALEMTUZUMAB, 1 MG
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS
J0215	INJECTION, ALEFACEPT, 0.5 MG
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED
J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
J0475	INJECTION, BACLOFEN, 10 MG
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL
J0490	INJECTION, BELIMUMAB, 10 MG
J0570	BUPRENORPHINE IMPLANT, 74.2 MG
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS
J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS
J0638	INJECTION, CANAKINUMAB, 1 MG
J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
J0887	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)
J0888	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)
J0894	INJECTION, DECITABINE, 1 MG
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG
J0897	INJECTION, DENOSUMAB, 1 MG
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG
J1290	INJECTION, ECALLANTIDE, 1 MG
J1300	INJECTION, ECUZUMAB, 10 MG
J1322	INJECTION, ELOSULFASE ALFA, 1 MG
J1324	INJECTION, ENFUVIRTIDE, 1 MG
J1325	INJECTION, EPOPROSTENOL, 0.5 MG
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)

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Service Code	Service Code Description
J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1 MG
J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM
J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM
J1453	INJECTION, FOSAPREPITANT, 1 MG
J1458	INJECTION, GALSULFASE, 1 MG
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G., LIQUID), 500 MG
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G., LIQUID), 500 MG
J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNE GLOBULIN
J1595	INJECTION, GLATIRAMER ACETATE, 20 MG
J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU
J1675	INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS
J1725	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG
J1743	INJECTION, IDURSULFASE, 1 MG
J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG
J1786	INJECTION, IMIGLUCERASE, 10 UNITS
J1826	INJECTION, INTERFERON BETA-1A, 30 MCG
J1830	INJECTION, INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
J1835	INJECTION, ITRACONAZOLE, 50 MG
J1930	INJECTION, LANREOTIDE, 1 MG
J1931	INJECTION, LARONIDASE, 0.1 MG
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG
J2170	INJECTION, MECASERMIN, 1 MG
J2182	INJECTION, MEPOLIZUMAB, 1 MG
J2278	INJECTION, ZICONOTIDE, 1 MICROGRAM
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG
J2323	INJECTION, NATALIZUMAB, 1 MG
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
J2355	INJECTION, OPRELVEKIN, 5 MG
J2357	INJECTION, OMALIZUMAB, 5 MG
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
J2469	INJECTION, PALONOSETRON HCL, 25 MCG
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU
J2505	INJECTION, PEGFILGRASTIM, 6 MG
J2507	INJECTION, PEGLOTICASE, 1 MG
J2562	INJECTION, PLERIXAFOR, 1 MG

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J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
J2778	INJECTION, RANIBIZUMAB, 0.1 MG
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU
J2793	INJECTION, RILONACEPT, 1 MG
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG
J2940	INJECTION, SOMATREM, 1 MG
J2941	INJECTION, SOMATROPIN, 1 MG
J2993	INJECTION, RETEPLASE, 18.1 MG
J3060	INJECTION, TALIGLUCERACE ALFA, 10 UNITS
J3110	INJECTION, TERIPARATIDE, 10 MCG
J3145	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG
J3240	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL
J3262	INJECTION, TOCILIZUMAB, 1 MG
J3285	INJECTION, TREPROSTINIL, 1 MG
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG
J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG
J3380	INJECTION, VEDOLIZUMAB, 1 MG
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS
J3396	INJECTION, VERTEPORFIN, 0.1 MG
J3489	INJECTION, ZOLEDRONIC ACID, 1 MG
J3490	UNCLASSIFIED DRUGS
J3520	EDETATE DISODIUM, PER 150 MG
J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER
J3570	LAETRILE, AMYGDALIN, VITAMIN B17
J3590	UNCLASSIFIED BIOLOGICS
J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.
J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU
J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO
J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.
J7194	FACTOR IX, COMPLEX, PER I.U.
J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED
J7197	ANTITHROMBIN III (HUMAN), PER I.U.
J7198	ANTI-INHIBITOR, PER I.U.
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED
J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU
J7201	INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U.
J7300	INTRAUTERINE COPPER CONTRACEPTIVE
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES
J7308	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG)
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT
J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG
J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG
J7316	INJECTION, OCRIPLASMIN, 0.125 MG

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Service Code	Service Code Description
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J7323	HYALURONAN OR DERIVATIVE, EUFLEXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG
J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT
J7336	CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG
J7510	PREDNISOLONE ORAL, PER 5 MG
J7516	CYCLOSPORIN, PARENTERAL, 250 MG
J7605	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS
J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS
J7607	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG
J7609	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG
J7615	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
J7622	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
J7624	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
J7626	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
J7627	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
J7628	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM
J7629	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
J7631	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
J7633	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM
J7634	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM
J7635	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM
J7636	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
J7637	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM
J7638	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
J7639	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
J7640	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS
J7641	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM

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Service Code	Service Code Description
J7642	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM
J7643	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
J7645	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
J7647	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM
J7648	ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM
J7649	ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
J7657	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM
J7667	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, PER 10 MILLIGRAMS
J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG
J7676	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG
J7685	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
J8501	APREPITANT, ORAL, 5 MG
J8520	CAPECITABINE, ORAL, 150 MG
J8521	CAPECITABINE, ORAL, 500 MG
J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG
J8565	GEFITINIB, ORAL, 250 MG
J8597	ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED
J8650	NABILONE, ORAL, 1 MG
J8700	TEMOZOLOMIDE, ORAL, 5 MG
J8705	TOPOTECAN, ORAL, 0.25 MG
J9015	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL
J9017	INJECTION, ARSENIC TRIOXIDE, 1 MG
J9020	INJECTION, ASPARAGINASE, NOT OTHERWISE SPECIFIED, 10,000 UNITS
J9025	INJECTION, AZACITIDINE, 1 MG
J9033	INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG
J9035	INJECTION, BEVACIZUMAB, 10 MG
J9041	INJECTION, BORTEZOMIB, 0.1 MG
J9043	INJECTION, CABAZITAXEL, 1 MG
J9045	INJECTION, CARBOPLATIN, 50 MG
J9047	INJECTION, CARFILZOMIB, 1 MG
J9055	INJECTION, CETUXIMAB, 10 MG
J9070	CYCLOPHOSPHAMIDE, 100 MG
J9145	INJECTION, DARATUMUMAB, 10 MG
J9155	INJECTION, DEGARELIX, 1 MG
J9171	INJECTION, DOCETAXEL, 1 MG
J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG
J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG

## Injections Requiring Prior Authorization

Service Code	Service Code Description
J9206	INJECTION, IRINOTECAN, 20 MG
J9207	INJECTION, IXABEPILONE, 1 MG
J9213	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS
J9214	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS
J9216	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
J9218	LEUPROLIDE ACETATE, PER 1 MG
J9225	HISTRELIN IMPLANT (VANTAS), 50 MG
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG
J9228	INJECTION, IPILIMUMAB, 1 MG
J9262	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG
J9263	INJECTION, OXALIPLATIN, 0.5 MG
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG
J9266	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL
J9267	INJECTION, PACLITAXEL, 1 MG
J9271	INJECTION, PEMBROLIZUMAB, 1 MG
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG
J9299	INJECTION, NIVOLUMAB, 1 MG
J9301	INJECTION, OBINUTUZUMAB, 10 MG
J9303	INJECTION, PANITUMUMAB, 10 MG
J9305	INJECTION, PEMETREXED, 10 MG
J9306	INJECTION, PERTUZUMAB, 1 MG
J9307	INJECTION, PRALATREXATE, 1 MG
J9308	INJECTION, RAMUCIRUMAB, 5 MG
J9310	INJECTION, RITUXIMAB, 100 MG
J9315	INJECTION, ROMIDEPSIN, 1 MG
J9328	INJECTION, TEMOZOLOMIDE, 1 MG
J9330	INJECTION, TEMSIROLIMUS, 1 MG
J9351	INJECTION, TOPOTECAN, 0.1 MG
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG
J9355	INJECTION, TRASTUZUMAB, 10 MG
J9357	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG
J9371	INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG
J9395	INJECTION, FULVESTRANT, 25 MG
J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
Q0515	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM
Q2026	INJECTION, RADIESSE, 0.1 ML
Q2028	INJECTION, SCULPTRA, 0.5 MG
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION
Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG
Q2050	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)
Q4082	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITION PROGRAM (CAP)
Q5101	INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM
Q5102	INJECTION, INFLIXIMAB, BIOSIMILAR, 10 MG
S0088	IMATINIB, 100 MG
S0104	ZIDOVUDINE, ORAL, 100 MG
S0117	TRETINOIN, TOPICAL, 5 GRAMS
S0122	INJECTION, MENOTROPINS, 75 IU
S0126	INJECTION, FOLLITROPIN ALFA, 75 IU
S0128	INJECTION, FOLLITROPIN BETA, 75 IU
S0132	INJECTION, GANIRELIX ACETATE, 250 MCG
S0142	COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG

## Injections Requiring Prior Authorization

Service Code	Service Code Description
S0145	INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML
S0189	TESTOSTERONE PELLETT, 75 MG