

MDwise Hoosier Healthwise and Healthy Indiana Plan Medication (HCPCS Codes) Prior Authorization and Exclusion List

Effective 8/1/2025

Please be advised that the Indiana Health Coverage Programs (IHCP) transitioned to a Statewide Uniform Preferred Drug List (SUPDL) for the Fee-For-Service (FFS) and managed care entities (MCEs) on July 5, 2023. HCPCS Codes for agents on the SUPDL will be marked as such in the Coverage Status column in the table below, and prior authorization requests for these agents will be reviewed against SUPDL criteria.

Coverage Status:

- Some codes are associated with medications that can be self-administered by the patient or a caregiver (e.g., oral or SC route). These will be marked as 'Pharmacy Benefit Only' in the table below.
- Select physician-administered medications are not covered under the medical benefit. This means that providers may not "buy and bill" the medication to MDwise. These medications must be sourced from a MDwise network retail or specialty pharmacy. The MDwise specialty pharmacy network includes Walgreens Specialty Pharmacy, IU Health Pharmacies, or Eskenazi Pharmacies. The provider should generate a prescription for the desired medication, and the dispensing pharmacy will submit a claim through the point-of-sale system. These medications will be marked as 'Pharmacy Benefit Only' in the table below.
- A number of codes are available for coverage under either the pharmacy benefit or the medical benefit, up to the discretion of the ordering provider. These medications will be marked as 'Pharmacy or Medical' in the table below.
- Coverage of certain medications (e.g., antihemophilic factor, cystic fibrosis drugs, gene therapy agents) has been carved out from MDwise. Coverage requests and claims should be submitted to the Medicaid fee-for-service delivery system according to IHCP Bulletins BT201810 and BT202110. These will be marked as 'Carved out of Managed Care Coverage' in the table below.
- Some medications are categorized within Indiana Medicaid excluded therapeutic classes (e.g., infertility, sexual dysfunction). These will be marked as 'IN Medicaid Excluded Category' in the table below.
- Some codes fall within the Preferred Diabetes Supply List (PDSL), which identifies glucose monitoring products preferred for all IHCP programs. These will be marked as 'PDSL' in the table below, and claims will only be processed through the pharmacy benefit. Please refer the PDSL for the preferred products (nonpreferred products will require PA): <https://inm-providerportal.optum.com/providerportal/faces/PreLogin.jsp>

Prior Authorization:

- Non-specific codes (e.g., J3490, J3590, J9999) require Prior Authorization only if the claim amount exceeds \$500. These will be marked with an asterisk (*) in the table below.
- Medical benefit prior authorization requests should be faxed to MDwise using the IHCP Universal Prior Authorization Form as follows:
 - MDwise HIP at (866) 613-1642
 - MDwise Hoosier Healthwise at (888) 465-5581
- Pharmacy benefit prior authorization requests should be faxed to the MDwise Pharmacy Benefit Manager, MedImpact, at (858) 790-7100.

HCPCS Code	Code Description	Drug Name	Coverage Status / Prior Authorization (PA)
A4238	Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	Continuous Glucose Monitors (CGM) (various)	Pharmacy Benefit Only. PA required. PDSL.
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	Continuous Glucose Monitors (CGM) (various)	Pharmacy Benefit Only. PA required. PDSL.
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Insulin Pumps (various)	Medical Benefit Only. PA Required.
E0784	External ambulatory infusion pump, insulin	Insulin Pumps (various)	Medical Benefit Only. PA Required.
E2102	Adjunctive, non-implanted continuous glucose monitor or receiver	Continuous Glucose Monitors (CGM) (various)	Pharmacy Benefit Only. PA required. PDSL.
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	Continuous Glucose Monitors (CGM) (various)	Pharmacy Benefit Only. PA required. PDSL.
J0129	Injection, abatacept, 10 mg	Orencia	Pharmacy Benefit Only. PA required. SUPDL.
J0139	Injection, adalimumab, 1 mg	Humira	Pharmacy Benefit Only. PA required. SUPDL.
J0172	Injection, aducanumab-avwa, 2 mg	Aduhelm	Medical Benefit Only. PA Required.
J0174	Injection, lecanemab-irmb, 1 mg	Leqembi	Medical Benefit Only. PA Required.
J0175	Injection, donanemab-azbt, 2 mg	Kisunla	Medical Benefit Only. PA Required.
J0177	Injection, aflibercept hd, 1 mg	Eylea HD	Medical Benefit Only. PA Required.
J0178	Injection, aflibercept, 1 mg	Eylea	Medical Benefit Only. PA Required.
J0179	Injection, brolucizumab-dbl, 1 mg	Beovu	Medical Benefit Only. PA Required.
J0180	Injection, agalsidase beta, 1 mg	Fabrazyme	Medical Benefit Only. PA Required.
J0202	Injection, alemtuzumab, 1 mg	Lemtrada	Pharmacy Benefit Only. PA required. SUPDL.
J0218	Injection, olipudase alfa-rpcp, 1 mg	Xenpozyme	Medical Benefit Only. PA Required.
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	Nexviazyme	Medical Benefit Only. PA Required.
J0220	Injection, alglucosidase alfa, 10 mg not otherwise specified	alglucosidase alfa	Medical Benefit Only. PA Required.
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	Lumizyme	Medical Benefit Only. PA Required.
J0225	Injection, vutrisiran, 1 mg	Amvuttra	Medical Benefit Only. PA Required.

J0256	Injection, alpha 1 proteinase inhibitor, human, 10 mg, not otherwise specified	Aralast NP, Prolastin, Zemaira	Pharmacy Benefit Only. PA required.
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Glassia	Pharmacy Benefit Only. PA required.
J0270	Injection, alprostadil, 1.25 mcg	Caverject, Edex	Not covered – IN Medicaid Excluded Category.
J0275	Alprostadil urethral suppository	Muse	Not covered – IN Medicaid Excluded Category.
J0349	Injection, rezafungin, 1 mg	Rezzayo	Medical Benefit Only. PA Required.
J0490	Injection, belimumab, 10 mg	Benlysta	Pharmacy Benefit Only. PA required.
J0491	Injection, anifrolumab-fnia, 1 mg	Saphnelo	Medical Benefit Only. PA Required.
J0517	Injection, benralizumab, 1 mg	Fasenra	Medical or Pharmacy. PA Required. SUPDL.
J0567	Injection, cerliponase alfa, 1 mg	Brineura	Medical Benefit Only. PA Required.
J0571	Buprenorphine, oral, 1 mg	Belbuca	Pharmacy Benefit Only. PA Required. SUPDL.
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	Bunavail, Suboxone, Zubsolv	Pharmacy Benefit Only. SUPDL.
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	Bunavail, Suboxone, Zubsolv	Pharmacy Benefit Only. SUPDL.
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	Bunavail, Suboxone, Zubsolv	Pharmacy Benefit Only. SUPDL.
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	Bunavail, Suboxone, Zubsolv	Pharmacy Benefit Only. SUPDL.
J0577	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy	Brixadi	Medical or Pharmacy. PA Required. SUPDL.
J0578	Injection, buprenorphine extended release (brixadi), greater than 7 days and up to 28 days of therapy	Brixadi	Medical or Pharmacy. PA Required. SUPDL.
J0584	Injection, burosumab-twza 1 mg	Crysvita	Medical Benefit Only. PA Required.
J0585	Injection, onabotulinumtoxina, 1 unit	Botox	Medical Benefit Only. PA Required.
J0586	Injection, abobotulinumtoxina, 5 units	Dysport	Medical Benefit Only. PA Required.
J0587	Injection, rimabotulinumtoxinb, 100 units	Myobloc	Medical Benefit Only. PA Required.
J0588	Injection, incobotulinumtoxin a, 1 unit	Xeomin	Medical Benefit Only. PA Required.
J0591	Injection, deoxycholic acid, 1 mg	Kybella	IN Medicaid Excluded Category.

J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Ruconest	Pharmacy Benefit Only. PA Required.
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	Berinert	Pharmacy Benefit Only. PA Required.
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	Cinryze	Pharmacy Benefit Only. PA Required.
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Haegarda	Pharmacy Benefit Only. PA Required.
J0601	Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)	Renvela	Pharmacy Benefit Only. SUPDL.
J0602	Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20 mg (for esrd on dialysis)	Renvela	Pharmacy Benefit Only. SUPDL.
J0603	Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)	Renagel	Pharmacy Benefit Only. SUPDL.
J0604	Cinacalcet, oral, 1 mg, (for esrd on dialysis)	Sensipar	Pharmacy Benefit Only.
J0605	Sucroferric oxyhydroxide, oral, 5 mg (for esrd on dialysis)	Velphoro	Pharmacy Benefit Only. SUPDL.
J0607	Lanthanum carbonate, oral, 5 mg (for esrd on dialysis)	Fosrenol	Pharmacy Benefit Only. SUPDL.
J0608	Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to j0607 (for esrd on dialysis)	Fosrenol	Pharmacy Benefit Only. SUPDL.
J0609	Ferric citrate, oral, 3 mg ferric iron, (for esrd on dialysis)	Auryxia	Pharmacy Benefit Only. SUPDL.
J0615	Calcium acetate, oral, 23 mg (for esrd on dialysis)	Calphron, Eliphos, PhosLo, Phoslyra	Pharmacy Benefit Only. SUPDL.
J0630	Injection, calcitonin salmon, up to 400 units	Calcimar, Miacalcin	Pharmacy Benefit Only. SUPDL.
J0638	Injection, canakinumab, 1 mg	Ilaris	Pharmacy Benefit Only. PA Required. SUPDL.
J0717	Injection, certolizumab pegol, 1 mg	Cimzia	Pharmacy Benefit Only. PA Required. SUPDL.
J0791	Injection, crizanlizumab-tmca, 5 mg	Adakveo	Carved out of Managed Care Coverage.
J0801	Injection, corticotropin (acthar gel), up to 40 units	Acthar gel	Pharmacy Benefit Only. PA Required.
J0802	Injection, corticotropin (ani), up to 40 units	Purified corticotropin gel	Pharmacy Benefit Only. PA Required.
J0870	Injection, imetelstat, 1 mg	Rytelo	Medical Benefit Only. PA Required.
J0881	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Aranesp	Medical or Pharmacy. PA Required. SUPDL.
J0882	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Aranesp	Medical or Pharmacy. PA Required. SUPDL.
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Epogen, Procrit, Retacrit	Medical or Pharmacy. PA Required. SUPDL.
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	Mircera	Medical or Pharmacy. PA Required. SUPDL.
J0888	Injection, epoetin beta, 1 microgram, (for Non ESRD use)	Mircera	Medical or Pharmacy. PA Required. SUPDL.

J0896	Inj, luspatercept-aamt, 0.25 mg	Reblozyl	Medical or Pharmacy. PA Required. SUPDL.
J0897	Injection, denosumab, 1 mg	Prolia, Xgeva	Medical Benefit Only. PA Required. SUPDL.
J0901	Vadadustat, oral, 1 mg (for esrd on dialysis)	Vafseo	Pharmacy Benefit Only.
J1202	Miglustat, oral, 65 mg	Opfolda	Pharmacy Benefit Only. PA Required.
J1203	Injection, cipaglucoisidase alfa-atga, 5 mg	Pombiliti	Medical Benefit Only. PA Required.
J1290	Injection, ecallantide, 1 mg	Kalbitor	Pharmacy Benefit Only. PA Required.
J1299	Injection, eculizumab, 2 mg	Soliris	Pharmacy Benefit Only. PA Required.
J1301	Injection, edaravone, 1 mg	Radicava	Medical Benefit Only. PA Required.
J1302	Injection, sutimlimab-jome, 10 mg	Enjaymo	Medical Benefit Only. PA Required.
J1303	Injection, ravulizumab-cwvz, 10 mg	Ultomiris	Medical Benefit Only. PA Required.
J1304	Injection, tofersen, 1 mg	Qalsody	Medical Benefit Only. PA Required.
J1305	Inj, evinacumab-dgnb, 5mg	Evkeeza	Medical Benefit Only. PA Required. SUPDL.
J1306	Injection, inclisiran, 1 mg	Leqvio	Medical Benefit Only. PA Required. SUPDL.
J1307	Injection, crovalimab-akkz, 10 mg	Piasky	Medical Benefit Only. PA Required.
J1322	Injection, elosulfase alfa, 1 mg	Vimizim	Medical Benefit Only. PA Required.
J1323	Injection, elranatamab-bcmm, 1 mg	Elrexio	Medical Benefit Only. PA Required.
J1324	Injection, enfuvirtide, 1 mg	Fuzeon	Pharmacy Benefit Only.
J1325	Injection, epoprostenol, 0.5 mg	Flolan, Veletri	Pharmacy Benefit Only. PA Required.
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Hemgenix	Carved out of Managed Care Coverage.
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes	Roctavian	Carved out of Managed Care Coverage.
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Elevidys	Carved out of Managed Care Coverage.
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Beqvez	Carved out of Managed Care Coverage.
J1426	Injection, casimersen, 10 mg	Amondys-45	Carved out of Managed Care Coverage.
J1427	Injection, viltolarsen, 10 mg	Viltepso	Carved out of Managed Care Coverage.
J1428	Injection, eteplirsen, 10 mg	Exondys-51	Carved out of Managed Care Coverage.
J1429	Injection, golodirsen, 10 mg	Vyondys-53	Carved out of Managed Care Coverage.

J1438	Injection, etanercept, 25 mg	Enbrel	Pharmacy Benefit Only. PA Required. SUPDL.
J1447	Injection, tbo-filgrastim, 1 microgram	Granix	Medical or Pharmacy. PA Required. SUPDL.
J1449	Injection, eflapegrastim-xnst, 0.1 mg	Rolvedon	Medical Benefit Only. PA Required. SUPDL.
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Privigen	Medical Benefit Only. PA Required.
J1460	Injection, gamma globulin, intramuscular, 1 cc	GamaSTAN S/D	Medical Benefit Only. PA Required.
J1551	Injection, immune globulin (cutaquirg), 100 mg	Cutaquirg	Medical or Pharmacy. PA Required.
J1552	Injection, immune globulin (alyglo), 500 mg	Alyglo	Medical Benefit Only. PA Required.
J1554	Injection, immune globulin (asceniv), 500 mg	Asceniv	Medical Benefit Only. PA Required.
J1555	Injection, immune globulin (cuvitru), 100 mg	Cuvitru	Medical or Pharmacy. PA Required.
J1556	Injection, immune globulin (bivigam), 500 mg	Bivigam	Medical Benefit Only. PA Required.
J1557	Injection, immune globulin, (gammplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammplex	Medical Benefit Only. PA Required.
J1558	Injection, immune globulin (xembify), 100 mg	Xembify	Medical or Pharmacy. PA Required.
J1559	Injection, immune globulin (hizentra), 100 mg	Hizentra	Medical or Pharmacy. PA Required.
J1560	Injection, gamma globulin, intramuscular, over 10 cc	GamaSTAN S/D	Medical Benefit Only. PA Required.
J1561	Injection, immune globulin, (gamunex-c/ gammaked), non-lyophilized (e.g., liquid), 500 mg	Gamunex-C, Gammaked	Medical Benefit Only. PA Required.
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Carimune, Gammagard S/D	Medical Benefit Only. PA Required.
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Octagam	Medical Benefit Only. PA Required.
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Gammagard	Medical or Pharmacy. PA Required.
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Flebogamma, Flebogamma DIF	Medical Benefit Only. PA Required.
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immune globulin	Hyqvia	Medical or Pharmacy. PA Required.
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Panzyga	Medical Benefit Only. PA Required.
J1595	Injection, glatiramer acetate, 20 mg	Copaxone, Glatopa	Pharmacy Benefit Only. PA Required. SUPDL.
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	immune globulin	Medical Benefit Only. PA Required.
J1602	Injection, golimumab, 1 mg, for intravenous use	Simponi Aria	Pharmacy Benefit Only. PA Required. SUPDL.
J1610	Injection, glucagon hydrochloride, per 1 mg	Glucagon	Pharmacy Benefit Only. PA Required. SUPDL.

J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	Glucagon	Pharmacy Benefit Only. PA Required. SUPDL.
J1628	Injection, guselkumab, 1 mg	Tremfya	Pharmacy or Medical. PA Required. SUPDL.
J1740	Injection, ibandronate sodium, 1 mg	Boniva	Pharmacy Benefit Only. SUPDL.
J1744	Injection, icatibant, 1 mg	Firazyr	Pharmacy Benefit Only. PA Required.
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Remicade	Medical or Pharmacy. PA Required. SUPDL.
J1747	Injection, spesolimab-sbzo, 1 mg	Spevigo	Medical Benefit Only. PA Required. SUPDL.
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	Zymfentra	Medical or Pharmacy. PA Required. SUPDL.
J1786	Injection, imiglucerase, 10 units	Cerezyme	Medical Benefit Only. PA Required.
J1811	Insulin (fiasp) for administration through dme (i.e., insulin pump) per 50 units	Fiasp	Pharmacy Benefit Only. SUPDL.
J1812	Insulin (fiasp), per 5 units	Fiasp	Pharmacy Benefit Only. SUPDL.
J1813	Insulin (lyumjev) for administration through dme (i.e., insulin pump) per 50 units	Lyumjev	Pharmacy Benefit Only. SUPDL.
J1814	Insulin (lyumjev), per 5 units	Lyumjev	Pharmacy Benefit Only. SUPDL.
J1815	Injection, insulin, per 5 units	e.g., Admelog, Apidra, Basaglar, Humalog, Lantus, Levemir, Novolin	Pharmacy Benefit Only. SUPDL.
J1817	Insulin for administration through dme (i.e., insulin pump) per 50 units	e.g., Admelog, Apidra, Basaglar, Humalog, Lantus, Levemir, Novolin	Pharmacy Benefit Only. SUPDL.
J1826	Injection, interferon beta-1a, 30 mcg	Avonex, Rebif	Pharmacy Benefit Only. PA Required. SUPDL.
J1830	Injection, interferon beta-1b, 0.25 mg	Betaseron, Extavia	Pharmacy Benefit Only. PA Required. SUPDL.
J1930	Injection, lanreotide, 1 mg	Somatuline	Pharmacy Benefit Only. PA Required.
J1932	Injection, lanreotide, (cipla), 1 mg	Lanreotide	Pharmacy Benefit Only. PA Required.
J2182	Injection, mepolizumab, 1 mg	Nucala	Medical or Pharmacy. PA Required. SUPDL.
J2212	Injection, methylnaltrexone, 0.1 mg	Relistor	Pharmacy Benefit Only. PA Required. SUPDL.
J2267	Injection, mirikizumab-mrkz, 1 mg	Omvo	Medical or Pharmacy. PA Required. SUPDL.
J2277	Injection, motixafortide, 0.25 mg	Aphexda	Medical Benefit Only. PA Required.
J2323	Injection, natalizumab, 1 mg	Tysabri	Pharmacy Benefit Only. PA Required. SUPDL.
J2326	Injection, nusinersen, 0.1 mg	Spinraza	Carved out of Managed Care Coverage.

J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	Skyrizi	Medical or Pharmacy. PA Required. SUPDL.
J2329	Injection, ublituximab-xiiy, 1mg	Briumvi	Medical Benefit Only. PA Required. SUPDL.
J2350	Injection, ocrelizumab, 1 mg	Ocrevus	Medical or Pharmacy. PA Required. SUPDL.
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Ocrevus Zunovo	Medical or Pharmacy. PA Required. SUPDL.
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Sandostatin LAR	Pharmacy Benefit Only. PA Required.
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Bynfezia, Sandostatin	Pharmacy Benefit Only. PA Required.
J2356	Injection, tezepelumab-ekko, 1 mg	Tezspire	Medical or Pharmacy. PA Required. SUPDL.
J2357	Injection, omalizumab, 5 mg	Xolair	Medical or Pharmacy. PA Required. SUPDL.
J2430	Injection, pamidronate disodium, per 30 mg	Aredia	Pharmacy Benefit Only. PA Required.
J2502	Injection, pasireotide long acting, 1 mg	Signifor LAR	Pharmacy Benefit Only. PA Required.
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Neulasta	Medical or Pharmacy. PA Required. SUPDL.
J2507	Injection, pegloticase, 1 mg	Krystexxa	Medical Benefit Only. PA Required.
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	Elfabrio	Medical Benefit Only. PA Required.
J2777	Injection, faricimab-svoa, 0.1 mg	Vabysmo	Medical Benefit Only. PA Required.
J2778	Injection, ranibizumab, 0.1 mg	Lucentis	Medical Benefit Only. PA Required.
J2786	Injection, reslizumab, 1 mg	Cinqair	Medical or Pharmacy. PA Required. SUPDL.
J2793	Injection, rilonacept, 1 mg	Arcalyst	Pharmacy Benefit Only. PA Required. SUPDL.
J2802	Injection, romiplostim, 1 microgram	Nplate	Pharmacy Benefit Only. PA Required.
J2820	Injection, sargramostim (GM-CSF), 50 mcg	Leukine	Medical or Pharmacy. PA Required. SUPDL.
J2840	Injection, sebelipase alfa, 1 mg	Kanuma	Medical Benefit Only. PA Required.
J2860	Injection, siltuximab, 10 mg	Sylvant	Pharmacy Benefit Only. PA Required.
J2940	Injection, somatrem, 1 mg	Protropin	Pharmacy Benefit Only.
J2941	Injection, somatropin, 1 mg	e.g., Genotropin, Humatrope, Norditropin, Nutropin AQ, Omnitrope	Pharmacy Benefit Only. PA Required. SUPDL.
J2998	Injection, plasminogen, human-tvmh, 1 mg	Ryplazim	Medical Benefit Only. PA Required.
J3030	Injection, sumatriptan succinate, 6 mg	Imitrex	Pharmacy Benefit Only. SUPDL.

J3031	Injection, fremanezumab-vfrm, 1 mg	Ajovy	Pharmacy Benefit Only. PA Required. SUPDL.
J3032	Injection, eptinezumab-jjmr, 1 mg	Vyepti	Medical Benefit Only. PA Required. SUPDL.
J3055	Injection, talquetamab-tgvs, 0.25 mg	Talvey	Medical Benefit Only. PA Required.
J3060	Injection, taliglucerase alfa, 10 units	Elelyso	Medical Benefit Only. PA Required.
J3110	Injection, teriparatide, 10 mcg	Forteo	Pharmacy Benefit Only. PA Required. SUPDL.
J3111	Injection, romosozumab-aqqg, 1 mg	Evenity	Medical Benefit Only. PA Required. SUPDL.
J3145	Injection, testosterone undecanoate, 1 mg	Aveed	Medical Benefit Only. PA Required. SUPDL.
J3245	Injection, tildrakizumab, 1 mg	Ilumya	Pharmacy Benefit Only. PA Required. SUPDL.
J3247	Injection, secukinumab, intravenous, 1 mg	Cosentyx	Medical or Pharmacy. PA Required. SUPDL.
J3262	Injection, tocilizumab, 1 mg	Actemra	Pharmacy Benefit Only. PA Required. SUPDL.
J3263	Injection, toripalimab-tpzi, 1 mg	Loqtorzi	Medical Benefit Only. PA Required.
J3285	Injection, treprostinil, 1 mg	Remodulin	Pharmacy Benefit Only. PA Required.
J3355	Injection, urofollitropin, 75 iu	Bravelle	IN Medicaid Excluded Category.
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Stelara SC	Pharmacy Benefit Only. PA Required. SUPDL.
J3358	Ustekinumab, for intravenous injection, 1 mg	Stelara IV	Medical or Pharmacy. PA Required. SUPDL.
J3380	Injection, vedolizumab, 1 mg	Entyvio	Pharmacy Benefit Only. PA Required. SUPDL.
J3385	Injection, velaglucerase alfa, 100 units	VPRIV	Medical Benefit Only. PA Required.
J3397	Injection, vestronidase alfa-vjbk, 1 mg	Mepsevii	Medical Benefit Only. PA Required.
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Luxturna	Carved out of Managed Care Coverage.
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	Zolgensma	Carved out of Managed Care Coverage.
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ pfu/ml vector genomes, per 0.1 ml	Vyjuvek	Carved out of Managed Care Coverage.
J3489	Injection, zoledronic acid, 1 mg	Reclast, Zometa	Medical Benefit Only. PA Required.
J3490	Unclassified drugs	<various>	Medical Benefit Only. *PA Required.
J3535	Drug administered through a metered dose inhaler	<various>	Pharmacy Benefit Only. SUPDL.
J3590	Unclassified biologics	<various>	Medical Benefit Only. *PA Required.

J3591	Unclassified drug or biological used for esrd on dialysis	<various>	Medical Benefit Only. *PA Required.
J7165	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity	Balfaxar	Carved out of Managed Care Coverage.
J7168	Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity	Kcentra	Carved out of Managed Care Coverage.
J7170	Injection, emicizumab-kxwh, 0.5 mg	Hemlibra	Carved out of Managed Care Coverage.
J7175	Injection, factor x, (human), 1 i.u.	Coagadex	Carved out of Managed Care Coverage.
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	Fibryga	Carved out of Managed Care Coverage.
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	RiaSTAP	Carved out of Managed Care Coverage.
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0	Vonvendi	Carved out of Managed Care Coverage.
J7180	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	Corifact	Carved out of Managed Care Coverage.
J7181	Injection, factor xiii a-subunit, (recombinant), per iu	Tretten	Carved out of Managed Care Coverage.
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	Novoeight	Carved out of Managed Care Coverage.
J7183	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0	Wilate	Carved out of Managed Care Coverage.
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	Xyntha	Carved out of Managed Care Coverage.
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	Alphanate (VWF Complex)	Carved out of Managed Care Coverage.
J7187	Injection, von willebrand factor complex (humate-P), per iu vwf:rc0	Humate-P	Carved out of Managed Care Coverage.
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Obizur	Carved out of Managed Care Coverage.
J7189	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram	NovoSeven RT	Carved out of Managed Care Coverage.
J7190	Factor viii (antihemophilic factor, human) per i.u.	Hemofil M	Carved out of Managed Care Coverage.
J7191	Factor viii ((antihemophilic factor (porcine)), per i.u.	Hyate:C	Carved out of Managed Care Coverage.
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	Advate	Carved out of Managed Care Coverage.
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	Alphanine SD	Carved out of Managed Care Coverage.
J7194	Factor ix, complex, per i.u.	Bebulin	Carved out of Managed Care Coverage.
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	BeneFIX	Carved out of Managed Care Coverage.
J7198	Anti-inhibitor, per i.u.	Feiba	Carved out of Managed Care Coverage.
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	RIXUBIS	Carved out of Managed Care Coverage.

J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	Alprolix	Carved out of Managed Care Coverage.
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Idelvion	Carved out of Managed Care Coverage.
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Rebinyn	Carved out of Managed Care Coverage.
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Esperoct	Carved out of Managed Care Coverage.
J7205	Injection, factor viii fc fusion protein (recombinant), per iu	Eloctate	Carved out of Managed Care Coverage.
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Adynovate	Carved out of Managed Care Coverage.
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	JIVI	Carved out of Managed Care Coverage.
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Nuwiq	Carved out of Managed Care Coverage.
J7210	Injection, factor VIII, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	Afstyla	Carved out of Managed Care Coverage.
J7211	Injection, factor VIII, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.	Kovaltry	Carved out of Managed Care Coverage.
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	SEVENFACT	Carved out of Managed Care Coverage.
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	Altuviio	Carved out of Managed Care Coverage.
J7294	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each	Annovera	Pharmacy Benefit Only. SUPDL.
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	NuvaRing	Pharmacy Benefit Only. SUPDL.
J7303	Contraceptive supply, hormone containing vaginal ring, each	e.g., NuvaRing, Annovera	Pharmacy Benefit Only. SUPDL.
J7304	Contraceptive supply, hormone containing patch, each	e.g., OrthoEvra, Xulane	Pharmacy Benefit Only. SUPDL.
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Durolane	Pharmacy Benefit Only. PA Required.
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	GenVisc 850	Pharmacy Benefit Only. PA Required.
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Hyalgan Supartz VISCO-3	Pharmacy Benefit Only. PA Required.
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Hymovis	Pharmacy Benefit Only. PA Required.
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Euflexxa	Pharmacy Benefit Only. PA Required.
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Orthovisc	Pharmacy Benefit Only. PA Required.
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Synvisc Synvisc-One	Pharmacy Benefit Only. PA Required.
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Gel-One	Pharmacy Benefit Only. PA Required.
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Monovisc	Pharmacy Benefit Only. PA Required.

J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	Gelsyn-3	Pharmacy Benefit Only. PA Required.
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	TriVisc	Pharmacy Benefit Only. PA Required.
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Triluron	Pharmacy Benefit Only. PA Required.
J7342	Instillation, ciprofloxacin otic suspension, 6 mg	Cipro Otic	Pharmacy Benefit Only. SUPDL.
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Ycanth	Medical Benefit Only. PA Required.
J7500	Azathioprine, oral, 50 mg	Azasan, Imuran	Pharmacy Benefit Only.
J7502	Cyclosporine, oral, 100 mg	Gengraf, Neoral, Sandimmune	Pharmacy Benefit Only.
J7503	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	Envarsus XR	Pharmacy Benefit Only.
J7507	Tacrolimus, immediate release, oral, 1 mg	Hecoria, Prograf	Pharmacy Benefit Only.
J7508	Tacrolimus, extended release, (astagraf xl) oral, 0.1 mg	Astagraf	Pharmacy Benefit Only.
J7509	Methylprednisolone oral, per 4 mg	Medrol	Pharmacy Benefit Only.
J7510	Prednisolone oral, per 5 mg	Millipred, Orapred, Pediapred, Veripred	Pharmacy Benefit Only.
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	Deltasone, Rayos	Pharmacy Benefit Only.
J7514	Mycophenolate mofetil (myhibbin), oral suspension, 100 mg	Myhibbin	Pharmacy Benefit Only. PA Required.
J7515	Cyclosporine, oral, 25 mg	Gengraf, Neoral, Sandimmune	Pharmacy Benefit Only.
J7517	Mycophenolate mofetil, oral, 250 mg	Cellcept	Pharmacy Benefit Only.
J7518	Mycophenolic acid, oral, 180 mg	Myfortic	Pharmacy Benefit Only.
J7520	Sirolimus, oral, 1 mg	Rapamune	Pharmacy Benefit Only.
J7521	Tacrolimus, granules, oral suspension, 0.1 mg	Prograf	Pharmacy Benefit Only.
J7527	Everolimus, oral, 0.25 mg	Zortress	Pharmacy Benefit Only.
J7599	Immunosuppressive drug, not otherwise classified	<various>	Medical Benefit Only. *PA Required.
J7601	Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	Ohtuvayre	Pharmacy Benefit Only. PA Required.
J7605	Arformoterol, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	Brovana	Pharmacy Benefit Only. PA Required. SUPDL.
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	Perforomist	Pharmacy Benefit Only. PA Required. SUPDL.

J7612	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg		
J7799	Noc drugs, other than inhalation drugs, administered through dme	<various>	Medical Benefit Only. *PA Required.
J7999	Compounded drug, not otherwise classified	<various>	Medical Benefit Only. *PA Required.
J8498	Antiemetic drug, rectal/suppository, not otherwise specified	<various>	Pharmacy Benefit Only.
J8499	Prescription drug, oral, non chemotherapeutic, nos	<various>	Pharmacy Benefit Only.
J8501	Aprepitant, oral, 5 mg	Emend	Pharmacy Benefit Only. SUPDL.
J8510	Busulfan; oral, 2 mg	Myleran	Pharmacy Benefit Only.
J8515	Cabergoline, oral, 0.25 mg	Cabergoline	Pharmacy Benefit Only.
J8522	Capecitabine, oral, 50 mg	Xeloda	Pharmacy Benefit Only.
J8530	Cyclophosphamide; oral, 25 mg	cyclophosphamide	Pharmacy Benefit Only.
J8540	Dexamethasone, oral, 0.25 mg	Dexamethasone	Pharmacy Benefit Only.
J8560	Etoposide; oral, 50 mg	Etoposide	Pharmacy Benefit Only.
J8562	Fludarabine phosphate, oral, 10 mg	fludarabine phosphate	Pharmacy Benefit Only.
J8565	Gefitinib, oral, 250 mg	Iressa	Pharmacy Benefit Only.
J8597	Antiemetic drug, oral, not otherwise specified	<various>	Pharmacy Benefit Only.
J8600	Melphalan; oral, 2 mg	Alkeran	Pharmacy Benefit Only.
J8610	Methotrexate; oral, 2.5 mg	Rheumatrex, Trexall	Pharmacy Benefit Only.
J8650	Nabilone, oral, 1 mg	Cesamet	Pharmacy Benefit Only.
J8655	Netupitant 300 mg and palonosetron 0.5 mg, oral	Akynzeo	Pharmacy Benefit Only. SUPDL.
J8670	Rolapitant, oral, 1 mg	Varubi	Pharmacy Benefit Only.
J8700	Temozolomide, oral, 5 mg	Temodar	Pharmacy Benefit Only.
J8705	Topotecan, oral, 0.25 mg	Hycamtin	Pharmacy Benefit Only.
J8999	Prescription drug, oral, chemotherapeutic, nos	<various>	Pharmacy Benefit Only.
J9019	Injection, asparaginase (erwinaze), 1,000 iu	Erwinaze	Medical Benefit Only. PA Required.
J9022	Injection, atezolizumab, 10 mg	Tecentriq	Medical Benefit Only. PA Required.
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Tecentriq Hybreza	Medical Benefit Only. PA Required.
J9026	Injection, tarlatamab-dlle, 1 mg	Imdelltra	Medical Benefit Only. PA Required.
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Anktiva	Medical Benefit Only. PA Required.
J9032	Injection, belinostat, 10 mg	Beleodaq	Medical Benefit Only. PA Required.
J9035	Injection, bevacizumab, 10 mg	Avastin	Medical Benefit Only. PA Required.
J9038	Injection, axatilimab-csfr, 0.1 mg	Niktimvo	Medical Benefit Only. PA Required.
J9039	Injection, blinatumomab, 1 microgram	Blinicyto	Medical Benefit Only. PA Required.
J9041	Injection, bortezomib, 0.1 mg	Velcade	Medical Benefit Only.

			PA Required.
J9042	Injection, brentuximab vedotin, 1 mg	Adcetris	Medical Benefit Only. PA Required.
J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	bortezomib	Medical Benefit Only. PA Required.
J9047	Injection, carfilzomib, 1 mg	Kyprolis	Medical Benefit Only. PA Required.
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	bortezomib	Medical Benefit Only. PA Required.
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	bortezomib	Medical Benefit Only. PA Required.
J9051	Injection, bortezomib (maia), not therapeutically equivalent to J9041, 0.1 mg	bortezomib	IN Medicaid Excluded.
J9054	Injection, bortezomib (boruzu), 0.1 mg	Boruzu	Medical Benefit Only. PA Required.
J9055	Injection, cetuximab, 10 mg	Erbitux	Medical Benefit Only. PA Required.
J9057	Injection, copanlisib, 1 mg	Aliqopa	Medical Benefit Only. PA Required.
J9061	Injection, amivantamab-vmjw, 2 mg	Rybrevant	Medical Benefit Only. PA Required.
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	Elahere	Medical Benefit Only. PA Required.
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Darzalex Faspro	Medical Benefit Only. PA Required.
J9145	Injection, daratumumab, 10 mg	Darzalex	Medical Benefit Only. PA Required.
J9173	Injection, durvalumab, 10 mg	Imfinzi	Medical Benefit Only. PA Required.
J9176	Injection, elotuzumab, 1 mg	Empliciti	Medical Benefit Only. PA Required.
J9177	Injection, enfortumab vedotin-efv, 0.25 mg	Padcev	Medical Benefit Only. PA Required.
J9179	Injection, eribulin mesylate, 0.1 mg	Halaven	Medical Benefit Only. PA Required.
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Mylotarg	Medical Benefit Only. PA Required.
J9204	Injection, mogamulizumab-kpkc, 1 mg	Poteligeo	Medical Benefit Only. PA Required.
J9205	Injection, irinotecan liposome, 1 mg	Onivyde	Medical Benefit Only. PA Required.
J9207	Injection, ixabepilone, 1 mg	Ixempra	Medical Benefit Only. PA Required.
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram	Infergen	Pharmacy Benefit Only.
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Roferon A	Pharmacy Benefit Only.
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Intron-A	Pharmacy Benefit Only.
J9216	Injection, interferon, gamma-1b, 3 million units	Actimmune	Pharmacy Benefit Only.
J9227	Injection, isatuximab-irfc, 10 mg	Sarclisa	Medical Benefit Only.

			PA Required.
J9228	Injection, ipilimumab, 1 mg	Yervoy	Medical Benefit Only. PA Required.
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Besponsa	Medical Benefit Only. PA Required.
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Abraxane	Medical Benefit Only. PA Required.
J9266	Injection, pegaspargase, per single dose vial	Oncaspar	Medical Benefit Only. PA Required.
J9271	Injection, pembrolizumab, 1 mg	Keytruda	Medical Benefit Only. PA Required.
J9272	Injection, dostarlimab-gxly, 10 mg	Jemperli	Medical Benefit Only. PA Required.
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Tivdak	Medical Benefit Only. PA Required.
J9274	Injection, tebentafusp-tebn, 1 microgram	Kimmtrak	Medical Benefit Only. PA Required.
J9285	Injection, olaratumab, 10 mg	Lartruvo	Medical Benefit Only. PA Required.
J9286	Injection, glofitamab-gxbm, 2.5 mg	Columvi	Medical Benefit Only. PA Required.
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	Novantrone	Medical Benefit Only. PA Required.
J9295	Injection, necitumumab, 1 mg	Portrazza	Medical Benefit Only. PA Required.
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Opdualag	Medical Benefit Only. PA Required.
J9299	Injection, nivolumab, 1 mg	Opdivo	Medical Benefit Only. PA Required.
J9301	Injection, obinutuzumab, 10 mg	Gazyva	Medical Benefit Only. PA Required.
J9302	Injection, ofatumumab, 10 mg	Arzerra	Medical Benefit Only. PA Required.
J9306	Injection, pertuzumab, 1 mg	Perjeta	Medical Benefit Only. PA Required.
J9307	Injection, pralatrexate, 1 mg	Folotyn	Medical Benefit Only. PA Required.
J9308	Injection, ramucirumab, 5 mg	Cyamza	Medical Benefit Only. PA Required.
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Polivy	Medical Benefit Only. PA Required.
J9311	Injection, rituximab 10 mg and hyaluronidase	Rituxan Hycela	Medical Benefit Only. PA Required.
J9312	Injection, rituximab, 10 mg	Rituxan	Medical Benefit Only. PA Required.
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Trodelvy	Medical Benefit Only. PA Required.
J9319	Injection, romidepsin, lyophilized, 0.1 mg	Istodax	Medical Benefit Only. PA Required.
J9321	Injection, epcoritamab-bysp, 0.16 mg	Epkinly	Medical Benefit Only. PA Required.

J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Imlygic	Medical Benefit Only. PA Required.
J9329	Injection, tislelizumab-jsgr, 1mg	Tevimbra	Medical Benefit Only. PA Required.
J9330	Injection, temsirolimus, 1 mg	Torisel	Medical Benefit Only. PA Required.
J9331	Injection, sirolimus protein-bound particles, 1 mg	Fyarro	Medical Benefit Only. PA Required.
J9332	Injection, efgartigimod alfa-fcab, 2mg	Vyvgart	Medical Benefit Only. PA Required.
J9333	Injection, rozanolixizumab-noli, 1 mg	Rystiggo	Medical Benefit Only. PA Required.
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Vyvgart Hytrulo	Medical Benefit Only. PA Required.
J9345	Injection, retifanlimab-dlwr, 1 mg	Zynyz	Medical Benefit Only. PA Required.
J9347	Injection, tremelimumab-actl, 1 mg	Imjudo	Medical Benefit Only. PA Required.
J9350	Injection, mosunetuzumab-axgb, 1 mg	Lunsumio	Medical Benefit Only. PA Required.
J9352	Injection, trabectedin, 0.1 mg	Yondelis	Medical Benefit Only. PA Required.
J9353	Injection, margetuximab-cmkb, 5 mg	Margenza	Medical Benefit Only. PA Required.
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Kadcyla	Medical Benefit Only. PA Required.
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Herceptin	Medical Benefit Only. PA Required.
J9356	Injection, trastuzumab 10 mg and hyaluronidase-oysk	Herceptin Hylecta	Medical Benefit Only. PA Required.
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Enhertu	Medical Benefit Only. PA Required.
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Zynlonta	Medical Benefit Only. PA Required.
J9371	Injection, vincristine sulfate liposome, 1 mg	Marqibo	Medical Benefit Only. PA Required.
J9376	Injection, pozelimab-bbfg, 1 mg	Veopoz	Medical Benefit Only. PA Required.
J9380	Injection, teclistamab-cqyv, 0.5 mg	Tecvayli	Medical Benefit Only. PA Required.
J9381	Injection, teplizumab-mzwv, 5 mcg	Tziel	Medical Benefit Only. PA Required.
J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg	Fulvestrant	Medical Benefit Only. PA Required.
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	Fulvestrant	Medical Benefit Only. PA Required.
J9395	Injection, fulvestrant, 25 mg	Faslodex	Medical Benefit Only. PA Required.
J9400	Injection, ziv-aflibercept, 1 mg	Zaltrap	Medical Benefit Only. PA Required.
J9600	Injection, porfimer sodium, 75 mg	Photofrin	Medical Benefit Only.

			PA Required.
J9999	Not otherwise classified, antineoplastic drugs	<various>	Medical Benefit Only. *PA Required.
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gram	azithromycin dihydrate	Pharmacy Benefit Only. SUPDL.
Q0161	Chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	chlorpromazine hydrochloride	Pharmacy Benefit Only. SUPDL (AAAX).
Q0162	Ondansetron 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	ondansetron	Pharmacy Benefit Only. SUPDL.
Q0163	Diphenhydramine hydrochloride, 50 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	diphenhydramine hydrochloride	Pharmacy Benefit Only.
Q0164	Prochlorperazine maleate, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	prochlorperazine maleate	Pharmacy Benefit Only.
Q0166	Granisetron hydrochloride, 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	granisetron hydrochloride	Pharmacy Benefit Only. SUPDL.
Q0167	Dronabinol, 2.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	dronabinol	Pharmacy Benefit Only. SUPDL.
Q0169	Promethazine hydrochloride, 12.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	promethazine hydrochloride	Pharmacy Benefit Only.
Q0173	Trimethobenzamide hydrochloride, 250 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	trimethobenzamide hydrochloride	Pharmacy Benefit Only.
Q0174	Thiethylperazine maleate, 10 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	thiethylperazine maleate	Pharmacy Benefit Only.
Q0175	Perphenazine, 4 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic	perphenazine	Pharmacy Benefit Only. SUPDL (AAAX).

	substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen		
Q0177	Hydroxyzine pamoate, 25 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	hydroxyzine pamoate	Pharmacy Benefit Only. SUPDL (AAAX).
Q0180	Dolasetron mesylate, 100 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	dolasetron mesylate	Pharmacy Benefit Only.
Q0181	Unspecified oral dosage form, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for a iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	<various>	Pharmacy Benefit Only.
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	N/A	Pharmacy Benefit Only.
Q0511	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period	N/A	Pharmacy Benefit Only.
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	N/A	Pharmacy Benefit Only.
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	N/A	Pharmacy Benefit Only.
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days	N/A	Pharmacy Benefit Only.
Q2026	Injection, radiesse, 0.1 ml	Radiesse	IN Medicaid Excluded Category.
Q2028	Injection, sculptra, 0.5 mg	Sculptra	IN Medicaid Excluded Category.
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 CAR T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yescarta	Carved out of Managed Care Coverage.
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Kymriah	Carved out of Managed Care Coverage.
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Carvykti	Carved out of Managed Care Coverage.
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Tecelra	Medical Benefit Only. PA Required.
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Avonex, Rebif	Pharmacy Benefit Only. PA Required. SUPDL.

Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Avonex, Rebif	Pharmacy Benefit Only. PA Required. SUPDL.
Q4074	Iloprost, inhalation solution, Food and Drug Administration (FDA)-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms	Ventavis	Pharmacy Benefit Only. PA Required. SUPDL.
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	Epogen	Medical or Pharmacy. PA Required. SUPDL.
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Zarxio	Medical or Pharmacy. PA Required. SUPDL.
Q5102	Injection, infliximab, biosimilar, 10 mg	infliximab (biosimilar)	Medical or Pharmacy. PA Required. SUPDL.
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Inflectra	Medical or Pharmacy. PA Required. SUPDL.
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Renflexis	Medical or Pharmacy. PA Required. SUPDL.
Q5105	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Retacrit	Medical or Pharmacy. PA Required. SUPDL.
Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Retacrit	Medical or Pharmacy. PA Required. SUPDL.
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Mvasi	Medical Benefit Only. PA Required.
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Ixifi	Medical or Pharmacy. PA Required. SUPDL.
Q5110	Injection, filgrastim-aafi, biosimilar, (nivistym), 1 microgram	Nivistym	Medical or Pharmacy. PA Required. SUPDL.
Q5111	Injection, pegfilgrastim-cbqv (udenycya), biosimilar, 0.5 mg	Udenycya	Medical or Pharmacy. PA Required. SUPDL.
Q5112	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	Ontruzant	Medical Benefit Only. PA Required.
Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Ogivri	Medical Benefit Only. PA Required.
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Truxima	Medical Benefit Only. PA Required.
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Trazimera	Medical Benefit Only. PA Required.
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Kanjinti	Medical Benefit Only. PA Required.
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Zirabev	Medical Benefit Only. PA Required.
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Ruxience	Medical Benefit Only. PA Required.
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Ziextenzo	Medical or Pharmacy. PA Required. SUPDL.
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Avsola	Medical or Pharmacy. PA Required. SUPDL.
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Nyvepria	Medical or Pharmacy. PA Required. SUPDL.
Q5123	Injection, rituximab-arrr, biosimilar, (riabni), 10 mg	Riabni	Medical Benefit Only. PA Required.
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Byooviz	Medical Benefit Only. PA Required.

Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Releuko	Medical or Pharmacy. PA Required. SUPDL.
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Alymsys	Medical Benefit Only. PA Required.
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Stimufend	Medical or Pharmacy. PA Required. SUPDL.
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Cimerli	Medical Benefit Only. PA Required.
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Vegzelma	Medical Benefit Only. PA Required.
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	Fynetra	Medical or Pharmacy. SUPDL.
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	Tofidence	Pharmacy Benefit Only. PA Required. SUPDL.
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Tyenne	Pharmacy Benefit Only. PA Required. SUPDL.
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Hulio	Pharmacy Benefit Only. PA Required. SUPDL.
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Yuflyma	Pharmacy Benefit Only. PA Required. SUPDL.
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	Simlandi	Pharmacy Benefit Only. PA Required. SUPDL.
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Cyltezo	Pharmacy Benefit Only. PA Required. SUPDL.
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Idacio	Pharmacy Benefit Only. PA Required. SUPDL.
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	Abrilada	Pharmacy Benefit Only. PA Required. SUPDL.
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Hercessi	Medical Benefit Only. PA Required.
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Pavblu	Medical Benefit Only. PA Required.
Q9991	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	Sublocade	Medical or Pharmacy. PA Required. SUPDL.
Q9992	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	Sublocade	Medical or Pharmacy. PA Required. SUPDL.
S0013	Esketamine, nasal spray, 1 mg	Spravato	Pharmacy or Medical. PA Required. SUPDL (AAAX).