



Please be advised that this list is not intended to be an all-inclusive list of covered services or authorization requirements under WellCare of Kentucky Health Plans, Inc.. It provides information regarding prior authorization requirements that were generally accurate as of the published date of the document. The most accurate method of looking up and submitting verifying authorization requirements is by utilizing the [WellCare Secure Provider Portal](#)

| Kentucky Medicaid Physician Administered Drug List |  |                  |                                  |
|--|--|------------------|----------------------------------|
| Code   | Description  | Current Role     | Note                             |
| 90281  | IMMUNE GLOBULIN (IG), HUMAN, FOR INTRAMUSCULAR USE   | No Auth Required |                                  |
| 90283  | IMMUNE GLOBULIN (IGIV), HUMAN, FOR INTRAVENOUS USE   | No Auth Required |                                  |
| 90284  | IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH   | No Auth Required |                                  |
| 90287  | BOTULINUM ANTITOXIN, EQUINE, ANY ROUTE   |                  | Re-direct to Pharmacy department |
| 90288  | BOTULISM IMMUNE GLOBULIN, HUMAN, FOR INTRAVENOUS USE   |                  | Re-direct to Pharmacy department |
| 90291  | CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGIV), HUMAN, FOR INTRAVENOUS USE   |                  | Re-direct to Pharmacy department |
| 90296  | DIPHThERIA ANTITOXIN, EQUINE, ANY ROUTE  | No Auth Required |                                  |
| 90371  | HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE   | No Auth Required |                                  |
| 90375  | RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE   | No Auth Required |                                  |
| 90376  | RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE                                    | No Auth Required |                                  |
| 90378  | RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM), FOR INTRAMUSCULAR USE, 50 MG, EACH   |                  | Re-direct to Pharmacy department |
| 90384  | RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, FULL-DOSE, FOR INTRAMUSCULAR USE   | No Auth Required |                                  |
| 90385  | RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE   | No Auth Required |                                  |
| 90386  | RHO(D) IMMUNE GLOBULIN (RHIGIV), HUMAN, FOR INTRAVENOUS USE  | No Auth Required |                                  |
| 90389  | TETANUS IMMUNE GLOBULIN (TIG), HUMAN, FOR INTRAMUSCULAR USE  | No Auth Required |                                  |
| 90393  | VACCINIA IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE   | No Auth Required |                                  |
| 90396  | VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE   | No Auth Required |                                  |
| 90399  | UNLISTED IMMUNE GLOBULIN   |                  | Re-direct to Pharmacy department |
| 90460  | IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFI | No Auth Required |                                  |
| 90461  | EACH ADDITIONAL VACCINE/TOXOID COMPONENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                               | No Auth Required |                                  |
| 90471  | IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); ONE VACCINE (         | No Auth Required |                                  |
| 90472  | IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); EACH ADDITION         | No Auth Required |                                  |
| 90473  | IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)                        | No Auth Required |                                  |
| 90474  | IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (L         | No Auth Required |                                  |
| 90476  | ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE   | No Auth Required |                                  |
| 90477  | ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE   | No Auth Required |                                  |
| 90581  | ANTHRAX VACCINE, FOR SUBCUTANEOUS USE  | No Auth Required |                                  |
| 90585  | BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE  | No Auth Required |                                  |
| 90586  | BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR INTRAVESICAL USE  | No Auth Required |                                  |
| 90620  | MENB RECOMBINANT PROT WITHOUT MEMBR VESIC VACC IM  | No Auth Required |                                  |
| 90621  | MENB RECOMBINANT LIPOPROTEIN VACCINE IM  | No Auth Required |                                  |
| 90625  | CHOLERA VACCINE, LIVE, ADULT DOSAGE, 1 DOSE SCHEDULE, FOR ORAL USE   | No Auth Required |                                  |
| 90630  | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use                                  | No Auth Required |                                  |
| 90632  | HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE   | No Auth Required |                                  |
| 90633  | HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE  | No Auth Required |                                  |
| 90634  | HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE  | No Auth Required |                                  |
| 90636  | HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR USE   | No Auth Required |                                  |
| 90644  | MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C & Y AND HEMOPHILUS INFLUENZA B VACCINE, TETANUS TOXOID CONJUGATE (HIB-MENCY-TT), 4-D | No Auth Required |                                  |
| 90647  | HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE                                   | No Auth Required |                                  |
| 90648  | HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE                                     | No Auth Required |                                  |
| 90649  | HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE                    | No Auth Required |                                  |
| 90650  | HUMAN PAPILLOMAVIRUS (HPV) VACCINE, TYPES 16 AND 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE                              | No Auth Required |                                  |
| 90651  | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, for intramuscular use   | No Auth Required |                                  |
| 90653  | INFLUENZA VACCINE, INACTIVATED, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE   | No Auth Required |                                  |
| 90654  | Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use                                     | No Auth Required |                                  |
| 90655  | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCUL         | No Auth Required |                                  |

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| 90656 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS AND OLDER, FOR INTRAMUSC  | No Auth Required       |                        |
| 90657 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE   | No Auth Required       |                        |
| 90658 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE  | No Auth Required       |                        |
| 90660 | INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE   | No Auth Required       |                        |
| 90661 | INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE   | No Auth Required       |                        |
| 90662 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, FOR INTRAM  | No Auth Required       |                        |
| 90664 | INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, LIVE, FOR INTRANASAL USE   | No Auth Required       |                        |
| 90666 | INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRAMUSCULAR USE  | No Auth Required       |                        |
| 90667 | INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, ADJUVANTED, FOR INTRAMUSCULAR USE   | No Auth Required       |                        |
| 90668 | INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, FOR INTRAMUSCULAR USE   | No Auth Required       |                        |
| 90670 | PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE  | No Auth Required       |                        |
| 90672 | INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE   | No Auth Required       |                        |
| 90673 | INFLUENZA VIRUS VACCINE, TRIVALENT, DERIVED FROM RECOMBINANT DNA (RIV3), HEMAGGLUTININ (HA) PROTEIN ONLY, PRESERVATIVE AND ANTIBIO  | No Auth Required       |                        |
| 90674 | Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use                   | No Auth Required       |                        |
| 90675 | RABIES VACCINE, FOR INTRAMUSCULAR USE   | No Auth Required       |                        |
| 90676 | RABIES VACCINE, FOR INTRADERMAL USE   | No Auth Required       |                        |
| 90680 | ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE   | No Auth Required       |                        |
| 90681 | ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE, FOR ORAL USE   | No Auth Required       |                        |
| 90682 | Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use          | No Auth Required       |                        |
| 90685 | INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRA  | No Auth Required       |                        |
| 90686 | INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER,   | No Auth Required       |                        |
| 90687 | INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE   | No Auth Required       |                        |
| 90688 | INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR U  | No Auth Required       |                        |
| 90689 | Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use  | No Auth Required       |                        |
| 90690 | TYPHOID VACCINE, LIVE, ORAL   | No Auth Required       |                        |
| 90691 | TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE  | No Auth Required       |                        |
| 90694 | Influenza virus vaccine, quadrivalent (allV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use   | No Auth Required       |                        |
| 90696 | DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS VACCINE, INACTIVATED (DTAP-IPV), WHEN ADMINISTERED  | No Auth Required       |                        |
| 90697 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (D | No Auth Required       |                        |
| 90698 | DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA TYPE B, AND POLIOVIRUS VACCINE, INACTIVATE  | No Auth Required       |                        |
| 90700 | DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS  | No Auth Required       |                        |
| 90702 | DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE   | No Auth Required       |                        |
| 90707 | MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE  | No Auth Required       |                        |
| 90710 | MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEOUS USE   | No Auth Required       |                        |
| 90713 | POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE  | No Auth Required       |                        |
| 90714 | TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR IN  | No Auth Required       |                        |
| 90715 | TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR  | No Auth Required       |                        |
| 90716 | VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE   | No Auth Required       |                        |
| 90717 | YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE  | No Auth Required       |                        |
| 90723 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use                              | No Auth Required       |                        |
| 90732 | PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE, WHEN ADMINISTERED TO INDIVIDUALS  | No Auth Required       |                        |
| 90733 | MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS USE   | No Auth Required       |                        |
| 90734 | Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent, for intramuscular use  | No Auth Required       |                        |
| 90736 | ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION   | No Auth Required       |                        |
| 90738 | JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED, FOR INTRAMUSCULAR USE   | No Auth Required       |                        |
| 90739 | HEPATITIS B VACCINE, ADULT DOSAGE (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE  | No Auth Required       |                        |
| 90740 | HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE   | No Auth Required       |                        |
| 90743 | HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE  | No Auth Required       |                        |
| 90744 | HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE   | No Auth Required       |                        |
| 90746 | HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE  | No Auth Required       |                        |
| 90747 | HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE   | No Auth Required       |                        |
| 90748 | HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE  | No Auth Required       |                        |
| 90749 | UNLISTED VACCINE/TOXOID   | No Auth Required       |                        |
| 90750 | Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection   | No Auth Required       |                        |
| 90756 | Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use                                     | No Auth Required       |                        |
| A9513 | Lutetium Lu 177, dotatate, therapeutic, 1 mCi   | Reviewed by HealthHelp | Redirect to HealthHelp |
| A9575 | Injection, gadoterate meglumine, 0.1 mL   |                        |                        |

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| A9576 | Injection, gadoteridol, (Prohance Multipack), per mL   |                        |                                  |
| A9577 | Injection, gadobenate dimeglumine (Multihance), per mL   |                        |                                  |
| A9578 | Injection, gadobenate dimeglumine (Multihance Multipack), per mL   |                        |                                  |
| A9579 | Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per mL                           |                        |                                  |
| A9581 | Injection, gadoxetate disodium, 1 mL   |                        |                                  |
| A9585 | Injection, gadobutrol, 0.1 mL  |                        |                                  |
| A9589 | Instillation, hexaminolevulinate hydrochloride, 100 mg   |                        |                                  |
| A9590 | Iodine I-131, iobenguane, 1 mCi  | No Auth Required       |                                  |
| A9606 | Radium ra-223 dichloride, therapeutic, per microcurie  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| C9023 | Injection, testosterone undecanoate, 1 mg  |                        | Re-direct to Pharmacy department |
| C9025 | Injection, ramucirumab, 5 mg   |                        | Re-direct to Pharmacy department |
| C9026 | Injection, vedolizumab, 1 mg   |                        | Re-direct to Pharmacy department |
| C9027 | Injection, pembrolizumab, 1 mg   |                        | Re-direct to Pharmacy department |
| C9035 | Injection, aripiprazole lauroxil (Aristada Initio), 1 mg   |                        | Re-direct to Pharmacy department |
| C9036 | Injection, patisiran, 0.1 mg   |                        | Re-direct to Pharmacy department |
| C9037 | Injection, risperidone (Perseris), 0.5 mg  |                        | Re-direct to Pharmacy department |
| C9038 | Injection, mogamulizumab-kpkc, 1 mg  |                        | Re-direct to Pharmacy department |
| C9039 | Injection, plazomicin, 5 mg  |                        | Re-direct to Pharmacy department |
| C9047 | Injection, caplacizumab-yhdp, 1 mg   |                        | Re-direct to Pharmacy department |
| C9048 | Dexamethasone, lacrimal ophthalmic insert, 0.1 mg  |                        | Re-direct to Pharmacy department |
| C9051 | Injection, omadacycline, 1 mg  |                        | Re-direct to Pharmacy department |
| C9052 | Injection, ravulizumab-cwvz, 10 mg   |                        | Re-direct to Pharmacy department |
| C9054 | Injection, lefamulin (Xenleta), 1 mg   |                        | Re-direct to Pharmacy department |
| C9055 | Injection, brexanolone, 1 mg   |                        | Re-direct to Pharmacy department |
| C9059 | INJECTION MELOXICAM 1 MG   |                        | Re-direct to Pharmacy department |
| C9061 | INJECTION TEPROTUMUMAB-TRBW 10 MG  |                        | Re-direct to Pharmacy department |
| C9063 | INJECTION EPTINEZUMAB-IJMR 1 MG  |                        | Re-direct to Pharmacy department |
| C9113 | INJECTION, PANTOPRAZOLE SODIUM, PER VIAL   | No Auth Required       |                                  |
| C9122 | SINUVA   |                        | Re-direct to Pharmacy department |
| C9135 | Factor IX (antihemophilic factor, recombinant), Alprolix, per 10 IU  |                        | Re-direct to Pharmacy department |
| C9136 | Injection, factor viii, fc fusion protein, (recombinant), per i.u.   |                        | Re-direct to Pharmacy department |
| C9140 | INJECTION FACTOR VIII 1 I.U.   |                        | Re-direct to Pharmacy department |
| C9248 | INJECTION, LACOSAMIDE, 1 MG  |                        |                                  |
| C9254 | LIDOCAINE 70 MG/TETRACAINE 70 MG PER PATCH   | No Auth Required       |                                  |
| C9257 | INJECTION, BEVACIZUMAB, 0.25 MG  |                        | Re-direct to Pharmacy department |
| C9285 | INJECTION, CLEVIDIPINE BUTYRATE, 1 MG  | No Auth Required       |                                  |
| C9290 | HUMAN PLASMA FIBRIN SEALANT, VAPOR-HEATED, SOLVENT-DETERGENT (ARTISS), 2 ML  |                        |                                  |
| C9293 | INJECTION, BUPIVACAINE LIPOSOME, 1 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| C9399 | INJ GLUCARPIDASE, 10 UNITS   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| C9442 | Injection, belinostat, 10 mg   |                        | Re-direct to Pharmacy department |
| C9443 | Injection, dalbavancin, 10 mg  |                        | Re-direct to Pharmacy department |
| C9444 | Injection, oritavancin, 10 mg  |                        | Re-direct to Pharmacy department |
| C9446 | Injection, tedizolid phosphate, 1 mg   |                        | Re-direct to Pharmacy department |
| C9447 | Injection, phenylephrine and ketorolac, 4 ml vial  |                        |                                  |
| J0120 | INJECTION, TETRACYCLINE, UP TO 250 MG  | No Auth Required       |                                  |
| J0121 | Injection, omadacycline, 1 mg  |                        | Re-direct to Pharmacy department |
| J0122 | Injection, eravacycline, 1 mg  |                        | Re-direct to Pharmacy department |
| J0129 | INJECTION, ABATACEPT, 10 MG  |                        | Re-direct to Pharmacy department |
| J0130 | INJECTION ABCIXIMAB, 10 MG   | No Auth Required       |                                  |
| J0131 | INJECTION, ACETAMINOPHEN, 10 MG  | No Auth Required       |                                  |
| J0132 | INJECTION, ACETYLCYSTEINE, 100 MG  | No Auth Required       |                                  |
| J0133 | INJECTION, ACYCLOVIR, 5 MG   | No Auth Required       |                                  |
| J0135 | INJECTION, ADALIMUMAB, 20 MG   |                        | Re-direct to Pharmacy department |
| J0150 | INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270) |                        | Re-direct to Pharmacy department |
| J0153 | Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)  | No Auth Required       |                                  |
| J0171 | INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG  | No Auth Required       |                                  |
| J0178 | INJECTION, AFLIBERCEPT, 1 MG   |                        | Re-direct to Pharmacy department |

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| J0179 | Injection, brolocizumab-dbl, 1 mg   |                        | Re-direct to Pharmacy department |
| J0180 | INJECTION, AGALSIDASE BETA, 1 MG  | No Auth Required       |                                  |
| J0185 | Injection, aprepitant, 1 mg   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J0190 | INJECTION, BIPERIDEN LACTATE, PER 5 MG  |                        | Re-direct to Pharmacy department |
| J0200 | INJECTION, ALATROFLOXACIN MESYLATE, 100 MG  |                        | Re-direct to Pharmacy department |
| J0202 | INJECTION, ALEMTUZUMAB, 1 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J0205 | INJECTION, ALGLUCERASE, PER 10 UNITS  |                        | Re-direct to Pharmacy department |
| J0207 | INJECTION, AMIFOSTINE, 500 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J0210 | INJECTION, METHYLDOPATE HCL, UP TO 250 MG   |                        | Re-direct to Pharmacy department |
| J0215 | INJECTION, ALEFACEPT, 0.5 MG  |                        | Re-direct to Pharmacy department |
| J0220 | INJECTION, ALGLUCOSIDASE ALFA, 10 MG  |                        | Re-direct to Pharmacy department |
| J0221 | INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG  | No Auth Required       |                                  |
| J0222 | Injection, Patisiran, 0.1 mg  |                        | Re-direct to Pharmacy department |
| J0223 | Injection, givosiran, 0.5 mg  |                        | Re-direct to Pharmacy department |
| J0256 | INJECTION, ALPHA 1-PROTEINASE INHIBITOR - HUMAN, 10 MG  |                        | Re-direct to Pharmacy department |
| J0257 | INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG   |                        | Re-direct to Pharmacy department |
| J0270 | INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A PHYSICIAN, N | No Auth Required       |                                  |
| J0275 | ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A PHYSICIAN, N |                        | Re-direct to Pharmacy department |
| J0278 | INJECTION, AMIKACIN SULFATE, 100 MG   | No Auth Required       |                                  |
| J0280 | INJECTION, AMINOPHYLLIN, UP TO 250 MG   | No Auth Required       |                                  |
| J0282 | INJECTION, AMIODARONE HCL, 30 MG  | No Auth Required       |                                  |
| J0285 | INJECTION, AMPHOTERICIN B, 50 MG  | No Auth Required       |                                  |
| J0287 | INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG  | No Auth Required       |                                  |
| J0288 | INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG  |                        | Re-direct to Pharmacy department |
| J0289 | INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG   | No Auth Required       |                                  |
| J0290 | INJECTION, AMPICILLIN SODIUM, 500 MG  | No Auth Required       |                                  |
| J0291 | Injection, plazomicin, 5 mg   |                        | Re-direct to Pharmacy department |
| J0295 | INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 G  | No Auth Required       |                                  |
| J0300 | INJECTION, AMOBARBITAL, UP TO 125 MG  | No Auth Required       |                                  |
| J0330 | INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG  | No Auth Required       |                                  |
| J0348 | INJECTION, ANADULAFUNGIN, 1 MG  | No Auth Required       |                                  |
| J0350 | INJECTION, ANISTREPLASE, PER 30 UNITS   |                        | Re-direct to Pharmacy department |
| J0360 | INJECTION, HYDRALAZINE HCL, UP TO 20 MG   | No Auth Required       |                                  |
| J0364 | INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG  |                        | Re-direct to Pharmacy department |
| J0365 | INJECTION, APROTONIN, 10,000 KIU  |                        | Re-direct to Pharmacy department |
| J0380 | INJECTION, METARAMINOL BITARTRATE, PER 10 MG  |                        | Re-direct to Pharmacy department |
| J0390 | INJECTION, CHLOROQUINE HCL, UP TO 250 MG  |                        | Re-direct to Pharmacy department |
| J0395 | INJECTION, ARBUTAMINE HCL, 1 MG   |                        | Re-direct to Pharmacy department |
| J0400 | INJECTION, ARIPIRAZOLE, INTRAMUSCULAR, 0.25 MG  |                        | Re-direct to Pharmacy department |
| J0401 | INJECTION, ARIPIRAZOLE, EXTENDED RELEASE, 1 MG  | No Auth Required       |                                  |
| J0456 | INJECTION, AZITHROMYCIN, 500 MG   | No Auth Required       |                                  |
| J0461 | INJECTION, ATROPINE SULFATE, 0.01 MG  | No Auth Required       |                                  |
| J0470 | INJECTION, DIMERCAPROL, PER 100 MG  |                        | Re-direct to Pharmacy department |
| J0475 | INJECTION, BACLOFEN, 10 MG  |                        | Re-direct to Pharmacy department |
| J0476 | INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL   | No Auth Required       |                                  |
| J0480 | INJECTION, BASILIXIMAB, 20 MG   | No Auth Required       |                                  |
| J0485 | INJECTION, BELATACEPT, 1 MG   | No Auth Required       |                                  |
| J0490 | INJECTION, BELIMUMAB, 10 MG   |                        | Re-direct to Pharmacy department |
| J0500 | INJECTION, DICLOMINE HCL, UP TO 20 MG   | No Auth Required       |                                  |
| J0515 | INJECTION, BENZTROPINE MESYLATE, PER 1 MG   | No Auth Required       |                                  |
| J0517 | Injection, benralizumab, 1 mg   |                        | Re-direct to Pharmacy department |
| J0520 | INJECTION, BETHANECHOL CHLORIDE, MYTONACHOL OR URECHOLINE, UP TO 5 MG   |                        | Re-direct to Pharmacy department |
| J0558 | INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS   | No Auth Required       |                                  |
| J0561 | INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS   | No Auth Required       |                                  |
| J0567 | Injection, cerliponase alfa, 1 mg   |                        | Re-direct to Pharmacy department |
| J0571 | Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine  |                        | Re-direct to Pharmacy department |
| J0572 | Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine  |                        | Re-direct to Pharmacy department |

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| J0573 | Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 3.1 to 6 mg   |                        | Re-direct to Pharmacy department |
| J0574 | Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine   | No Auth Required       |                                  |
| J0575 | Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine   |                        | Re-direct to Pharmacy department |
| J0583 | INJECTION, BIVALIRUDIN, 1 MG   | No Auth Required       |                                  |
| J0584 | Injection, burosumab-twza, 1 mg  |                        | Re-direct to Pharmacy department |
| J0585 | BOTULINUM TOXIN TYPE A, PER UNIT   |                        | Re-direct to Pharmacy department |
| J0586 | INJECTION, ABOBOTULINUMTOXINA, 5 UNITS   |                        | Re-direct to Pharmacy department |
| J0587 | BOTULINUM TOXIN TYPE B, PER 100 UNITS  |                        | Re-direct to Pharmacy department |
| J0588 | INJECTION, INCOBOTULINUMTOXINA, 1 UNIT   |                        | Re-direct to Pharmacy department |
| J0592 | INJECTION, BUPRENORPHINE HCL, 0.1 MG   | No Auth Required       |                                  |
| J0593 | Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered) |                        | Re-direct to Pharmacy department |
| J0594 | INJECTION, BUSULFAN, 1 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J0595 | INJECTION, BUTORPHANOL TARTRATE, 1 MG  | No Auth Required       |                                  |
| J0596 | INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS   |                        | Re-direct to Pharmacy department |
| J0597 | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS  |                        | Re-direct to Pharmacy department |
| J0598 | INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS   |                        | Re-direct to Pharmacy department |
| J0599 | Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units  |                        | Re-direct to Pharmacy department |
| J0600 | INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG   |                        | Re-direct to Pharmacy department |
| J0610 | INJECTION, CALCIUM GLUCONATE, PER 10 ML  | No Auth Required       |                                  |
| J0620 | INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML   |                        | Re-direct to Pharmacy department |
| J0630 | INJECTION, CALCITONIN SALMON, UP TO 400 UNITS  | No Auth Required       |                                  |
| J0636 | INJECTION, CALCITRIOL, 0.1 MCG   | No Auth Required       |                                  |
| J0637 | INJECTION, CASPOFUNGIN ACETATE, 5 MG   | No Auth Required       |                                  |
| J0638 | INJECTION, CANAKINUMAB, 1 MG   |                        | Re-direct to Pharmacy department |
| J0640 | INJECTION, LEUCOVORIN CALCIUM, PER 50 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J0641 | INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J0642 | LEVOLEUCOVORIN INJECTION - BRAND NAME KHPZORY  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J0670 | INJECTION, MEPIVACAINE HCL, PER 10 ML  | No Auth Required       |                                  |
| J0690 | INJECTION, CEFAZOLIN SODIUM, 500 MG  | No Auth Required       |                                  |
| J0691 | Injection, lefamulin, 1 mg   |                        |                                  |
| J0692 | INJECTION, CEFEPIME HCL, 500 MG  | No Auth Required       |                                  |
| J0694 | INJECTION, CEFOXITIN SODIUM, 1 G   | No Auth Required       |                                  |
| J0695 | INJECTION, CEFONICID SODIUM, 1 GRAM  | No Auth Required       |                                  |
| J0696 | INJECTION, CEFTRIAOXONE SODIUM, PER 250 MG   | No Auth Required       |                                  |
| J0697 | INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG   | No Auth Required       |                                  |
| J0698 | CEFOTAXIME SODIUM, PER G   | No Auth Required       |                                  |
| J0702 | INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG  | No Auth Required       |                                  |
| J0706 | INJECTION, CAFFEINE CITRATE, 5 MG  | No Auth Required       |                                  |
| J0710 | INJECTION, CEPHAPIRIN SODIUM, UP TO 1 G  | No Auth Required       |                                  |
| J0712 | INJECTION, CEFTAROLINE FOSAMIL, 10 MG  | No Auth Required       |                                  |
| J0713 | INJECTION, CEFTAZIDIME, PER 500 MG   | No Auth Required       |                                  |
| J0714 | INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G  | No Auth Required       |                                  |
| J0715 | INJECTION, CEFTIZOXIME SODIUM, PER 500 MG  | No Auth Required       |                                  |
| J0716 | INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MG  |                        | Re-direct to Pharmacy department |
| J0717 | INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSIC   |                        | Re-direct to Pharmacy department |
| J0720 | INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 G   | No Auth Required       |                                  |
| J0725 | INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS   |                        | Re-direct to Pharmacy department |
| J0735 | INJECTION, CLONIDINE HCL, 1 MG   | No Auth Required       |                                  |
| J0740 | INJECTION, CIDOFOVIR, 375 MG   |                        | Re-direct to Pharmacy department |
| J0743 | INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG   |                        |                                  |
| J0744 | INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG  | No Auth Required       |                                  |
| J0745 | INJECTION, CODEINE PHOSPHATE, PER 30 MG  |                        | Re-direct to Pharmacy department |
| J0760 | INJECTION, COLCHICINE, PER 1 MG  | No Auth Required       |                                  |
| J0770 | INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG   |                        | Re-direct to Pharmacy department |
| J0775 | INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG  |                        | Re-direct to Pharmacy department |
| J0780 | INJECTION, PROCHLORPERAZINE, UP TO 10 MG   | No Auth Required       |                                  |
| J0791 | Injection, crizanlizumab-tmca, 5 mg  |                        | Re-direct to Pharmacy department |

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| J0795 | INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM                                   | No Auth Required       |                                  |
| J0800 | INJECTION, CORTICOTROPIN, UP TO 40 UNITS  |                        | Re-direct to Pharmacy department |
| J0834 | INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG   | No Auth Required       |                                  |
| J0840 | INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 G                          |                        | Re-direct to Pharmacy department |
| J0841 | Injection, crotalidae immune F(ab')2 (equine), 120 mg                                   |                        | Re-direct to Pharmacy department |
| J0850 | INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL                |                        | Re-direct to Pharmacy department |
| J0875 | INJECTION, DALBAVANCIN, 5 MG  |                        | Re-direct to Pharmacy department |
| J0878 | INJECTION, DAPTOMYCIN, 1 MG   |                        | Re-direct to Pharmacy department |
| J0881 | INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)                                       |                        | Re-direct to Pharmacy department |
| J0882 | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)                         |                        | Re-direct to Pharmacy department |
| J0885 | INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS                                 |                        | Re-direct to Pharmacy department |
| J0887 | Injection, epoetin beta, 1 microgram, (for esrd on dialysis)                            |                        | Re-direct to Pharmacy department |
| J0888 | Injectin, epoetin beta, 1 microgram, (for non esrd use)                                 | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J0894 | INJECTION, DECITABINE, 1 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J0895 | INJECTION, DEFEROXAMINE MESYLATE, 500 MG  |                        |                                  |
| J0896 | Injection, Luspatercept-aamt, 0.25 mg   |                        | Re-direct to Pharmacy department |
| J0897 | Injection, denosumab, 1 mg  |                        |                                  |
| J0897 | INJECTION, DENOSUMAB, 1 MG  |                        | Re-direct to Pharmacy department |
| J0900 | INJECTION, TESTOSTERONE ENANTHATE AND ESTRADIOL VALERATE, UP TO 1 CC                    |                        | Re-direct to Pharmacy department |
| J0945 | INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG   | No Auth Required       |                                  |
| J1000 | INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG   | No Auth Required       |                                  |
| J1020 | INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG  | No Auth Required       |                                  |
| J1030 | INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG  | No Auth Required       |                                  |
| J1040 | INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG  | No Auth Required       |                                  |
| J1050 | INJECTION, MEDROXYPROGESTERONE ACETATE, 1MG   | No Auth Required       |                                  |
| J1051 | INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG   | No Auth Required       |                                  |
| J1056 | INJECTION, MEDROXYPROGESTERONE ACETATE/ESTRADIOL CYPIONATE, 5 MG/25 MG                  |                        | Re-direct to Pharmacy department |
| J1060 | INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML                   |                        | Re-direct to Pharmacy department |
| J1070 | INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG   | No Auth Required       |                                  |
| J1071 | Injection, testosterone cypionate, 1mg  |                        | Re-direct to Pharmacy department |
| J1080 | INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG   | No Auth Required       |                                  |
| J1094 | INJECTION, DEXAMETHASONE ACETATE, 1 MG  | No Auth Required       |                                  |
| J1096 | Dexamethasone, lacrimal ophthalmic insert, 0.1 mg                                       |                        | Re-direct to Pharmacy department |
| J1097 | Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml |                        | Re-direct to Pharmacy department |
| J1100 | INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG   | No Auth Required       |                                  |
| J1110 | INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG   | No Auth Required       |                                  |
| J1120 | INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG   |                        |                                  |
| J1130 | INJECTION DICLOFENAC SODIUM .5 MG   | No Auth Required       |                                  |
| J1160 | INJECTION, DIGOXIN, UP TO 0.5 MG  | No Auth Required       |                                  |
| J1162 | INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL   | No Auth Required       |                                  |
| J1165 | INJECTION, PHENYTOIN SODIUM, PER 50 MG  | No Auth Required       |                                  |
| J1170 | INJECTION, HYDROMORPHONE, UP TO 4 MG  | No Auth Required       |                                  |
| J1180 | INJECTION, DYPHYLLINE, UP TO 500 MG   |                        | Re-direct to Pharmacy department |
| J1190 | INJECTION, DEXRAZOXANE HCL, PER 250 MG  |                        |                                  |
| J1200 | INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG   | No Auth Required       |                                  |
| J1201 | Injection, Cetirizine hydrochloride, 0.5 mg   |                        |                                  |
| J1205 | INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG  |                        |                                  |
| J1212 | INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML   |                        |                                  |
| J1230 | INJECTION, METHADONE HCL, UP TO 10 MG   | No Auth Required       |                                  |
| J1240 | INJECTION, DIMENHYDRINATE, UP TO 50 MG  | No Auth Required       |                                  |
| J1245 | INJECTION, DIPYRIDAMOLE, PER 10 MG  | No Auth Required       |                                  |
| J1250 | INJECTION, DOBUTAMINE HCl, PER 250 MG   | No Auth Required       |                                  |
| J1260 | INJECTION, DOLASETRON MESYLATE, 10 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J1265 | INJECTION, DOPAMINE HCL, 40 MG  | No Auth Required       |                                  |
| J1267 | INJECTION, DORIPENEM, 10 MG   | No Auth Required       |                                  |
| J1270 | INJECTION, DOXERCALCIFEROL, 1 MCG   | No Auth Required       |                                  |
| J1290 | INJECTION, ECALLANTIDE, 1 MG  |                        | Re-direct to Pharmacy department |

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| J1300 | INJECTION, ECULIZUMAB, 10 MG  |                        | Re-direct to Pharmacy department |
| J1301 | Injection, edaravone, 1 mg  |                        | Re-direct to Pharmacy department |
| J1303 | Injection, ravulizumab-cwvz, 10 mg  |                        | Re-direct to Pharmacy department |
| J1320 | INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG   |                        | Re-direct to Pharmacy department |
| J1322 | Injection, elosulfase alfa, 1mg   |                        | Re-direct to Pharmacy department |
| J1324 | INJECTION, ENFUVIRTIDE, 1 MG  |                        | Re-direct to Pharmacy department |
| J1325 | INJECTION, EPOPROSTENOL, 0.5 MG   | No Auth Required       |                                  |
| J1327 | INJECTION, EPTIFIBATIDE, 5 MG   | No Auth Required       |                                  |
| J1330 | INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG   |                        | Re-direct to Pharmacy department |
| J1335 | INJECTION, ERTAPENEM SODIUM, 500 MG   | No Auth Required       |                                  |
| J1364 | INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG  | No Auth Required       |                                  |
| J1380 | INJECTION, ESTRADIOL VALERATE, UP TO 10 MG  | No Auth Required       |                                  |
| J1410 | INJECTION, ESTROGEN CONJUGATED, PER 25 MG   | No Auth Required       |                                  |
| J1430 | INJECTION, ETHANOLAMINE OLEATE, 100 MG  |                        | Re-direct to Pharmacy department |
| J1435 | INJECTION, ESTRONE, PER 1 MG  | No Auth Required       |                                  |
| J1436 | INJECTION, ETIDRONATE DISODIUM, PER 300 MG  |                        | Re-direct to Pharmacy department |
| J1438 | INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, N | No Auth Required       |                                  |
| J1439 | Injection, ferric carboxymaltose, 1mg   |                        | Re-direct to Pharmacy department |
| J1440 | Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron  |                        | Re-direct to Pharmacy department |
| J1442 | Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J1447 | INJECTION, TBO-FILGRASTIM, 1 MICROGRAM  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J1450 | INJECTION, FLUCONAZOLE, 200 MG  | No Auth Required       |                                  |
| J1451 | INJECTION, FOMEPIZOLE, 15 MG  |                        | Re-direct to Pharmacy department |
| J1452 | INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG  |                        | Re-direct to Pharmacy department |
| J1453 | INJECTION, FOSAPREPITANT, 1 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J1454 | Injection, fosnetupitant 235 mg and palonosetron 0.25 mg  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J1455 | INJECTION, FOSCARNET SODIUM, PER 1,000 MG   |                        | Re-direct to Pharmacy department |
| J1457 | INJECTION, GALLIUM NITRATE, 1 MG  | No Auth Required       |                                  |
| J1458 | INJECTION, GALSULFASE, 1 MG   |                        | Re-direct to Pharmacy department |
| J1459 | (Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g. liquid 500 mg).  |                        | Re-direct to Pharmacy department |
| J1460 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC  |                        | Re-direct to Pharmacy department |
| J1556 | INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG  |                        | Re-direct to Pharmacy department |
| J1557 | INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG                                       | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J1558 | Injection, immune globulin (xembify), 100 mg  |                        |                                  |
| J1559 | INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG   |                        | Re-direct to Pharmacy department |
| J1560 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC  |                        | Re-direct to Pharmacy department |
| J1561 | INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NONLYOPHILIZED (E.G., LIQUID), 500 MG                                   |                        | Re-direct to Pharmacy department |
| J1562 | INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG   |                        | Re-direct to Pharmacy department |
| J1566 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG                              | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J1568 | INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG   |                        | Re-direct to Pharmacy department |
| J1569 | INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NONLYOPHILIZED, (E.G., LIQUID), 500 MG  |                        | Re-direct to Pharmacy department |
| J1570 | INJECTION, GANCICLOVIR SODIUM, 500 MG   | No Auth Required       |                                  |
| J1571 | INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML   |                        |                                  |
| J1572 | INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG                       |                        | Re-direct to Pharmacy department |
| J1573 | INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML   |                        | Re-direct to Pharmacy department |
| J1575 | INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, 100 MG IMMUNEGLOBULIN   |                        | Re-direct to Pharmacy department |
| J1580 | INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG   | No Auth Required       |                                  |
| J1590 | INJECTION, GATIFLOXACIN, 10 MG  |                        | Re-direct to Pharmacy department |
| J1595 | INJECTION, GLATIRAMER ACETATE, 20 MG  |                        | Re-direct to Pharmacy department |
| J1599 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG                           |                        | Re-direct to Pharmacy department |
| J1600 | INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG  |                        | Re-direct to Pharmacy department |
| J1602 | INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE   |                        | Re-direct to Pharmacy department |
| J1610 | INJECTION, GLUCAGON HCL, PER 1 MG   | No Auth Required       |                                  |
| J1620 | INJECTION, GONADORELIN HCL, PER 100 MCG   |                        | Re-direct to Pharmacy department |
| J1626 | INJECTION, GRANISETRON HCL, 100 MCG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J1627 | INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J1628 | Injection, guselkumab, 1 mg   |                        | Re-direct to Pharmacy department |

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| J1630 | INJECTION, HALOPERIDOL, UP TO 5 MG  | No Auth Required       |                                  |
| J1631 | INJECTION, HALOPERIDOL DECANOATE, PER 50 MG   | No Auth Required       |                                  |
| J1640 | INJECTION, HEMIN, 1 MG  |                        | Re-direct to Pharmacy department |
| J1642 | INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS   | No Auth Required       |                                  |
| J1644 | INJECTION, HEPARIN SODIUM, PER 1000 UNITS   | No Auth Required       |                                  |
| J1645 | INJECTION, DALTEPARIN SODIUM, PER 2500 IU   | No Auth Required       |                                  |
| J1650 | INJECTION, ENOXAPARIN SODIUM, 10 MG   | No Auth Required       |                                  |
| J1652 | INJECTION, FONDAPARINUX SODIUM, 0.5 MG  | No Auth Required       |                                  |
| J1655 | INJECTION, TINZAPARIN SODIUM, 1000 IU   |                        | Re-direct to Pharmacy department |
| J1670 | INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS  | No Auth Required       |                                  |
| J1675 | INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J1680 | INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 100 MG   |                        | Re-direct to Pharmacy department |
| J1700 | INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG  | No Auth Required       |                                  |
| J1710 | INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG   | No Auth Required       |                                  |
| J1720 | INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG  | No Auth Required       |                                  |
| J1725 | INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG   |                        | Re-direct to Pharmacy department |
| J1730 | INJECTION, DIAZOXIDE, UP TO 300 MG  |                        | Re-direct to Pharmacy department |
| J1740 | INJECTION, IBANDRONATE SODIUM, 1 MG   |                        |                                  |
| J1741 | INJECTION, HYDROXYPROGESTERONE CAPROATE, 250 MG/ML  | No Auth Required       |                                  |
| J1742 | INJECTION, IBUTILIDE FUMARATE, 1 MG   |                        | Re-direct to Pharmacy department |
| J1743 | INJECTION, IDURSULFASE, 1 MG  |                        | Re-direct to Pharmacy department |
| J1744 | INJECTION, ICATIBANT, 1 MG  |                        | Re-direct to Pharmacy department |
| J1745 | INJECTION, INFLIXIMAB, 10 MG  |                        | Re-direct to Pharmacy department |
| J1746 | Injection, ibalizumab-uiyk, 10 mg   |                        | Re-direct to Pharmacy department |
| J1750 | INJECTION, IRON DEXTRAN, 50 MG  |                        |                                  |
| J1756 | INJECTION, IRON SUCROSE, 1 MG   |                        |                                  |
| J1786 | INJECTION, IMIGLUCERASE, 10 UNITS   |                        | Re-direct to Pharmacy department |
| J1790 | INJECTION, DROPERIDOL, UP TO 5 MG   | No Auth Required       |                                  |
| J1800 | INJECTION, PROPRANOLOL HCL, UP TO 1 MG  | No Auth Required       |                                  |
| J1810 | INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE   |                        | Re-direct to Pharmacy department |
| J1815 | INJECTION, INSULIN, PER 5 UNITS   | No Auth Required       |                                  |
| J1817 | INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS  | No Auth Required       |                                  |
| J1826 | INJECTION, INTERFERON BETA-1A, 30 MCG   |                        | Re-direct to Pharmacy department |
| J1830 | INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A PHYSICI |                        | Re-direct to Pharmacy department |
| J1833 | INJECTION, ISAVUCONAZONIUM, 1 MG  |                        |                                  |
| J1835 | INJECTION, ITRACONAZOLE, 50 MG  |                        | Re-direct to Pharmacy department |
| J1840 | INJECTION, KANAMYCIN SULFATE, UP TO 500 MG  | No Auth Required       |                                  |
| J1850 | INJECTION, KANAMYCIN SULFATE, UP TO 75 MG   | No Auth Required       |                                  |
| J1885 | INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG  | No Auth Required       |                                  |
| J1890 | INJECTION, CEPHALOTHIN SODIUM, UP TO 1 G  | No Auth Required       |                                  |
| J1930 | INJECTION, PROPIOMAZINE HCL, UP TO 20 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J1931 | INJECTION, LARONIDASE, 0.1 MG   |                        | Re-direct to Pharmacy department |
| J1940 | INJECTION, FUROSEMIDE, UP TO 20 MG  | No Auth Required       |                                  |
| J1943 | Injection, aripiprazole lauroxil, (aristada initio), 1 mg   |                        | Re-direct to Pharmacy department |
| J1944 | Injection, aripiprazole lauroxil, (aristada), 1 mg  |                        | Re-direct to Pharmacy department |
| J1945 | INJECTION, LEPYRUDIN, 50 MG   |                        | Re-direct to Pharmacy department |
| J1950 | INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG   |                        | Re-direct to Pharmacy department |
| J1953 | INJECTION, LEVETIRACETAM, 10 MG   |                        |                                  |
| J1955 | INJECTION, LEVOCARNITINE, PER 1 G   |                        |                                  |
| J1956 | INJECTION, LEVOFLOXACIN, 250 MG   | No Auth Required       |                                  |
| J1960 | INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG   |                        | Re-direct to Pharmacy department |
| J1980 | INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG   | No Auth Required       |                                  |
| J1990 | INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG   |                        | Re-direct to Pharmacy department |
| J2001 | INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG  | No Auth Required       |                                  |
| J2010 | INJECTION, LINCOMYCIN HCL, UP TO 300 MG   | No Auth Required       |                                  |
| J2020 | INJECTION, LINEZOLID, 200 MG  | No Auth Required       |                                  |
| J2060 | INJECTION, LORAZEPAM, 2 MG  | No Auth Required       |                                  |



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| J2062 | Loxapine for inhalation, 1 mg   |                        | Re-direct to Pharmacy department |
| J2150 | INJECTION, MANNITOL, 25% IN 50 ML   | No Auth Required       |                                  |
| J2170 | INJECTION, MECASERMIN, 1 MG   |                        | Re-direct to Pharmacy department |
| J2175 | INJECTION, MEPERIDINE HCL, PER 100 MG   | No Auth Required       |                                  |
| J2180 | INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG   | No Auth Required       |                                  |
| J2182 | INJECTION MEPOLIZUMAB 1 MG  |                        |                                  |
| J2185 | INJECTION, MEROPENEM, 100 MG  | No Auth Required       |                                  |
| J2210 | INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG   | No Auth Required       |                                  |
| J2212 | INJECTION, METHYLNALTREXONE, 0.1 MG   | No Auth Required       |                                  |
| J2248 | INJECTION, MICAfungin Sodium, 1 MG  |                        | Re-direct to Pharmacy department |
| J2250 | INJECTION, MIDAZOLAM HCL, PER 1 MG  | No Auth Required       |                                  |
| J2260 | INJECTION, MILRINONE LACTATE, 5 MG  |                        | Re-direct to Pharmacy department |
| J2265 | INJECTION, MINOCYCLINE HCL, 1 MG  |                        | Re-direct to Pharmacy department |
| J2270 | INJECTION, MORPHINE SULFATE, UP TO 10 MG  | No Auth Required       |                                  |
| J2271 | INJECTION, MORPHINE SULFATE, 100 MG   | No Auth Required       |                                  |
| J2274 | Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10mg  |                        |                                  |
| J2275 | INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG   | No Auth Required       |                                  |
| J2278 | INJECTION, ZICONOTIDE, 1 MICROGRAM  |                        |                                  |
| J2280 | INJECTION, MOXIFLOXACIN, 100 MG   | No Auth Required       |                                  |
| J2300 | INJECTION, NALBUPHINE HCL, PER 10 MG  | No Auth Required       |                                  |
| J2310 | INJECTION, NALOXONE HCL, PER 1 MG   | No Auth Required       |                                  |
| J2315 | INJECTION, NALTREXONE, DEPOT FORM, 1 MG   | No Auth Required       |                                  |
| J2320 | INJECTION, NANDROLONE DECANOATE, UP TO 50 MG  |                        | Re-direct to Pharmacy department |
| J2323 | INJECTION, NATALIZUMAB, 1 MG  |                        | Re-direct to Pharmacy department |
| J2325 | INJECTION, NESIRITIDE, 0.1 MG   |                        | Re-direct to Pharmacy department |
| J2353 | INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J2354 | INJECTION, OCTREOTIDE, NONDEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J2355 | INJECTION, OPRELVEKIN, 5 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J2357 | INJECTION, OMALIZUMAB, 5 MG   |                        | Re-direct to Pharmacy department |
| J2358 | INJECTION, OLANZAPINE, LONG-ACTING, 1 MG  |                        | Re-direct to Pharmacy department |
| J2360 | INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG  | No Auth Required       |                                  |
| J2370 | INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML  | No Auth Required       |                                  |
| J2400 | INJECTION, CHLOROPROCAINE HCL, PER 30 ML  |                        |                                  |
| J2405 | INJECTION, ONDANSETRON HCL, PER 1 MG  | No Auth Required       |                                  |
| J2407 | INJECTION, ORITAVANCIN, 10 MG   |                        | Re-direct to Pharmacy department |
| J2410 | INJECTION, OXYMORPHONE HCL, UP TO 1 MG  | No Auth Required       |                                  |
| J2425 | INJECTION, PALIFERMIN, 50 MCG   |                        | Re-direct to Pharmacy department |
| J2426 | INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG  |                        | Re-direct to Pharmacy department |
| J2430 | INJECTION, PAMIDRONATE DISODIUM, PER 30 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J2440 | INJECTION, PAPAVERINE HCL, UP TO 60 MG  | No Auth Required       |                                  |
| J2460 | INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG   |                        | Re-direct to Pharmacy department |
| J2469 | INJECTION, PALONOSETRON HCL, 25 MCG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J2501 | INJECTION, PARICALCITOL, 1 MCG  | No Auth Required       |                                  |
| J2502 | INJECTION, PASIREOTIDE LONG ACTING, 1 MG  | No Auth Required       |                                  |
| J2503 | INJECTION, PEGAPTANIB SODIUM, 0.3 MG  |                        | Re-direct to Pharmacy department |
| J2504 | INJECTION, PEGADEMASE BOVINE, 25 IU   |                        | Re-direct to Pharmacy department |
| J2505 | INJECTION, PEGFILGRASTIM, 6 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J2507 | INJECTION, PEGLOTICASE, 1 MG  |                        | Re-direct to Pharmacy department |
| J2510 | INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS  | No Auth Required       |                                  |
| J2513 | INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML  |                        | Re-direct to Pharmacy department |
| J2515 | INJECTION, PENTOBARBITAL SODIUM, PER 50 MG  | No Auth Required       |                                  |
| J2540 | INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS  | No Auth Required       |                                  |
| J2543 | INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 G/0.125 G (1.125 G)   | No Auth Required       |                                  |
| J2545 | PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM |                        | Re-direct to Pharmacy department |
| J2547 | INJECTION, PERAMIVIR, 1 MG  |                        | Re-direct to Pharmacy department |
| J2550 | INJECTION, PROMETHAZINE HCL, UP TO 50 MG  | No Auth Required       |                                  |
| J2560 | INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG   | No Auth Required       |                                  |

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| J2562 | INJECTION, PLERIXAFOR, 1 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J2590 | INJECTION, OXYTOCIN, UP TO 10 UNITS   | No Auth Required       |                                  |
| J2597 | INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG  |                        | Re-direct to Pharmacy department |
| J2650 | INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML   | No Auth Required       |                                  |
| J2670 | INJECTION, TOLAZOLINE HCL, UP TO 25 MG  | No Auth Required       |                                  |
| J2675 | INJECTION, PROGESTERONE, PER 50 MG  | No Auth Required       |                                  |
| J2680 | INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG  | No Auth Required       |                                  |
| J2690 | INJECTION, PROCAINAMIDE HCL, UP TO 1 G  | No Auth Required       |                                  |
| J2700 | INJECTION, OXACILLIN SODIUM, UP TO 250 MG   | No Auth Required       |                                  |
| J2704 | Injection, propofol, 10 mg  | No Auth Required       |                                  |
| J2710 | INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG  | No Auth Required       |                                  |
| J2720 | INJECTION, PROTAMINE SULFATE, PER 10 MG   | No Auth Required       |                                  |
| J2724 | INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU   |                        | Re-direct to Pharmacy department |
| J2725 | INJECTION, PROTIRELIN, PER 250 MCG  |                        | Re-direct to Pharmacy department |
| J2730 | INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 G  |                        | Re-direct to Pharmacy department |
| J2760 | INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG  | No Auth Required       |                                  |
| J2765 | INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG  | No Auth Required       |                                  |
| J2770 | INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)  |                        | Re-direct to Pharmacy department |
| J2778 | INJECTION, RANIBIZUMAB, 0.1 MG  |                        | Re-direct to Pharmacy department |
| J2780 | INJECTION, RANITIDINE HCL, 25 MG  | No Auth Required       |                                  |
| J2783 | INJECTION, RASBURICASE, 0.5 MG  | No Auth Required       |                                  |
| J2785 | INJECTION, REGADENOSON, 0.1 MG  | No Auth Required       |                                  |
| J2786 | INJECTION RESLIZUMAB 1 MG   |                        |                                  |
| J2788 | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG   | No Auth Required       |                                  |
| J2790 | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG   | No Auth Required       |                                  |
| 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   | No Auth Required       |                                  |
| J2793 | INJECTION, RILONACEPT, 1 MG   |                        | Re-direct to Pharmacy department |
| J2794 | INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG   |                        |                                  |
| J2795 | INJECTION, ROPIVACAINE HCL, 1 MG  | No Auth Required       |                                  |
| J2796 | INJECTION, ROMIPLOSTIM, 10 MCG  |                        | Re-direct to Pharmacy department |
| J2797 | Injection, rolapitant, 0.5 mg   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J2798 | Injection, risperidone, (perseris), 0.5 mg  |                        | Re-direct to Pharmacy department |
| J2800 | INJECTION, METHOCARBAMOL, UP TO 10 ML   | No Auth Required       |                                  |
| J2805 | INJECTION, SINCALIDE, 5 MCG   | No Auth Required       |                                  |
| J2810 | INJECTION, THEOPHYLLINE, PER 40 MG  |                        | Re-direct to Pharmacy department |
| J2820 | INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J2840 | INJECTION SEBELIPASE ALFA 1 MG  |                        | Re-direct to Pharmacy department |
| J2850 | INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MCG  |                        | Re-direct to Pharmacy department |
| J2860 | INJECTION, SECOBARBITAL SODIUM, UP TO 250 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J2910 | INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG   | No Auth Required       |                                  |
| J2916 | INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG  | No Auth Required       |                                  |
| J2920 | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG   | No Auth Required       |                                  |
| J2930 | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG  | No Auth Required       |                                  |
| J2940 | INJECTION, SOMATREM, 1 MG   |                        | Re-direct to Pharmacy department |
| J2941 | INJECTION, SOMATROPIN, 1 MG   | No Auth Required       |                                  |
| J2950 | INJECTION, PROMAZINE HCL, UP TO 25 MG   | No Auth Required       |                                  |
| J2993 | INJECTION, RETEPLASE, 18.1 MG   | No Auth Required       |                                  |
| J2995 | INJECTION, STREPTOKINASE, PER 250,000 IU  |                        | Re-direct to Pharmacy department |
| J2997 | INJECTION, ALTEPLASE RECOMBINANT, 1 MG  | No Auth Required       |                                  |
| J3000 | INJECTION, STREPTOMYCIN, UP TO 1 G  | No Auth Required       |                                  |
| J3010 | INJECTION, FENTANYL CITRATE, 0.1 MG   | No Auth Required       |                                  |
| J3030 | INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PH   | No Auth Required       |                                  |
| J3031 | Injection, fremanezumab-vfrm, 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) |                        | Re-direct to Pharmacy department |
| J3060 | INJECTION, TALIGLUCERACE ALFA, 10 UNITS   |                        | Re-direct to Pharmacy department |
| J3070 | INJECTION, PENTAZOCINE, 30 MG   |                        | Re-direct to Pharmacy department |
| J3090 | INJECTION, TEDIZOLID PHOSPHATE, 1 MG  |                        | Re-direct to Pharmacy department |

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| J3095 | INJECTION, TELAVANCIN, 10 MG   | No Auth Required       |                                  |
| J3101 | INJECTION, TENECTEPLASE, 1 MG  |                        | Re-direct to Pharmacy department |
| J3105 | INJECTION, TERBUTALINE SULFATE, UP TO 1 MG   | No Auth Required       |                                  |
| J3110 | INJECTION, TERIPARATIDE, 10 MCG  |                        | Re-direct to Pharmacy department |
| J3111 | Injection, romosozumab-aqqg, 1 mg  |                        | Re-direct to Pharmacy department |
| J3120 | INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG  | No Auth Required       |                                  |
| J3121 | Injection, testosterone enanthate, 1mg   | No Auth Required       |                                  |
| J3130 | INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG  | No Auth Required       |                                  |
| J3140 | INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG  |                        | Re-direct to Pharmacy department |
| J3145 | Injection, testosterone undecanoate, 1 mg  | No Auth Required       |                                  |
| J3150 | INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG   |                        | Re-direct to Pharmacy department |
| J3230 | INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG   | No Auth Required       |                                  |
| J3240 | INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL  |                        | Re-direct to Pharmacy department |
| J3243 | INJECTION, TIGECYCLINE, 1 MG   |                        | Re-direct to Pharmacy department |
| J3245 | Injection, tildrakizumab, 1 mg   |                        | Re-direct to Pharmacy department |
| J3246 | INJECTION, TIROFIBAN HCL, 0.25MG   | No Auth Required       |                                  |
| J3250 | INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG   | No Auth Required       |                                  |
| J3260 | INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG   | No Auth Required       |                                  |
| J3262 | INJECTION, TOCILIZUMAB, 1 MG   |                        | Re-direct to Pharmacy department |
| J3265 | INJECTION, TORSEMIDE, 10 MG/ML   |                        | Re-direct to Pharmacy department |
| J3280 | INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG   |                        | Re-direct to Pharmacy department |
| J3285 | INJECTION, TREPROSTINIL, 1 MG  |                        | Re-direct to Pharmacy department |
| J3300 | INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG  | No Auth Required       |                                  |
| J3301 | INJECTION, TRIAMCINOLONE ACETONIDE, PER 10 MG  | No Auth Required       |                                  |
| J3302 | INJECTION, TRIAMCINOLONE DIACETATE, PER 5 MG   | No Auth Required       |                                  |
| J3303 | INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5 MG  | No Auth Required       |                                  |
| J3304 | Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg |                        | Re-direct to Pharmacy department |
| J3305 | INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG   |                        | Re-direct to Pharmacy department |
| J3310 | INJECTION, PERPHENAZINE, UP TO 5 MG  | No Auth Required       |                                  |
| J3315 | INJECTION, TRIPTORELIN PAMOATE, 3.75 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J3316 | Injection, triptorelin, extended-release, 3.75 mg  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J3320 | INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 G  |                        | Re-direct to Pharmacy department |
| J3350 | INJECTION, UREA, UP TO 40 G  | No Auth Required       |                                  |
| J3355 | INJECTION, UROFOLLITROPIN, 75 IU   |                        | Re-direct to Pharmacy department |
| J3357 | INJECTION, USTEKINUMAB, 1 MG   |                        | Re-direct to Pharmacy department |
| J3360 | INJECTION, DIAZEPAM, UP TO 5 MG  | No Auth Required       |                                  |
| J3364 | INJECTION, UROKINASE, 5,000 IU VIAL  |                        | Re-direct to Pharmacy department |
| J3365 | INJECTION, IV, UROKINASE, 250,000 IU VIAL  |                        | Re-direct to Pharmacy department |
| J3370 | INJECTION, VANCOMYCIN HCL, 500 MG  | No Auth Required       |                                  |
| J3380 | INJECTION, VEDOLIZUMAB, 1 MG   |                        | Re-direct to Pharmacy department |
| J3385 | INJECTION, VELAGLUCERASE ALFA, 100 UNITS   |                        | Re-direct to Pharmacy department |
| J3396 | INJECTION, VERTEPORFIN, 0.1 MG   | No Auth Required       |                                  |
| J3397 | Injection, vestronidase alfa-vjbk, 1 mg  |                        | Re-direct to Pharmacy department |
| J3398 | Injection, voretigene neparvovec-rzyl, 1 billion vector genomes  |                        | Re-direct to Pharmacy department |
| J3399 | Injection, Onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> th vector genomes.   |                        | Re-direct to Pharmacy department |
| J3400 | INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG  |                        | Re-direct to Pharmacy department |
| J3410 | INJECTION, HYDROXYZINE HCL, UP TO 25 MG  | No Auth Required       |                                  |
| J3411 | INJECTION, THIAMINE HCL, 100 MG  | No Auth Required       |                                  |
| J3415 | INJECTION, PYRIDOXINE HCL, 100 MG  | No Auth Required       |                                  |
| J3420 | INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1,000 MCG  | No Auth Required       |                                  |
| J3430 | INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG  | No Auth Required       |                                  |
| J3465 | INJECTION, VORICONAZOLE, 10 MG   | No Auth Required       |                                  |
| J3470 | INJECTION, HYALURONIDASE, UP TO 150 UNITS  | No Auth Required       |                                  |
| J3471 | INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)               | No Auth Required       |                                  |
| J3472 | INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1,000 USP UNITS                                |                        | Re-direct to Pharmacy department |
| J3473 | INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT  | No Auth Required       |                                  |
| J3475 | INJECTION, MAGNESIUM SULFATE, PER 500 MG   | No Auth Required       |                                  |

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| J3480 | INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ   | No Auth Required       |                                  |
| J3485 | INJECTION, ZIDOVUDINE, 10 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J3486 | INJECTION, ZIPRASIDONE MESYLATE, 10 MG   |                        | Re-direct to Pharmacy department |
| J3489 | INJECTION, ZOLEDRONIC ACID, 1 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J3490 | UNCLASSIFIED DRUGS   |                        | Re-direct to Pharmacy department |
| J3520 | EDETATE DISODIUM, PER 150 MG   | No Auth Required       |                                  |
| J3530 | NASAL VACCINE INHALATION   |                        | Re-direct to Pharmacy department |
| J3535 | DRUG ADMINISTERED THROUGH A METERED DOSE INHALER   |                        | Re-direct to Pharmacy department |
| J3570 | LAETRILE, AMYGDALIN, VITAMIN B-17  |                        | Re-direct to Pharmacy department |
| J3590 | UNCLASSIFIED BIOLOGICS   |                        | Re-direct to Pharmacy department |
| J3591 | Unclassified drug or biological used for ESRD on dialysis  |                        | Re-direct to Pharmacy department |
| J7030 | INFUSION, NORMAL SALINE SOLUTION, 1,000 CC   | No Auth Required       |                                  |
| J7040 | INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)                                      | No Auth Required       |                                  |
| J7042 | 5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)  | No Auth Required       |                                  |
| J7050 | INFUSION, NORMAL SALINE SOLUTION, 250 CC   | No Auth Required       |                                  |
| J7060 | 5% DEXTROSE/WATER (500 ML = 1 UNIT)  | No Auth Required       |                                  |
| J7070 | INFUSION, D-5-W, 1,000 CC  | No Auth Required       |                                  |
| J7100 | INFUSION, DEXTRAN 40, 500 ML   | No Auth Required       |                                  |
| J7110 | INFUSION, DEXTRAN 75, 500 ML   | No Auth Required       |                                  |
| J7120 | RINGER'S LACTATE INFUSION, UP TO 1,000 CC  | No Auth Required       |                                  |
| J7121 | 5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC  | No Auth Required       |                                  |
| J7131 | HYPERTONIC SALINE SOLUTION, 1 ML   | No Auth Required       |                                  |
| J7170 | Injection, emicizumab-kxwh, 0.5 mg   |                        | Re-direct to Pharmacy department |
| J7177 | Injection, human fibrinogen concentrate (Fibryga), 1 mg  |                        | Re-direct to Pharmacy department |
| J7178 | Injection, human fibrinogen concentrate, not otherwise specified, 1 mg                           |                        | Re-direct to Pharmacy department |
| J7180 | INJECTION, FACTOR XIII (ANTHEMOPHILIC FACTOR, HUMAN), 1 IU                                       |                        | Re-direct to Pharmacy department |
| J7181 | Injection, factor xiii a-subunit, (recombinant), per iu  |                        | Re-direct to Pharmacy department |
| J7182 | Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu                |                        | Re-direct to Pharmacy department |
| J7183 | INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 IU VWF:RCO                           |                        | Re-direct to Pharmacy department |
| J7185 | INJECTION, FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER IU                      |                        | Re-direct to Pharmacy department |
| J7186 | INJECTION, ANTHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U. |                        | Re-direct to Pharmacy department |
| J7187 | INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF-RCO                              |                        | Re-direct to Pharmacy department |
| J7189 | FACTOR VIIA (ANTHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MCG                                       |                        | Re-direct to Pharmacy department |
| J7190 | FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER IU   |                        | Re-direct to Pharmacy department |
| J7191 | FACTOR VIII (ANTHEMOPHILIC FACTOR (PORCINE)), PER IU   |                        | Re-direct to Pharmacy department |
| J7192 | FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER IU   |                        | Re-direct to Pharmacy department |
| J7193 | FACTOR IX (ANTHEMOPHILIC FACTOR, PURIFIED, NONRECOMBINANT) PER IU                                |                        | Re-direct to Pharmacy department |
| J7194 | FACTOR IX COMPLEX, PER IU  |                        | Re-direct to Pharmacy department |
| J7195 | FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER IU   |                        | Re-direct to Pharmacy department |
| J7196 | OTHER HEMOPHILIA CLOTTING FACTORS, (E.G., ANTI-INHIBITORS), PER I.U.                             |                        | Re-direct to Pharmacy department |
| J7197 | ANTITHROMBIN III (HUMAN), PER IU   |                        | Re-direct to Pharmacy department |
| J7198 | ANTIINHIBITOR, PER IU  |                        | Re-direct to Pharmacy department |
| J7199 | HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED   |                        | Re-direct to Pharmacy department |
| J7200 | Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu                      |                        | Re-direct to Pharmacy department |
| J7201 | Injection, factor ix, fc fusion protein (recombinant), per iu                                    |                        | Re-direct to Pharmacy department |
| J7203 | Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebinyon), 1 iu      |                        | Re-direct to Pharmacy department |
| J7205 | INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU   |                        | Re-direct to Pharmacy department |
| J7208 | Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aud, (jivi), 1 i.u.      |                        | Re-direct to Pharmacy department |
| J7297 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG, 3 YEAR DURATION               | No Auth Required       |                                  |
| J7298 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG, 5 YEAR DURATION               | No Auth Required       |                                  |
| J7300 | INTRAUTERINE COPPER CONTRACEPTIVE  | No Auth Required       |                                  |
| J7301 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG                      | No Auth Required       |                                  |
| J7302 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG                                | No Auth Required       |                                  |
| J7303 | CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH                                      | No Auth Required       |                                  |
| J7304 | CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH   | No Auth Required       |                                  |
| J7306 | LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES                   | No Auth Required       |                                  |
| J7307 | ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES                      | No Auth Required       |                                  |

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| J7308 | AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG)   |                        | Re-direct to Pharmacy department |
| J7309 | METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 G   |                        | Re-direct to Pharmacy department |
| J7310 | GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT  |                        | Re-direct to Pharmacy department |
| J7311 | FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT  |                        | Re-direct to Pharmacy department |
| J7312 | INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG  | No Auth Required       |                                  |
| J7313 | INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG  | No Auth Required       |                                  |
| J7314 | Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg  |                        | Re-direct to Pharmacy department |
| J7315 | SODIUM HYALURONATE, 20 MG, FOR INTRA ARTICULAR INJECTION  | No Auth Required       |                                  |
| J7316 | INJECTION, OCRIPLASMIN, 0.125 MG  |                        | Re-direct to Pharmacy department |
| J7318 | Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg   |                        | Re-direct to Pharmacy department |
| J7320 | HYALURONAN/DERIVATIVE GENVISC 850 IA INJ 1 MG   |                        | Re-direct to Pharmacy department |
| J7321 | Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose   |                        | Re-direct to Pharmacy department |
| J7323 | HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE   |                        | Re-direct to Pharmacy department |
| J7324 | HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE  |                        | Re-direct to Pharmacy department |
| J7325 | HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG   |                        | Re-direct to Pharmacy department |
| J7326 | HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE  |                        | Re-direct to Pharmacy department |
| J7327 | Hyaluronan or derivative, monovisc, for intra-articular injection, per dose   |                        | Re-direct to Pharmacy department |
| J7328 | HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 0.1 MG   |                        | Re-direct to Pharmacy department |
| J7329 | Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg  |                        | Re-direct to Pharmacy department |
| J7331 | Hyaluronan or derivative, synjoyn, for intra-articular injection, 1 mg  |                        | Re-direct to Pharmacy department |
| J7332 | Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg   |                        | Re-direct to Pharmacy department |
| J7335 | CAPSAICIN 8% PATCH, PER 10 SQ CM  |                        | Re-direct to Pharmacy department |
| J7336 | Capsaicin 8% patch, per square centimeter   |                        | Re-direct to Pharmacy department |
| J7340 | DERMAL AND EPIDERMAL, (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALL |                        | Re-direct to Pharmacy department |
| J7401 | Mometasone furoate sinus implant, 10 micrograms   |                        | Re-direct to Pharmacy department |
| J7500 | AZATHIOPRINE, ORAL, 50 MG   | No Auth Required       |                                  |
| J7501 | AZATHIOPRINE, PARENTERAL, 100 MG  |                        | Re-direct to Pharmacy department |
| J7502 | CYCLOSPORINE, ORAL, 100 MG  | No Auth Required       |                                  |
| J7503 | CYCLOSPORINE, PARENTERAL, PER 50 MG   |                        |                                  |
| J7504 | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J7505 | MUROMONAB-CD3, PARENTERAL, 5 MG   |                        | Re-direct to Pharmacy department |
| J7507 | TACROLIMUS, ORAL, PER 1 MG  | No Auth Required       |                                  |
| J7508 | Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg   |                        |                                  |
| J7509 | METHYLPREDNISOLONE, ORAL, PER 4 MG  | No Auth Required       |                                  |
| J7510 | PREDNISOLONE, ORAL, PER 5 MG  | No Auth Required       |                                  |
| J7511 | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG   |                        | Re-direct to Pharmacy department |
| J7512 | PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG   | No Auth Required       |                                  |
| J7513 | DACLIZUMAB, PARENTERAL, 25 MG   | No Auth Required       |                                  |
| J7515 | CYCLOSPORINE, ORAL, 25 MG   | No Auth Required       |                                  |
| J7516 | CYCLOSPORINE, PARENTERAL, 250 MG  | No Auth Required       |                                  |
| J7517 | MYCOPHENOLATE MOFETIL, ORAL, 250 MG   | No Auth Required       |                                  |
| J7518 | MYCOPHENOLIC ACID, ORAL, 180 MG   |                        |                                  |
| J7520 | SIROLIMUS, ORAL, 1 MG   |                        | Re-direct to Pharmacy department |
| J7525 | TACROLIMUS, PARENTERAL, 5 MG  |                        | Re-direct to Pharmacy department |
| J7527 | EVEROLIMUS, ORAL, 0.25 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J7599 | IMMUNOSUPPRESSIVE DRUG, NOC   |                        | Re-direct to Pharmacy department |
| J7604 | ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER G                          |                        | Re-direct to Pharmacy department |
| J7605 | ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MCG    |                        | Re-direct to Pharmacy department |
| J7606 | FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 |                        | Re-direct to Pharmacy department |
| J7607 | LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG                        |                        | Re-direct to Pharmacy department |
| J7608 | ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER G   | No Auth Required       |                                  |
| J7609 | ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG                                     | No Auth Required       |                                  |
| J7610 | ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG                             | No Auth Required       |                                  |
| J7611 | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG      | No Auth Required       |                                  |
| J7612 | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG | No Auth Required       |                                  |
| J7613 | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG              | No Auth Required       |                                  |
| J7614 | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG         | No Auth Required       |                                  |

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| J7615 | LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG                                | No Auth Required       |                                  |
| J7620 | ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH D | No Auth Required       |                                  |
| J7622 | BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM                  |                        | Re-direct to Pharmacy department |
| J7624 | BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM                   |                        | Re-direct to Pharmacy department |
| J7626 | BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 M | No Auth Required       |                                  |
| J7627 | BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG                       | No Auth Required       |                                  |
| J7628 | BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM          |                        | Re-direct to Pharmacy department |
| J7629 | BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM             |                        | Re-direct to Pharmacy department |
| J7631 | CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 | No Auth Required       |                                  |
| J7632 | CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MG                     |                        | Re-direct to Pharmacy department |
| J7633 | BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 | No Auth Required       |                                  |
| J7634 | BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MG                     |                        | Re-direct to Pharmacy department |
| J7635 | ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG                            | No Auth Required       |                                  |
| J7636 | ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG                               |                        | Re-direct to Pharmacy department |
| J7637 | DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG                       | No Auth Required       |                                  |
| J7638 | DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG                          |                        | Re-direct to Pharmacy department |
| J7639 | DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG   |                        | Re-direct to Pharmacy department |
| J7640 | FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MCG                             | No Auth Required       |                                  |
| J7641 | FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MG                                 |                        | Re-direct to Pharmacy department |
| J7642 | GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG                      | No Auth Required       |                                  |
| J7643 | GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG                         | No Auth Required       |                                  |
| J7644 | IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PE | No Auth Required       |                                  |
| J7645 | IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG                    | No Auth Required       |                                  |
| J7647 | ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG                     |                        | Re-direct to Pharmacy department |
| J7648 | ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER |                        | Re-direct to Pharmacy department |
| J7649 | ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG |                        | Re-direct to Pharmacy department |
| J7650 | ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG                        |                        | Re-direct to Pharmacy department |
| J7657 | ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG                   | No Auth Required       |                                  |
| J7658 | ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, P |                        | Re-direct to Pharmacy department |
| J7659 | ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER  |                        | Re-direct to Pharmacy department |
| J7660 | ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG                      |                        | Re-direct to Pharmacy department |
| J7665 | ISOPROTERENOL HYDROCHLORIDE, 1.0%, PER ML, INHALATION SOLUTION ADMINISTER   |                        | Re-direct to Pharmacy department |
| J7667 | METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, PER 10 MG                                     |                        | Re-direct to Pharmacy department |
| J7668 | METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FO |                        | Re-direct to Pharmacy department |
| J7669 | METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, |                        | Re-direct to Pharmacy department |
| J7670 | METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MG              |                        | Re-direct to Pharmacy department |
| J7674 | METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG   | No Auth Required       |                                  |
| J7676 | PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG            |                        | Re-direct to Pharmacy department |
| J7677 | Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram                |                        | Re-direct to Pharmacy department |
| J7680 | TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG                 |                        | Re-direct to Pharmacy department |
| J7681 | TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG                    |                        | Re-direct to Pharmacy department |
| J7682 | TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MG  |                        | Re-direct to Pharmacy department |
| J7683 | TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG                       |                        | Re-direct to Pharmacy department |
| J7684 | TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG                          |                        | Re-direct to Pharmacy department |
| J7685 | TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG                         |                        | Re-direct to Pharmacy department |
| J7686 | TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG   |                        | Re-direct to Pharmacy department |
| J8498 | ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED  | No Auth Required       |                                  |
| J8499 | PRESCRIPTION DRUG, ORAL, NONCHEMOTHERAPEUTIC, NOS   |                        | Re-direct to Pharmacy department |
| J8501 | APREPITANT, ORAL, 5 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8510 | BUSULFAN; ORAL, 2 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8515 | CABERGOLINE, ORAL, 0.25 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8520 | CAPECITABINE, ORAL, 150 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8521 | CAPECITABINE, ORAL, 500 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8530 | CYCLOPHOSPHAMIDE; ORAL, 25 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8540 | DEXAMETHASONE, ORAL, 0.25 MG  | No Auth Required       |                                  |
| J8560 | ETOPOSIDE; ORAL, 50 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8561 | EVEROLIMUS, ORAL, 0.25 MG   |                        | Re-direct to Pharmacy department |

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| J8562 | FLUDARABINE PHOSPHATE, ORAL, 10 MG                             | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8565 | GEFITINIB, ORAL, 250 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8597 | ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED                 |                        | Re-direct to Pharmacy department |
| J8600 | MELPHALAN; ORAL, 2 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8610 | METHOTREXATE, ORAL, 2.5 MG                                     | No Auth Required       |                                  |
| J8650 | NABILONE, ORAL, 1 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8655 | NETUPITANT 300 MG AND PALONOSETRON 0.5 MG                      | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8670 | ROLAPITANT ORAL 1 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8700 | TEMOZOLOMIDE, ORAL, 5 MG                                       | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8705 | TOPOTECAN, ORAL, 0.25 MG                                       | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J8999 | PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS                 | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9000 | DOXORUBICIN HCL, 10 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9015 | ALDESLEUKIN, PER SINGLE USE VIAL                               | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9017 | ARSENIC TRIOXIDE, 1 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9019 | INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU                   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9020 | ASPARAGINASE, 10,000 UNITS                                     | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9022 | INJECTION, ATEZOLIZUMAB, 10 MG                                 | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9023 | INJECTION, AVELUMAB, 10 MG                                     | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9025 | INJECTION, AZACITIDINE, 1 MG                                   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9027 | INJECTION, CLOFARABINE, 1 MG                                   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9030 | BCG live intravesical instillation, 1 mg                       | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9032 | INJECTION, BELINOSTAT, 10 MG                                   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9033 | INJECTION, BENDAMUSTINE HCL, 1 MG                              | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9034 | INJECTION BENDAMUSTINE HCL BENDEKA 1 MG                        | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9035 | INJECTION, BEVACIZUMAB, 10 MG                                  |                        | Re-direct to Pharmacy department |
| J9036 | Injection, trastuzumab, 10 mg and Hyaluronidase-oysk           | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9039 | INJECTION, BLINATUMOMAB, 1 MICROGRAM                           | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9040 | BLEOMYCIN SULFATE, 15 UNITS                                    | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9041 | INJECTION, BORTEZOMIB, 0.1 MG                                  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9042 | INJECTION, BRENTUXIMAB VEDOTIN, 1 MG                           | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9043 | INJECTION, CABAZITAXEL, 1 MG                                   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9044 | Injection, bortezomib, not otherwise specified, 0.1 mg         | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9045 | CARBOPLATIN, 50 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9047 | INJECTION, CARFILZOMIB, 1 MG                                   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9050 | CARMUSTINE, 100 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9055 | INJECTION, CETUXIMAB, 10 MG                                    | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9057 | Injection, copanlisib, 1 mg                                    | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9060 | CISPLATIN, POWDER OR SOLUTION, PER 10 MG                       | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9065 | INJECTION, CLADRIBINE, PER 1 MG                                | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9070 | CYCLOPHOSPHAMIDE, 100 MG                                       | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9098 | CYTARABINE LIPOSOME, 10 MG                                     | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9100 | CYTARABINE, 100 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9118 | Injection, calaspargase pegol-mknl, 10 units                   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9119 | Injection, cemiplimab-rwlc, 1 mg                               | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9120 | DACTINOMYCIN, 0.5 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9130 | DACARBAZINE, 100 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9145 | INJECTION DARATUMUMAB 10 MG                                    | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9150 | DAUNORUBICIN, 10 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9151 | DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG             | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9153 | Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9155 | INJECTION, DEGARELIX, 1 MG                                     | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9160 | DENILEUKIN DIFTITOX, 300 MCG                                   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9165 | DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG                         | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9171 | INJECTION, DOCETAXEL, 1 MG                                     | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9173 | Injection, durvalumab, 10 mg                                   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9175 | INJECTION, ELLIOTT'S B SOLUTION, 1 ML                          | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9176 | INJECTION ELOTUZUMAB 1 MG                                      | Reviewed by HealthHelp | Redirect to HealthHelp           |

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| J9177 | Injection, enfortumab vedotin-efjv, 0.25 mg                        | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9178 | INJECTION, EPIRUBICIN HCL, 2 MG                                    | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9179 | INJECTION, ERIBULIN MESYLATE, 0.1 MG                               | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9181 | ETOPOSIDE, 10 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9185 | FLUDARABINE PHOSPHATE, 50 MG                                       | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9190 | FLUOROURACIL, 500 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9200 | FLOXURIDINE, 500 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9201 | Injection, gemcitabine HCl, not otherwise specified, 200 mg        | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9202 | GOSERELIN ACETATE IMPLANT, PER 3.6 MG                              | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9203 | INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG                           | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9204 | Injection, mogamulizumab-kpkc, 1 mg                                | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9205 | INJECTION IRINOTECAN LIPOSOME 1 MG                                 | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9206 | IRINOTECAN, 20 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9207 | INJECTION, IXABEPILONE, 1 MG                                       | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9208 | IFOSFAMIDE, PER 1 G  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9209 | MESNA, 200 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9210 | Injection, emapalumab-lzsg, 1 mg                                   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9211 | IDARUBICIN HCL, 5 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9212 | INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG                | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9213 | INTERFERON ALFA-2A, RECOMBINANT, 3 MILLION UNITS                   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9214 | INTERFERON ALFA-2B, RECOMBINANT, 1 MILLION UNITS                   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9215 | INTERFERON ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU          | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9216 | INTERFERON GAMMA-1B, 3 MILLION UNITS                               | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9217 | LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG                  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9218 | LEUPROLIDE ACETATE, PER 1 MG                                       |                        | Re-direct to Pharmacy department |
| J9219 | LEUPROLIDE ACETATE IMPLANT, 65 MG                                  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9225 | HISTRELIN IMPLANT (VANTAS), 50 MG                                  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9226 | Histrelin implant (Supprelin LA), 50 mg                            |                        |                                  |
| J9226 | HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG                            |                        | Re-direct to Pharmacy department |
| J9228 | INJECTION, IPILIMUMAB, 1 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9229 | Injection, inotuzumab ozogamicin, 0.1 mg                           | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9230 | MECHLORETHAMINE HCL, (NITROGEN MUSTARD), 10 MG                     | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9245 | Injection, melphalan hydrochloride, Not Otherwise Specified, 50 mg | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9250 | METHOTREXATE SODIUM, 5 MG  | No Auth Required       |                                  |
| J9260 | METHOTREXATE SODIUM, 50 MG   | No Auth Required       |                                  |
| J9261 | INJECTION, NELARABINE, 50 MG                                       | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9262 | INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG                      | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9263 | INJECTION, OXALIPLATIN, 0.5 MG                                     | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9264 | INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG                | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9265 | PACLITAXEL, 30 MG  |                        | Re-direct to Pharmacy department |
| J9266 | PEGASPARGASE, PER SINGLE DOSE VIAL                                 | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9267 | Injection, paclitaxel, 1 mg  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9268 | PENTOSTATIN, PER 10 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9269 | Injection, tagraxofusp-erzs, 10 micrograms                         | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9270 | PLICAMYCIN, 2.5 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9271 | INJECTION, PEMBROLIZUMAB, 1 MG                                     | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9280 | MITOMYCIN, 5 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9285 | INJECTION, OLARATUMAB, 10 MG                                       | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9293 | INJECTION, MITOXANTRONE HCL, PER 5 MG                              | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9295 | INJECTION NECITUMUMAB 1 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9299 | INJECTION, NIVOLUMAB, 1 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9301 | Injection, obinutuzumab, 10 mg                                     | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9302 | INJECTION, OFATUMUMAB, 10 MG                                       | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9303 | INJECTION, PANITUMUMAB, 10 MG                                      | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9305 | INJECTION, PEMETREXED, 10 MG                                       | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9306 | INJECTION, PERTUZUMAB, 1 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9307 | INJECTION, PRALATREXATE, 1 MG                                      | Reviewed by HealthHelp | Redirect to HealthHelp           |



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| J9308 | INJECTION, RAMUCIRUMAB, 5 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9309 | Injection, polatuzumab vedotin-piiq, 1 mg  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9311 | Injection, rituximab 10 mg and hyaluronidase   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9312 | Injection, rituximab, 10 mg  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9313 | Injection, moxetumomab pasudotox-tdfk, 0.01 mg   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9315 | INJECTION, ROMIDEPSIN, 1 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9320 | STREPTOZOCIN, 1 G  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9325 | INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9328 | INJECTION, TEMOZOLOMIDE, 1 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9330 | INJECTION, TEMSIROLIMUS, 1 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9340 | THIOTEPA, 15 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9351 | INJECTION, TOPOTECAN, 0.1 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9352 | INJECTION TRABECTEDIN 0.1 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9354 | INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9355 | TRASTUZUMAB, 10 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9356 | Injection, trastuzumab, 10 mg and Hyaluronidase-oysk   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9357 | VALRUBICIN, INTRAVESICAL, 200 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9358 | Injection, fam-trastuzumab deruxtecan-nxki, 1 mg.  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9360 | VINBLASTINE SULFATE, 1 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9370 | VINCRIStINE SULFATE, 1 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9371 | INJECTION, VINCRIStINE SULFATE LIPOSOME, 1 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9390 | VINORELBINE TARTRATE, PER 10 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9395 | INJECTION, FULVESTRANT, 25 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9400 | INJECTION, ZIV-AFLIBERCEPT, 1 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9600 | PORFIMER SODIUM, 75 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| J9999 | NOC, ANTINEOPLASTIC DRUG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| P9041 | Infusion, albumin (human), 5%, 50 mL   |                        |                                  |
| P9045 | Infusion, albumin (human), 5%, 250 mL  |                        |                                  |
| P9046 | INFUSION, ALBUMIN (HUMAN), 25%, 20 ML  | No Auth Required       |                                  |
| P9047 | INFUSION, ALBUMIN (HUMAN), 25%, 50 ML  | No Auth Required       |                                  |
| Q0138 | INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)   | No Auth Required       |                                  |
| Q0139 | INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)                                       |                        | Re-direct to Pharmacy department |
| Q0144 | AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GM  | No Auth Required       |                                  |
| Q0161 | CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR  | No Auth Required       |                                  |
| Q0162 | ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTIEMETIC AT | No Auth Required       |                                  |
| Q0163 | DIPHENHYDRAMINE HCL, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV A  | No Auth Required       |                                  |
| Q0164 | PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q0166 | GRANISETRON HCL, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-E  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q0167 | DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN                |                        | Re-direct to Pharmacy department |
| Q0169 | PROMETHAZINE HCL, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV AN  | No Auth Required       |                                  |
| Q0173 | TRIMETHOBENZAMIDE HCL, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN I  | No Auth Required       |                                  |
| Q0174 | THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN  |                        | Re-direct to Pharmacy department |
| Q0175 | PERPHENZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMET   | No Auth Required       |                                  |
| Q0177 | HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV A  | No Auth Required       |                                  |
| Q0180 | DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q0181 | UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-  |                        | Re-direct to Pharmacy department |
| Q0515 | INJECTION, SERMORELIN ACETATE, 1 MCG   |                        | Re-direct to Pharmacy department |
| Q2009 | INJECTION, FOSPHENYTOIN, 50 MG   | No Auth Required       |                                  |
| Q2017 | INJECTION, TENIPOSIDE, 50 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q2026 | INJECTION,RADIESSE, 0.1 ML   |                        | Re-direct to Pharmacy department |
| Q2028 | INJECTION, SCULPTRA, 0.5 MG  |                        | Re-direct to Pharmacy department |
| Q2034 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE (AGRIFLU)  | No Auth Required       |                                  |
| Q2035 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (AFLURIA)   | No Auth Required       |                                  |
| Q2036 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUVAVAL)  | No Auth Required       |                                  |
| Q2037 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUVIRIN)  | No Auth Required       |                                  |
| Q2038 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUZONE)   | No Auth Required       |                                  |
| Q2039 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (NOT OTHERW | No Auth Required       |                                  |

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| Q2041 | AXICABTAGENE CILOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION                      | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q2042 | Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q2043 | SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPAR             | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q2049 | INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q2050 | INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q3027 | INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE   |                        | Re-direct to Pharmacy department |
| Q3028 | INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE  |                        | Re-direct to Pharmacy department |
| Q4081 | INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)  |                        | Re-direct to Pharmacy department |
| Q4082 | DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITION PROGRAM (CAP)  |                        | Re-direct to Pharmacy department |
| Q4101 | Apligraf, per square centimeter  |                        |                                  |
| Q4102 | Oasis Wound Matrix, per square centimeter  |                        |                                  |
| Q4106 | Dermagraft, per square centimeter  |                        |                                  |
| Q4110 | PriMatrix, per square centimeter   |                        |                                  |
| Q4111 | GammaGraft, per square centimeter  |                        |                                  |
| Q4112 | ALLOGRAFT, CYMETRA, INJECTABLE, 1 CC   |                        | Re-direct to Pharmacy department |
| Q4113 | ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC  |                        | Re-direct to Pharmacy department |
| Q4114 | INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1 CC  |                        | Re-direct to Pharmacy department |
| Q4121 | Theraskin, per square centimeter   |                        |                                  |
| Q4132 | Grafix Core and GrafixPL Core, per square centimeter   |                        |                                  |
| Q4133 | Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter   |                        |                                  |
| Q4137 | Amnioexcel, amnioexcel plus or biodexcel, per square centimeter  |                        |                                  |
| Q4145 | EpiFix, injectable, 1 mg   |                        |                                  |
| Q4151 | Amnioband or Guardian, per square centimeter   |                        |                                  |
| Q4154 | BIOVANCE, per square centimeter  |                        |                                  |
| Q4159 | Affinity, per square centimeter  |                        |                                  |
| Q4160 | NuShield, per square centimeter  |                        |                                  |
| Q4186 | Epifix, per square centimeter  |                        |                                  |
| Q4187 | Epicord, per square centimeter   |                        |                                  |
| Q4195 | Puraply, per square centimeter   |                        |                                  |
| Q4196 | Puraply am, per square centimeter  |                        |                                  |
| Q5101 | Injection, filgrastim (G-CSF), biosimilar, 1 microgram   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q5106 | Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q5107 | Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q5108 | INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q5109 | Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg   |                        | Re-direct to Pharmacy department |
| Q5110 | INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q5111 | Injection, udenyca 0.5 mg  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q5112 | Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q5113 | Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q5114 | Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q5115 | Injection, rituximab-abbs, biosimilar, 10 mg   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q5116 | Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q5117 | Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q5118 | Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg  | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q5119 | Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q5120 | Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg   | Reviewed by HealthHelp | Redirect to HealthHelp           |
| Q9950 | Injection, sulfur hexafluoride lipid microspheres, per mL  |                        |                                  |
| Q9956 | Injection, octafluoropropane microspheres, per mL  |                        |                                  |
| Q9957 | Injection, perflutren lipid microspheres, per mL   |                        |                                  |
| Q9958 | High osmolar contrast material, up to 149 mg/mL iodine concentration, per mL   |                        |                                  |
| Q9960 | High osmolar contrast material, 200-249 mg/mL iodine concentration, per mL   |                        |                                  |
| Q9961 | High osmolar contrast material, 250-299 mg/mL iodine concentration, per mL   |                        |                                  |
| Q9963 | High osmolar contrast material, 350-399 mg/mL iodine concentration, per mL   |                        |                                  |
| Q9965 | Low osmolar contrast material, 100-199 mg/mL iodine concentration, per mL  |                        |                                  |
| Q9966 | Low osmolar contrast material, 200-299 mg/mL iodine concentration, per mL  |                        |                                  |
| Q9967 | Low osmolar contrast material, 300-399 mg/mL iodine concentration, per mL  |                        |                                  |
| Q9972 | Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)   |                        | Re-direct to Pharmacy department |

|       |   |                  |                                  |
|-------|---|------------------|----------------------------------|
| Q9973 | Injection, epoetin beta, 1 microgram, (non-ESRD use)                    |                  | Re-direct to Pharmacy department |
| Q9991 | Buprenorphine extended release (Sublocade), less than or equal to 100mg | No Auth Required |                                  |
| Q9992 | Buprenorphine extended release (Sublocade), greater than 100mg          | No Auth Required |                                  |

