Samaritan Choice Plans
Provider Administered Drug Prior Authorization List

Infused/injected drugs given in outpatient hospital or ASC will not require prior authorization unless they are on the following list:

The list below has injectable drugs billed under the Medical Benefit that require approval.

Codes may change with CMS HCPCS codes quarterly updates.

If a drug is not found on this list and will be “buy and bill”, it means it does not require an authorization. Exception to this includes drugs that are new to market (those may not yet be on the list but will require authorization).

Not Otherwise Classified (NOC) codes or “dump codes” J9999, C9399, J3490 and J3590 should only be used if there is not a more specific HCPCS or CPT code available. Authorization will be required for any of these NOC codes over $1000.

If a drug is self-administered, even with a J-code, an authorization request will need to be sent through the pharmacy benefit.

¥ Medication is not covered.

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J0129	Abatacept	Orencia	PA required
J0586	Abobotulinumtoxin A	Dysport	PA required
J0139	Adalimumab	Humira	PA required
Q5144	Adalimumab-aacf	Idacio	PA required
Q5141	Adalimumab-aaty	Yuflyma	PA required
Q5143	Adalimumab-adbm	Cyltezo	PA required
Q5145	Adalimumab-afzb	Abrilada	PA required
Q5140	Adalimumab-fkjp	Hulio	PA required
Q5142	Adalimumab-ryvk	Simlandi	PA required
C9167 J7171	ADAMTS13, recombinant-krhn, apadamtase alfa	Adzynma	PA required
J9354	Ado-trastuzumab	Kadcyla	PA required
J0172	Aducanumab	Aduhelm	PA required
J7352	Afamelanotide	Scenesse	PA required
Q2057	Afamitresgene autoleucel	Tecelra	PA required
J0178	Aflibercept	Eylea	PA required
C9161 J0177	Aflibercept High Dose	Eylea HD	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
Q5149	Aflibercept-abzv	Enzeevu	PA required
Q5147	Aflibercept-ayyh	Pavblu	PA required
Q5155	Aflibercept-jbvf	Yesafili	PA required
Q5150	Aflibercept-mrbb	Ahzantive	PA required
Q5153	Aflibercept-yszy	Opuviz	PA required
J0180	Agalsidase beta	Fabrazyme	PA required
J0215	Alefacept	Amevive	PA required
J0202	Alemtuzumab	Lemtrada	PA required
J0205	Alglucerase	Ceredase	PA required
J0221	Alglucosidase alfa	Lumizyme	PA required
J0220	Alglucosidase alfa	Myozyme	PA required
J3590	Allogeneic processed thymus tissue	Rethymic	PA required
J0256	Alpha-1 Proteinase Inhibitor	Prolastin C Aralast NP	PA required
J0257	Alpha-1 Proteinase Inhibitor (human)	Glassia	PA required
J0270	Alprostadil, injection	Caverject, Edex	Excluded
J0275	Alprostadil, urethral suppository	Muse	Excluded

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J9061	Amivantamab	Rybrevant	PA required
J7353	Anacaulase-bcdb, 8.8% gel, 1 gram	Nexobrid	PA required
J3450	Anakinra	Kineret	PA required
J0491	Anifrolumab	Saphnelo	PA required
J0365	Aprotinin	Trasylol	PA required
C9152 J0402	Aripiprazole, (Abilify Asimtufii)	Abilify Asimtufii	PA required
J0391	Artesunate	Artesunate	PA required
J9019	Asparaginase Erwinia	Erwinaze	PA required
J9021	Asparaginase Erwinia, recombinant	Rylaze	PA required
J9022	Atezolizumab	Tecentriq	PA required
J9024	Atezolizumab and hyaluronidase-tqjs	Tecentriq Hybreza	PA required
J3391	Atidarsagene autotemcel	Lenmeldy	PA required
J7330	Autologous Cultured Chondrocytes	Carticel	PA required
C9162 J2782	Avacincaptad pegol	Izervay	PA required
J0219	Avalglucosidase alfa	Nexviazyme	PA required
J9023	Avelumab	Bavencio	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J9038	Axatilimab-csfr	Niktimvo	PA required
Q2041	Axicabtagene ciloleucel	Yescarta	PA required
J9037	Belantamab mafodotin	Blenrep	PA required
J0485	Belatacept	Nulojix	PA required
J0490	Belimumab	Benlysta IV	PA required
J9032	Belinostat	Beleodaq	PA required
J9033	Bendamustine	Treanda	PA required
J9034	Bendamustine	Bendeka	PA required
J9036	Bendamustine	Belrapzo	PA required
J9058	Bendamustine hydrochloride (apotex)		PA required
J9059	Bendamustine hydrochloride (baxter)		PA required
J9056	Bendamustine hydrochloride (vivimusta)	Vivimusta	PA required
J0517	Benralizumab	Fasenra	PA required
J3401	Beremagene geperpavec-svdt	Vyjuvek	PA required
C9399 J3393	Betibeglogene autotemcel	Zynteglo	PA required
J9035 C9257	Bevacizumab	Avastin	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
Q5129	Bevacizumab-adcd (vegzelma), biosimilar	Vegzelma	PA required
Q5107	Bevacizumab-awwb (biosimilar)	Mvasi	PA required
Q5118	Bevacizumab-bvzr (biosimilar)	Zirabev	PA required
Q5126	Bevacizumab-maly (biosimilar)	Alymsys	PA required
J0565	Bezlotoxumab	Zinplava	PA required
J7351	Bimatoprost, intracameral implant	Durysta	PA required
J9039	Blinatumomab	Blincyto	PA required
J9041	Bortezomib	Velcade	PA required
J9054	Bortezomib	Boruzu	PA required
J9046	Bortezomib (dr. reddy's)		PA required
J9048	Bortezomib (fresenius kabi)		PA required
J9049	Bortezomib (hospira)		PA required
J9051	Bortezomib (MAIA)	Bortezomib (MAIA)	PA required
J9042	Brentuximab vedotin	Adcetris	PA required
J1632	Brexanolone	Zulresso	PA required
Q2053	Brexucabtagene autoleucel	Tecartus	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J0179	Brolucizumab-dbll	Beovu	PA required
J0570	Buprenorphine Implant	Probuphine	PA required
J0584	Burosumab-twza	Crysvita	PA required
J0598	C1 esterase inhibitor	Cinryze IV	PA required
J0599	C1 esterase inhibitor (human)	Haegarda	PA required
J0596	C1 esterase inhibitor recombinant	Ruconest	PA required
J9043	Cabazitaxel	Jevtana	PA required
J9064	Cabazitaxel (Sandoz)	Cabazitaxel (Sandoz)	PA required
J0739	Cabotegravir	Apretude	PA required
J0741	Cabotegravir/Rilpivirine	Cabenuva	PA required
J9118	Calaspargase	Asparlas	PA required
J0638	Canakinumab	Ilaris	PA required
C9164 J7354	Cantharidin for topical administration, 0.7%	Ycanth	PA required
C9047 J3590	Caplacizumab-yhdp	Cablivi	PA required
J7336	Capsaicin patch	Qutenza	PA required
J7340	Carbidopa/Levodopa	Duopa	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J9047	Carfilzomib	Kyprolis	PA required
J1426	Casimersen	Amondys 45	PA required
Q0240 Q0243	Casirivimab and imedvimab, Drug not covered, services use M0243		PA required
J0699	Cefiderocol	Fetroja	PA required
J0714	Ceftazidime/Avivactam	Avycaz	PA required
C9399 J3490	Ceftobiprole medocaril	Zevtera	PA required
J9119	Cemiplimab	Libtayo	PA required
J3490	Cenergermin	Oxervate	PA required
J0567	Cerliponase alfa (recombinant human)	Brineura	PA required
J9055	Cetuximab	Erbitux	PA required
Q2056	Ciltacabtagene autoleucel	Carvykti	PA required
J1203	Cipaglucosidase alfa-atga	Pombiliti	PA required
J7213	coagulation factor ix	Ixinity	PA required
J0775	Collagenase clostridium histolyticum	Xiaflex	PA required
J7173	Concizumab	Alhemo	PA required
J9057	Copanlisib	Aliqopa	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J0801	Corticotropin (Acthar Gel)	H.P. Acthar Gel	PA required
J0802	Corticotropin (ANI)	Purified Cortrophin Gel	PA required
J9275	Cosibelimab-ipdl	Unloxcyt	PA required
J0791	Crizanlizumab	Adakveo	PA required
J1307	Crovalimab-akkz	PiaSky	PA required
J0850	Cytomegalovirus immune globulin intravenous human	Cytogam	PA required
J0889	Daprodustat, oral, 1 mg, (for esrd on dialysis)	Jesduvroq	PA required
J9145	Daratumumab	Darzalex	PA required
J9144	Daratumumab- hyaluronidase	Darzalex Faspro	PA required
J0881	Darbepoetin	Aranesp	PA required
C9174 J9011	Datopotamab deruxtecan-dlnk	Datroway	PA required
J9153	Daunorubicin (liposomal)- cytarabine	Vyxeos	PA required
C9160 J0589	Daxibotulinumtoxina-lanm	Daxxify	PA required
J0894	Decitabine	Dacogen	PA required
J3490	Defibrotide	Defitelio	PA required
J9155	Degarelix	Firmagon	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J1413	Delandistrogene moxeparvovec-rokl	Elevidys	PA required
J9161	Denileukin diftitox-cxdl	Lymphir	PA required
J0897	Denosumab	Prolia Xgeva	PA required
Q5136	Denosumab-bbdz	Jubbonti; Wyost	PA required
Q5157	Denosumab-bmwo	Stoboclo and Osenvelt	PA required
Q5158	Denosumab-bnht	Bomyntra and Conexxence	PA required
Q5159	Denosumab-dssb	Ospomyv and Xbryk	PA required
J0591	Deoxycholic acid	Kybella	Excluded
J1095	Dexamethasone intra-ocular injection	Dexycu	PA required
J7312	Dexamethasone Intra-vitreal Implant	Ozurdex	PA required
J1096	Dexamethasone, lacrimal ophthalmic insert	Dextenza	PA required
J0879	Difelikefalin	Korsuva	PA required
J9999 J3590	Dinutuximab	Unituxin	PA required
J0175	Donanemab-azbt	Kisunla	PA required
J9272	Dostarlimab	Jemperli	PA required
Q2050	Doxorubicin, liposomal	Doxil	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
Q2049	Doxorubicin, liposomal. Imported	Lipodox	PA required
J9173	Durvalumab	Imfinzi	PA required
J1290	Ecallantide	Kalbitor	PA required
J1300 J1299	Eculizumab	Soliris	PA required
Q5151	Eculizumab-aagh	Epysqli	PA required
Q5139	Eculizumab-aeeb	Bkemv	PA required
Q5152	Eculizumab-aeeb	Bkemv	PA required
J1301	Edaravone	Radicava	PA required
J9361	Efbemalenograstim alfa-vuxw	Ryzneuta	PA required
J9332	Efgartigimod	Vyvgart	PA required
J9334	Efgartigimod alfa and hyaluronidase-qvfc	Vyvgart Hytrulo	PA required
J1449	Eflapegrastim-xnst	Rolvedon	PA required
J3590 C9399	Elapegademase	Revcovi	PA required
C9399 J3590	Elivaldogene autotemcel	Skysona	PA required
J1322	Elosulfase alfa (not covered)	Vimizim	PA required
J9176	Elotuzumab	Empliciti	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
C9165 J1323	Elranatamab-bcmm	Elrexfio	PA required
J9210	Emapalumab	Gamifant	PA required
J9177	Enfortumab	Padcev	PA required
J1324	Enfuvirtide	Fuzeon	PA required
J9321 C9155	Epcoritamab-bysp	Epkinly	PA required
J0885	Epoetin alfa (non-ESRD)	Procrit Epogen	PA required
Q5106	Epoetin alfa, biosimilar (non-ESRD)	Retacrit	PA required
J0888	Epoetin beta (non-ESRD)	Mircera	PA required
J1325	Epoprostenol	Flolan	PA required
J1325	Epoprostenol	Veletri	PA required
J3032	Eptinezumab	Vyepti	PA required
J0122	Eravacycline	Xerava	PA required
J9179	Eribulin	Halaven	PA required
S0013 J3490	Esketamine (Nasal Spray)	Spravato	PA required
J1438	Etanercept	Enbrel	PA required
J0606	Etelcalcetide	Parsabiv	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J1428	Eteplirsen	Exondys 51	PA required
J1411	Etranacogene dezaparvovec-drlb	Hemgenix	PA required
J7527	Everolimus (oral)	Afinitor Zortress	PA required
J1305	Evinacumab	Evkeeza	PA required
J3392	exagamglogene autotemcel	Casgevy	PA required
J7214	Factor viii/von willebrand factor complex, recombinant	Altuviiio	PA required
J9358	fam-Trastuzumab deruxtecan	Enhertu	PA required
J2777	faricimab-svoa	Vabysmo	PA required
J1440	Fecal microbiota, live - jslm	Rebyota	PA required
J1439	Ferric carboxymaltose	Injectafer	PA required
J1437	Ferric derisomaltose	Monoferric	PA required
J1445	Ferric pyrophosphate citrate solution	Triferic AVNU	PA required
Q0138 Q0139	Ferumoxytol	Feraheme	PA required
C9399 J3590	Fidanacogene elaparvovec-dzkt	Beqvez	PA required
C9172	Fidanacogene elaparvovec-dzkt	Beqvez	PA required
J1414	Fidanacogene elaparvovec-dzkt	Beqvez	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J1442	Filgrastim (g-csf), excludes biosimilars	Neupogen	PA required
Q5110	Filgrastim-aafi, biosimilar	Nivestym	PA required
Q5125	Filgrastim-ayow, biosimilar	Releuko	PA required
Q5101	Filgrastim-sndz, biosimilar	Zarxio	PA required
C9173	Filgrastim-txid	Nypozi	PA required
Q5148	Filgrastim-txid	Nypozi	PA required
J7174	Fitusiran	Qfitlia	PA required
J7311	Fluocinolone implant	Retisert	PA required
J7313	Fluocinolone implant	Iluvien	PA required
J7314	Fluocinolone implant	Yutiq	PA required
J7356	Foscarbidopa/foslevodopa	Vyalev	PA required
J1809	Fosdenopterin	Nulibry	PA required
J3031	Fremanezumab-vfrm	Ajovy	PA required
J9395	Fulvestrant	Faslodex	PA required
J9393	Fulvestrant (teva)		PA required
J1458	Galsulfase	Naglazyme	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J9198	Gemcitabine (brand Infugem only)	Infugem	PA required
J9203	Gemtuzumab ozogamicin	Mylotarg	PA required
J0223	Givosiran	Givlaari	PA required
J9286	Glofitamab-gxbm	Columvi	PA required
C9293	Glucarpidase	Voraxaze	PA required
J1602	Golimumab, IV	Simponi Aria	PA required
J1429	Golodirsen	Vyondys 53	PA required
J9202	Goserelin	Zoladex	PA required
J1627	Granisetron (SQ-long acting)	Sustol	PA required
J2940	Growth Hormone (somatrem)	Various	PA required
J2941	Growth Hormone (somatropin)	Various	PA required
J1628	Guselkumab	Tremfya	PA required
J1675	Histrelin	Supprelin	PA required
J9226	Histrelin implant	Supprelin LA	PA required
J9225	Histrelin implant	Vantas	PA required
J7323	Hyaluronan or Derivative	Euflexxa	Not covered

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J7326	Hyaluronan or Derivative	Gel-One	Not covered
J7318	Hyaluronan or Derivative	Durolane	Not covered
J7320	Hyaluronan or Derivative	GenVisc 850	Not covered
J7321	Hyaluronan or Derivative	Hyalgan or Supartz	Not covered
J7324	Hyaluronan or Derivative	Orthovisc	Not covered
J7325	Hyaluronan or Derivative	Synvisc Synvisc-One	Not covered
J7327	Hyaluronan or Derivative	Monovisc	Not covered
J7328	Hyaluronan or Derivative	Gel-Syn	Not covered
J7329	Hyaluronan or Derivative	Trivisc	Not covered
J7331	Hyaluronan or Derivative	Synojoynt	Not covered
J7332	Hyaluronan or Derivative	Triluron	Not covered
J7333	Hyaluronan or Derivative	Visco-3	Not covered
J7322	Hyaluronan or Derivative	Hymovis	Not covered
J1746	Ibalizumab-uiyk	Trogarzo	PA required
J1744	Icatibant	Firazyr	PA required
Q2055	Idecabtagene Vicleucel	Abecma	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J1743	Idursulfase	Elaprase	PA required
J1749	Iloprost	Aurlumyn	PA required
Q4074	Iloprost, Inhaled	Ventavis	PA required
J0870	Imetelstat	Rytelo	PA required
J1786	Imiglucerase	Cerezyme	PA required
J0742	Imipenem-cilastatin-relebactam	Recarbrio	PA required
J1554	Immune Globulin	Asceniv	PA required
J1551	Immune Globulin	Cutaquig	PA required
J1576	Immune globulin	Panzyga	PA required
J1552	Immune globulin	Alyglo	PA required
J1566	Immune Globulin lyophilized, IV	Carimune	PA required
J1559	Immune globulin subcutaneous (human)	Hizentra	PA required
J1460 J1560	Immune Globulin, IM	GamaStan SD	PA required
J1572	Immune Globulin, IV	Flebogamma	PA required
J1569	Immune Globulin, IV	Gammagard	PA required
J1557	Immune Globulin, IV	Gammaplex	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J1561	Immune Globulin, IV	Gamunex Gammaked	PA required
J1599	Immune Globulin, IV	Nonlyophilized (NOS)	PA required
J1568	Immune Globulin, IV	Octagam	PA required
J1556	Immune Globulin, IV	Bivigam	PA required
J1459	Immune Globulin, IV,	Privigen	PA required
J1555	Immune Globulin, SQ	Cuvitru	PA required
J1558	Immune Globulin, SQ	Xembify	PA required
J1575	Immune Globulin/hyaluronidase	Hyqvia	PA required
J1306	Inclisiran	Leqvio	PA required
J0588	Incobotulinumtoxin A	Xeomin	PA required
J1823	Inebilizumab	Uplizna	PA required
J1745	Infliximab	Remicade	PA required
Q5104	Infliximab-abda (biosimilar)	Renflexis	PA required
Q5121	Infliximab-axxq, (biosimilar)	Avsola	PA required
J1748	Infliximab-dyyb	Zymfentra	PA required
Q5103	Infliximab-dyyb (biosimilar)	Inflectra	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
Q5109	Infliximab-qbtx (biosimilar)	Ixifi	PA required
C9157 J1304	Injection, tofersen, 1 mg	Qalsody	PA required
J3316	Injection, triptorelin extended release, 3.75 mg	Triptodur	PA required
J9229	Inotuzumab	Besponsa	PA required
A9590	Iobenguane I 131	Azedra	PA required
J9228	Ipilimumab	Yervoy	PA required
J9205	Irinotecan liposome	Onivyde	PA required
J9227	Isatuximab	Sarclisa	PA required
J1833	Isavuconazonium	Cresemba (IV)	PA required
J9207	Ixabepilone	Ixempra	PA required
J3490	Ketamine (IV)	NA (generic only)	PA required
J0593	Lanadelumab-flyo	Takhzyro	PA required
J1930	Lanreotide	Somatuline	PA required
J1932	Lanretide (Cipla)		PA required
J1931	Laronidase	Aldurazyme	PA required
J0174	Lecanemab-irmb	Leqembi	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J0691	Lefamulin	Xenleta	PA required
J1961 C9399	Lenacapavir	Sunlenca	PA required
J0738	Lenacapavir	Yeztugo	PA required
J9218	Leuprolide	Lupron	PA required
J1951	Leuprolide	Fensolvi	PA required
J1952	Leuprolide	Camcevi	PA required
J1954	Leuprolide Acetate Depot (Cipla)	Lutrate	PA required
J1950	Leuprolide depot suspension	Lupron Depot	PA required
J9219	Leuprolide implant	Lupron Implant	PA required
J0641	Levoleucovorin	Fusilev	PA required
J0642	Levoleucovorin	Khapzory	PA required
J9999 J3590	Lifileucel	Amtagvi	PA required
C9399, J9999	Linvoseltamab-gcpt	Lynozyfic	PA required
Q2054	Lisocabtagene maraleucel	Breyanzi	PA required
J9359	loncastuximab tesirine	Zynlonta	PA required
C9399 J3394	Lovotibeglogene autotemcel	Lyfgenia	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J2062	Loxapine, inhaled powder	Adasuve	PA required
J0224	Lumasiran	Oxlumo	PA required
J9223	Lurbinectedin	Zepzelca	PA required
J0896	Luspatercept	Reblozyl	PA required
A9513	Lutetium Lu 177 dotatate	Lutathera	PA required
A9607	Lutetium Lu 177 vipivotide	Pluvicto	PA required
J9353	Margetuximab	Margenza	PA required
C9304 J7172	Marstacimab-hncq	Hympavzi	PA required
J2170	Mecasermin	Increlex Iplex	PA required
S9432	Medical foods for noninborn errors of metabolism	Dojolvi	PA required
J9245	Melphalan	Alkeran	PA required
J9246	Melphalan	Evomela	PA required
J9249	Melphalan (apotex)	Melphalan (Apotex)	PA required
J9248	Melphalan (hepzato)	Hepzato	PA required
J9247	Melphalan Flufenamide	Pepaxto	PA required
J2182	Mepolizumab	Nucala	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J2186	Meropenem/vaborbactam	Vabomere	PA required
J8611	Methotrexate oral	Jylamvo	PA required
J8612	Methotrexate oral	Xatmep	PA required
J7309	Methyl Aminolevulinate	Levulan Kerastick	PA required
J3490	Metreleptin	Myalept	PA required
J1202	Miglustat, oral	Opfolda	PA required
J3490	Mipomersen	Kynamro	PA required
C9168 J2267	Mirikizumab-mrkz	Omvoh	PA required
C9146 J9063	Mirvetuximab soravtansine-gynx	Elahere	PA required
J9281	Mitomycin Gel	Jelmyto	PA required
J9204	Mogamulizumab-kpkc	Poteligeo	PA required
S1091	Mometasone Furoate Sinus Implant	Propel	PA required
J7402	Mometasone Furoate Sinus Implant	Sinuva	PA required
J9350	Mosunetuzumab-axgb	Lunsumio	PA required
J2277	Motixafortide	Aphexda	PA required
J9313	Moxetumomab	Lumoxiti	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J9029	Nadofaragene firadenovec-vncg	Adstiladrin	PA required
J2323	Natalizumab	Tysabri	PA required
Q5134	Natalizumab-sztn	Tyruko	PA required
J9348	Naxitamab	Danyelza	PA required
J9295	Necitumumab	Portrazza	PA required
J9261	Nelarabine	Arranon	PA required
J8655	Netupitant-palonesetron oral	Akynzeo	PA required
C9399 J3590	Nipocalimab-aahu	Imaavy	PA required
J9299	Nivolumab	Opdivo	PA required
J9289	Nivolumab and hyaluronidase-nvhy	Opdivo Qvantig	PA required
J9298	Nivolumab/relatlimab-rmbw	Opdualag	PA required
C9169 J9028	Nogapendekin alfa inbakicept-pmln	Anktiva	PA required
J2326	Nusinersen	Spinraza	PA required
C9301 Q2058	Obecabtagene autoleucel	Aucatzyl	PA required
J9301	Obinutuzumab	Gazyva	PA required
J2350	Ocrelizumab	Ocrevus	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J2351	Ocrelizumab and hyaluronidase-ocsq	Ocrevus Zunovo	PA required
J7316	Ocriplasmin	Jetrea	PA required
J2353	Octreotide, depot form for intramuscular injection	Sandostatin LAR	PA required
J9302	Ofatumumab	Arzerra	PA required
J9285	Olaratumab	Lartruvo	PA required
J3490 C9101	Oliceridine	Olinvyk	Hospital use only
J0218	Olipudase alfa-rpcp	Xenpozyme	PA required
J9262	Omacetaxine mepesuccinate	Synribo	PA required
J0121	Omadacycline	Nuzyra	PA required
J2357	Omalizumab	Xolair	PA required
Q5154	Omalizumab-igec	Omlyclo	PA required
J0585	Onabotulinumtoxin-A	Botox	PA required
J3399	Onasemnogene abeparvovec	Zolgensma	PA required
J2406	Oritavancin	Kimyrsa	PA required
J9264	Paclitaxel protein-bound	Abraxane	PA required
J9259	Paclitaxel protein-bound particles		PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J9258	Paclitaxel protein-bound particles (Teva), not therapeutically equivalent to J9264	Paclitaxel protein-bound (Teva)	PA required
J2425	Palifermin		PA required
J2426	Paliperidone	Invega Sustenna	PA required
J2427	Paliperidone ER	Invega Hafyera; Invega Trinza	PA required
J3490 C9399	Paliperidone palmitate ER injectable suspension	Erzofri	PA required
J2428	Paliperidone palmitate extended release	Erzofri	PA required
90378	Palivizumab	Synagis	PA required
J9303	Panitumumab	Vectibix	PA required
J3490	Parathyroid hormone	Natpara	PA required
J2502	Pasireotide	Signifor LAR	PA required
J0222	Patisiran	Onpattro	PA required
J2504	Pegademase bovine	Adagen	PA required
J2503	Pegaptanib	Macugen	PA required
J9266	Pegaspargase	Oncaspar	PA required
C9399 J7799	Pegcetacoplan	Empaveli	PA required
J2781	Pegcetacoplan	Syfovre	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J2506	Pegfilgrastim, excludes biosimilar	Neulasta	PA required
Q5122	Pegfilgrastim-apgf, biosimilar	Nyvepria	PA required
Q5120	Pegfilgrastim-bmez, biosimilar	Ziextenzo	PA required
Q5111	Pegfilgrastim-cbqv, biosimilar	Udenyca	PA required
Q5127	Pegfilgrastim-fpgk (stimufend), biosimilar	Stimufend	PA required
Q5108	Pegfilgrastim-jmdb, biosimilar	Fulphila	PA required
Q5130	Pegfilgrastim-pbbk (fylnetra), biosimilar	Fylnetra	PA required
J0890	Peginesatide	Omontys	PA required
J2507	Pegloticase	Krystexxa	PA required
J2508	Pegunigalsidase alfa-iwxj	Elfabrio	PA required
J3590 C9399	Pegvaliase-pqpz	Palynziq	PA required
J9271	Pembrolizumab	Keytruda	PA required
J9324	Pemetrexed	Pemrydi RTU	PA required
J9305	Pemetrexed	Alimta	PA required
J9304	Pemetrexed	Pemfexy	PA required
J9296	Pemetrexed (accord)		PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J9292	Pemetrexed (avyxa)	Axtle	PA required
J9322	Pemetrexed (bluepoint)		PA required
J9294	Pemetrexed (hospira)		PA required
J9297	Pemetrexed (sandoz)		PA required
J9314	Pemetrexed (teva)		PA required
J9323	Pemetrexed ditromethamine		PA required
Q0224	Pemivibart	Pemgarda	PA required
J9268	Pentostatin	Nipent	PA required
J9306	Pertuzumab	Perjeta	PA required
J9316	Pertuzumab, trastuzumab, and hyaluronidase	Phesgo	PA required
J2998	Plasminogen	Ryplazim	PA required
J2562	Plerixafor	Mozobil	PA required
J9309	Polatuzumab	Polivy	PA required
J3490	Polidocanol (billed under CPT-not billed separately)	Varithena	PA required
J9600	Porfimer sodium	Photofrin	PA required
J9376	Pozelimab-bbfg	Veopoz	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J9307	Pralatrexate	Folotyn	PA required
C9159 J7165	Prothrombin complex concentrate (human)	Balfaxar	PA required
J2770	Quinupristin/dalfopristin	Synercid	PA required
A9606	Radium Ra 223	Xofigo	PA required
J9308	Ramucirumab	Cyramza	PA required
J2778	Ranibizumab	Lucentis	PA required
J2779	Ranibizumab via intravitreal implant	Susvimo	PA required
Q5128	Ranibizumab-eqrn	Cimerli	PA required
Q5124	Ranibizumab-nuna	Byooviz	PA required
J1303	Ravulizumab	Ultomiris	PA required
J2786	Reslizumab	Cinqair	PA required
J9345	Retifanlimab-dlwr	Zynyz	PA required
J3403	Revakinagene taroretcel	Encelto	PA required
J7677	Revefenacin inhalation solution, administered through DME	Yupelri	PA required
J0349	Rezafungin	Rezzayo	PA required
J2793	Rilonacept	Arcalyst	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J0587	RimabotulinumtoxinB	Myobloc	PA required
J2327	Risankizumab	Skyrizi	PA required
J2801	Risperidone	Rykindo	PA required
J2794	Risperidone	Risperdal Consta	PA required
J2798	Risperidone	Perseris	PA required
C9158 J2799	Risperidone, (Uzedy)	Uzedy	PA required
J9312	Rituximab	Rituxan	PA required
J9311	Rituximab and hyaluronidase	Rituxan Hycela	PA required
Q5115	Rituximab-abbs, biosimilar	Truxima	PA required
Q5123	Rituximab-arrx, biosimilar	Riabni	PA required
Q5119	Rituximab-pvvr, biosimilar	Ruxience	PA required
J2797	Rolapitant, injection	Varubi	PA required
J8670	Rolapitant, oral	Varubi	PA required
J9319	Romidepsin, lyophilized		PA required
J9318	Romidepsin, nonlyophilized	Istodax	PA required
J2796 J2802	Romiplostim	Nplate	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J3111	Romosozumab	Evenity	PA required
J3490 J3590	Ropeginterferon alfa-2b-njft	Besremi	PA required
J9333	Rozanolixizumab-noli	Rystiggo	PA required
J9317	Sacituzumab govitecan-hziy	Trodelvy	PA required
J3590	Satralizumab	Enspryng	PA required
J2840	Sebelipase alfa	Kanuma	PA required
C9166 J3247	Secukinumab, intravenous	Cosentyx IV	PA required
J3490	Selexipag for injection	Uptravi	PA required
J2860	Siltuximab	Sylvant	PA required
Q2043	Sipuleucel-T	Provenge	PA required
J9331	Sirolimus protein-bound	Fyarro	PA required
J1747	Spesolimab-sbzo	Spevigo	PA required
J1302	sutimlimab-jome	Enjaymo	PA required
J9349	Tafasitamab	Monjuvi	PA required
J9269	Tagraxofusp-erzs	Elzonris	PA required
J3060	Taliglucerase alfa	Elelyso	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J9325	Talimogene laherparepvec	Imlygic	PA required
C9163 J3055	Talquetamab-tgvs	Talvey	PA required
C9170 J9026	Tarlatamab-dlle	Imdelltra	PA required
J9274	Tebentafusp-tebn	Kimmtrack	PA required
C9148 J9380	Teclistamab-cqyv	Tecvayli	PA required
C9399 J9999	Telisotuzumab vedotin	Emrelis	PA required
J9328	Temozolomide	Temodar	PA required
J9330	Temsirolimus	Torisel	PA required
Q2017	Teniposide	Vumon	PA required
C9149 J9381	Teplizumab-mzwv	Tzield	PA required
J3241	Teprotumumab	Tepezza	PA required
J3145	Testosterone undecanoate	Aveed	PA required
J2356	Tezepelumab-ekko	Tezspire	PA required
J9341	Thiotepa	Tepylute	PA required
J9342	Thiotepa	Tepadina	PA required
J3245	Tildrakizumab	Ilumya	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
Q2042	Tisagenlecleucel	Kymriah	PA required
J9329	Tislelizumab-jsgr	Tevimbra	PA required
J9273	Tisotumab vedotin	Tivdak	PA required
Q0221	Tixagevimab & cilgavimab- excluded federally provided		PA required
Q5135	Tocilizumab-aazg	Tyenne	PA required
Q5156	Tocilizumab-anoh	Avtozma	PA required
Q5133	Tocilizumab-bavi	Tofidence	PA required
J3262	Tocilzumab	Actemra	PA required
C9399 J3263	Toripalimab-tpzi	Loqtorzi	PA required
J9352	Trabectedin	Yondelis	PA required
J9355	Trastuzumab	Herceptin	PA required
J9356	Trastuzumab and Hyaluronidase	Herceptin Hylecta	PA required
Q5117	Trastuzumab-aans (biosimilar)	Kanjinti	PA required
Q5114	Trastuzumab-dkst (biosimilar)	Ogivri	PA required
Q5112	Trastuzumab-dttb (biosimilar)	Ontruzant	PA required
Q5113	Trastuzumab-pkrb (biosimilar)	Herzuma	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
Q5116	Trastuzumab-qyyp (biosimilar)	Trazimera	PA required
Q5146	Trastuzumab-strf	Hercessi	PA required
J7355	Travoprost, intracameral implant	iDose TR	PA required
C9147 J9347	Tremelimumab-actl	Imjudo	PA required
C9175	Treosulfan	Grafapex	PA required
J3285	Treprostinil	Remodulin	PA required
J7686	Treprostinil	Tyvaso	PA required
J3299	Triamcinolone acetonide injectable suspension	Xipere	PA required
J3304	Triamcinolone ER injection	Zilretta	PA required
J1448	Trilaciclib	Cosela	PA required
J3315	Triptorelin	Trelstar	PA required
J2329	Ublituximab-xiiy	Briumvi	PA required
J3355	Urofollitropin	Metrodin Bravelle	PA required
J3358	Ustekinumab	Stelara IV	PA required
Q9999	Ustekinumab-aauz	Otulfi	PA required
Q9998	Ustekinumab-aekn	Selarsdi	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
Q5138	Ustekinumab-auub, intravenous	Wezlana IV	PA required
Q5137	Ustekinumab-auub, subcutaneous	Wezlana SC	PA required
Q5100	Ustekinumab-kfce	Yesintek	PA required
Q5098	Ustekinumab-srlf	Imuldosa	PA required
Q5099	Ustekinumab-stba	Steqeyma	PA required
Q9997	Ustekinumab-ttwe IV	Pyzchiva IV	PA required
Q9996	Ustekinumab-ttwe SC	Pyzchiva SC	PA required
J0901	Vadadustat	Vafseo	PA required
J1412	Valoctocogene roxaparvovec-rvox	Roctavian	PA required
J9357	Valrubicin, intravesical	Valstar	PA required
90396	Varicella zoster immune globulin	Varizig	PA required
J3380	Vedolizumab IV	Entyvio IV	PA required
J3385	Velaglucernase alfa	Vpriv	PA required
J0217	Velmanase alfa-tycv	Lamzede	PA required
J3397	Vestronidase alfa-vjbk	Mepsevii	PA required
J1427	Viltolarsen	Viltepso	PA required

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HCPC	Generic Name	Brand Name	Notes and Restrictions
J9371	Vincristine sulfate liposome	Marqibo	PA required
J3398	Voretigene neparvovec-rzyl	Luxturna	PA required
J0225	Vutrisiran	Amvuttra	PA required
A9543	Y90 Ibritumomab tiuxetan	Zevalin	PA required
C9302 J9276	Zanidatamab-hrii	Ziihera	PA required
j9382	Zenocutuzumab-zbco	Bizengri	PA required
J9400	Ziv-aflibercept	Zaltrap	PA required
J1326	Zolbetuximab-clzb	Vyloy	PA required

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