



Samaritan
Health Plans

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.

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|-------|---|--------------------------------------|------------------------|
| J0129 | Abatacept | Orencia | PA required |
| J0586 | Abobotulinumtoxin A | Dysport | PA required |
| C9167 | | | PA required |
| 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 |
| J0178 | Aflibercept | Eylea | PA required |
| C9161 | | | PA required |
| J0177 | Aflibercept High Dose | Eylea HD | 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 Zemaira | PA required |
| J0257 | Alpha-1 Proteinase Inhibitor (human) | Glassia | PA required |
| J0270 | Alprostadil, injection | Caverject, Edex | Excluded |
| J0275 | Alprostadil, urethral suppository | Muse | Excluded |
| 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 | | | PA required |
| J0402 | Aripiprazole, (Abilify Asimtufii) | Abilify Asimtufii | PA required |
| J0391 | Artesunate | Artesunate | PA required |
| J9019 | Asparaginase Erwinia | Erwinaze | PA required |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|----------------|---|-------------------|-------------------------------|
| J9021 | Asparaginase Erwinia, recombinant | Rylaze | PA required |
| J9022 | Atezolizumab | Tecentriq | PA required |
| J3590 C9399 | 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 |
| 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 |
| Q5129 | Bevacizumab-adcd (vezgelma), biosimilar | Vezgelma | 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 |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|-------------------------|--|----------------------|------------------------|
| J9039 | Blinatumomab | Blinicyto | PA required |
| J9041 | Bortezomib | Velcade | 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 autoleucl | Tecartus | PA required |
| 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 |
| J9047 | Carfilzomib | Kyprolis | PA required |
| J1426 | Casimersen | Amondys 45 | PA required |
| Q0240 Q0243 Q0244 | Casirivimab and imedvimab, Drug not covered, services use M0243 | | PA required |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|-------------|---|-------------------------|-------------------------------|
| J0699 | Cefiderocol | Fetroja | PA required |
| J0714 | Ceftazidime/Avivactam | Avycaz | PA required |
| J9119 | Cemiplimab | Libtayo | PA required |
| J3490 | Cenergermin | Oxervate | PA required |
| J0567 | Cerliponase alfa (recombinant human) | Brineura | PA required |
| J9055 | Cetuximab | Erbix | 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 |
| J9057 | Copanlisib | Aliqopa | PA required |
| J0801 | Corticotropin (Acthar Gel) | H.P. Acthar Gel | PA required |
| J0802 | Corticotropin (ANI) | Purified Cortrophin Gel | PA required |
| J0791 | Crizanlizumab | Adakveo | 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 |
| 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 |
| J1413 | Delandistrogene moxeparvovec-rokl | Elevidys | PA required |
| J0897 | Denosumab | Prolia Xgeva | PA required |
| Q5136 | Denosumab-bbdz | Jubbonti; Wyost | PA required |
| J0591 | Deoxycholic acid | Kybella | Excluded |
| J1095 | Dexamethasone intra-ocular injection | Dexycu | PA required |
| J7312 | Dexamethasone Intra-vitreial Implant | Ozurdex | PA required |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|----------------|---|-------------------|-------------------------------|
| 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 |
| Q2049 | Doxorubicin, liposomal. Imported | Lipodox | PA required |
| J9173 | Durvalumab | Imfinzi | PA required |
| J1290 | Ecallantide | Kalbitor | PA required |
| J1300 | Eculizumab | Soliris | 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 |
| 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 |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|----------------------------------|--|----------------------|-------------------------------|
| 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 G2082 G2083 | Esketamine (Nasal Spray) | Spravato | PA required |
| J1438 | Etanercept | Enbrel | PA required |
| J0606 | Etelcalcetide | Parsabiv | PA required |
| 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 |
| C9399 J3590 | exagamglogene autotemcel | Casgevvy | PA required |
| J7214 | Factor viii/von willebrand factor complex, recombinant | Altuviio | 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 |
| J1442 | Filgrastim (g-csf), excludes biosimilars | Neupogen | PA required |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|----------------|----------------------------------|--------------------|-------------------------------|
| Q5110 | Filgrastim-aafi, biosimilar | Nivestym | PA required |
| Q5125 | Filgrastim-ayow, biosimilar | Releuko | PA required |
| Q5101 | Filgrastim-sndz, biosimilar | Zarxio | PA required |
| J7311 | Fluocinolone implant | Retisert | PA required |
| J7313 | Fluocinolone implant | Iluvien | PA required |
| J7314 | Fluocinolone implant | Yutiq | PA required |
| C9399 J3490 | 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 |
| 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 |
| 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 |
| 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 |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|----------------|--------------------------------------|------------------------|-------------------------------|
| 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 | Synojynt | 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 |
| J1743 | Idursulfase | Elaprase | PA required |
| J1749 | Iloprost | Aurlumyn | PA required |
| Q4074 | Iloprost, Inhaled | Ventavis | 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 |
| 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 |
| J1561 | Immune Globulin, IV | Gamunex Gammaked | PA required |
| J1599 | Immune Globulin, IV | Nonlyophilized (NOS) | PA required |
| J1568 | Immune Globulin, IV | Octagam | PA required |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|----------------|--|-------------------|-------------------------------|
| 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 |
| 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 |
| 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 |
| J0691 | Lefamulin | Xenleta | PA required |
| J1961 C9399 | Lenacapavir | Sunlenca | PA required |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|-------------|--|----------------------------------|-------------------------------|
| J9218 | Leuprolide | Lupron | PA required |
| J1951 | Leuprolide | Fensolvi | PA required |
| J1952 | Leuprolide | Camcevi | PA required |
| J1954 | Leuprolide Acetate Depot (Cipla) | Leuprolide Acetate Depot | 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 |
| Q2054 | Lisocabtagene maraleucel | Breyanzi | PA required |
| J9359 | loncastuximab tesirine | Zynlonta | PA required |
| C9399 | | | PA required |
| J3394 | Lovotibeglogene autotemcel | Lyfgenia | PA required |
| J2062 | Loxapine, inhaled powder | Adasuve | PA required |
| J0224 | Lumasiran | Oxlumo | PA required |
| J9223 | Lurbinectedin | Zepzelca | PA required |
| J0896 | Luspatercept | Reblozyl | PA required |
| J9353 | Margetuximab | Margenza | 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 |
| J2186 | Meropenem/vaborbactam | Vabomere | PA required |
| J8611 | Methotrexate oral | Jylamvo | PA required |
| J8612 | Methotrexate oral | Xatmep | PA required |
| J7309 | Methyl Aminolevulinate | Levulan Kerastick Metvixia | PA required |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|----------------|--|-------------------|-------------------------------|
| 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 |
| 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 |
| J9299 | Nivolumab | Opdivo | PA required |
| J9298 | Nivolumab/relatlimab-rmbw | Opdualag | PA required |
| C9169 | Nogapendekin alfa inbakicept-pmln | Anktiva | PA required |
| J2326 | Nusinersen | Spinraza | PA required |
| J9301 | Obinutuzumab | Gazyva | PA required |
| J2350 | Ocrelizumab | Ocrevus | 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 |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|----------------|--|---------------------------------|------------------------|
| 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 |
| 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 |
| J9258 | Paclitaxel protein-bound particles (Teva), not therapeutic | 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 |
| 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 |
| 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 |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|----------------|--|-------------------|-------------------------------|
| Q5130 | Pegfilgrastim-pbbk (fynetra), biosimilar | Fynetra | 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 |
| 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 |
| J9307 | Pralatrexate | Folotyn | PA required |
| C9159 J7165 | Prothrombin complex concentrate (human) | Balfaxar | PA required |
| J2770 | Quinupristin/dalfopristin | Synercid | PA required |
| J9308 | Ramucirumab | Cyramza | PA required |
| J2778 | Ranibizumab | Lucentis | PA required |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|-------------|---|-------------------|-------------------------------|
| 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 |
| J7677 | Revefenacin inhalation solution, administered through D | Yupelri | PA required |
| J0349 | Rezafungin | Rezzayo | PA required |
| J2793 | Riloncept | Arcalyst | PA required |
| 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 | Romiplostim | Nplate | PA required |
| J3111 | Romozosumab | Evenity | PA required |
| J3490 | | | |
| J3590 | Ropeginterferon alfa-2b-njft | Besremi | PA required |
| J9333 | Rozanolixizumab-noli | Rystiggo | PA required |
| J9317 | Sacituzumab govitecan-hziy | Trodelyv | PA required |
| J3590 | Satralizumab | Enspryng | PA required |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|----------------|--------------------------|-------------------|-------------------------------|
| 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 |
| J9325 | Talimogene laherparepvec | Imlygic | PA required |
| C9163 J3055 | Talquetamab-tgvs | Talvey | PA required |
| C9170 | Tarlatamab-dlle | Imdelltra | PA required |
| J9274 | Tebentafusp-tebn | Kimmtrack | PA required |
| C9148 J9380 | Teclistamab-cqyv | Tecvayli | PA required |
| J9328 | Temozolomide | Temodar | PA required |
| J9330 | Temsirolimus | Torisel | PA required |
| Q2017 | Teniposide | Vumon | PA required |
| C9149 J9381 | Teplizumab-mzww | Tziold | PA required |
| J3241 | Teprotumumab | Tepezza | PA required |
| J3145 | Testosterone undecanoate | Aveed | PA required |
| J2356 | Tezepelumab-ekko | Tezspire | PA required |
| J9340 | Thiotepa | Tepadina | PA required |
| J3245 | Tildrakizumab | Ilumya | PA required |
| Q2042 | Tisagenlecleucel | Kymriah | PA required |
| J9329 | Tislelizumab-jsgr | Tevimbra | PA required |
| J9273 | Tisotumab vedotin | Tivdak | PA required |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|-------|---|----------------------------------|------------------------|
| Q0221 | Tixagevimab & cilgavimab- excluded federally provided | | PA required |
| Q5135 | Tocilizumab-aazg | Tyenne | PA required |
| Q5133 | Tocilizumab-bavi | Tofidence | PA required |
| J3262 | Tocilizumab | Actemra | PA required |
| C9399 | | | PA required |
| 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 |
| Q5116 | Trastuzumab-qyyp (biosimilar) | Trazimera | PA required |
| J7355 | Travoprost, intracameral implant | iDose TR | PA required |
| C9147 | | | PA required |
| J9347 | Tremelimumab-actl | Imjudo | 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 Fertinex | PA required |
| J3358 | Ustekinumab | Stelara IV (Crohns) | PA required |
| Q5138 | Ustekinumab-auub, intravenous | Wezlana IV | PA required |
| Q5137 | Ustekinumab-auub, subcutaneous | Wezlana SC | PA required |
| J1412 | Valoctocogene roxaparvovec-rvox | Roctavian | PA required |
| J9357 | Valrubicin, intravesical | Valstar | PA required |

| HCPC | Generic Name | Brand Name | Notes and Restrictions |
|-------------|----------------------------------|-------------------|-------------------------------|
| 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 |
| J9371 | Vincristine sulfate liposome | Marqibo | PA required |
| J3398 | Voretigene neparvovec-rzyl | Luxturna | PA required |
| J0225 | Vutrisiran | Amvuttra | PA required |
| J9400 | Ziv-aflibercept | Zaltrap | PA required |