

Below is the list of Medical Drug J-codes that require pre-service review for Commercial and Individual Plans. Please submit requests using the Medical Prior Auth Medical Electronic Request Form (select Medical Pharmacy from the drop down) or the PDF form that are available under Prior Authorization Forms, attach all necessary clinical documentation and submit to the Pharmacy Team by either fax to 801-213-1547 or by email: [uhealthplanspharmacyteam@hsc.utah.edu](mailto:uhealthplanspharmacyteam@hsc.utah.edu)

If you have questions or need assistance please call for 844-262-1560

PROC_CODE	Code Description	PA Status
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	Auth Required
0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Auth Required
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Auth Required
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Auth Required
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Auth Required
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply	Auth Required. Quantity Limit applies: Medtronic quantity of 15 allowed in 105 day rolling period. Dexcom covered under retail pharmacy benefit. Please contact Pharmacy Customer Service for assistance.
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	Auth Required. Quantity Limit applies: Medtronic quantity of 4 allowed in a 365 day rolling period. Dexcom covered under retail pharmacy benefit. Please contact Pharmacy Customer Service for assistance.
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	Auth Required. Quantity limit applies: Medtronic quantity of 1 allowed in a 365 day rolling period. Dexcom covered under retail pharmacy benefit. Please contact Pharmacy Customer Service for assistance.
A9513	Lutetium lu 177 dotatat ther	Auth Required
A9590	Iodine i-131 iobenguane 1mci	Auth Required
A9606	Radium ra223 dichloride ther	Auth Required
B4164	Parenteral 50% dextrose solu	Auth Required
B4168	Parenteral sol amino acid 3.	Auth Required
B4172	Parenteral sol amino acid 5.	Auth Required

B4176	Parenteral sol amino acid 7-	Auth Required
B4178	Parenteral sol amino acid >	Auth Required
B4180	Parenteral sol carb > 50%	Auth Required
B4185	Pn soln nos 10 grams lipids	Auth Required
B4187	Omegaven, 10 grams lipids	Auth Required
B4189	Parenteral sol amino acid &	Auth Required
B4193	Parenteral sol 52-73 gm prot	Auth Required
B4197	Parenteral sol 74-100 gm pro	Auth Required
B4199	Parenteral sol > 100gm prote	Auth Required
B4216	Parenteral nutrition additiv	Auth Required
B4220	Parenteral supply kit premix	Auth Required
B4222	Parenteral supply kit homemi	Auth Required
B4224	Parenteral administration ki	Auth Required
B5000	Parenteral sol renal-amirosoy	Auth Required
B5100	Parenteral solution hepatic	Auth Required
B5200	Parenteral sol hepatic fream	Auth Required
B9004	Parenteral infus pump portab	Auth Required
B9006	Parenteral infus pump statio	Auth Required
B9999	Parenteral supp not othrws c	Auth Required
C8957	Prolonged iv inf, req pump	Auth Required
C9041	Inj, coagulation factor xa	Auth Required
C9046	Cocaine hcl nasal solution	Auth Not Required
C9047	Injection, caplacizumab-yhdp	Auth Required
C9054	Injection, lefamulin	Auth Required
C9066	Sacituzumab govitecan-hziy	Auth Required
C9113	Inj pantoprazole sodium, via	Auth Required
C9122	Mometasone furoate (sinuva)	Not Covered
C9132	Kcentra, per i.u.	Auth Not Required
C9248	Inj, clevidipine butyrate	Auth Required
C9254	Injection, lacosamide	Auth Not Required
C9257	Bevacizumab injection	Auth Not Required
C9285	Patch, lidocaine/tetracaine	Auth Required
C9290	Inj, bupivacaine liposome	Auth Not Required
C9293	Injection, glucarpidase	Auth Required

C9399	Unclassified drugs or biolog	Auth Required when billing over \$500
C9460	Injection, cangrelor	Auth Not Required
C9462	Injection, delafloxacin	Auth Not Required
C9482	Sotalol hydrochloride iv	Auth Required
C9488	Conivaptan hcl	Auth Required
C9493	Injection, edaravone	Auth Required
E0779	Amb infusion pump mechanical	Auth Required
E0780	Mech amb infusion pump <8hrs	Auth Required
E0781	External ambulatory infus pu	Auth Required
E0791	Parenteral infusion pump sta	Auth Required
J0120	Tetracyclin injection	Auth Not Required
J0121	Inj., omadacycline, 1 mg	Not Covered
J0122	Inj., eravacycline, 1 mg	Auth Required
J0129	Abatacept injection	Auth Required. Subcutaneous therapy goes through retail pharmacy benefit. Please contact RealRx pharmacy customer service at 855-885-7695 for retail pharmacy benefit.
J0130	Abciximab injection	Auth Not Required
J0131	Acetaminophen injection	Auth Not Required
J0132	Acetylcysteine injection	Auth Not Required
J0133	Acyclovir injection	Auth Not Required
J0135	Adalimumab injection	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J0153	Adenosine inj 1mg	Auth Not Required
J0171	Adrenalin epinephrine inject	Auth Not Required
J0178	Aflibercept injection	Auth Required
J0179	Inj, brolocizumab-dbl, 1 mg	Auth Required
J0180	Agalsidase beta injection	Auth Required
J0185	Inj., aprepitant, 1 mg	Auth Not Required
J0190	Inj biperiden lactate/5 mg	Auth Not Required
J0200	Alatrofloxacin mesylate	Auth Not Required
J0202	Injection, alemtuzumab	Auth Required
J0205	Alglucerase injection	Auth Required
J0207	Amifostine	Auth Not Required
J0210	Methyldopate hcl injection	Auth Not Required

J0220	Alglucosidase alfa injection	Auth Required
J0221	Lumizyme injection	Auth Required
J0222	Inj., patisiran, 0.1 mg	Auth Required
J0223	Inj givosiran 0.5 mg	Auth Required
J0256	Alpha 1 proteinase inhibitor	Auth Required
J0257	Glassia injection	Auth Required
J0270	Alprostadil for injection	Auth Not Required
J0275	Alprostadil urethral suppos	Auth Not Required
J0278	Amikacin sulfate injection	Auth Not Required
J0280	Aminophyllin 250 mg inj	Auth Not Required
J0282	Amiodarone hcl	Auth Not Required
J0285	Amphotericin b	Auth Not Required
J0287	Amphotericin b lipid complex	Auth Not Required
J0288	Ampho b cholesteryl sulfate	Auth Not Required
J0289	Amphotericin b liposome inj	Auth Not Required
J0290	Ampicillin 500 mg inj	Auth Not Required
J0291	Inj., plazomicin, 5 mg	Auth Not Required
J0295	Ampicillin sulbactam 1.5 gm	Auth Not Required
J0300	Amobarbital 125 mg inj	Auth Not Required
J0330	Succinylcholine chloride inj	Auth Not Required
J0348	Anidulafungin injection	Auth Not Required
J0350	Injection anistreplase 30 u	Auth Not Required
J0360	Hydralazine hcl injection	Auth Not Required
J0364	Apomorphine hydrochloride	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J0365	Aprotonin, 10,000 kiu	Auth Not Required
J0380	Inj metaraminol bitartrate	Auth Not Required
J0390	Chloroquine injection	Auth Not Required
J0395	Arbutamine hcl injection	Auth Not Required
J0400	Aripiprazole injection	Auth Not Required
J0401	Inj aripiprazole ext rel 1mg	Auth Required
J0456	Azithromycin	Auth Not Required
J0461	Atropine sulfate injection	Auth Not Required
J0470	Dimecaprol injection	Auth Not Required

J0475	Baclofen 10 mg injection	Auth Not Required
J0476	Baclofen intrathecal trial	Auth Not Required
J0480	Basiliximab	Auth Required
J0485	Belatacept injection	Auth Required
J0490	Belimumab injection	Auth Required
J0500	Dicyclomine injection	Auth Not Required
J0515	Inj benzotropine mesylate	Auth Not Required
J0517	Inj., benralizumab, 1 mg	Auth Required
J0520	Bethanechol chloride inject	Auth Not Required
J0558	Peng benzathine/procaine inj	Auth Not Required
J0561	Penicillin g benzathine inj	Auth Not Required
J0565	Inj, bezlotoxumab, 10 mg	Auth Required
J0567	Inj., cerliponase alfa 1 mg	Auth Required
J0570	Buprenorphine implant 74.2mg	Auth Required
J0571	Buprenorphine oral 1mg	Auth Not Required
J0572	Bupren/nal up to 3mg bupreno	Auth Not Required
J0573	Bupren/nal 3.1 to 6mg bupren	Auth Not Required
J0574	Bupren/nal 6.1 to 10mg bupre	Auth Not Required
J0575	Bupren/nal over 10mg bupreno	Auth Not Required
J0583	Bivalirudin	Auth Not Required
J0584	Injection, burosumab-twza 1m	Auth Required
J0585	Injection,onabotulinumtoxina	Auth Required. Not covered for cosmetic use.
J0586	Abobotulinumtoxina	Auth Required. Not covered for cosmetic use.
J0587	Inj, rimabotulinumtoxinb	Auth Required. Not covered for cosmetic use.
J0588	Incobotulinumtoxin a	Auth Required. Not covered for cosmetic use.
J0591	Inj deoxycholic acid, 1 mg	Plan Exclusion not covered for cosmetic use.
J0592	Buprenorphine hydrochloride	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J0593	Inj., lanadelumab-flyo, 1 mg	Auth Required
J0594	Busulfan injection	Auth Not Required
J0595	Butorphanol tartrate 1 mg	Auth Not Required
J0596	Injection, ruconest	Auth Required
J0597	C-1 esterase, berinert	Auth Required
J0598	C-1 esterase, cinryze	Auth Required

J0599	Inj., haegarda 10 units	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J0600	Edetate calcium disodium inj	Auth Not Required
J0604	Cinacalcet, esrd on dialysis	Auth Not Required
J0606	Inj, etelcalcetide, 0.1 mg	Auth Required
J0610	Calcium gluconate injection	Auth Not Required
J0620	Calcium glycer & lact/10 ml	Auth Not Required
J0630	Calcitonin salmon injection	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J0636	Inj calcitriol per 0.1 mcg	Auth Not Required
J0637	Caspofungin acetate	Auth Required
J0638	Canakinumab injection	Auth Required
J0640	Leucovorin calcium injection	Auth Not Required
J0641	Inj levoleucovorin nos 0.5mg	Auth Not Required
J0642	Injection, khapzory, 0.5 mg	Auth Required
J0670	Inj mepivacaine hcl/10 ml	Auth Not Required
J0690	Cefazolin sodium injection	Auth Not Required
J0691	Inj lefamulin 1 mg	Auth Required
J0692	Cefepime hcl for injection	Auth Not Required
J0694	Cefoxitin sodium injection	Auth Not Required
J0695	Inj ceftolozane tazobactam	Auth Required
J0696	Ceftriaxone sodium injection	Auth Not Required
J0697	Sterile cefuroxime injection	Auth Not Required
J0698	Cefotaxime sodium injection	Auth Not Required
J0702	Betamethasone acet&sod phosp	Auth Not Required
J0706	Caffeine citrate injection	Auth Not Required
J0710	Cephapirin sodium injection	Auth Not Required
J0712	Ceftaroline fosamil inj	Auth Required
J0713	Inj ceftazidime per 500 mg	Auth Not Required
J0714	Ceftazidime and avibactam	Auth Required
J0715	Ceftizoxime sodium / 500 mg	Auth Not Required
J0716	Centruroides immune f(ab)	Auth Not Required
J0717	Certolizumab pegol inj 1mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.

J0720	Chloramphenicol sodium injec	Auth Not Required
J0725	Chorionic gonadotropin/1000u	Plan Exclusion. Refer to plan document to verify if plan exclusion. Contact Customer Service at 855-447-2900.
J0735	Clonidine hydrochloride	Auth Not Required
J0740	Cidofovir injection	Auth Not Required
J0742	Inj imip 4 cilas 4 releb 2mg	Auth Required
J0743	Cilastatin sodium injection	Auth Not Required
J0744	Ciprofloxacin iv	Auth Not Required
J0745	Inj codeine phosphate /30 mg	Auth Not Required
J0770	Colistimethate sodium inj	Auth Not Required
J0775	Collagenase, clost hist inj	Auth Required
J0780	Prochlorperazine injection	Auth Not Required
J0791	Inj crizanlizumab-tmca 5mg	Auth Required
J0795	Corticotropin ovine triflural	Auth Not Required
J0800	Corticotropin injection	Auth Not Required
J0834	Inj., cosyntropin, 0.25 mg	Auth Not Required
J0840	Crotalidae poly immune fab	Auth Not Required
J0841	Inj crotalidae im f(ab')2 eq	Auth Not Required
J0850	Cytomegalovirus imm iv /vial	Auth Required
J0875	Injection, dalbavancin	Auth Required
J0878	Daptomycin injection	Auth Not Required
J0881	Darbepoetin alfa, non-esrd	Auth Required
J0882	Darbepoetin alfa, esrd use	Auth Not Required
J0883	Argatroban nonesrd use 1mg	Auth Not Required
J0884	Argatroban esrd dialysis 1mg	Auth Not Required
J0885	Epoetin alfa, non-esrd	Auth Required
J0886	Epoetin alfa 1000 units esrd	Auth Required
J0887	Epoetin beta esrd use	Auth Required
J0888	Epoetin beta non esrd	Auth Required
J0890	Peginesatide injection	Auth Required
J0894	Decitabine injection	Auth Required
J0895	Deferoxamine mesylate inj	Auth Not Required
J0896	Inj luspatercept-aamt 0.25mg	Auth Required
J0897	Denosumab injection	Auth Required

J0945	Brompheniramine maleate inj	Auth Not Required
J1000	Depo-estradiol cypionate inj	Auth Not Required
J1020	Methylprednisolone 20 mg inj	Auth Not Required
J1030	Methylprednisolone 40 mg inj	Auth Not Required
J1040	Methylprednisolone 80 mg inj	Auth Not Required
J1050	Medroxyprogesterone acetate	Auth Not Required
J1060	Testosterone cypionate 1 ml	Auth Not Required
J1071	Inj testosterone cypionate	Auth Not Required
J1080	Testosterone cypionat 200 mg	Auth Not Required
J1094	Inj dexamethasone acetate	Auth Not Required
J1096	Dexametha oph insert 0.1 mg	Not Covered
J1097	Phenylep ketorolac oph soln	Not Covered
J1100	Dexamethasone sodium phos	Auth Not Required
J1110	Inj dihydroergotamine mesylt	Auth Not Required
J1120	Acetazolamid sodium injectio	Auth Not Required
J1130	Inj diclofenac sodium 0.5mg	Auth Not Required
J1160	Digoxin injection	Auth Not Required
J1162	Digoxin immune fab (ovine)	Auth Not Required
J1165	Phenytoin sodium injection	Auth Not Required
J1170	Hydromorphone injection	Auth Not Required
J1180	Dyphylline injection	Auth Not Required
J1190	Dexrazoxane hcl injection	Auth Not Required
J1200	Diphenhydramine hcl injectio	Auth Not Required
J1201	Inj. cetirizine hcl 0.5mg	Auth Not Required
J1205	Chlorothiazide sodium inj	Auth Not Required
J1212	Dimethyl sulfoxide 50% 50 ml	Auth Not Required
J1230	Methadone injection	Auth Not Required
J1240	Dimenhydrinate injection	Auth Not Required
J1245	Dipyridamole injection	Auth Not Required
J1250	Inj dobutamine hcl/250 mg	Auth Not Required
J1260	Dolasetron mesylate	Auth Not Required
J1265	Dopamine injection	Auth Not Required
J1267	Doripenem injection	Auth Not Required
J1270	Injection, doxercalciferol	Auth Not Required



J1290	Ecallantide injection	Auth Required
J1300	Eculizumab injection	Auth Required
J1301	Injection, edaravone, 1 mg	Auth Required
J1303	Inj., ravulizumab-cwvz 10 mg	Auth Required
J1320	Amitriptyline injection	Auth Not Required
J1322	Elosulfase alfa, injection	Auth Required
J1324	Enfuvirtide injection	Auth Required
J1325	Epoprostenol injection	Auth Not Required
J1327	Eptifibatide injection	Auth Not Required
J1330	Ergonovine maleate injection	Auth Not Required
J1335	Ertapenem injection	Auth Not Required
J1364	Erythro lactobionate /500 mg	Auth Not Required
J1380	Estradiol valerate 10 mg inj	Auth Not Required
J1410	Inj estrogen conjugate 25 mg	Auth Not Required
J1428	Inj, eteplirsen, 10 mg	Not Covered
J1429	Inj golodirsen 10 mg	Not Covered
J1430	Ethanolamine oleate 100 mg	Auth Not Required
J1435	Injection estrone per 1 mg	Auth Not Required
J1436	Etidronate disodium inj	Auth Not Required
J1437	Inj. fe derisomaltose 10 mg	Not Covered
J1438	Etanercept injection	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J1439	Inj ferric carboxymaltos 1mg	Auth Required
J1442	Inj filgrastim excl biosimil	Auth Not Required
J1443	Inj ferric pyrophosphate cit	Auth Required
J1444	Fe pyro cit pow 0.1 mg iron	Not Covered
J1447	Inj tbo filgrastim 1 microg	Auth Required
J1450	Fluconazole	Auth Not Required
J1451	Fomepizole, 15 mg	Auth Not Required
J1452	Intraocular fomivirsen na	Auth Not Required
J1453	Fosaprepitant injection	Auth Not Required
J1454	Inj fosnetupitant, palonoset	Auth Required
J1455	Foscarnet sodium injection	Auth Not Required
J1457	Gallium nitrate injection	Auth Not Required

J1458	Galsulfase injection	Auth Required
J1459	Inj ivig privigen 500 mg	Auth Required
J1460	Gamma globulin 1 cc inj	Auth Required
J1555	Inj cuvitru, 100 mg	Auth Required
J1556	Inj, imm glob bivigam, 500mg	Auth Required
J1557	Gammaplex injection	Auth Required
J1558	Inj. xembify, 100 mg	Auth Required
J1559	Hizentra injection	Auth Required
J1560	Gamma globulin > 10 cc inj	Auth Required
J1561	Gamunex-c/gammaked	Auth Required
J1562	Vivaglobin, inj	Auth Required
J1566	Immune globulin, powder	Auth Required
J1568	Octagam injection	Auth Required
J1569	Gammagard liquid injection	Auth Required
J1570	Ganciclovir sodium injection	Auth Not Required
J1571	Hepagam b im injection	Auth Not Required
J1572	Flebogamma injection	Auth Required
J1573	Hepagam b intravenous, inj	Auth Not Required
J1575	Hyqvia 100mg immunoglobulin	Not Covered
J1580	Garamycin gentamicin inj	Auth Not Required
J1595	Injection glatiramer acetate	Auth Required
J1599	Ivig non-lyophilized, nos	Auth Required
J1600	Gold sodium thiomaleate inj	Auth Not Required
J1602	Golimumab for iv use 1mg	Auth Required
J1610	Glucagon hydrochloride/1 mg	Auth Not Required
J1620	Gonadorelin hydroch/ 100 mcg	Auth Not Required
J1626	Granisetron hcl injection	Auth Not Required
J1627	Inj, granisetron, xr, 0.1 mg	Auth Required
J1628	Inj., guselkumab, 1 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J1630	Haloperidol injection	Auth Not Required
J1631	Haloperidol decanoate inj	Auth Not Required
J1632	Inj., brexanolone, 1 mg	Not Covered- investigational
J1640	Hemin, 1 mg	Auth Required

J1642	Inj heparin sodium per 10 u	Auth Not Required
J1644	Inj heparin sodium per 1000u	Auth Not Required
J1645	Dalteparin sodium	Auth Not Required
J1650	Inj enoxaparin sodium	Auth Not Required
J1652	Fondaparinux sodium	Auth Not Required
J1655	Tinzaparin sodium injection	Auth Not Required
J1670	Tetanus immune globulin inj	Auth Not Required
J1675	Histrelin acetate	Auth Required
J1700	Hydrocortisone acetate inj	Auth Not Required
J1710	Hydrocortisone sodium ph inj	Auth Not Required
J1720	Hydrocortisone sodium succ i	Auth Not Required
J1726	Makena, 10 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J1729	Inj hydroxyprogst capoat nos	Auth Required
J1730	Diazoxide injection	Auth Not Required
J1738	Inj. meloxicam 1 mg	Auth Not Required
J1740	Ibandronate sodium injection	Auth Required
J1741	Ibuprofen injection	Auth Not Required
J1742	Ibutilide fumarate injection	Auth Not Required
J1743	Idursulfase injection	Auth Required
J1744	Icatibant injection	Auth Required
J1745	Infliximab not biosimil 10mg	Auth Required
J1746	Inj., ibalizumab-uiyk, 10 mg	Auth Required
J1750	Inj iron dextran	Auth Required
J1756	Iron sucrose injection	Auth Required
J1786	Imuglucerase injection	Auth Required
J1790	Droperidol injection	Auth Not Required
J1800	Propranolol injection	Auth Not Required
J1810	Droperidol/fentanyl inj	Auth Not Required
J1815	Insulin injection	Auth Not Required
J1817	Insulin for insulin pump use	Auth Not Required
J1826	Interferon beta-1a inj	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.

J1830	Interferon beta-1b / .25 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J1833	Injection, isavuconazonium	Auth Required
J1835	Itraconazole injection	Auth Not Required
J1840	Kanamycin sulfate 500 mg inj	Auth Not Required
J1850	Kanamycin sulfate 75 mg inj	Auth Not Required
J1885	Ketorolac tromethamine inj	Auth Not Required
J1890	Cephalothin sodium injection	Auth Not Required
J1930	Lanreotide injection	Auth Required
J1931	Laronidase injection	Auth Required
J1940	Furosemide injection	Auth Not Required
J1943	Inj., aristada initio, 1 mg	Auth Required
J1944	Aripirazole lauroxil 1 mg	Auth Required
J1945	Lepirudin	Auth Not Required
J1950	Leuprolide acetate /3.75 mg	Auth Required
J1953	Levetiracetam injection	Auth Not Required
J1955	Inj levocarnitine per 1 gm	Not Covered
J1956	Levofloxacin injection	Auth Not Required
J1960	Levorphanol tartrate inj	Auth Not Required
J1980	Hyoscyamine sulfate inj	Auth Not Required
J1990	Chlordiazepoxide injection	Auth Not Required
J2001	Lidocaine injection	Auth Not Required
J2010	Lincomycin injection	Auth Not Required
J2020	Linezolid injection	Auth Not Required
J2060	Lorazepam injection	Auth Not Required
J2062	Loxapine for inhalation 1 mg	Auth Required
J2150	Mannitol injection	Auth Not Required
J2170	Mecasermin injection	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J2175	Meperidine hydrochl /100 mg	Auth Not Required
J2180	Meperidine/promethazine inj	Auth Not Required
J2182	Injection, mepolizumab, 1mg	Auth Required
J2185	Meropenem	Auth Not Required
J2210	Methylergonovin maleate inj	Auth Not Required

J2212	Methylnaltrexone injection	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J2248	Micafungin sodium injection	Auth Not Required
J2250	Inj midazolam hydrochloride	Auth Not Required
J2260	Inj milrinone lactate / 5 mg	Auth Not Required
J2265	Minocycline hydrochloride	Auth Not Required
J2270	Morphine sulfate injection	Auth Not Required
J2271	Morphine so4 injection 100mg	Auth Not Required
J2274	Inj morphine pf epid ithc	Auth Not Required
J2278	Ziconotide injection	Auth Required
J2280	Inj, moxifloxacin 100 mg	Auth Not Required
J2300	Inj nalbuphine hydrochloride	Auth Not Required
J2310	Inj naloxone hydrochloride	Auth Not Required
J2315	Naltrexone, depot form	Auth Not Required
J2320	Nandrolone decanoate 50 mg	Auth Not Required
J2323	Natalizumab injection	Auth Required
J2325	Nesiritide injection	Auth Not Required
J2326	Inj, nusinersen, 0.1mg	Auth Required
J2350	Injection, ocrelizumab, 1 mg	Auth Required
J2353	Octreotide injection, depot	Auth Required
J2354	Octreotide inj, non-depot	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J2355	Oprelvekin injection	Auth Not Required
J2357	Omalizumab injection	Auth Required
J2358	Olanzapine long-acting inj	Auth Not Required
J2360	Orphenadrine injection	Auth Not Required
J2370	Phenylephrine hcl injection	Auth Not Required
J2400	Chloroprocaine hcl injection	Auth Not Required
J2405	Ondansetron hcl injection	Auth Not Required
J2407	Injection, oritavancin	Not Covered
J2410	Oxymorphone hcl injection	Auth Not Required
J2425	Palifermin injection	Auth Required
J2426	Paliperidone palmitate inj	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.

J2430	Pamidronate disodium /30 mg	Auth Not Required
J2440	Papaverin hcl injection	Auth Not Required
J2460	Oxytetracycline injection	Auth Not Required
J2469	Palonosetron hcl	Auth Not Required
J2501	Paricalcitol	Auth Not Required
J2502	Inj, pasireotide long acting	Auth Required
J2503	Pegaptanib sodium injection	Auth Required
J2505	Injection, pegfilgrastim 6mg	Auth Required
J2507	Pegloticase injection	Auth Required
J2510	Penicillin g procaine inj	Auth Not Required
J2513	Pentastarch 10% solution	Auth Not Required
J2515	Pentobarbital sodium inj	Auth Not Required
J2540	Penicillin g potassium inj	Auth Not Required
J2543	Piperacillin/tazobactam	Auth Not Required
J2545	Pentamidine non-comp unit	Auth Not Required
J2547	Injection, peramivir	Auth Not Required
J2550	Promethazine hcl injection	Auth Not Required
J2560	Phenobarbital sodium inj	Auth Not Required
J2562	Plerixafor injection	Auth Required
J2590	Oxytocin injection	Auth Not Required
J2597	Inj desmopressin acetate	Auth Not Required
J2650	Prednisolone acetate inj	Auth Not Required
J2670	Totazoline hcl injection	Auth Not Required
J2675	Inj progesterone per 50 mg	Auth Not Required
J2680	Fluphenazine decanoate 25 mg	Auth Not Required
J2690	Procainamide hcl injection	Auth Not Required
J2700	Oxacillin sodium injeciton	Auth Not Required
J2704	Inj, propofol, 10 mg	Auth Not Required
J2710	Neostigmine methylsifte inj	Auth Not Required
J2720	Inj protamine sulfate/10 mg	Auth Not Required
J2724	Protein c concentrate	Auth Required
J2725	Inj protirelin per 250 mcg	Auth Not Required
J2730	Pralidoxime chloride inj	Auth Not Required
J2760	Phentolaine mesylate inj	Auth Not Required

J2765	Metoclopramide hcl injection	Auth Not Required
J2770	Quinupristin/dalfopristin	Auth Not Required
J2778	Ranibizumab injection	Auth Required
J2780	Ranitidine hydrochloride inj	Auth Not Required
J2783	Rasburicase	Auth Required
J2785	Regadenoson injection	Auth Not Required
J2786	Injection, reslizumab, 1mg	Auth Required
J2787	Riboflavin 5'phos oph<=3ml	Auth Required
J2788	Rho d immune globulin 50 mcg	Auth Not Required
J2790	Rho d immune globulin inj	Auth Not Required
J2791	Rhophylac injection	Auth Not Required
J2792	Rho(d) immune globulin h, sd	Auth Not Required
J2793	Rilonacept injection	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J2794	Inj risperdal consta, 0.5 mg	Auth Not Required
J2795	Ropivacaine hcl injection	Auth Not Required
J2796	Romiplostim injection	Auth Required
J2797	Inj., rolapitant, 0.5 mg	Auth Required
J2798	Inj., perseris, 0.5 mg	Auth Required
J2800	Methocarbamol injection	Auth Not Required
J2805	Sincalide injection	Auth Not Required
J2810	Inj theophylline per 40 mg	Auth Not Required
J2820	Sargramostim injection	Auth Not Required
J2840	Inj sebelipase alfa 1 mg	Auth Required
J2850	Inj secretin synthetic human	Auth Not Required
J2860	Injection, siltuximab	Auth Required
J2910	Aurothioglucose injeciton	Auth Not Required
J2916	Na ferric gluconate complex	Auth Required
J2920	Methylprednisolone injection	Auth Not Required
J2930	Methylprednisolone injection	Auth Not Required
J2940	Somatrem injection	Auth Not Required
J2941	Somatropin injection	Auth Required
J2950	Promazine hcl injection	Auth Not Required
J2993	Retepase injection	Auth Not Required

J2995	Inj streptokinase /250000 iu	Auth Not Required
J2997	Alteplase recombinant	Auth Not Required
J3000	Streptomycin injection	Auth Not Required
J3010	Fentanyl citrate injection	Auth Not Required
J3030	Sumatriptan succinate / 6 mg	Auth Not Required
J3031	Inj., fremanezumab-vfrm 1 mg	Auth Required
J3032	Inj. eptinezumab-jjmr 1 mg	Auth Required
J3060	Inj, taliglucerase alfa 10 u	Auth Required
J3070	Pentazocine injection	Auth Not Required
J3090	Inj tedizolid phosphate	Not Covered
J3095	Telavancin injection	Not Covered
J3101	Tenecteplase injection	Auth Not Required
J3105	Terbutaline sulfate inj	Auth Not Required
J3110	Teriparatide injection	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J3111	Inj. romosozumab-aqqg 1 mg	Auth Required
J3121	Inj testosterone enanthate 1mg	Auth Not Required
J3145	Testosterone undecanoate 1mg	Auth Not Required
J3230	Chlorpromazine hcl injection	Auth Not Required
J3240	Thyrotropin injection	Auth Not Required
J3241	Inj. teprotumumab-trbw 10 mg	Auth Required
J3243	Tigecycline injection	Auth Required
J3245	Inj., tildrakizumab, 1 mg	Auth Required
J3246	Tirofiban hcl	Auth Not Required
J3250	Trimethobenzamide hcl inj	Auth Not Required
J3260	Tobramycin sulfate injection	Auth Not Required
J3262	Tocilizumab injection	Auth Required
J3265	Injection torsemide 10 mg/ml	Auth Not Required
J3280	Thiethylperazine maleate inj	Auth Not Required
J3285	Treprostinil injection	Auth Required
J3300	Triamcinolone a inj prs-free	Auth Not Required
J3301	Triamcinolone acet inj nos	Auth Not Required
J3302	Triamcinolone diacetate inj	Auth Not Required
J3303	Triamcinolone hexacetonl inj	Auth Not Required



J3304	Inj triamcinolone ace xr 1mg	Auth Required
J3305	Inj trimetrexate glucuronate	Auth Not Required
J3310	Perphenazine injeciton	Auth Not Required
J3315	Triptorelin pamoate	Auth Required
J3316	Inj., triptorelin xr 3.75 mg	Auth Required
J3320	Spectinomycn di-hcl inj	Auth Not Required
J3350	Urea injection	Auth Not Required
J3355	Urofollitropin, 75 iu	Plan Exclusion. Refer to plan document to verify if plan exclusion. Contact Customer Service at 855-447-2900.
J3357	Ustekinumab sub cu inj, 1 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J3358	Ustekinumab, iv inject, 1 mg	Auth Required
J3360	Diazepam injection	Auth Not Required
J3364	Urokinase 5000 iu injection	Auth Not Required
J3365	Urokinase 250,000 iu inj	Auth Not Required
J3370	Vancomycin hcl injection	Auth Not Required
J3380	Injection, vedolizumab	Auth Required
J3385	Velaglycerase alfa	Auth Required
J3396	Verteporfin injection	Auth Required
J3397	Inj., vestronidase alfa-vjvk	Auth Required
J3398	Inj luxturna 1 billion vec g	Auth Required
J3399	Inj onase abepar-xioi treat	Auth Required
J3400	Triflupromazine hcl inj	Auth Not Required
J3410	Hydroxyzine hcl injection	Auth Not Required
J3411	Thiamine hcl 100 mg	Auth Not Required
J3415	Pyridoxine hcl 100 mg	Auth Not Required
J3420	Vitamin b12 injection	Auth Not Required
J3430	Vitamin k phytonadione inj	Auth Not Required
J3465	Injection, voriconazole	Auth Not Required
J3470	Hyaluronidase injection	Auth Not Required
J3471	Ovine, up to 999 usp units	Auth Not Required
J3472	Ovine, 1000 usp units	Auth Not Required
J3473	Hyaluronidase recombinant	Auth Not Required
J3475	Inj magnesium sulfata	Auth Not Required

J3480	Inj potassium chloride	Auth Not Required
J3485	Zidovudine	Auth Not Required
J3486	Ziprasidone mesylate	Auth Not Required
J3489	Zoledronic acid 1mg	Auth Not Required
J3490	Drugs unclassified injection	Auth Required when billing over \$500
J3520	Edetate disodium per 150 mg	Auth Not Required
J3530	Nasal vaccine inhalation	Auth Not Required
J3535	Metered dose inhaler drug	Auth Not Required
J3570	Laetrile amygdalin vit b17	Auth Not Required
J3590	Unclassified biologics	Auth Required when billing over \$500
J3591	Esrd on dialysi drug/bio noc	Auth Required
J7030	Normal saline solution infus	Auth Not Required
J7040	Normal saline solution infus	Auth Not Required
J7042	5% dextrose/normal saline	Auth Not Required
J7050	Normal saline solution infus	Auth Not Required
J7060	5% dextrose/water	Auth Not Required
J7070	D5w infusion	Auth Not Required
J7100	Dextran 40 infusion	Auth Not Required
J7110	Dextran 75 infusion	Auth Not Required
J7120	Ringers lactate infusion	Auth Not Required
J7121	5% dextrose in lac ringers	Auth Not Required
J7131	Hypertonic saline sol	Auth Not Required
J7169	Inj andexxa, 10 mg	Auth Not Required
J7170	Inj., emicizumab-kxwh 0.5 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7170	Inj., emicizumab-kxwh 0.5 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7175	Inj, factor x, (human), 1iu	Auth Required
J7177	Inj., fibryga, 1 mg	Auth Required
J7178	Inj human fibrinogen con nos	Auth Required
J7179	Vonvendi inj 1 iu vwf:rc0	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7180	Factor xiii anti-hem factor	Auth Required
J7181	Factor xiii recomb a-subunit	Auth Required

J7182	Factor viii recomb novoeight	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7183	Wilate injection	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7185	Xyntha inj	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7186	Antihemophilic viii/vwf comp	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7187	Humate-p, inj	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7188	Factor viii recomb obizur	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7189	Factor viia	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7190	Factor viii	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7191	Factor viii (porcine)	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7192	Factor viii recombinant nos	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7193	Factor ix non-recombinant	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7194	Factor ix complex	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7195	Factor ix recombinant nos	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7197	Antithrombin iii injection	Auth Required
J7198	Anti-inhibitor	Auth Required
J7200	Factor ix recombinan rixubis	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7201	Factor ix alprolix recomb	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7202	Factor ix idelvion inj	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.

J7203	Factor ix recomb gly rebinyn	Auth Required
J7204	Inj recombin esperoct per iu	Not Covered
J7205	Factor viii fc fusion recomb	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7207	Factor viii pegylated recomb	Not Covered
J7208	Inj. jivi 1 iu	Not Covered
J7209	Factor viii nuwiq recomb 1iu	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7209	Factor viii nuwiq recomb 1iu	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7210	Inj, afstyla, 1 i.u.	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7211	Inj, kovaltry, 1 i.u.	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7296	Kyleena, 19.5 mg	Auth Not Required
J7297	Liletta, 52 mg	Auth Not Required
J7298	Mirena, 52 mg	Auth Not Required
J7300	Intraut copper contraceptive	Auth Not Required
J7301	Skyla, 13.5 mg	Auth Not Required
J7303	Contraceptive vaginal ring	Auth Not Required
J7304	Contraceptive hormone patch	Auth Not Required
J7306	Levonorgestrel implant sys	Auth Not Required
J7307	Etonogestrel implant system	Auth Not Required
J7308	Aminolevulinic acid hcl top	Auth Not Required
J7309	Methyl aminolevulinate, top	Auth Required
J7310	Ganciclovir long act implant	Auth Required
J7311	Inj., retisert, 0.01 mg	Auth Required
J7312	Dexamethasone intra implant	Auth Not Required
J7313	Inj., iluvien, 0.01 mg	Auth Not Required
J7314	Inj., yutiq, 0.01 mg	Auth Required
J7315	Ophthalmic mitomycin	Auth Not Required
J7316	Inj, ocriplasmin, 0.125 mg	Auth Required
J7318	Inj, durolane 1 mg	Auth Required
J7320	Genvisc 850, inj, 1mg	Auth Required

J7321	Hyalgan or supartz inj dose	Auth Required
J7322	Hymovis injection 1 mg	Auth Required
J7323	Euflexxa inj per dose	Auth Required
J7324	Orthovisc inj per dose	Auth Required
J7325	Synvisc or synvisc-one	Auth Required
J7326	Gel-one	Auth Required
J7327	Monovisc inj per dose	Auth Required
J7328	Gelsyn-3 injection 0.1 mg	Auth Required
J7329	Inj, trivisc 1 mg	Auth Required
J7330	Cultured chondrocytes implnt	Auth Required
J7331	Synojynt, inj., 1 mg	Not Covered
J7332	Inj., triluron, 1 mg	Not Covered
J7333	Visco-3 inj dose	Not Covered
J7336	Capsaicin 8% patch	Auth Not Required
J7340	Carbidopa levodopa ent 100ml	Auth Required
J7342	Ciprofloxacin otic susp 6 mg	Auth Not Required
J7345	Aminolevulinic acid, 10% gel	Auth Not Required
J7351	Inj bimatoprost itc imp1mcg	Auth Required
J7401	Mometasone furoate sinus imp	Not Covered
J7500	Azathioprine oral 50mg	Auth Not Required
J7501	Azathioprine parenteral	Auth Not Required
J7502	Cyclosporine oral 100 mg	Auth Not Required
J7503	Tacrol envarsus ex rel oral	Auth Not Required
J7504	Lymphocyte immune globulin	Auth Required
J7505	Monoclonal antibodies	Auth Not Required
J7507	Tacrolimus imme rel oral 1mg	Auth Not Required
J7508	Tacrol astagraf ex rel oral	Auth Not Required
J7509	Methylprednisolone oral	Auth Not Required
J7510	Prednisolone oral per 5 mg	Auth Not Required
J7511	Antithymocyte globuln rabbit	Auth Not Required
J7512	Prednisone ir or dr oral 1mg	Auth Not Required
J7513	Daclizumab, parenteral	Auth Not Required
J7515	Cyclosporine oral 25 mg	Auth Not Required
J7516	Cyclosporin parenteral 250mg	Auth Not Required

J7517	Mycophenolate mofetil oral	Auth Not Required
J7518	Mycophenolic acid	Auth Not Required
J7520	Sirolimus, oral	Auth Not Required
J7525	Tacrolimus injection	Auth Not Required
J7527	Oral everolimus	Auth Not Required
J7599	Immunosuppressive drug noc	Auth Required when billing over \$500
J7604	Acetylcysteine comp unit	Auth Not Required
J7605	Arformoterol non-comp unit	Auth Not Required
J7606	Formoterol fumarate, inh	Auth Not Required
J7607	Levalbuterol comp con	Auth Not Required
J7608	Acetylcysteine non-comp unit	Auth Not Required
J7609	Albuterol comp unit	Auth Not Required
J7610	Albuterol comp con	Auth Not Required
J7611	Albuterol non-comp con	Auth Not Required
J7612	Levalbuterol non-comp con	Auth Not Required
J7613	Albuterol non-comp unit	Auth Not Required
J7614	Levalbuterol non-comp unit	Auth Not Required
J7615	Levalbuterol comp unit	Auth Not Required
J7620	Albuterol ipratrop non-comp	Auth Not Required
J7622	Beclomethasone comp unit	Auth Not Required
J7624	Betamethasone comp unit	Auth Not Required
J7626	Budesonide non-comp unit	Auth Not Required
J7627	Budesonide comp unit	Auth Not Required
J7628	Bitolterol mesylate comp con	Auth Not Required
J7629	Bitolterol mesylate comp unt	Auth Not Required
J7631	Cromolyn sodium noncomp unit	Auth Not Required
J7632	Cromolyn sodium comp unit	Auth Not Required
J7633	Budesonide non-comp con	Auth Not Required
J7634	Budesonide comp con	Auth Not Required
J7635	Atropine comp con	Auth Not Required
J7636	Atropine comp unit	Auth Not Required
J7637	Dexamethasone comp con	Auth Not Required
J7638	Dexamethasone comp unit	Auth Not Required

J7639	Dornase alfa non-comp unit	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7640	Formoterol comp unit	Auth Not Required
J7641	Flunisolide comp unit	Auth Not Required
J7642	Glycopyrrolate comp con	Auth Not Required
J7643	Glycopyrrolate comp unit	Auth Not Required
J7644	Ipratropium bromide non-comp	Auth Not Required
J7645	Ipratropium bromide comp	Auth Not Required
J7647	Isoetharine comp con	Auth Not Required
J7648	Isoetharine non-comp con	Auth Not Required
J7649	Isoetharine non-comp unit	Auth Not Required
J7650	Isoetharine comp unit	Auth Not Required
J7657	Isoproterenol comp con	Auth Not Required
J7658	Isoproterenol non-comp con	Auth Not Required
J7659	Isoproterenol non-comp unit	Auth Not Required
J7660	Isoproterenol comp unit	Auth Not Required
J7665	Mannitol for inhaler	Auth Not Required
J7667	Metaproterenol comp con	Auth Not Required
J7668	Metaproterenol non-comp con	Auth Not Required
J7669	Metaproterenol non-comp unit	Auth Not Required
J7670	Metaproterenol comp unit	Auth Not Required
J7674	Methacholine chloride, neb	Auth Not Required
J7676	Pentamidine comp unit dose	Auth Not Required
J7677	Revefenacin inh non-com 1mcg	Auth Required
J7680	Terbutaline sulf comp con	Auth Not Required
J7681	Terbutaline sulf comp unit	Auth Not Required
J7682	Tobramycin non-comp unit	Auth Required
J7683	Triamcinolone comp con	Auth Not Required
J7684	Triamcinolone comp unit	Auth Not Required
J7685	Tobramycin comp unit	Auth Required
J7686	Treprostinil, non-comp unit	Auth Required
J7699	Inhalation solution for dme	Auth Required when billing over \$500
J7799	Non-inhalation drug for dme	Auth Required when billing over \$500
J7999	Compounded drug, noc	Auth Required when billing over \$500

J8498	Antiemetic rectal/supp nos	Auth Required
J8499	Oral prescrip drug non chemo	Auth Required when billing over \$500
J8501	Oral aprepitant	Auth Not Required
J8510	Oral busulfan	Auth Not Required
J8515	Cabergoline, oral 0.25mg	Auth Not Required
J8520	Capecitabine, oral, 150 mg	Auth Not Required
J8521	Capecitabine, oral, 500 mg	Auth Not Required
J8530	Cyclophosphamide oral 25 mg	Auth Not Required
J8540	Oral dexamethasone	Auth Not Required
J8560	Etoposide oral 50 mg	Auth Not Required
J8562	Oral fludarabine phosphate	Auth Not Required
J8565	Gefitinib oral	Auth Not Required
J8597	Antiemetic drug oral nos	Auth Not Required
J8600	Melphalan oral 2 mg	Auth Not Required
J8610	Methotrexate oral 2.5 mg	Auth Not Required
J8650	Nabilone oral	Auth Not Required
J8655	Oral netupitant, palonosetro	Auth Required
J8670	Rolapitant, oral, 1mg	Auth Not Required
J8700	Temozolomide	Auth Not Required
J8705	Topotecan oral	Auth Not Required
J8999	Oral prescription drug chemo	Auth Required when billing over \$500
J9000	Doxorubicin hcl injection	Auth Not Required
J9010	Alemtuzumab injection	Auth Required
J9015	Aldesleukin injection	Auth Required
J9017	Arsenic trioxide injection	Auth Required
J9019	Erwinaze injection	Auth Required
J9020	Asparaginase, nos	Auth Required
J9022	Inj, atezolizumab,10 mg	Auth Required
J9023	Injection, avelumab, 10 mg	Auth Required
J9025	Azacitidine injection	Auth Required
J9027	Clofarabine injection	Auth Required
J9030	Bcg live intravesical 1mg	Auth Not Required
J9032	Injection, belinostat, 10mg	Auth Required
J9033	Inj., treanda 1 mg	Auth Required



J9034	Inj., bendeka 1 mg	Auth Required
J9035	Bevacizumab injection	Auth Required
J9036	Inj. belrapzo/bendamustine	Not Covered
J9039	Injection, blinatumomab	Auth Required
J9040	Bleomycin sulfate injection	Auth Not Required
J9041	Inj., velcade 0.1 mg	Auth Required
J9042	Brentuximab vedotin inj	Auth Required
J9043	Cabazitaxel injection	Auth Required
J9044	Inj, bortezomib, nos, 0.1 mg	Auth Required
J9045	Carboplatin injection	Auth Not Required
J9047	Injection, carfilzomib, 1 mg	Auth Required
J9050	Carmustine injection	Auth Required
J9055	Cetuximab injection	Auth Required
J9057	Inj., copanlisib, 1 mg	Auth Required
J9060	Cisplatin 10 mg injection	Auth Not Required
J9065	Inj cladribine per 1 mg	Auth Required
J9070	Cyclophosphamide 100 mg inj	Auth Not Required
J9098	Cytarabine liposome inj	Auth Required
J9100	Cytarabine hcl 100 mg inj	Auth Not Required
J9118	Inj. calaspargase pegol-mknl	Auth Required
J9119	Inj., cemiplimab-rwlc, 1 mg	Auth Required
J9120	Dactinomycin injection	Auth Required
J9130	Dacarbazine 100 mg inj	Auth Not Required
J9145	Injection, daratumumab 10 mg	Auth Required
J9150	Daunorubicin injection	Auth Not Required
J9151	Daunorubicin citrate inj	Auth Required
J9153	Inj daunorubicin, cytarabine	Auth Required
J9155	Degarelix injection	Auth Required
J9160	Denileukin diftitox inj	Auth Required
J9165	Diethylstilbestrol injection	Auth Not Required
J9171	Docetaxel injection	Auth Not Required
J9173	Inj., durvalumab, 10 mg	Auth Required
J9175	Elliotts b solution per ml	Auth Not Required
J9176	Injection, elotuzumab, 1mg	Auth Required

J9177	Inj enfort vedo-ejfv 0.25mg	Auth Required
J9178	Inj, epirubicin hcl, 2 mg	Auth Not Required
J9179	Eribulin mesylate injection	Auth Required
J9181	Etoposide injection	Auth Not Required
J9185	Fludarabine phosphate inj	Auth Not Required
J9190	Fluorouracil injection	Auth Not Required
J9198	Inj. infugem, 100 mg	Not Covered
J9200	Floxuridine injection	Auth Required
J9201	In gemcitabine hcl nos 200mg	Auth Not Required
J9202	Goserelin acetate implant	Auth Required
J9203	Gemtuzumab ozogamicin 0.1 mg	Auth Required
J9204	Inj mogamulizumab-kpkc, 1 mg	Auth Required
J9205	Inj irinotecan liposome 1 mg	Auth Required
J9206	Irinotecan injection	Auth Not Required
J9207	Ixabepilone injection	Auth Required
J9208	Ifosfamide injection	Auth Not Required
J9209	Mesna injection	Auth Not Required
J9210	Inj., emapalumab-lzsg, 1 mg	Auth Required
J9211	Idarubicin hcl injection	Auth Required
J9212	Interferon alfacon-1 inj	Auth Required
J9213	Interferon alfa-2a inj	Auth Required
J9214	Interferon alfa-2b inj	Auth Required
J9215	Interferon alfa-n3 inj	Auth Required
J9216	Interferon gamma 1-b inj	Auth Required
J9217	Leuprolide acetate suspnsion	Auth Required
J9218	Leuprolide acetate injeciton	Auth Required
J9219	Leuprolide acetate implant	Auth Required
J9225	Vantas implant	Auth Required
J9226	Supprelin la implant	Auth Required
J9227	Inj. isatuximab-irfc 10 mg	Auth Required
J9228	Ipilimumab injection	Auth Required
J9229	Inj inotuzumab ozogam 0.1 mg	Auth Required
J9230	Mechlorethamine hcl inj	Auth Required
J9245	Inj melpha hydroch nos 50 mg	Auth Required

J9246	Inj., evomela, 1 mg	Not Covered
J9250	Methotrexate sodium inj	Auth Not Required
J9260	Methotrexate sodium inj	Auth Not Required
J9261	Nelarabine injection	Auth Required
J9262	Inj, omacetaxine mep, 0.01mg	Auth Required
J9263	Oxaliplatin	Auth Not Required
J9264	Paclitaxel protein bound	Auth Required
J9266	Pegaspargase injection	Auth Required
J9267	Paclitaxel injection	Auth Not Required
J9268	Pentostatin injection	Auth Required
J9269	Inj. tagraxofusp-erzs 10 mcg	Auth Required
J9270	Plicamycin (mithramycin) inj	Auth Not Required
J9271	Inj pembrolizumab	Auth Required
J9280	Mitomycin injection	Auth Not Required
J9285	Inj, olaratumab, 10 mg	Auth Required
J9293	Mitoxantrone hydrochl / 5 mg	Auth Required
J9295	Injection, necitumumab, 1 mg	Auth Required
J9299	Injection, nivolumab	Auth Required
J9301	Obinutuzumab inj	Auth Required
J9302	Ofatumumab injection	Auth Required
J9303	Panitumumab injection	Auth Required
J9304	Inj. pemetrexed, 10 mg	Not Covered
J9305	Inj. pemetrexed nos 10mg	Auth Required
J9306	Injection, pertuzumab, 1 mg	Auth Required
J9307	Pralatrexate injection	Auth Required
J9308	Injection, ramucirumab	Auth Required
J9309	Inj, polatuzumab vedotin 1mg	Auth Required
J9311	Inj rituximab, hyaluronidase	Not Covered
J9312	Inj., rituximab, 10 mg	Auth Not Required
J9313	Inj., lumoxiti, 0.01 mg	Auth Required
J9315	Romidepsin injection	Auth Required
J9320	Streptozocin injection	Auth Required
J9325	Inj talimogene laherparepvec	Auth Required
J9328	Temozolomide injection	Auth Required

J9330	Temsirolimus injection	Auth Required
J9340	Thiotepa injection	Auth Required
J9351	Topotecan injection	Auth Not Required
J9352	Injection trabectedin 0.1mg	Auth Required
J9354	Inj, ado-trastuzumab emt 1mg	Auth Required
J9355	Inj trastuzumab excl biosimi	Auth Required
J9356	Inj. herceptin hylecta, 10mg	Not Covered
J9357	Valrubicin injection	Auth Required
J9358	Inj fam-trastu deru-nxki 1mg	Auth Required
J9360	Vinblastine sulfate inj	Auth Not Required
J9370	Vincristine sulfate 1 mg inj	Auth Not Required
J9371	Inj, vincristine sul lip 1mg	Auth Required
J9390	Vinorelbine tartrate inj	Auth Not Required
J9395	Injection, fulvestrant	Auth Not Required
J9400	Inj, ziv-aflibercept, 1mg	Auth Required
J9600	Porfimer sodium injection	Auth Required
J9999	Chemotherapy drug	Auth Required when billing over \$500
K0455	Pump uninterrupted infusion	Auth Required
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	Not covered. Medicare code only.
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	Not covered. Medicare code only.
Q0138	Ferumoxytol, non-esrd	Auth Required
Q0139	Ferumoxytol, esrd use	Auth Required
Q0144	Azithromycin dihydrate, oral	Auth Not Required
Q0161	Chlorpromazine hcl 5mg oral	Auth Not Required
Q0162	Ondansetron oral	Auth Not Required
Q0163	Diphenhydramine hcl 50mg	Auth Not Required
Q0164	Prochlorperazine maleate 5mg	Auth Not Required
Q0166	Granisetron hcl 1 mg oral	Auth Not Required
Q0167	Dronabinol 2.5mg oral	Auth Not Required
Q0169	Promethazine hcl 12.5mg oral	Auth Not Required
Q0173	Trimethobenzamide hcl 250mg	Auth Not Required
Q0174	Thiethylperazine maleate 10mg	Auth Not Required

Q0175	Perphenazine 4mg oral	Auth Not Required
Q0177	Hydroxyzine pamoate 25mg	Auth Not Required
Q0180	Dolasetron mesylate oral	Auth Not Required
Q0181	Unspecified oral anti-emetic	Auth Not Required
Q0510	Dispens fee immunosuppressive	Not Covered. Used for Medicare only.
Q0511	Sup fee antiem,antica,immuno	Not Covered. Used for Medicare only.
Q0512	Px sup fee anti-can sub pres	Not Covered. Used for Medicare only.
Q0513	Disp fee inhal drugs/30 days	Not Covered. Used for Medicare only.
Q0514	Disp fee inhal drugs/90 days	Not Covered. Used for Medicare only.
Q0515	Sermorelin acetate injection	Auth Not Required
Q2009	Fosphenytoin inj pe	Auth Not Required
Q2017	Teniposide, 50 mg	Auth Required
Q2028	Inj, sculptra, 0.5mg	Plan Exclusion. Refer to plan document to verify if plan exclusion. Contact Customer Service at 855-447-2900.
Q2034	Agriflu vaccine	Auth Not Required
Q2035	Afluria vacc, 3 yrs & >, im	Auth Not Required
Q2036	Flulaval vacc, 3 yrs & >, im	Auth Not Required
Q2037	Fluvirin vacc, 3 yrs & >, im	Auth Not Required
Q2038	Fluzone vacc, 3 yrs & >, im	Auth Not Required
Q2039	Influenza virus vaccine, nos	Auth Not Required
Q2041	Axicabtagene ciloleucel car+	Auth Required
Q2043	Sipuleucel-t auto cd54+	Auth Required
Q2049	Imported lipodox inj	Auth Required
Q2050	Doxorubicin inj 10mg	Auth Required
Q2052	Ivig demo, services/supplies	Auth Required
Q3027	Inj beta interferon im 1 mcg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
Q3028	Inj beta interferon sq 1 mcg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
Q4074	Iloprost non-comp unit dose	Auth Not Required
Q4081	Epoetin alfa, 100 units esrd	Auth Required
Q4082	Drug/bio noc part b drug cap	Auth Required
Q5101	Injection, zarxio	Auth Required
Q5103	Injection, inflectra	Auth Required

Q5104	Injection, renflexis	Auth Required
Q5105	Inj retacrit esrd on dialysi	Auth Not Required
Q5106	Inj retacrit non-esrd use	Auth Not Required
Q5107	Inj mvasi 10 mg	Auth Not Required
Q5108	Injection, fulphila	Auth Not Required
Q5109	Injection, ixifi, 10 mg	Auth Required
Q5111	Injection, udenyca 0.5 mg	Auth Not Required
Q5112	Inj ontruzant 10 mg	Auth Required
Q5113	Inj herzuma 10 mg	Auth Required
Q5114	Inj ogivri 10 mg	Auth Required
Q5115	Inj truxima 10 mg	Auth Not Required
Q5116	Inj., trazimera, 10 mg	Auth Required
Q5117	Inj., kanjinti, 10 mg	Auth Required
Q5118	Inj., zirabev, 10 mg	Auth Required
Q5119	Inj ruxience, 10 mg	Auth Required
Q5120	Inj pegfilgrastim-bmez 0.5mg	Auth Required
Q5121	Inj. avsola, 10 mg	Not Covered
Q9991	Buprenorph xr 100 mg or less	Auth Not Required
Q9992	Buprenorphine xr over 100 mg	Auth Not Required
S0012	Butorphanol tartrate, nasal	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0014	Tacrine hydrochloride, 10 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0017	Injection, aminocaproic acid	Auth Not Required
S0020	Injection, bupivacaine hydro	Auth Not Required
S0021	Injection, cefoperazone sod	Not Covered
S0023	Injection, cimetidine hydroc	Auth Required
S0028	Injection, famotidine, 20 mg	Auth Not Required
S0030	Injection, metronidazole	Auth Not Required
S0032	Injection, nafcillin sodium	Auth Not Required
S0034	Injection, ofloxacin, 400 mg	Auth Not Required
S0039	Injection, sulfamethoxazole	Auth Not Required
S0040	Injection, ticarcillin disod	Auth Required
S0073	Injection, aztreonam, 500 mg	Auth Not Required

S0074	Injection, cefotetan disodiu	Auth Not Required
S0077	Injection, clindamycin phosp	Auth Not Required
S0078	Injection, fosphenytoin sodi	Auth Not Required
S0080	Injection, pentamidine iseth	Auth Not Required
S0081	Injection, piperacillin sodi	Auth Not Required
S0088	Imatinib 100 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0090	Sildenafil citrate, 25 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0091	Granisetron 1mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0092	Hydromorphone 250 mg	Auth Not Required
S0093	Morphine 500 mg	Auth Not Required
S0104	Zidovudine, oral, 100 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0106	Bupropion hcl sr 60 tablets	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0108	Mercaptopurine 50 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0109	Methadone oral 5mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0117	Tretinoin topical 5 g	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0119	Ondansetron 4 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0122	Inj menotropins 75 iu	Plan Exclusion. Refer to plan document to verify if plan exclusion. Contact Customer Service at 855-447-2900.
S0126	Inj follitropin alfa 75 iu	Plan Exclusion. Refer to plan document to verify if plan exclusion. Contact Customer Service at 855-447-2900.
S0128	Inj follitropin beta 75 iu	Plan Exclusion. Refer to plan document to verify if plan exclusion. Contact Customer Service at 855-447-2900.
S0132	Inj ganirelix acetat 250 mcg	Plan Exclusion. Refer to plan document to verify if plan exclusion. Contact Customer Service at 855-447-2900.

S0136	Clozapine, 25 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0137	Didanosine, 25 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0138	Finasteride, 5 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0139	Minoxidil, 10 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0140	Saquinavir, 200 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0142	Colistimethate inh sol mg	Auth Required
S0144	Inj, propofol, 10 mg	Auth Not Required
S0145	Peg interferon alfa-2a/180	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0148	Peg interferon alfa-2b/10	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0155	Epoprostenol dilutant	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0156	Exemestane, 25 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0157	Becaplermin gel 1%, 0.5 gm	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0160	Dextroamphetamine	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0164	Injection pantoprazole	Auth Not Required
S0166	Inj olanzapine 2.5mg	Auth Required
S0169	Calcitrol	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0170	Anastrozole 1 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0171	Bumetanide 0.5 mg	Auth Required
S0172	Chlorambucil 2 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.



S0174	Dolasetron 50 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0175	Flutamide 125 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0176	Hydroxyurea 500 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0177	Levamisole 50 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0178	Lomustine 10 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0179	Megestrol 20 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0182	Procarbazine, oral	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0183	Prochlorperazine 5 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0187	Tamoxifen 10 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0189	Testosterone pellet 75 mg	Auth Required
S0190	Mifepristone, oral, 200 mg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0191	Misoprostol, oral, 200 mcg	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0194	Vitamin suppl 100 caps	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S0197	Prenatal vitamins 30 day	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S4989	Contracept iud	Auth Not Required
S4990	Nicotine patch legend	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S4991	Nicotine patch nonlegend	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S4993	Contraceptive pills for bc	Auth Not Required

S4995	Smoking cessation gum	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S5000	Prescription drug, generic	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S5001	Prescription drug, brand name	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S5010	5% dextrose and 0.45% saline	Auth Not Required
S5012	5% dextrose with potassium	Auth Not Required
S5013	5% dextrose/0.45% saline 1000ml	Auth Not Required
S5014	D5w/0.45ns w kcl and mgs04	Auth Not Required
S5035	Hit routine device maint	Auth Required
S5036	Hit device repair	Auth Required
S5497	Hit cath care noc	Auth Not Required
S5498	Hit simple cath care	Auth Not Required
S5501	Hit complex cath care	Auth Not Required
S5502	Hit interim cath care	Auth Not Required
S5517	Hit declotting kit	Auth Not Required
S5518	Hit cath repair kit	Auth Required
S5520	Hit picc insert kit	Auth Required
S5521	Hit midline cath insert kit	Auth Required
S5522	Hit picc insert no supp	Auth Required
S5523	Hit midline cath insert kit	Auth Required
S5550	Insulin rapid 5 u	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S5551	Insulin most rapid 5 u	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S5552	Insulin intermed 5 u	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S5553	Insulin long acting 5 u	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S5560	Insulin reuse pen 1.5 ml	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S5561	Insulin reuse pen 3 ml	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.

S5565	Insulin cartridge 150 u	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S5566	Insulin cartridge 300 u	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S5570	Insulin dispos pen 1.5 ml	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S5571	Insulin dispos pen 3 ml	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S8490	100 insulin syringes	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
S9325	Hit pain mgmt per diem	Auth Not Required
S9326	Hit cont pain per diem	Auth Not Required
S9327	Hit int pain per diem	Auth Not Required
S9328	Hit pain imp pump diem	Not covered per policy.
S9329	Hit chemo per diem	Auth Not Required
S9330	Hit cont chem diem	Auth Not Required
S9331	Hit intermit chemo diem	Auth Not Required
S9336	Hit cont anticoag diem	Auth Not Required
S9338	Hit immunotherapy diem	Auth Not Required
S9345	Hit anti-hemophil diem	Auth Not Required
S9346	Hit alpha-1-proteinase diem	Auth Not Required
S9347	Hit longterm infusion diem	Auth Not Required
S9348	Hit sympathomim diem	Auth Not Required
S9349	Hit tocolysis diem	Auth Not Required
S9351	Hit cont antiemetic diem	Auth Not Required
S9353	Hit cont insulin diem	Auth Not Required
S9355	Hit chelation diem	Auth Not Required
S9357	Hit enzyme replace diem	Auth Not Required
S9359	Hit anti-tnf per diem	Auth Not Required
S9361	Hit diuretic infus diem	Auth Not Required
S9363	Hit anti-spasmodic diem	Auth Not Required
S9364	Hit tpn total diem	Auth Required
S9365	Hit tpn 1 liter diem	Auth Required
S9366	Hit tpn 2 liter diem	Auth Required

S9367	Hit tpn 3 liter diem	Auth Required
S9368	Hit tpn over 3l diem	Auth Required
S9370	Ht inj antiemetic diem	Auth Not Required
S9372	Ht inj anticoag diem	Auth Not Required
S9373	Hit hydra total diem	Auth Not Required
S9374	Hit hydra 1 liter diem	Auth Not Required
S9375	Hit hydra 2 liter diem	Auth Not Required
S9376	Hit hydra 3 liter diem	Auth Not Required
S9377	Hit hydra over 3l diem	Auth Not Required
S9379	Hit noc per diem	Auth Not Required
S9381	Hit high risk/escort	Auth Not Required
S9490	Hit corticosteroid/diem	Auth Not Required
S9494	Hit antibiotic total diem	Auth Not Required
S9497	Hit antibiotic q3h diem	Auth Not Required
S9500	Hit antibiotic q24h diem	Auth Not Required
S9501	Hit antibiotic q12h diem	Auth Not Required
S9502	Hit antibiotic q8h diem	Auth Not Required
S9503	Hit antibiotic q6h diem	Auth Not Required
S9504	Hit antibiotic q4h diem	Auth Not Required
S9529	Venipuncture home/snf	Auth Not Required
S9537	Ht hem horm inj diem	Auth Not Required
S9538	Hit blood products diem	Auth Not Required
S9542	Ht inj noc per diem	Auth Not Required
S9558	Ht inj growth horm diem	Auth Required
S9559	Hit inj interferon diem	Auth Not Required
S9560	Ht inj hormone diem	Auth Not Required
S9562	Ht inj palivizumab diem	Auth Not Required
S9810	Ht pharm per hour	Auth Not Required
C9069	Injection, belantamab mafodontin-blmf, 0.5 mg	Auth Required
C9070	Injection, tafasitamab-cxix, 2 mg	Auth Required
C9071	Injection, viltolarsen, 10 mg	Auth Required
C9072	Injection, immune globulin (asceniv), 500 mg	Auth Required
C9073	Brexucabtagene autoleucel, 200 mil autologous anti-cd19 car positive viable t cells, incl leukapheresis, dose prep, per dose	Auth Required

G0088	Prof svcs, initial home visit, admin non-chemo IV infusion, ea drug admin, per day, ea 15 min	Auth Required
G0089	Prof svcs, initial home visit, admin subcutaneous immunotherapy or other infusion drug/biologic, ea drug admin, per day, ea 15 min	Auth Required
G0090	Prof svcs, initial home visit, admin IV chemo/highly complex infusion drug/biologic, ea infusion drug admin, per day, ea 15 min	Auth Required
J0693	Injection, cefiderocol, 5 mg	Auth Required
J1823	Injection, inebilizumab-cdon, 1 mg	Auth Required
J7212	Factor viia-jncw (sevenfact), 1 microgram	Not covered under medical benefit. Contact RealRx pharmacy customer service at 855-885-7695 for benefit coverage.
J7352	Afamelanotide implant, 1 mg	Auth Required
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Not Covered
J9223	Injection, lurbinectedin, 0.1 mg	Auth Required
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Auth Required
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Not Covered

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