



Health Net Health Plan of Oregon, Inc. (Health Net)

Commercial Prior Authorization Requirements List for Physician Administered Drugs

All services are subject to benefit plan coverage, member eligibility, and medical necessity for any plan benefit to be a covered service, regardless of whether prior authorization is required. When submitting a request, please attach pertinent medical records, treatment plans, and test results to support the medical appropriateness of the request. Health Net reserves the right to review utilization patterns retrospectively and to address adverse trends with providers.

This prior authorization list contains services that require prior authorization and is not intended to be a comprehensive list of covered services. The member's plan contract or Evidence of Coverage (EOC) provides a complete list of covered services. Plan contracts and EOCs are available to members on the member portal at [Health Net Oregon](#) or in hard copy upon request. Providers may obtain a copy of a member's plan contract or EOC by requesting from Health Net Provider Services Center at 1-888-802-7001.

New CMS billing codes (CPT & HCPC) may require prior authorization, call 1-888-802-7001.

Unless noted differently, all services listed below require prior authorization from Health Net. Providers can refer to the member's Health Net identification (ID) card to confirm product type. Medications administered while member is an inpatient do not require prior- auth.

Pharmacy Criteria/Policies

Visit the [Clinical, Pharmacy & Payment Policies](#) page

Electronic Prior Authorization Submissions

Submit your prior authorization (PA) requests electronically through our preferred solution [CoverMyMeds](#). Electronic prior authorization (ePA) automates the process, making it a quick and simple way to complete PA requests. The ePA process is HIPAA compliant and enables faster determinations. You may also use this link to track ePA requests.

Fax submission of a Prior Authorization Form (PDF) [Prior Auth Form](#)

Link to New Century Health: [NCH Portal](#)

PHARMACY SERVICES

CONTACT

Prescription Questions

Health Net Health Plan of Oregon, Inc.
1-888-802-7001
Option 6, Option 1:

- Option 1 for members
- Option 2 for providers

Retail Pharmacy Questions

CVS Caremark
Pharmacy Help Desk: 1-855-291-0581

Mail Order Pharmacy Questions

CVS Caremark
Customer Service: 1-888-624-1139, or
TTY 1-866-236-1069

Physicians Fax Number: 1-800-378-0323
24 hours a day, 365 days per year

Drug Prior Authorization Requests

Centene Pharmacy Services
Fax Number: 1-800-255-9198

Status Questions: 1-888-802-7001

SERVICE CODES	SERVICE DESCRIPTION
Outpatient Pharmacy	
90281	IMMUNE GLOBULIN HUMAN-IM USE
90283	IMMUNE GLOBULIN HUMAN-IV USE
90284	HUMAN IG SC
90378	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN
C9014	INJECTION, CERLIPONASE ALFA 1 MG
C9015	INJECTION, C-1 ESA INHIBITOR HAEGARDA 10 U
C9026	INJECTION, VEDOLIZUMAB 1 MG
C9029	INJECTION, GUSELKUMAB 1 MG
C9030	INJECTIO,N COPANLISIB 1 MG
C9031	LUTETIUM LU 177 DOTATATE THER 1 MCI
C9032	INJECTION, VORETIGN NEPARVOVC-RZYL 1 B V G
C9035	INJECTION, ARIPIRAZOLE LAUROXIL 1 MG
C9036	INJECTION, PATISIRAN 0.1 MG
C9038	INJECTION, MOGAMULIZUMAB-KPKC 1 MG
C9042	INJECTION, BENDAMUSTINE HCL 1 MG
C9043	INJECTION, LEVOLEUCOVORIN 1 MG
C9044	INJECTION, CEMIPIMAB-RWLC 1 MG
C9045	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG
C9047	INJECTION, CAPLACIZUMAB-YHDP, 1 MG **Submit to NCH if Oncology or Urology provider**
C9049	INJECTION, TAGRAXOFUSP-ERZS, 10 MCG
C9050	INJECTION, EMAPALUMAB-LZSG, 1 MG
C9051	INJECTION, OMADACYCLINE, 1 MG
C9052	INJECTION, RAVULIZUMAB-CWVZ, 10 MG
C9053	INJECTION, CRIZANLIZUMAB-TMCA 1 MG
C9056	INJECTION, GIVOSIRAN 0.5 MG
C9058	INJECTION, PEGFILGRASTIM-BMEZ BIOSIMILAR 0.5 MG
	C9058 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
C9059	INJECTION, MELOXICAM 1 MG
C9061	INJECTION, TEPROTUMUMAB-TRBW 10 MG
C9063	INJECTION, EPTINEZUMAB-JJMR 1 MG
C9069	INJECTION, BELANTAMAB MAFODONTIN BLMF 0.5 MG
C9070	INJECTION, TAFASITAMAB CXIX 2 MG
C9071	INJECTION, VILTOLARSEN 10 MG
C9072	INJECTION, IMMUNE GLOBULIN 500 MG
C9073	BREXUCABTAGENE AUTOLEUCEL UP TO 200 M AUTOLOGOUS
C9084	INJECTION, LONCASTUXIMAB TESIRINE-LPYL 0.1 MG
C9085	INJECTION, AVALGLUCOSIDASE ALFA-NGPT 4 MG
C9086	INJECTION, ANIFROLUMAB-FNIA 1 MG
C9087	INJECTION, CYCLOPHOSPHAMIDE AUROMEDICS 10 MG
C9094	INJECTION, SUTIMLIMAB-jome, 10 MG
C9095	INJECTION, TEBENTAFUSP-TEBN 1 MCG
C9096	INJECTION, FILGRASTIM-ayow, BIOSIMILAR, (RELEUKO), 1 MCG
	C9096 - No authorization required if request is submitted by a hematologist, oncologist, or oncologist/hematologist
C9097	INJECTION, FARICIMAB-SVOA 0.1 MG
C9098	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D
C9122	MOMETASONE FUROATE SINUS IMPLANT 10 MCG SINUVA
C9130	INJECTION, IMMUNE GLOBULIN BIVIGAM 500 MG
C9133	FACTOR IX RECOMBINANT
C9134	FACTOR XIII A-SUBUNIT RECOMB
C9136	FACTOR VIII (ELOCTATE)
C9137	ADYNOVATE FACTOR VIII RECOM
C9138	NUWIQ FACTOR VIII RECOMB
C9139	INJECTION, FAC IX AB FUS PRT IDELVN 1 I.U.
C9140	AFSTYLA FACTOR VIII RECOMB
C9141	INJECTION, FACTOR VIII PEGYLATED-AUCL 1 IU
C9142	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG
C9145	INJECTION, APREPITANT, (APONVIE), 1 MG
C9151	INJECTION, PEGCETACOPLAN, 1 MG **Submit to NCH if Oncology or Urology provider**
C9293	GLUCARPIDASE
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS
C9467	INJECTION, RITUXIMAB HYALURONIDASE
C9468	INJECTION, FACTOR IX, REBINYN
C9473	INJECTION, MEPOLIZUMAB
C9481	INJECTION, RESLIZUMAB 1 MG

SERVICE CODES	SERVICE DESCRIPTION
C9484	INJECTION, ETEPLIRSEN 10 MG
C9486	INJECTION, GRANISETRON EXTENDED RLS 0.1 MG
C9489	INJECTION, NUSINERSEN
C9490	INJECTION, BEZLOTOXUMAB
C9493	INJECTION, EDARAVONE, 1 MG
C9494	INJECTION, OCRELIZUMAB, 1 MG
J0121	INJECTION, OMADACYCLINE 1 MG
J0122	INJECTION, ERAVACYCLINE 1 MG
J0129	INJECTION, ABATACEPT
J0172	INJECTION, ADUCANUMAB-AVWA 2 MG
J0177 Eff 7.1.2024	INJECTION, AFLIBERCEPT HD 1 MG
J0178	INJECTION, AFLIBERCEPT
J0179	INJECTION, BROLUZUMAB-DBLL 1 MG
J0180	INJECTION, AGALSIDASE BETA 1 MG
J0185	INJECTION, APREPITANT, CINVANTI **Submit to NCH if Oncology or Urology provider **
J0202	INJECTION, ALEMTUZUMAB 1 MG
J0207	INJECTION, AMIFOSTINE 500 MG **Submit to NCH if Oncology or Urology provider **
J0208	INJECTION, SODIUM THIOSULFATE, 100 MG **Submit to NCH if Oncology or Urology provider**
J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG
J0219	INJECTION, AVALGLUCOSIDASE ALFA-NGPT 4 MG
J0220	INJECTION, ALGLUCOSIDASE ALFA
J0221	INJECTION, LUMIZYME
J0222	INJECTION, PATISIRAN 0.1 MG
J0223	INJECTION, GIVOSIRAN 0.5 MG
J0224	INJECTION, LUMASIRAN 0.5 MG
J0225	INJECTION, VUTRISIRAN, 1MG
J0256	ALPHA 1 PROTEINASE INHIBITOR
J0257	INJECTION, GLASSIA
J0291	INJECTION, PLAZOMICIN 5 MG
J0490	INJECTION, BELIMUMAB
J0491	INJECTION, ANIFROLUMAB-FNIA 1 MG
J0517	INJECTION, BENRALIZUMAB 1 MG
J0565	INJECTION, BEZLOTOXUMAB 10 MG
J0567	INJECTION, CERLIPONASE ALFA 1 MG
J0570	INJECTION, PEN G BENZATHINE TO 1,200,000 UNITS
J0577 Eff 7.1.2024	INJECTION, BUPRENORPHINE ER <= TO 7 DAYS TX
J0578 Eff 7.1.2024	INJECTION, BUPRENORPHINE ER > 7 TO 28 DAYS TX
J0584	INJECTION, BUROSUMAB-TWZA 1 MG
J0585	INJECTION, ONABOTULINUMTOXINA
J0586	ABOBOTULINUMTOXINA
J0587	INJECTION, RIMABOTULINUMTOXINB
J0588	INCOBOTULINUMTOXIN A
J0589 Eff 7.1.2024	INJECTION, DAXIBOTULINUMTOXINA-LANM 1 UNIT
J0593	INJECTION, LANADELUMAB-FLYO 1 MG
J0594	INJECTION, BUSULFAN 1 MG **Submit to NCH if Oncology or Urology provider **
J0596	INJECTION, C1 ESTERASE INHIB RUCONEST 10 U
J0598	C-1 ESTERASE, CINRYZE
J0599	INJECTION, C-1 ESTERASE INHIBITOR 10 UNITS
J0604	CINACALCET ORAL 1 MG
J0610	INJECTION, CALCIUM GLUCONATE/FRESEN KABI PER 10 ML
J0611	INJECTION, CALCIUM GLUCONATE PER 10 ML
J0630	MIACALCIN, CALCITONIN SALMON **Submit to NCH if Oncology or Urology provider **
J0638	INJECTION, CANAKINUMAB
J0640	INJECTION, LEUCOVORIN CALCIUM PER 50 MG **Submit to NCH if Oncology or Urology provider **
J0641	INJECTION, LEVOLEUCOVORIN **Submit to NCH if Oncology or Urology provider**
J0642	INJECTION, LEVOLEUCOVORIN **Submit to NCH if Oncology or Urology provider**
J0691	INJECTION, LEFAMULIN 1 MG
J0717	INJECTION, CERTOLIZUMAB PEGOL 1MG
J0725	INJECTION, CHORIONIC GONADOTROPIN PER 1000 USP UNITS
J0739	INJECTION, CABOTEGRAVIR, 1 MG
J0742	INJECTION, IMP 4 MG CILASTATIN 4 MG AND RELEBACTAM 2 MG
J0775	INJECTION, COLLAGENASE, CLOST HIST
J0791	INJECTION, CRIZANLIZUMAB-TMCA 5 MG
J0800	INJECTION, CORTICOTROPIN TO 40 UNITS
J0801	INJECTION, CORTICOTROPIN ACTHAR GEL UP TO 40 U
J0802	INJECTION, CORTICOTROPIN ANI UP TO 40 UNITS

SERVICE CODES	SERVICE DESCRIPTION
J0879	INJECTION, DIFELIKEFALIN 0.1 MICROGRAM
J0881	INJECTION, DARBEPOETIN ALFA 1 MICROGRAM NON-ESRD USE **Submit to NCH if Oncology or Urology provider**
	J0881 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J0882	INJECTION, DARBEPOETIN ALFA 1 MICROGRAM FOR ESRD ON DIALYSIS
	J0882 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J0885	INJECTION, EPOETIN ALFA FOR NON-ESRD USE 1000 UNITS **Submit to NCH if Oncology or Urology provider**
J0887	EPOETIN BETA ESRD USE
J0888	EPOETIN BETA NON ESRD **Submit to NCH if Oncology or Urology provider**
	J0888 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J0889	DAPRODUSTAT ORAL 1 MG FOR ESRD ON DIALYSIS
J0893	INJECTION, DECITABINE (SUN PHARMA), not therapeutically equivalent to J0894, 1 mg **Submit to NCH if Oncology or Urology provider**
J0894	INJECTION, DECITABINE 1 MG **Submit to NCH if Oncology or Urology provider**
J0896	INJECTION, LUSPATERCEPT-AAMT 0.25 MG **Submit to NCH if Oncology or Urology provider**
J0897	INJECTION, DENOSUMAB (PROLIA) **Submit to NCH if Oncology or Urology provider**
J0897	INJECTION, DENOSUMAB (XGEVA) **Submit to NCH if Oncology or Urology provider**
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE PER 250 MG **Submit to NCH if Oncology or Urology provider**
J1201	INJECTION, CETIRIZINE HYDROCHLORIDE 0.5 MG
J1202 Eff 7.1.2024	MIGLUSTAT ORAL 65 MG
J1203 Eff 7.1.2024	INJECTION, CIPAGLUCOSIDASE ALFA-ATGA 5 MG
J1246	INJECTION, DINUTUXIMAB (UNITUXIN) **Submit to NCH if Oncology or Urology Provider**
J1300	INJECTION, ECULIZUMAB
J1301	INJECTION, EDARAVONE 1 MG
J1302	INJECTION, SUTIMLIMAB-jome, 10 MG **Submit to NCH if Oncology or Urology provider**
J1303	INJECTION, RAVULIZUMAB-CWVZ 10 MG
J1305	INJECTION, EVINACUMAB-DGNB 5MG
J1306	INJECTION, INCLISIRAN, 1 MG
J1322	INJECTION, ELOSULFASE ALFA
J1323 Eff 7.1.2024	INJECTION, ELRANATAMAB-BCMM 1 MG
J1411	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE
J1426	INJECTION, CASIMERSEN 10 MG
J1427	INJECTION, VILTOLARSEN 10 MG
J1428	INJECTION, ETEPLIRSEN 10 MG
J1429	INJECTION, GOLODIRSEN 10 MG
J1434 Eff 7.1.2024	INJECTION, FOSAPREPITANT 1 MG
J1437	INJECTION, FERRIC DERISOMALTOSE 10 MG **Submit to NCH if Oncology or Urology provider**
J1440	FECAL MICROBIOTA, IVE - JSLM, 1 ml
J1442	INJECTION, FILGRASTIM EXCL BIOSIMIL **Submit to NCH if Oncology or Urology provider**
J1444	INJECTION, FERRIC PYROPHOSPHATE CITRATE PWD 0.1 MG IRON
J1447	INJECTION, TBO-FILGRASTIM 1 MICROG **Submit to NCH if Oncology or Urology provider**
	J1447 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J1448	INJECTION, TRILACICLIB 1MG **Submit to NCH if Oncology or Urology provider**
J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG **Submit to NCH if Oncology or Urology provider**
J1454	INJECTION, AKYNZEO - FOSNETUPITANT/PALONOSETRON **Submit to NCH if Oncology or Urology provider**
J1456	INJECTION, FOSAPREPITANT (TEVA) not therapeutically equivalent to J1453, 1 mg **Submit to NCH if Oncology or Urology provider**
J1458	INJECTION, GALSULFASE, 1 MG
J1459	INJECTION, IVIG PRIVIGEN 500 MG **Submit to NCH if Oncology or Urology provider**
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG
J1554	INJECTION, IMMUNE GLOBULIN ASCENIV 500 MG **Submit to NCH if Oncology or Urology provider**
J1555	INJECTION, IMMUNE GLOBULIN 100 MG
J1556	INJECTION, IMM GLOB BIVIGAM, 500MG **Submit to NCH if Oncology or Urology provider**
J1557	GAMMAPLEX INJECTION **Submit to NCH if Oncology or Urology provider**
J1558	INJECTION, IMMUNE GLOBULIN XEMBIFY 100 MG
J1559	HIZENTRA INJECTION
J1561	GAMUNEX-C/GAMMAKED **Submit to NCH if Oncology or Urology provider**
J1562	VIVAGLOBIN, INJ
J1566	IMMUNE GLOBULIN, POWDER **Submit to NCH if Oncology or Urology provider**
J1568	OCTAGAM INJECTION **Submit to NCH if Oncology or Urology provider**
J1569	GAMMAGARD LIQUID INJECTION **Submit to NCH if Oncology or Urology provider**
J1572	FLEBOGAMMA INJECTION **Submit to NCH if Oncology or Urology provider**
J1575	INJECTION, IG/HYALURONIDASE 100 MG IG

SERVICE CODES	SERVICE DESCRIPTION
J1576	INJECTION, IMMUNE GLOBULIN (PANZYVA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID) 500 MG **Submit to NCH if Oncology or Urology provider**
J1599	IVIG NON-LYOPHILIZED, NOS **Submit to NCH if Oncology or Urology provider**
J1602	GOLIMUMAB FOR IV USE 1MG
J1627	INJECTION, GRANISETRON EXT-RLSE 0.1 MG **Submit to NCH if Oncology or Urology provider**
J1628	INJECTION, GUSELKUMAB 1 MG
J1632	INJECTION, BREXANOLONE 1 MG
J1640	INJECTION, HEMIN, 1 MG
J1726	INJECTION, HPC 10 MG
J1729	INJECTION, HPC NOS 10 MG
J1738	INJECTION, MELOXICAM 1 MG
J1743	INJECTION, IDURSULFASE
J1745	INJECTION, INFLIXIMAB, 10 MG
J1746	INJECTION, IBALIZUMAB-UIYK 10 MG
J1747	INJECTION, SPESOLIMAB-SBZO, 1 MG
J1748 Eff 10.1.2024	INJECTION, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG
J1786	IMUGLUCERASE INJECTION
J1811	INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
J1812	INSULIN (FIASP), PER 5 UNITS
J1813	INSULIN (LYUMJEV) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
J1814	INSULIN (LYUMJEC), PER 5 UNITS
J1823	INJECTION, INEBILIZUMAB CDON 1 MG
J1930	LANREOTIDE **Submit to NCH if Oncology or Urology provider**
J1931	INJECTION, LARONIDASE 0.1 MG
J1932	INJECTION, LANREOTIDE, (CIPLA), 1 MG **Submit to NCH if Oncology or Urology provider**
J1941	INJECTION, FUROSEMIDE (FUROSCIX), 20 MG
J1943	INJECTION, ARIPIPIRAZOLE LAUROXIL 1 MG
J1944	INJECTION, ARIPIPIRAZOLE LAUROXIL 1 MG
J1950	INJECTION, LEUPROLIDE ACETATE PER 3.75 MG **Submit to NCH if Oncology or Urology provider**
J1951	INJECTION, LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG
	J1951 - No authorization required if request is submitted by a hematologist, oncologist, oncologist/hematologist or urologist
J1952	LEUPROLIDE INJECTABLE CAMCEVI, 1 MG **Submit to NCH if Oncology or Urology provider**
J1954	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (LUTRATE), 7.5 MG **Submit to NCH if Oncology or Urology provider**
J1961	INJECTION, LENACAPAVIR, 1 MG
J2062	LOXAPINE FOR INHALATION 1 MG
J2182	INJECTION, MEPOLIZUMAB 1MG
J2267 Eff 10.1.2024	INJECTION, MIRIKIZUMAB-MRKZ, 1MG
J2212	INJECTION, METHYLNALTREXONE **Submit to NCH if Oncology or Urology provider **
J2277 Eff 7.1.2024	INJECTION, MOTIXAFORTIDE 0.25 MG
J2311	INJECTION, NALOXONE HCl (ZIMHI), 1 MG
J2323	INJECTION, NATALIZUMAB
J2326	INJECTION, NUSINERSEN 0.1 MG
J2327	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1MG
J2329	INJECTION, UBLITUXIMAB-XILY, 1 MG
J2350	INJECTION, NIACINAMIDE NIACIN TO 100 MG
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG **Submit to NCH if Oncology or Urology provider**
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCTNS OR INTRVNS INJ 25 MG **Submit to NCH if Oncology or Urology provider**
	J2354 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J2355	INJECTION, OPRELVEKIN 5 MG
	J2355 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J2356	INJECTION, TEZPELUMAB-ekko, 1 MG
J2357	INJECTION, OMALIZUMAB 5 MG
J2427	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (INVEGA HAFYERA OR INVEGA TRINZA), 1 MG
J2430	INJECTION, PAMIDRONATE DISODIUM PER 30 MG **Submit to NCH if Oncology or Urology provider **
J2440	INJECTION, PAPAVERINE HCL TO 60 MG
J2469	INJECTION, PALONOSETRON HCL (AVYXA), NOT THERAPEUTICALLY EQUIVALENT TO J2459, 25 MCG **Submit to NCH if Oncology or Urology Provider **

SERVICE CODES	SERVICE DESCRIPTION
J2469	INJECTION, PALONOSETRON HCL 25 MCG **Submit to NCH if Oncology or Urology provider**
J2503	INJECTION, PEGAPTANIB SODIUM 0.3 MG
J2506	INJECTION, PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG **Submit to NCH if Oncology or Urology provider**
J2507	INJECTION, PEGLOTICASE
J2562	INJECTION, PLERIXAFOR **Submit to NCH if Oncology or Urology provider**
J2724	PROTEIN C CONCENTRATE
J2777	INJECTION, FARICIMAB-svoa, 0.1 MG
J2778	INJECTION, RANIBIZUMAB
J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG
J2781	INJECTION, PEGCETACOPLAN INTRAVITREAL 1MG
J2782 Eff 7.1.2024	INJECTION, AVACINCAPTAD PEGOL 0.1 MG
J2783	INJECTION, RASBURICASE 0.5 MG **Submit to NCH if Oncology or Urology provider**
J2786	INJECTION, RESLIZUMAB 1MG
J2796	INJECTION, ROMIPLOSTIM **Submit to NCH if Oncology or Urology provider**
J2798	INJECTION, RISPERIDONE 0.5 MG
J2801 Eff 7.1.2024	INJECTION, RISPERIDONE 0.5 MG
J2820	INJECTION, SARGRAMOSTIN (GM-CSF)/50MCG **Submit to NCH if Oncology or Urology provider**
J2860	SILTUXIMAB **Submit to NCH if Oncology or Urology provider**
J2940	INJECTION, SOMATREM, 1 MG
J2941	INJECTION, SOMATROPIN 1 MG
J2998	INJECTION, PLASMINOGEN, HUMAN-tvmh, 1 MG
J3031	INJECTION, FREMANEZUMAB-VFRM 1 MG
J3032	INJECTION, EPTINEZUMAB-JJMR 1 MG
J3055 Eff 7.1.24	INJECTION, TALQUETAMAB-TGVS 0.24 mg
J3060	INJECTION, TALIGLUCERACE ALFA 10 U
J3111	INJECTION, ROMOSUZUMAB-AQQG 1 MG
J3240	INJECTION, THROTROPIN **Submit to NCH if Oncology or Urology provider**
J3241	INJECTION, TEPROTUMUMAB-TRBW 10 MG
J3245	INJECTION, TILDRAKIZUMAB 1 MG
J3247 Eff 10.1.2024	INJECTION, SECUKINUMAB, IV, 1 MG
J3262	INJECTION, TOCILIZUMAB
J3263 Eff 10.1.2024	INJECTION, TORIPALIMAB-TPZI, 1 MG **Submit to NCH if Oncology or Urology Provider**
J3285	INJECTION, TREPROSTINIL 1 MG
J3299	INJECTION, TRIAMCINOLONE ACETONIDE (XIPERE), 1 MG
J3304	INJECTION, TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG
J3315	INJECTION, TRIPTORELIN PAMOATE 3.75 MG **Submit to NCH if Oncology or Urology provider**
J3316	INJECTION, TRIPTORELIN EXTENDED-RELEASE 3.75 MG
J3355	INJECTION, UROFOLLITROPIN 75 IU
J3357	INJECTION, USTEKINUMAB
J3358	USTEKINUMAB INTRAVENOUS INJ 1 MG
J3380	INJECTION, VEDOLIZUMAB 1 MG
J3385	VELAGLUCERASE ALFA
J3393 Eff 10.1.2024	INJECTION, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT
J3394 Eff 10.1.2024	INJECTION, LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT
J3396	INJECTION, VERTEPORFIN 0.1 MG
J3397	INJECTION, TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG
J3398	INJECTION, VORETIGENE NEPARVOVEC-RZYL 1 B VEC G
J3399	INJ AVSX-101-XIOI P-TX TO 5X10^15 VCTR GNOMS
J3401 Eff 7.1.2024	INJECTION, VYJUVEK (BEREMAGENE GEPERPAVEC-SVDT (FOR TOPICAL ADMINISTRATION))
J3490	UNCLASSIFIED DRUGS **Submit to NCH if Oncology or Urology provider**
J3590	UNCLASSIFIED BIOLOGICS **Submit to NCH if Oncology or Urology provider**
J3591	UNCLASS RX/BIOLOGICAL USED FOR ESRD ON DIALYSIS
J7169	INJECTION, COAGULATION FACTOR XA INACTIVATED-ZHZO 10 MG
J7170	INJECTION, EMICIZUMAB-KXWH 0.5 MG
J7171 Eff 10.1.2024	INJECTION, ADAMTS13, RECOMBINANT-KRHN, 10 IU
J7175	INJECTION, FACTOR X (HUMAN) 1IU
J7177	INJECTION, HUMAN FIBRINOGEN CONCENTRATE 1 MG
J7179	VONVENDI INJ 1 IU VWF RCO
J7180	FACTOR XIII ANTI-HEM FACTOR
J7181	FACTOR XIII RECOMB A-SUBUNIT
J7182	FACTOR VIII RECOMB NOVOEIGHT

SERVICE CODES	SERVICE DESCRIPTION
J7183	WILATE INJECTION
J7185	XYNTHA INJ
J7186	ANTIHEMOPHILIC VIII VWF COMP
J7187	HUMATE-P, INJ
J7188	INJECTION FACTOR VIII PER I.U.
J7189	FACTOR VIIA ANTIHEMOPHILIC FACTOR RECOMBINANT /1 MICROGRAM
J7190	FACTOR VIII (ANTI-HEMOPHILIC FACTOR HUMAN)PER IU
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), P
J7192	FACTOR VIII RECOMBINANT NOS
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.
J7194	FACTOR IX COMPLX PER IU
J7195	FACTOR IX RECOMBINANT NOS
J7196	ANTITHROMBIN RECOMBINANT
J7197	ANTITHROMBIN III (HUMAN) PER IU
J7198	ANTI-INHIBITOR PER I.U.
J7199	HEMOPHILIA CLOTTING FACTOR NOC
J7200	FACTOR IX RECOMBINAN RIXUBIS
J7201	FACTOR IX FC FUSION RECOMB
J7202	FACTOR IX IDELVION INJ
J7203	INJECTION, FACTOR IX GLYCOPEGYLATED 1 IU
J7204	INJECTION, FAC VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU
J7205	INJECTION, FACTOR VIII FC FUSION PER IU
J7207	FACTOR VIII PEGYLATED RECOMB
J7208	INJECTION, FACTOR VIII PEGYLATED-AUCL 1 IU
J7209	FACTOR VIII NUWIQ RECOMB 1IU
J7210	INJECTION, FACTOR VIII AFSTYLA 1 I.U.
J7211	INJECTION, FACTOR VIII KOVALTRY 1 I.U.
J7212	FACTOR VIIA JNCW 1 MCG
J7213	INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 IU
J7214	INJECTION, FVIII/VWD FAC CMLPX REC PER FVIII IU
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT
J7312	DEXAMETHASONE INTRA IMPLANT
J7313	INJ FA INTRAVITREAL IMPL 0.01 MG
J7314	INJECTION FA INTRAVITREAL IMPL 0.01 MG
J7318	HYALURONAN SODIUM HYALURONATE OR DERIVATIVE INTRA-ARTICULAR INJ 1 MG
J7320	HYLAN G-F 20 16 MG INTRA ARTICULAR INJ
J7321	HYALGAN/SUPARTZ INJ PER DOSE
J7322	SYNVISC INJ PER DOSE
J7323	EUFLEXXA INJ PER DOSE
J7324	ORTHOVISC INJ PER DOSE
J7325	SYNVISC OR SYNVISC-ONE
J7326	GEL-ONE
J7327	MONOVISC INJ PER DOSE
J7328	HYAL/DERIVATV GEL-SYN IA INJ 0.1 MG
J7329	HYALURONAN/DERIVATIVE TRIVISC FOR IA INJ 1 MG
J7331	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG
J7332	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG
J7333	HYALURONAN/DERIVATIVE VISCO-3 IA INJ PER DOSE
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG
J7352	AFAMELANOTIDE IMPLANT 1 MG
J7353	ANACAULASE-BCDB 8.8 PRECENT AGE GEL 1 GM
J7355 Eff 10.1.2024	INJECTION, TRAVOPROST, INTRACAMERAL IMPLANT, 1 MCG
J7401	MOMETASONE FUROATE SINUS IMPLANT 10 MCG
J7402	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG
J7527	EVEROLIMUS ORAL (AFINITOR) **Submit to NCH if Oncology or Urology provider**
J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG
J7799	NOC DRUGS, OTHER THAN INHALATION, ADMIN THRU DME
J8499	PRESCRIPTION DRUG-ORAL-NON-CHEMOTHERAPEUTIC-NOS **Submit to NCH if Oncology or Urology provider**
J8501	ORAL SUSPENSION, APREPITANT **Submit to NCH if Oncology or Urology provider **
J8520	ORAL, CAPECITABINE 150 MG **Submit to NCH if Oncology or Urology provider **
J8521	ORAL, CAPECITABINE 500 MG **Submit to NCH if Oncology or Urology provider **
J8560	ORAL ETOPOSIDE **Submit to NCH if Oncology or Urology provider **
J8565	IRESSA - GEFITINIB **Submit to NCH if Oncology or Urology provider **
J8600	PRESCRIPTION DRUG -ORAL ALKERAN-MELPHALAN 2MG **Submit to NCH if Oncology or Urology provider **
J8610	ORAL, METHOTREXATE 2.5 MG **Submit to NCH if Oncology or Urology provider **

SERVICE CODES	SERVICE DESCRIPTION
J8611 Eff 10.1.2024	METHOTREXATE (JYLAMVO), ORAL, 2.5 MG **Submit to NCH if Oncology or Urology Provider **
J8612 Eff 10.1.2024	METHOTREXATE (XATMEP), ORAL, 2.5 MG **Submit to NCH if Oncology or Urology Provider **
J8655	PRESCRIPTION DRUG-ORAL AKYNZEO - NETUPITANT/PALONOSETRON **Submit to NCH if Oncology or Urology provider **
J8670	ORAL, ROLAPITANT 1 MG **Submit to NCH if Oncology or Urology provider **
J8700	ORAL, TEMOZOLOMIDE **Submit to NCH if Oncology or Urology provider **
J8705	TOPOTECAN ORAL 0.25 MG **Submit to NCH if Oncology or Urology provider**
J8999	PRESCRIPTION DRUG-ORAL-CHEMOTHERAPEUTIC-NOS **Submit to NCH if Oncology or Urology provider**
J9010	INJECTION, ALEMTUZUMAB
J9015	INJECTION, ALDESLKUKIN PER SINGLE USE VIAL **Submit to NCH if Oncology or Urology provider**
J9017	INJECTION, ARSENIC TRIOXIDE 1 MG **Submit to NCH if Oncology or Urology provider**
J9019	INJECTION, ERWINAZE **Submit to NCH if Oncology or Urology provider**
J9021	INJECTION, ASPARAGINASE RECOMBINANT (RYLAZE) 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9022	INJECTION, ATEZOLIZUMAB 10 MG **Submit to NCH if Oncology or Urology provider**
J9023	INJECTION, AVELUMAB 10 MG **Submit to NCH if Oncology or Urology provider**
J9025	INJECTION, AZACITIDINE 1 MG **Submit to NCH if Oncology or Urology provider**
J9027	INJECTION, CLOFARABINE 1 MG **Submit to NCH if Oncology or Urology provider**
J9029	INJECTION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE **Submit to NCH if Oncology or Urology provider**
J9030	BCG LIVE INTRAVESICAL INSTILLATION 1 MG **Submit to NCH if Oncology or Urology provider**
J9032	INJECTION, BELINOSTAT **Submit to NCH if Oncology or Urology provider **
J9033	INJECTION, BENDAMUSTINE (TREADA) **Submit to NCH if Oncology or Urology provider **
J9034	INJECTION, BENDEKA 1 MG **Submit to NCH if Oncology or Urology provider**
J9035	INJECTION, BEVACIZUMAB 10 MG **Submit to NCH if Oncology or Urology provider**
J9036	INJECTION, BENDAMUSTINE HYDROCHLORIDE 1 MG **Submit to NCH if Oncology or Urology provider**
J9037	INJECTION, BELANTAMAB MAFODONTIN-BLMF 0.5 MG **Submit to NCH if Oncology or Urology provider**
J9039	INJECTION, BLINATUMOMAB 1 MICROGRAM **Submit to NCH if Oncology or Urology provider**
J9040	INJECTION, BLEOMYCIN SULFATE 15 UNITS **Submit to NCH if Oncology or Urology provider **
J9041	INJECTION, BORTEZOMIB 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9042	INJECTION, BRENTUXIMAB VEDOTIN **Submit to NCH if Oncology or Urology provider**
J9043	CABAZITAXEL **Submit to NCH if Oncology or Urology provider**
J9044	INJECTION, BORTEZOMIB NOS 0.1 MG
J9045	INJECTION, CARBOPLATIN 50 MG **Submit to NCH if Oncology or Urology provider **
J9046	INJECTION, BORTEZOMIB (DR REDDY'S) **Submit to NCH if Oncology or Urology provider**
J9047	INJECTION, CARFILZOMIB, 1 MG **Submit to NCH if Oncology or Urology provider**
J9048	INJECTION, BORTEZOMIB (FRESNIUS KABI) **Submit to NCH if Oncology or Urology provider**
J9049	BORTEZOMIB **Submit to NCH if Oncology or Urology provider**
J9050	INJECTION, CARMUSTINE 100 MG **Submit to NCH if Oncology or Urology provider**
J9051	INJECTION, BORTEZOMIB (MAIA) NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1MG **Submit to NCH if Oncology or Urology Provider **
J9052	INJECTION, CARMUSTINE (ACCORD) (CARMUSTINE) **Submit to NCH if Oncology or Urology Provider**
J9055	INJECTION, CETUXIMAB 10 MG **Submit to NCH if Oncology or Urology provider**
J9056	INJECTION, BENDAMUSTINE HCl (VIVIMUSTA), 1 MG **Submit to NCH if Oncology or Urology provider**
J9057	INJECTION, COPANLISIB 1 MG **Submit to NCH if Oncology or Urology provider**
J9058	INJECTION, BENDAMUSTINE HCl (APOTEX), 1 MG **Submit to NCH if Oncology or Urology provider**
J9059	INJECTION, BENDAMUSTINE HCl (BAXTER), 1 MG **Submit to NCH if Oncology or Urology provider**
J9060	INJECTION, CISPLATIN POWDER OR SOLUTION 10 MG **Submit to NCH if Oncology or Urology provider **
J9061	INJECTION, AMIVANTAMAB-VMJW 2 MG **Submit to NCH if Oncology or Urology provider**
J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG **Submit to NCH if Oncology or Urology provider**
J9064	INJECTION, CABAZITAXEL (SANDOZ) NOT THERAPEUTICALLY TO J9043, 1MG **Submit to NCH if Oncology or Urology provider**
J9065	INJECTION, CLADRIBINE PER 1 MG **Submit to NCH if Oncology or Urology provider **
J9071	INJECTION, CYCLOPHOSPHAMIDE (AUROMEDICS) **Submit to NCH if Oncology or Urology provider**
J9072	INJECTION, cyclophosphamide (DR REEDY'S) (CYCLOPHOSPHA) **Submit to NCH if Oncology or Urology Provider**
J9073 Eff 7.1.2024	INJECTION, CYCLOPHOSPHAMIDE INGENUS 5 MG **Submit to NCH if Oncology or Urology Provider **
J9074 Eff 7.1.2024	INJECTION, CYCLOPHOSPHAMIDE SADOZ 5 MG **Submit to NCH if Oncology or Urology Provider **
J9075 Eff 7.1.2024	INJECTION, CYCLOPHOSPHAMIDE NOS 5 MG **Submit to NCH if Oncology or Urology Provider **
J9100	INJECTION, CYTARABINE 100 MG **Submit to NCH if Oncology or Urology provider **
J9118	INJECTION, CALASPARGASE PEGOL-MKNL 10 UNITS **Submit to NCH if Oncology or Urology provider**
J9119	INJECTION, CEMIPLIMAB-RWLC 1 MG **Submit to NCH if Oncology or Urology provider**
J9120	INJECTION, DACTINOMYCIN 0.5 MG **Submit to NCH if Oncology or Urology provider **
J9130	INJECTION, DACARBAZINE 100 MG **Submit to NCH if Oncology or Urology provider **
J9144	INJECTION, DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ **Submit to NCH if Oncology or Urology provider**
J9145	DARATUMUMAB **Submit to NCH if Oncology or Urology provider**
J9150	INJECTION, DAUNORUBICIN 10 MG **Submit to NCH if Oncology or Urology provider **

SERVICE CODES	SERVICE DESCRIPTION
J9153	INJECTION, LIPOSOMAL 1 MG DNR AND 2.27 MG CA **Submit to NCH if Oncology or Urology provider**
J9155	INJECTION, DEGARELIX 1 MG **Submit to NCH if Oncology or Urology provider **
J9173	INJECTION, DURVALUMAB 10 MG **Submit to NCH if Oncology or Urology provider**
J9176	INJECTION, ELOTUZUMAB 1MG **Submit to NCH if Oncology or Urology provider**
J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV 0.25 MG **Submit to NCH if Oncology or Urology provider**
J9178	INJECTION, EPIRUBICIN **Submit to NCH if Oncology or Urology provider **
J9179	INJECTION, ERIBULIN MESYLATE **Submit to NCH if Oncology or Urology provider**
J9181	INJECTION, ETOPOSIDE **Submit to NCH if Oncology or Urology provider **
J9185	INJECTION, FLUDARABINE PHOSPHATE 50 MG **Submit to NCH if Oncology or Urology provider **
J9190	INJECTION, FLUOROURACIL 500 MG **Submit to NCH if Oncology or Urology provider **
J9196	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG **Submit to NCH if Oncology or Urology provider**
J9198	INJECTION, GEMCITABINE HYDROCHLORIDE INFUGEM 100 MG **Submit to NCH if Oncology or Urology provider**
J9200	INJECTION, FLOXURIDINE 500 MG **Submit to NCH if Oncology or Urology provider **
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG **Submit to NCH if Oncology or Urology provider **
J9203	INJECTION, GEMTUZUMAB OZOGAMICIN 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9204	INJECTION, MOGAMULIZUMAB-KPKC 1 MG **Submit to NCH if Oncology or Urology provider**
J9205	IRINOTECAN LIPOSOME **Submit to NCH if Oncology or Urology provider**
J9206	INJECTION, IRINOTECAN 20 MG **Submit to NCH if Oncology or Urology provider **
J9207	INJECTION, IXABEPILONE 1 MG, KIT **Submit to NCH if Oncology or Urology provider **
J9208	INJECTION, IFOSFAMIDE 1 G **Submit to NCH if Oncology or Urology provider **
J9209	INJECTION, MESNA 200 MG **Submit to NCH if Oncology or Urology provider **
J9210	INJECTION, EMAPALUMAB-LZSG 1 MG **Submit to NCH if Oncology or Urology provider**
J9211	INJECTION, IDARUBICIN HCL 5 MG **Submit to NCH if Oncology or Urology provider **
J9212	INTERFERON ALFACON-1 INJ
J9213	INTERFERON ALFA-2A INJ
	J9213 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J9214	INTERFERON ALFA-2B INJ **Submit to NCH if Oncology or Urology provider**
	J9214 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J9215	INTERFERON ALFA-N3 INJ
	J9215 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J9216	INTERFERON GAMMA 1-B INJ **Submit to NCH if Oncology or Urology provider**
	J9216 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J9217	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG **Submit to NCH if Oncology or Urology provider**
	J9217 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z17.0, Z51.11 - Z51.12
	J9217 - No authorization required if request is submitted by a hematologist, oncologist, oncologist/hematologist or urologist
J9218	LEUPROLIDE ACETATE PER 1 MG **Submit to NCH if Oncology or Urology provider**
	J9218 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
J9223	INJECTION, LURBINECTIDIN 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9227	INJECTION, ISATUXIMAB-IRFC 10 MG **Submit to NCH if Oncology or Urology provider**
J9228	IPILIMUMAB **Submit to NCH if Oncology or Urology provider**
J9229	INJECTION, INOTUZUMAB OZOGAMICIN 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9245	INJECTION, ALKERAN-MELPHALAN HCL 50 MG **Submit to NCH if Oncology or Urology provider **
J9246	INJECTION, MELPHALAN EVOMELA 1 MG
J9247	INJECTION, MELPHALAN FLUFENAMIDE 1 MG
J9248 Eff 7.1.2024	INJECTION, MELPHALA HEPZATO 1 MG **Submit to NCH If Oncology or Urology Provider**
J9249 Eff 7.1.2024	INJECTION, MELPHALAN APOTEX 1 MG **Submit to NCH if Oncology or Urology Provider**
J9255	INJECTION, METHOTREXATE (ACCORD) **Submit to NCH if Oncology or Urology Provider**
J9258	INJECTION, PACLITAXEL PRETEINBOUND (TEVA) PARTICLES (PACLITAXEL PRETEIN BOUND PARTICLES) **Submit to NCH if Oncology or Urology Provider**
J9259	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, NOT THERAPEUTICALLY EQUIVALENT TO J9264, 1 MG **Submit to NCH If Oncology or Urology Provider **
J9261	INJECTION, NELARABINE 50 MG **Submit to NCH if Oncology or Urology provider**
J9262	INJECTION, OMACETAXINE MEP, 0.01MG **Submit to NCH if Oncology or Urology provider**
J9263	INJECTION, OXALIPLATIN 0.5 MG **Submit to NCH if Oncology or Urology provider **
J9264	INJECTION, PACITAXEL PROTEINBOUNB PARTICLES 1 MG **Submit to NCH if Oncology or Urology provider**
J9266	INJECTION, PEGASPARGASE **Submit to NCH if Oncology or Urology provider**
J9267	INJECTION, PACITAXEL **Submit to NCH if Oncology or Urology provider **

SERVICE CODES	SERVICE DESCRIPTION
J9268	INJECTION, PENTOSTATIN 10 MG **Submit to NCH if Oncology or Urology provider**
J9269	INJECTION, TAGRAXOFUSP-ERZS 10 MCG **Submit to NCH if Oncology or Urology provider**
J9271	INJECTION, PEMBROLIZUMAB 1 MG **Submit to NCH if Oncology or Urology provider**
J9272	INJECTION, DOSTARLIMAB-GXLY 10 MG **Submit to NCH if Oncology or Urology provider**
J9273	TISOTUMAB VEDOTIN-TFTV **Submit to NCH if Oncology or Urology provider**
J9274	INJECTION, TEBENTAFUSP-tebn, 1 MCG **Submit to NCH if Oncology or Urology provider**
J9281	MITOMYCIN PYELOCALYCEAL SOLUTION **Submit to NCH if Oncology or Urology provider**
J9285	INJECTION, OLARATUMAB 10 MG **Submit to NCH if Oncology or Urology provider**
J9286	INJECTION, GLOFITAMAB-GXBM (COLUMVI) **Submit to NCH if Oncology or Urology Provider**
J9293	INJECTION, MITOXANTRONE HCL PER 5 MG **Submit to NCH if Oncology or Urology provider**
J9294	INJECTION, PEMETREXED (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG **Submit to NCH if Oncology or Urology provider**
J9295	INJECTION, NECITUMUMAB **Submit to NCH if Oncology or Urology provider**
J9296	INJECTION, PEMETREXED (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG **Submit to NCH if Oncology or Urology provider**
J9297	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG **Submit to NCH if Oncology or Urology provider**
J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-rmbw, 3 MG/1 MG **Submit to NCH if Oncology or Urology provider**
J9299	INJECTION, NIVOLUMAB 1 MG **Submit to NCH if Oncology or Urology provider**
J9301	ORINUTUZUMAB **Submit to NCH if Oncology or Urology provider**
J9302	INJECTION, OFATUMUMAB **Submit to NCH if Oncology or Urology provider**
J9303	PANITUMUMAB INJECTION **Submit to NCH if Oncology or Urology provider**
J9304	INJECTION, PEMETREXED PEMFEXY 10 MG **Submit to NCH if Oncology or Urology provider**
J9305	INJECTION, PEMETREXED 10 MG **Submit to NCH if Oncology or Urology provider**
J9306	INJECTION, PERTUZUMAB, 1 MG **Submit to NCH if Oncology or Urology provider**
J9307	INJECTION, PRALATREXATE 1 MG **Submit to NCH if Oncology or Urology provider**
J9308	RAMUCIRUMAB **Submit to NCH if Oncology or Urology provider**
J9309	POLATUZUMAB VEDOTIN-PIIQ **Submit to NCH if Oncology or Urology provider**
J9310	INJECTION, RITUXIMAB
J9311	INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE **Submit to NCH if Oncology or Urology provider**
J9312	INJECTION, RITUXIMAB 10 MG **Submit to NCH if Oncology or Urology provider**
J9313	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG **Submit to NCH if Oncology or Urology provider**
J9314	INJECTION, PEMETREXED 10 MG **Submit to NCH if Oncology or Urology provider**
J9316	INJECTION, PERTUZUMAB TRASTUZUMAB AND HYAL ZZXF PER 10 MG **Submit to NCH if Oncology or Urology provider**
J9317	INJECTION, SACITUZUMAB GOVITECAN HZII 2.5 MG **Submit to NCH if Oncology or Urology provider**
J9318	INJECTION, ROMIDEPSIN NONLYOPHILIZED 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9319	INJECTION, ROMIDEPSIN LYOPHILIZED 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9320	INJECTION, STREPTOZOCIN 1 G **Submit to NCH if Oncology or Urology provider**
J9321	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG
J9322	INJECTION, PEMETREXED (BLUEPOINT), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG **Submit to NCH if Oncology or Urology provider**
J9323	INJECTION, PEMETREXED (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J9035, 10 MG **Submit to NCH if Oncology or Urology provider**
J9325	TALIMOGENE LAHERPAREPVEC **Submit to NCH if Oncology or Urology provider**
J9328	INJECTION, TEMOZOLOMIDE **Submit to NCH if Oncology or Urology provider**
J9330	INJECTION, TEMSIROLIMUS 1 MG **Submit to NCH if Oncology or Urology provider**
J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG **Submit to NCH if Oncology or Urology provider**
J9332	INJECTION, EFGARTIGIMOD alfa-fcab, 2 MG
J9340	INJECTION, THIOTEPA 15 MG **Submit to NCH if Oncology or Urology provider**
J9345	INJECTION, RETIFANLMAB-DLWR 1 MG **Submit to NCH if Oncology or Urology Provider**
J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG **Submit to NCH if Oncology or Urology provider**
J9348	INJECTION, NAXITAMAB-GQGK 1 MG **Submit to NCH if Oncology or Urology provider**
J9349	INJECTION, TAFASITAMAB-CXIX 2 MG **Submit to NCH if Oncology or Urology provider**
J9350	INJECTION, MOSUMETUZUMAB-AXGB, 1 MG **Submit to NCH if Oncology or Urology provider**
J9351	INJECTION, TOPOTECAN 0.1 MG **Submit to NCH if Oncology or Urology provider**
J9352	TRABECTEDIN **Submit to NCH if Oncology or Urology provider**
J9353	INJECTION, MARGETUXIMAB-CMKB 5 MG **Submit to NCH if Oncology or Urology provider**
J9354	INJECTION, ADO-TRASTUZUMAB EMT 1MG **Submit to NCH if Oncology or Urology provider**
J9355	INJECTION, TRASTUZUMAB **Submit to NCH if Oncology or Urology provider**
J9356	INJECTION, TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK **Submit to NCH if Oncology or Urology provider**
J9357	INJECTION, VALRUBICIN INTRAVESICAL 200 MG **Submit to NCH if Oncology or Urology provider**
J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG **Submit to NCH if Oncology or Urology provider**
J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPLY **Submit to NCH if Oncology or Urology provider**
J9360	INJECTION, VINBLASTINE SULFATE 1 MG **Submit to NCH if Oncology or Urology provider**
J9361 Eff 10.1.2024	INJECTION, EFBEMALENOGRASTIM ALFA-VUXW, 0.5 MG

SERVICE CODES	SERVICE DESCRIPTION
J9370	INJECTION, VINCRISTINE SULFATE 1 MG **Submit to NCH if Oncology or Urology provider**
J9376 Eff 7.1.2024	INJECTION, POZELIMAB-BBFG 1 MG
J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG **Submit to NCH if Oncology or Urology provider**
J9381	INJECTION, TEPLIZUMAB-MZWV, 5 MCG
J9390	INJECTION, VINORELBINE TARTRATE 10 MG **Submit to NCH if Oncology or Urology provider**
J9393	INJECTION, FULVESTRANT (TEVA) **Submit to NCH if Oncology or Urology provider**
J9394	INJECTION, FULVESTRANT (FRESNIUS KABI) **Submit to NCH if Oncology or Urology provider**
J9395	INJECTION, FULVESTRANT, 25 MG **Submit to NCH if Oncology or Urology provider**
J9400	INJECTION, ZIV-AFLIBERCEPT, 1MG **Submit to NCH if Oncology or Urology provider**
J9600	INJECTION, PORFIMER SODIUM 75 MG **Submit to NCH if Oncology or Urology provider**
J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUGS **Submit to NCH if Oncology or Urology provider**
Q0178	HYDROXYZINE PAMOATE 50 MG ORAL CHEMO ANTI-EMETIC
Q0221	TIXAGEV AND CILGAVE, 600 MG
Q0515	INJECTION, SERMORELIN ACETATE 1 MICROGRAM
Q2017	INJECTION, TENIPOSIDE **Submit to NCH if Oncology or Urology provider**
Q2026	INJECTION, RADIESSE
Q2027	INJECTION, SCULPTRA
Q2028	INJECTION, SCULPTRA, 0.5MG
Q2040	INCOBOTULINUMTOXIN A
Q2041	INJECTION, WILATE
Q2042	HYDROXYPROGESTERONE CAPROATE
Q2043	SIPLEUCEL-T AUTO CD54+ **Submit to NCH if Oncology or Urology provider**
Q2044	INJECTION, BELIMUMAB
Q2050	LIPOSOMAL DOXORUBICIN **Submit to NCH if Oncology or Urology provider**
Q2053	BREXUCABTAGENE AUTOLCL AU ANTI-CD19 CAR P V T C
Q2054	LM >=110 MIL AUTOL ANTI-CD19 CAR-POS VIABL TC
Q2055	IDECABTAGENE VICL 460MIL AUTO BCMA CAR+T LEUKAPH
Q2056	CILTACABTAGENE AUTOLEUCEL
Q3027	INJECTION, BETA INTERFERON IM 1 MCG
Q4074	ILOPROST NON-COMP UNIT DOSE
Q5101	INJECTION, FILGRASTIM G-CSF BIOSIM **Submit to NCH if Oncology or Urology provider**
	Q5101 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5103	INJECTION, INFLECTRA
Q5104	INJECTION, RENFLEXIS
Q5105	INJECTION, EPOETIN ALFA BIOSIMILAR 100 U - for ESRD
	Q5105 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5106	INJECTION, EPOETIN ALFA BIOSIMILAR 1000 U - for non-ESRD **Submit to NCH if Oncology or Urology provider**
	Q5106 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5107	INJECTION, BEVACIZUMAB-AWWB BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5108	INJECTION, PEGFILGRSTM-JMDB BIOSIMILR 0.5 MG **Submit to NCH if Oncology or Urology provider**
	Q5108 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5109	INJECTION, INFLIXIMAB-QBTX BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5110	INJECTION, FILGRASTIM-AAFI BIOSIMILR 1 MCG **Submit to NCH if Oncology or Urology provider**
	Q5110 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG **Submit to NCH if Oncology or Urology provider**
	Q5111 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5112	INJECTION, TRASTUZUMAB-DTTB BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5113	INJECTION, TRASTUZUMAB-PKRB BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5114	INJECTION, TRASTUZUMAB-DKST BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5115	INJECTION, RITUXIMAB-ABBS BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5116	INJECTION, TRASTUZUMAB-QYYP BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5117	INJECTION, TRASTUZUMAB-ANNS BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5118	INJECTION, BEVACIZUMAB-BVCR BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5119	INJECTION, RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG **Submit to NCH if Oncology or Urology provider**
Q5120	INJECTION, PEGFILGRASTIM-BMEZ BIOSIMILR ZIEXTENZO 0.5 MG **Submit to NCH if Oncology or Urology provider**
	Q5120 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5121	INJECTION, INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG
Q5122	INJECTION, PEGFILGRASTIM APGF BIOSIMILAR 0.5 MG **Submit to NCH if Oncology or Urology provider**

SERVICE CODES	SERVICE DESCRIPTION
	Q5122 - No authorization required if CPT submitted with a listed diagnosis; C00.0 - C96.Z, D00.0 - D09.9, D37.0 - D49.9, D70.1, E31.21 - E31.23, Q85.00 - Q85.09, Z12.0, Z15.81, Z17.0, Z51.11 - Z51.12, Z83.41
Q5123	INJECTION, RITUXIMAB-ARRX BIOSIMILAR 10 MG **Submit to NCH if Oncology or Urology provider**
Q5124	INJECTION, RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG
Q5125	INJECTION, FILGRASTIM-ayow, BIOSIMILAR, (RELEUKO), 1 MCG **Submit to NCH if Oncology or Urology provider**
Q5126	INJECTION, BEVACIZUMAB - MALY **Submit to NCH if Oncology or Urology provider**
Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG **Submit to NCH if Oncology or Urology provider**
Q5128	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG
Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG **Submit to NCH if Oncology or Urology provider**
Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG **Submit to NCH if Oncology or Urology provider**
Q5133 Eff 7.1.2024	INJECTION, TOCILIZUMAB-BACI BIOSIMILAR 1 MG
Q5134 Eff 7.1.2024	INJECTION, NATALIZUMAB-SZTTN BIOSIMILAR 1 MG
Q5137 Eff 10.1.2024	INJECTION, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, SC, 1 MG
Q5138 Eff 10.1.2024	INJECTION, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, IV, 1 MG
Q9989	USTEKINUMAB IV INJ, 1 MG
Q9991	BUPRENORPH XR 100 MG OR LESS
Q9992	BUPRENORPHINE XR OVER 100 MG
Q9993	INJECTION, TRIAMCINOLONE EXT REL
Q9995	INJECTION, EMICIZUMAB-KXWH, 0.5 MG
S0162	INJECTION, EFALIZUMAB 125 MG