CenCal CareConnect™
(HMO D-SNP)



Lista de medicamentos de Medicare Parte B que requieren autorización previa

La lista de Autorización para Medicare Parte B se actualiza con frecuencia y puede cambiar en cualquier momento. Las versiones anteriores ya no son válidas.

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Lista de medicamentos de CenCal CareConnect para medicamentos de Medicare Parte B que requieren autorización previa

La siguiente lista de medicamentos que cubre Medicare Parte B para pacientes ambulatorios (por ejemplo, medicamentos administrados en el consultorio de un médico, clínica, entorno ambulatorio o en el hogar) requiere autorización previa antes de su uso.

Esta lista no incluye medicamentos cubiertos por Medicare Parte D, tales como medicamentos autoadministrados o medicamentos orales. Se proporcionará cobertura para los medicamentos de Parte B que sean médicamente necesarios, de acuerdo con las guías de los Centros de Servicios de Medicare y Medicaid (CMS) (vea: http://www.cms.gov/medicare-coverage-database).

La cobertura de estos medicamentos se basa en National Coverage Determinations (Determinaciones Nacionales de Cobertura, NCD), Local Coverage Determinations (Determinaciones Locales de Cobertura, LCD), Local Coverage Articles (Artículos Locales de Cobertura, LCA), y otras fuentes pertinentes.

Por favor consulte estas pólizas cuando estén disponibles. La siguiente tabla incluye nombres de medicamentos, códigos del HCPCS (Sistema Común de Codificación de Procedimientos de Atención Médica) y pólizas de Medicare relacionadas. Para medicamentos sin póliza indicada, es posible que haya un recurso clínico disponible.

Cuando no hay guías de cobertura de Medicare (NCDs, LCDs, etc.) disponibles, CMS le permite a los planes Medicare Advantage que establezcan sus propios criterios de cobertura con la revisión de un Comité de Medicamentos. CenCal CareConnect sigue las Guías Clínicas de Milliman (MCG) y nuestros Criterios de Medicamentos Médicos de Medicare Parte B cuando no hay guía de Medicare disponibles.

Por favor consulte las pólizas clínicas publicadas en la página web de CenCal CareConnect Pharmacy.

Esta lista puede cambiar. Consulte regularmente para ver si hay actualizaciones. CenCal CareConnect puede modificar, actualizar, agregar o quitar medicamentos a medida que la Administración de Alimentos y Medicamentos (FDA) apruebe nuevas opciones y éstas estén disponibles.

CURRENT AS OF 10/1/2026

Status
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Notes
Clinical Policies = National Coverage Determination (NCD), Local Coverage Determination (LCD), Local Coverage Articles (LCA), MCG Clinical Guidelines, and CenCal CareConnect Medicare Part B Medical Drug Clinical Criteria.

Code	Reimbursement Code Description	Drug	Status	Clinical Policy
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	adalimumab-aacf	PA Required	MCG A-0291
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	adalimumab-aaty	PA Required	MCG A-0291
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	adalimumab-adbm	PA Required	MCG A-0291
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	adalimumab-fkjp	PA Required	MCG A-0291
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	adalimumab-ryvk	PA Required	MCG A-0291
J3490	Unclassified drug, unlisted injection	unclassified drug	PA Required for cost over $1000	Medicare Part B Medical Drug Clinical Criteria
J3590	Unclassified biologics	unclassified biologic drug	PA Required for cost over $1000	Medicare Part B Medical Drug Clinical Criteria
J3591	Unclassified drug or biologic used for End-Stage Renal Disease (ERSD) on dialysis	unclassified drug or biologic	PA Required for cost over $1000	Medicare Part B Medical Drug Clinical Criteria
J7699	NOC drugs, inhalation solution administered through durable medical equipment (DME)	noc drugs, inhalation solution through DME	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7799	NOC drugs, other than inhalation drugs, administered through durable medical equipment (DME)	noc drugs, other than inhalation through DME	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7999	Compounded drug, not otherwise classified	compounded drug, not otherwise classified	PA Required	Medicare Part B Medical Drug Clinical Criteria
J8498	Antiemetic drug, rectal/suppository, not otherwise specified	antiemetic drug,not otherwise specified	PA Required for cost over $1000	Medicare Part B Medical Drug Clinical Criteria
J8597	Antiemetic drug, oral, not otherwise specified	antiemetic drug, oral, not otherwise specified	PA Required for cost over $1000	Medicare Part B Medical Drug Clinical Criteria
J8999	Prescription drug, oral, chemotherapeutic, NOS	prescription drug, oral, chemotherapeutic, nos	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9161	Injection, denileukin diftitiox-cxdl, 1 mcg	lymphir	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9999	Not otherwise classified, antineoplastic drugs	not otherwise classified, antineoplastic drug	PA Required	Medicare Part B Medical Drug Clinical Criteria

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J0364	Injection, apomorphine hydrochloride, 1 mg	apomorphine	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0899	Injection, argatroban (auromedics, 1 mg (for esrd on dialysis)	argatroban in 0.9 % sod chlor	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9033	Injection, bendamustine hydrochloride, 1 mg	bendamustine	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	bendamustine	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9041	Injection, bortezomib, 0.1 mg	bortezomib	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9046	Injection, bortezomib (dr. reddy's), 0.1 mg	bortezomib	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9048	Injection, bortezomib (fresenius kabi), 0.1 mg	bortezomib	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9049	Injection, bortezomib (hospira), 0.1 mg	bortezomib	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9051	Injection, bortezomib (maia), 0.1 mg	bortezomib	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0630	Injection, calcitonin salmon, up to 400 units	calcitonin (salmon)	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0893	Injection, decitabine (sun pharma), 1 mg	decitabine	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9171	Injection, docetaxel, 1 mg	docetaxel	PA Required	MCG A-0745
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	doxorubicin, peg-liposomal	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1301	Injection, edaravone, 1 mg	edaravone	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1325	Injection, epoprostenol, 0.5 mg	epoprostenol	PA Required	MCG A-0300
J1325	Injection, epoprostenol, 0.5 mg	epoprostenol (glycine)	PA Required	MCG A-0300
J9179	Injection, eribulin mesylate, 0.1 mg	eribulin	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	ferumoxytol	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)	ferumoxytol	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1643	Injection, heparin sodium (pfizer), per 1000 units	heparin (porcine)	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1643	Injection, heparin sodium (pfizer), per 1000 units	heparin, porcine (PF)	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1744	Injection, icatibant, 1 mg	icatibant	PA Required	Medicare Part B Medical Drug Clinical Criteria

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J1745	Injection, infliximab, excludes biosimilar, 10 mg	infliximab	PA Required	MCG A-0308
J1930	Injection, lanreotide, 1 mg	lanreotide	PA Required	MCG A-0574
J1932	Injection, lanreotide, (cipla), 1 mg	lanreotide	PA Required	MCG A-0574
J9218	Leuprolide acetate, per 1 mg	leuprolide	PA Required	MCG A-0304
J1954	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	leuprolide acetate (3 month)	PA Required	MCG A-0304
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	levoleucovorin calcium	PA Required	MCG A-0750
J9261	Injection, nelarabine, 50 mg	nelarabine	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	octreotide acetate	PA Required	MCG A-0466
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	octreotide,microspheres	PA Required	MCG A-0466
J9267	Injection, paclitaxel, 1 mg	paclitaxel	PA Required	MCG A-0752
J9264	Injection, paclitaxel protein-bound particles, 1 mg	paclitaxel protein-bound	PA Required	MCG A-0753
J9314	Injection, pemetrexed (teva), 10 mg	pemetrexed	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9323	Injection, pemetrexed ditromethamine, 10 mg	pemetrexed	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9294	Injection, pemetrexed (hospira), 10 mg	pemetrexed disodium	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9296	Injection, pemetrexed (accord), 10 mg	pemetrexed disodium	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9297	Injection, pemetrexed (sandoz), 10 mg	pemetrexed disodium	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	pemetrexed disodium	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9322	Injection, pemetrexed (bluepoint), 10 mg	pemetrexed disodium	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2562	Injection, plerixafor, 1 mg	plerixafor	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9307	Injection, pralatrexate, 1 mg	pralatrexate	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	romidepsin	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9319	Injection, romidepsin, lyophilized, 0.1 mg	romidepsin	PA Required	Medicare Part B Medical Drug Clinical Criteria

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J3110	Injection, teriparatide, 10 mcg	teriparatide	PA Required	MCG A-0321
J3285	Injection, treprostinil, 1 mg	treprostinil sodium	PA Required	MCG A-0322
J3357	Ustekinumab, for subcutaneous injection, 1 mg	ustekinumab	PA Required	MCG A-0621
J3358	Ustekinumab, for intravenous injection, 1 mg	ustekinumab	PA Required	MCG A-0621
Q9998	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	ustekinumab-aekn	PA Required	MCG A-0621
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	ustekinumab-ttwe	PA Required	MCG A-0621
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	ustekinumab-ttwe	PA Required	MCG A-0621
J9357	Injection, valrubicin, intravesical, 200 mg	valrubicin	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3489	Injection, zoledronic acid, 1 mg	zoledronic acid	PA Required	MCG A-0294
J3489	Injection, zoledronic acid, 1 mg	zoledronic acid-mannitol-water	PA Required	MCG A-0294
J3489	Injection, zoledronic acid, 1 mg	zoledronic ac-mannitol-0.9NaCl	PA Required	MCG A-0294
Q2055	Idecabtagene vicleucel, up to 510 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Abecma	PA Required	MCG A-1045
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Abraxane	PA Required	MCG A-0753
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	Abrilada(CF)	PA Required	MCG A-0291
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	Abrilada(CF) Pen	PA Required	MCG A-0291
J3262	Injection, tocilizumab, 1 mg	Actemra	PA Required	MCG A-0622
J0801	Injection, corticotropin (acthar gel), up to 40 units	Acthar	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0801	Injection, corticotropin (acthar gel), up to 40 units	Acthar Selfject	PA Required	Medicare Part B Medical Drug Clinical Criteria

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J0791	Injection, crizanlizumab-tmca, 5 mg	Adakveo	PA Required	MCG A-1027
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	adalimumab-aacf(CF) pen Crohns	PA Required	MCG A-0291
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	adalimumab-aacf(CF) pen Ps-Uv	PA Required	MCG A-0291
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	adalimumab-aaty(CF) AI Crohns	PA Required	MCG A-0291
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	adalimumab-adbm(CF) pen Crohns	PA Required	MCG A-0291
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	adalimumab-adbm(CF) pen PS-UV	PA Required	MCG A-0291
J9042	Injection, brentuximab vedotin, 1 mg	Adcetris	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	Adstiladrin	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Advate	PA Required	MCG A-0451
J7207	Injection, factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU	Adynovate	PA Required	MCG A-0451
J7171	Injection, adamts13, recombinant-krhn, 10 iu	Adzynma	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7210	Injection, factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU	Afstyla	PA Required	MCG A-0451
J3031	Injection, fremanezumab-vfrm, 1 mg	Ajovy Autoinjector	PA Required	MCG A-0997
J3031	Injection, fremanezumab-vfrm, 1 mg	Ajovy Syringe	PA Required	MCG A-0997
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Akynzeo (fosnetupitant)	PA Required	Medicare Part B Medical Drug Clinical Criteria
J8655	Netupitant 300 mg and palonosetron 0.5 mg, oral	Akynzeo (netupitant)	PA Required	LCD - L33827: Oral Antiemetic Drugs (Replacement for Intravenous Antiemetics)
J1931	Injection, laronidase, 0.1 mg	Aldurazyme	PA Required	MCG A-0463

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Code	Reimbursement Code Description	Drug	Status	Clinical Policy
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 IU	Alferon N	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	Alimta	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9057	Injection, copanlisib, 1 mg	Aliqopa	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7186	Injection, antihemophilic factor VIII/Von Willebrand factor complex (human), per factor VIII I.U.	Alphanate	PA Required	MCG A-0451
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	AlphaNine SD	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU	Alprolix	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviiio), per factor viii i.u.	Altuviiio	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1552	Injection, immune globulin (alyglo), 500 mg	Alyglo	PA Required	LCD - L33610: Intravenous Immune Globulin
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Alymsys	PA Required	MCG A-0491
J1426	Injection, casimersen, 10 mg	Amondys-45	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0225	Injection, vutrisiran, 1 mg	Amvuttra	PA Required	LCD - L39948: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis LCD - L39950: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis
J0716	Injection, centruroides immune f(ab)2, up to 120 milligrams	Anascorp	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7169	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg	Andexxa	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2277	Injection, motixafortide, 0.25 mg	Aphexda	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0364	Injection, apomorphine hydrochloride, 1 mg	APOKYN	PA Required	Medicare Part B Medical Drug Clinical Criteria

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Code	Reimbursement Code Description	Drug	Status	Clinical Policy
J0256	Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	Aralast NP	PA Required	MCG A-0468
J0881	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Aranesp (in polysorbate)	PA Required	MCG A-0301
J2793	Injection, rilonacept, 1 mg	Arcalyst	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9261	Injection, nelarabine, 50 mg	Arranon	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9302	Injection, ofatumumab, 10 mg	Arzerra	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1554	Injection, immune globulin (asceniv), 500 mg	Asceniv	PA Required	LCD - L33610: Intravenous Immune Globulin
J9118	Injection, calaspargase pegol-mknl, 10 units	Asparlas	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7196	Injection, antithrombin recombinant, 50 I.U.	ATryn	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9035	Injection, bevacizumab, 10 mg	Avastin	PA Required	NCD - 110.17: Anti-Cancer Chemotherapy for Colorectal Cancer
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use - see also J1826	Avonex	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Avsola	PA Required	MCG A-0308
J9292	Injection, pemetrexed dipotassium, 10 mg	Axtle	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9023	Injection, avelumab, 10 mg	Bavencio	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9032	Injection, belinostat, 10 mg	Beleodaq	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	Belrapzo	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	Bendeka	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7195	Injection factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	BeneFIX	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0490	Injection, belimumab, 10 mg	Benlysta	PA Required	MCG A-0666
J0179	Injection, brolucizumab-dbll, 1 mg	Beovu	PA Required	MCG A-1026
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Beqvez	PA Required	MCG A-1062

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J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units	Berinert	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Besponsa	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1556	Injection, immune globulin (Bivigam), 500 mg	Bivigam	PA Required	LCD - L33610: Intravenous Immune Globulin
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	Bkemv	PA Required	MCG A-0676
J9039	Injection, blinatumomab, 1 microgram	Blincyto	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3110	Injection, teriparatide, 10 mcg	Bonsity	PA Required	MCG A-0321
J9054	Injection, bortezomib (boruzu), 0.1 mg	Boruzu	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0585	Injection, onabotulinumtoxinA, 1 unit	Botox	PA Required	MCG A-0296
J0585	Injection, onabotulinumtoxinA, 1 unit	Botox Cosmetic	PA Required	MCG A-0296
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Breyanzi	PA Required	MCG A-1037
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Breyanzi CD4 Component (2of 2)	PA Required	MCG A-1037
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Breyanzi CD8 Component (1of 2)	PA Required	MCG A-1037
J0567	Injection, cerliponase alfa, 1 mg	Brineura	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2329	Injection, ublituximab-xiiy, 1mg	Briumvi	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Byooviz	PA Required	MCG A-0450
J1952	Leuprolide injectable, camcevi, 1 mg	Camcevi (6 month)	PA Required	MCG A-0304

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Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Carvykti	PA Required	MCG A-1052
J3392	Injection, exagamglogene autotemcel, per treatment	Casgevy	PA Required	MCG A-1063
J1786	Injection, imiglucerase, 10 units	Cerezyme	PA Required	MCG A-0461
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Cimerli	PA Required	MCG A-0450
J0717	Injection, certolizumab pegol, 1 mg	Cimzia	PA Required	MCG A-0576
J0717	Injection, certolizumab pegol, 1 mg	Cimzia Powder for Reconst	PA Required	MCG A-0576
J0717	Injection, certolizumab pegol, 1 mg	Cimzia Starter Kit	PA Required	MCG A-0576
J2786	Injection, reslizumab, 1 mg	Cinqair	PA Required	MCG A-0942
J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	Cinryze	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0185	Injection, aprepitant, 1 mg	Cinvanti	PA Required	NCD - 110.18: Aprepitant for Chemotherapy-Induced Emesis
J7175	Injection, factor X, (human), 1 IU	Coagadex	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9286	Injection, glofitamab-gxbm, 2.5 mg	Columvi	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU	Corifact	PA Required	MCG A-0451
J0802	Injection, corticotropin (ani), up to 40 units	Cortrophin Gel	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1448	Injection, trilaciclib, 1mg	Cosela	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3247	Injection, secukinumab, intravenous, 1 mg	Cosentyx	PA Required	MCG A-0901
J0584	Injection, burosumab-twza 1 mg	Crysvita	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1551	Injection, immune globulin (cutaquig), 100 mg	Cutaquig	PA Required	MCG A-0310
J1555	Injection, immune globulin (Cuvitru), 100 mg	Cuvitru	PA Required	MCG A-0310
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Cyltezo(CF)	PA Required	MCG A-0291

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Code	Reimbursement Code Description	Drug	Status	Clinical Policy
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Cyltezo(CF) Pen	PA Required	MCG A-0291
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Cyltezo(CF) Pen Crohn's-UC-HS	PA Required	MCG A-0291
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Cyltezo(CF) Pen Psoriasis-UV	PA Required	MCG A-0291
J9308	Injection, ramucirumab, 5 mg	Cyramza	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0850	Injection, cytomegalovirus, immune globulin intravenous (human), per vial	CytoGam	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9348	Injection, naxitamab-gqgk, 1 mg	Danyelza	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9145	Injection, daratumumab, 10 mg	Darzalex	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Darzalex Faspro	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	Daxxify	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units	Defencath	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9172	Injection, docetaxel (docivyx), 1 mg	Docivyx	PA Required	MCG A-0745
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Doxil	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 mL	Duopa	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Durolane	PA Required	MCG A-0306
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	Durysta	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0586	Injection, abobotulinumtoxinA, 5 units	Dysport	PA Required	MCG A-0620
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	Elahere	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3060	Injection, taliglucerase alfa, 10 units	Elelyso	PA Required	MCG A-0697
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Elevidys	PA Required	MCG A-1064

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J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	Elfabrio	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Eligard	PA Required	MCG A-0304
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Eligard (3 month)	PA Required	MCG A-0304
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Eligard (4 month)	PA Required	MCG A-0304
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Eligard (6 month)	PA Required	MCG A-0304
J2783	Injection, rasburicase, 0.5 mg	Elitek	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9175	Injection, Elliotts' B solution, 1 mL	Elliotts B (PF)	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7205	Injection, factor VIII, Fc fusion protein (recombinant), per IU	Eloctate	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1323	Injection, elranatamab-bcmm, 1 mg	Elrexfio	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Elzonris	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9326	Injection, telisotuzumab vedotin-tllv, 1 mg	Emrelis	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9176	Injection, elotuzumab, 1 mg	Empliciti	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Enhertu	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1302	Injection, sutimlimab-jome, 10 mg	Enjaymo	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3380	Injection, vedolizumab, intravenous, 1 mg	Entyvio	PA Required	MCG A-0731
J9321	Injection, epcoritamab-bysp, 0.16 mg	Epkinly	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Epogen	PA Required	MCG A-0301
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	Epysqli	PA Required	MCG A-0676
J9055	Injection, cetuximab, 10 mg	Erbitux	PA Required	NCD - 110.17 Anti-Cancer Chemotherapy for Colorectal Cancer
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Esperoct	PA Required	MCG A-0451
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (20 mg/2 mL)	Euflexxa	PA Required	MCG A-0306
J3111	Injection, romosozumab-aqqg, 1 mg	Evenity	PA Required	MCG A-1008

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J1305	Injection, evinacumab-dgnb, 5mg	Evkeeza	PA Required	MCG A-1036
J1428	Injection, eteplirsen, 10 mg	Exondys-51	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0178	Injection, aflibercept, 1 mg	Eylea	PA Required	LCD - L33394: Drugs and Biologicals, Coverage of, for Label and Off-Label Uses
J0177	Injection, aflibercept hd, 1 mg	Eylea HD	PA Required	MCG A-0680
J0180	Injection, agalsidase beta, 1 mg	Fabrazyme	PA Required	MCG A-0465
J0517	Injection, benralizumab, 1 mg	Fasenra	PA Required	MCG A-0985
J0517	Injection, benralizumab, 1 mg	Fasenra Pen	PA Required	MCG A-0985
J7198	Anti-inhibitor, per IU	Feiba NF	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	Fensolvi	PA Required	MCG A-0304
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	Feraheme	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)	Feraheme	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg (Price is per 1mg. Product contains approximately 1 gram (900-1300mg))	Fibryga	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1744	Injection, icatibant, 1 mg	Firazyr	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9155	Injection, degarelix, 1 mg	Firmagon	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9155	Injection, degarelix, 1 mg	Firmagon kit w diluent syringe	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1325	Injection, epoprostenol, 0.5 mg	Flolan	PA Required	MCG A-0300
J9307	Injection, pralatrexate, 1 mg	Folotyn	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3110	Injection, teriparatide, 10 mcg	Forteo	PA Required	MCG A-0321
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	Fulphila	PA Required	Medicare Part B Medical Drug Clinical Criteria

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J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Fusilev	PA Required	MCG A-0750
J9331	Injection, sirolimus protein-bound particles, 1 mg	Fyarro	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5130	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	Fylnetra	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1460	Injection, gamma globulin, intramuscular, 1 cc	GamaSTAN	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1560	Injection, gamma globulin, intramuscular, over 10 cc (1 unit= 10cc)	GamaSTAN	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1460	Injection, gamma globulin, intramuscular, 1 cc	GamaSTAN S/D	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1560	Injection, gamma globulin, intramuscular, over 10 cc (1 unit= 10cc)	GamaSTAN S/D	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9210	Injection, emapalumab-lzsg, 1 mg	Gamifant	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1569	Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg	Gammagard Liquid	PA Required	LCD - L33610: Intravenous Immune Globulin
J1566	Injection, immune globulin, intravenous, lyophilized (e.g powder), not otherwise specified, 500 mg	Gammagard S-D (IgA < 1 mcg/mL)	PA Required	LCD - L33610: Intravenous Immune Globulin
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg	Gammaked	PA Required	LCD - L33610: Intravenous Immune Globulin
J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg	Gammaplex	PA Required	LCD - L33610: Intravenous Immune Globulin
J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg	Gammaplex (with sorbitol)	PA Required	LCD - L33610: Intravenous Immune Globulin
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg	Gamunex-C	PA Required	LCD - L33610: Intravenous Immune Globulin
J9301	Injection, obinutuzumab, 10 mg	Gazyva	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	Gel-One	PA Required	MCG A-0306
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg	Gelsyn-3	PA Required	MCG A-0306

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Code	Reimbursement Code Description	Drug	Status	Clinical Policy
J7320	Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg	GenVisc 850	PA Required	MCG A-0306
J0223	Injection, givosiran, 0.5 mg	Givlaari	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0257	Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg	Glassia	PA Required	MCG A-0468
J1447	Injection, tbo-filgrastim, 1 microgram	Granix	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Haegarda	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9179	Injection, eribulin mesylate, 0.1 mg	Halaven	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Hemgenix	PA Required	MCG A-1065
J7170	Injection, emicizumab-kxwh, 0.5 mg	Hemlibra	PA Required	MCG A-0987
J7190	Factor VIII (antihemophilic factor [human]) per IU	Hemofil M High	PA Required	MCG A-0451
J7190	Factor VIII (antihemophilic factor [human]) per IU	Hemofil M Low	PA Required	MCG A-0451
J7190	Factor VIII (antihemophilic factor [human]) per IU	Hemofil M Mid	PA Required	MCG A-0451
J7190	Factor VIII (antihemophilic factor [human]) per IU	Hemofil M Super High	PA Required	MCG A-0451
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Herceptin	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Herceptin Hylecta	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Hercessi	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Herzuma	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1559	Injection, immune globulin (Hizentra), 100 mg	Hizentra	PA Required	MCG A-0310
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Hulio(CF)	PA Required	MCG A-0291
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Hulio(CF) Pen	PA Required	MCG A-0291
J7187	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO	Humate-P	PA Required	Medicare Part B Medical Drug Clinical Criteria

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Code	Reimbursement Code Description	Drug	Status	Clinical Policy
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Hyalgan	PA Required	MCG A-0306
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	Hymovis	PA Required	MCG A-0306
J1575	Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immune globulin	HyQvia	PA Required	MCG A-0310
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Idacio(CF)	PA Required	MCG A-0291
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Idacio(CF) Pen	PA Required	MCG A-0291
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Idacio(CF) Pen Crohn-UC Startr	PA Required	MCG A-0291
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Idacio(CF) Pen Psoriasis Start	PA Required	MCG A-0291
J7202	Injection, factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	Idelvion	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7355	Injection, travoprost, intracameral implant, 1 microgram	iDose TR	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0638	Injection, canakinumab, 1 mg	Ilaris (PF)	PA Required	MCG A-1015
J3245	Injection, tildrakizumab, 1 mg	Ilumya	PA Required	MCG A-1001
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	Iluvien	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9256	Injection, nipocalimab-aahu, 3 mg	Imaavy	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9026	Injection, tarlatamab-dlle, 1 mg	Imdelltra	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9173	Injection, durvalumab, 10 mg	Imfinzi	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9347	Injection, tremelimumab-actl, 1 mg	Imjudo	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Imlygic	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	Inflectra	PA Required	MCG A-0308

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Code	Reimbursement Code Description	Drug	Status	Clinical Policy
J9198	Injection, gemcitabine hydrochloride, (infugem), 100 mg	Infugem	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1439	Injection, ferric carboxymaltose, 1 mg	Injectafer	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9319	Injection, romidepsin, lyophilized, 0.1 mg	Istodax	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9207	Injection, ixabepilone, 1 mg	Ixempra	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	Ixinity	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2782	Injection, avacincapted pegol, 0.1 mg	Izervay (PF)	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9272	Injection, dostarlimab-gxly, 10 mg	Jemperli	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9043	Injection, cabazitaxel, 1 mg	Jevtana	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Jivi	PA Required	MCG A-0451
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	Jubbonti	PA Required	MCG A-0644
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Kadcyla	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1290	Injection, ecallantide, 1 mg	Kalbitor	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Kanjinti	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2840	Injection, sebelipase alfa, 1 mg	Kanuma	PA Required	MCG A-1043
J7168	Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity	Kcentra	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9271	Injection, pembrolizumab, 1 mg	Keytruda	PA Required	MCG A-0729
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	Khapzory	PA Required	MCG A-0750
J9274	Injection, tebentafusp-tebn, 1 microgram	Kimmtrak	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0175	Injection, donanemab-azbt, 2 mg	Kisunla	PA Required	MCG A-1061
J7190	Factor VIII (antihemophilic factor [human]) per IU	Koate	PA Required	MCG A-0451
J7190	Factor VIII (antihemophilic factor [human]) per IU	Koate-DVI	PA Required	MCG A-0451

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J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Kogenate FS	PA Required	MCG A-0451
J0879	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)	Korsuva	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7211	Injection, factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	Kovaltry	PA Required	MCG A-0451
J2507	Injection, pegloticase, 1 mg	Krystexxa	PA Required	MCG A-0674
J0591	Injection, deoxycholic acid, 1 mg	Kybella	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Kymriah	PA Required	MCG A-1031
J9047	Injection, carfilzomib, 1 mg	Kyprolis	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0217	Injection, velmanase alfa-tycv, 1 mg	Lamzede	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0202	Injection, alemtuzumab, 1 mg	Lemtrada	PA Required	MCG A-0577
J0174	Injection, lecanemab-irmb, 1 mg	Leqembi	PA Required	MCG A-1058
J1306	Injection, inclisiran, 1 mg	Leqvio	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2820	Injection, sargramostim (GM-CSF), 50 mcg	Leukine	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9119	Injection, cemiplimab-rwlc, 1 mg	Libtayo	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3263	Injection, toripalimab-tpzi, 1 mg	Loqtorzi	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2778	Injection, ranibizumab, 0.1 mg	Lucentis	PA Required	MCG A-0450
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	Lumizyme	PA Required	MCG A-0458
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Lumoxiti	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9350	Injection, mosunetuzumab-axgb, 1 mg	Lunsumio	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Lupron Depot	PA Required	MCG A-0304
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Lupron Depot	PA Required	MCG A-0304

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Code	Reimbursement Code Description	Drug	Status	Clinical Policy
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Lupron Depot (3 month)	PA Required	MCG A-0304
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Lupron Depot (3 month)	PA Required	MCG A-0304
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Lupron Depot (4 month)	PA Required	MCG A-0304
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Lupron Depot (6 Month)	PA Required	MCG A-0304
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Lupron Depot-Ped	PA Required	MCG A-0304
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Lupron Depot-Ped (3 month)	PA Required	MCG A-0304
J1954	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	Lutrate Depot (3 month)	PA Required	MCG A-0304
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Luxturna	PA Required	MCG A-1028
J3394	Injection, lovotibeglogene autotemcel, per treatment	Lyfgenia	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9353	Injection, margetuximab-cmkb, 5 mg	Margenza	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3397	Injection, vestronidase alfa-vjbk, 1 mg	Mepsevii	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0630	Injection, calcitonin salmon, up to 400 units	Miacalcin	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use)	Mircera	PA Required	MCG A-0301
J9349	Injection, tafasitamab-cxix, 2 mg	Monjuvi	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1437	Injection, ferric derisomaltose, 10 mg	Monoferric	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	Monovisc	PA Required	MCG A-0306
J2562	Injection, plerixafor, 1 mg	Mozobil	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Mvasi	PA Required	MCG A-0491
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Mylotarg	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0587	Injection, rimabotulinumtoxinB, 100 units	Myobloc	PA Required	MCG A-0519

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Code	Reimbursement Code Description	Drug	Status	Clinical Policy
J9219	Leuprolide acetate implant, 65 mg	N/A	PA Required	MCG A-0304
J7191	Factor VIII (antihemophilic factor [porcine]) per IU (Product has been discontinued)	N/A	PA Required	MCG A-0451
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	N/A	PA Required	MCG A-0458
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	N/A	PA Required	MCG A-0680
J0130	Injection, abciximab, 10mg	N/A	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1260	Injection, dolasetron mesylate, 10 mg	N/A	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2797	Injection, rolapitant, 0.5 mg	N/A	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7199	Hemophilia clotting factor, not otherwise classified	N/A	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9064	Injection, cabazitaxel (sandoz), 1 mg	N/A	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9285	Injection, olaratumab, 10 mg	N/A	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q0515	Injection, sermorelin acetate, 1 microgram	N/A	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q2026	Injection, Radiesse, 0.1 mL	N/A	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q2028	Injection, Sculptra, 0.5 mg	N/A	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	N/A	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg	N/A	PA Required	LCD - L33610: Intravenous Immune Globulin
J1458	Injection, galsulfase, 1 mg	Naglazyme	PA Required	MCG A-1042
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Neulasta	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Neulasta Onpro	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram	Neupogen	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	Nexviazyme	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9038	Injection, axatilimab-csfr, 0.1 mg	Niktimvo	PA Required	Medicare Part B Medical Drug Clinical Criteria

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Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram	Nivestym	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7182	Injection, factor VIII, (antihemophilic factor, recombinant), (Novoeight), per IU	Novoeight	PA Required	MCG A-0451
J7189	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram	Novoseven RT	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1837	Injection, posaconazole, 1 mg	Noxafil	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2802	Injection, romiplostim, 1 microgram	Nplate	PA Required	MCG A-0756
J2182	Injection, mepolizumab, 1 mg	Nucala	PA Required	MCG A-0922
J0485	Injection, belatacept, 1 mg	Nulojix	PA Required	LCD - L33824 : Immunosuppressive Drugs
J7209	Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	Nuwiq	PA Required	MCG A-0451
J0121	Injection, omadacycline, 1 mg	Nuzyra	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Nypozi	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Nyvepria	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7188	Injection, factor VIII (antihemophilic factor, recombinant), (Obizur), per IU	Obizur	PA Required	MCG A-0451
J2350	Injection, ocrelizumab, 1 mg	Ocrevus	PA Required	MCG A-0977
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Ocrevus Zunovo	PA Required	MCG A-0997
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	Octagam	PA Required	LCD - L33610: Intravenous Immune Globulin
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Ogivri	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7601	Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	Ohtuvayre	PA Required	Medicare Part B Medical Drug Clinical Criteria

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Code	Reimbursement Code Description	Drug	Status	Clinical Policy
J2267	Injection, mirikizumab-mrkz, 1 mg	Omvoh	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2267	Injection, mirikizumab-mrkz, 1 mg	Omvoh Pen	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9266	Injection, pegaspargase, per single dose vial	Oncaspar	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9205	Injection, irinotecan liposome, 1 mg	Onivyde	PA Required	MCG A-0624
J0222	Injection, Patisiran, 0.1 mg	Onpattro	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Ontruzant	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9299	Injection, nivolumab, 1 mg	Opdivo	PA Required	MCG A-0903
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Opdualag	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0129	Injection, abatacept, 10 mg	Orencia	PA Required	LCD - L39467: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis LCD - L39469: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis
J0129	Injection, abatacept, 10 mg	Orencia (with maltose)	PA Required	LCD - L39467: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis LCD - L39469: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis
J0129	Injection, abatacept, 10 mg	Orencia ClickJect	PA Required	LCD - L39467: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis LCD - L39469: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (30 mg/2 mL)	ORTHOVISC	PA Required	MCG A-0306
J0224	Injection, lumasiran, 0.5 mg	Oxlumo	PA Required	Medicare Part B Medical Drug Clinical Criteria

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J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	Ozurdex	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Padcev	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1640	Injection, hemin, 1 mg	Panhematin	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Panzyga	PA Required	LCD - L33610: Intravenous Immune Globulin
J0606	Injection, etelcalcetide, 0.1 mg	Parsabiv	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Pavblu	PA Required	MCG A-0680
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per mL (Code Price is per 180 mcg)	Pegasys	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9304	Injection, pemetrexed (pemfexy), 10 mg	Pemfexy	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	Pemrydi RTU	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9306	Injection, pertuzumab, 1 mg	Perjeta	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Phesgo	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9600	Injection, porfimer sodium, 75 mg	Photofrin	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	Photrexa	PA Required	MCG A-1040
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	Photrexa Cross-Linking Kit	PA Required	MCG A-1040
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	Photrexa Viscous	PA Required	MCG A-1040
J1307	Injection, crovalimab-akkz, 10 mg	Piasky	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Polivy	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	Pombiliti	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9295	Injection, necitumumab, 1 mg	Portrazza	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9204	Injection, mogamulizumab-kpkc, 1 mg	Poteligeo	PA Required	Medicare Part B Medical Drug Clinical Criteria

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Code	Reimbursement Code Description	Drug	Status	Clinical Policy
J1459	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g liquid), 500 mg	Privigen	PA Required	LCD - L33610: Intravenous Immune Globulin
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Procrit	PA Required	MCG A-0301
J7194	Factor IX, complex, per IU	Profilnine	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0256	Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	Prolastin-C	PA Required	MCG A-0468
J9015	Injection, aldesleukin, per single-use vial	Proleukin	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0897	Injection, denosumab, 1 mg	Prolia	PA Required	MCG A-0644
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Provenge	PA Required	MCG A-0661
J7639	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	Pulmozyme	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Pyzchiva	PA Required	MCG A-0621
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	Pyzchiva	PA Required	MCG A-0621
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Pyzchiva Autoinjector	PA Required	MCG A-0621
J1304	Injection, tofersen, 1 mg	Qalsody	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1301	Injection, edaravone, 1 mg	Radicava	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Rebinyn	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0896	Injection, luspatercept-aamt, 0.25 mg	Reblozyl	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3489	Injection, zoledronic acid, 1 mg	Reclast	PA Required	MCG A-0294

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J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Recombinate	PA Required	MCG A-0451
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Releuko	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Remicade	PA Required	MCG A-0308
J3285	Injection, treprostinil, 1 mg	Remodulin	PA Required	MCG A-0322
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	Renflexis	PA Required	MCG A-0308
Q5105	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Retacrit	PA Required	MCG A-0301
Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Retacrit	PA Required	MCG A-0301
J7311	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	Retisert	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Riabni	PA Required	MCG A-0448
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	RiaSTAP	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9312	Injection, rituximab, 10 mg	Rituxan	PA Required	MCG A-0448
J9311	Injection, rituximab 10 mg and hyaluronidase	Rituxan Hycela	PA Required	MCG A-0448
J7200	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	Rixubis	PA Required	MCG A-0714
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes	Roctavian	PA Required	MCG A-1067
J1449	Injection, eflapegrastim-xnst, 0.1 mg	Rolvedon	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0596	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units	Ruconest	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Ruxience	PA Required	MCG A-0448
J9061	Injection, amivantamab-vmjw, 2 mg	Rybrevant	PA Required	Medicare Part B Medical Drug Clinical Criteria

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J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Rylaze	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2998	Injection, plasminogen, human-tvmh, 1 mg	Ryplazim	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9333	Injection, rozanolixizumab-noli, 1 mg	Rystiggo	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0870	Injection, imetelstat, 1 mg	Rytelo	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Ryzneuta	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1744	Injection, icatibant, 1 mg	Sajazir	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Sandostatin	PA Required	MCG A-0466
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Sandostatin LAR Depot	PA Required	MCG A-0466
J0491	Injection, anifrolumab-fnia, 1 mg	Saphnelo	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9227	Injection, isatuximab-irfc, 10 mg	Sarclisa	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7352	Afamelanotide implant, 1 mg	Scenesse	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q9998	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	Selarsdi	PA Required	MCG A-0621
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	SevenFact	PA Required	MCG A-0451
J2502	Injection, pasireotide long acting, 1 mg	Signifor LAR	PA Required	MCG A-0702
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	Simlandi(CF)	PA Required	MCG A-0291
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	Simlandi(CF) Autoinjector	PA Required	MCG A-0291
J1602	Injection, golimumab, 1 mg, for intravenous use	Simponi ARIA	PA Required	MCG A-0575
J0480	Injection, basiliximab, 20 mg	Simulect	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	Sinuva	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	Skyrizi	PA Required	MCG A-1007
J3387	Injection, Elivaldogene Autotemcel, Per Treatment	Skysona	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1930	Injection, lanreotide, 1 mg	Somatuline Depot	PA Required	MCG A-0574

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J1747	Injection, spesolimab-sbzo, 1 mg	Spevigo	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2326	Injection, nusinersen, 0.1 mg	Spinraza (PF)	PA Required	MCG A-0976
J0013	Esketamine, nasal spray, 1 mg	Spravato	PA Required	MCG B-007-Rx
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Stelara	PA Required	MCG A-0621
J3358	Ustekinumab, for intravenous injection, 1 mg	Stelara	PA Required	MCG A-0621
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Stimufend	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1961	Injection, lenacapavir (only for use as hiv treatment), 1 mg	Sunlenca	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Supartz FX	PA Required	MCG A-0306
J9226	Histrelin implant (Supprelin LA), 50 mg	Supprelin LA	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1627	Injection, granisetron, extended-release, 0.1 mg	Sustol	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Susvimo	PA Required	MCG A-0450
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Susvimo (initial fill)	PA Required	MCG A-0450
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	Syfovre (PF)	PA Required	MCG A-1046
J2860	Injection, siltuximab, 10 mg	Sylvant	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	SynoJoynt	PA Required	MCG A-0306
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Synribo	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	Synvisc	PA Required	MCG A-0306
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	Synvisc-One	PA Required	MCG A-0306
J0593	Injection, lanadelumab-flyo, 1 mg	Takhzyro	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3055	Injection, talquetamab-tgvs, 0.25 mg	Talvey	PA Required	Medicare Part B Medical Drug Clinical Criteria

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Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Tecartus	PA Required	MCG A-1035
J9022	Injection, atezolizumab, 10 mg	Tecentriq	PA Required	MCG A-0931
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Tecentriq Hybreza	PA Required	MCG A-0931
J9380	Injection, teclistamab-cqyv, 0.5 mg	Tecvayli	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9328	Injection, temozolomide, 1 mg	Temodar	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3241	Injection, teprotumumab-trbw, 10 mg	Tepezza	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1073	Testosterone pellet, 75 mg	Testopel	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9329	Injection, tislelizumab-jsgr, 1mg	Tevimbra	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2356	Injection, tezepelumab-ekko, 1 mg	Tezspire	PA Required	MCG A-1053
J7197	Antithrombin III (human), per IU	Thrombate III	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Tivdak	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	Tofidence	PA Required	MCG A-0622
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Trazimera	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9033	Injection, bendamustine hydrochloride, 1 mg	Treanda	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3315	Injection, triptorelin pamoate, 3.75 mg	Trelstar	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1628	Injection, guselkumab, 1 mg	Tremfya	PA Required	MCG A-0972
J1628	Injection, guselkumab, 1 mg	Tremfya One-Press	PA Required	MCG A-0972
J1628	Injection, guselkumab, 1 mg	Tremfya Pen	PA Required	MCG A-0972
J1628	Injection, guselkumab, 1 mg	Tremfya Pen Induction Pk-Crohn	PA Required	MCG A-0972
J7181	Injection, factor XIII A-subunit, (recombinant), per IU	Tretten	PA Required	Medicare Part B Medical Drug Clinical Criteria

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J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Triluron	PA Required	MCG A-0306
J3316	Injection, triptorelin, extended-release, 3.75 mg	Triptodur	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	TriVisc	PA Required	MCG A-0306
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Trodelvy	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1746	Injection, ibalizumab-uiyk, 10 mg	Trogarzo	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Truxima	PA Required	MCG A-0448
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Tyenne	PA Required	MCG A-0622
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Tyenne Autoinjector	PA Required	MCG A-0622
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	Tyruko	PA Required	MCG A-0469
J2323	Injection, natalizumab, 1 mg	Tysabri	PA Required	MCG A-0469
J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	Tyvaso	PA Required	MCG A-0322
J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	Tyvaso Institutional Start Kit	PA Required	MCG A-0322
J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	Tyvaso Refill Kit	PA Required	MCG A-0322
J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	Tyvaso Starter Kit	PA Required	MCG A-0322
J9381	Injection, teplizumab-mzwv, 5 mcg	Tzield	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Udenyca	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Udenyca Autoinjector	PA Required	Medicare Part B Medical Drug Clinical Criteria

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Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Udenyca Onbody	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1303	Injection, ravulizumab-cwvz, 10 mg	Ultomiris	PA Required	MCG A-1002
J1823	Injection, inebilizumab-cdon, 1 mg	Uplizna	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2777	Injection, faricimab-svoa, 0.1 mg	Vabysmo	PA Required	MCG A-1051
J0901	Vadadustat, oral, 1 mg (for esrd on dialysis)	Vafseo	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9357	Injection, valrubicin, intravesical, 200 mg	Valstar	PA Required	Medicare Part B Medical Drug Clinical Criteria
J8670	Rolapitant, oral, 1 mg	Varubi	PA Required	LCD - L33827: Oral Antiemetic Drugs (Replacement for Intravenous Antiemetics)
J9303	Injection, panitumumab, 10 mg	Vectibix	PA Required	MCG A-0570
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Vegzelma	PA Required	MCG A-0491
J9041	Injection, bortezomib, 0.1 mg	Velcade	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1325	Injection, epoprostenol, 0.5 mg	Veletri	PA Required	MCG A-0300
J9376	Injection, pozelimab-bbfg, 1 mg	Veopoz	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1427	Injection, viltolarsen, 10 mg	Viltepso	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1322	Injection, elosulfase alfa, 1 mg	Vimizim	PA Required	MCG A-1041
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose (Hyalgan dose is 20 mg/2 mL, Supartz and Visco-3 dose is 25 mg/2.5 mL)	Visco-3	PA Required	MCG A-0306
J3396	Injection, verteporfin, 0.1 mg	Visudyne	PA Required	MCG A-0202
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Vivimusta	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7179	Injection, Von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo	Vonvendi	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3385	Injection, velaglucerase alfa, 100 units	VPRIV	PA Required	MCG A-0654
J3032	Injection, eptinezumab-jjmr, 1 mg	Vyepti	PA Required	MCG A-1032

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J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml	Vyjuvek	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1429	Injection, golodirsen, 10 mg	Vyondys-53	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9332	Injection, efgartigimod alfa-fcab, 2mg	Vyvgart	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Vyvgart Hytrulo	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Vyxeos	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	Wezlana	PA Required	MCG A-0621
Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	Wezlana I.V.	PA Required	MCG A-0621
J7183	Injection, Von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO	Wilate	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	Wyost	PA Required	MCG A-0644
J1558	Injection, immune globulin (xembify), 100 mg	Xembify	PA Required	MCG A-0310
J0218	Injection, olipudase alfa-rpcp, 1 mg	Xenpozyme	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0588	Injection, incobotulinumtoxinA, 1 unit	Xeomin	PA Required	MCG A-0988
J0122	Injection, eravacycline, 1 mg	Xerava	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0897	Injection, denosumab, 1 mg	Xgeva	PA Required	MCG A-0644
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Xiaflex	PA Required	MCG A-0639
J3299	Injection, triamcinolone acetonide (xipere), 1 mg	Xipere (PF)	PA Required	Medicare Part B Medical Drug Clinical Criteria
J2357	Injection, omalizumab, 5 mg	Xolair	PA Required	MCG A-0315
J7185	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	Xyntha	PA Required	MCG A-0451

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J7185	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	Xyntha Solofuse	PA Required	MCG A-0451
J9228	Injection, ipilimumab, 1 mg	Yervoy	PA Required	MCG A-0748
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yescarta	PA Required	MCG A-1030
J9352	Injection, trabectedin, 0.1 mg	Yondelis	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Yuflyma(CF)	PA Required	MCG A-0291
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Yuflyma(CF) AI Crohn's-UC-HS	PA Required	MCG A-0291
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Yuflyma(CF) Autoinjector	PA Required	MCG A-0291
J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	Yupelri	PA Required	Medicare Part B Medical Drug Clinical Criteria
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	Yutiq	PA Required	Medicare Part B Medical Drug Clinical Criteria
J9400	Injection, ziv-aflibercept, 1 mg	Zaltrap	PA Required	MCG A-0680
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 microgram	Zarxio	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0256	Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	Zemaira	PA Required	MCG A-0468
J9223	Injection, lurbinectedin, 0.1 mg	Zepzelca	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3389	Topical administration, prademagene zamikeracel, per treatment	Zevaskyn	PA Required	Medicare Part B Medical Drug Clinical Criteria
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Ziextenzo	PA Required	Medicare Part B Medical Drug Clinical Criteria
J0565	Injection, bezlotoxumab, 10 mg	Zinplava	PA Required	Medicare Part B Medical Drug Clinical Criteria

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Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Zirabev	PA Required	MCG A-0491
J9202	Goserelin acetate implant, per 3.6 mg	Zoladex	PA Required	MCG A-0304
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	Zolgensma	PA Required	MCG A-1029
J1632	Injection, brexanolone, 1 mg	Zulresso	PA Required	MCG B-008-Rx
J9282	Mitomycin, intravesical instillation, 1 mg	Zusduri	PA Required	Medicare Part B Medical Drug Clinical Criteria
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	Zymfentra	PA Required	MCG A-0308
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Zynlonta	PA Required	Medicare Part B Medical Drug Clinical Criteria
J3393	Injection, betibeglogene autotemcel, per treatment	Zynteglo	PA Required	MCG A-1057
J9345	Injection, retifanlimab-dlwr, 1 mg	Zynyz	PA Required	Medicare Part B Medical Drug Clinical Criteria