

Medicare Prior Authorization List

Effective January 1, 2021



Allwell from Superior HealthPlan (HMO and HMO SNP) requires prior authorization as a condition of payment for many services. This notice contains information regarding prior authorization requirements and is applicable to all Medicare products offered by Allwell.

Allwell is committed to delivering cost effective quality care to members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the ordering physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Please note: Prior authorization is subject to covered benefit review and is not a guarantee of payment.

Effective January 1, 2021, Prior Authorization will be required for the following services:

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Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please visit [Superior's Medicare Prior Authorization Tool](#).

Service Category	Services/Procedures	Comments
Acupuncture	An alternate form of medicine in which thin needles are inserted into the body. Medicare doesn't cover acupuncture (including dry needling) for any condition other than chronic low back pain. Limit to 20 visits	<p>Prior Authorization Required:</p> <ul style="list-style-type: none"> • Health Net Medicare Advantage for California • Arizona Complete Health • Oregon Health Net Medicare Advantage • Allwell from MHS - MHS Indiana • Allwell from Sunflower • Allwell from Louisiana Healthcare Connections • Allwell from Superior HealthPlan (MA & MMP) • Allwell Medicare Advantage from MHS Health Wisconsin • Ascension Complete (FL, IL, KS) <p>Contracted Providers: Visit ashlink.com</p> <p>Non-Contracted providers: Call 877-248-2746</p>
Ambulance Nonemergent Fixed Wing	Requires prior authorization before transport	
Behavioral Health Services	Day Treatment Electroconvulsive Therapy (ECT) Inpatient Psychiatric Intensive Outpatient Therapy Neuropsychological Testing Partial hospitalization Psychological Testing Substance Use Disorder Treatment/Rehabilitation	
Bronchial Thermoplasty	Outpatient procedure for the treatment of asthma	

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Service Category	Services/Procedures	Comments
Chiropractor Services	Medicare coverage for chiropractic services extends only to treatment by means of manual manipulation of the spine to correct a subluxation, provided such treatment is reasonable and medically necessary	<p>Prior Authorization Required:</p> <ul style="list-style-type: none"> • Health Net Medicare Advantage for California • Arizona Complete Health • Oregon Health Net • Allwell from Louisiana Healthcare Connections <p>Contracted Providers: Visit ashlink.com</p> <p>Non-Contracted providers: Call 877-248-2746</p>
Clinical Trials: Notification Only	A clinical trial is one type of clinical research that follows a pre-defined plan or protocol	
Cochlear Implants & Surgery	Provides direct electrical stimulation to the auditory nerve, bypassing the usual transducer cells that are absent or nonfunctional in deaf cochlea	
Cosmetic Procedures/Dermatology	<p>Includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member Including, but not limited to the following:</p> <p>Chemical exfoliation, electrolysis Dermabrasion/chemical peel Laser treatment Skin injections and implants</p>	
Drug Testing	Quantitative tests for drugs of abuse	
Durable Medical Equipment (DME)	Ambulatory Infusion Pumps BIPAP Bone Growth Stimulator Continuous Glucose Monitor Hospital Bed/Mattress Implantable Neurostimulator Lift Devices including Hoyer Lymphedema Pumps and Supplies TENS Units Vagus Nerve Stimulator Ventilators Wheelchairs, Custom Wheelchairs, Power Wound Vacuum (Negative Pressure) Devices	

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Enhanced External Counterpulsation (EECP)	The noninvasive outpatient treatment for patients with coronary artery disease (CAD)	
Experimental/Investigational Services	Any item or service potentially considered investigational or experimental must be authorized in advance	
Gender Reassignment	General term to describe a surgery or surgeries that affirm a person's gender identity	
Genetic Counseling and Testing	Genetic testing is a type of medical test that identifies changes in chromosomes, genes, or proteins	
Infertility	Drug Therapy, Testing, Treatment	
Home Health Services	Home Health Aide Occupational Therapy Physical Therapy Skilled Nursing Visits Social Work Visits Speech Therapy	
Hospice: Notification only	Home or Inpatient	
Hospital Admission	Acute Inpatient Hospital Inpatient Rehabilitation Hospital Long Term Acute Care Hospital (LTAC) Skilled Nursing Facility (SNF)	
Hyperbaric O2 Therapy	Includes HBO therapy administered in a chamber	
Neuropsychological Testing	Evaluations for members with a history of psychological, neurologic or medical disorders known to impact cognitive or neurobehavioral functioning	
Nutritional Supplements and/or services	Formula administered via a enteral feeding tube	
Observation Stay	Prior Authorization required if >48 hours	
Orthotics/Prosthetics	Prosthetic devices needed to replace a body part or function Limited coverage options for orthotic shoes and devices, including artificial limbs and eyes as well as braces for arms, legs, back, or neck, penile prosthetics	

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Outpatient Therapy Occupational Therapy Physical Therapy Speech-Language Therapy	Therapeutic treatment: as a remedial treatment of mental or bodily disorder or an agency (as treatment) designed or serving to bring about rehabilitation or social adjustment	Requires authorization after 12 combined visits
Pain Management	Facet Injections Median Branch Block Radio Frequency Ablation Sacroiliac joint injection (SI) Trigger Point	
Part B Drugs		See Appendix A at the end of this document.
Radiation Therapy	Intensity modulated radiotherapy (IMRT) Neutron beam therapy Proton beam therapy Stereotactic radiotherapy	
Radiology	Cardiac Imaging CT MRA MRI, MRA, PET Scan, CT, Cardiac Imaging PET	All Health Plans Excluding Allwell Medicare Advantage from MHS Health Wisconsin visit www.radmd.com
Sleep Studies	Surgery and treatment Hospital Sleep Study	
Surgeries, regardless of place of service	Abortion Bariatric Surgery Blepharoplasty Breast Augmentation (except following mastectomy) Breast Reduction Capsule Endoscopy Chondrocyte Implants Cochlear Implant Facial Osteotomy Hysterectomy Joint Replacements Mastectomy for Gynecomastia	

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Service Category	Services/Procedures	Comments
Surgeries, regardless of place of service continued	Oral Surgery -- Temporomandibular Joint Surgery Otoplasty Reconstructive and Plastic Surgery Rhinoplasty Sacral Nerve Neuromodulation Septoplasty Spinal Surgeries including Fusion, Stabilization, Discectomy Uvulopalatopharyngoplasty/ Uvulopharyngoplasty Veins (ablation, ligation, stripping, sclerotherapy) X-Stop: Spinal Surgery	
Transplants	All transplant evaluations and procedures, including but not limited to evaluation, transplant consult visits, HLA typing, donor search and transplant procedure	

Medicare Part B PA List - Attachment A

Effective January 1, 2021



Part B Drugs: STEP THERAPY	Drug Code	Drug Name	Action	Last Updated Date	Effective Date (if available)	Drug Description	Comments
	C9050					INJECTION, EMAPALUMAB-LZSG, 1 MG	
	C9122					MOMETASONE FUROATE SINUS IMPLANT 10 MCG SINUVA	
	J0129					ABATACEPT INJECTION	
	J0178					AFLIBERCEPT INJECTION	
	J0570					BUPRENORPHINE IMPLANT 74.2MG	
	J0585					INJECTION, ONABOTULINUMTOXINA	
	J0717					CERTOLIZUMAB PEGOL INJ 1MG	
	J0718					CERTOLIZUMAB PEGOL INJ	
	J0791					INJECTION CRIZANLIZUMAB-TMCA 5 MG	
	J0800					INJECTION, CORTICOTROPIN, UP TO 40 UNITS	
	J0896					INJECTION LUSPATERCEPT-AAAMT 0.25 MG	
	J0897					DENOSUMAB INJECTION	
	J1300					ECULIZUMAB INJECTION	
	J1428					INJECTION ETEPLIRSEN 10 MG	
	J1429					INJECTION GOLODIRSEN 10 MG	
	J1442					INJ FILGRASTIM EXCL BIOSIMIL	
	J1447					INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	
	J1459					INJ IVIG PRIVIGEN 500 MG	
	J1555					INJECTION IMMUNE GLOBULIN 100 MG	
	J1556					INJ, IMM GLOB BIVIGAM, 500MG	
	J1557					GAMMAPLEX INJECTION	
	J1558					INJECTION IMMUNE GLOBULIN XEMBIFY 100 MG	
	J1559					HIZENTRA INJECTION	
	J1561					GAMUNEX-C/GAMMAKED	
	J1562					INJECTION; IMMUNE GLOBULIN 10%, 5 GRAMS	
	J1566					INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. P	
	J1568					OCTAGAM INJECTION	
	J1569					GAMMAGARD LIQUID INJECTION	
	J1572					FLEBOGAMMA INJECTION	
	J1575					INJ IG/HYALURONIDASE 100 MG IG	
	J1599					IVIG NON-LYOPHILIZED, NOS	
	J1602					GOLIMUMAB FOR IV USE 1MG	
	J1745					INJ INFLIXIMAB EXCL BIOSIMILR 10 MG	
	J1930		Remove		1/1/2021	INJECTION, LANREOTIDE, 1 MG	
	J2323					NATALIZUMAB INJECTION	
	J2350					INJECTION OCRELIZUMAB 1 MG	
	J2353		Remove		1/1/2021	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	
	J2357					INJECTION, OMALIZUMAB, 5 MG	
	J2503					INJECTION, PEGAPTANIB SODIUM, 0.3 MG	
	J2505					INJECTION, PEGFILGRASTIM, 6 MG	
	J2507					PEGLOTICASE INJECTION	
	J2778					RANIBIZUMAB INJECTION	
	J2786					INJECTION RESLIZUMAB 1MG	
	J2796					ROMIPLOSTIM INJECTION	
	J2820					INJECTION, SARGRAMOSTIM (CM-CSF), 50 MCG	
	J3111		Add			INJECTION ROMOSUZUMAB-AQQG 1 MG	
	J3304					INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	
	J3357					USTEKINUMAB FOR SUBQ INJECTION 1 MG	
	J3380					INJECTION VEDOLIZUMAB 1 MG	
	J3396					INJECTION, VERTEPORFIN, 0.1 MG	
	J7311					INJECTION FA INTRAVITREAL IMPL 0.01 MG	
	J7312					DEXAMETHASONE INTRA IMPLANT	
	J7313					INJECTION FA INTRAVITREAL IMPL 0.01 MG	
	J7314					INJECTION FA INTRAVITREAL IMPL 0.01 MG	
	J7318					HYALURONAN/DERIVATIVE DUROLANE FOR IA INJ 1 MG	
	J7320					HYALURONAN/DERIVATIVE GENVISCO 850 IA INJ 1 MG	
	J7321					HYAL HYALGN SUPARTZ/VSCO-3 IA INJ-D	
	J7322					HYALURONAN/DRIV HYMOVIS IA INJ 1 MG	
	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/DERIV GELSYN-3 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	
	J7401					MOMETASONE FUROATE SINUS IMPLANT 10 MCG	
	J9022					INJECTION ATEZOLIZUMAB 10 MG	
	J9145					INJECTION DARATUMUMAB 10 MG	
	J9173					INJECTION DURVALUMAB 10 MG	
	J9176					INJECTION ELOTUZUMAB 1MG	
	J9308					INJECTION RAMUCIRUMAB 5 MG	

	J9311					INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	
	J9312					INJECTION RITUXIMAB 10 MG	
	J9355					INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	
	J9356					INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	
	J9358					INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG	
	Q2041					KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	
	Q2042					TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	
	Q2043					SIPLEUCEL-T AUTO CD54+	
	Q5101					INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO)	
	Q5103					INJECTION, INFLECTRA	
	Q5104					INJECTION, RENFLEXIS	
	Q5107					INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	
	Q5108					INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG	
	Q5109					INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	
	Q5110					INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	
	Q5111					INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	
	Q5112					INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	
	Q5113					INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	
	Q5114					INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	
	Q5115					INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	
	Q5116					INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG	
	Q5117					INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG	
	Q5118					INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	
	Q5119					INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	
	Q5120					INJ PEGFILGRASTIM-BMEZ BIOSIMLR ZIEXTENZO 0.5 MG	
	Q5121					INJ INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG	
	Q9991					BUPRENORPH XR 100 MG OR LESS	
	Q9992					BUPRENORPHINE XR OVER 100 MG	
Part B: Prior Authorizati	Drug Code	Drug Name	Action	Last Updated Date	Effective Date (if available)	Drug Description	Comments
	892					SPECIAL PROCESSED DRUGS - FDA APPROVED GENE THERAPY	
	A9513					LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	
	C9035					INJECTION ARIPIRAZOLE LAUROXIL 1 MG	
	C9036					INJECTION PATISIRAN 0.1 MG	
	C9037					INJECTION RISPERIDONE 0.5 MG	
	C9038					INJECTION MOGAMULIZUMAB-KPKC 1 MG	
	C9040					INJECTION FREMANEZUMAB-VFRM 1 MG	
	C9043					INJECTION LEVOLEUCOVORIN 1 MG	
	C9044					INJECTION CEMPLIMAB-RWLC 1 MG	
	C9045					INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	
	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	
	C9054		Remove		1/1/2021	INJECTION LEFAMULIN XENLETA 1 MG	
	C9055					INJECTION BREXANOLONE 1 MG	
	C9056		Remove		1/1/2021	INJECTION GIVOSIRAN 0.5 MG	
	C9057		Remove		1/1/2021	INJECTION CETIRIZINE HCL 1 MG	
	C9058		Remove		1/1/2021	INJECTION PEGFILGRASTIM-BMEZ BIOSIMILAR 0.5	
	C9061					INJECTION TEPROTUMUMAB-TRBW 10 MG	
	C9063					INJECTION EPTINEZUMAB-JJMR 1 MG	
	C9122					MOMETASONE FUROATE SINUS IMPLANT 10 MCG SINUVA	
	C9130		Remove		1/1/2021	INJ IMMUNE GLOBULIN BIVIGAM 500 MG	
	C9133					FACTOR IX RECOMBINANT	
	C9134					FACTOR XIII A-SUBUNIT RECOMB	
	C9136					FACTOR VIII (ELOCTATE)	
	C9399					UNCLASSIFIED DRUGS OR BIOLOGICALS	
	C9399					UNCLASSIFIED DRUGS OR BIOLOGICALS	
	J0129					ABATACEPT INJECTION	
	J0135					INJECTION, ADALIMUMAB, 20 MG	
	J0178					AFLIBERCEPT INJECTION	
	J0179					INJECTION BROLUCIZUMAB-DBLL 1 MG	
	J0180					INJECTION, AGALSIDASE BETA, 1 MG	
	J0202					INJECTION ALEMTUZUMAB 1 MG	
	J0220					ALGLUCOSIDASE ALFA INJECTION	
	J0221					LUMIZYME INJECTION	
	J0222					INJECTION PATISIRAN 0.1 MG	
	J0223					INJECTION GIVOSIRAN 0.5 MG	
	J0256					ALPHA 1 PROTEINASE INHIBITOR	
	J0257					GLASSIA INJECTION	
	J0364					INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	
	J0490					BELIMUMAB INJECTION	
	J0517					INJECTION BENRALIZUMAB 1 MG	
	J0567					INJECTION CERLIPONASE ALFA 1 MG	
	J0570					BUPRENORPHINE IMPLANT 74.2MG	
	J0584					INJECTION BUROSUMAB-TWZA 1 MG	
	J0585					INJECTION, ONABOTULINUMTOXINA	
	J0586					ABOBOTULINUMTOXINA	
	J0587					INJ, RIMABOTULINUMTOXINB	
	J0588					INCOBOTULINUMTOXIN A	
	J0591					INJECTION DEOXYCHOLIC ACID 1 MG	

J0593					INJECTION LANADELUMAB-FLYO 1 MG
J0598					C-1 ESTERASE, CINRYZE
J0599					INJECTION C-1 ESTERASE INHIBITOR 10 UNITS
J0604					CINACALCET ORAL 1 MG
J0606					INJECTION ETELCALCETIDE 0.1 MG
J0630					INJECTION, CALCITONIN SALMON, UP TO 400 UNITS
J0638					CANAKINUMAB INJECTION
J0641					INJECTION LEVOLEUCOVORIN 0.5 MG
J0642					INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG
J0717					CERTOLIZUMAB PEGOL INJ 1MG
J0718					CERTOLIZUMAB PEGOL INJ
J0775					COLLAGENASE, CLOST HIST INJ
J0791					INJECTION CRIZANLIZUMAB-TMCA 5 MG
J0800					INJECTION, CORTICOTROPIN, UP TO 40 UNITS
J0881					INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
J0885					INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
J0888					EPOETIN BETA NON ESRD
J0894					INJECTION DECITABINE 1 MG
J0896					INJECTION LUSPATERCEPT-AAMT 0.25 MG
J0897					DENOSUMAB INJECTION
J1190					INJECTION, DEXRAZOXANE HCL, PER 250 MG
J1300					ECULIZUMAB INJECTION
J1301					INJECTION EDARAVONE 1 MG
J1303					INJECTION RAVULIZUMAB-CWVZ 10 MG
J1324					INJECTION, ENFUVIRTIDE, 1 MG
J1428					INJECTION ETEPLIRSEN 10 MG
J1429					INJECTION GOLODIRSEN 10 MG
J1438					INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG AD
J1439					INJ FERRIC CARBOXYMALTOS 1MG
J1442					INJ FILGRASTIM EXCL BIOSIMIL
J1443					INJ FERRIC PRPP CIT SOL 0.1 MG IRON
J1447					INJECTION, TBO-FILGRASTIM, 1 MICROGRAM
J1458					INJECTION GALSULFASE 1 MG
J1459					INJ IVIG PRIVIGEN 500 MG
J1555					INJECTION IMMUNE GLOBULIN 100 MG
J1556					INJ, IMM GLOB BIVIGAM, 500MG
J1557					GAMMAPLEX INJECTION
J1558					INJECTION IMMUNE GLOBULIN XEMBIFY 100 MG
J1559					HIZENTRA INJECTION
J1561					GAMUNEX-C/GAMMAKED
J1562					INJECTION; IMMUNE GLOBULIN 10%, 5 GRAMS
J1566					INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. P
J1568					OCTAGAM INJECTION
J1569					GAMMAGARD LIQUID INJECTION
J1572					FLEBOGAMMA INJECTION
J1575					INJ IG/HYALURONIDASE 100 MG IG
J1599					IVIG NON-LYOPHILIZED, NOS
J1599					IVIG NON-LYOPHILIZED, NOS
J1602					GOLIMUMAB FOR IV USE 1MG
J1628					INJECTION GUSELKUMAB 1 MG
J1640					INJECTION, HEMIN, 1 MG
J1645					INJECTION, DALTEPARIN SODIUM, PER 2500 IU
J1675					INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS
J1743					IDURSULFASE INJECTION
J1744					ICATIBANT INJECTION
J1745					INJ INFLIXIMAB EXCL BIOSIMILR 10 MG
J1746					INJECTION IBALIZUMAB-UIYK 10 MG
J1786					IMUGLUCERASE INJECTION
J1817					INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
J1930					INJECTION, LANREOTIDE, 1 MG
J1931					INJECTION, LARONIDASE, 0.1 MG
J2170					Mecaserin injection
J2182					INJECTION MEPOLIZUMAB 1MG
J2212					METHYLNALTREXONE INJECTION
J2315					INJECTION NALTREXONE DEPOT FORM 1 MG
J2323					NATALIZUMAB INJECTION
J2350					INJECTION OCRELIZUMAB 1 MG
J2353					INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
J2355					INJECTION, OPRELVEKIN, 5 MG
J2357					INJECTION, OMALIZUMAB, 5 MG
J2440					INJECTION, PAPAVERINE HCL, UP TO 60 MG
J2503					INJECTION, PEGAPTANIB SODIUM, 0.3 MG
J2505					INJECTION, PEGFILGRASTIM, 6 MG
J2507					PEGLOTICASE INJECTION
J2562					PLERIXAFOR INJECTION
J2778					RANIBIZUMAB INJECTION
J2783					INJECTION, RASBURICASE, 0.5 MG
J2786					INJECTION RESLIZUMAB 1MG
J2793					RILONACEPT INJECTION
J2796					ROMIPLOSTIM INJECTION
J2797					INJECTION ROLAPITANT 0.5 MG

J2820					INJECTION, SARGRAMOSTIM (CM-CSF), 50 MCG	
J2840					INJ SEBELIPASE ALFA 1 MG	
J2940					INJECTION, SOMATREM, 1 MG	
J2941					INJECTION, SOMATROPIN, 1 MG	
J3095					TELEVANCIN INJECTION	
J3110					INJECTION, TERIPARATIDE, 10 MCG	
J3111		Add			INJECTION ROMOSOZUMAB-AQQG 1 MG	
J3140					INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	
J3240					INJECTION, THYROTROPIN, UP TO 10 I.U.	
J3245					INJECTION TILDRAKIZUMAB 1 MG	
J3262					TOCILIZUMAB INJECTION	
J3285					INJECTION, TREPROSTINIL, 1 MG	
J3304					INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	
J3316					INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	
J3357					USTEKINUMAB FOR SUBQ INJECTION 1 MG	
J3380					INJECTION VEDOLIZUMAB 1 MG	
J3385					VELAGLUCERASE ALFA	
J3396					INJECTION, VERTEPORFIN, 0.1 MG	
J3397					INJECT 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	
J3490					UNCLASSIFIED DRUGS	
J3590					UNCLASSIFIED BIOLOGICS	
J3591					UNCLASS RX/BIOLOGICAL USED FOR ESRD ON DIALYSIS	
J7169					INJ COAGULATION FACTOR XA INACTIVATED-ZHZO 10 MG	
J7170					INJECTION EMICIZUMAB-KXWH 0.5 MG	
J7175					INJ 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	
J7183					WILATE INJECTION	
J7185					XYNTHA INJ	
J7186					ANTIHEMOPHILIC VIII/VWF COMP	
J7187					INJECTION VON WILLEBRAND FACTOR COMPLEX HUMAN RISTOCETIN COFACTOR PER IV	
J7188					INJECTION FACTOR VIII PER I.U.	
J7189					FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICR	
J7190					FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (HUMAN)), PER I.U.	
J7191					FACTOR VIII (PORCINE)	
J7192					FACTOR VIII RECOMBINANT NOS	
J7193					FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	
J7194					FACTOR IX, COMPLEX, PER I.U.	
J7195					FACTOR IX RECOMBINANT NOS	
J7196					ANTITHROMBIN RECOMBINANT	
J7197					ANTITHROMBIN III (HUMAN), PER I.U.	
J7198					ANTI-INHIBITOR, PER I.U.	
J7199					HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	
J7200					FACTOR IX RECOMBINAN RIXUBIS	
J7201					INJ FACTOR IX FC FUS PROTEIN PER IU	
J7202					FACTOR IX IDELVION INJ	
J7203					INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	
J7204					INJ FAC VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU	
J7207					FACTOR VIII PEGYLATED RECOMB	
J7208					INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	
J7209					FACTOR VIII NUWIQ RECOMB 1IU	
J7311					INJECTION FA INTRAVITREAL IMPL 0.01 MG	
J7312					DEXAMETHASONE INTRA IMPLANT	
J7313					INJECTION FA INTRAVITREAL IMPL 0.01 MG	
J7314					INJECTION FA INTRAVITREAL IMPL 0.01 MG	
J7318					HYALURONAN/DERIVATIVE DUROLANE FOR IA INJ 1 MG	
J7320					HYALURONAN/DERIVATIVE GENVISC 850 IA INJ 1 MG	
J7321					HYAL HYALGN SUPARTZVSCO-3 IA INJ-D	
J7322					HYALURONAN/DRIV HYMOVIS IA INJ 1 MG	
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/DERIV GELSYN-3 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	
J7401					MOMETASONE FUROATE SINUS IMPLANT 10 MCG	
J7518					MYCOPHENOLIC ACID, ORAL, 180 MG	
J7527					ORAL EVEROLIMUS	
J7677					REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	
J7686					TREPROSTINIL, NON-COMP UNIT	
J8499		Remove		1/1/2021	NOS DRUG, ORAL	
J8565					GEFITINIB, ORAL, 250 MG	

J8650				Nabilone oral
J8705				TOPOTECAN ORAL
J8999				NOS PRES DRUG, ORAL, CHEMO
J9015				ALDESLEUKIN/SINGLE USE VIAL
J9017				ARSENIC TRIOXIDE, 1MG
J9019				ERWINAZE INJECTION
J9022				INJECTION ATEZOLIZUMAB 10 MG
J9023				INJECTION AVELUMAB 10 MG
J9027				INJECTION, CLOFARABINE, 1 MG
J9034				INJ. BENDEKA 1 MG
J9036				INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG
J9039				INJECTION BLINATUMOMAB 1 MICROGRAM
J9041				INJECTION BORTEZOMIB 0.1 MG
J9042				BRENTUXIMAB VEDOTIN INJ
J9043				CABAZITAXEL INJECTION
J9044				INJECTION BORTEZOMIB NOS 0.1 MG
J9047				INJECTION, CARFILZOMIB, 1 MG
J9050				CARMUSTINE INJECTION
J9055				INJECTION, CETUXIMAB, 10 MG
J9057				INJECTION COPANLISIB 1 MG
J9118	Add			INJECTION CALASPARGASE PEGOL-MKNL 10 UNITS
J9145				INJECTION DARATUMUMAB 10 MG
J9153				INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA
J9173				INJECTION DURVALUMAB 10 MG
J9176				INJECTION ELOTUZUMAB 1MG
J9177				INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG
J9198				INJ GEMCITABINE HYDROCHLORIDE INFUGEM 100 MG
J9199				INJECTION GEMCITABINE HCL INFUGEM 200 MG
J9203				INJ GEMTUZUMAB OZOGAMICIN 0.1 MG
J9205				INJ IRINOTECAN LIPOSOME 1 MG
J9212				INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG
J9213				INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS
J9215				INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU
J9216				INTERFERON, GAMMA 1-B, 3 MILLION UNITS
J9225				HISTRELIN IMPLANT, 50 MG
J9226				SUPPRELIN LA IMPLANT
J9228				IPIILIMUMAB INJECTION
J9229				INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG
J9246				INJECTION MELPHALAN EVOMELA 1 MG
J9261				INJECTION NELARABINE 50 MG
J9262				INJ, OMACETAXINE MEP, 0.01MG
J9264				INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG
J9266				PEGASPARGASE/SINGL DOSE VIAL
J9271				INJECTION PEMBROLIZUMAB 1 MG
J9285				INJECTION OLARATUMAB 10 MG
J9299				INJECTION NIVOLUMAB 1 MG
J9301				OBINUTUZUMAB INJ
J9303				PANITUMUMAB INJECTION
J9305				INJECTION, PEMETREXED, 10 MG
J9306				INJECTION, PERTUZUMAB, 1 MG
J9308				INJECTION RAMUCIRUMAB 5 MG
J9309				INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG
J9311				INJECTION RITUXIMAB 10 MG AND HYALURONIDASE
J9312				INJECTION RITUXIMAB 10 MG
J9325				INJ TALIMOGENE LAHERPAREPVEC
J9352				INJECTION TRABECTEDIN 0.1MG
J9354				INJ, ADO-TRASTUZUMAB EMT 1MG
J9355				INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG
J9356				INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK
J9358				INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG
J9395				INJECTION, FULVESTRANT, 25 MG
J9400				INJ, ZIV-AFLIBERCEPT, 1MG
J9999				NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
J9999				NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
Q0138				FERUMOXYTOL, NON-ESRD
Q0515				INJECTION, SERMORELIN ACETATE, 1 MICROGRAM
Q2026				RADIESSE INJECTION
Q2027				SCULPTRA INJECTION
Q2028				INJ, SCULPTRA, 0.5MG
Q2041				KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD
Q2042				TISAGENLECUCEL TO 600 M CAR-POS VI T CE PER TD
Q2043				SIPLEUCEL-T AUTO CD54+
Q2050				DOXORUBICIN INJ 10MG
Q3025				INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE
Q3026				INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE
Q3027				INJ BETA INTERFERON IM 1 MCG
Q4074				ILOPROST NON-COMP UNIT DOSE
Q5101				INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO)
Q5103				INJECTION, INFLECTRA
Q5104				INJECTION, RENFLEXIS
Q5106				INJ EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
Q5107				INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG

	Q5108					INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG	
	Q5109					INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	
	Q5110					INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	
	Q5111					INJECTION, PEGFILGRASTIM-CBOV, BIOSIMILAR, (UDENYCA), 0.5 MG	
	Q5112					INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	
	Q5113					INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	
	Q5114					INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	
	Q5115					INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	
	Q5116					INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG	
	Q5117					INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG	
	Q5118					INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	
	Q5119					INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	
	Q5120					INJ PEGFILGRASTIM-BMEZ BIOSIMLR ZIEXTENZO 0.5 MG	
	Q5121					INJ INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG	
	Q9991					BUPRENORPH XR 100 MG OR LESS	
	Q9992					BUPRENORPHINE XR OVER 100 MG	
	S0145					INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML	
	J9119					CEMPLIMAB-RWLC	
	J9204					MOGAMULIZUMAB - KPKC	
	J9269					TAGRAXOFUSP-ERZS	
	J9313					MOXETUMOMAB PASUDOTOX-TDFK	
	J9179					ERIBULIN MESYLATE INJECTION	