



The medications listed below are Specialty Pharmaceuticals (self-administered) and Medical Drugs (provider administered). Some of these medications may involve unique distribution and may be provided by Presbyterian's Specialty Care Pharmacy. Prior Authorization or Medical Exception may be required on some medications, see the listing below for drugs that have this requirement. Unless otherwise noted all medications with an unlisted or unclassified HCPCS code require a Prior Authorization or Medical Exception if the billed charge amount exceeds \$100.00

Medical Exception: Applies to drugs that are not on the Plan's formulary. An exception may be requested by a prescriber, a member, or their appointed representative. The prescriber must provide information to support the medical exception request by fax, phone, or regular mail.

Prior Authorization: Applies to some formulary medications. Prior Authorization is a clinical evaluation process to determine if the requested Health Care Service is Medically Necessary, a Covered Benefit, and if it is being delivered in the most appropriate health care setting. The prescriber must provide information to support the Prior Authorization request by fax, phone, or regular mail. Formulary lists for providers can be found at: <https://www.phs.org/providers/formularies/Pages/default.aspx>

This list is maintained and updated by Presbyterian's Pharmacy Services every quarter. For Provider questions, please contact the Presbyterian Pharmacy Call Center at (505)923-5500, or For Member questions, please contact the Presbyterian customer Service Center at (505) 923-5757 Monday through Friday from 8:00 a.m. to 5:00 p.m.

Effective: November 3, 2022

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
90378	Synagis	PALIVIZUMAB IM SOLN 100 MG/ML	Prior Auth	Yes				IM
A9513	Lutathera	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Med Excep				New Code Effective: 01/01/19. C9031 termed 12/31/18	IV
A9590	Azedra	Iodine i-131 iobenguane, therapeutic, 1 millicurie	Prior Auth				New Code effective 01/01/2020	
A9592	Detectnet	Copper cu-64, dotatate, diagnostic, 1 millicurie	Med Excep				New Code Effective 04/01/2021	IV
A9596	Illuccix	Gallium ga-68 gozetotide, diagnostic, (illuccix), 1 millicurie	Med Excep				New Code Effective 07/01/2022	IV
A9601	Tauvid	Flortaucipir f 18 injection, diagnostic, 1 millicurie	Med Excep				New Code Effective 07/01/2022	
A9602	Fluorodopa	Fluorodopa f-18, diagnostic, per millicurie	Med Excep				New Code Effective 10/01/2022	IV
A9606	Xofigo	Radium ra-223 dichloride, therapeutic, per microcurie	Med Excep					IV
A9607	Vipivotide	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Med Excep				New Code Effective 10/01/2022	IV
A9800	Locametz	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie	Med Excep				New Code Effective 10/01/2022	IV
C9046	Goprelto	Cocaine hydrochloride nasal solution for topical administration, 1 mg	Med Excep				New Code Effective 04/01/2019	Intranasal

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C9047	Cablivi	Injection, caplacizumab-yhdp, 1 mg	Med Excep		IV office administered, SC self administered		New Code Effective 07/01/2019	IV, SC
C9076	Breyanzi	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Med Excep				New Code Effective 7/01/21	IV
C9088	Zynrelef	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Med Excep				New Code Effective 01/01/22	IV
C9089	Xaracoll	Bupivacaine, collagen-matrix implant, 1 mg	Med Excep				New Code Effective 01/01/22	Implant
C9101	Olinvyk	Injection, oliceridine, 0.1 mg	Med Excep				New Code Effective 10/01/2022	IV
C9113	Protonix	PANTOPRAZOLE SODIUM, PER VIAL	No				New Code Effective 04/01/2020	IV
C9142	Alymsys	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Med Excep				New Code Effective 10/01/2022	IV
C9257	Avastin	BEVACIZUMAB, 0.25 MG	Med Excep (No PA for diagnosis codes listed)		No prior authorization needed when billed with one of the following diagnosis codes : E08.311, E08.319, E08.3211- E08.3219, E08.3291- E08.3293, E08.3311- E08.3319, E08.3391- E08.3393, E08.3411- E08.3419, E08.3491- E08.3493, E08.3511- E08.3519, E08.3521- E08.3523, E08.3531-E08.3533, E08.3541- E08.3543, E08.3551-E08.3553, E08.3591- E08.3599, E08.37X1, E08.37X2, E08.37X3 E09.311, E09.319, E09.3211- E09.3219, E09.3291-E09.3293, E09.3311- E09.3319, E09.3391-E09.3393, E09.3411-E09.3419, E09.3491-E09.3493, E09.3511- E09.3519, E09.3521-E09.3523, E09.3531-E09.3533, E09.3541-E09.3543, E09.3551-E09.3553, E09.3591- E09.3599, E09.37X1, E09.37X2, E09.37X3 E10.311, E10.319, E10.3211- E10.3219, E10.3291-E10.3293, E10.3311- E10.3319, E10.3391-E10.3393, E10.3411- E10.3419, E10.3491-E10.3493, E10.3511- E10.3519, E10.3521-E10.3523, E10.3531- E10.3533, E10.3541-E10.3543, E10.3551- E10.3553, E10.3591- E10.3599, E10.37X1, E10.37X2, E10.37X3, E11.311, E11.319, E11.3211- E11.3219, E11.3291 E11.3311- E11.3319, E11.3411-E11.3419, E11.3511- E11.3519, E11.3522, E11.3523, E11.3531- E11.3533 E11.3541-E11.3543, E11.3551- E11.3553. E11.3591- E11.3599.	Yes	Continued: E11.37X1,E13.311, E13.319, E13.3211- E13.3219, E13.3291-E13.3293, E13.3311- E13.3319, E13.3391-E13.3393, E13.3411- E13.3419, E13.3491- E13.3493, E13.3511- E13.3519, E13.3521-E13.3523, E13.3531- E13.3533, E13.3541-E13.3543, E13.3551- E13.3553, E13.3591- E13.3599, E13.37X1, E13.37X2, E13.37X3, E13.37X9, H21.1X1 - H21.1X3, H32, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8121, H34.8122, H34.8131, H34.8132, H34.8190, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331, H34.8332, H34.8390, H34.9, H35.052, H35.053, H35.051, H35.071, H35.072, H35.20, H35.21, H35.22, H35.23, H35.3210- H35.3213, H35.3220- H35.3223, H35.3230- H35.3233, H35.3290- H35.3293, H35.351- H35.359, H35.81, H35.82, H40.89, H44.22, H44.2A1, H44.2A2	IV

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C9290	Exparel	Bupivacaine liposome, 1mg, injection	No				New Code effective 04/01/12	
C9293	Voraxaze	Glucarpidase injection, IV	Med Excep	Yes				IV
C9399		UNCLASSIFIED DRUGS OR BIOLOGICALS	Med Excep					
C9460	Kengreal	Injection, cangrelor, 1 mg	Yes				New Code Effective 1/01/16	IV
C9462	Baxdela	Injection, delafloxacin, 1 mg	Med Excep				New Code Effective 4/01/18	IV
C9482		Injection, sotalol hydrochloride, 1 mg	Med Excep				New code effective 10/01/2016	IV
C9488	Vaprisol	Injection, conivaptan hydrochloride, 1 mg	Med Excep				New code effective: 04-01-2017	IV
J0120		TETRACYCLINE, UP TO 250 MG	No					IM, IV, IP
J0121	Nuzyra	Injection, omadacycline, 1 mg	Med Excep				New Code Effective 10/01/2019; C9051 termed 10/1/19	IV
J0122	Xerava	Injection, eravacycline, 1 mg	Med Excep				New Code Effective 10/01/2019	IV
J0129	Orencia	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Prior Auth for Commercial and Exchange; Medical Exception for Medicaid	Yes	Orencia Clickjet SQ preferred on Medicaid			IV
J0130	Reopro	INJECTION ABCIXIMAB, 10 MG	No					IV
J0131	Ofirmev	ACETAMINOPHEN IV SOLN 10 MG/ML	No				New code effective 01/01/2012	IV
J0132	Acetadote	ACETYLCYSTEINE, 100 MG	No					IV
J0133	Acyclovir	ACYCLOVIR, 5 MG	No					IV
J0135	Humira	ADALIMUMAB, 20 MG	Prior Auth	Yes	Submit to Pharmacy for processing.			SC
J0153		Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	No				New code effective 01/01/2015	IV
J0171	Adrenalin	adrenalin, epinephrine, 0.1mg	No				New code effective 1/1/2011	
J0172	Aduhelm	Injection, aducanumab-avwa, 2 mg	Med Excep				New code effective 01/01/22	IV
J0178	Eylea	AFLIBERCEPT INJECTION 1MG INTRAVITREAL	No	Yes			New code effective 01/01/13 , Medical Excep removed 5/1/13	Intravitreal
J0179	Beovu	Injection, brolocizumab-dbl, 1mg	Med Excep	Yes			New code effective 01/01/2020	Intravitreal
J0180	Fabrazyme	AGALSIDASE BETA, 1 MG	Med Excep	Yes			Specialty Network Effective 10/1/13, Med Excep 10/1/13	IV
J0185	Cinvanti	Injection, aprepitant, 1 mg	Prior Auth				New Code Effective 01/01/2019. C9463 termed 12/31/18	IV

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J0202	Lemtrada	Injection, alemtuzumab, 1 mg	Medical Excep				New Code Effective 1/01/16	IV
J0205	Ceredase	ALGLUCERASE, PER 10 UNITS	Med Excep	Yes			Specialty Network Effective 10/1/13, Med Excep 10/1/13	IV
J0207	Ethyol	AMIFOSTINE, 500 MG	Prior Auth	Yes			Prior Auth effective 01/01/2011, Specialty Network effective 10/1/13	IV
J0210	Methyl dopate	METHYLDOPATE HCL, UP TO 250 MG	No					IV
J0215	Amevive	ALEFACEPT, 0.5 MG	Med Excep	Yes			Specialty Network Effective 10/1/13	IM
J0219	Nexviazyme	Injection, avalglucosidase alfa-ngpt, 4 mg	Med Excep				New Code Effective 04/01/22. C9085 termed 3/31/22	IV
J0220	Myozyme	ALGLUCOSIDASE ALFA, 10 MG	Med Excep	Yes			Specialty Network Effective 10/1/13	IV
J0221	Lumizyme	Alglucosidase alfa IV, 10mg	Med Excep	Yes			New code effective 01/01/2012, Specialty Network Effective 10/1/13	IV
J0222	Onpattro	Injection, patisiran, 0.1 mg	Prior Auth				New Code Effective 10/01/2019; C9036 deleted 10/01/19	IV
J0223	Givlaari	Injection, givosiran, 0.5 mg	Medical Excep				New Code Effective 7/1/2020. C9056 deleted 7/1/2020	IV
J0224	Oxlumo	Injection, lumasiran, 0.5 mg	Med Excep				New Code Effective 7/01/21. C9074 termed 7/1/21.	SQ
J0248	Veklury	Injection, remdesivir, 1 mg	Med Excep		No prior authorization required if using for Covid-19 when billed using diagnosis code U07.1		New Code Effective 12/23/2021	IV
J0256	Aralast, Prolastin, Zemaira	ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	Med Excep	Yes			Specialty Network Effective 10/1/13	IV
J0257	Glassia	Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg (IV)	Med Excep	Yes			New code effective 01/01/2012, Specialty Network Effective 10/1/13	IV
J0270	Caverject	ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Med Excep	Yes				INTRACAVERN OUSLY

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J0275	Muse	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Med Excep	Yes				INTRAURETHRAL
J0278	Amikacin	AMIKACIN SULFATE, 100 MG	No					IM, IV
J0280	Aminophylline	AMINOPHYLLIN, UP TO 250 MG	No					IV
J0282	Amiodarone	AMIODARONE HYDROCHLORIDE, 30 MG	No					IV
J0285	Amphotericin	AMPHOTERICIN B, 50 MG	No					IV
J0287	Abelcet	AMPHOTERICIN B LIPID COMPLEX, 10 MG	No					IV
J0288	Amphotec	AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	No					IV
J0289	Ambisone	AMPHOTERICIN B LIPOSOME, 10 MG	No					IV
J0290	Ampicillin	AMPICILLIN SODIUM, 500 MG	No					IM, IV
J0291	Zemdri	Injection, plazomicin, 5 mg	Med Excep				New Code Effective 10/01/19; C9039 deleted 10/01/2019	IV
J0295	Unasyn	AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	No					IM, IV
J0300	Amytal	AMOBARBITAL, UP TO 125 MG	No					IM, IV
J0330	Quelicin, Anectine	SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	No					IM, IV
J0348	Eraxis	ANIDULAFUNGIN, 1 MG	No	Yes			Specialty Network Effective 10/1/13	IV
J0350		ANISTREPLASE, PER 30 UNITS	No					IV
J0360	Hydralazine	HYDRALAZINE HCL, UP TO 20 MG	No					IM, IV
J0364	Apokyn	A POMORPHINE HYDROCHLORIDE, 1 MG	Prior Auth				Prior Auth effective 01/01/2011	SC
J0380	Aramine	METARAMINOL BITARTRATE, PER 10 MG	No					IM, IV, SC
J0390		CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	No					IM
J0395		ARBUTAMINE HCL, 1 MG	No					IV
J0400	Abilify	ARIPIRAZOLE, INTRAMUSCULAR, 0.25 MG	No	Yes			Specialty Network Effective 10/1/13	IM
J0401	Abilify Maintena	ARIPIRAZOLE EXTENDED RELEASE, INJECTION, 1 mg	Med Excep	Yes	Submit to Pharmacy for processing for Centennial Care, Commercial, and Metal Level Plans.		Prior Auth 8/1/13, Specialty Network effective 10/1/13, New code effective 01/01/14	IM
J0456	Zithromax	AZITHROMYCIN, 500 MG	No					IV
J0461	Atropine	ATROPINE SULFATE, 0.01 MG	No					IV, IM, SC
J0470	BAL in oil	DIMERCAPROL, PER 100 MG	No					IM
J0475	Gablofen	BACLOFEN, 10 MG	No					IT

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J0476	Lioresal Intrathecal	BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	No					IT
J0480	Simulect	BASILIXIMAB, 20 MG	No					IV
J0485	Nulojix	Injection, belatacept 1 mg (Belatacept injection)	Med Excep	Yes			New code effective 01/01/13, Medical Exception 10/11 P&T, Specialty Network effective 10/1/13	IV
J0490	Benlysta	Belimumab injection, 10 mg (IV)	Prior Auth	Yes			Prior Auth effective 09/11 P&T, New code effective 01/01/2012, Specialty Network Effective 10/1/13	IV
J0491	Saphnelo	Injection, anifrolumab-fnia, 1 mg	Med Excep				New Code Effective 04/01/22. C9086 termed 03/31/22	IV
J0500	Bentyl	DICYCLOMINE HCL, UP TO 20 MG	No					IM
J0515	Cogentin	BENZTROPINE MESYLATE, PER 1 MG	No					IV, IM
J0517	Fasenra	Injection, benralizumab, 1 mg	Med Excep	Yes			New Code Effective 01/01/2019. Code C9466 termed 12/31/18	SQ
J0520		BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	No					SC
J0530	Bicillin C-R	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS	No					IM
J0540	Bicillin C-R	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	No					IM
J0550	Bicillin C-R	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,000 UNITS	No					IM
J0558	Bicillin C-R	penicillin G benzathine and penicillin G procaine, 100000 units	No				New code effective 1/1/2011	IM
J0559	Bicillin C-R	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 2500 UNITS	No					IM
J0560	Bicillin L-A	PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	No					IM
J0561	Bicillin L-A	penicillin G benzathine, 100,000 units	No				New code effective 1/1/2011	IM
J0565	Zinplava	Injection, bezlotoxumab, 10 mg	Med Excep				Code Effective: 01-01-2018	IV
J0567	Brineura	Injection, cerliponase alfa, 1 mg	Med Excep				Code Effective: 01-01-2019. C9014 Termed 12/31/18	Intraventricular Subdermal implant
J0570	Probuphine	Buprenorphine implant, 74.2 mg	Med Excep				New code effective: 01/01/17	implant

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J0571	Subutex	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	Prior Auth				New code effective 01/01/2015	PO
J0572	Suboxone	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	Prior Auth				New code effective 01/01/2015	PO
J0573	Suboxone	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	Prior Auth				New code effective 01/01/2015	PO
J0574	Suboxone	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	Prior Auth				New code effective 01/01/2015	PO
J0575	Suboxone	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	Prior Auth				New code effective 01/01/2015	PO
J0583	Angiomax	BIVALIRUDIN, 1 MG	No					IV
J0584	Crysvita	Injection, burosumab-twza 1 mg	Prior Auth				New code effective 01/01/2019	SQ
J0585	Botox	ONABOTULINUMTOXINA, 1 UNIT	Prior Auth			Yes		IM
J0586	Dysport	ABOBOTULINUMTOXINA, 5 UNITS	Prior Auth					IM
J0587	Myobloc	RIMABOTULINUMTOXINB, 100 UNITS	Prior Auth					IM
J0588	Xeomin	Injection, Incobotulinumtoxin A, 1 unit (IM)	Med Excep				New code effective 01/01/2012	IM
J0591	Kybella	Injection, deoxycholic acid, 1 mg	Med Excep				New Code Effective 7/1/2020.	SC
J0592	Buprenex	BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	No	Yes			Specialty Network effective 10/1/13	IV, IM
J0593	Takhzyro	Injection, lanadelumab-flyo, 1 mg	Prior Auth	Yes	Code may be used for Medicare members only if office administered. Prior auth for Commercial and Exchange plans.		New code effective 10/10/19	SC
J0594	Busulfex	BUSULFAN, 1 MG	Med Excep					IV
J0595	Stadol	BUTORPHANOL TARTRATE, 1 MG	No					IV, IM
J0596	Ruconest	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Med Excep				New Code Effective 1/01/16	IV
J0597	Berinerit	C-1 esterase inhibitor human IV	Prior Auth	Yes			Effective 1/1/2011, Specialty Network effective 10/1/13	IV
J0598	Cinryze	C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	Prior Auth	Yes			Prior Auth effective 11/10, Specialty Network effective 10/1/13	IV
J0599	Haegarda	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Prior Auth	Yes			Code effective 01/01/2019. C9015 termed 12/31/18	SQ
J0600	Calcium Disodium Versenate	EDETATE CALCIUM DISODIUM, UP TO 1000 MG	No					IV

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J0604	Sensipar	Cinacalcet, oral, 1 mg, (for esrd on dialysis)	Prior Auth		No prior authorization needed if using for ESRD when billed with N18.6 and Z99.2		Code Effective: 01-01-2018	Oral
J0606	Parsabiv	Injection, etelcalcetide, 0.1 mg	Med Excep				Code Effective: 01-01-2018	IV
J0610	Calcium Gluconate	CALCIUM GLUCONATE, PER 10 ML	No					IV
J0620	Calphosan	CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	No					IV, IM
J0630	Miacalcin	CALCITONIN SALMON, UP TO 400 UNITS	Med Excep					IM, SC
J0636	Calcijex	CALCITRIOL, 0.1 MCG	No					IV
J0637	Cancidas	CASPOFUNGIN ACETATE, 5 MG	No					IV
J0638	Ilaris	Injection, canakinumab, 1 mg	Med Excep	Yes			Effective 01/01/2011	Sub-Q
J0640	Leucovorin	LEUCOVORIN CALCIUM, PER 50 MG	No					IV, IM
J0641	Fusilev	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Med Excep					IV
J0642	Khazory	Injection, levoleucovorin (khazory), 0.5 mg	Med Excep				New Code Effective 10/01/19;	IV
J0670	Carbocaine	MEPIVACAINE HYDROCHLORIDE, PER 10 ML	No					IV
J0690	Ancef	CEFAZOLIN SODIUM, 500 MG	No					IV, IM
J0691	Xenleta	Injection, lefamulin, 1 mg	Medical Excep				New Code Effective 7/01/2020. C9054 deleted	IV
J0692	Maxipime	CEFEPIME HYDROCHLORIDE, 500 MG	No					IV, IM
J0694	Cefoxitin	CEFOXITIN SODIUM, 1 GM	No					IV
J0695	Zerbaxa	Injection, ceftolozane 50 mg and tazobactam 25 mg	Med Excep				New Code Effective 1/01/16	IV
J0696	Rocephin	CEFTRIAZONE SODIUM, PER 250 MG	No					IV, IM
J0697	Zinacef	STERILE CEFUROXIME SODIUM, PER 750 MG	No					IV, IM
J0698	Claforan	CEFOTAXIME SODIUM, PER GM	No					IV, IM
J0699	Fetroja	Injection, cefiderocol, 10 mg	Med Excep				New Code Effective 10/01/21	IV
J0702	Celestone	BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	No					Intra-articular, IM
J0704		BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG	No					Intra-articular, IM
J0706	Cafcit	CAFFEINE CITRATE, 5MG	No					IV
J0710		CEPHAPIRIN SODIUM, UP TO 1 GM	No					IV, IM
J0712	Teflaro	Injection, ceftaroline fosamil, 10 mg (IV)	Med Excep				New code effective 01/01/2012, Med Excep 01/11 P&T	IV
J0713	Fortaz	CEFTAZIDIME, PER 500 MG	No					IV, IM
J0714	Avycaz	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	No				New Code Effective 1/01/16	IV

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J0715	Cefizox	CEFTIZOXIME SODIUM, PER 500 MG	No					IV
J0716	Anascorp	CENTRUROIDES (SCORPION) IMMUNE F(AB)2 (EQUINE), INJECTIONS, IV	No				New code effective 01/01/13	IV
J0717	CIMZIA	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered, will be medical exception)	Medical Excep	Yes			New code effective 01/01/14	SC
J0720	Chloramphen	CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	No					IV
J0725	Pregnyl, Novarel	CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	Prior Auth	Yes	Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.			IM
J0735	Duraclon	CLONIDINE HYDROCHLORIDE, 1 MG	No					Epidural
J0739	Apretude	Injection, cabotegravir, 1 mg	Med Excep				New Code Effective 07/01/22	IM
J0740	Vistide	CIDOFOVIR, 375 MG	No					IV
J0741	Cabenuva	Injection, cabotegravir and rilpivirine, 2mg/3mg	Med Excep				New Code Effective 10/1/21. See termed code C9077	IM
J0742	Recarbrio	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	Med Excep				New Code Effective 7/01/2020	IV
J0743	Primaxin	CILASTATIN SODIUM; IMIPENEM, PER 250 MG	No					IV, IM
J0744	Cipro	CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	No					IV
J0745	Codeine Phosphate	CODEINE PHOSPHATE, PER 30 MG	No					IM, SC
J0770	Coly-Mycin	COLISTIMETHATE SODIUM, UP TO 150 MG	No					IV, IM
J0775	Xiaflex	Injection, collagenase, clostridium histolyticum, 0.01 mg	Med Excep				Effective 01/01/2011	Injection
J0780	Prochlorperazine	PROCHLORPERAZINE, UP TO 10 MG	No					IV, IM
J0791	Adakveo	Injection, crizanlizumab-tmza, 1mg	Med Excep				New Code Effective 07/01/2020. C9053 deleted	IV
J0795	Acthrel	CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	No	Yes			Specialty Network effective 10/1/13	IV
J0800	Acthar HP	CORTICOTROPIN, UP TO 40 UNITS	Med Excep	Yes			Effective 11/15/2012	IM, SC
J0834	Cortrosyn	COSYNTROPIN (CORTROSYN), 0.25 MG	No					IV, IM
J0835	Cortrosyn	COSYNTROPIN, PER 0.25 MG	No					IV, IM
J0840	Crofab	Injection, crotalidae polyvalent immune fab (Ovine), up to 1 gram (IV)	No					IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J0841	Anavip	Injection, crotalidae immune f(ab')2 (equine), 120 mg	No				Effective 01/01/2019	IV
J0850	Cytogam	CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	Prior Auth					IV
J0875	Dalvance	Injection, dalbavancin, 5mg	Med Excep				New Code Effective 1/01/16	IV
J0878	Cubicin	DAPTOMYCIN, 1 MG	No					IV
J0879	Korsuva	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)	Med Excep				New Code Effective 04/01/2022	IV
J0881	Aranesp	DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Prior Auth	No	No prior authorization needed when billed with the one of the following diagnosis codes: N18.6, C00.0 - D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89			SC
J0882	Aranesp	DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	No					IV, SC
J0883	Argatroban	Injection, argatroban, 1 mg (for non-esrd use)	No				New code effective: 01/01/17	IV
J0884	Argatroban	Injection, argatroban, 1 mg (for esrd on dialysis)	No				New code effective: 01/01/17	IV
J0885	Epogen, Procrit	EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	Prior Auth	No	No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0 - D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89			SC
J0887	Mircera	EPOETIN BETA 1 MICROGRAM, INJECTION, (ESRD USE)	No				New Code effective 01/01/2015	IV, SC
J0888	Mircera	EPOETIN BETA (NON ESRD)	Med Excep				01/15 P&T Med Excep, New Code effective 01/01/2015	IV, SC
J0890	OMONTYS	PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS), Injection, IV or Sub-q	Med Excep				New code effective 01/01/13	IV, SC
J0894	Dacogen	DECITABINE, 1 MG	Prior Auth				effective 07/01/2011	IV
J0895	Desferal	DEFEROXAMINE MESYLATE, 500 MG	No					IV, IM, SC
J0896	Reblozyl	Injection, luspatercept-aamt, 0.25 mg	Med Excep					
J0897	Prolia, Xgeva	Injection, denosumab, 1 mg (Sub-Q)	Prior Auth	Yes		Yes	New code effective 01/01/2012	SC
J0945		BROMPHENIRAMINE MALEATE, PER 10 MG	No					IM, IV, SC
J0970	Delestrogen	ESTRADIOL VALERATE, UP TO 40 MG	No					IM
J1000	Depo-Estradiol	DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	No					IM

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J1020	Depo-Medrol	METHYLPREDNISOLONE ACETATE, 20 MG	No					IM, Intrasyovial, intra-articular, soft tissue, intralesional
J1030	Depo-Medrol	METHYLPREDNISOLONE ACETATE, 40 MG	No					IM, Intrasyovial, intra-articular, soft tissue, intralesional
J1040	Depo-Medrol	METHYLPREDNISOLONE ACETATE, 80 MG	No					IM, Intrasyovial, intra-articular, soft tissue, intralesional
J1050	Depo-Provera	Medroxyprogesterone acetate 1 mg Injection, IM	No				New Code effective 01/01/13	IM
J1056		MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	No					IM
J1071	Depo-Testosterone	Injection testosterone cypionate 1 mg	Prior Auth				New Code effective 01/01/2015	IM
J1094	Solurex LA	DEXAMETHASONE ACETATE, 1 MG Injection, dexamethasone 9 percent, intraocular, 1 microgram	No					IV, IM
J1095	Dexycu		Med Excep				New Code Effective 01/01/19	Intraocular
J1096	Dextenza	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Med Excep				New Code Effective 10/01/2019; C9048 deleted 10/01/2019	Intracanalicular
J1097	Omidria	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	No				New Code Effective 10/01/19; C9447 deleted 10/01/2019	add to irrigation soln
J1100	Dexamethasone	DEXAMETHASONE SODIUM PHOSPHATE, 1MG	No					IV,IM
J1110	DHE	DIHYDROERGOTAMINE MESYLATE, PER 1 MG	No					IV, IM, SC
J1120	Acetazolamide	ACETAZOLAMIDE SODIUM, UP TO 500 MG	No					IV
J1130	Dyloject	Injection, diclofenac sodium, 0.5 mg	Med Excep				New code effective: 01/01/17	IV
J1160	Lanoxin	DIGOXIN, UP TO 0.5 MG	No					IV
J1162	Digibind, Digifab	DIGOXIN IMMUNE FAB (OVINE), PER VIAL	No					IV
J1165	Phenytoin	PHENYTOIN SODIUM, PER 50 MG	No					IV, IM
J1170	Dilaudid	HYDROMORPHONE, UP TO 4 MG	No				IM and SC use lyophilized high potency formulation	IV, IM,SC
J1180	Dilor	DYPHYLLINE, UP TO 500 MG	No					IM
J1190	Zinecard, Totect	DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	No					IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J1200	Benadryl	DIPHENHYDRAMINE HCL, UP TO 50 MG	No					IV, IM
J1201	Quzyttir	Injection, cetirizine hydrochloride, 0.5 mg	Med Excep				New code effective with medical exception 7/01/20. C9057 deleted	IV
J1205	Diuril	CHLOROTHIAZIDE SODIUM, PER 500 MG	No					IV
J1212	DMSO	DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	No					Intravesical
J1230	Methadone	METHADONE HCL, UP TO 10 MG	No					IV, IM, SC
J1240	Dimenhydrin	DIMENHYDRINATE, UP TO 50 MG	No					IM
J1245	Dipyridamole	DIPYRIDAMOLE, PER 10 MG	No					IV
J1250	Dobutamine	DOBUTAMINE HYDROCHLORIDE, PER 250 MG	No					IV
J1260	Anzemet	DOLASETRON MESYLATE, 10 MG	Prior Auth					IV
J1265	Dopamine	DOPAMINE HCL, 40 MG	No					IV
J1267	Doribax	DORIPENEM, 10 MG	No					IV
J1270	Hectorol	DOXERCALCIFEROL, 1 MCG	No					IV
J1290	Kalbitor	ecallantide, injection, 1mg, sub-Q	Prior Auth	Yes			Effective 01/01/2011	Sub-Q
J1300	Soliris	ECULIZUMAB, 10 MG	Prior Auth	No				IV
J1301	Radicava	Injection, edaravone, 1 mg	Med Excep				New code effective: 01/01/19 OPPS pass through status (can only be reimbursed from an outpatient facility). Formerly C9493 termed 12/31/2018	IV
J1302	Enjaymo	Inj, sutimlimab-jome, 10 mg	Med Excep				New Code Effective 10/01/2022. Code C9094 deleted	IV
J1303	Ultomiris	Injection, ravulizumab-cwvz, 10 mg	Prior Auth	Yes			New Code Effective 10/01/2019; C9052 deleted 10/01/2019	IV
J1305	Evkeeza	Injection, evinacumab-dgnb, 5mg	Med Excep				New Code Effective 10/01/21. Code J1305 deleted	IV
J1306	Leqvio	Injection, inclisiran, 1 mg	Med Excep	Yes			New Code Effective 07/01/22	Sub-Q
J1320		AMITRIPTYLINE HCL, UP TO 20 MG	No					IM
J1322	Vimizim	ELOSULFASE ALFA, 1MG, INJECTION	Med Excep				New Code effective 01/01/2015	IV
J1324	Fuzeon	ENFUVIRTIDE, 1 MG	Med Excep					SC
J1325	Flolan	EPOPROSTENOL, 0.5 MG	Med Excep	Yes			Specialty Network effective 10/1/13	IV
J1327	Integrilin	EPTIFIBATIDE, 5 MG	No					IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J1330		ERGONOVINE MALEATE, UP TO 0.2 MG	No					IV, IM
J1335	Invanz	ERTAPENEM SODIUM, 500 MG	No					IV, IM
J1364	Erythrocin	ERYTHROMYCIN LACTOBIONATE, PER 500 MG	No					IV
J1380	Delestrogen	ESTRADIOL VALERATE, UP TO 10 MG	No					IM
J1390	Delestrogen	ESTRADIOL VALERATE, UP TO 20 MG	No					IM
J1410	Premarin	ESTROGEN CONJUGATED, PER 25 MG	No					IV
J1426	Amondys 45	Injection, casimersen, 10 mg	Med Excep				New Code Effective 10/01/21. See termed Code C9075	IV
J1427	Viltepso	Injection, viltolarsen, 10 mg	Med Excep				New Code Effective 4/01/21. Previous Code J1427	IV
J1428	Exondys 51	Injection, eteplirsen, 10 mg	Med Excep				Code Effective: 01-01-2018	IV
J1429	Vyondys 53	Injection, golodirsen, 10 mg	Med Excep				New Code Effective 7/1/20	IV
J1430	Ethamolin	ETHANOLAMINE OLEATE, 100 MG	No					IV
J1435		ESTRONE, PER 1 MG	No					IM
J1436		ETIDRONATE DISODIUM, PER 300 MG	No					IV
J1437	Monoferric	Injection, ferric derisomaltose, 10 mg	Med Excep				New Code Effective 10/01/2020	IV
J1438	Enbrel	ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Prior Auth	Yes				SC
J1439	INJECTAFER	Injection ferric carboxymaltose 1 mg	Prior Auth				New Code Effective 01/01/2015	IV
J1442	Neupogen	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Med Excep	No		Yes	New code effective 01/01/14 Zarxio preferred	IV, SC
J1443	Triferic	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron (triferic)	Med Excep				New Code Effective 1/01/16	IV
J1444	Triferic	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	Med Excep				New Code Effective 07/01/2019	
J1445	Triferic Avnu	Injection, ferric pyrophosphate citrate solution (triferic avnu), 0.1 mg of iron	Med Excep				New Code Effective 10/01/21	IV
J1447	Granix	Injection, tbo-filgrastim, 1 microgram	Med Excep	No		Yes	New Code Effective 1/01/16 Zarxio preferred	SC
J1448	Cosela	Injection, trilaciclib, 1 mg	Med Excep				New Code Effective 10/01/21. See termed Code C9078	IV
J1450	Diflucan	INJECTION FLUCONAZOLE, 200 MG	No					IV
J1451	Antizol	FOMEPIZOLE, 15 MG	No					IV

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J1452	Vitravene	FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	Med Excep	Yes			Specialty Network Effective 10/1/13, Med Excep 10/1/13	Intravitreal
J1453	Emend	FOSAPREPITANT, 1 MG	Prior Auth					IV
J1454	Akynzeo	Injection, fosnetupitant 235mg and palonestron 0.25mg	Med Excep				New Code Effective: 01/01/2019 Previous code C9033 termed 12/31/2018	IV
J1455	Foscarnet	FOSCARNET SODIUM, PER 1000 MG	No					IV
J1457	Ganite	GALLIUM NITRATE, 1 MG	No					IV
J1458	Naglazyme	GALSULFASE, 1 MG	Med Excep	Yes			Specialty Network Effective 10/1/13, Med Excep 10/1/13	IV
J1459	Privigen	IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500MG	Med Excep	Yes		Yes	Specialty Network effective 10/1/13 Gamunex-C and Flebogama are preferred	IV
J1460	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	Med Excep	Yes		Yes	Specialty Network Effective 10/1/13, Med Excep 10/1/13 Gamunex-C and Flebogamma are preferred.	IM
J1551	Cutaquig	Injection, immune globulin (cutaquig), 100 mg	Med Excep	Yes		Yes	New Code Effective 07/01/22	IV
J1554	Asceniv	Injection, immune globulin (asceniv), 500 mg	Med Excep	Yes		Yes	New Code Effective 4/01/21. Previous Code C9072	IV
J1555	Cuvitru	Injection, immune globulin (cuvitru), 100 mg	Med Excep			Yes	Code Effective: 01-01-2018 Gamunex-C and Flebogamma are preferred.	SC
J1556	Bivigam	IMMUNE GLOBULIN, INJECTION, 500MG	Med Excep	Yes			New code effective 01/01/14 Gamunex-C and Flebogamma are preferred	IV
J1557	Gammaplex	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. Liquid), 500 mg (IV)	Med Excep	Yes			Code effective 01/01/2012, Specialty Network effective 10/1/13 Gamunex-C and Flebogamma are preferred	IV
J1558	Xembify	Injection, immune globulin (xembify), 100 mg	Med Excep	Yes			New code effective 7/1/20 Gamunex-C and Flebogamma are preferred	IV
J1559	Hizentra	Injection, immune globulin (hizentra), 100 mg	Med Excep	Yes		Yes	Effective 01/01/2011, Specialty Network effective 10/1/13 Gamunex-C and Flebogamma are preferred	Sub-Q
J1560	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	Med Excep	Yes		Yes	Gamunex-C and Flebogamma are preferred	IM

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J1561	GAMUNEX-C / Gammaked	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g. liquid), 500 mg	Prior Auth	Yes			Specialty Network effective 10/1/13 Gamunex-C and Flebogama are preferred	IV
J1562	Vivaglobin	IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	Med Excep	Yes		Yes	04/11 Discontinued in USA, Specialty Network effective 10/1/13	IV
J1566	Carimune NF, Gammagard SD	IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500MG	Med Excep	Yes		Yes	Specialty Network effective 10/1/13 Gamunex-C and Flebogama are preferred	IV
J1568	Octagam	IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500MG	Med Excep	Yes		Yes	Specialty Network effective 10/1/13 Gamunex-C and Flebogama are preferred	IV
J1569	Gammagard	IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID), 500MG	Med Excep	Yes		Yes	Specialty Network effective 10/1/13 Gamunex-C and Flebogama are preferred	IV
J1570	Cytovene	GANCICLOVIR SODIUM, 500 MG	No					IV
J1571	Hepagam B	HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	Prior Auth	Yes			Specialty Network effective 10/1/13	IV
J1572	Flebogamma, Flebogamma DIF	IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500MG	Prior Auth	Yes			Specialty Network effective 10/1/13	IV
J1573	Hepagam B	HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	Med Excep	Yes			Specialty Network effective 10/1/13	IV
J1575	Hyqvia	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Med Excep				New Code Effective 1/01/16	SC
J1580	Gentamicin	GARAMYCIN, GENTAMICIN, UP TO 80 MG	No					IV
J1595	Copaxone	GLATIRAMER ACETATE, 20 MG	No	Yes				SC
J1599		Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500mg	Prior Auth	Yes			New code effective 01/01/2011, Specialty Network effective 10/1/13	IV
J1600	Myochrysine	GOLD SODIUM THIOMALATE, UP TO 50 MG	No					IM
J1602	Simponi Aria	Golimumab injection, IV, 1mg	Med Excep	Yes			New code effective 01/01/14	IV
J1610	Glucagon Kit	GLUCAGON HYDROCHLORIDE, PER 1 MG	No					IV, IM, SC
J1620		GONADORELIN HYDROCHLORIDE, PER 100 MCG	No					IV, SC

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J1626	Kytril	GRANISETRON HYDROCHLORIDE, 100 MCG	No					IV, SC
J1627	Sustol	Injection, granisetron, extended-release, 0.1 mg	Med Excep				Code Effective: 01-01-2018	SC
J1628	Tremfya	Injection, guselkumab, 1 mg	Med Excep				Code Effective: 01-01-2019	SC
J1630	Haldol	HALOPERIDOL, UP TO 5 MG	No				Previous Code C9029 termed 12/31/18	IM
J1631	Haldol Decanoate	HALOPERIDOL DECANOATE, PER 50 MG	No					IM
J1632	Zulresso	Injection, brexanolone, 1mg	Med Excep				New Code Effective 10/01/2020. Previous Code C9055	IV
J1640	Panhematin	HEMIN, 1 MG	No					IV
J1642	Heparin Lock	HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	No					IV, SC
J1644	Heparin Sodium	HEPARIN SODIUM, PER 1000 UNITS	No					IV, SC
J1645	Fragmin	DALTEPARIN SODIUM, PER 2500 IU	Med Excep					SC
J1650	Lovenox	ENOXAPARIN SODIUM, 10 MG	PA WHEN USED OVER 14 DAYS					IV, SC
J1652	Arixtra	FONDAPARINUX SODIUM, 0.5 MG	Prior Auth					SC
J1655	Innohep	TINZAPARIN SODIUM, 1000 IU	Med Excep					SC
J1670	Hypertet	TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	No					IM
J1675	Supprelin LA	HISTRELIN ACETATE, 10 MICROGRAMS	No					SC
J1700		HYDROCORTISONE ACETATE, UP TO 25 MG	No					Intra-articular, intralesional, soft tissue
J1710		HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	No					IV, IM
J1720	Solu-Cortef	HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	No					IV, IM
J1726	Makena	Injection, hydroxyprogesterone caproate, (makena), 10 mg	Med Excep				Code Effective: 01-01-2018, PA effective 6/1/22	IM
J1729		Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Prior Auth		Can be Pharmacy or Medical benefit.		Code Effective: 01-01-2018	IM
J1730		DIAZOXIDE, UP TO 300 MG	No					IV
J1738	Anjeso	Injection, meloxicam, 1 mg	Med Excep				New Code Effective 10/01/2020. Previous Code C9059	IV
J1740	Boniva	IBANDRONATE SODIUM, 1 MG	Med Excep	Yes				IV
J1741	Caldolor	Ibuprofen injection, 100mg IV	No				New code effective 01/01/13	IV
J1742	Corvert	IBUTILIDE FUMARATE, 1 MG	No					IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J1743	Elaprase	IDURSULFASE, 1 MG	Med Excep	Yes			Specialty Network Effective 10/1/13, Med Excep 10/1/13	IV
J1744	Firazyr	Injection, icatibant, 1mg	Prior Auth	Yes			Medical Exception 09/11 P&T, Prior Authorization 09/12 P&T, New code J1744 effective 01/01/13	SC
J1745	Remicade	Injection, infliximab, excludes biosimilar, 10 mg	Med Excep (See notes)	Yes			Avsola is the preferred infliximab product effective 6/1/22 on all lines of business.	IV
J1746	Trogarzo	Injection, ibalizumab-uiyk, 10 mg	No				New code effective 01/01/19.	IV
J1750	Dexferrum, Infed	IRON DEXTRAN, 50 MG	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0- D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89		effective 06/01/2010	IV, IM
J1756	Venofer	IRON SUCROSE, 1 MG	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0- D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89		effective 06/01/2010	IV
J1786	Cerezyme	Imiglucerase Injection, 10 units	Med Excep	Yes			Covered under the pharmacy benefit for Centennial Care, Commercial and Metal Level plans. Submit to pharmacy carrier for processing for these plans. Med Excep effective 6/1/13, Specialty Network effective 10/1/13	IV
J1790	Droperidol	DROPERIDOL, UP TO 5 MG	No					IV, IM
J1800	Propranolol	PROPRANOLOL HCL, UP TO 1 MG	No					IV
J1810		DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	No					IV
J1815		INSULIN, PER 5 UNITS	No					SC
J1817		INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	No					SC
J1823	Uplizna	Injection, inebilizumab-cdon, 1 mg	Medical Exception				New Code Effective 1/01/21	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J1830	Extavia, Betaseron	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Prior Auth	Yes				SC
J1833	Cresemba	Injection, isavuconazonium, 1 mg	Med Excep				New Code Effective 1/01/16	IV, Oral
J1835		ITRACONAZOLE, 50 MG	No				Product discontinued February 2008	IV
J1840	Kanamycin	KANAMYCIN SULFATE, UP TO 500 MG	No					IV, IM, intraperitoneal
J1850	Kanamycin	KANAMYCIN SULFATE, UP TO 75 MG	No					IV, IM, intraperitoneal
J1885	Ketorolac	KETOROLAC TROMETHAMINE, PER 15 MG	No					IV, IM
J1890		CEPHALOTHIN SODIUM, UP TO 1 GRAM	No				No longer available in US	IV, IM, intraperitoneal
J1930	Somatuline Depot	LANREOTIDE, 1 MG	Med Excep	Yes			Specialty Network effective 10/1/13	SC
J1931	Aldurazyme	LARONIDASE, 0.1 MG	Med Excep	Yes			Specialty Network effective 10/1/13	IV
J1932		Injection, lanreotide, (cipl), 1 mg	Med Excep	Yes			New Code Effective 10/01/2022	SC
J1940	Furosemide	FUROSEMIDE, UP TO 20 MG	No					IV, IM
J1943	Aristada Initio	Injection, aripiprazole lauroxil (aristada initio), 1 mg	Medical Excep	Yes	Submit to pharmacy billing for Centennial, Commercial and Exchange plans. Medical billing allowed for Medicare and ASO NO Rx plans.		New Code Effective 10/01/19; C9035 code deleted 10/1/19	IM
J1944	Aristada	Injection, aripiprazole lauroxil, 1 mg	No	Yes	Submit to Pharmacy for processing for Centennial Care, Commercial, and Metal Level Plans.		New code effective: 01/01/17 Specialty Network effective: 01/01/17. J1942 code deleted 10/1/19	IM
J1945	Refludan	LEPIRUDIN, 50 MG	Med Excep					SC
J1950	Lupron Depot, Eligard	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	Prior Auth required for DX codes: F64.0 - F64.9		Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.		Prior Auth for DX codes F64.0 F64.9 effective 04/2016 P&T	IM
J1951	Fensolvi	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	Med Excep				New Code Effective 7/01/21	SQ
J1952	Camcevi	Leuprolide injectable, camcevi, 1 mg	Med Excep				New code effective 01/01/22	SQ
J1953	Keppra	LEVETIRACETAM, 10 MG	No					IV
J1955	Carnitor	LEVOCARNITINE, PER 1 GM	No					IV
J1956	Levaquin	LEVOFLOXACIN, 250 MG	No					IV

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J1960		LEVORPHANOL TARTRATE, UP TO 2 MG	No					IV, IM, SC
J1980	Levsin	HYOSCYAMINE SULFATE, UP TO 0.25 MG	No					IV, IM
J1990		CHLORDIAZEPOXIDE HCL, UP TO 100 MG	No					IV, IM
J2001	Lidocaine	LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	No					IV
J2010	Lincocin	LINCOMYCIN HCL, UP TO 300 MG	No					IV, IM
J2020	Zyvox	LINEZOLID, 200MG	Prior Auth					IV
J2060	Ativan	LORAZEPAM, 2 MG	No					IV, IM
J2062	ADUSAVE	Loxapine for inhalation, 1 mg	Med Excep				New code effective 01/01/19. Previous code C9497 termed 12/31/18	Inhalation
J2150	Mannitol	MANNITOL, 25% IN 50 ML	No					IV
J2170	Increlex	MECASERMIN, 1 MG	Prior Auth	Yes			PA Effective 01/01/2011, Specialty Network effective 10/1/13	SC
J2175	Demerol	MEPERIDINE HYDROCHLORIDE, PER 100 MG	No					IV, IM, SC
J2180		MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	No					IV, IM
J2182	Nucala	Injection, mepolizumab, 1 mg	Med Excep	Yes			New code effective: 01/01/17 Specialty Network effective: 01/01/17	SC
J2185	Merrem	MEROPENEM, 100 MG	No					IV
J2186	Vabomere	Injection, meropenem and vaborbactam, 10mg/10mg, (20mg)	Med Excep				New Code effective 01/01/19	IV
J2210	Methergine	METHYLERGONOVINE MALEATE, UP TO 0.2 MG	No					IV, IM
J2212	Relistor	METHYLNALTREXONE 0.1MG INJECTIONS, SUB-Q	Med Excep	Yes			New code effective 01/01/13, Specialty Network effective 10/1/13	SC
J2248	Mycamine	MICAFUNGIN SODIUM, 1 MG	No					IV
J2250	Midazolam	MIDAZOLAM HYDROCHLORIDE, PER 1 MG	No					IV, IM
J2260	Milrinone	MILRINONE LACTATE, 5 MG	No					IV
J2265	Minocin	Minocycline hydrochloride, 1mg IV	No				New code effective 01/01/2012	IV
J2270	Morphine Sulfate	MORPHINE SULFATE, UP TO 10 MG	No					IV, epidural, intrathecal
J2274	Morphine Sulfate	Morphine sulfate preservative-free epid/intrathecl use injection, 10 mg	No				New code effective 01/01/2015	Epidural, Intrathecal
J2278	Prialt	ZICONOTIDE, 1 MICROGRAM	Med Excep					Intrathecal
J2280	Avelox	MOXIFLOXACIN, 100 MG	No					IV

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J2300	Nubain	NALBUPHINE HYDROCHLORIDE, PER 10 MG	No					IV, IM, SC
J2310	Narcan	NALOXONE HYDROCHLORIDE, PER 1 MG	No					IV, IM, SC
J2315	Vivitrol	NALTREXONE, DEPOT FORM, 1 MG	No	Yes	Submit to Pharmacy for processing for Centennial Care, Commercial, and Metal Level Plans. Medicare and IBAC plans-office administered.			IM
J2320		NANDROLONE DECANOATE, UP TO 50 MG	No				Discontinued by manufacturer 3/27/07	IM
J2323	Tysabri	NATALIZUMAB, 1 MG	Prior Auth	Yes			Specialty Network effective 10/1/13	IV
J2325	Natrecor	NESIRITIDE, 0.1 MG	No					IV
J2326	Spinraza	Injection, nusinersen, 0.1 mg	Med Excep				Code Effective: 01-01-2018	IT
J2350	Ocrevus	Injection, ocrelizumab, 1 mg	Prior Auth	Yes			Code Effective: 01-01-2018	IV
J2353	Sandostatin LAR	OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR 1 MG	No	No				IM
J2354	Sandostatin	OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS 25 MCG	No				Effective 4/1/2012, for Medicare members only. Removed SP indication 11/1/14	IV, SC
J2355	Neumega	OPRELVEKIN, 5 MG	Prior Auth	Yes			PA Effective 01/01/2011, Specialty Network effective 10/1/13	SC
J2356	Tezspire	Injection, tezepelumab-ekko, 1 mg	Med Excep	Yes			Code Effective 07/01/22	SC
J2357	Xolair	OMALIZUMAB, 5 MG	Prior Auth	Yes				SC
J2358	Zyprexa Relprevv	injection, olanzapine, long-acting, 1mg	Med Excep	Yes	Submit to Pharmacy for processing for Centennial Care, Commercial, and Metal Level Plans.		Effective 01/01/2011, Specialty Network effective 10/1/13	IM
J2360	Norflex	ORPHENADRINE CITRATE, UP TO 60 MG	No					IV, IM
J2370	Neo-synephrine	PHENYLEPHRINE HCL, UP TO 1 ML	No					IV, IM, SC
J2400	Nesacaine	CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	No					IV
J2405	Zofran	ONDANSETRON HYDROCHLORIDE, PER 1 MG	No					IV
J2406	Kimyrsa	Injection, oritavancin (kimyrsa), 10 mg	Med Excep				New Code Effective 10/01/21	IV
J2407	Orbactiv	Injection, oritavancin (orbactiv), 10 mg	Med Excep				New Code Effective 1/01/16	IV
J2410	Opana	OXYMORPHONE HCL, UP TO 1 MG, INJECTION	Med Excep	Yes			Specialty Network Effective 10/1/13, Med Excep 10/1/13	IV, IM, SC
J2425	Kepivance	PALIFERMIN, 50 MICROGRAMS	Med Excep					IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J2426	Invega Sustenna, Invega Trinza	Paliperidone palmitate extended release, 1mg, injection	No	Yes	Submit to Pharmacy for processing for Centennial Care, Commercial, and Metal Level Plans. Medicare and IBAC plans-office administered.		Med Excep 01/01/11, Specialty Network Effective 10/1/13	IM
J2430	Aredia	PAMIDRONATE DISODIUM, PER 30 MG	No	No				IV
J2440	Papaverine	PAPAVERINE HCL, UP TO 60 MG	Med Excep	Yes			Specialty Network Effective 10/1/13	IV, IM, Intracavernosal
J2460		OXYTETRACYCLINE HCL, UP TO 50 MG	No					IV, IM
J2469	Aloxi	PALONOSETRON HCL, 25 MCG	No					IV
J2501	Zemplar	PARICALCITOL, 1 MCG	No	Yes			Specialty Network Effective 10/1/13	IV
J2502	Signifor LAR	Injection, pasireotide long acting, 1 mg	Med Excep				New Code Effective 1/01/16	IM
J2503	Macugen	PEGAPTANIB SODIUM, 0.3 MG	Med Excep	Yes				Intravitreal
J2504	Adagen	PEGADEMASE BOVINE, 25 IU	Med Excep	Yes			Specialty Network Effective 10/1/13	IM
J2506	Neulasta On-Pro or Neulasta	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Prior Auth (Neulasta On-Pro) Med Excep (Neulasta)	No		Yes	New Code Effective 01/01/22. Code J2505 termed 12/31/21	SC
J2507	Krystexxa	Injection, pegloticase, (IV)	Med Excep	Yes			Med Excep 01/11 P&T, New code effective 01/01/2012, Specialty Network effective 10/1/13	IV
J2510	Pen G	PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	No					IM
J2513	Pentaspán	PENTASTARCH, 10% SOLUTION, 100 ML	No				Discontinued	IV
J2515	Nembutal	PENTOBARBITAL SODIUM, PER 50 MG	No					IV, IM
J2540	Penicillin GK	PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	No					IV, IM, Intrapleural
J2543	Zosyn	PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	No					IV
J2545	Nebupent	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300MG	No					Inhalation
J2547	Rapivab	Injection, peramivir, 1 mg	Med Excep				New Code Effective 1/01/16	IV
J2550	Promethazine	PROMETHAZINE HCL, UP TO 50 MG	No					IV, IM

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J2560	Luminal	PHENOBARBITAL SODIUM, UP TO 120 MG	No					IV, IM
J2562	Mozobil	PLERIXAFOR, 1 MG	Med Excep	Yes			Specialty Network effective 10/1/13	SC
J2590	Pitocin	OXYTOCIN, UP TO 10 UNITS	No					IV, IM
J2597	DDAVP	DESMOPRESSIN ACETATE, PER 1 MCG	No				PA removed effective 11/01/11	IV
J2650		PREDNISOLONE ACETATE, UP TO 1 ML	No				Discontinued - available for veterinary use	IM, Intra-articular
J2670		TOTAZOLINE HCL, UP TO 25 MG	No					IV
J2675	Progesterone	PROGESTERONE, PER 50 MG	No					IM
J2680	Fluphenazine	FLUPHENAZINE DECANOATE, UP TO 25 MG	No					IM, SC
J2690	Procainamide	PROCAINAMIDE HCL, UP TO 1 GM	No					IV, IM
J2700	Bactocill	OXACILLIN SODIUM, UP TO 250 MG	No					IV, IM
J2704	Diprivan	Propofol 10 mg, injection	No				New Code effective 01/01/2015	IV
J2710	Prostigmin	NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	No					IV, IM, SC
J2720	Protamine	PROTAMINE SULFATE, PER 10 MG	No					IV
J2724	Ceprotrin	PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	No					IV
J2725	Thyrel TRH	PROTIRELIN, PER 250 MCG	No					IV
J2730	Pralidoxime	PRALIDOXIME CHLORIDE, UP TO 1 GM	No					IV
J2760	Phentolamine	PHEHTOLAMINE MESYLATE, UP TO 5 MG	No					IV, IM
J2765	Reglan	METOCLOPRAMIDE HCL, UP TO 10 MG	No					IV, IM
J2770	Synercid	QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	No					IV
J2777	Vabysmo	Inj, faricimab-svoa, 0.1 mg	Med Excep				New Code Effective 10/01/2022. Code C9097 deleted.	Intravitreal
J2778	Lucentis	RANIBIZUMAB, 0.1 MG	No	Yes			Effective 4/1/2012, for Medicare members.	Intravitreal
J2779	Susvimo	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Med Excep	Yes			New Code Effective 07/01/22. See deleted Code C9093	Implant
J2780	Zantac	RANITIDINE HYDROCHLORIDE, 25 MG	No					IV
J2783	Elitek	RASBURICASE, 0.5 MG	Med Excep	Yes			Specialty Network effective 10/1/13, Med Excep 10/1/13	IV
J2785	Lexiscan	REGADENOSON, 0.1 MG	No					IV
J2786	Cinqair	Injection, reslizumab, 1 mg	Med Excep				New code effective: 01/01/17	IV

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J2787	Photrexa	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	Med Excep				New Code Effective 01/01/19	Ophthalmic
J2788	RHOGAM	RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	No					IM
J2790	RHOGAM	RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	No					IM
J2791	WINRHO	RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100IU	No	Yes				IV, IM
J2792	RHOGAM	RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	No					IV
J2793	ARCALYST	RILONACEPT, 1 MG	Prior Auth	Yes			PA Effective 01/01/2011, Specialty Network effective 10/1/13	SC
J2794	RISPERDAL CONSTA	Injection, risperidone (risperdal consta), 0.5 mg	No	Yes	Submit to Pharmacy for processing for Centennial Care, Commercial, and Metal Level Plans.		Specialty Network effective 10/1/13	IM
J2795	Naropin	ROPIVACAINE HYDROCHLORIDE, 1 MG	No					Epidural, Nerve block, Field block, infiltration
J2796	Nplate	ROMIPLOSTIM, 10 MICROGRAMS	Med Excep					SC
J2797	Varubi	Injection, rolapitant, 0.5 mg	Med Excep				New Code Effective 1/01/19. Code C9464 termed 12/31/18	IV
J2798	Perseris	Injection, risperidone (perseris), 0.5 mg	Med Excep	Yes			New Code Effective 01/01/2019. C9037 termed 10/01/19	SC
J2800	Robaxin	METHOCARBAMOL, UP TO 10 ML	No					IV, IM
J2805	Kinevac	SINCALIDE, 5 MICROGRAMS	No					IV
J2810	Theophylline	THEOPHYLLINE, PER 40 MG	No					IV
J2820	Leukine	SARGRAMOSTIM (GM-CSF), 50 MCG	Prior Auth	Yes			Specialty Network effective 10/1/13	IV, SC
J2840	Kanuma	Injection, sebelipase alfa, 1 mg	Med Excep				New code effective: 01/01/17	IV
J2850	Secreflo	SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM	No					IV
J2860	Sylvant	Injection, siltuximab, 10 mg	Med Excep				New Code Effective 1/01/16	IV
J2910		AUROTHIOGLUCOSE, UP TO 50 MG	No					IM
J2912	Sodium Chloride	SODIUM CHLORIDE, 0.9%, PER 2 ML	No					IV

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J2916	Ferrlecit, Nulecit	SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE 12.5 MG	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0- D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89		effective 06/01/2010	IV
J2920	Solu-Medrol	METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	No					IV
J2930	Solu-Medrol	METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	No					IV
J2940		SOMATREM, 1 MG	No					IM, SC
J2941	Nutropin	SOMATROPIN, 1 MG	Med Excep	Yes				IM, SC
J2950		PROMAZINE HCL, UP TO 25 MG	No					IM
J2993	Retavase	RETEPLASE, 18.1 MG	No					IV
J2995		STREPTOKINASE, PER 250,000 IU	No					IV, Intracoronary, Intrapleurally
J2997	Cathflo, Activase	ALTEPLASE RECOMBINANT, 1 MG	No					IV
J2998	Ryplazim	Injection, plasminogen, human-tvmh, 1 mg	Med Excep				New Code Effective 07/01/2022. Code C9090 deleted	IV
J3000	Streptomycin	STREPTOMYCIN, UP TO 1 GM	No					IM
J3010	Fentanyl	FENTANYL CITRATE, 0.1 MG	No					IV
J3030	Imitrex	MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE	No					SC
J3031	Ajovy	Injection, fremanezumab-vfrm, 1mg	Med Excep	Yes	Use for Medicare Office Administered only		New Code Effective 04/01/2019. C9040 deleted 10/1/19	SC
J3032	Vyepti	Injection, eptinezumab-jjmr, 1 mg	Med Excep	Yes			New Code Effective 10/1/2020. Previous code C9063	IV
J3060	Ellelyso	Taliglucerase alfa 10 units, Injection, IV	Med Excep	Yes			Medical Exception 07/12 P&T, Specialty Network effective 10/1/13, New Code effective 01/01/14	IV
J3070	Talwin	PENTAZOCINE, 30 MG	No					IV, IM, SC
J3090	Sivextro	Injection, tedizolid phosphate, 1 mg	Med Excep				New Code Effective 1/01/16	IV, Oral
J3095	Vibativ	Injection, telavancin, 10mg	No					IV
J3100	Tnkase	TENECTEPLASE, 50MG	No					IV
J3101	Tnkase	TENECTEPLASE, 1 MG	No					IV
J3105	Terbutaline	TERBUTALINE SULFATE, UP TO 1 MG	No					IV, SC
J3110	Forteo	TERIPARATIDE, 10 MCG	Prior Auth	Yes				SC
J3111	Evenity	Injection, romosozumab-aqqg, 1 mg	Med Excep	Yes			New code effective 10/01/2019	SC

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J3121	Delatestryl	Injection testosterone enanthate 1 mg, IM	Prior Auth				New code effective 01/01/2015	IM
J3145	AVEED	Injection testosterone undecanoate 1 mg, IM	Med Excep				New code effective 01/01/2015	IM
J3230	Chlorpromazine	CHLORPROMAZINE HCL, UP TO 50 MG	No					IV, IM
J3240	Thyrogen	THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	Med Excep	Yes				IM
J3241	Tepezza	Injection, teprotumumab-trbw, 10 mg	Med Excep				New Code Effective 10/01/20. Previous Code C9061	IV
J3243	Tygacil	TIGECYCLINE, 1 MG	No					IV
J3245	Ilumya	Injection, tildrakizumab, 1 mg	Med Excep	Yes (Walgreens Specialty)			Effective 01/01/19	SQ
J3246	Aggrastat	TIROFIBAN HCL, 0.25MG	No					IV
J3250	Tigan	TRIMETHOBENZAMIDE HCL, UP TO 200 MG	No				Recalled	IM
J3260	Tobramycin	TOBRAMYCIN SULFATE, UP TO 80 MG	No					IV
J3262	Actemra	Injection, tocilizumab, 1mg, IV	Prior Auth	Yes			Effective 01/01/2011, Specialty Network effective 10/1/13	IV
J3265	Torsemide	TORSEMIDE, 10 MG/ML	No					IV
J3280		THIETHYLPERAZINE MALEATE, UP TO 10 MG	No					IM
J3285	Remodulin	TREPROSTINIL, 1 MG	Med Excep	Yes			Specialty Network effective 10/1/13	IV, SC
J3299	Xipere	Injection, triamcinolone acetonide, suprachoroidal (xipere), 1 mg	Med Excep				New Code Effective 07/01/2022. See termed code C9092	IM, Intra-articular
J3300	Triesence	TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	Med Excep					Intraocular
J3301	Kenalog-40	TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	No					IM, Intra-articular
J3302	Aristo Forte	TRIAMCINOLONE DIACETATE, PER 5MG	Med Excep	Yes			Specialty Network effective 10/1/13, Med Excep 10/1/13	SC, Intra-articular, Intrasynovial, Intralesional, Sublesional, Soft tissue injection
J3303	Aristospan	TRIAMCINOLONE HEXACETONIDE, PER 5MG	No					Intralesional, Sublesional

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J3304	Zilretta	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Med Excep		used for administration in physician office setting		New Code Effective: 01/01/19. Code Q9993 termed 12/31/18. Code C9469 termed 6/30/18	Intra-articular
J3305	Neutrexan	TRIMETREXATE GLUCURONATE, PER 25 MG	Med Excep	Yes			Specialty Network effective 10/1/13	IV
J3310		PERPHENAZINE, UP TO 5 MG	No					IV, IM
J3315	Trelstar Depot, Trelstar LA	TRIPTORELIN PAMOATE, 3.75 MG	Prior Auth				Specialty Network effective 10/1/13, Updated 4/1/14. PA added and remove Specialty Mandate 7/12/21	IM
J3316	Triptodur	Injection, triptorelin extended release, 3.75 mg	Med Excep				Code Effective: 01-01-2019 Previous Code C9016 termed 12/31/18	IM
J3320		SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	No					IM
J3350		UREA, UP TO 40 GM	No					IV
J3355	Bravelle	UROFOLLITROPIN, 75 IU	Med Excep	Yes	Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.			IM, SC
J3357	Stelara	Ustekinumab, for subcutaneous injection, 1 mg	Prior Auth	Yes			Effective 01/01/2011, Specialty Network effective 10/1/13	Sub-Q
J3358	Stelara	Ustekinumab, for intravenous injection, 1 mg	Med Excep	Yes			Code Effective: 01-01-2018	IV
J3360	Diazepam	DIAZEPAM, UP TO 5 MG	No					IV, IM
J3364		UROKINASE, 5000 IU VIAL	No					IV
J3365	Kinlytic	IV, UROKINASE, 250,000 I.U. VIAL	No					IV
J3370	Vancomycin	VANCOMYCIN HCL, 500 MG	No					IV
J3380	Entyvio	Injection, vedolizumab, 1 mg	Prior Auth	Yes			New Code Effective 1/01/16	IV
J3385	Vpriv	Injection, velaglucerase alfa, 100 units, IV	Med Excep	Yes			Effective 01/01/2011, Specialty Network effective 10/1/13	IV
J3396	Visudyne	VERTEPORFIN, 0.1 MG	No					IV
J3397	Mepsevii	Injection, vestronidase alfa-vjvk, 1 mg	Med Excep				New Code effective 01/01/19	IV
J3398	Luxturna	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Med Excep				New Code Effective: 01/01/19. Code C9032 termed 12/31/18	Intraocular
J3399	Zolgensma	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	Med Excep				New Code Effective 7/1/2020	IV
J3400		TRIFLUPROMAZINE HCL, UP TO 20 MG	No					IM, IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J3410	Hydroxyzine	HYDROXYZINE HCL, UP TO 25 MG	No					IM
J3411	Thiamine	THIAMINE HCL, 100 MG	No					IV, IM
J3415	Pyridoxine	PYRIDOXINE HCL, 100 MG	No					IV, IM
J3420	Cyanocobalamin	VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	No					IM, SC
J3430	Vitamin K1	PHYTONADIONE (VITAMIN K), PER 1 MG	No					IV, IM, SC
J3465	Vfend	VORICONAZOLE, 10 MG	No					IV
J3470	Wydase	HYALURONIDASE, UP TO 150 UNITS	Med Excep	Yes			Specialty Network effective 10/1/13. Discontinued Drug	SC
J3471	Vitrase	HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)	Med Excep	Yes			Specialty Network effective 10/1/13	SC
J3472	Vitrase	HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	Med Excep	Yes			Specialty Network effective 10/1/13	SC
J3473	Hylanex	HYALURONIDASE, RECOMBINANT, 1 USP UNIT	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0- D49.9			SC
J3475	Magnesium Sulfate	MAGNESIUM SULFATE, PER 500 MG	No					IV, IM
J3480	Potassium Chloride	POTASSIUM CHLORIDE, PER 2 MEQ	No					IV
J3485	Retrovir	ZIDOVUDINE, 10 MG	No					IV
J3486	Geodon	ZIPRASIDONE MESYLATE, 10 MG	Med Excep					IM
J3489	Reclast & Zometa	ZOLEDRONIC ACID, INJECTION, 1 MG, IV	No				New code effective 01/01/14. Prior Authorization requirements removed effective 3/1/15	IV
J3490		UNCLASSIFIED DRUGS	Med Excep					
J3520	Endrate	EDETATE DISODIUM, PER 150 MG	No					IV
J3530	Flumist	NASAL VACCINE INHALATION	No					Inhalation
J3535		DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	Med Excep required if billed charge amount exceeds \$100.00					Inhalation
J3570		LAETRILE, AMYGDALIN, VITAMIN B17	No					IV
J3590		UNCLASSIFIED BIOLOGICS	Med Excep					IV
J3591		Unclassified drug or biological used for ESRD on dialysis	Med Excep				New code effective 01/01/19	IV
J7030	Sodium Chloride	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	No					IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J7040	Sodium Chloride	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	No					IV
J7042	D5W/NaCl	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	No					IV
J7050	Sodium Chloride	INFUSION, NORMAL SALINE SOLUTION , 250 CC	No					IV
J7060	D5W	5% DEXTROSE/WATER (500 ML = 1 UNIT)	No					IV
J7070	D5W	INFUSION, D5W, 1000 CC	No					IV
J7100		INFUSION, DEXTRAN 40, 500 ML	No					IV
J7110		INFUSION, DEXTRAN 75, 500 ML	No					IV
J7120	Lactated Ringer's Solution	RINGERS LACTATE INFUSION, UP TO 1000 CC	No					IV
J7121	D5W/LR	5% dextrose in lactated ringers infusion, up to 1000 cc	No				New Code Effective 1/01/16	IV
J7130		HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	No					IV
J7131	Hyper-Sal	Hypertonic saline solution, 1 ml	No				New code effective 01/01/2012	
J7168	Kcentra	Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity	No				New Code effective 7/01/21. C9132 termed 7/01/21	IV
J7169	Andexxa	Injection, coagulation factor Xa (recombinant), inactivated (andexxa), 10 mg	No				New Code Effective 07/1/2020	IV
J7170	Hemlibra	Injection, emicizumab-kxwh, 0.5 mg	Med Excep	Yes			New Code Effective: 01/01/19. Code Q9995 termed 12/31/18. Specialty Network Provider: CanyonCare Rx	IV
J7175	Coagadex	Injection, factor x, (human), 1 i.u.	Med Excep	Yes			New code effective: 01/01/17 Specialty Network effective: 01/01/17 Specialty Network Provider: CanyonCare Rx	IV
J7177	Fibryga	Injection, human fibrinogen concentrate (fibryga), 1 mg	No	Yes			New code effective 01/01/19. Specialty Network Provider: CanyonCare Rx	IV
J7178	Riastap	HUMAN FIBRINOGEN CONCENTRATE. 1MG, IV	No	Yes			New code effective 01/01/13, Specialty Network effective 5/1/13	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J7179	Vonvendi	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0	Med Excep	Yes			New code effective: 01/01/17 Specialty Network effective: 01/01/17 Specialty Network Provider: CanyonCare Rx	IV
J7180	Corifact	Injection, Factor XIII (antihemophilic factor, human), 1 i.u. (IV)	No	Yes			New code effective 01/01/2012, Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7181	Tretten	factor xiii a subunit, (recombinant), per IU, injection	No	Yes			New Code effective 1/1/15 Specialty Network Provider: CanyonCare Rx	
J7182	Novoeight	factor viii, (antihemophilic factor, recombinant), (novoeight), per iu, injection	No	Yes			New Code effective 1/1/15 Specialty Network Provider: CanyonCare Rx	
J7183	Wilate	Injection, von Willebrand factor complex (human), 1 i.u.	No	Yes			New code effective 01/01/12, Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7184	Wilate	Injection, von Willebrand factor complex (human)	No	Yes			Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7185	Xyntha	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	No	Yes			Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7186	Humate-P, Wilate, Alphanate	ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	No	Yes			Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7187	Humate-P, Alphanate	VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	No	Yes			Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7188	Humate-P, Wilate, Alphanate	VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	No	Yes			Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7189	Novoseven, Novoseven RT	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	No	Yes			Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J7190	Monoclote-P, Hemofil M, Koate-DVI	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	No	Yes			Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7191		FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.	No	Yes			Drug discontinued 2007	IV
J7192	Kogenate FS, Helixate FS, Recombinate, Advate, Refacto	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	No	Yes			Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7193	Mononine, Alphanine SD	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	No	Yes			Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7194	Profilnine	FACTOR IX, COMPLEX, PER I.U.	No	Yes			Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7195	Benefix	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	No	Yes			Specialty Network effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7196	Atryn	Injection, antithrombin recombinant, 50 I.U	No	Yes			Spec Pharmacy effective 5/1/13	IV
J7197	Thrombat III	ANTITHROMBIN III (HUMAN), PER I.U.	No	Yes			Spec Pharmacy effective 5/1/13	IV
J7198	Feiba VH, Feiba NF	ANTI-INHIBITOR, PER I.U.	No	Yes			Spec Pharmacy effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7199		HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	Medical Exception required if billed charge amount exceeds \$100.00	Yes			Spec Pharmacy effective 5/1/13 Specialty Network Provider: CanyonCare Rx	IV
J7200	Rixubis	factor ix, (antihemophilic factor, recombinant), rixubis, per iu, injection	No	Yes			New Code effective 1/1/15 Specialty Network Provider: CanyonCare Rx	IV
J7201	Alprolix	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	No	Yes			New Code effective 1/1/15 Specialty Network Provider: CanyonCare Rx	IV
J7202	Idelvion	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Med Excep	Yes			New code effective: 01/01/17 Specialty Network effective: 01/01/17 Specialty Network Provider: CanyonCare Rx	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J7203	Rebinyn	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Med Excep	Yes			New Code Effective 01/01/19. Code C9468 termed 12/31/18. Specialty Network Provider: CanyonCare Rx	IV
J7204	Esperoct	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Med Excep	Yes			New Code Effective 7/1/20. Speicalty Network effective 7/1/2020. CanyonCare Rx	IV
J7205	Eloctate	Injection, factor viii fc fusion (recombinant), per iu	Med Excep	Yes			New Code Effective 1/01/16 Specialty Network Provider: CanyonCare Rx	IV
J7207	Adynovate	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Med Excep	Yes			New code effective: 01/01/17 Specialty Network effective: 01/01/17 Specialty Network Provider: CanyonCare Rx	IV
J7208	Jivi	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl (jivi), 1 i.u	Med Excep	Yes			New Code Effective 07/01/2019 Specialty Network Provider: CanyonCare Rx	IV
J7209	Nuwiq	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	No	Yes			New code effective: 01/01/17 Specialty Network effective: 01/01/17 Specialty Network Provider: CanyonCare Rx	IV
J7210	Afstyla	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	No	Yes			Code Effective: 01-01-2018 Specialty Network Provider: CanyonCare Rx	IV
J7211	Kovaltry	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.	No	Yes			Code Effective: 01-01-2018 Specialty Network Provider: CanyonCare Rx	IV
J7212	Sevenfact	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Med Excep	Yes			Code Effective 01/01/21 Specialty Network Provider: CanyonCare Rx	IV
J7294	Annovera	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each	Med Excep				Code Effective 10/01/2021	Intravaginally
J7295	Nuvaring/EluRyng	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH	No				Code Effective 10/01/2021. See termed code J7303	Intravaginally
J7296	Kyleena	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg	No				Code Effective: 01-01-2018	Intrauterine
J7297	Liletta	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg	Med Excep				New Code Effective 1/01/16	Intrauterine

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J7298	Mirena	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg	No				New Code Effective 1/01/16, Preventative	Intrauterine
J7300	Paragard IUD	INTRAUTERINE COPPER CONTRACEPTIVE	No					Intrauterine
J7301	Skyla IUD	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg	No				New code effective 01/01/14, 04/15 P&T Remove Benefit Cert.,	Intrauterine
J7304	Ortho Evra	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	No				Updated 11/4/21	Transdermally
J7306		LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	No					Subdermal Implant
J7307	Implanon, Nexplanon	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	No				Remove PA 01/01/2011	Subdermal Implant
J7308	Levulan Kerastick	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354MG)	No					Topical
J7309	Metvixia	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 gram	No				PA Effective 01/01/2011 PA Removed effective 11/01/11	Topical
J7310	Vitrasert Implant	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	Med Excep	Yes			Specialty Network Effective 10/1/13, Med Excep 10/1/13	Intravitreal
J7311	Retisert implant	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	Med Excep	Yes			Specialty Network Effective 10/1/13, Med Excep 10/1/13	Intravitreal
J7312	Ozurdex	Injection, dexamethasone intravitreal implant, 0.1 mg	Med Excep	Yes			Specialty Network Effective 10/1/13, Med Excep 10/1/13	Intravitreal
J7313	Iluvien	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01	Med Excep				New Code Effective 1/01/16	Intravitreal
J7314	Yutiq	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	Med Excep				New Code Effective 10/101/19	Intravitreal
J7315	Mitosol	MITOMYCIN OPHTHALMIC 0.2MG TOPICAL	No				New code effective 01/01/13	Topical
J7316	Jetrea	OCRIPLASMIN INJECTION, 0.125 MG	Med Excep	Yes			Medical Exception effective 07/13, New code effective 01/01/14	Intravitreal
J7318	Durolane	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Med Excep	Yes		Yes	New Code Effective 01/01/19 Code C9465 termed 12/31/18	Intra-articular
J7320	Genvisc	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Med Excep	Yes		Yes	New code effective: 01/01/17 Specialty Network effective: 01/01/17	Intra-articular

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J7321	Hyalgan & Supartz	Hyalgan supartz visco-3 dose; Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Med Excep	Yes		Yes	Med Excep effective 05/11 P&T	Intra-articular
J7322	Hymovis	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Med Excep	Yes		Yes	New code effective: 01/01/17 Specialty Network effective: 01/01/17	Intra-articular
J7323	Euflexxa	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR PER DOSE	Prior Auth	Yes			Prior Auth effective 3/1/14, Criteria changed effective 4/15	Intra-articular
J7324	Orthovisc	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR PER DOSE	Med Excep	Yes		Yes	Med Excep effective 05/11 P&T	Intra-articular
J7325	Synvisc, Synvisc One	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR 1MG	Med Excep	Yes		Yes	Prior Auth effective 3/1/14, Criteria changed effective 4/15	Intra-articular
J7326	Gel-One	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose (IA)	Prior Auth	Yes			New code effective 01/01/2012	Intra-articular
J7327	Monovisc	Hyaluronan/derivative Monovisc IA injection per dose	Med Excep	Yes		Yes	New code effective 01/01/2015	Intra-articular
J7328	Gel-Syn	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg	Med Excep	Yes		Yes	New Code Effective 1/01/16	Intra-articular
J7329	Trivisc	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Med Excep	Yes		Yes	New Code Effective 01/01/19	Intra-articular
J7330	Carticel	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	Prior Auth (See Notes)				Reviewed under Health Services. If procedure code 27412 approved, Health Services to approve J7330.	
J7331	Synjoynt	Hyaluronan or derivative, synjoynt, for intra-articular injection, 1 mg	Med Excep		Reviewed under Health Services and if procedure code 27412 approved, Health Service to approve J7330.	Yes	New Code Effective 10/01/19	Intra-articular
J7332	Triluron	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Med Excep			Yes	New Code Effective 10/01/19	Intra-articular
J7336	Qutenza	Capsaicin 8% patch per sq cm	Med Excep	Yes			New Code Effective 01/01/2015	Patch
J7340	Duopa	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Med Excep				New Code Effective 1/01/16	Enteral
J7342	Otiprio	Installation, ciprofloxacin otic suspension, 6 mg	Med Excep				New code effective: 01/01/17	Intratympanic
J7345	Ameluz	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg	No				Code Effective: 01-01-2018. Remove Med Excep 7/01/20	Topical
J7351	Durysta	Injection, bimatoprost, intracameral implant, 1 microgram	Med Excep				New Code Effective 10/01/20	Intraocular
J7352	Scenesse	Afamelanotide implant, 1 mg	Med Excep				New Code Effective 1/01/21	SC

HCP Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J7402	Sinuva	Mometasone furoate (sinuva)	Med Excep	Yes			New Code Effective 40/01/2021. Previous Code J7402	Intranasal
J7500	Imuran	AZATHIOPRINE, ORAL, 50 MG	No					Oral
J7501	Azathioprine	AZATHIOPRINE, PARENTERAL, 100 MG	No					IV
J7502	Sandimmune, Neoral	CYCLOSPORINE, ORAL, 100 MG	No					Oral
J7503	Envarsus XR	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	Med Excep				New Code Effective 1/01/16	Oral
J7504	Atgam	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	No	Yes				IV
J7505	Orthoclone	MUROMONAB-CD3, PARENTERAL, 5 MG	No					IV
J7507	Prograf	TACROLIMUS, ORAL, PER 1 MG	No					Oral
J7508	Astagraf XL	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	Med Excep					Oral
J7509	Medrol	METHYLPREDNISOLONE ORAL, PER 4 MG	No					Oral
J7510	Millipred	PREDNISOLONE ORAL, PER 5 MG	No					Oral
J7511	Thymoglobulin	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	No					IV
J7512		Prednisone, immediate release or delayed release, oral, 1 mg	No				New Code Effective 1/01/16	Oral
J7513	Zenapax	DACLIZUMAB, PARENTERAL, 25 MG	No				Discontinued in US	IV
J7515	Sandimmune, Neoral	CYCLOSPORINE, ORAL, 25 MG	No					Oral
J7516	Sandimmune	CYCLOSPORIN, PARENTERAL, 250 MG	No					IV
J7517	CellCept	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	No					Oral
J7518	Myfortic	MYCOPHENOLIC ACID, ORAL, 180 MG	No					Oral
J7520	Rapamune	SIROLIMUS, ORAL, 1 MG	No					Oral
J7525	Prograf	TACROLIMUS, PARENTERAL, 5 MG	No					IV
J7527	Zortress	EVEROLIMUS ORAL 0.25MG IMMUNOSUPPRESSANT	Prior Auth				New code effective 01/01/13	Oral
J7599		IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	Med Excep					N/A
J7604		ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	No					Inhalation

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J7605	Brovana	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	No					Inhalation
J7605	Brovana	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	No					Inhalation
J7606	Perforomist	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	Med Excep					Inhalation
J7606	Perforomist	ACETYL CYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	Med Excep					Inhalation
J7607		ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	No					Inhalation
J7608	Acetylcysteine Neb	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	No					Inhalation
J7608	Acetylcysteine Neb	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	No					Inhalation
J7609		ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	No					Inhalation
J7610		ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	No					Inhalation
J7611	Albuterol Neb	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	No					Inhalation
J7612	Xopenex Neb	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	No					Inhalation
J7612	Xopenex Neb	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	No					Inhalation
J7613	Albuterol Neb	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	No					Inhalation
J7613	Albuterol Neb	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	No					Inhalation

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J7614	Xopenex Neb	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	No					Inhalation
J7615		LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No					Inhalation
J7615		DME, UNIT DOSE, 0.5 MG	No					
J7620	Duoneb	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED	No					Inhalation
J7620	Duoneb	FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	No					
J7622		BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No					Inhalation
J7622		DME, UNIT DOSE FORM, PER MILLIGRAM	No					
J7624		BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No					Inhalation
J7624		DME, UNIT DOSE FORM, PER MILLIGRAM	No					
J7626	Pulmicort Neb	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	No					Inhalation
J7626	Pulmicort Neb	ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	No					
J7627		BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No					Inhalation
J7627		UNIT DOSE FORM, UP TO 0.5 MG	No					
J7628		BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No					Inhalation
J7628		THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	No					
J7629		BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No					Inhalation

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J7629		THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No					
J7631	Cromolyn Neb	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No					Inhalation
J7631	Cromolyn Neb	NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	No					
J7632	Cromolyn Neb	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No					Inhalation
J7632	Cromolyn Neb	DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	No					
J7633	Pulmicort Neb	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	No					Inhalation
J7633	Pulmicort Neb	ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM	No					
J7634		BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No					Inhalation
J7634		CONCENTRATED FORM, PER 0.25 MILLIGRAM	No					
J7635		ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No					Inhalation
J7635		CONCENTRATED FORM, PER MILLIGRAM	No					
J7636		ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No					Inhalation
J7636		UNIT DOSE FORM, PER MILLIGRAM	No					
J7637		DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No					Inhalation
J7637		DME, CONCENTRATED FORM, PER MILLIGRAM	No					
J7638		DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No					Inhalation
J7638		DME, UNIT DOSE FORM, PER MILLIGRAM	No					

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J7639	Pulmozyme	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	No	Yes			Specialty Network effective 10/1/13	Inhalation
J7639	Pulmozyme	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No	Yes			Specialty Network effective 10/1/13	
J7640		FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No					Inhalation
J7640		UNIT DOSE FORM, 12 MICROGRAMS	No					
J7641		FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No					Inhalation
J7641		UNIT DOSE, PER MILLIGRAM	No					
J7642		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No					Inhalation
J7642		DME, CONCENTRATED FORM, PER MILLIGRAM	No					
J7643		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No					Inhalation
J7643		DME, UNIT DOSE FORM, PER MILLIGRAM	No					
J7644	Ipratropium Neb	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No					Inhalation
J7644	Ipratropium Neb	NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No					
J7645		IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No					Inhalation
J7645		THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No					
J7647		ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No					Inhalation
J7647		DME, CONCENTRATED FORM, PER MILLIGRAM	No					
J7648		ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No					Inhalation

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J7648		NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	No					
J7649		ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No					Inhalation
J7649		NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No					
J7650		ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No					Inhalation
J7650		DME, UNIT DOSE FORM, PER MILLIGRAM	No					
J7657		ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No					Inhalation
J7657		THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	No					
J7658		ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No					Inhalation
J7658		NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	No					
J7659		ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No					Inhalation
J7659		NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No					
J7660		ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No					Inhalation
J7660		THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No					
J7665	Aridol	Mannitol, administered through an inhaler, 5mg	No				New code effective 01/01/2012	Inhalation
J7667		METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED	No					Inhalation
J7667		FORM, PER 10 MILLIGRAMS	No					

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J7668		METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No					Inhalation
J7668		NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 10 MILLIGRAMS	No					
J7669		METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	No					Inhalation
J7669		NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	No					
J7670		METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No					Inhalation
J7670		THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	No					
J7674	Provocholine	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER,	No					Inhalation
J7674	Provocholine	PER 1 MG	No					
J7676	Pentam	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No					Inhalation
J7676	Pentam	THROUGH DME, UNIT DOSE FORM, PER 300 MG	No					
J7677	Yupelri	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	Med Excep				New Code effective 07/01/2019	Inhalation
J7680		TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No					Inhalation
J7680		THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	No					
J7681		TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	No					Inhalation
J7681		THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	No					
J7682	Tobi Neb	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	No					Inhalation

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J7682	Tobi Neb	UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	No					
J7683		DME, CONCENTRATED FORM, PER MILLIGRAM	No					
J7683		TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No					Inhalation
J7684		TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	No					Inhalation
J7684		DME, UNIT DOSE FORM, PER MILLIGRAM	No					
J7685		TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No					Inhalation
J7685		UNIT DOSE FORM, PER 300 MILLIGRAMS	No					
J7686	Tyvaso	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	Med Excep	Yes			Effective 01/01/2011, Specialty Network effective 10/1/13	Inhalation
J7699		NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	Med Excep					Inhalation
J7799		NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	Medical Exception required if billed charge amount exceeds \$100.00					
J7999		Compounded drug, not otherwise classified	Med Excep				New Code Effective 1/01/16	
J8498		ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	Medical Exception required if billed charge amount exceeds \$100.00					PR
J8499		PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	Med Excep					Oral
J8501	Emend	APREPITANT, ORAL, 5 MG	Prior Auth					Oral
J8510	Myleran	BUSULFAN; ORAL, 2 MG	Prior Auth	Yes				Oral
J8515	Cabergoline	CABERGOLINE, ORAL, 0.25 MG	No					Oral
J8520	Xeloda	CAPECITABINE, ORAL, 150 MG	Prior Auth	Yes				Oral
J8521	Xeloda	CAPECITABINE, ORAL, 500 MG	Prior Auth	Yes				Oral
J8530	Cyclophosphamide	CYCLOPHOSPHAMIDE; ORAL, 25 MG	No					Oral
J8540	Dexamethasone	DEXAMETHASONE, ORAL, 0.25 MG	No					Oral
J8560	Etoposide	ETOPOSIDE; ORAL, 50 MG	No					Oral

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J8562	Oforta	Fludarabine phosphate, oral, 10mg	Prior Auth	Yes			Effective 01/01/2011	Oral
J8565	Iressa	GEFITINIB, ORAL, 250 MG	Prior Auth	Yes				Oral
J8597		ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED	Med Excep					Oral
J8600	Alkeran	MELPHALAN; ORAL, 2 MG	No					Oral
J8610	Trexall	METHOTREXATE; ORAL, 2.5 MG	No					Oral
J8650	Cesamet	NABILONE, ORAL, 1 MG	No	Yes			Specialty Network effective 10/1/13	Oral
J8655	Akynzeo	Netupitant 300 mg and palonosetron 0.5 mg, oral	Med Excep				New Code Effective 1/01/16	Oral
J8670	Varubi	Rolapitant, oral, 1 mg	Med Excep				New code effective: 01/01/17	Oral
J8700	Temodar	TEMOZOLOMIDE, ORAL, 5 MG	Prior Auth	Yes				Oral
J8705	Hycamtin	TOPOTECAN, ORAL, 0.25 MG	Prior Auth	Yes				Oral
J8999		PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	Med Excep	Yes			Specialty Network Effective 10/1/13	Oral
J9000	Adriamycin	DOXORUBICIN HYDROCHLORIDE, 10 MG	No					IV
J9015	Proleukin	ALDESLEUKIN, PER SINGLE USE VIAL	No					IV
J9017	Trisenox	ARSENIC TRIOXIDE, 1 MG	No					IV
J9019	Erwinaze	Asparaginase Erwinia chrysanthemi, Injection, 1,000 international units (I.U.), IM	Prior Auth				New code effective 01/01/13, Updated 3/15/14	IM
J9020	Elspar	ASPARAGINASE, 10,000 UNITS	No					IV, IM
J9021	Rylaze	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Med Excep				New code effective 01/01/22	IM
J9022	Tecentriq	Injection, atezolizumab, 10 mg	Prior Auth				Code Effective: 01-01-2018	IV
J9023	Bavencio	Injection, avelumab, 10 mg	Prior Auth				Code Effective: 01-01-2018	IV
J9204	Poteligeo	Injection, mogamulizumab-kpkc, 1 mg	Prior Auth				New Code Effective 01/01/2019. C9038 deleted 10/01/19	IV
J9025	Vidaza	AZACITIDINE, 1 MG	No					IV, SC
J9027	Clolar	CLOFARABINE, 1 MG	No					IV
J9030	Tice BCG, Theracys	BCG (INTRAVESICAL) PER INSTILLATION	No				New Code Effective 07/01/19	Intravesical
J9032	Beleodaq	Injection, belinostat, 10 mg	Prior Auth				New Code Effective 1/01/16	IV
J9033	Treanda	Injection, bendamustine hcl (treanda), 1 mg	No					IV
J9034	Bendeka	Injection, bendamustine hcl (bendeka), 1 mg	No				New code effective: 01/01/17	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J9035	Avastin	BEVACIZUMAB, 10 MG	Med Excep (No PA for diagnosis codes listed)		No prior authorization needed when billed with one of the following diagnosis codes : E08.311, E08.319, E08.3211- E08.3219, E08.3291- E08.3293, E08.3311- E08.3319, E08.3391- E08.3393, E08.3411- E08.3419, E08.3491- E08.3493, E08.3511- E08.3519, E08.3521- E08.3523, E08.3531-E08.3533, E08.3541- E08.3543, E08.3551-E08.3553, E08.3591- E08.3599, E08.37X1, E08.37X2, E08.37X3 E09.311, E09.319, E09.3211- E09.3219, E09.3291-E09.3293, E09.3311- E09.3319, E09.3391-E09.3393, E09.3411-E09.3419, E09.3491-E09.3493, E09.3511- E09.3519, E09.3521-E09.3523, E09.3531-E09.3533, E09.3541-E09.3543, E09.3551-E09.3553, E09.3591- E09.3599, E09.37X1, E09.37X2, E09.37X3 E10.311, E10.319, E10.3211- E10.3219, E10.3291-E10.3293, E10.3311- E10.3319, E10.3391-E10.3393, E10.3411- E10.3419, E10.3491-E10.3493, E10.3511- E10.3519, E10.3521-E10.3523, E10.3531- E10.3533, E10.3541-E10.3543, E10.3551- E10.3553, E10.3591- E10.3599, E10.37X1, E10.37X2, E10.37X3, E11.311, E11.319, E11.3211- E11.3219, E11.3291 E11.3311- E11.3319, E11.3411-E11.3419, E11.3511- E11.3519, E11.3522, E11.3523, E11.3531- E11.3533 E11.3541-E11.3543, E11.3551- E11.3553, E11.3591- E11.3599.	Yes	Continued: E11.37X1, E13.311, E13.319, E13.3211- E13.3219, E13.3291-E13.3293, E13.3311- E13.3319, E13.3391-E13.3393, E13.3411- E13.3419, E13.3491- E13.3493, E13.3511- E13.3519, E13.3521-E13.3523, E13.3531- E13.3533, E13.3541-E13.3543, E13.3551- E13.3553, E13.3591- E13.3599, E13.37X1, E13.37X2, E13.37X3, E13.37X9, H21.1X1 - H21.1X3, H32, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8121, H34.8122, H34.8131, H34.8132, H34.8190, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331, H34.8332, H34.8390, H34.9, H35.052, H35.053, H35.051, H35.071, H35.072, H35.20, H35.21, H35.22, H35.23, H35.3210- H35.3213, H35.3220- H35.3223, H35.3230- H35.3233, H35.3290- H35.3293, H35.351- H35.359, H35.81, H35.82, H40.89, H44.22, H442A1, H44.2A2	IV
J9036	Belrapzo	Injection, bendamustine hcl (belrapzo), 1 mg	Med Excep				New Code Effective 07/01/2019 Previous Code C9042	IV
J9037	Blenrep	Injection, belantamab mafodontin-blmf, 0.5 mg	Prior Auth				New Code Effective 04/01/21. Previous code C9069	IV
J9039	Blinicyto	Injection, blinatumomab, 1 microgram	Prior Auth				New Code Effective 1/01/16	IV
J9040	Bleomycin	BLEOMYCIN SULFATE, 15 UNITS	No					IV, IM, SC, Intrapleural
J9041	Velcade	Injection, bortezomib (velcade), 0.1 mg	No				Code description changed 1/1/19	IV
J9042	Adcetris	BRENTUXIMAB VEDOTIN, 1 MG INJECTION, IV	Prior Auth				New code effective 01/01/13	IV
J9043	Jevtana	Injection, cabazitaxel, 1mg (IV)	Med Excep				New code effective 01/01/2012	IV
J9044	bortezomib	Injection, bortezomib, not otherwise specified, 0.1 mg	No				New code effective 1/1/19	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J9045	Paraplatin	CARBOPLATIN, 50 MG	No					IV
J9047	Kyprolis	CARFILZOMIB INJECTION, IV, 1 MG	Prior Auth				New code effective 01/01/14, Updated 3/15/14	IV
J9050	Bicnu	CARMUSTINE, 100 MG	No					IV
J9055	Erbix	CETUXIMAB, 10 MG	Prior Auth				Medical Exception effective 10/1/13	IV
J9057	Aliqopa	Injection, copanlisib, 1 mg	Prior Auth				New Code Effective: 01/01/19. Code C9030 termed 12/31/18	IV
J9060	Cisplatin	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	No					IV
J9061	Rybrevant	Injection, amivantamab-vmjw, 2 mg	Prior Auth				New code effective 01/01/22. Code C9083 termed 12/31/21	IV
J9065	Leustatin	CLADRIBINE, PER 1 MG	No					IV
J9069	Blenrep	Injection, belantamab mafodotin-blmf, 0.5 mg	Prior Auth				New Code Effective 01/01/21	IV
J9070		CYCLOPHOSPHAMIDE, 100 MG	No					IV, IM, Intrapleural, Intraperitoneal
J9071		Injection, cyclophosphamide, (auromedics), 5 mg	No				New Code Effective 04/01/22	IV
J9098	Depocyt	CYTARABINE LIPOSOME, 10 MG	No					Intrathecal
J9100	Dacarbazine, Cytarabine	CYTARABINE, 100 MG	No					IV, SC, Intrathecal
J9118	Asparlas	Injection, calaspargase pegol-mknl, 10 units	Med Excep				New code 10/01/19	
J9119	Libtayo	Injection, cemiplimab-rwlc, 1 mg	Prior Auth				New Code Effective 04/01/2019. C9044 deleted 10/01/19	IV
J9120	Cosmegen	DACTINOMYCIN, 0.5 MG	No					IV
J9130	Dacarbazine	DACARBAZINE, 100 MG	No					IV
J9144	Darzalex Faspro	Injection, daratumumab 10 mg and hyaluronidase-fihj	Prior Auth				New Code Effective 01/1/21. Replaced code C9062	SQ
J9145	Darzalex	Injection, daratumumab, 10 mg	Prior Auth				New code effective: 01/01/17	IV
J9150	Cerubidine	DAUNORUBICIN, 10 MG	No					IV
J9151	Daunoxome	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	No					IV
J9153	Vyxeos	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Prior Auth				Code Effective: 01/01/19. Code C9024 termed 12/31/18	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
J9155	Firmagon	DEGARELIX, 1 MG	No				updated 06/30/11	SC
J9160	Ontak	DENILEUKIN DIFTITOX, 300 MICROGRAMS	No					IV
J9165		DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	No					IV
J9165		Diethylstilbestrol injection, 250mg	No					IV
J9171	Taxotere, Docefrez	DOCETAXEL, 1 MG	No					IV
J9173	Imfinzi	Injection, durvalumab, 10 mg	Prior Auth				New code effective: 01/01/19 . C9492 termed 12/31/18	IV
J9175		ELLIOTTS' B SOLUTION, 1 ML	No					Intrathecal
J9176	Empliciti	Injection, elotuzumab, 1 mg	Med Excep				New code effective: 01/01/17	IV
J9177	Padcev	Injection, enfortumab vedotin-ejfv, 0.25 mg	Prior Auth				New Code effective 7/1/2020	IV
J9178	Ellence	EPIRUBICIN HCL, 2 MG	No					IV
J9179	Halaven	Injection, eribulin mesylate, 0.1 mg	Med Excep				Med Excep 01/11 P&T, New code effective 01/01/2012	IV
J9181	Toposar	ETOPOSIDE, 10 MG	No					IV
J9182	Etopophos	ETOPOSIDE, 100 MG	No					IV
J9185	Fludara	FLUDARABINE PHOSPHATE, 50 MG	No					IV
J9190	Adrucil	FLUOROURACIL, 500 MG	No					IV
J9198	Infugem	Injection, gemcitabine HCL (Infugem), 200mg	Med Excep				New Code Effective 07/01/2020. J9199 deleted	IV
J9200	FUDR	FLOXURIDINE, 500 MG	No					Intra-arterial
J9201	Gemzar	GEMCITABINE HYDROCHLORIDE, 200 MG	No					IV
J9202	Zoladex	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	No		Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.			SC
J9203	Mylotarg	Injection, gemtuzumab ozogamicin, 0.1 mg	Prior Auth				Code Effective: 01-01-2018	IV
J9205	Onivyde	Injection, irinotecan liposome, 1 mg	Med Excep				New code effective: 01/01/17	IV
J9206	Camptosar	IRINOTECAN, 20 MG	No					IV
J9207	Ixempra Kit	IXABEPILONE, 1 MG	No					IV
J9208	Ifex	IFOSFAMIDE, 1 GRAM	No					IV
J9209	Mesnex	MESNA, 200 MG	No					IV
J9210	Gamifant	Injection, emapalumab-lzsg, 1 mg	Prior Auth				New Code Effective 07/01/2019. Code C9050 deleted 10/1/19	IV
J9211	Idamycin	IDARUBICIN HYDROCHLORIDE, 5 MG	No					IV

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J9212	Infergen	INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	No	Yes				SC
J9213		INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	No	Yes				IM, SC
J9214	Intron-A	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	No	Yes	No prior authorization needed when billed with one of the following diagnosis codes: C00.0- D49.9, Z51.89			IM, SC
J9215	Alferon N	INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	No	Yes				Intralesional
J9216	Actimmune	INTERFERON, GAMMA 1-B, 3 MILLION UNITS	No	Yes				SC
J9217	Eligard, Lupron Depot, Lupron Depot-Ped	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	Prior Auth required for DX codes: F64.0 - F64.9		Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.		Prior auth required for DX F64.0 - F64.9 effective 4/2016 P&T	IM, SC
J9218	Lupron	LEUPROLIDE ACETATE, PER 1 MG	Prior Auth required for DX codes: F64.0 - F64.9		Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.		Prior auth required for DX F64.0 - F64.9 effective 4/2016 P&T	SC
J9219		LEUPROLIDE ACETATE IMPLANT, 65 MG	No	Yes			No longer manufactured 12/2007	SC
J9223	Zepzelca	Injection, lurbinectedin, 0.1 mg	Prior Auth				New Code Effective 1/01/21	IV
J9225	Vantas Kit, Supprelin LA Kirt	HISTRELIN IMPLANT (VANTAS), 50 MG	No					SC
J9226	Vantas Kit, Luppeilin LA Kit	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	No					SC
J9227	Sarclisa	Injection, isatuximab-irfc, 10 mg	Prior Auth				New Code Effective 10/01/2020	IV
J9228	Yervoy	Injection, Ipilimumab, 1 mg (IV)	Prior Auth				Prior Auth 05/11 P&T, New code effective 01/01/2012	IV
J9229	Besponsa	Injection, inotuzumab ozogamicin, 0.1 mg	Prior Auth				Code Effective: 01-01-2019. Code C9028 termed 12/31/18	IV
J9230	Mustargen	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	No					IV, intrapleural, intraperitoneal, intrapericardial
J9245	Alkeran	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	No					IV, intrapleural, intraperitoneal, intrapericardial
J9246	Evomela	Injection, melphalan (evomela), 1 mg	Prior Auth				New Code Effective 7/01/2020	IV

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J9247	Pepaxto	Injection, melphalan flufenamide hydrochloride, 1 mg	Med Excep				New Code Effective 10/01/21. Code C9080 termed	IV
J9250	Methotrexate	METHOTREXATE SODIUM, 5 MG	No					IV, intrathecal
J9260	Methotrexate	METHOTREXATE SODIUM, 50 MG	No					IV, intrathecal
J9261	Arranon	NELARABINE, 50 MG	No					IV
J9262	Synribo	OMACETAXINE MEPESUCCINATE INJECTION, SQ, 0.01 MG	Med Excep				New Code effective 01/01/14, Updated 3/15/14	SQ
J9263	Eloxatin	OXALIPLATIN, 0.5 MG	No					IV
J9264	Abraxane	PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	No					IV
J9266	Oncaspar	PEGASPARGASE, PER SINGLE DOSE VIAL	Med Excep					IV, IM
J9267	Onxol	PACLITAXEL, 1 MG, INJECTION	No				New Code effective 01/01/2015	IV
J9268	Nipent	PENTOSTATIN, 10 MG	No					IV
J9269	Elzonris	Injection, tagraxofusp-erzs, 10 mcg	Med Excep				New Code Effective 07/01/2019. Code C9049 deleted 10/1/19	IV
J9270		PLICAMYCIN, 2.5 MG	No					IV
J9271	Keytruda	Injection, pembrolizumab, 1 mg	Prior Auth				New Code Effective 1/01/16	IV
J9272	Jemperli	Injection, dostarlimab-gxly, 100 mg	Med Excep				New Code Effective 01/01/22. Code C9082 termed 12/31/21	IV
J9273	Tivdak	Injection, tisotumab vedotin-tftv, 1 mg	Med Excep				New Code Effective 04/01/22	IV
J9274	Kimmtrak	Inj, tebentafusp-tebn, 1 mcg	Med Excep				New Code Effective 10/01/22. Code C9095 termed.	IV
J9280	Mitomycin	MITOMYCIN, 5 MG	No					IV, intravesical
J9281	Jelmyto	Mitomycin pyelocalyceal instillation, 1 mg	Prior Auth				New Code Effective 1/01/21. Replaced code C9064	Ureteral
J9285	Lartruvo	Injection, olaratumab, 10 mg	Med Excep				Code Effective: 01-01-2018	IV
J9291	Mitomycin	MITOMYCIN, 40 MG	No					IV, intravesical
J9293	Novantrone	MITOXANTRONE HYDROCHLORIDE, PER 5 MG	No					IV
J9295	Portrazza	Injection, necitumumab, 1 mg	Med Excep				New code effective: 01/01/17	IV
J9298	Opdualag	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Med Excep				New Code Effective 10/01/2022	IV

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J9299	Opdivo	Injection, nivolumab, 1 mg	Prior Auth				New Code Effective 1/01/16	IV
J9301	Gazyva	OBINUTUZUMAB, 10MG, INJECTION, IV	Prior Auth				New Code effective 01/01/2015	IV
J9302	Arzerra	Ofatumumab, 10mg, injection	Med Excep				Prior Auth effective 01/01/2011	IV
J9303	Vectibix	PANITUMUMAB, 10 MG	Med Excep				07/14 P&T Med Excep	IV
J9304	Pemfexy	Injection, pemetrexed (pemfexy), 10 mg	Med Excep				New Cod Effective 10/01/2020	IV
J9305	Alimta	Injection, pemetrexed, not otherwise specified, 10 mg	Prior Auth				Prior Auth effective 01/01/2011	IV
J9306	Perjeta	PERTUZUMAB INJECTION, IV, 1 MG	Prior Auth				New code effective 01/01/14, Updated 3/15/14	IV
J9307	Folotyn	Injection, pralatrexate, 1mg	Med Excep				Med Excep Effective 01/01/2011	IV
J9308	Cyramza	Injection, ramucirumab, 5 mg	Prior Auth				New Code Effective 1/01/16	IV
J9309	Polivy	Injection, polatuzumab vedotin-piiq, 1 mg	Prior Auth				New Code Effective 01/01/2020	IV
J9311	RituxanHycela	Injection, rituximab 10 mg and hyaluronidase	Med Excep				New Code Effective 01/01/19. Code C9467 termed 12/31/18	IV
J9312	Rituxan	Injection, rituximab, 10 mg	Med Excep			Yes	New Code Effective 01/01/19 Code Updated 10/20/20	IV
J9313	Lumoxiti	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Med Excep				04/01/2019. C9045 termed 10/1/19	IV
J9316	Phesgo	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Med Excep				New code effective 1/01/21	SQ
J9317	Trodelyv	Injection, sacituzumab govitecan-hziy, 2.5 mg	Prior Auth				New Code Effective 01/01/21. Replaced code C9066	IV
J9318		Injection, romidepsin, non-lyophilized, 0.1 mg	Med Excep				New Code Effective 10/01/21	IV
J9319	Istodax	Injection, romidepsin, lyophilized, 0.1 mg	Prior Auth				New Code Effective 10/01/21. Code J9315 termed 10/01/21	IV
J9320	Zanosar	STREPTOZOCIN, 1 GRAM	No					IV
J9325	Imlygic	Injection, talimogene laherparepvec, per 1 million plaque forming units	Med Excep				New code effective: 01/0/17	Intralesional
J9328	Temodar	TEMOZOLOMIDE FOR IV SOLN 100 MG	No					IV
J9330	Torisel	TEMSIROLIMUS, 1 MG	No					IV
J9331	Fyarro	Injection, sirolimus protein-bound particles, 1 mg	Med Excep					IV

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J9332	Vyvgart	Injection, efgartigimod alfa-fcab, 2mg	Med Excep				New Code Effective 07/01/22. See termed code C9091	IV
J9340	Thiotepa	THIOTEPA, 15 MG	No				New Code Effective 07/01/22	IV
J9348	Danyelza	Injection, naxitamab-ggqk, 1 mg	Med Excep				New Code Effective 7/01/21	IV
J9349	Monjuvi	Injection, tafasitamab-cxix, 2 mg	Prior Auth				New Code Effective 4/01/21. Previous Code C9070	IV
J9351	Hycamtin	Topotecan, 0.1mg, Injection,	Med Excep				Effective 01/01/2011	IV
J9352	Yondelis	Injection, trabectedin, 0.1 mg	Med Excep				New code effective: 01/01/17	IV
J9353	Margenza	Injection, margetuximab-cmkb, 5 mg	Med Excep				New Code Effective 07/01/21	IV
J9354	Kadcyla	ADO-TRAXTUZUMAB EMTANSINE INJECTION, IV, 1 MG	Prior Auth				Updated 3/15/14	IV
J9355	Herceptin	Inj trastuzumab excl biosimi; Injection, trastuzumab, excludes biosimilar, 10 mg	Med Excep				Updated 10/20/2020	IV
J9356	Herceptin Hylecta	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Med Excep				New Code Effective 7/01/19	SC
J9357	Valstar	VALRUBICIN, INTRAVESICAL, 200 MG	No					Intravesical
J9358	Enhertu	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Prior Auth				New Code Effective 7/01/2020	IV
J9359	Zynlonta	Injection, loncastximab tesirine-lpyl, 0.075 mg	Med Excep				New Code Effective 04/01/22	IV
J9360	Vinblastine	VINBLASTINE SULFATE, 1 MG	No					IV
J9370	Vincasar PFS	VINCRISTINE SULFATE, 1 MG	No					IV
J9371	Marqibo	VINCRISTINE SULFATE LIPOSOME, INJECTION, IV, 1 MG	Prior Auth				New code effective 01/01/14, Specialty Pharmacy Network change effective 3/15/14	IV
J9390	Navelbine	VINORELBINE TARTRATE, 10 MG	No					IV
J9395	Faslodex	FULVESTRANT, 25 MG	No	No				IM
J9400	Zaltrap	ZIV-AFLIBERCEPT INJECTION, IV, 1 MG	Prior Auth				New code effective 01/01/14, Updated 3/15/14	IV
J9600	Photofrin	PORFIMER SODIUM, 75 MG	No					IV
J9999		NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	Med Excep					N/A
Q0138	Feraheme	FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0 - D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89		effective 06/01/2010	IV

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Q0139	Feraheme	FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0 - D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89		effective 06/01/2010	IV
Q0144		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	No					Oral
Q0162		Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No				New code effective 01/01/2012	Oral
Q0163		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION	No					Oral
Q0163		ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC	No					
Q0163		AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	No					
Q0164		PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	No					Oral
Q0164		Prochlorperazine maleate, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No					
Q0166	Kytril	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	Prior Auth					Oral
Q0166	Kytril	FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME	Prior Auth					
Q0166	Kytril	OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	Prior Auth					
Q0167		DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	Prior Auth					Oral

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Q0167		COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF	Prior Auth					
Q0167		CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Prior Auth					
Q0169		PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION	No					Oral
Q0173		Trimethobenzamide hydrochloride, 250 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No					Oral
Q0174		Thiethylperazine maleate, 10 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No					Oral
Q0175		Perphenazine, 4 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No					Oral
Q0177	Vistaril	Hydroxyzine pamoate, 25 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No					Oral
Q0180	Anzemet	Dolasetron mesylate, 100 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	Prior Auth					Oral
Q0181		Unspecified oral dosage form, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for a iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Med Excep					

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Q0515	GEREF	SERMORELIN ACETATE, 1 MICROGRAM	Med Excep					IV
Q2004		IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN,	No					
Q2004		PER 500 ML	No					
Q2009	Cerebyx	FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	No					IV, IM
Q2017	Vumon	TENIPOSIDE, 50 MG	No					IV
Q2034	Agri Flu	Influenza Virus Vaccine, Split Virus, Intramuscular use	Med Excep				Code effective 07/01/2012	IM
Q2041	Yescarta	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Med Excep				New Code Effective: 04-01-2018	IV
Q2042	Kymriah	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Med Excep				Code Effective 01/01/2019	IV
Q2043	Provenge	SIPULEUCEL-T SUSPENSION FOR IV INFUSION	Prior Auth				Effective 01/01/2011	IV
Q2049	Imported Lipodox	DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10MG	No				Code effective 07/01/12	IV
Q2050	Lipodox	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV INFUSION) 2 MG/ML	No				Code effective 07/01/13	IV
Q2053	Tecartus	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Med Excep				New Code Effective 4/01/21. Previous Code C9073	IV
Q2054	Breyanzi	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Med Excep				New Code Effective 10/01/21	IV
Q2055	Abecma	Idcabtagene vicleucel, up to 460 million autologous anti-bcma car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Med Excep				New Code Effective 01/01/22. Code C9081 termed 12/31/21	IV

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Q2056	Carvykti	Ciltacabtagene autoleucl, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Med Excep				New Code Effective 10/01/2022. Code C9098 termed	IV
Q3027	Avonex	INTERFERON BETA-1A, INJECTION, IM, 1 MCG	No	Yes	Submit to Pharmacy for processing.		New code effective 01/01/14	IM
Q3028	Rebif	INTERFERON BETA-1A, INJECTION, SUBQ, 1 MCG	Prior Auth	Yes	Submit to Pharmacy for processing.		New code effective 01/01/14	SQ
Q4074	Ventavis	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Med Excep					Inhalation
Q4074	Ventavis	ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS	Med Excep					Inhalation
Q4081	Epogen, Procrit	EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	Prior Auth					IV, SC
Q4082		DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE	Med Excep required if billed charge amount exceeds \$100.00					
Q4082		ACQUISITION PROGRAM (CAP)	Med Excep required if billed charge amount exceeds \$100.00					
Q5101	Zarxio	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89		New Code effective 7/1/15	IV, SC
Q5103	Inflectra	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Med Excep	Yes			New Code Effective: 04-01-2018	IV
Q5104	Renflexis	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Med Excep (see notes)	Yes			New Code Effective: 04-01-2018. Avsola is the preferred infliximab product effective 6/1/22 on all lines of business	IV
Q5105	Retacrit (esrd on dialysis)	Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis) 100 units	Prior Auth	Yes				IV, SC
Q5106	Retacrit (non-esrd)	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	Prior Auth	No	No prior authorization needed when billed with one of the following diagnosis codes: N18.6, C00.0 - D49.9, D61.1, D61.2, D61.89, D61.1, D61.2, D61.89		New Code Effective: 07/01/2018	IV, SC
Q5107	Mvasi	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Med Excep				New Code Effective 01/01/19	IV

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Q5108	Fulphila	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5mg	Prior Auth	Yes (self administered only)	No prior authorization needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89		New Code Effective: 10/01/2018	SC
Q5109	Ixifi	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Med Excep	Yes			New Code Effective 01/01/19	IV
Q5110	Nivestym	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 mcg	Med Excep	No			New Code Effective: 10/01/2018 Zarxio preferred	IV,SC
Q5111	Udenyca	Injection, Pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg.	Prior Auth	Yes (self administered only)	No prior authorization needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89		New Code Effective 01/01/19.	SC
Q5112	Ontruzant	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Med Excep				New Code Effective: 07/01/2019	IV
Q5113	Herzuma	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Med Excep				New Code Effective: 07/01/2019	
Q5114	Ogivri	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	No				New Code Effective: 07/01/2019	IV
Q5115	Truxima	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Med Excep				Updated 10/20/2020 Updated 03/02/2022	IV
Q5116	Trazimera	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	No				New Code Effective 10/01/19	IV
Q5117	Kanjinti	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Med Excep				New Code Effective 10/01/19	IV

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
Q5118	Zirabev	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes : E08.311, E08.319, E08.3211- E08.3219, E08.3291- E08.3293, E08.3311- E08.3319, E08.3391- E08.3393, E08.3411- E08.3419, E08.3491- E08.3493, E08.3511- E08.3519, E08.3521- E08.3523, E08.3531-E08.3533, E08.3541- E08.3543, E08.3551-E08.3553, E08.3591- E08.3599, E08.37X1, E08.37X2, E08.37X3 E09.311, E09.319, E09.3211- E09.3219, E09.3291-E09.3293, E09.3311- E09.3319, E09.3391-E09.3393, E09.3411-E09.3419, E09.3491-E09.3493, E09.3511- E09.3519, E09.3521-E09.3523, E09.3531-E09.3533, E09.3541-E09.3543, E09.3551-E09.3553, E09.3591- E09.3599, E09.37X1, E09.37X2, E09.37X3 E10.311, E10.319, E10.3211- E10.3219, E10.3291-E10.3293, E10.3311- E10.3319, E10.3391-E10.3393, E10.3411- E10.3419, E10.3491-E10.3493, E10.3511- E10.3519, E10.3521-E10.3523, E10.3531- E10.3533, E10.3541-E10.3543, E10.3551- E10.3553, E10.3591- E10.3599, E10.37X1, E10.37X2, E10.37X3, E11.311, E11.319, E11.3211- E11.3219, E11.3291 E11.3311- E11.3319, E11.3411-E11.3419, E11.3511- E11.3519, E11.3522, E11.3523, E11.3531- E11.3533 E11.3541-E11.3543, E11.3551- E11.3553. E11.3591- E11.3599.		Continued: E11.37X1, E13.311, E13.319, E13.3211- E13.3219, E13.3291-E13.3293, E13.3311- E13.3319, E13.3391-E13.3393, E13.3411- E13.3419, E13.3491- E13.3493, E13.3511- E13.3519, E13.3521-E13.3523, E13.3531- E13.3533, E13.3541-E13.3543, E13.3551- E13.3553, E13.3591- E13.3599, E13.37X1, E13.37X2, E13.37X3, E13.37X9, H21.1X1 - H21.1X3, H32, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8121, H34.8122, H34.8131, H34.8132, H34.8190, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331, H34.8332, H34.8390, H34.9, H35.052, H35.053, H35.051, H35.071, H35.072, H35.20, H35.21, H35.22, H35.23, H35.3210- H35.3213, H35.3220- H35.3223, H35.3230- H35.3233, H35.3290- H35.3293, H35.351- H35.359, H35.81, H35.82, H40.89, H44.22, H44.2A1, H44.2A2	IV
Q5119	Ruxience	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Prior Auth		No prior authorization needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89		New Code Effective 07/01/20	IV
Q5120	Ziextenzo	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo) 0.5mg	Prior Auth	No	No prior authorization needed when billed with one of the following diagnosis codes: C00.0 - D49.9 and Z51.89		New Code Effective 07/01/20. C9058 deleted	SC
Q5121	Avsola	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Prior Auth	Yes			New Code Effective 07/01/20., Prior Auth criteria effective 6/1/22	IV
Q5122	Nyvepria	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	Med Excep	No			New Code Effective 01/01/21	SC
Q5123	Riabni	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Med Excep				New Code Effective 07/01/21	IV
Q5124	Byooviz	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	No	Yes			New Code Effective 04/01/22	Intravitreal

HCPCS Code	Brandname	Code Description	Prior Authorization or Medical Exception	Dispensed Through Presbyterian Specialty Pharmacy Network	Prior Authorization Exception Notes	Medicare Part B Step Therapy	Other Notes	Route of Administration
Q5125	Releuko	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Med Excep				New Code Effective 10/01/22. Code C9096 termed.	IV
Q9991	Sublocade (less than or equal to 100 mg)	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	Prior Auth	Yes	Pharmacy benefit on Commercial/Exchange/Medicaid. Med Excep/Part B for Medicare		New Code Effective: 07/01/2018	SC
Q9992	Sublocade (greater than 100 mg)	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	Prior Auth	Yes	Pharmacy benefit on Commercial/Exchange/Medicaid. Med Excep/Part B for Medicare		New Code Effective: 07/01/2018	SC
S0012		BUTORPHANOL TARTRATE, NASAL SPRAY, 25 MG	No					Intranasal
S0013	Spravato	Esketamine, nasal spray, 1 mg	Prior Auth	Yes	Administrative code of G2082 for up to 56mg of esketamine and G2083 for greater than 56mg of esketamine		New Code Effective 1/01/21	Intranasal
S0014		TACRINE HYDROCHLORIDE, 10 MG	No					Oral
S0017		AMINOCAPROIC ACID, 5 GRAMS	No					IV
S0020		BUPIVICAINE HYDROCHLORIDE, 30 ML	No					Epidural, Intrapleural
S0021		CEFOPERAZONE SODIUM, 1 GRAM	No					IV, IM
S0023		CIMETIDINE HYDROCHLORIDE, 300 MG	No					IV
S0028		FAMOTIDINE, 20 MG	No					IV
S0030		METRONIDAZOLE, 500 MG	No					IV
S0032		NAFCILLIN SODIUM, 2 GRAMS	No					IM, IV
S0034		OFLOXACIN, 400 MG	No					IV
S0039		SULFAMETHOXAZOLE AND TRIMETHOPRIM, 10 ML	No					IV
S0040		TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, 3.1 GRAMS	No					IV
S0073		AZTREONAM, 500 MG	No					IM, IV
S0074		CEFOTETAN DISODIUM, 500 MG	No					IM, IV
S0077		CLINDAMYCIN PHOSPHATE, 300 MG	No					IM, IV
S0078		FOSPHENYTOIN SODIUM, 750 MG	No					IM, IV
S0080		PENTAMIDINE ISETHIONATE, 300 MG	No					IM, IV
S0081		PIPERACILLIN SODIUM, 500 MG	No					IM, IV
S0088	Gleevec	IMATINIB, 100 MG & 400MG	Prior Auth	Yes				Oral
S0090		SILDENAFIL CITRATE, 25 MG	Med Excep					Oral
S0091		GRANISETRON HYDROCHLORIDE, 1MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE	No					IV
S0091		STATUTE, USE Q0166)	No					

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S0092		HYDROMORPHONE HYDROCHLORIDE, 250 MG (LOADING DOSE FOR INFUSION PUMP)	No					IM, SC
S0093		MORPHINE SULFATE, 500 MG (LOADING DOSE FOR INFUSION PUMP)	No					IT, Epidural
S0104		ZIDOVUDINE, ORAL, 100 MG	No					Oral
S0106		BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS	No					Oral
S0108		MERCAPTOPURINE, ORAL, 50 MG	No					Oral
S0109		METHADONE, ORAL, 5 MG	No					Oral
S0117		TRETINOIN, TOPICAL, 5 GRAMS	No					Topical
S0122		MENOTROPINS, 75 IU	Med Excep	Yes	Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.			IM, SC
S0126		FOLLITROPIN ALFA, 75 IU	Med Excep	Yes	Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.			SC
S0128		FOLLITROPIN BETA, 75 IU	Med Excep	Yes	Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.			IM, SC
S0132		GANIRELIX ACETATE, 250 MCG	Med Excep	Yes	Injectable infertility drugs may not be a covered benefit on all plans. Please refer to plan benefit documents to verify coverage.			SC
S0133		HISTRELIN, IMPLANT, 50 MG	No					SC
S0136		CLOZAPINE, 25 MG	No					Oral
S0137		DIDANOSINE (DDI), 25 MG	No					Oral
S0138		FINASTERIDE, 5 MG	No					Oral
S0139		MINOXIDIL, 10 MG	No					Oral
S0140		SAQUINAVIR, 200 MG	No					Oral
S0141		ZALCITABINE (DDC), 0.375 MG	No					Oral
S0142		COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME,	No					Inhalation
S0142		CONCENTRATED FORM, PER MG	No					Inhalation
S0145	Pegasys	PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML	Prior Auth	Yes				SC
S0155		STERILE DILUTANT FOR EPOPROSTENOL, 50ML	No					IV
S0156		EXEMESTANE, 25 MG	No					Oral

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S0157		BECAPLERMIN GEL 0.01%, 0.5 GM	Not covered				Not covered on all lines of business.	Topical
S0160		DEXTROAMPHETAMINE SULFATE, 5 MG	No					Oral
S0164		PANTOPRAZOLE SODIUM, 40 MG	No					IV
S0166		OLANZAPINE, 2.5 MG	No					IM
S0170		ANASTROZOLE, ORAL, 1MG	No					Oral
S0171		BUMETANIDE, 0.5MG	No					IV
S0172	Leukeran	CHLORAMBUCIL, ORAL, 2MG	Prior Auth	Yes				Oral
S0174	Anzemet	DOLASETRON MESYLATE, ORAL 50MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE	Prior Auth					Oral
S0174	Anzemet	STATUTE, USE Q0180)	Prior Auth					Oral
S0175		FLUTAMIDE, ORAL, 125MG	No					Oral
S0176		HYDROXYUREA, ORAL, 500MG	No					Oral
S0177		LEVAMISOLE HYDROCHLORIDE, ORAL, 50MG	No					Oral
S0178	CeeNU	LOMUSTINE, ORAL, 10MG	No	Yes				Oral
S0179		MEGESTROL ACETATE, ORAL, 20MG	No					Oral
S0182	Matulane	PROCARBAZINE HYDROCHLORIDE, ORAL, 50MG	Prior Auth	Yes				Oral
S0183		PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE	No					Oral
S0183		MEDICARE STATUTE, USE Q0164 - Q0165)	No					
S0187		TAMOXIFEN CITRATE, ORAL, 10MG	No					Oral
S0189	Testopel	TESTOSTERONE PELLETT, 75MG	Prior Auth		Administrative Code 11980		Prior Auth 05/12 P&T	IM
S0190		MIFEPRISTONE, ORAL, 200 MG	No					Oral
S0191		MISOPROSTOL, ORAL, 200 MCG	No					Oral
S0199		MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL	No					