BCBSAZ Health Choice Pathway
PRIOR AUTHORIZATION GRID

HELPFUL CONTACTS

BCBSAZ HEALTH CHOICE PATHWAY
Phone: 1-800-656-8991

MEDICAL SERVICES
Fax: 1-877-424-5680

PHARMACY SERVICES
Fax: 1-877-424-5690

For more information on Prior Authorization (PA) or to view this grid online please visit
https://www.azblue.com/health-choice-pathway

For imaging and cardiac testing or procedures authorized by EviCore
Email ClientServices@Evicore.com OR call 1-888-693-3211

For details regarding PA authorization forms refer to the BCBSAZ BCBSAZ Health Choice Pathway Provider Manual,
Chapter 6 Authorizations and Notifications (https://www.azblue.com/health-choice-pathway).

THE FOLLOWING DIRECTIVES APPLY TO ALL BCBSAZ HEALTH CHOICE PATHWAY PRIOR AUTHORIZATIONS

- Submit Maternal High Risk Assessment
- Only one Medical/Pharmacy service may be requested per PA form
- Codes beginning with “S” are not payable by Medicare and are considered statutory exclusions
- The member must be eligible and a member of HCP at the time the covered service is rendered
- The absence of a code from this list does not indicate that no authorization is required. All codes are subject to clinical editing based on CMS rules and regulations
- Authorizations are valid for 90 days from the date issued
- Experimental/Investigational Procedures are not a covered benefit
- All out of network providers/facilities require Prior Authorization for all services

2025 PA CODE CHANGES/UPDATES

Revision Date	Effective Date	Codes have been added to require prior authorization:
5/29/2025	**7/1/2025**	**Medical:** 64628, 64629, A4575, E0446, 0275T **Medical Pharmacy:** J1326, J3391, J7172, J9275, J7356, J9276 J9289, J9382, Q2058, Q5098, Q5099, Q5100 Q5153, A9606
		Codes removed from the prior authorization J1453, J0185, J0739

PRIOR AUTHORIZATION IS REQUIRED FOR SERVICES LISTED BELOW
*****Office visits to contracted (par) providers do not require Prior Authorization*****
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SPECIALTY/ PROCEDURE/SERVICES	PROVISIONS
Acupuncture 97810 97811 97813 97814	PA Required for all Services
Advanced Imaging & Cardiac Imaging	See EviCore grid or visit www.evicore.com
Bariatric Surgery 43644 43645 43659 43770 43775 43842 43845 43846 43847 43848 43860	PA is required for listed codes
Behavioral Health E90870 90867 90868 90869	Behavioral Health Hospital/Sub-Acute Fax to 855-408-3401 PA is required for listed codes ECT and rTMS Fax Request to 1-877-422-8120
Bone Growth Stimulator 20974 20975 20979 E0747 E0748 E0749 E0760	PA is required for listed codes
Cardiac 33206 33207 33214 33221 33231 33270 33274 33216 33217 33224 33225 33975 33981 33982 K0606	PA is required for listed codes
Chiropractic Services	Services are provided by a contracted American Specialty Health (ASH) providers. Contact - 800-678-9133 or Ashlink.Com.Ash/BCBSAZHCP
Cosmetic, Plastic and Reconstructive Procedures [in any setting] 11920 11921 11922 11960 11970 11971 13132 14040 14060 15771 15775 15776 15780 15781 14041 14061 15782 15783 15786 15787 15788 15789 15792 15793 15819 15820 15821 15822 15823 15824 15825 15826 15828 15829 15830 15832 15833 15834 15835 15836 15837 15838 15839 15847 15876 15877 15878 15879 17106 17107 17108 19316 19318 19300 19325 19328 19330 19340 19342 19350 19355 19357 19361 19364 19369 19368 19369 19370 19371 19380 19396 21137 21138 21139 21172 21175 21179 21180 21181 21182 21183 21184 21230 21235 21280 21282 21295 21296 21740 21742 28344 30400 30410 30420 30430 30435 30450 30460 30462 30465 30468 30520 30540 30545 30560 30580 30600 30620 30630 54150 54160 54161 54162 54163 54164 67900 67901 67902 67903 67904 67906 67908 67909 67911 67912 67914 67915 67916 67917 67921 67922 67923 67924 67950 67961 67966 69300 96920 96921 96922 30469	These are not usually covered benefits, they include, but are not limited to tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, injections, vein ligation, venous ablation, dermabrasion, Botox injections, circumcision, benign skin lesion removal etc.

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SPECIALTY/ PROCEDURE/SERVICES										PROVISIONS
Durable Medical Equipment (DME) & Diabetic Supplies										**A single item with allowed charges over $500 and 'By Report Codes' requires prior authorization.** Diabetic Supplies and Continuous Glucose Monitors must go through contracted provider.
E0265	E0266	E0270	E0300	E0460	E0483	E0620	E0636	E0638	E0641	
E0642	E0656	E0670	E0675	E0693	E0694	E0700	E0766	E0784	E1010	
E1030	E1036	E1229	E1831	E2100	E2227	E2228	E2230	E2300	E2301	
E2500	E2502	E2504	E2506	E2508	E2510	E2511	E2599	E2626	E2627	
E2628	E2629	E2630	E8000	E8001	K0013	K0553	K0554	K0606	K0868	
K0869	K0870	K0871	K0877	K0878	K0879	K0880	K0884	K0885	K0886	
K0890	K0891	K1006	K1007	K1009	K1015	A4638	A9274	A9276	A9277	
A9278										
Experimental / Investigational Procedures										PA Required for all Services
Genetic Testing										All Services except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations
81162	81163	81164	81165	81166	81167	81201	81202	81203	81204	
81210	81211	81212	81213	81214	81215	81216	81217	81218	81219	
81222	81223	81225	81226	81227	81228	81229	81235	81246	81265	
81266	81272	81273	81278	81279	81287	81291	81292	81294	81295	
81297	81298	81300	81313	81314	81317	81319	81321	81323	81325	
81338	81339	81347	81348	81351	81352	81353	81355	81357	81360	
81400	81401	81402	81403	81404	81405	81406	81407	81408	81410	
81411	81412	81413	81414	81415	81416	81417	81419	81420	81422	
81425	81426	81427	81430	81431	81432	81433	81434	81435	81436	
81437	81438	81439	81440	81442	81445	81450	81455	81460	81465	
81470	81471	81479	81493	81504	81507	81518	81519	81528	81529	
81535	81536	81538	81540	81546	81554	81595	83006	84999	86152	
86153	87999	88261	88271	88369	88373	88374	88377	G9143	S3722	
S3800	S3840	S3841	S3842	S3852	S3854	S3861	S3865	S3866	S3870	
81418	81441	81449	81451	81456						
High Frequency Chest Wall Oscillation Vests/Percussion Vest										PA Required for all Services
Home Healthcare										PA Required for all Services
99600	G0299	G0300	G0493	G0494	G0495	G0496	G0151	G0152	G0153	
S9122	S9123	S9124	S9126	S9127	S9128	S9129	S9131	S9208	S9211	
Q0081	Q0084									
Inpatient Admissions All Acute Hospital (including Maternity & Delivery), Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility										All facilities must notify BCBSAZ Health Choice of all admissions within 24 hours. Fax Inpatient Notifications to 480-760-4732
Joint Replacement										PA is required for listed codes
23470	23473	27130	27447							

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SPECIALTY/ PROCEDURE/SERVICES	PROVISIONS
Laboratory	PA required if the service is listed on this PA Grid
Nerve Conduction Studies	Can only be performed by Neurologists and Physical Medicine and Rehab Physicians; no PA required
Neurologic Stimulation Devices 43881 61850 61860 61875 61885 61886 64553 64555 64556 64561 64568 64569 64575 64580 64581 64582 64590 K1016 K1018 K1020 L8682 L8683 L8684 L8685 L8686 L8687 L8688 L8679	PA is required for listed codes
Neurology Electroencephalogram (EEG) Testing 95721 95722 95723 95724 95725 95726	PA is required for listed codes
Nutritional Supplements & Enteral Formulas B4105 B4152 B4154 B4157 B4158 B4160 B4161 B9002 B9998	PA Required for all Services
Outpatient Hospital (Place of Service 22) **&** **Ambulatory Surgery Center (Place of Service 24)**	No PA required **unless** the service is listed on this PA Grid
Out of Network / Non Par Providers & Facilities	Excluding; Emergency services, Family Planning, Community Health Centers and County Health Departments
Pain Management 27096 62320 62321 62322 62323 62324 62325 62326 62327 62350 64451 64454 64455 64479 64480 64483 64484 64486 64487 64488 64489 64490 64491 64492 64493 64494 64495 64505 64510 64517 64520 64530 64624 64625 64633 64634 64635 64636 64802 64804 64809 64818 64820 64821 64823 G0260 96368 96369 96370 96371 61215 36563 95990	Including sympathectomies, neurotomies, injections, infusions, pumps or implants and acupuncture
Podiatry 28008 28010 28011 28020 28022 28024 28090 28092 28100 28104 28107 28108 28110 28118 28119 28120 28122 28124 28280 28285 28289 28291 28292 28295 28296 28297 28298 28299 28302 28304 28306 28308 28310 28312 28315 28344 64450 64455 64632 64776 64778 64782 64783	PA is required for listed codes
Pregnancy & Pregnancy Termination 59840 59850 59841 59851 59852 59855 59856 59857 59812 59820 59821 59830 59866	PA is r**equired** for Pregnancy Terminations and treatment for spontaneous/missed abortions (ultrasound required to note no fetal heartbeat).

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SPECIALTY/ PROCEDURE/SERVICES	PROVISIONS

Prosthetics / Orthotics

69710	69714	69715	69718	69930	L8614	L8619	L8690	L8691	L8692
L8693	L8694	L0112	L0170	L0220	L0456	L0462	L0464	L0480	L0482
L0484	L0486	L0624	L0629	L0631	L0632	L0634	L0636	L0637	L0638
L0640	L0700	L0710	L0810	L0820	L0830	L0859	L0861	L1000	L1001
L1005	L1010	L1020	L1025	L1030	L1040	L1050	L1060	L1070	L1080
L1085	L1090	L1100	L1110	L1120	L1200	L1210	L1220	L1230	L1240
L1250	L1260	L1270	L1280	L1290	L1300	L1310	L1680	L1685	L1700
L1710	L1720	L1730	L1755	L1830	L1832	L1834	L1840	L1843	L1844
L1845	L1846	L1847	L1850	L1860	L1904	L1907	L1932	L1940	L1945
L1950	L1960	L1970	L2000	L2005	L2010	L2020	L2030	L2034	L2036
L2037	L2038	L2040	L2050	L2060	L2070	L1980	L1990	L2080	L2090
L2106	L2108	L2112	L2114	L2116	L2126	L2128	L2132	L2134	L2136
L2200	L2210	L2220	L2230	L2232	L2240	L2250	L2260	L2265	L2270
L2275	L2280	L2300	L2310	L2320	L2330	L2335	L2340	L2350	L2360
L2370	L2375	L2380	L2385	L2387	L2390	L2395	L2397	L2510	L2520
L2525	L2526	L2627	L2628	L3000	L3020	L3201	L3202	L3203	L3204
L3206	L3207	L3212	L3213	L3214	L3215	L3216	L3217	L3219	L3221
L3222	L3230	L3250	L3251	L3252	L3253	L3265	L3671	L3674	L3720
L3730	L3740	L3763	L3764	L3765	L3766	L3900	L3901	L3904	L3905
L3961	L3962	L3967	L3971	L3973	L3975	L3976	L3977	L3978	L3982
L3995	L4000	L4002	L4010	L4020	L4030	L4040	L4045	L4050	L4055
L4060	L4070	L4080	L4090	L4100	L4110	L4130	L4205	L4210	L4360
L4386	L4392	L4394	L4396	L4631	L5010	L5020	L5050	L5060	L5100
L5105	L5150	L5160	L5200	L5210	L5220	L5230	L5250	L5270	L5280
L5301	L5312	L5321	L5331	L5341	L5400	L5420	L5460	L5500	L5505
L5510	L5520	L5530	L5535	L5540	L5560	L5570	L5580	L5585	L5590
L5595	L5600	L5610	L5611	L5613	L5614	L5616	L5639	L5640	L5642
L5643	L5644	L5645	L5646	L5647	L5648	L5649	L5651	L5653	L5661
L5673	L5681	L5682	L5683	L5700	L5701	L5702	L5703	L5705	L5706
L5707	L5716	L5718	L5722	L5724	L5726	L5728	L5780	L5781	L5782
L5790	L5795	L5811	L5812	L5814	L5816	L5818	L5822	L5824	L5826
L5828	L5830	L5840	L5845	L5848	L5857	L5858	L5930	L5950	L5960
L5961	L5962	L5964	L5966	L5968	L5976	L5979	L5980	L5981	L5982
L5984	L5986	L5987	L5988	L5990	L6000	L6010	L6020	L6050	L6055
L6100	L6110	L6120	L6130	L6200	L6205	L6250	L6300	L6310	L6320
L6350	L6360	L6370	L6380	L6382	L6384	L6400	L6450	L6500	L6550
L6570	L6580	L6582	L6584	L6586	L6588	L6590	L6621	L6623	L6624
L6646	L6648	L6686	L6687	L6689	L6690	L6692	L6693	L6694	L6695
L6696	L6697	L6704	L6707	L6708	L6709	L6711	L6712	L6713	L6714
L6715	L6881	L6882	L6883	L6884	L6885	L6895	L6900	L6905	L6910

PA required for listed codes

All requests need to go through a contracted provider.

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Prosthetics / Orthotics Cont.										PA required for listed codes All requests need to go through a contracted provider.
L6915	L6920	L6925	L6930	L6935	L6940	L6945	L6950	L6955	L6960	
L6965	L6970	L6975	L7007	L7008	L7009	L7040	L7045	L7170	L7180	
L7181	L7185	L7186	L7190	L7191	L7405	L7510	L7520	L8035	L8040	
S1040	L1833	L1831	L1836	L5856	L8041	L8042	L8043	L8044	L8045	
L8046	L8047	L8609	L8610	L8612	L8613	L8659	L8627	L8631	69728	
69729										
Rehabilitation Therapies & Services										**<u>No PA required for members under 21.</u>** • Physical, Occupational, Speech Therapy **<u>PA required Members 21 and over</u>** • All Physical, Occupational, Cardiac & Pulmonary Rehab • Speech Therapy is not a covered benefit
92507	92508	92521	92522	92523	92524	92526	93797	93798	94667	
94668	97010	97012	97014	97016	97018	97022	97024	97026	97028	
97032	97033	97034	97035	97036	97039	97110	97112	97113	97116	
97124	97140	97150	97530	97533	97535	97537	97542	97750	97755	
97760	97761	97763	97799	97161	97162	97163	97614	97165	97166	
97167	97168	G0237	G0283	G0422	G0423	G0424	S9152			
Routine Office-Based Procedures										Do not require authorization unless otherwise listed on this grid
Skin Substitutes										PA Required for all Services (Q4100 – Q4382)
Sleep Studies and Sleep Apnea Procedures										PA is required for listed codes
G0400	21685	42145	54240							
Spinal Cord Stimulators (including implant)										PA is required for listed codes
63650										
Spinal Surgery										PA is required for listed codes
22551	22554	22556	22558	22590	22595	22600	22610	22612	22630	
22633	22800	22802	22804	22808	22810	22812	22818	22819	22840	
22842	22843	22844	22845	22846	22847	22849	22850	22852	27279	
63030	63042	63045	63047	63056	63081	22860				
Sterilization										Sterilization for permanent birth control: PA required for members under 21. Signed federal consent form needs to be submitted with PA request. Members 21 and over – no PA required. Signed Federal Consent Form must be submitted with claim. Hysterectomy: PA is required (member of any age).
55250	55801	55821	55831	58150	58180	58200	58210	58240	58260	
58262	58263	58267	58270	58275	58280	58285	58290	58291	58292	
58294	58541	58542	58543	58544	58548	58550	58552	58553	58554	
58570	58571	58572	58573	58600	58605	58611	58615	58670	58671	
58700	58720	58951	58953	58954	58956	59135	59525			

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SPECIALTY/ PROCEDURE/SERVICES										PROVISIONS
Topical Oxygen										PA Required for all Services
A4575	E0446									
Spinal Cord Stimulators (including implant)										Including Solid Organ and Bone Marrow (Corneal transplant does not require authorization)
32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	
33940	33944	33945	38205	38206	38208	38209	38210	38211	38212	
38213	38214	38215	38230	38232	38240	38241	38242	44132	44133	
44135	44136	44137	44715	44720	44721	47133	47135	47140	47141	
47142	47143	47144	47145	47146	47147	47399	48550	48551	48552	
48554	48556	50300	50320	50323	50325	50327	50328	50329	50340	
50360	50365	50370	50380	50547	S2053	S2054	S2055	S2060	S2061	
S2065	S2140	S2142	S2150	S2152						
Unlisted, Miscellaneous Codes										Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request.
01999	15999	17999	19499	20999	21089	21299	21499	21899	22899	
22999	23929	24999	25999	26989	27299	27599	27899	29799	29999	
30999	31299	31599	31899	32999	33999	36299	37501	37799	38129	
38499	38589	38999	39499	39599	90749	40799	40899	41599	41899	
42299	42699	42999	43289	43499	43659	43699	43999	44238	44799	
44899	44979	45399	45499	45999	46999	47379	47399	47579	47999	
48999	49329	49659	49999	50549	50949	51999	53899	54699	55599	
55899	58578	58579	58679	58999	59898	59899	60659	60699	64999	
66999	67299	67399	67599	67999	68399	68899	69399	69799	69949	
69979	76496	76497	76498	76499	76999	77299	77399	77499	77799	
78099	78199	78399	78499	78699	78799	78999	79999	81479	84999	
85999	86849	86999	87999	88099	88199	88299	88399	89240	89398	
90378	90749	90899	90999	91299	91739	92499	92700	93799	93998	
94799	95199	95999	96379	96549	96999	97039	97139	97799	99199	
99429	99499	99600	A0999	A2026	A4335	A4421	A4649	A4913	A9280	
A9293	A9900	A9999	B9999	C9399	E0769	E1399	E1699	E2599	H0046	
J3490	J3590	J7599	J7699	J7799	J7999	J8597	J9999	K0108	K0898	
K0899	L0999	L1499	L1699	L2999	L3699	L3999	L5999	L7499	L8039	
L8499	L8699	Q0507	Q0508	Q0509	Q4050	Q4051	Q4100	S0590	S8301	
S9002	S9977	43882	43999							
Vein Therapy										PA Required for all Services. Venous injections, vein ligation, and venous ablation
36465	36466	36468	36470	36471	36473	36474	36475	36476	36478	
36479	37700	37718	37722	37765	37766	37780				
Wound Therapy										PA is required for listed codes
99183	G0277	G0281	G0460							

IMAGING/PROCEDURES

Prior Authorizations for these services must be obtained through eviCore All

"high-tech" radiology services: MRI, MRA, CT AND PET

Prior Authorizations can be obtained the following ways:

WEB PORTAL:
www.evicore.com
• Initiate a request, check status, review guidelines, and more

PHONE:
888-693-3211 from 7am to 8pm CST

***Will be considered EIU – Experimental, Investigational or Unproven**
+Add-on code to primary codes

CPT CODE	EVICORE CPT CODE DESCRIPTION
70336	MRI Temporomandibular Joint(s)
70450	CT Head without contrast
70460	CT Head with contrast
70470	CT Head with & without contrast
70480	CT Orbit, et al without contrast
70481	CT Orbit, et al with contrast
70482	CT Orbit, et al W & W/O
70486	CT Maxillofacial area, (sinus) without contrast
70487	CT Maxillofacial area, (sinus) with contrast
70488	CT Maxillofacial area, (sinus) W &W/O
70490	CT Soft-tissue Neck without contrast
70491	CT Soft-tissue Neck with contrast
70492	CT Soft-tissue Neck with & without contrast W & W/O
70496	CTA HEAD, with contrast, including non-contrast images, if performed, & image post-processing
70498	CTA NECK, with contrast, including non-contrast images, if performed, & image post-processing

CPT CODE	EVICORE CPT CODE DESCRIPTION
70540	MRI Orbit, Face and/or Neck without contrast
70542	MRI Orbit, Face and/or Neck with contrast
70543	MRI Orbit, Face and/or Neck W &W/O
70544	MR Angiography (MRA) Head without contrast
70545	MR Angiography (MRA) Head with contrast
70546	MR Angiography (MRA) Head with and without contrast W & W/O
70547	MR Angiography (MRA) Neck without contrast
70548	MR Angiography (MRA) Neck with contrast
70549	MR Angiography (MRA) Neck with and without contrast W & W/O
70551	MRI Brain (Head) without contrast
70552	MRI Brain (Head) with contrast
70553	MRI Brain (Head) with and without contrast W & W/O
70554	MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist
70555	MRI, Brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
71250	CT Chest without contrast
71260	CT Chest with contrast
71270	CT Chest with and without contrast W &W/O
71271	Low dose CT scan (LDCT) for lung cancer screening
71275	CTA CHEST, (non-coronary), with contrast, including non-contrast images, if performed, & image post-processing
71550	MRI Chest without contrast
71551	MRI Chest with contrast
71552	MRI Chest with and without contrast W &W/O
71555	MR Angiography (MRA) Chest (excluding myocardium)- W or W/O
72125	CT Cervical Spine without contrast
72126	CT Cervical Spine with contrast
72127	CT Cervical Spine with and without contrast W & W/O

CPT CODE	EVICORE CPT CODE DESCRIPTION
72128	CT Thoracic Spine without contrast
72129	CT Thoracic Spine with contrast
72130	CT Thoracic Spine with and without contrast W & W/O
72131	CT Lumbar Spine without contrast
72132	CT Lumbar Spine with contrast
72133	CT Lumbar Spine with and without out contrast W & W/O
72141	MRI Cervical Spine without contrast
72142	MRI Cervical Spine with contrast
72146	MRI Thoracic Spine without contrast
72147	MRI Thoracic Spine with contrast
72148	MRI Lumbar Spine without contrast
72149	MRI Lumbar Spine with contrast
72156	MRI Cervical Spine with and without contrast W & W/O
72157	MRI Thoracic Spine with and without contrast W & W/O
72158	MRI Lumbar Spine with and without contrast W & W/O
72159	MR Angiography (MRA) Spinal Canal and contents -with or w/o contrast
72191	CTA PELVIS, with contrast, including non-contrast images, if performed, & image post-processing
72192	CT Pelvis without contrast
72193	CT Pelvis with contrast
72194	CT Pelvis with and without contrast W & W/O
72195	MRI Pelvis without contrast
72196	MRI Pelvis with contrast
72197	MRI Pelvis with and without contrast W &W/O
72198	MR Angiography (MRA) Pelvis -with or without contrast
73200	CT Upper Extremity without contrast
73201	CT Upper Extremity with contrast
73202	CT Upper Extremity with and without contrast W & W/O
73206	CTA Upper Extremity, with contrast, including non- contrast images, if performed, & image post processing
73218	MRI Upper Extremity-other than joint-without contrast
73219	MRI Upper Extremity-other than joint-with contrast

CPT CODE	EVICORE CPT CODE DESCRIPTION
73220	MRI Upper Extremity-other than joint-W &W/O
73221	MRI Any Joint of Upper Extremity--without contrast
73222	MRI Any Joint of Upper Extremity--with contrast
73223	MRI Any Joint of Upper Extremity-W &W/O
73225	MR Angiography (MRA) Upper Extremity -with or without contrast
73700	CT Lower Extremity without contrast
73701	CT Lower Extremity with contrast
73702	CT Lower Extremity with and without contrast W & W/O
73706	CTA Lower Extremity, with contrast, including non- contrast images, if performed, & image post processing
73718	MRI Lower Extremity-other than joint-without contrast
73719	MRI Lower Extremity-other than joint-with contrast
73720	MRI Lower Extremity-other than joint- W & W/O
73721	MRI Any Joint of Lower Extremity--without contrast
73722	MRI Any Joint of Lower Extremity--with contrast
73723	MRI Any Joint of Lower Extremity-W & W/O
73725	MR Angiography (MRA) Lower Extremity-with or without contrast
74150	CT Abdomen without contrast
74160	CT Abdomen with contrast
74170	CT Abdomen with and without contrast W &W/O
74174	CTA ABDOMEN and PELVIS
74175	CTA ABDOMEN, with contrast, including non- contrast images, if performed, & image post processing
74176	CT Abdomen & Pelvis, without contrast
74177	CT Abdomen & Pelvis, with contrast
74178	CT Abdomen & Pelvis, with and without contrast
74181	MRI Abdomen without contrast
74182	MRI Abdomen with contrast
74183	MRI Abdomen with and without contrast W &W/O

CPT CODE	EVICORE CPT CODE DESCRIPTION
74185	MR Angiography (MRA) Abdomen-with or without contrast
74712	MRI fetal, including placental and maternal pelvic imaging when preformed; single or first gestation
74713	MRI fetal, including placental and maternal pelvic imaging when preformed; each additional gestation (List separately in addition to code primary procedure)
74261	Computed tomographic (CT) colonography, diagnostic, including image post processing; without contrast material
74262	Computed tomographic (CT) colonography, diagnostic, including image post processing; with contrast material(s) including non-contrast images, if performed
74263	Computed tomographic (CT) colonography, screening, including image post processing
75557	Cardiac MRI for morphology and function without contrast
75559	Cardiac MRI for morphology and function without contrast material; with stress imaging
75561	Cardiac MRI for morphology and function without contrast, followed by contrast W & W/O
75563	Cardiac MRI for morphology and function without contrast, followed by contrast; with stress imaging
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
75571	CT, heart, without contrast with quantitative evaluation of coronary calcium
75572	CT, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)
75573	CT, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures, if performed)
75574	CT, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional
75635	CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, with contrast, including non-contrast images, if performed, and image post-processing
76376	3D Rendering with interpretation and reporting of CT, MRI, ultrasound, or other tomographic modality; not requiring image post processing on an independent workstation
76377	3D Rendering with interpretation and reporting of CT, MRI, ultrasound, or other tomographic modality; requiring image post-processing on an independent workstation
76380	CT Limited or Localized follow-up
76390	MR Spectroscopy (MRS)
76497	Unlisted CT procedure (e.g., diagnostic, interventional)

CPT CODE	EVICORE CPT CODE DESCRIPTION
76498	Unlisted MR procedure (e.g., diagnostic, interventional)
75573	CT, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures, if performed)
76391	Magnetic resonance (eg, vibration) elastography
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation
77046	Magnetic resonance imaging, breast, without contrast material; unilateral
77047	Magnetic resonance imaging, breast, without contrast material; bilateral
77046	Magnetic resonance imaging, breast, without contrast material; unilateral
77047	Magnetic resonance imaging, breast, without contrast material; bilateral
77078	CT BONE MINERAL DENSITY study, 1 or more sites, axial skeleton
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
77084	MRI Bone Marrow blood supply
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)

CPT CODE	EVICORE CPT CODE DESCRIPTION
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78459	PET Cardiac (myocardial imaging) - metabolic evaluation
78466	Myocardial Imaging, infarct avid, planar; qualitative or quantitative
78468	Myocardial Imaging, infarct avid, planar; w/ EF by first pass technique
78469	Myocardial Imaging, infarct avid, planar; tomographicSPECT
78472	Cardiac Blood Pool imaging, gated equilibrium; planar, single study at rest or stress
78473	Cardiac Blood Pool imaging, gated equilibrium; multiple studies, wall motion plus ejection fraction, at rest and stress
78481	Cardiac Blood Pool imaging, (planar), first pass technique; single study, at rest or with stress, wall motion study plus ejection fraction
78483	Cardiac Blood Pool imaging, (planar), first pass technique; multiple studies at rest and with stress, wall motion study plus ejection fraction
78491	PET Cardiac (myocardial imaging), perfusion single study at rest or stress
78492	PET Cardiac (myocardial imaging), perfusion multiple studies rest/stress
78494	Cardiac Blood Pool imaging, gated equilibrium, SPECT
78496	Cardiac Blood Pool imaging, gated equilibrium, RV EF by first pass
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78999	Unlisted cardiovascular procedures, diagnostic nuclear medicine
78434	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure
78608	PET Brain - metabolic evaluation
78609	PET Brain - perfusion evaluation
78811	PET imaging; limited area (e.g. chest, head/neck)
78812	PET imaging; skull base to mid-thigh

CPT CODE	EVICORE CPT CODE DESCRIPTION
78813	PET imaging; whole-body
78814	PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; limited area (e.g. chest, head/neck)
78815	PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; skull base to mid-thigh
78816	PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; whole body
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, including performance of continuous electrocardiographic monitoring, with physician supervision
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed
93452	Left heart catheterization including intra-procedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93453	Combined right and left heart catheterization including intra-procedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93454	Catheter placement in coronary artery(s) for coronary angiography, including intra-procedural injection(s) for coronary angiography, imaging supervision and interpretation;
93455	…with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous graft(s) including intra-procedural injection(s) for bypass graft angiography
93456	…with right heart catheterization
93457	…with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intra-procedural injection(s) for bypass graft angiography and right heart catheterization
93458	with left heart catheterization including intra-procedural injection(s) for left ventriculography, when performed
93459	…with left heart catheterization including intra-procedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93460	…with right and left heart catheterization including intra-procedural injection(s) for left ventriculography, when performed
93461	…with right and left heart catheterization including intra-procedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

CPT CODE	EVICORE CPT CODE DESCRIPTION
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to access the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data interpretation and report
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs
+0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)
0710T*	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report
0711T*	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission

CPT CODE	EVICORE CPT CODE DESCRIPTION
0712T*	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment
0713T*	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report
93875	Non-invasive physiologic studies of extracranial arteries, complete bilateral study
93888	Transcranial Doppler study of the intracranial arteries; limited study
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
S8035	Magnetic Source Imaging
S8092	CT Electron Beam (Ultrafast CT) for calcium scoring
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging

BCBSAZ Health Choice Pathway
MEDICAL PHARMACY CODES

All codes listed on the grid require prior authorization from BCBSAZ Health Choice Pathway. Please visit https://www.healthchoicepathway.com for the following:

- The Formulary for the List of Covered Drugs
- The Prior Authorization medical request form
- More information on Prior Authorization requirements

A complete Medical PA request form must be submitted with supporting documentation to fax: 1-877-424-5680

MEDICATION DESCRIPTION	CODE
Abatacept, 10 mg (Orencia)	J0129
AbobotulinumtoxinA, 5 units (Dysport)	J0586
Adalimumab, 1 mg (Humira)	J0139
Adalimumab-aacf, biosimilar, 1 mg (Idacio)	Q5144
Adalimumab-aaty, biosimilar, 1 mg	Q5141
Adalimumab-adbm, biosimilar, 1 mg	Q5143
Adalimumab-afzb, biosimilar, 1 mg (Abrilada)	Q5145
Adalimumab-fkjp, biosmilar, 1 mg	Q5140
Adalimumab-ryvk, biosmilar, 1 mg	Q5142
Ado-trastuzumab emtansine, 1 mg (Kadcyla)	J9354
Aducanumab-avwa, 2 mg (Adulhelm)	J0172
Afamelanotide implant, 1 mg (Scenesse)	J7352
Afamitresgene autoleucelm, per therapeutic dose (Tecelra)	Q2057
Aflibercept,1 mg (Eylea)	J0178
Aflibercept-abzv, biosimilar, 1 mg (Enzeevu)	Q5149
Aflibercept-ayyh, biosimilar, 1 mg (Pavblu)	Q5147
Aflibercept-mrbb, biosimilar, 1 mg (Ahzantive)	Q5150
Aflibercept-yszy, biosimilar, 1 mg (Opuviz)	Q5153
Aflibercept HD, 1 mg (Eylea HD)	J0177

MEDICATION DESCRIPTION	CODE
Agalsidase beta, 1 mg (Fabrazyme)	J0180
Aldesleukin, per single use vial (Proleukin)	J9015
Alefacept, 0.5 mg (Amevive)	J0215
Alemtuzumab, 1 mg (Lemtrada)	J0202
Alemtuzumab, 10 mg (Campath)	J9010
Alglucerase, 10 units (Ceredase)	J0205
Alglucosidase alfa, 10 mg, (Lumizyme)	J0221
Alglucosidase alfa, 10 mg, not otherwise specified	J0220
Alpha1ProteinaseInhibitor-Human,10mg (Prolastin, Zemaira, Glassia, Aralast)	J0256, J0257
Alprostadil urethral suppository (Caverject, Edex)	J0275
Alprostadil, 1.25 mcg (Caverject, Edex)	J0270
Aminolevulinic acid for topical administration (Levulan, Ameluz)	J7308, J7309, J7345
Amivantamab-vmjw, 2 mg (Rybrevant)	J9061
Anacaulase-bcdb, 8.8% gel, 1 gram (Nexobrid)	J7353
Anidulafungin, 1 mg (Eraxis)	J0348
Anifrolumab-fnia, 1 mg (Saphnelo)	J0491
Antihemophilic factor, recombinant, 1 iu (Jivi)	J7208
Argatroban, 1 mg (for non-esrd use) (Acova)	J0883
Arsenic trioxide, 1 mg (Trisenox)	J9017
Asparaginase 1,000 IU (Erwinaze)	J9019
Asparaginase, not otherwise specified, 10,000 units	J9020
Asparaginase, recombinant, 0.1 mg (Rylaze)	J9021
Atezolizumab, 10 mg (Tecentriq)	J9022
Atezolizumab and hyaluronidase-tqjs, 1 mg (Tecentriq Hybreza)	J9024
Atidarsagene autotemcel, per treatment (Lenmeldy)	J3391
Aurothioglucose, up to 50 mg (Solganal)	J2910
Autologous cultured chondrocytes, implant (Carticel)	J7330
Avacincaptad pegol, 0.1 mg (Izervay)	J2782

MEDICATION DESCRIPTION	CODE
Avalglucosidase alfa-njpt, 4 mg (Nexviazyme)	J0219
Avelumab, 10 mg (Bavencio)	J9023
Axatilimab-csfr, 0.1 mg (Niktimvo)	J9038
Axicabtagene ciloleucel, Up to 200 million autologous (Yescarta)	Q2041
Basiliximab, 20 mg (Simulect)	J0480
Belatacept, 1 mg (Nulojix)	J0485
Belimumab, 10 mg (Benlysta)	J0490
Belinostat, 10 mg (Beleodaq)	J9032
Bendamustine, 1 mg (Apotex)	J9058
Bendamustine hcl, 1 mg (Bendeka)	J9034
Bendamustine, 1 mg (Baxter)	J9059
Bendamustine, 1 mg (Belrapzo)	J9036
Bendamustine hcl, 1 mg (Treanda)	J9033
Bendamustine, 1 mg (Vivimusta)	J9056
Benralizumab, 1 mg (Fasenra)	J0517
Beremagene geperpavec-svdt (Vyjuvek)	J3401
Bevacizumab, 10 mg, (Avastin)	J9035
Bevacizumab-adcd, biosimilar, 10 mg (Vegzelma)	Q5129
Bevacizumab-awwb, biosimilar, 10 mg (Mvasi)	Q5107
Bevacizumab-bvzr, biosimilar, 10 mg (Zirabev)	Q5118
Bevacizumab-maly, 10 mg (Alymsys)	Q5126
Bezlotoxumab, 10 mg (Zinplava)	J0565
Bimatoprost, intracameral implant, 1 mcg (Durysta)	J7351
Biperiden lactate, per 5 mg (Akineton)	J0190
Blinatumomab, 1 mcg (Blincyto)	J9039
Brentuximab vedotin, 1 mg (Adcetris)	J9042
Brexanolone, 1 mg (Zulresso)	J1632
Brexucabtagene autoleucel, car pos t (Tecartus)	Q2053
Brolucizumab-dbll, 1 mg (Beovu)	J0179

MEDICATION DESCRIPTION	CODE
Buprenorphine ER, greater than and up to 28 days of therapy (Brixadi)	J0578
Buprenorphine ER, less than or equal to 7 days of therapy (Brixadi)	J0577
Buprenorphine extended-release, less than or equal to 100 mg (Sublocade)	Q9991
Buprenorphine extended-release, greater than 100 mg (Sublocade)	Q9992
Buprenorphine implant, 74.2 mg (Probuphine)	J0570
Burosumab-twza, 1 mg (Crysvita)	J0584
Buprenorphrine extended-release, 1 mg (Briaxdi)	J0576
C-1 Esterase Inhibitor, 10 units (Ruconest, Berinert, Cinryze, Haegarda)	J0596, J0597, J0598, J0599
Cabazitaxel, 1 mg, (Jevtana)	J9043
Cabazitaxel, 1 mg (Sandoz)	J9064
Cabotegravir and Rilpivirine, 2 mg/3 mg (Cabenuva)	J0741
Calaspargase pegol-mknl (Asparlas)	J9118
Canakinumab, injection, 1 mg (Ilaris)	J0638
Capsaicin 8% patch, per square centimeter (Qutenza)	J7336
Carfilzomib, 1 mg, (Kyprolis)	J9047
Casopofungin acetate, 5 mg (Cancidas)	J0637
Cefiderocol, 10 mg (Fetroja)	J0699
Ceftazidime and avibactam, 0.5 g/0.125 g (Avycaz)	J0714
Cemiplimab-rwlc, 1 mg (Libtayo)	J9119
Centruroides immune f(ab)2, up to 120 mg (Anascorp)	J0716
Cerliponase alfa, 1 mg (Brineura)	J0567
Certolizumab pegol, 1 mg (Cimzia)	J0717
Cetirizine hydrochloride, 0.5 mg (Quzyttir)	J1201
Cetuximab, 10 mg (Erbitux)	J9055
Chorionic gonadotropin, per 1,000 usp units (Pregnyl, Novarel)	J0725
Cidofovir, 375 mg (Vistide)	J0740
Ciltacabtagene autoleucel (Carvykti)	Q2056
Cipaglucosidase alfa-atga, 5 mg (Pombiliti)	J1203, G0138

MEDICATION DESCRIPTION	CODE
Coagulation factor xa (recombinant), 10 mg (Andexxa)	J7169
Collagenase, clostridium histolyticum, 0.01 mg (Xiaflex)	J0775
Compounded drug, not otherwise classified	J7999
Copanlisib, 1 mg (Aliqopa)	J9057
Corticorelin ovine triflutate, 1 mcg (Acthrel)	J0795
Corticotropin (Acthar Gel), up to 40 units	J0801
Corticotropin (Ani), up to 40 units	J0802
Cosibelimab-ipdl, 1 mg (Unloxcyt)	J9275
Crizanlizumab-tmca, 5 mg (Adakveo)	J0791
Crovalimab-akkz, 10 mg (PiaSky)	J1307
Cytomegalovirus immune globulin intravenous (human), per vial (Cytogam)	J0850
Daclizumab, parenteral, 25 mg (Zinbryta)	J7513
Dalbavancin, 5 mg (Dalvance)	J0875
Daprodustat oral, 1 mg, for ESRD on dialysis (Jesduvroq)	J0889
Daratumumab, 10 mg (Darzalex)	J9145
Daratumumab, 10 mg and hyaluronidase-fihj (Darzalex Faspro)	J9144
Darbepoetin alfa, 1 microgram (non-ESRD use) (Aranesp)	J0881
Daunorubicin 1 mg and cytarabine 2.27 mg, liposomal (Vyxeos)	J9153
Daxibotulinumtoxina-lanm, 1 unit (Daxxify)	J0589
Decitabine, 1 mg (Dacogen)	J0894
Decitabine, 1 mg (Sun Pharma)	J0893
Deferoxamine mesylate, 500 mg (Desferal)	J0895
Degarelix, 1 mg (Firmagon)	J9155
Delandistrogene moxeparvovec-rokl (Elevidys)	J1413
Demonstration prior to initiation of home INR monitoring	G0248
Denileukin diftitox-cxdl, 1 mcg (Lymphir)	J9161
Denosumab-bbdz, biosimilar, 1 mg (Jubbonti/Wyost)	Q5136
Donanemab-azbt, 2 mg (Kisunla)	J0175
Provision of test materials and equipment for home INR monitoring	G0249
Denileukin diftitox, 300 mcg (Ontak)	J9160

MEDICATION DESCRIPTION	CODE
Denosumab, 1 mg (Prolia, Xgeva)	J0897
Deoxycholic acid, 1 mg (Kybella)	J0591
Dexamethasone lacrimal ophthalmic insert 0.1 mg (Dextenza)	J1096
Dexamethasone, intravitreal implant, 0.1 mg (Ozurdex)	J7312
Difelikefalin (for esrd on dialysis), 0.1 mcg (Korsuva)	J0879
Dinutuximab, 0.1 mg (Unituxin)	J1246
Dolasetron mesylate, 10 mg (Anzemet)	J1260
Dostarlimab-gxly, 10 mg (Jemperli)	J9272
Dronabinol, oral, 0.1 mg (Syndros)	Q0155
Durvalumab 10 mg (Imfinzi)	J9173
Ecallantide, 1 mg (Kalbitor)	J1290
Eculizumab-aeeb, biosimilar, 10 mg (Bkemv)	Q5152
Eculizumab-aagh, biosimilar, 2 mg (Epysqli)	Q5151
Eculizumab, 10 mg (Soliris)	J1299
Edaravone, 1 mg (Radicava)	J1301
Efgartigimod alfa-fcab, 2 mg (Vyvgart)	J9332
Efgartigimod alfa 2mg and hyaluronidase-qvfc (Vyvgart Hytrulo)	J9334
Eflapegrastim-xnst, 0.1 mg (Rolvedon)	J1449
Elranatamab-bcmm, 1 mg (Elrexfio)	J1323
Elosulfase alfa, 1 mg (VIMIZIM)	J1322
Elotuzumab, 1 mg (Empliciti)	J9176
Emapalumab-lzsg, 1 mg (Gamifant)	J9210
Emicizumab-kxwh, 0.5 mg (Hemlibra)	J7170
Enfuvirtide, 1 mg (Fuzeon)	J1324
Ensifentrine, inhalation suspension, 3 mg (Ohtuvayre)	J7601
Enoxaparin sodium, 10 mg (Lovenox)	J1650
Epcoritamab-bysp, 0.16 mg (Epkinly)	J9321
Epoetin alfa, (for non-esrd use), 1000 units (Procrit, Epogen)	J0885
Epoetin alfa-epbx, biosimilar, for non-ESRD use, (Retacrit)	Q5106
Epoetin beta, 1 mcg, (for non esrd use) (Mircera)	J0888

MEDICATION DESCRIPTION	CODE
Eptinezumab-jjmr, 1 mg (Vyepti)	J3032
Eribulin mesylate, 0.1 mg (Halaven)	J9179
Esketamine, 1 mg (Spravato)	S0013
Etanercept, 25 mg (Enbrel)	J1438
Etelcalcetide, 0.1 mg (Parsabiv)	J0606
Eteplirsen, 10 mg (Exondys 51)	J1428
Etranacogene dezaparvovec-drlb, per therapeutic dose (Hemgenix)	J1411
Evinacumab-dgnb, 5 mg (Evkeeza)	J1305
Exagamglogene autotemcel, per treatment (Casgevy)	J3392
Factor IX (antihemophilic factor, recombinant), (Rebinyn)	J7203
Factor VIIa-jncw, 1 mcg (Sevenfact)	J7212
Factor VIII, antihemophilic factor, recombinant, (Esperoct)	J7204
Factor VIII Von Willebrand factor complex, recombinant (Altuviiio), per factor viii i.u.	J7214
Fam-trastuzumab deruxtecan-nxki, 1 mg (Enhertu)	J9358
Faricimab-svoa, 0.1 mg (Vabysmo)	J2777
Fecal microbiota, live - jslm, 150 mL (Rebyota)	J1440
Ferric carboxymaltose, 1 mg (Injectafer)	J1439
Ferric citrate, oral, 3 mg (Auryxia)	J0609
Ferric derisomaltose, 10 mg (Monoferric)	J1437
Ferric pyrophosphate citrate solution, 0.1 mg of iron (Triferic)	J1443
Ferumoxytol, 1 mg, non-esrd use (Feraheme)	Q0138
Fidanacogene elaparvovec-dzkt, per therapeutic dose (Beqvez)	J1414
Filgrastim (G-CSF), biosimilar, 1 mcg (Zarxio)	Q5101
Filgrastim-ayow, biosimilar, 1 mcg (Releuko)	Q5125
Filgrastim-txid, biosimilar 1 mcg (Nypozi)	Q5148
Filgrastim (G-CSF), excludes biosimilars, 1 mcg (Neupogen)	J1442
Filgrastim-aafi, biosimilar, 1 mcg (Nivestym)	Q5110
Fluocinolone acetonide, intravitreal implant (Retisert)	J7311
Fluocinolone, intravitreal implant, 0.01 mg (Iluvien)	J7313

MEDICATION DESCRIPTION	CODE
Fluocinolone, intravitreal implant, 0.01 mg (Yutiq)	J7314
Fomivirsen sodium, intraocular, 1.65 mg (Vitravene)	J1452
Fondaparinux sodium, 0.5 mg (Arixtra)	J1652
Fosaprepitant, 1 mg (Focinvez)	J1434
Fosaprepitant, 1 mg (Teva)	J1456
Foscarbidopa, 0.25 mg and foslevodopa, 5 mg (Vyalev)	J7356
Foscarnet sodium, per 1000 mg (Foscavir)	J1455
Fosnetupitant 235 mg and palonosetron 0.25 mg (Akynzeo)	J1454
Fremanezumab-vfrm, 1 mg (Ajovy)	J3031
Fulvestrant, 25 mg (Faslodex)	J9395
Fulvestrant, 25 mg (Teva)	J9393
Fulvestrant, 25 mg (Fresenius)	J9394
Risankizumab-rzaa, intravenous, 1 mg (Skyrizi)	J2327
Galsulfase, 1 mg (Naglazyme)	J1458
Fulvestrant, 25 mg (Teva)	J9393
Fulvestrant, 25 mg (Fresenius)	J9394
Risankizumab-rzaa, intravenous, 1 mg (Skyrizi)	J2327
Galsulfase, 1 mg (Naglazyme)	J1458
Gamma globulin, intramuscular, 1 cc	J1460
Gamma globulin, intramuscular, over 10 cc	J1560
Ganciclovir, 4.5 mg, long-acting implant (Vitrasert)	J7310
Gemcitabine, 200 mg (Accord)	J9196
Gemcitabine hcl, 200 mg (Gemzar)	J9201
Gemcitabine hcl, 200 mg (Infugem)	J9198
Gemtuzumab ozogamicin, 0.1 mg (Mylotarg)	J9203
Givosiran, 0.5 mg (GIVLAARI)	J0223
Glatiramer acetate, 20 mg (Copaxone)	J1595
Glofitamab-gxbm, 2.5 mg (Columvi)	J9286
Gold sodium thiomalate, up to 50 mg (Myochrysine)	J1600

MEDICATION DESCRIPTION	CODE
Golimumab, 1 mg, for intravenous use (Simponi Aria)	J1602
Golodirsen, 10 mg (Vyondys)	J1429
Gonadorelin hydrochloride, per 100mcg (Factrel)	J1620
Goserelin acetate implant, per 3.6 mg (Zoladex)	J9202
Granisetron, extended-release, 0.1 mg (Sustol)	J1627
Guselkumab, 1 mg (Tremfya)	J1628
Hemin, 1 mg (Panhematin)	J1640
Hepatitis B immune globulin (Hepagam B)	J1571, J1573
Histrelin acetate, 10 mcg	J1675
Histrelin implant, 50 mg (Supprelin LA)	J9226
Histrelin implant, 50 mg (Vantas)	J9225
Human fibrinogen concentrate, 1 mg (Fibryga)	J7177
Hyaluronan or derivative, for intra-articular injection (Durolane)	J7318
Hyaluronan or derivative, for intra-articular injection (Euflexxa)	J7323
Hyaluronan or derivative, for intra-articular injection (Gel-Syn)	J7328
Hyaluronan or derivative, for intra-articular injection (Gel-One)	J7326
Hyaluronan or derivative, for intra-articular injection (Genvisc) - NON-PREFERRED	J7320
Hyaluronan or derivative, for intra-articular injection (Hyalgan, Supartz, or Visco-3)	J7321
Hyaluronan or derivative, for intra-articular injection (Hymovis)	J7322
Hyaluronan or derivative, for intra-articular injection (Monovisc) - NON-PREFERRED	J7327
Hyaluronan or derivative, for intra-articular injection (Orthovisc) - NON-PREFERRED	J7324
Hyaluronan or derivative, for intra-articular injection (Synojoynt)	J7331
Hyaluronan or derivative, for intra-articular injection (Synvisc or Synvisc-One)	J7325
Hyaluronan or derivative, for intra-articular injection (Triluron)	J7332
Hyaluronan or derivative, for intra-articular injection (Trivisc)	J7329
Hyaluronidase (Amphadase, Hylenex, Vitrase)	J3470, J3471, J3472, J3473
Hydroxyprogesterone caproate, 10 mg (Makena)	J1726
Hydroxyprogesterone caproate, not otherwise specified, 10 mg	J1729

MEDICATION DESCRIPTION	CODE
Ibalizumab-uiyk, 10 mg (Trogarzo)	J1746
Icatibant, 1 mg (Firazyr)	J1744
Idecabtagene vicleucel, car-positive t cells, per dose (Abecma)	Q2055
Idursulfase, 1 mg (Elaprase)	J1743
Imetelstat, 1 mg (Rytelo)	J0870
Imiglucerase, 10 units (Cerezyme)	J1786
Immune globulin, human-stwk, 500 mg (Alyglo)	J1552
Immune globulin, (Asceniv) 500 mg	J1554
Immune globulin (Bivigam), 500 mg	J1556
Immune globulin (Cutaquig), 100 mg	J1551
Immune globulin (Cuvitru), 100 mg	J1555
Immune globulin (Flebogamma), 500 mg	J1572
Immune globulin (Gammaplex), 500 mg	J1557
Immune globulin (Gamunex-C/Gammaked), 500 mg	J1561
Immune globulin (Hizentra), 100 mg	J1559
Immune globulin (Octagam), 500 mg	J1568
Immune globulin (Panzyga)	J1576
Immune globulin (Privigen), 500 mg	J1459
Immune globulin (Vivaglobin), 100 mg	J1562
Immune globulin, (Xembify), 100 mg	J1558
Immune globulin, Intravenous, lyophilized (e.g. powder), 500 mg (Carimune)	J1566
Immune globulin, intravenous, non-lyophilized (e.g. liquid), 500 mg	J1599
Immune globulin, non-lyophilized (Gammagard), 500 mg	J1569
Immune globulin/hyaluronidase (Hyqvia), 100 mg	J1575
Inclisiran, 1 mg (Leqvio)	J1306
IncobotulinumtoxinA, 1 unit (Xeomin)	J0588
Inebilizumab-cdon, 1 mg (Uplizna)	J1823
Infliximab, 10 mg, biosimilar (Inflectra, Renflexis, Ixifi)	Q5103, Q5104, Q5109

MEDICATION DESCRIPTION	CODE
Infliximab, excludes biosimilar, 10 mg (Remicade or Janssen unbranded)	J1745
Infliximab-axxq, biosimilar, 10 mg (Avsola)	Q5121
Inotuzumab ozogamicin, 0.1 mg (Besponsa)	J9229
Interferon Alfa - 2B (Intron A/Rebetron Kit)	J9214
Interferon Alfa -2A (Roferon-A)	J9213
Interferon Alphacon-1, 1 mcg (Infergen)	J9212
Interferon beta-1a, 1 mcg (Avonex Pen)	Q3027
Interferon beta-1a, 1 mcg (Plegridy)	Q3028
Interferon beta-1a, 30 mcg (Avonex)	J1826
Interferon beta-1b, 0.25 mg (Betaseron, Extavia)	J1830
Interferon, alfa-n3, (human leukocyte derived), 250,000 iu	J9215
Interferon, gamma 1-b, 3 million units	J9216
Ipilimumab, 1 mg (Yervoy)	J9228
Isatuximab-irfc, 10 mg (Sarclisa)	J9227
Isavuconazonium, 1 mg (Cresemba)	J1833
Ixabepilone, 1 mg (Ixempra)	J9207
Lanadelumab-flyo, 1 mg (Takhzyro)	J0593
Lanreotide, 1 mg (Cipla)	J1932
Lanreotide, 1 mg (Somatuline)	J1930
Laronidase, 0.1 mg (Aldurazyme)	J1931
Lecanemab-irmb, 10 mg (Leqembi)	J0174
Lenacapavir, 1 mg (Sunlenca)	J1961
Lepirudin, 50 mg (Lepirudin)	J1945
Leuprolide acetate (depot suspension), 3.75 mg (Eligard/Lupron)	J1950
Leuprolide acetate (depot suspension), 0.25 mg (Fensolvi)	J1951
Leuprolide acetate (depot suspension), 7.5 mg (Eligard/Lupron)	J9217
Leuprolide acetate implant, 65 mg (Lupron Implant)	J9219
Leuprolide acetate, 1 mg (Lupron)	J9218
Leuprolide mesylate, 1 mg (Camcevi)	J1952

MEDICATION DESCRIPTION	CODE
Levoleucovorin, 0.5 mg (Khapzory)	J0642
Lisocabtagene maraleucel (Breyanzi)	Q2054
Loncastuximab tesirine-lpyl, 0.075 mg (Zynlonta)	J9359
Lumasiran, 0.5 mg (Oxlumo)	J0224
Interferon Alfa -2A (Roferon-A)	J9213
Lurbinectedin, 0.1 mg (Zepzelca)	J9223
Luspatercept-aamt, 0.25 mg (REBLOZYL)	J0896
Margetuximab-cmkb, 5 mg (Margenza)	J9353
Marstacimab-hncq, 1 mg (Hympavzi)	J7172
Mecasermin 1 mg (Iplex, Increlex)	J2170
Meloxicam, 1 mg (Anjeso)	J1738
Mepolizumab, 1 mg (Nucala)	J2182
Methylnaltrexone, 0.1 mg (Relistor)	J2212
Micafungin sodium, 1 mg (Mycamine)	J2248
Miglustat, oral, 65 mg (Opfolda)	J1202
Minocycline hcl, 1 mg (Arestin)	J2265
Mirvetuximab soravtansine-gynx, 1 mg (Elahere)	J9063
Mitomycin, ophthalmic, 0.2 mg (Mitosol)	J7315
Mitomycin pyelocalyceal instillation, 1 mg (Jelmyto)	J9281
Mogamulizumab-kpkc, 1 mg (Poteligeo)	J9204
Mometasone furoate sinus implant, 10 mcg (Sinuva)	J7402
Mosunetuzumab-axgb, 1 mg/mL (Lunsumio)	J9350
Motixafortide, 0.25 mg (Aphexda)	J2277
Moxetumomab pasudotox-tdfk, 0.01 mg (Lumoxiti)	J9313
Mycophenolate mofetil, oral suspension, 100 mg (Myhibbin)	J7514
Nadofaragene firadenovec-vncg (Adstilardrin), 1 mL, for intravesical use	J9029
Nandrolone decanoate, up to 50 mg (Deca-Durabolin)	J2320
Naxitamab-gqgk, 1 mg (Danyelza)	J9348
Natalizumab-sztn, biosimilar, 1 mg (Tyruko)	Q5134

MEDICATION DESCRIPTION	CODE
Natalizumab, 1 mg (Tysabri)	J2323
Necitumumab, 1 mg (Portrazza)	J9295
Nelarabine, 50 mg (Arranon)	J9261
Nirsevimab-alip, 0.5 mL (Beyfortus)	90380
Nirsevimab-alip, 1 mL (Beyfortus)	90381
Nivolumab/hyaluronidase-nvhy, per 10 mg (Opdivo Qvantig)	J9289
Nivolumab and relatlimab-rmbw, 3 mg/1 mg (Opdualag)	J9298
Nivolumab, 1 mg (Opdivo)	J9299
Not otherwise classified, antineoplastic drugs	J9999
Nogapendekin alfa inbakicept-pmln, intravesical, 1 mcg (Anktiva)	J9028
Nusinersen, 0.1 mg (Spinraza)	J2326
Obecabtagene autoleucel, per therapeutic dose (Aucatzyl)	Q2058
Obinutuzumab, 10 mg (Gazyva)	J9301
Ocrelizumab, 1 mg (Ocrevus)	J2350
Ocrelizumab and hyaluronidate-ocsq, 1 mg (Ocrevus Zunovo)	J2351
Ocriplasmin, 0.125 mg (Jetrea)	J7316
Octreotide 1 mg, depot form (Sandostatin LAR)	J2353
Octreotide, 1 mg, non depot form (Sandostatin)	J2354
Ofatumumab, 10 mg (Arzerra)	J9302
Olaratumab, 10 mg (Latruvo)	J9285
Olipudase alfa-rpcp, 1 mg (Xenpozyme)	J0218
Omacetaxine mepesuccinate, 0.01 mg (Synribo)	J9262
Omalizumab, 5 mg (Xolair)	J2357
Onasemnogene abeparvovec-xioi (Zolgensma)	J3399
OnabotulinumtoxinA 1 unit (Botox)	J0585
Oprelvekin, 5 mg (Neumega)	J2355
Oritavancin, 10 mg (Kimyrsa)	J2406
Oritavancin, 10 mg (Orbactiv)	J2407
Palifermin, 50 mcg (Kepivance)	J2425

MEDICATION DESCRIPTION	CODE
Palivizumab 50 mg (Synagis)	J3490
Panitumumab 10 mg (Vectibix)	J9303
Paricalcitol, 1 mcg (Zemplar)	J2501
Pasireotide long acting, 1 mg (Signifor)	J2502
Patisiran, 0.1 mg (Onpattro)	J0222
Pegademase bovine, 25 iu (Adagen)	J2504
Pegaptanib sodium, 0.3 mg (Macugen)	J2503
Pegaspargase, per single dose vial (Oncaspar)	J9266
Pegcetacoplan intravitreal, 1 mg (Syfovre)	J2781
Pegfilgrastim, excludes biosimilar, 0.5 mg (Neulasta)	J2506
Pegfilgrastim-apgf, biosimilar, 0.5 mg (Nyvepria)	Q5122
Pegfilgrastim-bmez, biosimilar, 0.5 mg (Ziextenzo)	Q5120
Pegfilgrastim-fpgk, biosimilar, 0.5 mg (Stimufend)	Q5127
Pegfilgrastim-cbqv, biosimilar, 0.5 mg (Udenyca)	Q5111
Pegfilgrastim-jmdb, biosimilar, 0.5 mg (Fulphila)	Q5108
Pegfilgrastim-pbbk, biosimilar, 0.5 mg (Fylnetra)	Q5130
Pegloticase, 1 mg (Krystexxa)	J2507
Pegunigalsidase alfa-iwxj, 1 mg (Elfabrio)	J2508
Pembrolizumab, 1 mg (Keytruda)	J9271
Pemetrexed, 10 mg (Avyxa)	J9292
Pemetrexed, 10 mg NOS (Alimta)	J9305
Pemetrexed, 10 mg (Hospira)	J9294
Pemetrexed ditromethamine, 10 mg (Hospira)	J9323
Pemetrexed, 10 mg (Pemrydi RTU)	J9324
Pemetrexed, 10 mg (Accord)	J9296
Pemetrexed, 10 mg (Bluepoint)	J9322
Pemetrexed, 10 mg (Sandoz)	J9297
Pemetrexed, 10 mg (Pemfexy)	J9304
Pemetrexed, 10mg (Teva)	J9314

MEDICATION DESCRIPTION	CODE
Pentostatin, 10 mg (Nipent)	J9268
Pertuzumab, 1 mg (Perjeta)	J9306
Pertuzumab, trastuzumab, hyaluronidase-zzxf, 10 mg (Phesgo)	J9316
Phenylephrine and ketorolac ophthalmic irrigation solution, 1 ml (Omidria)	J1097
Plasminogen, human-twmh, 1 mg (Ryplazim)	J2998
Plerixafor, 1 mg (Mobozil)	J2562
Plicamycin, 2.5 mg (Mithracin)	J9270
Polatuzumab vedotin-piiq, 1 mg (Polivy)	J9309
Pozelimab-bbfg, 1 mg (Veopoz)	J9376
Pralatrexate, 1 mg (Folotyn)	J9307
Protein C concentrate, intravenous, human, 10 iu (Ceprotin)	J2724
Prothrombin complex concentrate, human, per i.u. of factor IX activity (Kcentra)	J7168
Protirelin, per 250 mcg (Thyrel TRH)	J2725
Radium Ra-223 dichloride, per microcurie (Xofigo)	A9606
Remimazolam, 1 mg (Byfavo)	J2249
Ramucirumab, 5 mg (Cyramza)	J9308
Ranibizumab, 0.1 mg (Lucentis)	J2778
Ranibizumab, via intravitreal implant, 0.1 mg (Susvimo)	J2779
Ranibizumab-eqrn, 0.1 mg, biosimilar (Cimerli)	Q5128
Rasburicase, 0.5 mg (Elitek)	J2783
Ravulizumab-cwvz, 10 mg (Ultomiris)	J1303
Reslizumab, 1 mg (Cinqair)	J2786
Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL (Photrexa)	J2787
Rilonacept, 1 mg (Arcalyst)	J2793
RimabototulinumtoxinB, 100 units (Myobloc)	J0587
Rituximab-arrx, biosimilar, 10 mg, (Riabni)	Q5123
Rituximab, 10 mg (Rituxan)	J9312
Rituximab, 10 mg and hyaluronidase (Rituxan Hycela)	J9311
Rituximab-abbs, biosimilar, 10mg (Truxima)	Q5115

MEDICATION DESCRIPTION	CODE
Rituximab-pvvr, biosimilar, 10mg (Ruxience)	Q5119
Retifanlimab-dlwr, 1 mg (Zynyz)	J9345
Rezafungin, 1 mg (Rezzayo)	J0349
Rolapitant, 0.5 mg (Varubi)	J2797
Romidepsin, non-lyophylized,1 mg (Istodax)	J9315
Romiplostim injection, 1 mcg (Nplate)	J2802
Romiplostim, 10 mcg (Nplate)	J2796
Romosozumab-aqqg, 1 mg (Evenity)	J3111
Rozanolixizumab-noli, 1 mg (Rystiggo)	J9333
Sacituzumab govitecan-hziy, 2.5 mg (Trodelvy)	J9317
Sargramostim (gm-csf), 50 mcg (Leukine)	J2820
Sebelipase alfa, 1 mg (Kanuma)	J2840
Siltuximab, 10 mg (Sylvant)	J2860
Sipuleucel-T, 50 million cells (Provenge)	Q2043
Sirolimus protein-bound particles, 1 mg (Fyarro)	J9331
Sodium ferric gluconate complex in sucrose injection, 12.5 mg (Ferrlecit)	J2916
Somatrem, 1 mg (Protropin)	J2940
Somatropin, 1 mg	J2941
Spectinomycin dihydrochloride , up to 2 g (Trobicin)	J3320
Spesolimab-sbzo, 1 mg (Spevigo)	J1747
Sutimlimab-jome, 10 mg (Enjaymo)	J1302
Tafasitamab-cxix, 2 mg (Monjuvi)	J9349
Tagraxofusp-erzs, 10 mcg (Elzonris)	J9269
Taliglucerase alfa, 10 units (Elelyso)	J3060
Talimogene laherparepvec, per 1 million plaque forming units (Imlygic)	J9325
Talquetamab-tgvs, 0.25 mg (Talvey)	J3055
Tarlatamab-dlle, 1 mg (Imdelltra)	J9026
Tbo-filgrastim, 1 mcg (Granix)	J1447
Tebentafusp-tebn, 1 mcg (Kimmtrak)	J9274

MEDICATION DESCRIPTION	CODE
Tedizolid, 1 mg (Sivextro)	J3090
Teclistamab-cqyv, 0.5 mg (Tecvayli)	J9380
Temozolomide, 1 mg (Temodar)	J9328
Tepluzimab-mzwv, 1 mcg (Tzield)	J9381
Teprotumumab-trbw, 10mg (Tepezza)	J3241
Teriparatide, 10 mcg (Forteo)	J3110
Testosterone cypionate, 1 mg	J1071
Testosterone cypionate , 1 mg (Azmiro)	J1072
Testosterone enanthate, 1 mg	J3121
Testosterone injection, 1 mg undecanoate, 1 mg (Aveed)	J3145
Tezepelumab-ekko, 1 mg (Tezspire)	J2356
Thyrotropin alpha, 0.9 mg (Thyrogen)	J3240
Tildrakizumab, 1 mg (Ilumya)	J3245
Tislelizumab-jsgr, 1 mg (Tevimbra)	J9329
Tisagenlecleucel, up to 600 million car-positive viable t cells (Kymriah)	Q2042
Tisotumab vedotin-tftv, 1 mg (Tivdak)	J9273
Tocilizumab, 1 mg (Actemra)	J3262
Tocilizumab-aazg, biosimilar, 1 mg (Tyenne)	Q5135
Tocilizumab-bavi, biosimilar, 1 mg (Tofidence)	Q5133
Tofersen, 1 mg (Qalsody)	J1304
Trabectedin, 0.1 mg (Yondelis)	J9352
Trastuzumab and hyaluronidase-oysk, 10 mg (Herceptin Hylecta)	J9356
Trastuzumab, excludes biosimilar, 10 mg (Herceptin)	J9355
Trastuzumab-anns, biosimilar, 10 mg (Kanjinti)	Q5117
Trastuzumab-dkst, biosimilar, 10 mg (Ogivri)	Q5114
Trastuzumab-dttb, biosimilar, 10 mg (Ontruzant)	Q5112
Trastuzumab-pkrb, biosimilar, 10 mg (Herzuma)	Q5113
Trastuzumab-qyyp, biosimilar, 10 mg (Trazimera)	Q5116
Trastuzumab-strf, biosimilar, 10 mg (Hercessi)	Q5146

MEDICATION DESCRIPTION	CODE
Tremelimumab-actl, 1 mg (Imjudo)	J9347
Treprostinil, 1 mg (Remodulin)	J3285
Treprostinil, 1.74 mg inhalation solution (Tyvaso)	J7686
Triamcinolone acetonide, 1 mg (Xipere)	J3299
Triamcinolone acetonide, extended release, 1 mg (Zilretta)	J3304
Trilaciclib, 1 mg (Cosela)	J1448
Trimetrexate glucoronate, per 25 mg (Neutrexin)	J3305
Triptorelin pamoate, 3.75 mg (Trelstar)	J3315
Testosterone injection, 1 mg undecanoate, 1 mg (Aveed)	J3145
Tezepelumab-ekko, 1 mg (Tezspire)	J2356
Thyrotropin alpha, 0.9 mg (Thyrogen)	J3240
Tildrakizumab, 1 mg (Ilumya)	J3245
Tislelizumab-jsgr, 1 mg (Tevimbra)	J9329
Tisagenlecleucel, up to 600 million car-positive viable t cells (Kymriah)	Q2042
Tisotumab vedotin-tftv, 1 mg (Tivdak)	J9273
Tocilizumab, 1 mg (Actemra)	J3262
Tocilizumab-aazg, biosimilar, 1 mg (Tyenne)	Q5135
Tocilizumab-bavi, biosimilar, 1 mg (Tofidence)	Q5133
Tofersen, 1 mg (Qalsody)	J1304
Trabectedin, 0.1 mg (Yondelis)	J9352
Trastuzumab and hyaluronidase-oysk, 10 mg (Herceptin Hylecta)	J9356
Trastuzumab, excludes biosimilar, 10 mg (Herceptin)	J9355
Trastuzumab-anns, biosimilar, 10 mg (Kanjinti)	Q5117
Trastuzumab-dkst, biosimilar, 10 mg (Ogivri)	Q5114
Trastuzumab-dttb, biosimilar, 10 mg (Ontruzant)	Q5112
Trastuzumab-pkrb, biosimilar, 10 mg (Herzuma)	Q5113
Trastuzumab-qyyp, biosimilar, 10 mg (Trazimera)	Q5116
Trastuzumab-strf, biosimilar, 10 mg (Hercessi)	Q5146
Tremelimumab-actl, 1 mg (Imjudo)	J9347

MEDICATION DESCRIPTION	CODE
Treprostinil, 1 mg (Remodulin)	J3285
Treprostinil, 1.74 mg inhalation solution (Tyvaso)	J7686
Triamcinolone acetonide, 1 mg (Xipere)	J3299
Triamcinolone acetonide, extended release, 1 mg (Zilretta)	J3304
Trilaciclib, 1 mg (Cosela)	J1448
Trimetrexate glucoronate, per 25 mg (Neutrexin)	J3305
Triptorelin pamoate, 3.75 mg (Trelstar)	J3315
Triptorelin, extended-release, 3.75 mg (Triptodur)	J3316
Ublituximab-xiiy, 1 mg (Briumvi)	J2329
Unclassified Antineoplastic Drugs	J9999
Unclassified Drugs	J3490
Unclassified Biologics	J3590
Urofollitropin, 75 iu (Bravelle)	J3355
Ustekinumab, for intravenous injection, 1 mg (Stelara)	J3358
Ustekinumab, for subcutaneous injection, 1 mg (Stelara)	J3357
Ustekinumab-aekn, intravenous, 1 mg (Selarsdi)	Q9998
Ustekinumab-aauz, biosimilar, 1 mg (Otulfi)	Q9999
Ustekinumab-ttwe, intravenous, 1 mg (Pyzchiva)	Q9997
Ustekinumab-ttwe, subcutaneous, 1 mg (Pyzchiva)	Q9996
Ustekinumab-kfce, biosimilar, 1 mg (Yesintek)	Q5100
Ustekinumab-srlf, biosimilar, 1 mg (Imuldosa)	Q5098
Ustekinumab-stba, biosimilar, 1 mg (Steqeyma)	Q5099
Valoctocogene roxaparvovec-rvox (Roctavian)	J1412
Valrubicin, intravesical, 200 mg (Valstar)	J9357
Vedolizumab, 1 mg (Entyvio)	J3380
Velaglucerase alfa, 100 units (VPRIV)	J3385
Velmanase alfa-tycv, 1 mg (Lamzede)	J0217
Verteporfin, 0.1 mg (Visudyne)	J3396
Vestronidase alfa-vjbk, 1 mg (Mepsevii)	J3397

MEDICATION DESCRIPTION	CODE
Viltolarsen, 10 mg (Viltepso)	J1427
Voretigene neparvovec-rzyl, 1 billion vector genomes (Luxturna)	J3398
Voriconazole, 10 mg (VFend)	J3465
Vutrisiran, 1 mg (AMVUTTRA)	J0225
Zanidatamab-hrii, 1 mg (Ziihera)	J9276
Zenocutuzumab-zbco, 375 mg (Bizengri)	J9382
Ziconotide, 1 mcg (Prialt)	J2278
Ziv-aflibercept, 1 mg (Vectibix)	J9400
Zolbetuximab-clzb, 1 mg (Vyloy)	J1326