

2026 IEHP Medi-Cal Medical Drug Prior Authorization List

Effective date 11/01/2026

This is a list of covered medications under your IEHP Medi-Cal Medical Drug Benefit. This document is intended to help providers know the status of medical drug products, identify criteria for prior authorization requests. Exceptions to criteria or requests for coverage of drugs not on the Medical Drug Benefit Drug List may be submitted by prescribers on behalf of the members for review of coverage when medically appropriate.

Code	Code Description	Drug Name	Status	Drug Edits
J7042	5% Dextrose/normal saline (500 mL = 1 unit)	<i>d5 % and 0.9 % sodium chloride</i>	Tier 1	
J7060	5% Dextrose/water (500 mL = 1 unit)	<i>dextrose 5 % in water (d5w)</i>	Tier 1	
J7609	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg (Code Price is for active ingredient only and does not include compounding cost)	<i>albuterol sulfate</i>	Tier 1	
J7613	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg (Code reinstated effective 4/1/2008)	<i>albuterol sulfate</i>	Tier 1	
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (For billing prior to 4/1/18 use J9999 or C9399 for OPPS billing) (Code Price is for drug ONLY) (Code re-used by CMS)	YESCARTA	Tier 1	PA
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	TECARTUS	Tier 1	PA
J0698	Cefotaxime sodium, per gram	<i>cefotaxime</i>	Tier 1	
J0604	Cinacalcet, oral, 1 mg, (for ESRD on dialysis) (For billing prior to 1/1/18 use J8499)	<i>cinacalcet</i>	Tier 1	

J9130	Dacarbazine, 100 mg	<i>dacarbazine</i>	Tier 1	PA
J8540	Dexamethasone, oral, 0.25 mg	<i>dexamethasone</i>	Tier 1	
Q0163	Diphenhydramine hydrochloride, 50 mg oral, FDA-approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment, not to exceed a 48-hour dosage regimen (Code Price is per 50 mg)	<i>dimetane (diphenhydramine hcl)</i>	Tier 1	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Code Price is per 1 implant system)	NEXPLANON	Tier 1	
J9202	Goserelin acetate implant, per 3.6 mg	ZOLADEX	Tier 1	PA; Hematology/Oncology - Chemotherapy
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	DUROLANE	Tier 1	PA; Orthopedics, Pain Management
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (20 mg/2 mL) (Note: Total dose regimen = 3 injections)	EUFLEXXA	Tier 1	PA; Orthopedics, Pain Management
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	GEL-ONE	Tier 1	PA; Orthopedics, Pain Management
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg	GELSYN-3	Tier 1	PA; Orthopedics, Pain Management
J7320	Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg (Code re-used by CMS effective 1/1/17) (GenVisc 850 dose is 25 mg/2.5 mL) (Note: Total dose regimen = 3 - 5 injections)	GENVISC 850	Tier 1	PA; Orthopedics, Pain Management
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose (Hyalgan dose is 20 mg/2 mL, Supartz and Visco-3 dose is 25 mg/2.5 mL) (Note: Total dose regimen = 3 - 5 injections)	HYALGAN	Tier 1	PA; Orthopedics, Pain Management

J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose (For billing prior to 1/1/15 use C9399 or J3490) (Dose 88 mg/4 mL) (Note: Total dose regimen = 1 dose)	MONOVISC	Tier 1	PA; Orthopedics, Pain Management
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (30 mg/2 mL) (Note: Total dose regimen = 3 - 4 injections)	ORTHOVISC	Tier 1	PA; Orthopedics, Pain Management
J7331	Hyaluronan or derivative, synjoynt, for intra-articular injection, 1 mg	SYNOJOYNT	Tier 1	PA; Orthopedics, Pain Management
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	TRILURON	Tier 1	PA; Orthopedics, Pain Management
J7131	Hypertonic saline solution, 1 mL	<i>sodium chloride</i>	Tier 1	
Q2055	Idecabtagene vicleucel, up to 510 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	ABECMA	Tier 1	PA
J7070	Infusion, D5W, 1,000 cc	<i>dextrose 5 % in water (d5w)</i>	Tier 1	
J7030	Infusion, normal saline solution, 1,000 cc	<i>sodium chloride 0.9 %</i>	Tier 1	
J7050	Infusion, normal saline solution, 250 cc	<i>sodium chloride 0.9 %</i>	Tier 1	
J7040	Infusion, normal saline solution, sterile (500 mL = 1 unit)	<i>sodium chloride 0.9 %</i>	Tier 1	
J0586	Injection, abobotulinumtoxinA, 5 units (For billing prior to 1/1/10 use J3590 or C9399)	DYSPORT	Tier 1	PA; Neurology, Pain Management, Physiatry; QL (1500 Max Qty Per Request)
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen</i>	Tier 1	
J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	<i>adenosine</i>	Tier 1	
J9354	Injection, ado-trastuzumab emtansine, 1 mg (For billing prior to 1/1/14 use C9131 or J9999)	KADCYLA	Tier 1	PA
J0178	Injection, aflibercept, 1 mg	EYLEA	Tier 1	PA

J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg (For billing prior to 1/1/12 use J3590 or C9277)	LUMIZYME	Tier 1	PA
J2997	Injection, alteplase recombinant, 1 mg	ACTIVASE	Tier 1	
J0290	Injection, ampicillin sodium, 500 mg	<i>ampicillin sodium</i>	Tier 1	
J0185	Injection, aprepitant, 1 mg	CINVANTI	Tier 1	
J9022	Injection, atezolizumab, 10 mg (For billing prior to 1/1/18 use J9999 or C9483 for OPPS billing)	<i>tecentriq</i>	Tier 1	PA
J0461	Injection, atropine sulfate, 0.01 mg	<i>atropine</i>	Tier 1	
J0456	Injection, azithromycin, 500 mg	<i>azithromycin</i>	Tier 1	
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg (Code price is per 1 mL)	<i>betamethasone acet,sod phos</i>	Tier 1	
J9035	Injection, bevacizumab, 10 mg	AVASTIN 100 MG/4 ML VIAL P/F,SUV	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9035	Injection, bevacizumab, 10 mg	AVASTIN 400 MG/16 ML VIAL P/F,SUV	Tier 1	Ophthalmology
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	MVASI	Tier 1	PA; Hematology/Oncology - Chemotherapy
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	ZIRABEV	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9040	Injection, bleomycin sulfate, 15 units	<i>bleomycin</i>	Tier 1	PA
J9041	Injection, bortezomib, 0.1 mg	<i>bortezomib</i>	Tier 1	PA
J9042	Injection, brentuximab vedotin, 1 mg (For billing prior to 1/1/13 use C9287 or J9999)	ADCETRIS	Tier 1	PA; Hematology/Oncology - Chemotherapy
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	<i>bupivacaine (pf)</i>	Tier 1	
J9045	Injection, carboplatin, 50 mg	<i>carboplatin</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin</i>	Tier 1	
J0713	Injection, ceftazidime, per 500 mg	<i>ceftazidime</i>	Tier 1	
J0696	Injection, ceftriaxone sodium, per 250 mg	<i>ceftriaxone</i>	Tier 1	

J1201	Injection, cetirizine hydrochloride, 0.5 mg	QUZYTIR	Tier 1	
J9060	Injection, cisplatin, powder or solution, per 10 mg	<i>cisplatin</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J0801	Injection, corticotropin (acthar gel), up to 40 units	<i>acthar</i>	Tier 1	PA
J0834	Injection, cosyntropin, 0.25 mg	CORTROSYN	Tier 1	
J9075	Injection, cyclophosphamide, not otherwise specified, 5mg	<i>cyclophosphamide</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J0897	Injection, denosumab, 1 mg (Code price uses median pricing methodology)	PROLIA	Tier 1	PA
J2597	Injection, desmopressin acetate, per 1 mcg	DDAVP	Tier 1	
J1100	Injection, dexamethasone sodium phosphate, 1 mg	<i>dexamethasone sodium phosphate</i>	Tier 1	
J1200	Injection, diphenhydramine HCl, up to 50 mg	<i>diphenhydramine hcl injection</i>	Tier 1	
J1245	Injection, dipyridamole, per 10 mg	<i>dipyridamole</i>	Tier 1	
J1250	Injection, dobutamine hydrochloride, per 250 mg	<i>dobutamine</i>	Tier 1	
J9232	Injection, docetaxel (hospira), not therapeutically equivalent to j9171, 1 mg	<i>docetaxel</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9171	Injection, docetaxel, 1 mg	<i>docetaxel</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9000	Injection, doxorubicin hydrochloride, 10 mg	ADRIAMYCIN	Tier 1	PA; Hematology/Oncology - Chemotherapy
J1299	Injection, eculizumab, 2 mg	SOLIRIS	Tier 1	PA
J0169	Injection, epinephrine (adrenalin), not therapeutically equivalent to j0165, 0.1 mg	ADRENALIN	Tier 1	
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	ADRENALIN	Tier 1	
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	EPOGEN	Tier 1	
Q5105	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	RETACRIT 10,000 UNIT/ML VIAL P/F, INNER, SDV	Tier 1	Hematology/Oncology - Chemotherapy

Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	RETACRIT 10,000 UNIT/ML VIAL P/F, INNER, SDV	Tier 1	
J0606	Injection, etelcalcetide, 0.1 mg (For billing prior to 1/1/18 use J3490 or C9399 for OPPS billing)	PARSABIV	Tier 1	
J9187	Injection, etoposide, 1 mg	<i>etoposide</i>	Tier 1	PA
J9181	Injection, etoposide, 10 mg	<i>etoposide</i>	Tier 1	PA
J1308	Injection, famotidine, 0.25 mg	<i>famotidine</i>	Tier 1	
J3010	Injection, fentanyl citrate, 0.1 mg	<i>fentanyl citrate (pf)</i>	Tier 1	
J1439	Injection, ferric carboxymaltose, 1 mg	<i>ferric carboxymaltose</i>	Tier 1	PA
J1437	Injection, ferric derisomaltose, 10 mg	MONOFERRIC	Tier 1	PA
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use) (For billing prior to 1/1/10 use J3490 or C9399)	FERAHEME	Tier 1	
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram	NEUPOGEN	Tier 1	
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram	NIVESTYM	Tier 1	
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 microgram	ZARXIO	Tier 1	
J9192	Injection, fluorouracil, 10 mg	ADRUCIL	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9190	Injection, fluorouracil, 500 mg	ADRUCIL	Tier 1	PA; Hematology/Oncology - Chemotherapy
J1453	Injection, fosaprepitant, 1 mg	EMEND (FOSAPREPITANT)	Tier 1	
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	AKYNZEO (FOSNETUPITANT)	Tier 1	
J9395	Injection, fulvestrant, 25 mg	<i>fulvestrant</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J1938	Injection, furosemide, 1 mg	<i>furosemide</i>	Tier 1	
J1580	Injection, garamycin, gentamicin, up to 80 mg	<i>gentamicin</i>	Tier 1	

J9196	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to J9201, 200 mg	<i>gemcitabine</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	<i>gemcitabine</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J1626	Injection, granisetron hydrochloride, 100 mcg	<i>granisetron (pf)</i>	Tier 1	
J1627	Injection, granisetron, extended-release, 0.1 mg (For billing prior to 1/1/18 use J3490 or C9486 for OPPS billing)	SUSTOL	Tier 1	
J1642	Injection, heparin sodium (heparin lock flush), per 10 units	<i>heparin lock flush (porcine)</i>	Tier 1	
J1643	Injection, heparin sodium (pfizer), not therapeutically equivalent to j1644, per 1000 units	<i>heparin (porcine)</i>	Tier 1	
J1644	Injection, heparin sodium, per 1,000 units	<i>heparin (porcine)</i>	Tier 1	
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	<i>hydrocortisone sod succinate</i>	Tier 1	
J1171	Injection, hydromorphone, 0.1 mg	DILAUDID (PF)	Tier 1	
J3410	Injection, hydroxyzine HCl, up to 25 mg	<i>hydroxyzine hcl</i>	Tier 1	
J9208	Injection, ifosfamide, 1 gram	<i>ifosfamide</i>	Tier 1	PA
J1569	Injection, immune globulin, (gammagard liquid/gammagard liquid etc), 500 mg	GAMMAGARD LIQUID	Tier 1	PA
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg	<i>gammaked</i>	Tier 1	PA
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	<i>octagam</i>	Tier 1	PA
J1306	Injection, inclisiran, 1 mg	LEQVIO	Tier 1	PA
J0588	Injection, incobotulinumtoxinA, 1 unit	XEOMIN	Tier 1	PA; Neurology, Pain Management, Physiatry; QL (400 Max Qty Per Request)
J1745	Injection, infliximab, excludes biosimilar, 10 mg (Code is to be used for Remicade or Infliximab)	INFLIXIMAB	Tier 1	PA
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	RENFLEXIS	Tier 1	PA

Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	AVSOLA	Tier 1	PA
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	INFLECTRA	Tier 1	PA
J9228	Injection, ipilimumab, 1 mg (For billing prior to 1/1/12 use J9999 or C9284)	YERVOY	Tier 1	PA
J9206	Injection, irinotecan, 20 mg	CAMPTOSAR	Tier 1	PA; Hematology/Oncology - Chemotherapy
J1750	Injection, iron dextran, 50 mg (Code reinstated effective 1/1/09)	INFED	Tier 1	
J1756	Injection, iron sucrose, 1 mg	<i>iron sucrose</i>	Tier 1	
J1885	Injection, ketorolac tromethamine, per 15 mg	<i>ketorolac</i>	Tier 1	
J0643	Injection, leucovorin calcium, not otherwise specified, 1 mg	<i>leucovorin calcium</i>	Tier 1	
J0640	Injection, leucovorin calcium, per 50 mg	<i>leucovorin calcium</i>	Tier 1	
J2002	Injection, lidocaine hcl in 5% dextrose, 1 mg	<i>lidocaine in 5 % dextrose (pf)</i>	Tier 1	
J2004	Injection, lidocaine hcl with epinephrine, 1 mg	<i>lidocaine-epinephrine</i>	Tier 1	
J2003	Injection, lidocaine hydrochloride, 1 mg	<i>lidocaine (pf)</i>	Tier 1	
J2060	Injection, lorazepam, 2 mg	ATIVAN	Tier 1	
J9223	Injection, lurbinectedin, 0.1 mg	ZEPZELCA	Tier 1	PA
J0896	Injection, luspatercept-aamt, 0.25 mg	REBLOZYL	Tier 1	PA
J3475	Injection, magnesium sulfate, per 500 mg	<i>magnesium sulfate</i>	Tier 1	
J2151	Injection, mannitol, 250 mg	<i>mannitol 20 %</i>	Tier 1	
J2175	Injection, meperidine hydrochloride, per 100 mg	DEMEROL	Tier 1	
J2182	Injection, mepolizumab, 1 mg (For billing prior to 1/1/17 use J3590 or C9473 for OPPS billing)	NUCALA	Tier 1	PA
J9209	Injection, mesna, 200 mg	<i>mesna</i>	Tier 1	
J9260	Injection, methotrexate sodium, 50 mg	<i>methotrexate sodium (pf)</i>	Tier 1	
J1010	Injection, methylprednisolone acetate, 1 mg	DEPO-MEDROL	Tier 1	
J2919	Injection, methylprednisolone sodium succinate, 5 mg	<i>methylprednisolone sodium succ</i>	Tier 1	
J2765	Injection, metoclopramide HCl, up to 10 mg	<i>metoclopramide hcl</i>	Tier 1	

J2250	Injection, midazolam hydrochloride, per 1 mg	<i>midazolam</i>	Tier 1	
J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	DURAMORPH 10 MG/10 ML AMPUL P/F, INNER, SUV	Tier 1	Pain Management; QL (1 Max Qty Per Request)
J2270	Injection, morphine sulfate, up to 10 mg (Code Price is per 10 mg)	DURAMORPH 5 MG/10 ML AMPUL P/F, OUTER, SUV	Tier 1	
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	<i>neostigmine methylsulfate</i>	Tier 1	
J9299	Injection, nivolumab, 1 mg (For billing prior to 1/1/16 use C9453 or J9999)	OPDIVO	Tier 1	PA
J2326	Injection, nusinersen, 0.1 mg (Effective 5/1/2026: Recommend NDC Level Pricing for appropriate reimbursement based on NDC submitted)	SPINRAZA (PF)	Tier 1	PA
J2350	Injection, ocrelizumab, 1 mg (For billing prior to 1/1/18 use J3590 or C9494 for OPPS billing) (Code re-used by CMS 1/1/18)	OCREVUS	Tier 1	PA
J2357	Injection, omalizumab, 5 mg	XOLAIR	Tier 1	PA
J0585	Injection, onabotulinumtoxinA, 1 unit	BOTOX	Tier 1	PA; Neurology, Pain Management, Physiatry; QL (400 Max Qty Per Request)
J2405	Injection, ondansetron hydrochloride, per 1 mg	<i>ondansetron hcl (pf)</i>	Tier 1	
J9263	Injection, oxaliplatin, 0.5 mg	<i>oxaliplatin</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9264	Injection, paclitaxel protein-bound particles, 1 mg	ABRAXANE	Tier 1	PA
J9267	Injection, paclitaxel, 1 mg	<i>paclitaxel</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J2469	Injection, palonosetron HCl, 25 mcg	<i>palonosetron</i>	Tier 1	
J2468	Injection, palonosetron hydrochloride (posfrea), 25 micrograms	POSFREA	Tier 1	Hematology/Oncology - Chemotherapy
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	NEULASTA	Tier 1	

Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	NYVEPRIA	Tier 1	Hematology/Oncology - Chemotherapy
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	ZIEXTENZO	Tier 1	Hematology/Oncology - Chemotherapy
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	UDENYCA	Tier 1	
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	STIMUFEND	Tier 1	Hematology/Oncology - Chemotherapy
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	FULPHILA	Tier 1	
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	FYLNETRA	Tier 1	Hematology/Oncology - Chemotherapy
J9271	Injection, pembrolizumab, 1 mg (For billing prior to 1/1/16 use C9027 or J9999)	KEYTRUDA	Tier 1	PA
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	<i>pemetrexed disodium</i>	Tier 1	PA
J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	BICILLIN C-R	Tier 1	
J0561	Injection, penicillin G benzathine, 100,000 units	BICILLIN L-A	Tier 1	
J9306	Injection, pertuzumab, 1 mg (For billing prior to 1/1/14 use C9292 or J9999)	PERJETA	Tier 1	PA; Hematology/Oncology - Chemotherapy
J2372	Injection, phenylephrine hydrochloride (biorphen), 20 micrograms	BIORPHEN	Tier 1	
J2371	Injection, phenylephrine hydrochloride, 20 micrograms	<i>phenylephrine hcl</i>	Tier 1	
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	POLIVY	Tier 1	PA; Hematology/Oncology - Chemotherapy
J3480	Injection, potassium chloride, per 2 mEq	<i>potassium chlorid-d5-0.45%nacl</i>	Tier 1	
J0780	Injection, prochlorperazine, up to 10 mg	<i>prochlorperazine edisylate</i>	Tier 1	
J2550	Injection, promethazine HCl, up to 50 mg	PHENERGAN	Tier 1	
J2704	Injection, propofol, 10 mg	DIPRIVAN	Tier 1	

J2785	Injection, regadenoson, 0.1 mg	LEXISCAN	Tier 1	
J2790	Injection, Rho d immune globulin, human, full dose, 300 micrograms (1500 I.U.) (see also 90384 for CPT billing requirements)	HYPERRHO	Tier 1	
J2788	Injection, Rho d immune globulin, human, minidose, 50 micrograms (250 I.U.) (see also 90385 for CPT billing requirements)	HYPERRHO	Tier 1	
J0587	Injection, rimabotulinumtoxinB, 100 units	MYOBLOC	Tier 1	PA; Neurology, Pain Management, Physiatry; QL (5000 Max Qty Per Request)
J9312	Injection, rituximab, 10 mg	RITUXAN	Tier 1	PA
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	TRUXIMA	Tier 1	PA
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	RIABNI	Tier 1	PA
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	RUXIENCE	Tier 1	PA
J2802	Injection, romiplostim, 1 microgram	NPLATE	Tier 1	PA
J2795	Injection, ropivacaine hydrochloride, 1 mg	NAROPIN (PF)	Tier 1	
J2820	Injection, sargramostim (GM-CSF), 50 mcg	LEUKINE	Tier 1	Hematology/Oncology - Chemotherapy
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	<i>sodium ferric gluconate-sucrose</i>	Tier 1	
J0697	Injection, sterile cefuroxime sodium, per 750 mg	<i>cefuroxime sodium</i>	Tier 1	
J0330	Injection, succinylcholine chloride, up to 20mg	<i>succinylcholine chloride</i>	Tier 1	
J1447	Injection, tbo-filgrastim, 1 microgram	GRANIX	Tier 1	Hematology/Oncology - Chemotherapy
J3241	Injection, teprotumumab-trbw, 10 mg	TEPEZZA	Tier 1	PA
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	HERCEPTIN	Tier 1	PA
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	KANJINTI	Tier 1	PA

Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	OGIVRI	Tier 1	PA
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	ONTRUZANT	Tier 1	PA
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	HERZUMA	Tier 1	PA
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	TRAZIMERA	Tier 1	PA
J3301	Injection, triamcinolone acetonide, Not Otherwise Specified, per 10 mg	<i>triamcinolone acetonide</i>	Tier 1	
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	TRIESENCE (PF)	Tier 1	
J3315	Injection, triptorelin pamoate, 3.75 mg	TRELSTAR	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9360	Injection, vinblastine sulfate, 1 mg	<i>vinblastine</i>	Tier 1	PA
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	<i>cyanocobalamin (vitamin b-12)</i>	Tier 1	
J3489	Injection, zoledronic acid, 1 mg	RECLAST	Tier 1	
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial (Code Price is per 1 vial)	<i>thyrogen</i>	Tier 1	
J7300	Intrauterine copper contraceptive (paragard)	PARAGARD T 380A	Tier 1	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	LUPRON DEPOT	Tier 1	PA; Hematology/Oncology - Chemotherapy, Urology
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	LILETTA	Tier 1	
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	MIRENA	Tier 1	
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	SKYLA	Tier 1	
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg (For billing prior to 1/1/18 use Q9984)	KYLEENA	Tier 1	

Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	BREYANZI	Tier 1	PA
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 - see also S0119	<i>ondansetron</i>	Tier 1	
G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	N/A	Tier 1	Infusion
G0070	Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes	N/A	Tier 1	Infusion
G0069	Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	N/A	Tier 1	Infusion
G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	N/A	Tier 1	Infusion

G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	N/A	Tier 1	Infusion
G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	N/A	Tier 1	Infusion
J7120	Ringer's lactate infusion, up to 1,000 cc	<i>lactated ringers</i>	Tier 1	
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code was reused by CMS 1/1/2019) (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	KYMRIAH	Tier 1	PA
J9370	Vincristine sulfate, 1 mg	<i>vincristine</i>	Tier 1	PA

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