

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
90378	Rsv Mab Im 50 Mg	SYNAGIS	YES	7/1/2021
A9591	Fluoroestradiol F 18	CERIANNA	No	7/1/2021
C9075	Injection, Casimersen, 10 Mg	AMONDYS-45	CARVE OUT	7/1/2021
C9076	Lisocabtagene Car Pos T	BREYANZI	CARVE OUT	7/1/2021
J0121	Inj Omadacycline, 1 Mg	NUZYRA	YES	7/1/2021
J0122	Inj Eravacycline, 1 Mg	XERAVA	YES	7/1/2021
J0129	Abatacept Injection	ORENCIA SQ	YES	7/1/2021
J0130	Abciximab Injection	REOPRO	No	7/1/2021
J0131	Acetaminophen Injection	TYLENOL	No	7/1/2021
J0132	Acetylcysteine Injection	MUCOMYST	No	7/1/2021
J0133	Acyclovir Injection	ZOVIRAX	No	7/1/2021
J0135	Adalimumab Injection	HUMIRA	YES	7/1/2021
J0153	Adenosine Inj 1mg	ADENOCARD	No	7/1/2021
J0171	Adrenalin Epinephrine Injection	ADRENALIN	No	7/1/2021
J0178	Aflibercept Injection	EYLEA	YES	7/1/2021
J0179	Inj Brolocizumab-Dbll, 1 Mg	BEOVU	YES	7/1/2021
J0180	Agalsidase Beta Injection	FABRAZYME	YES	7/1/2021
J0185	Inj Aprepitant, 1 Mg	CINVANTI	YES	7/1/2021
J0202	Injection, Alemtuzumab	LEMTRADA	YES	7/1/2021
J0207	Amifostine	ETHYOL	YES	7/1/2021
J0215	Alefaccept	AMEVIVE	YES	7/1/2021
J0220	Alglucosidase Alfa Injection	LUMIZYME	YES	7/1/2021
J0221	Lumizyme Injection	LUMIZYME	YES	7/1/2021
J0222	Inj Patisiran, 0.1 Mg	ONPATTRO	YES	7/1/2021
J0223	Inj Givosiran 0.5 Mg	GIVLAARI	YES	7/1/2021
J0224	Inj Lumasiran, 0.5 Mg	OXLUMO	YES	7/1/2021
J0256	Alpha 1 Proteinase Inhibitor	ARALAST	YES	7/1/2021
J0256	Alpha 1 Proteinase Inhibitor	ARALAST NP	YES	7/1/2021
J0256	Alpha 1 Proteinase Inhibitor	PROLASTIN-C	YES	7/1/2021
J0256	Alpha 1 Proteinase Inhibitor	ZEMAIRA	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J0257	Glassia Injection	GLASSIA	YES	7/1/2021
J0278	Amikacin Sulfate Injection	AMIKIN	No	7/1/2021
J0280	Aminophyllin 250 Mg Injection	PHYLLOCONTIN	No	7/1/2021
J0282	Amiodarone Hcl	CORDARONE	No	7/1/2021
J0285	Amphotericin B	AMPHOCIN	No	7/1/2021
J0287	Amphotericin B Lipid Complex	ABELCET	No	7/1/2021
J0288	Ampho B Cholesteryl Sulfate	AMPHOTEC	No	7/1/2021
J0289	Amphotericin B Liposome Injection	AMBISOME	No	7/1/2021
J0290	Ampicillin 500 Mg Injection	TOTACILLIN-N	No	7/1/2021
J0291	Inj Plazomicin, 5 Mg	ZEMDRI	YES	7/1/2021
J0295	Ampicillin Sulbactam 1.5 Gm	UNASYN	No	7/1/2021
J0300	Amobarbital 125 Mg Inj	AMYTAL	No	7/1/2021
J0348	Anidulafungin Injection	ERAXIS	No	7/1/2021
J0360	Hydralazine Hcl Injection	APRESOLINE	No	7/1/2021
J0364	Apomorphine Hydrochloride	APOKYN	YES	7/1/2021
J0380	Inj Metaraminol Bitartrate	ARAMINE	YES	7/1/2021
J0400	Aripiprazole Injection	ABILIFY	YES	7/1/2021
J0401	Inj Aripiprazole Ext Rel 1 Mg	ABILIFY MAINTENA	YES	7/1/2021
J0456	Azithromycin	ZITHROMAX	No	7/1/2021
J0461	Atropine Sulfate Injection	ATROPEN	No	7/1/2021
J0470	Dimecaprol Injection	BAL IN OIL	No	7/1/2021
J0475	Baclofen 10 Mg Injection	LIORESAL	No	7/1/2021
J0476	Baclofen Intrathecal Trial	LIORESAL INTRATHECAL	YES	7/1/2021
J0480	Basiliximab	SIMULECT	YES	7/1/2021
J0485	Belatacept Injection	NULOJIX	YES	7/1/2021
J0490	Belimumab Injection	BENLYSTA	YES	7/1/2021
J0500	Dicyclomine Injection	BENTYL	No	7/1/2021
J0515	Inj Benzotropine Mesylate	COGENTIN	No	7/1/2021
J0517	Inj Benralizumab, 1 Mg	FASENRA	YES	7/1/2021
J0520	Bethanechol Chloride Injection	URECHOLINE	No	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J0558	Peng Benzathine/Procaine Injection	BICILLIN CR	No	7/1/2021
J0561	Penicillin G Benzathine Injection	BICILLIN LA	No	7/1/2021
J0565	Inj Bezlotoxumab, 10 Mg	ZINPLAVA	YES	7/1/2021
J0567	Inj Cerliponase Alfa 1 Mg	BRINEURA	YES	7/1/2021
J0570	Buprenorphine Implant 74.2 Mg	PROBUPHINE	YES	7/1/2021
J0583	Bivalirudin	ANGIOMAX	No	7/1/2021
J0584	Injection, Burosumab-Twza 1m	CRYSVITA	YES	7/1/2021
J0585	Injection, Onabotulinumtoxin A	BOTOX	YES	7/1/2021
J0586	Abobotulinumtoxin A	DYSPOREX	YES	7/1/2021
J0587	Inj Rimabotulinumtoxin B	MYOBLOC	YES	7/1/2021
J0588	Incobotulinumtoxin A	XEOMIN	YES	7/1/2021
J0592	Buprenorphine Hydrochloride	BUPRENIX	No	7/1/2021
J0593	Inj Lanadelumab-Flyo, 1 Mg	TAKHZYRO	YES	7/1/2021
J0594	Busulfan Injection	BUSULFEX	YES	7/1/2021
J0595	Butorphanol Tartrate 1 Mg	STADOL	No	7/1/2021
J0596	Injection, Ruconest	RUCONEST	YES	7/1/2021
J0597	C-1 Esterase, Berinert	BERINERT	YES	7/1/2021
J0598	C-1 Esterase, Cinryze	CINRYZE	YES	7/1/2021
J0599	Inj Haegarda 10 Units	HAEGARDA	YES	7/1/2021
J0600	Edetate Calcium Disodium Inj	CALCIUM EDTA	No	7/1/2021
J0600	Edetate Calcium Disodium Inj	EDETATE CALCIUM DISODIUM	No	7/1/2021
J0606	Inj Etelcalcetide, 0.1 Mg	PARSABIV	YES	7/1/2021
J0610	Calcium Gluconate Injection	KALEINATE	No	7/1/2021
J0620	Calcium Glycer & Lact/10 ML	CALPHOSAN	No	7/1/2021
J0630	Calcitonin Salmon Injection	MIACALCIN	No	7/1/2021
J0636	Inj Calcitriol Per 0.1 Mcg	CALCIJEX	No	7/1/2021
J0637	Caspofungin Acetate	CANCIDAS	No	7/1/2021
J0638	Canakinumab Injection	ILARIS	YES	7/1/2021
J0640	Leucovorin Calcium Injection	WELLCOVORIN	YES	7/1/2021
J0641	Inj Levoleucovorin Nos 0.5 Mg	FUSILEV	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J0642	Injection, Khapzory, 0.5 Mg	KHAPZORY	YES	7/1/2021
J0690	Cefazolin Sodium Injection	ANCEF	No	7/1/2021
J0691	Inj Lefamulin 1 Mg	XENLETA	YES	7/1/2021
J0692	Cefepime Hcl For Injection	MAXIPIME	No	7/1/2021
J0693	Inj Cefiderocol, 5 Mg	FETROJA	No	7/1/2021
J0694	Cefoxitin Sodium Injection	MEFOXIN	No	7/1/2021
J0695	Inj Ceftolozane Tazobactam	ZERBAXA	YES	7/1/2021
J0696	Ceftriaxone Sodium Injection	ROCEPHIN	No	7/1/2021
J0697	Sterile Cefuroxime Injection	ZINACEF	No	7/1/2021
J0698	Cefotaxime Sodium Injection	CLAFORAN	No	7/1/2021
J0702	Betamethasone Acet & Sod Phosp	CELESTONE	No	7/1/2021
J0706	Caffeine Citrate Injection	CAFCIT	No	7/1/2021
J0710	Cephapirin Sodium Injection	CEFADYL	YES	7/1/2021
J0712	Ceftaroline Fosamil Injection	TEFLARO	YES	7/1/2021
J0713	Inj Ceftazidime Per 500 Mg	FORTAZ	No	7/1/2021
J0714	Ceftazidime and Avibactam	AVYCAZ	YES	7/1/2021
J0715	Ceftizoxime Sodium / 500 Mg	CEFIZOX	YES	7/1/2021
J0717	Certolizumab Pegol Inj 1 Mg	CIMZIA	YES	7/1/2021
J0725	Chorionic Gonadotropin/1000u	NOVAREL	YES	7/1/2021
J0725	Chorionic Gonadotropin/1000u	PREGNYL	YES	7/1/2021
J0735	Clonidine Hydrochloride	DURACLON	No	7/1/2021
J0740	Cidofovir Injection	VISTIDE	No	7/1/2021
J0742	Inj Impip 4 Cilas 4 Releb 2 Mg	RECARBRIO	YES	7/1/2021
J0743	Cilastatin Sodium Injection	PRIMAXIN	YES	7/1/2021
J0744	Ciprofloxacin Iv	CIPRO	No	7/1/2021
J0745	Inj Codeine Phosphate /30 Mg	PHENAPHEN W/CODEINE	No	7/1/2021
J0770	Colistimethate Sodium Injection	COLY-MYCIN M	No	7/1/2021
J0775	Collagenase, Clost Hist Injection	XIAFLEX	YES	7/1/2021
J0780	Prochlorperazine Injection	COMPAZINE	No	7/1/2021
J0791	Inj Crizanlizumab-Tmca 5 Mg	ADAKVEO	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J0795	Corticotropin Ovine Triflural	ACTHREL	No	7/1/2021
J0800	Corticotropin Injection	HP ACTHAR	YES	7/1/2021
J0834	Inj Cosyntropin, 0.25 Mg	CORTROSYN	No	7/1/2021
J0840	Crotalidae Poly Immune Fab	CROFAB	No	7/1/2021
J0841	Inj Crotalidae Im F(Ab')2 Eq	ANAVIP	No	7/1/2021
J0875	Injection, Dalbavancin	DALVANCE	YES	7/1/2021
J0878	Daptomycin Injection	CUBICIN	YES	7/1/2021
J0881	Darbepoetin Alfa, Non-Esrd	ARANESP	YES	7/1/2021
J0882	Darbepoetin Alfa, Esrd Use	ARANESP	YES	7/1/2021
J0883	Argatroban Nonesrd Use 1 Mg	ARGATROBAN	YES	7/1/2021
J0884	Argatroban Esrd Dialysis 1 Mg	ARGATROBAN	YES	7/1/2021
J0885	Epoetin Alfa, Non-Esrd	EPOGEN	YES	7/1/2021
J0885	Epoetin Alfa, Non-Esrd	PROCRIT	YES	7/1/2021
J0887	Epoetin Beta Esrd Use	MIRCERA	No	7/1/2021
J0888	Epoetin Beta Non Esrd	MIRCERA	YES	7/1/2021
J0894	Decitabine Injection	DACOGEN	YES	7/1/2021
J0895	Deferoxamine Mesylate Injection	DEFERAL	No	7/1/2021
J0896	Inj Luspatercept-Aamt 0.25 Mg	REBLOZYL	YES	7/1/2021
J0897	Denosumab Injection	PROLIA	YES	7/1/2021
J0897	Denosumab Injection	XGEVA	YES	7/1/2021
J0945	Brompheniramine Maleate Inj	ND STAT	No	7/1/2021
J1000	Depo-Estradiol Cypionate Inj	ESTRADIOL	No	7/1/2021
J1020	Methylprednisolone 20 Mg Inj	DEPOMEDROL	No	7/1/2021
J1030	Methylprednisolone 40 Mg Inj	DEPOMEDROL	No	7/1/2021
J1040	Methylprednisolone 80 Mg Inj	DEPOMEDROL	No	7/1/2021
J1050	Medroxyprogesterone Acetate	DEPO-PROVERA	No	7/1/2021
J1071	Inj Testosterone Cypionate	DEPO-TESTOSTERONE	No	7/1/2021
J1094	Inj Dexamethasone Acetate	DALALONE LA	No	7/1/2021
J1095	Injection, Dexamethasone 9%	DEXYCU	YES	7/1/2021
J1096	Dexametha Opth Insert 0.1 Mg	DEXTENZA	No	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J1097	Phenylep Ketorolac Opth Soln	OMIDRIA	No	7/1/2021
J1100	Dexamethasone Sodium Phos	CORTASTAT	No	7/1/2021
J1110	Inj Dihydroergotamine Mesylt	DHE 45	No	7/1/2021
J1120	Acetazolamid Sodium Injectio	DIAMOX	No	7/1/2021
J1130	Inj Diclofenac Sodium 0.5 Mg	DYLOJECT	No	7/1/2021
J1160	Digoxin Injection	LANOXIN	No	7/1/2021
J1162	Digoxin Immune Fab (Ovine)	DIGIBIND	No	7/1/2021
J1165	Phenytoin Sodium Injection	DILANTIN	No	7/1/2021
J1170	Hydromorphone Injection	DILAUDID	No	7/1/2021
J1190	Dexrazoxane Hcl Injection	ZINECARD	No	7/1/2021
J1200	Diphenhydramine Hcl Injection	BENADRYL	No	7/1/2021
J1201	Inj Cetirizine Hcl 0.5 Mg	QUZYTIR	No	7/1/2021
J1212	Dimethyl Sulfoxide 50% 50 MI	RIMSO	No	7/1/2021
J1240	Dimenhydrinate Injection	DRAMAMINE	No	7/1/2021
J1245	Dipyridamole Injection	PERSNTINE	No	7/1/2021
J1250	Inj Dobutamine Hcl/250 Mg	DOBUTREX	No	7/1/2021
J1260	Dolasetron Mesylate	ANZEMET	YES	7/1/2021
J1265	Dopamine Injection	INTORPIN	No	7/1/2021
J1267	Doripenem Injection	DORIBAX	No	7/1/2021
J1270	Injection, Doxercalciferol	HECTOROL	No	7/1/2021
J1290	Ecallantide Injection	KALBITOR	YES	7/1/2021
J1300	Eculizumab Injection	SOLIRIS	YES	7/1/2021
J1301	Injection, Edaravone, 1 Mg	RADICAVA	YES	7/1/2021
J1303	Inj Ravulizumab-Cwvz 10 Mg	ULTOMIRIS	YES	7/1/2021
J1320	Amitriptyline Injection	ELAVIL	No	7/1/2021
J1322	Elosulfase Alfa, Injection	VIMIZIM	CARVE OUT	7/1/2021
J1324	Enfuvirtide Injection	FUZEON	No	7/1/2021
J1325	Epoprostenol Injection	FLOLAN	YES	7/1/2021
J1325	Epoprostenol Injection	VELETRI	YES	7/1/2021
J1327	Eptifibatide Injection	INTEGRELLIN	No	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J1330	Ergonovine Maleate Injection	ERGOTRATE	No	7/1/2021
J1335	Ertapenem Injection	INVANZ	YES	7/1/2021
J1364	Erythro Lactobionate /500 Mg	ERYTHROCIN LACTOBIONATE	No	7/1/2021
J1380	Estradiol Valerate 10 Mg Inj	DELESTROGEN	No	7/1/2021
J1410	Inj Estrogen Conjugate 25 Mg	PREMARIN IV	No	7/1/2021
J1427	Inj Viltolarsen	VILTEPSO	CARVE OUT	7/1/2021
J1428	Inj Eteplirsen, 10 Mg	EXONDYS 51	CARVE OUT	7/1/2021
J1429	Inj Golodirsen 10 Mg	VYONDYS 53	CARVE OUT	7/1/2021
J1435	Injection Estrone Per 1 Mg	THEELIN	YES	7/1/2021
J1436	Etidronate Disodium Injection	DIDRONEL	YES	7/1/2021
J1437	Inj Fe Derisomaltose 10 Mg	MONOFERRIC	YES	7/1/2021
J1438	Etanercept Injection	ENBREL	YES	7/1/2021
J1439	Inj Ferric Carboxymaltos 1 Mg	INJECTAFER	No	7/1/2021
J1442	Inj Filgrastim Excl Biosimil	NEUPOGEN	YES	7/1/2021
J1444	Fe Pyro Cit Pow 0.1 Mg Iron	INJECTION, FERRIC PYROPHOSPHATE CITRATE POWDER, 0.1 MG OF IRON	No	7/1/2021
J1447	Inj Tbo Filgrastim 1 Microg	GRANIX	YES	7/1/2021
J1450	Fluconazole	DIFLUCAN	No	7/1/2021
J1451	Fomepizole, 15 Mg	ANTIZOL	No	7/1/2021
J1452	Intraocular Fomivirsen Na	VITAVENE	YES	7/1/2021
J1453	Fosaprepitant Injection	EMEND	YES	7/1/2021
J1454	Inj Fosnetupitant, Palonoset	AKYNZEO	YES	7/1/2021
J1455	Foscarnet Sodium Injection	FOSCAVIR	No	7/1/2021
J1457	Gallium Nitrate Injection	GANITE	YES	7/1/2021
J1458	Galsulfase Injection	NAGLAZYME	YES	7/1/2021
J1459	Inj Ivig Privigen 500 Mg	PRIVIGEN	YES	7/1/2021
J1460	Gamma Globulin 1 Cc Inj	GAMASTAN S/D	YES	7/1/2021
J1554	Inj Asceniv	ASCENIV	YES	7/1/2021
J1555	Inj Cuvitru, 100 Mg	CUVITRU	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J1556	Inj Imm Glob Bivigam, 500 Mg	BIVIGAM	YES	7/1/2021
J1557	Gammplex Injection	GAMMAPLEX	YES	7/1/2021
J1558	Inj Xembify, 100 Mg	XEMBIFY	YES	7/1/2021
J1559	Hizentra Injection	HIZENTRA	YES	7/1/2021
J1560	Gamma Globulin > 10 Cc Inj	GAMASTAN S/D	YES	7/1/2021
J1561	Gamunex-C/Gammaked	GAMMAKED	YES	7/1/2021
J1561	Gamunex-C/Gammaked	GAMUNEX	YES	7/1/2021
J1561	Gamunex-C/Gammaked	GAMUNEX-C	YES	7/1/2021
J1562	Vivaglobin, Injection	VIVAGLOBIN	YES	7/1/2021
J1566	Immune Globulin, Powder	CARIMUNE NF	YES	7/1/2021
J1566	Immune Globulin, Powder	GAMMAGARD SD	YES	7/1/2021
J1568	Octagam Injection	OCTAGAM	YES	7/1/2021
J1569	Gammagard Liquid Injection	GAMMAGARD LIQUID	YES	7/1/2021
J1570	Ganciclovir Sodium Injection	CYTOVENE	No	7/1/2021
J1571	Hepagam B Im Injection	HEPAGAM B	No	7/1/2021
J1572	Flebogamma Injection	FLEBOGAMMA	YES	7/1/2021
J1573	Hepagam B Intravenous, Inj	HEPAGAM B	No	7/1/2021
J1575	Hyqvia 100mg Immunoglobulin	HYQVIA	YES	7/1/2021
J1580	Garamycin Gentamicin Inj	GENTAMINE SULFATE	No	7/1/2021
J1599	Ivig Non-Lyophilized, Nos	IMMUNE GLOBULIN (NOS)	YES	7/1/2021
J1600	Gold Sodium Thiomaleate Inj	MYOCHRISINE	YES	7/1/2021
J1602	Golimumab For Iv Use 1mg	SIMPONI ARIA	YES	7/1/2021
J1610	Glucagon Hydrochloride/1 Mg	GLUCAGEN	No	7/1/2021
J1620	Gonadorelin Hydroch/ 100 Mcg	FACTREL	YES	7/1/2021
J1626	Granisetron Hcl Injection	KYTRIL	No	7/1/2021
J1627	Inj Granisetron, Xr, 0.1 Mg	KYTRIL	YES	7/1/2021
J1628	Inj Guselkumab, 1 Mg	TREMFYA	YES	7/1/2021
J1630	Haloperidol Injection	HALDOL	No	7/1/2021
J1631	Haloperidol Decanoate Inj	HALDOL DECANOATE	No	7/1/2021
J1632	Inj Brexanolone, 1 Mg	ZULRESSO	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J1640	Hemin, 1 Mg	PANHEMATIN	No	7/1/2021
J1645	Dalteparin Sodium	FRAGMIN	YES	7/1/2021
J1650	Inj Enoxaparin Sodium	LOVENOX	No	7/1/2021
J1652	Fondaparinux Sodium	ARIXTRA	YES	7/1/2021
J1655	Tinzaparin Sodium Injection	INNOHEP	YES	7/1/2021
J1670	Tetanus Immune Globulin Inj	HYPERTET	No	7/1/2021
J1675	Histrelin Acetate	VANTAS	YES	7/1/2021
J1700	Hydrocortisone Acetate Inj	HYDROCORTONE ACETATE	No	7/1/2021
J1710	Hydrocortisone Sodium Ph Inj	HYDROCORTONE PHOSPHATE	No	7/1/2021
J1720	Hydrocortisone Sodium Succ I	SOLU-CORTEF	No	7/1/2021
J1726	Makena, 10 Mg	MAKENA	YES	7/1/2021
J1729	Inj Hydroxyprogst Caproat Nos	HYDROXYPROGESTERONE CAPROATE (NOS)	YES	7/1/2021
J1738	Inj Meloxicam 1 Mg	ANJESSO	No	7/1/2021
J1740	Ibandronate Sodium Injection	BONIVA	YES	7/1/2021
J1741	Ibuprofen Injection	CALDOLOR	No	7/1/2021
J1742	Ibutilide Fumarate Injection	CORVERT	YES	7/1/2021
J1743	Idursulfase Injection	ELAPRASE	YES	7/1/2021
J1744	Icatibant Injection	FIRAZRY	YES	7/1/2021
J1745	Infliximab Not Biosimil 10 Mg	REMICADE	YES	7/1/2021
J1746	Inj Ibalizumab-Uiyk, 10 Mg	TROGARZO	YES	7/1/2021
J1750	Inj Iron Dextran	INFED	No	7/1/2021
J1756	Iron Sucrose Injection	VENOFER	No	7/1/2021
J1786	Imuglucerase Injection	CEREZYME	YES	7/1/2021
J1800	Propranolol Injection	INDERAL	No	7/1/2021
J1815	Insulin Injection	HUMALOG	No	7/1/2021
J1823	Inj Inebilizumab-Cdon, 1 Mg	UPLINZA	YES	7/1/2021
J1826	Interferon Beta-1a Inj	AVONEX	YES	7/1/2021
J1830	Interferon Beta-1b /.25 Mg	BETASERON	YES	7/1/2021
J1833	Injection, Isavuconazonium	CRESEMBA	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J1840	Kanamycin Sulfate 500 Mg Inj	KANTREX	No	7/1/2021
J1850	Kanamycin Sulfate 75 Mg Inj	KANTREX	No	7/1/2021
J1885	Ketorolac Tromethamine Inj	TORADOL	No	7/1/2021
J1890	Cephalothin Sodium Injection	KEFLIN	No	7/1/2021
J1930	Lanreotide Injection	SOMATULINE DEPOT	YES	7/1/2021
J1931	Laronidase Injection	ALDURAZYME	YES	7/1/2021
J1940	Furosemide Injection	LASIX	No	7/1/2021
J1943	Inj Aristada Initio, 1 Mg	ARISTADA INITIO	YES	7/1/2021
J1944	Aripirazole Lauroxil 1 Mg	ARISTADA	YES	7/1/2021
J1945	Lepirudin	REFLUDAN	No	7/1/2021
J1950	Leuprolide Acetate /3.75 Mg	LUPRON DEPOT	YES	7/1/2021
J1951	Inj Fensolvi 0.25 Mg	FENSOLVI	YES	7/1/2021
J1953	Levetiracetam Injection	KEPPRA	No	7/1/2021
J1955	Inj Levocarnitine Per 1 Gm	CARNITOR	No	7/1/2021
J1956	Levofloxacin Injection	LEVAQUIN	No	7/1/2021
J1960	Levorphanol Tartrate Inj	LEVO DROMORAN	No	7/1/2021
J1980	Hyoscyamine Sulfate Inj	LEVSIN	No	7/1/2021
J1990	Chlordiazepoxide Injection	LIBRIUM	No	7/1/2021
J2010	Lincomycin Injection	LINCOCIN	No	7/1/2021
J2020	Linezolid Injection	ZYVOX	YES	7/1/2021
J2060	Lorazepam Injection	ATIVAN	No	7/1/2021
J2062	Loxapine For Inhalation 1 Mg	ADASUVE	YES	7/1/2021
J2150	Mannitol Injection	OSMITROL	No	7/1/2021
J2170	Mecasermin Injection	INCRELEX	YES	7/1/2021
J2175	Meperidine Hydrochl /100 Mg	DEMEROL	No	7/1/2021
J2180	Meperidine/Promethazine Inj	MEPERGAN	No	7/1/2021
J2182	Injection, Mepolizumab, 1 Mg	NUCALA	YES	7/1/2021
J2185	Meropenem	MERREM	No	7/1/2021
J2186	Inj Meropenem, Vaborbactam	VABOMERE	No	7/1/2021
J2212	Methylnaltrexone Injection	RELISTOR	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J2248	Micafungin Sodium Injection	MYCAMINE	No	7/1/2021
J2260	Inj Milrinone Lactate / 5 Mg	PRIMACOR	No	7/1/2021
J2265	Minocycline Hydrochloride	MINOCIN	No	7/1/2021
J2270	Morphine Sulfate Injection	ROXANOL	No	7/1/2021
J2274	Inj Morphine Pf Epid Itch	INFUMORPH 500	No	7/1/2021
J2278	Ziconotide Injection	PRIALT	YES	7/1/2021
J2280	Inj Moxifloxacin 100 Mg	AVELOX	No	7/1/2021
J2300	Inj Nalbuphine Hydrochloride	NUBAIN	No	7/1/2021
J2310	Inj Naloxone Hydrochloride	NARCAN	No	7/1/2021
J2315	Naltrexone, Depot Form	VIVITROL	No	7/1/2021
J2320	Nandrolone Decanoate 50 Mg	DECADURA-BOLIN	No	7/1/2021
J2323	Natalizumab Injection	TYSABRI	YES	7/1/2021
J2325	Nesiritide Injection	NATRECOR	No	7/1/2021
J2326	Inj Nusinersen, 0.1 Mg	SPINRAZA	CARVE OUT	7/1/2021
J2350	Injection, Ocrelizumab, 1 Mg	OCREVUS	YES	7/1/2021
J2353	Octreotide Injection, Depot	SANDOSTATIN LAR DEPOT	YES	7/1/2021
J2354	Octreotide Inj, Non-Depot	SANDOSTATIN	No	7/1/2021
J2355	Oprelvekin Injection	NEUMEGA	YES	7/1/2021
J2357	Omalizumab Injection	XOLAIR	YES	7/1/2021
J2358	Olanzapine Long-Acting Injection	ZYPREXA RELPREVV	YES	7/1/2021
J2360	Orphenadrine Injection	NORFLEX	No	7/1/2021
J2405	Ondansetron Hcl Injection	ZOFRAN	No	7/1/2021
J2407	Injection, Oritavancin	ORBACTIV	YES	7/1/2021
J2410	Oxymorphone Hcl Injection	NUMORPHAN	No	7/1/2021
J2425	Palifermin Injection	KEPIVANCE	YES	7/1/2021
J2426	Paliperidone Palmitate Injection	INVEGA SUSTENNA	YES	7/1/2021
J2430	Pamidronate Disodium /30 Mg	AREDIA	YES	7/1/2021
J2469	Palonosetron Hcl	ALOXI	YES	7/1/2021
J2501	Paricalcitol	ZEMPLAR	No	7/1/2021
J2503	Pegaptanib Sodium Injection	MACUGEN	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J2504	Pegademase Bovine, 25 lu	ADAGEN	YES	7/1/2021
J2505	Injection, Pegfilgrastim 6 Mg	NEULASTA	YES	7/1/2021
J2507	Pegloticase Injection	KRYSTEXXA	YES	7/1/2021
J2510	Penicillin G Procaine Inj	WYCILLIN	No	7/1/2021
J2513	Pentastarch 10% Solution	PENTASPAN	No	7/1/2021
J2540	Penicillin G Potassium Inj	PFIZERPEN	No	7/1/2021
J2543	Piperacillin/Tazobactam	ZOSYN	YES	7/1/2021
J2545	Pentamidine Non-Comp Unit	NEBUPENT	No	7/1/2021
J2547	Injection, Peramivir	RAPIVAB	YES	7/1/2021
J2550	Promethazine Hcl Injection	PHENERGAN	No	7/1/2021
J2560	Phenobarbital Sodium Inj	LUMINAL SODIUM	No	7/1/2021
J2562	Plerixafor Injection	MOZOBIL	YES	7/1/2021
J2597	Inj Desmopressin Acetate	DDAVP	No	7/1/2021
J2650	Prednisolone Acetate Inj	PEDIAPRED	No	7/1/2021
J2675	Inj Progesterone Per 50 Mg	PROGESTERONE IN OIL	No	7/1/2021
J2680	Fluphenazine Decanoate 25 Mg	PROLIXIN DECANOATE	No	7/1/2021
J2700	Oxacillin Sodium Injection	BACTOCILL	No	7/1/2021
J2704	Inj Propofol, 10 Mg	DIPRIVAN	No	7/1/2021
J2724	Protein C Concentrate	CEPROTIN	YES	7/1/2021
J2765	Metoclopramide Hcl Injection	REGLAN	No	7/1/2021
J2770	Quinupristin/Dalfopristin	SYNERCID	YES	7/1/2021
J2778	Ranibizumab Injection	LUCENTIS	YES	7/1/2021
J2780	Ranitidine Hydrochloride Inj	ZANTAC	No	7/1/2021
J2783	Rasburicase	ELITEK	No	7/1/2021
J2785	Regadenoson Injection	LEXISCAN	No	7/1/2021
J2786	Injection, Reslizumab, 1 Mg	CINQAIR	YES	7/1/2021
J2787	Riboflavin 5phos Opth<=3ml	PHOTEXA VISCOUS	YES	7/1/2021
J2788	Rho D Immune Globulin 50 Mcg	HYPHER RHO SD MINI DOSE	No	7/1/2021
J2790	Rho D Immune Globulin Inj	HYPHER RHO SD	No	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J2790	Rho D Immune Globulin Inj	HYPERRHO S/D-RHOGAM ULTRA-FILTERED	No	7/1/2021
J2791	Rhophylac Injection	RHOPHYLAC	No	7/1/2021
J2792	Rho(D) Immune Globulin H, Sd	WINRHO SDF	No	7/1/2021
J2793	Riloncept Injection	ARCALYST	YES	7/1/2021
J2794	Inj Risperdal Consta, 0.5 Mg	RISPERDAL CONSTA	YES	7/1/2021
J2796	Romiplostim Injection	NPLATE	YES	7/1/2021
J2797	Inj Rolapitant, 0.5 Mg	VARUBI	YES	7/1/2021
J2798	Inj Perseris, 0.5 Mg	PERSERIS	YES	7/1/2021
J2820	Sargramostim Injection	LEUKINE	YES	7/1/2021
J2840	Inj Sebelipase Alfa 1 Mg	KANUMA	YES	7/1/2021
J2860	Injection, Siltuximab	SYLVANT	YES	7/1/2021
J2910	Aurothioglucose Injection	SOLGANAL	No	7/1/2021
J2916	Na Ferric Gluconate Complex	FERRLECIT	No	7/1/2021
J2920	Methylprednisolone Injection	SOLUMEDROL	No	7/1/2021
J2930	Methylprednisolone Injection	SOLUMEDROL	No	7/1/2021
J2941	Somatropin Injection	HUMATROPE	YES	7/1/2021
J2950	Promazine Hcl Injection	SPARINE	No	7/1/2021
J2993	Retepase Injection	RETAVASE	No	7/1/2021
J2995	Inj Streptokinase /250000 Iu	STREPTASE	No	7/1/2021
J2997	Alteplase Recombinant	ACTIVASE	No	7/1/2021
J3000	Streptomycin Injection	STREPTO-MYCIN	No	7/1/2021
J3030	Sumatriptan Succinate / 6 Mg	IMITREX	No	7/1/2021
J3031	Inj Fremanezumab-Vfrm 1 Mg	AJOVY	YES	7/1/2021
J3032	Inj Eptinezumab-Jjmr 1 Mg	VYEPTIL	YES	7/1/2021
J3060	Inj Taliglucerase Alfa 10 U	ELELYSO	YES	7/1/2021
J3070	Pentazocine Injection	TALWIN	No	7/1/2021
J3090	Inj Tedizolid Phosphate	SIVEXTRO	No	7/1/2021
J3095	Telavancin Injection	VIBATIV	YES	7/1/2021
J3105	Terbutaline Sulfate Inj	BRETHINE	No	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J3111	Inj Romosozumab-Aqqg 1 Mg	EVENITY	YES	7/1/2021
J3121	Inj Testostero Enanthate 1 Mg	DELATESTRYL	No	7/1/2021
J3145	Testosterone Undecanoate 1 Mg	AVEED	No	7/1/2021
J3230	Chlorpromazine Hcl Injection	THORAZINE	No	7/1/2021
J3240	Thyrotropin Injection	THYROGEN	No	7/1/2021
J3241	Inj Teprotumumab-Trbw 10 Mg	TEPEZZA	YES	7/1/2021
J3243	Tigecycline Injection	TYGACIL	No	7/1/2021
J3245	Injection, Tildrakizumab, 1 Mg	ILUMYA	YES	7/1/2021
J3246	Tirofiban Hcl	AGGRASTAT	No	7/1/2021
J3250	Trimethobenzamide Hcl Injection	TIGAN	No	7/1/2021
J3260	Tobramycin Sulfate Injection	NEBCIN	No	7/1/2021
J3262	Tocilizumab Injection	ACTEMRA	YES	7/1/2021
J3265	Injection Torsemide 10 Mg/ML	DEMADEX	No	7/1/2021
J3280	Thiethylperazine Maleate Inj	TORECAN	No	7/1/2021
J3285	Treprostinil Injection	REMODULIN	YES	7/1/2021
J3300	Triamcinolone A Inj Prs-Free	TRIVARIS	No	7/1/2021
J3301	Triamcinolone Acet Inj Nos	KENALOG	No	7/1/2021
J3302	Triamcinolone Diacetate Inj	ARISTOCORT	No	7/1/2021
J3303	Triamcinolone Hexacetoni Inj	ARISTOSPAN	No	7/1/2021
J3304	Inj Triamcinolone Ace Xr 1 Mg	ZILRETTA	YES	7/1/2021
J3305	Inj Trimetrexate Glucuronate	NEUTRAXIN	No	7/1/2021
J3310	Perphenazine Injection	TRILAFON	No	7/1/2021
J3315	Triptorelin Pamoate	TRELSTAR DEPOT	No	7/1/2021
J3316	Inj Triptorelin Xr 3.75 Mg	TRELSTAR DEPOT	YES	7/1/2021
J3320	Spectinomycin Di-Hcl Injection	TROBICIN	No	7/1/2021
J3357	Ustekinumab Sub Cu Injection, 1 Mg	STELARA	YES	7/1/2021
J3358	Ustekinumab, Iv Injection, 1 Mg	STELARA	YES	7/1/2021
J3360	Diazepam Injection	VALIUM	No	7/1/2021
J3364	Urokinase 5000 Iu Injection	ABBOKINASE	No	7/1/2021
J3370	Vancomycin Hcl Injection	VANCOICIN	No	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J3380	Injection, Vedolizumab	ENTYVIO	YES	7/1/2021
J3385	Velaglucerase Alfa	VPRIV	YES	7/1/2021
J3396	Verteporfin Injection	VISUDYNE	YES	7/1/2021
J3397	Inj Vestronidase Alfa-Vj bk	MEPSEVII	YES	7/1/2021
J3398	Inj Luxturna 1 Billion Vec G	LUXTURNA	CARVE OUT	7/1/2021
J3399	Inj Onase Abepar-Xioi Treat	ZOLGENSMA	CARVE OUT	7/1/2021
J3410	Hydroxyzine Hcl Injection	VISTARIL	No	7/1/2021
J3411	Thiamine Hcl 100 Mg	THIAMILATE	No	7/1/2021
J3415	Pyridoxine Hcl 100 Mg	NESTREX	No	7/1/2021
J3420	Vitamin B12 Injection	B-12	No	7/1/2021
J3430	Vitamin K Phytionadione Injection	AQUA MEPHYTON	No	7/1/2021
J3465	Injection, Voriconazole	VFEND	No	7/1/2021
J3471	Ovine, Up to 999 Usp Units	VITRASE	YES	7/1/2021
J3472	Ovine, 1000 Usp Units	VITRASE	YES	7/1/2021
J3473	Hyaluronidase Recombinant	HYLENEX	YES	7/1/2021
J3475	Inj Magnesium Sulfate	SULFAMAG	No	7/1/2021
J3480	Inj Potassium Chloride	KDUR	No	7/1/2021
J3485	Zidovudine	RETROVIR	No	7/1/2021
J3486	Ziprasidone Mesylate	GEODON	YES	7/1/2021
J3489	Zoledronic Acid 1 Mg	RECLAST	YES	7/1/2021
J3489	Zoledronic Acid 1 Mg	ZOMETA	YES	7/1/2021
J3490	Drugs Unclassified Injection	DRUGS UNCLASSIFIED INJECTION	YES	7/1/2021
J3590	Unclassified Biologics	UNCLASSIFIED BIOLOGICS	YES	7/1/2021
J3591	Esrd On Dialysis Drug/Bio Noc	UNCLASSIFIED DRUG OR BIOLOGICAL USED FOR ESRD ON DIALYSIS	YES	7/1/2021
J7030	Normal Saline Solution Infus	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	No	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization. Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J7040	Normal Saline Solution Infus	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	No	7/1/2021
J7042	5% Dextrose/Normal Saline	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	No	7/1/2021
J7050	Normal Saline Solution Infus	INFUSION, NORMAL SALINE SOLUTION, 250 CC	No	7/1/2021
J7060	5% Dextrose/Water	DEXTROSE IN WATER	No	7/1/2021
J7070	D5w Infusion	DEXTROSE IN WATER	No	7/1/2021
J7100	Dextran 40 Infusion	RHEOMACRODE	No	7/1/2021
J7110	Dextran 75 Infusion	GENTRAN 75	No	7/1/2021
J7120	Ringers Lactate Infusion	LACTATED RINGERS	No	7/1/2021
J7121	5% Dextrose In Lac Ringers	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	No	7/1/2021
J7131	Hypertonic Saline Sol	HYPERTONIC SALINE SOLUTION, 1 ML	No	7/1/2021
J7168	Prothrombin Complex Kcentra	KCENTRA	YES	7/1/2021
J7169	Inj Andexxa, 10 Mg	ANDEXXA	YES	7/1/2021
J7170	Inj Emicizumab-Kxwh 0.5 Mg	HEMLIBRA	YES	7/1/2021
J7175	Inj Factor X, (Human), 1iu	COAGADEX	YES	7/1/2021
J7177	Inj Fibryga, 1 Mg	FIBRYGA	YES	7/1/2021
J7179	Vonvendi Inj 1 Iu Vwf:Rco	VONVENDI	YES	7/1/2021
J7180	Factor Xiii Anti-Hem Factor	CORIFACT	YES	7/1/2021
J7181	Factor Xiii Recomb A-Subunit	TRETTEN	YES	7/1/2021
J7182	Factor Viii Recomb Novoeight	NOVOEIGHT	YES	7/1/2021
J7183	Wilate Injection	WILATE	YES	7/1/2021
J7185	Xyntha Injection	XYNTHA	YES	7/1/2021
J7186	Antihemophilic Viii/Vwf Comp	ALPHANATE VWF	YES	7/1/2021
J7187	Humate-P, Injection	HUMATE P	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization. Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J7188	Factor Viii Recomb Obizur	OBIZUR	YES	7/1/2021
J7189	Factor Viia Recomb Novoseven	NOVOSEVEN RT	YES	7/1/2021
J7190	Factor Viii	HEMOFIL M	YES	7/1/2021
J7190	Factor Viii	KOATE-DVI	YES	7/1/2021
J7190	Factor Viii	MONOCLATE-P	YES	7/1/2021
J7191	Factor Viii (Porcine)	HYATE-C	YES	7/1/2021
J7192	Factor Viii Recombinant Nos	ADVATE	YES	7/1/2021
J7192	Factor Viii Recombinant Nos	HELIXATE FS	YES	7/1/2021
J7192	Factor Viii Recombinant Nos	KOGENATE FS	YES	7/1/2021
J7192	Factor Viii Recombinant Nos	KOGENATE FS BIO-SET	YES	7/1/2021
J7192	Factor Viii Recombinant Nos	RECOMBINATE	YES	7/1/2021
J7193	Factor Ix Non-Recombinant	ALPHANINE	YES	7/1/2021
J7193	Factor Ix Non-Recombinant	MONONINE	YES	7/1/2021
J7194	Factor Ix Complex	BEBULIN VH	YES	7/1/2021
J7194	Factor Ix Complex	BEBULIN, PROFILNINE SD	YES	7/1/2021
J7195	Factor Ix Recombinant Nos	BENEFIX	YES	7/1/2021
J7196	Antithrombin Recombinant	PROPLEX T	YES	7/1/2021
J7197	Antithrombin Iii Injection	THROBATE III	YES	7/1/2021
J7198	Anti-Inhibitor	FEIBA	YES	7/1/2021
J7199	Hemophilia Clot Factor Noc	HEMOPHILIA CLOT FACTOR NOC	YES	7/1/2021
J7200	Factor Ix Recombinan Rixubis	RIXUBIS	YES	7/1/2021
J7201	Factor Ix Alprolix Recomb	ALPROLIX	YES	7/1/2021
J7202	Factor Ix Idelvion Injection	IDELVION	YES	7/1/2021
J7203	Factor Ix Recomb Gly Rebinyn	REBINYN	YES	7/1/2021
J7204	Inj Recombin Esperoct Per Iu	ESPEROCT	YES	7/1/2021
J7205	Factor Viii Fc Fusion Recomb	ELOCTATE	YES	7/1/2021
J7207	Factor Viii Pegylated Recomb	ADYNOVATE	YES	7/1/2021
J7208	Inj Jivi 1 Iu	JIVI	YES	7/1/2021
J7209	Factor Viii Nuwiq Recomb 1 Iu	NUWIQ	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J7210	Inj Afstyla, 1 I.U.	AFSTYLA	YES	7/1/2021
J7211	Inj Kovaltry, 1 I.U.	KOVALTRY	YES	7/1/2021
J7212	Factor Viia Recomb Sevenfact	SEVENFACT	YES	7/1/2021
J7296	Kyleena, 19.5 Mg	KYLEENA	No	7/1/2021
J7297	Liletta, 52 Mg	LILETTA	No	7/1/2021
J7298	Mirena, 52 Mg	MIRENA	No	7/1/2021
J7300	Intraut Copper Contraceptive	PARAGARD	No	7/1/2021
J7301	Skyla, 13.5 Mg	SKYLA	No	7/1/2021
J7304	Contraceptive Hormone Patch	XULANE	No	7/1/2021
J7307	Etonogestrel Implant System	IMPLANON	No	7/1/2021
J7308	Aminolevulinic Acid Hcl Top	LEVULAN	YES	7/1/2021
J7309	Methyl Aminolevulinate, Top	METVIXIA	YES	7/1/2021
J7312	Dexamethasone Intra Implant	OZURDEX	YES	7/1/2021
J7313	Inj Iluvien, 0.01 Mg	RETISERT	YES	7/1/2021
J7314	Inj Yutiq, 0.01 Mg	YUTIQ	No	7/1/2021
J7315	Ophthalmic Mitomycin	MITOMYCIN-C	No	7/1/2021
J7316	Inj Ocriplasmin, 0.125 Mg	JETREA	YES	7/1/2021
J7318	Inj Durolane 1 Mg	DUROLANE	YES	7/1/2021
J7320	Genvisc 850, Inj, 1 Mg	GENVISC 850	YES	7/1/2021
J7321	Hyalgan or Supartz Inj Dose	HYALGAN	YES	7/1/2021
J7321	Hyalgan Supartz Visco-3 Dose	SUPARTZ	YES	7/1/2021
J7322	Hymovis Injection 1 Mg	HYMOVIS	YES	7/1/2021
J7323	Euflexxa Inj Per Dose	EUFLEXXA	YES	7/1/2021
J7324	Orthovisc Inj Per Dose	ORTHOVISC	YES	7/1/2021
J7325	Synvisc or Synvisc-One	SYNVISC	YES	7/1/2021
J7325	Synvisc or Synvisc-One	SYNVISC ONE	YES	7/1/2021
J7326	Gel-One	GEL-ONE	YES	7/1/2021
J7327	Monovisc Inj Per Dose	MONOVISC	YES	7/1/2021
J7328	Gelsyn-3 Injection 0.1 Mg	GELSYN	YES	7/1/2021
J7329	Inj Trivisc 1 Mg	TRIVISC	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J7331	Synojynt, Inj, 1 Mg	SYNOJOYNT	YES	7/1/2021
J7332	Inj Triluron, 1 Mg	TRILURON	YES	7/1/2021
J7336	Capsaicin 8% Patch	QUTENZA	No	7/1/2021
J7342	Ciprofloxacin Otic Susp 6 Mg	OTIPRIO	No	7/1/2021
J7345	Aminolevulinic Acid, 10% Gel	AMELUZ	YES	7/1/2021
J7351	Inj Bimatoprost Itc Imp 1 Mcg	DURYSTA	No	7/1/2021
J7352	Afamelanotide Implant, 1 Mg	SCENESSE	YES	7/1/2021
J7402	Mometasone Sinus Sinuva	SINUVA	YES	7/1/2021
J7501	Azathioprine Parenteral	IMURAN	No	7/1/2021
J7504	Lymphocyte Immune Globulin	ATGAM	YES	7/1/2021
J7511	Antithymocyte Globuln Rabbit	THYMOGLOBULIN	No	7/1/2021
J7513	Daclizumab, Parenteral	ZENAPAX	YES	7/1/2021
J7516	Cyclosporin Parenteral 250 Mg	NEORAL	No	7/1/2021
J7525	Tacrolimus Injection	PROGRAF	No	7/1/2021
J7608	Acetylcysteine Non-Comp Unit	MUCOMYST	No	7/1/2021
J7648	Isoetharine Non-Comp Con	BRONKOSOL	No	7/1/2021
J7649	Isoetharine Non-Comp Unit	BRONKOSOL	No	7/1/2021
J7658	Isoproterenol Non-Comp Con	ISUPREL HCL	No	7/1/2021
J7659	Isoproterenol Non-Comp Unit	ISUPREL HCL	No	7/1/2021
J7674	Methacholine Chloride, Neb	PROVOCHOLINE	No	7/1/2021
J7999	Compounded Drug, Noc	COMPOUNDED DRUG, NOC	YES	7/1/2021
J8655	Oral Netupitant, Palonosetro	AKYNZEO	YES	7/1/2021
J9000	Doxorubicin Hcl Injection	ADRIAMYCIN	No	7/1/2021
J9015	Aldesleukin Injection	PROLEUKIN	YES	7/1/2021
J9017	Arsenic Trioxide Injection	TRISENOX	YES	7/1/2021
J9019	Erwinaze Injection	ERWINAZE	YES	7/1/2021
J9020	Asparaginase, Nos	ELSPAR	YES	7/1/2021
J9022	Inj Atezolizumab,10 Mg	TECENTRIQ	YES	7/1/2021
J9023	Injection, Avelumab, 10 Mg	BAVENCIO	YES	7/1/2021
J9025	Azacitidine Injection	VIDAZA	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J9027	Clofarabine Injection	CLOLAR	YES	7/1/2021
J9030	Bcg Live Intravesical 1Mg	BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	No	7/1/2021
J9032	Injection, Belinostat, 10 Mg	BELEODAQ	YES	7/1/2021
J9033	Inj Treanda 1 Mg	TREANDA	YES	7/1/2021
J9034	Inj Bendeka 1 Mg	BENDEKA	YES	7/1/2021
J9035	Bevacizumab Injection	AVASTIN	YES	7/1/2021
J9036	Inj Belrapzo/Bendamustine	BELRAPZO	YES	7/1/2021
J9037	Inj Belantamab Mafodont Blmf	BLENREP	YES	7/1/2021
J9039	Injection, Blinatumomab	BLINCYTO	YES	7/1/2021
J9040	Bleomycin Sulfate Injection	BLENOXANE	No	7/1/2021
J9041	Inj Velcade 0.1 Mg	VELCADE	YES	7/1/2021
J9042	Brentuximab Vedotin Injection	ADCETRIS	YES	7/1/2021
J9043	Cabazitaxel Injection	JEVTANA	YES	7/1/2021
J9044	Inj Bortezomib, Nos, 0.1 Mg	VELCADE (NOS)	YES	7/1/2021
J9045	Carboplatin Injection	CARBOPLATIN	No	7/1/2021
J9047	Injection, Carfilzomib, 1 Mg	KYPROLIS	YES	7/1/2021
J9050	Carmustine Injection	BICNU	No	7/1/2021
J9055	Cetuximab Injection	ERBITUX	YES	7/1/2021
J9057	Inj Copanlisib, 1 Mg	ALIQOPA	YES	7/1/2021
J9060	Cisplatin 10 Mg Injection	PLATINOL AQ	No	7/1/2021
J9065	Inj Cladribine Per 1 Mg	LEUSTATIN	No	7/1/2021
J9070	Cyclophosphamide 100 Mg Inj	CYTOXAN	YES	7/1/2021
J9098	Cytarabine Liposome Inj	DEPOCYT	YES	7/1/2021
J9100	Cytarabine Hcl 100 Mg Inj	CYTOSAR-U	No	7/1/2021
J9118	Inj Calaspargase Pegol-Mknl	ASPARLAS	YES	7/1/2021
J9119	Inj Cemiplimab-Rwlc, 1 Mg	LIBTAYO	YES	7/1/2021
J9120	Dactinomycin Injection	COSMEGEN	No	7/1/2021
J9130	Dacarbazine 100 Mg Inj	DTIC-DOME	No	7/1/2021
J9144	Daratumumab, Hyaluronidase	DARZALEX FASPRO	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J9145	Injection, Daratumumab 10 Mg	DARZALEX	YES	7/1/2021
J9150	Daunorubicin Injection	CERUBIDINE	No	7/1/2021
J9151	Daunorubicin Citrate Inj	DAUNOXOME	YES	7/1/2021
J9153	Inj Daunorubicin, Cytarabine	VYXEOS	YES	7/1/2021
J9155	Degarelix Injection	FIRMAGON	YES	7/1/2021
J9160	Denileukin Diftitox Inj	ONTAK	YES	7/1/2021
J9165	Diethylstilbestrol Injection	STILPHOSTROL	YES	7/1/2021
J9171	Docetaxel Injection	DOCEFREZ	YES	7/1/2021
J9171	Docetaxel Injection	TAXOTERE	YES	7/1/2021
J9173	Inj Durvalumab, 10 Mg	IMFINZI	YES	7/1/2021
J9176	Injection, Elotuzumab, 1 Mg	EMPLICITI	YES	7/1/2021
J9177	Inj Enfort Vedo-Ejfv 0.25 Mg	PADCEV	YES	7/1/2021
J9178	Inj Epirubicin Hcl, 2 Mg	ELLENC	No	7/1/2021
J9179	Eribulin Mesylate Injection	HALAVEN	YES	7/1/2021
J9181	Etoposide Injection	TOPOSAR	No	7/1/2021
J9185	Fludarabine Phosphate Injection	FLUDARA	YES	7/1/2021
J9190	Fluorouracil Injection	ADRUCIL	No	7/1/2021
J9198	Inj Infugem, 100 Mg	INFUGEM	YES	7/1/2021
J9200	Floxuridine Injection	FUDR	No	7/1/2021
J9201	In Gemcitabine Hcl Nos 200 Mg	GEMZAR	YES	7/1/2021
J9202	Goserelin Acetate Implant	ZOLADEX	YES	7/1/2021
J9203	Gemtuzumab Ozogamicin 0.1 Mg	MYLOTARG	YES	7/1/2021
J9204	Inj Mogamulizumab-Kpkc, 1 Mg	POTELIGEO	YES	7/1/2021
J9205	Inj Irinotecan Liposome 1 Mg	ONIVYDE	YES	7/1/2021
J9206	Irinotecan Injection	CAMPTOSAR	YES	7/1/2021
J9207	Ixabepilone Injection	IXEMPRA	YES	7/1/2021
J9208	Ifosfamide Injection	IFEX	No	7/1/2021
J9209	Mesna Injection	MESNEX	No	7/1/2021
J9210	Inj Emapalumab-Lzsg, 1 Mg	GAMIFANT	YES	7/1/2021
J9211	Idarubicin Hcl Injection	IDAMYCIN	No	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J9212	Interferon Alfacon-1 Inj	INFERGEN	YES	7/1/2021
J9213	Interferon Alfa-2a Inj	ROFERON-A	YES	7/1/2021
J9214	Interferon Alfa-2b Inj	INTRON A	YES	7/1/2021
J9215	Interferon Alfa-N3 Inj	ALFERON-N	YES	7/1/2021
J9216	Interferon Gamma 1-B Inj	ACTIMMUNE	YES	7/1/2021
J9217	Leuprolide Acetate Suspension	ELIGARD	YES	7/1/2021
J9217	Leuprolide Acetate Suspension	LUPRON DEPOT	YES	7/1/2021
J9219	Leuprolide Acetate Implant	LUPRON DEPOT	YES	7/1/2021
J9223	Inj Lurbinectedin, 0.1 Mg	ZEPZELCA	YES	7/1/2021
J9225	Vantas Implant	VANTAS	YES	7/1/2021
J9226	Supprelin La Implant	SUPPRELIN LA	YES	7/1/2021
J9227	Inj Isatuximab-Irfc 10 Mg	SARCLISA	YES	7/1/2021
J9228	Ipilimumab Injection	YERVOY	YES	7/1/2021
J9229	Inj Inotuzumab Ozogam 0.1 Mg	BESPONSA	YES	7/1/2021
J9230	Mechlorethamine Hcl Inj	MUSTARGEN	YES	7/1/2021
J9245	Inj Melpha Hydroch Nos 50 Mg	ALKERAN	No	7/1/2021
J9246	Inj Evomela, 1 Mg	EVOMELA	No	7/1/2021
J9250	Methotrexate Sodium Inj	RHEUMATREX	No	7/1/2021
J9260	Methotrexate Sodium Inj	RHEUMATREX	No	7/1/2021
J9261	Nelarabine Injection	ARRANON	YES	7/1/2021
J9262	Inj Omacetaxine Mep, 0.01 Mg	SYNRIBO	YES	7/1/2021
J9263	Oxaliplatin	ELOXATIN	YES	7/1/2021
J9264	Paclitaxel Protein Bound	ABRAXANE	YES	7/1/2021
J9266	Pegaspargase Injection	ONCASPARG	YES	7/1/2021
J9267	Paclitaxel Injection	TAXOL	YES	7/1/2021
J9268	Pentostatin Injection	NIPENT	YES	7/1/2021
J9269	Inj Tagraxofusp-Erzs 10 Mcg	ELZONRIS	YES	7/1/2021
J9271	Inj Pembrolizumab	KEYTRUDA	YES	7/1/2021
J9280	Mitomycin Injection	MUTAMYCIN	No	7/1/2021
J9281	Mitomycin Instillation	JELMYTO	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J9285	Inj Olaratumab, 10 Mg	LARTRUVO	YES	7/1/2021
J9293	Mitoxantrone Hydrochl / 5 Mg	NAVATRONE	No	7/1/2021
J9295	Injection, Necitumumab, 1 Mg	PORTRAZZA	YES	7/1/2021
J9299	Injection, Nivolumab	OPDIVO	YES	7/1/2021
J9301	Obinutuzumab Injection	GAZYVA	YES	7/1/2021
J9302	Ofatumumab Injection	ARZERRA	YES	7/1/2021
J9303	Panitumumab Injection	VECTIBIX	YES	7/1/2021
J9304	Inj Pemetrexed, 10 Mg	PEMFEXY	YES	7/1/2021
J9305	Inj Pemetrexed Nos 10 Mg	ALIMTA	YES	7/1/2021
J9306	Injection, Pertuzumab, 1 Mg	PERJETA	YES	7/1/2021
J9307	Pralatrexate Injection	FOLOTYN	YES	7/1/2021
J9308	Injection, Ramucirumab	CYRAMZA	YES	7/1/2021
J9309	Inj Polatuzumab Vedotin 1 Mg	POLIVY	YES	7/1/2021
J9311	Inj Rituximab, Hyaluronidase	RITUXAN HYCELA	YES	7/1/2021
J9312	Inj Rituximab, 10 Mg	RITUXAN	YES	7/1/2021
J9313	Inj Lumoxiti, 0.01 Mg	LUMOXITI	YES	7/1/2021
J9315	Romidepsin Injection	ISTODAX	YES	7/1/2021
J9316	Pertuzu, Trastuzu, 10 Mg	PHESGO	YES	7/1/2021
J9317	Sacituzumab Govitecan-Hziy	TRODELVY	YES	7/1/2021
J9320	Streptozocin Injection	ZANOSAR	YES	7/1/2021
J9328	Temozolomide Injection	TEMODAR	YES	7/1/2021
J9330	Temsirolimus Injection	TORISEL	YES	7/1/2021
J9340	Thiotepa Injection	THIOPLEX	YES	7/1/2021
J9348	Inj Naxitamab-Gqgk, 1 Mg	DANYELZA	YES	7/1/2021
J9349	Inj Tafasitamab-Cxix	MONJUVI	YES	7/1/2021
J9351	Topotecan Injection	HYCAMTIN ORAL	YES	7/1/2021
J9352	Injection Trabectedin 0.1 Mg	YONDELIS	YES	7/1/2021
J9353	Inj Margetuximab-Cmkb, 5 Mg	MARGENZA	YES	7/1/2021
J9354	Inj Ado-Trastuzumab Emt 1 Mg	KADCYLA	YES	7/1/2021
J9355	Inj Trastuzumab Excl Biosimilar	HERCEPTIN	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
J9356	Inj Herceptin Hylecta, 10 Mg	HERCEPTIN HYLECTA	YES	7/1/2021
J9357	Valrubicin Injection	VALSTAR	No	7/1/2021
J9358	Inj Fam-Trastu Deru-Nxki 1 Mg	ENHERTU	YES	7/1/2021
J9360	Vinblastine Sulfate Inj	VELBAN	No	7/1/2021
J9370	Vincristine Sulfate 1 Mg Inj	ONCOVIN	YES	7/1/2021
J9371	Inj Vincristine Sul Lip 1 Mg	MARQIBO	YES	7/1/2021
J9390	Vinorelbine Tartrate Inj	NAVELBINE	YES	7/1/2021
J9395	Injection, Fulvestrant	FASLODEX	YES	7/1/2021
J9400	Inj Ziv-Aflibercept, 1 Mg	ZALTRAP	YES	7/1/2021
J9600	Porfimer Sodium Injection	PHOTOFRIN	YES	7/1/2021
J9999	Chemotherapy Drug	CHEMOTHERAPY DRUG	YES	7/1/2021
Q0138	Ferumoxytol, Non-Esrd	FERAHEME	No	7/1/2021
Q0139	Ferumoxytol, Esrd Use	FERAHEME	No	7/1/2021
Q0247*	Sotrovimab	SOTROVIMAB	No	7/1/2021
Q0515	Sermorelin Acetate Injection	GEREF DIAGNOSTIC	YES	7/1/2021
Q2017	Teniposide, 50 Mg	VUMON	YES	7/1/2021
Q2026	Radiesse Injection	RADIESSE	YES	7/1/2021
Q2041	Axicabtagene Ciloleucel Car+	YESCARTA	CARVE OUT	7/1/2021
Q2042	Tisagenlecleucel Car-Pos T	KYMRIAH	CARVE OUT	7/1/2021
Q2043	Sipuleucel-T Auto Cd54+	PROVENGE	YES	7/1/2021
Q2049	Imported Lipodox Inj	LIPODOX	YES	7/1/2021
Q2050	Doxorubicin Inj 10 Mg	DOXIL	YES	7/1/2021
Q2053	Brexucabtagene Car Pos T	TECARTUS	CARVE OUT	7/1/2021
Q3027	Inj Beta Interferon Im 1 Mcg	AVONEX	YES	7/1/2021
Q4081	Epoetin Alfa, 100 Units Esrd	EPOGEN	YES	7/1/2021
Q4186	Epifix 1 Sq Cm	EPIFIX	YES	7/1/2021
Q4187	Epicord 1 sq Cm	EPICORD	YES	7/1/2021
Q5101	Injection, Zarxio	ZARXIO	YES	7/1/2021
Q5103	Injection, Inflectra	INFLECTRA	YES	7/1/2021
Q5104	Injection, Renflexis	RENFLEXIS	YES	7/1/2021

Note: Codes and medications not included on this document are subject to prior authorization.
Coverage or inclusion on the member benefit is not guaranteed and is subject to change.

**Blue Cross Complete HCPCS medication codes prior authorization list
provider administered outpatient medications**

Procedure Code	Short Description	Brand Name (for reference)	Prior Auth Requirement	Effective Date
Q5105	Inj Retacrit Esrd on Dialysis	RETACRIT	No	7/1/2021
Q5106	Inj Retacrit Non-Esrd Use	RETACRIT	YES	7/1/2021
Q5107	Inj Mvasi 10 Mg	MVASI	YES	7/1/2021
Q5108	Injection, Fulphila	FULPHILA	YES	7/1/2021
Q5109	Injection, Ixifi, 10 Mg	IXIFI	YES	7/1/2021
Q5110	Nivestym	NIVESTYM	YES	7/1/2021
Q5111	Injection, Udenyca 0.5 Mg	UDENYCA	YES	7/1/2021
Q5112	Inj Ontruzant 10 Mg	ONTRUZANT	YES	7/1/2021
Q5113	Inj Herzuma 10 Mg	HERZUMA	YES	7/1/2021
Q5114	Inj Ogivri 10 Mg	OGIVRI	YES	7/1/2021
Q5115	Inj Truxima 10 Mg	TRUXIMA	YES	7/1/2021
Q5116	Inj Trazimera, 10 Mg	TRAZIMERA	YES	7/1/2021
Q5117	Inj Kanjinti, 10 Mg	KANJINTI	YES	7/1/2021
Q5118	Inj Zirabev, 10 Mg	ZIRABEV	YES	7/1/2021
Q5119	Inj Ruxience, 10 Mg	RUXIENCE	YES	7/1/2021
Q5120	Inj Pegfilgrastim-Bmez 0.5 Mg	ZIEXTENZO	YES	7/1/2021
Q5121	Inj Avsola, 10 Mg	AVSOLA	YES	7/1/2021
Q5122	Inj Nyvepria	NYVEPRIA	YES	7/1/2021
Q5123	Inj Riabni, 10 Mg	RIABNI	YES	7/1/2021
Q9991	Buprenorph Xr 100 Mg or Less	SUBLOCADE	YES	7/1/2021
Q9992	Buprenorphine Xr Over 100 Mg	SUBLOCADE	YES	7/1/2021
S0077	Injection, Clindamycin Phosp	CLEOCIN	No	7/1/2021
S0145	Peg Interferon Alfa-2a/180	PEGASYS	YES	7/1/2021
S0148	Peg Interferon Alfa-2b/10	PEG INTRON	YES	7/1/2021
S0189	Testosterone Pellet 75 Mg	TESTOPEL	YES	7/1/2021

***Carve out** status in the *Prior Authorization Requirement* column identifies Medicaid program covered injectable drugs and biological products that are carved out from Medicaid health plan coverage. They will be reimbursed as a fee-for-service for all FFS and MHP enrollees. All required prior authorization according to MDHHA requirements.

MDHHS fee schedules and additional information can be found by visiting michigan.gov/mdhhs.

Note: Codes and medications not included on this document are subject to prior authorization. Coverage or inclusion on the member benefit is not guaranteed and is subject to change.