

*****Coverage of gene therapies is not addressed in this document*****

NEW TO MARKET MEDICATIONS

Newly-available medications may be subject to GHC-SCW's *Coverage of New-to-market Drugs* policy. If the medication you are seeking coverage for is listed below, it is **not covered** and claims for the drug will be denied in concordance with the policy. The list is current as of the date of this document. Drugs which have been made available since the date of this document will not be covered.

| HCPCS Code | Brand Name | Generic Name |
|------------|------------|--------------------|
| J3590 | Xenpozyme | Olipudase alfa |
| J3590 | Spevigo | Spesolimab-sbzo |
| J3590 | Stimufend | pegfilgrastim-fpgk |
| J3590 | Rolvedon | eflapegrastim-xnst |
| J3590 | Cimerli | Ranibizumab-eqrn |
| J9999 | Vegzelma | bevacizumab-adcd |
| J3490 | Pedmark | sodium thiosulfate |
| J9999 | Imjudo | tremelimumab-actl |
| J9999 | Tecvayli | teclistamab-cqyv |

PHARMACY BENEFIT ONLY MEDICATIONS

Coverage of the following medications is **restricted** to the Pharmacy benefit. Claims submitted on the Medical benefit will be denied. Please note that these drugs may require Prior Authorization per the Formulary.

| HCPCS Code | Brand Name | Generic Name |
|------------|----------------------------------|----------------------------------|
| J3590 | Besremi | Ropeginterferon-alfa-2b-njft |
| J0717 | Cimzia | Certolizumab pegol |
| J1438 | Enbrel | Etanercept |
| J3590 | Enspryng | satralizumab |
| J0599 | Haegarda | C1 Esterase Inhibitor |
| J7170 | Hemlibra | Emicizumab-kxwh |
| J0135 | Humira | Adalimumab |
| J3590 | Kesimpta | ofatumumab |
| J8499 | Oral prescription drug non chemo | Oral prescription drug non chemo |
| J8999 | Oral prescription drug non chemo | Oral prescription drug non chemo |
| J3490 | Prevymis | Letermovir |
| J7639 | Pulmozyme | Dornase Alfa |
| J3357 | Stelara | Ustekinumab |
| J0593 | Takhzyro | Lanadelumab |
| J7682 | Tobi | Tobramycin Inh Soln |
| J7686 | Tyvaso | Treprostinil Inh Soln |

SPECIALTY INJECTABLES PRIOR AUTHORIZATION LIST

Prior authorization is required for clinic-administered injectable medications. Monthly updates will be added to the Prior Authorization list. Providers are reminded to review the Prior Authorization list on a regular basis for any updates or changes which may be added.

PLEASE NOTE: Magellan or GHC Prior Authorization?

The medications highlighted below in **yellow** required Prior Authorization from our partner, Magellan. Please click [HERE](#) to start the Prior Authorization process for these medications.

All other medications on the list below require Prior Authorization from GHC-SCW. Please click [HERE](#) to start the Prior Authorization process for these medications. Please contact Member Services with specific code information to determine if an item or service requires prior authorization. Member Services Phone: (800) 605-4327.

MAGELLAN RX SPECIALTY PHARMACY: When **(and only when)** GHC is the primary payor, select drugs must be sourced through Magellan Rx Specialty Pharmacy. Users will be guided in the Magellan Rx PA portal to set this up. Please be aware that if your practice is accustomed to “buy-and-bill,” those claims for reimbursement **will be denied**.

| HCPSC | Brand Name | Generic Name | Mandatory Distribution through Magellan Rx Specialty Pharmacy |
|-------|------------------------------------|------------------------------|---|
| J9264 | Abraxane | Paclitaxel | Y |
| J3262 | Actemra | Tocilizumab | Y |
| J0800 | Acthar_HP | Corticotropin | |
| J2504 | Adagen | Pegademase bovine | |
| J0791 | Adakveo | Crizanlizumab-tmca | |
| J9042 | Adcetris | Brentuximab vedotin | |
| J0172 | Aduhelm | aducanumab | |
| J1454 | Akynzeo | Fosnetupitant/palonosetron | |
| J1931 | Aldurazyme | Laronidase | |
| J9305 | Alimta | Pemetrexed | Y |
| J9057 | Aliqopa | copanlisib | |
| J2469 | Aloxi | Palonosetron | |
| C9142 | Alymsys (ZIRABEV PREFERRED) | Bevacizumab-maly | |
| J1426 | Amondys 45 | casimersen | |
| J3490 | Amvuttra | vutrisiran | |
| J0739 | Apretude | cabotegravir | |
| J0256 | Aralast | Alpha-1 proteinase inhibitor | |
| J0881 | Aranesp | Darbepoetin | Y |

| HCPCS | Brand Name | Generic Name | Mandatory Distribution through Magellan Rx Specialty Pharmacy |
|-------|--|---------------------------------------|---|
| J9302 | Arzerra | Ofatumumab | |
| J1554 | Asceniv | IVIG (Human)-slra | |
| J9118 | Asparlas | Calaspargase pegol-mknl | |
| J9035 | Avastin (ZIRABEV PREFERRED) | Bevacizumab Only for Cancer Dx | Y |
| Q5121 | Avsola (RENFLIXIS PREFERRED) | Infliximab-axxq | Y |
| A9590 | Azedra | Iobenguane I-131 | |
| J9023 | Bavencio | Avelumab | |
| J9032 | Beleodaq | Belinostat | |
| J9034 | Bendeka | Bendamustine | Y |
| J0490 | Benlysta | Belimumab | Y |
| J0179 | Beovu | Brolucizumab-dbli | |
| J0597 | Berinert | C1 Inhibitor | |
| J9229 | Besponsa | Inotuxumab ozogamicin | |
| J1556 | Bivigam | Intravenous Immune Globulin | |
| J9037 | Blenrep | Belantamab-mafodotin | |
| J9039 | Blinicyto | Blinatumomab | |
| J0585 | Botox (XEOMIN, DYSPORT PREFERRED) | OnabotulinumtoxinA | Y |
| J0567 | Brineura | Cerliponase alfa | |
| Q5124 | Byooviz | ranibizumab-nuna | |
| J1952 | Camcevi | leuprolide mesylate | |
| J1566 | Carimune NF | Intravenous Immune Globulin | Y |
| J1786 | Cerezyme | Imiglucerase | |
| J2786 | Cinqair | Reslizumab | |
| J0598 | Cinryze | C1 Inhibitor | |
| J1448 | Cosela | Trilaciclib | |
| J1551 | Cutaquig | Immune globulin SC (human)-hipp | |
| J1555 | Cuvitru | Subcutaneous Immune Globulin | |
| J9308 | Cyramza | Ramucirumab | |
| J0584 | Crysvita | burosumab-twza | |
| J9348 | Danyelza | naxitamab-gqgk | |
| J9145 | Darzalex | Daratumumab | Y |
| J9144 | Darzalex Faspro | Daratumumab and hyaluronidase-fihj | |
| J7318 | Durolane (SYNVISC, SYNVISONE PREFERRED) | Hyaluronan or derivative | Y |
| J0586 | Dysport (PREFERRED) | AbobotulinumtoxinA | Y |
| J1743 | Elaprase | Idursulfase | |

| HCPCS | Brand Name | Generic Name | Mandatory Distribution through Magellan Rx Specialty Pharmacy |
|-------|--|---|---|
| J3060 | ElELYso | Taliglucerase alfa | |
| J9217 | Eligard | Leuprolide acetate (for depot suspension) | Y |
| J9269 | Elzonris | Tagraxofusp-erzs | |
| J9176 | Empliciti | Elotuzumab | Y |
| J9358 | Enhertu | Fam-trastuzumab deruxtecan-nxki | |
| J1302 | Enjaymo | Sutimlimab-jome | |
| J3380 | Entyvio | Vedolizumab | Y |
| J9055 | Erbix | Cetuximab | Y |
| J9019 | Erwinaze | Asparaginase | |
| J7323 | Euflexxa (SYNVISC, SYNVISC-ONE PREFERRED) | Hyaluronan or derivative | |
| J1305 | Evkeeza | Evinacumab-dgnb | |
| J1428 | Exondys 51 | Eteplirsén | |
| J3111 | Evenity | Romozozumab-aqqg | |
| J9246 | Evomela | Melphalan | |
| J0178 | Eylea | Aflibercept | |
| J0180 | Fabrazyme | Agalsidase beta | |
| J0517 | Fasenra | benralizumab | |
| J1951 | Fensolvi | Leuprolide Acetate | |
| J1744 | Firazyr | Icatibant | |
| J9155 | Firmagon | Degarelix | |
| J1572 | Flebogamma | Intravenous Immune Globulin | Y |
| J9307 | FolotyN | Pralatrexate | |
| Q5108 | Fulphila (PREFERRED) | Pegfilgrastim-jmdb | |
| J0641 | Fusilev | Levoleucovorin Calcium | |
| J9331 | Fyarro | Sirolimus protein-bound | |
| J3590 | Fylnetra (FULPHILA, NEULASTA PREFERRED) | Pegfilgrastim-pbbk | |
| J9210 | Gamifant | Emapalumab-lzsg | |
| J1569 | Gammagard Liquid | Intravenous Immune Globulin | Y |
| J1566 | Gammagard S/D | Immune Globulin | Y |
| J1561 | Gammaked | Intravenous Immune Globulin | Y |
| J1557 | Gammaplex | Intravenous Immune Globulin | Y |
| J1561 | Gamunex-C | Intravenous Immune Globulin | Y |
| J0132 | Ganirelix Acetate | Ganirelix | |
| J9301 | Gazyva | Obinutuzumab | Y |

| HCPCS | Brand Name | Generic Name | Mandatory Distribution through Magellan Rx Specialty Pharmacy |
|-------|---|--|---|
| J7326 | Gel-One (SYNVISC, SYNVISC-ONE PREFERRED) | Hyaluronan or derivative | Y |
| J7328 | Gelsyn-3 (SYNVISC, SYNVISC-ONE PREFERRED) | Hyaluronan or derivative | |
| J7320 | Genvisc 850 (SYNVISC, SYNVISC-ONE PREFERRED) | Hyaluronan or derivative | |
| J0223 | Givlaari | Givosiran | |
| J0257 | Glassia | Alpha1-Proteinase Inhibitor (Human) | |
| J9179 | Halaven | Eribulin | Y |
| J9355 | Herceptin (TRAZIMERA, OGIVRI PREFERRED) | Trastuzumab | Y |
| J9356 | Herceptin Hylecta | Trastuzumab and hyaluronidase-oysk | |
| Q5113 | Herzuma (TRAZIMERA, OGIVRI PREFERRED) | Trastuzumab-pkrb | Y |
| J1559 | Hizentra | Subcutaneous Immune Globulin | Y |
| J7321 | Hyalgan (SYNVISC, SYNVISC-ONE PREFERRED) | Hyaluronan or derivative | Y |
| J7322 | Hymovis (SYNVISC, SYNVISC-ONE PREFERRED) | Hyaluronan or derivative | |
| J1575 | HyQvia | Subcutaneous Immune Globulin | |
| J0638 | Ilaris | Canakinumab | |
| J3245 | Ilumya | Tildrakizumab-asmn | |
| J9173 | Imfinzi | Durvalumab | |
| J9325 | Imlygic | Talimogene laherparepvec | |
| J2170 | Increlex | Mecasermin | |
| Q5103 | Inflectra (RENFLIXIS PREFERRED) | Infliximab-dyyb | Y |
| J9198 | Infugem | Gemcitabine | |
| J1599 | Intravenous Immune Globulin | Intravenous Immune Globulin | |
| J9319 | Istodax | Romidepsin | |
| J9207 | Ixempria | Ixabepilone | |
| J9281 | Jelmyto | Mitomycin for pyelocaliceal instillation | |
| J9272 | Jemperli | Dostarlimab-gxly | |
| J9043 | Jevtana | Cabazitaxel | Y |
| J9354 | Kadcyla | Ado-trastuzumab emtansine | Y |
| J1290 | Kalbitor | Ecallantide | |
| Q5117 | Kanjinti (TRAZIMERA, OGIVRI PREFERRED) | Trastuzumab-anns | Y |
| J2840 | Kanuma | Sebelipase alfa | |
| J0642 | Khapzory | levoleucovorin | |

| HCPCS | Brand Name | Generic Name | Mandatory Distribution through Magellan Rx Specialty Pharmacy |
|-------|--|---|---|
| J9271 | Keytruda | Pembrolizumab | Y |
| J9274 | Kimmtrak | tebentafusp-tabn | |
| J2507 | Krystexxa | Pegloticase | Y |
| J9047 | Kyprolis | Carfilzomib | Y |
| J9285 | Lartruvo | Olaratumab | |
| J0202 | Lemtrada | Alemtuzumab | |
| J1306 | Leqvio | inclisiran | |
| J9119 | Libtayo | Cemiplimab-rwlc | |
| J2778 | Lucentis | Ranibizumab | |
| J0221 | Lumizyme | Alglucosidase alfa | |
| J9313 | Lumoxiti | Moxetumomab pasudotox-tdfk | |
| J9217 | Lupron Depot | Leuprolide acetate (for depot suspension) | Y |
| J1950 | Lupron Depot | Leuprolide acetate (for depot suspension) | Y |
| J1950 | Lupron Depot Ped | Leuprolide acetate (for depot suspension) | Y |
| A9513 | Lutathera | lutetium Lu 177 dotatate | |
| J2503 | Macugen | Pegaptanib | |
| J9353 | Margenza | Margetuximab-cmkb | |
| J9371 | Marqibo | Vincristine Liposomal | Y |
| J3397 | Mepsevii | Vestronidase alfa-vjvk | |
| J2788 | Micrhogam | Rho(D) immune globulin | |
| J9349 | Monjuvi | Tafasitamab-cxix | |
| J7327 | Monovisc (SYNVISC, SYNVISC-ONE PREFERRED) | Hyaluronan or derivative | Y |
| J9203 | Mylotarg | Gemtuzumab ozogamicin | |
| J0587 | Myobloc (XEOMIN, DYSPORT PREFERRED) | RimabotulinumtoxinB | |
| Q5107 | Mvasi (ZIRABEV PREFERRED) | Bevacizumab-awwb | Y |
| J1458 | Naglzyme | Galsulfase | |
| J2506 | Neulasta (PREFERRED) | Pegfilgrastim | Y |
| J0219 | Nexviazyme | avalglucosidase alfa-ngpt | |
| J9293 | Novantrone | Mitoxantrone | |
| J2796 | Nplate | Romiplostim | Y |
| J2182 | Nucala | Mepolizumab | |
| J3490 | Nulibry | fosdenopterin | |
| J0485 | Nulojix | Belatacept | |
| Q5122 | Nyvepria (FULPHILA, NEULASTA PREFERRED) | Pegfilgrastim-apgf | |

| HCPCS | Brand Name | Generic Name | Mandatory Distribution through Magellan Rx Specialty Pharmacy |
|-------|---|---|---|
| J2350 | Ocrevus | Ocrelizumab | Y |
| J1568 | Octagam | Intravenous Immune Globulin | Y |
| J2354 | Octreotide Acetate | Octreotide | |
| Q5114 | Ogivri (PREFERRED) | Trastuzumab-dttb | Y |
| J9266 | Oncaspas | Pegaspargase | |
| J9205 | Onivyde | Irinotecan liposome | |
| J0222 | Onpattro | Patisiran | |
| Q5112 | Ontruzant (TRAZIMERA, OGIVRI PREFERRED) | Trastuzumab-dttb | Y |
| J9299 | Opdivo | Nivolumab | Y |
| J9298 | Opdualag | Nivolumab and relatlimab-rmbw | |
| J0129 | Orencia | Abatacept | Y |
| J7324 | Orthovisc (SYNVISC, SYNVISC-ONE PREFERRED) | Hyaluronan or derivative | Y |
| J0224 | Oxlumo | Lumasiran | |
| J9177 | Padcev | Enfortumab vedotin-ejfv | |
| J1599 | Panzyga | Intravenous Immune Globulin | |
| J9304 | Pemfexy | Pemetrexed | |
| J9247 | Pepaxto | melphalan flufenamide | |
| J9306 | Perjeta | Pertuzumab | Y |
| J9316 | Phesgo | Pertuzumab, trastuzumab and hyaluronidase | |
| A9607 | Pluvicto | Lutetium Lu 177 vipivotide tetraxetan | |
| J9309 | Polivy | Polatuzumab vedotin-piiq | |
| J9295 | Portrazza | Necitumumab | |
| J9204 | Poteligeo | Mogamulizumab-kpkc | |
| J2278 | Prialt | Ziconotide | |
| J1459 | Privigen | Intravenous Immune Globulin | Y |
| J0885 | Procrit/Epogen (RETACRIT PREFERRED) | Epoetin Alfa | Y |
| J0256 | Prolastin-C | Alpha-1-proteinase inhibitor | |
| J9015 | Proleukin | Aldesleukin | |
| J0897 | Prolia | Denosumab | Y |
| Q2043 | Provenge | Sipuleucel-t | |
| J3490 | Purified Cortrophin Gel | Repository Corticotropin Injection USP | |
| J1301 | Radicava | Edaravone | |
| J0896 | Reblozyl | Luspatercept-aamt | |

| HCPCS | Brand Name | Generic Name | Mandatory Distribution through Magellan Rx Specialty Pharmacy |
|-------|--|--|---|
| J1745 | Remicade (RENFLXIS PREFERRED) | Infliximab | Y |
| J3285 | Remodulin | Treprostinil | |
| Q5104 | Renflexis (PREFERRED) | infliximab-abda | Y |
| S0122 | Repronex | Menotropin | |
| J7311 | Retisert | Fluocinolone | |
| J3590 | Revcovi | Elapegademase | |
| Q5123 | Riabni (RUXIENCE, TRUXIMA PREFERRED) | Rituximab-arrx | Y |
| J1680 | Riastap | Fibrinogen | |
| J9312 | Rituxan (RUXIENCE, TRUXIMA PREFERRED) | Rituximab | Y |
| J9311 | Rituxan Hycela | Rituximab and hyaluronidase human | |
| J9318 | Romidepsin | non-lyophilized | |
| J0596 | Ruconest | C1 Esterase Inhibitor [recombinant] | |
| Q5119 | Ruxience (PREFERRED) | Rituximab-pvvr | Y |
| J9061 | Rybrevant | amivantamab-vmjw | |
| J9021 | Rylaze | asparaginase erwinia chrysanthemi-rywn | |
| J2998 | Ryplazim | Plasminogen, human-tmvh | |
| J2353 | Sandostatin_LAR (SOMATULINE PREFERRED) | Octreotide | Y |
| J0491 | Saphnelo | Anifrolumab-fnia | |
| J9227 | Sarclisa | Isatuximab-irfc | |
| J3490 | Scenesse | Afamelanotide | |
| J2502 | Signifor (SOMATULINE PREFERRED) | Pasireotide | |
| J1602 | Simponi_ARIA | Golimumab | Y |
| J3590 | Skyrizi | Risankizumab-rzaa | |
| J3490 | Sodium Hyaluronate (SYNVISC, SYNVISC-ONE PREFERRED) | 1% hyaluronan or derivative | |
| L8605 | Solesta | Dextranomer-Sodium Hyaluronate | |
| J1300 | Soliris | Eculizumab | Y |
| J1930 | Somatuline (PREFERRED) | Lanreotide | |
| J2326 | Spinraza | Nusinersen | |
| S0013 | Spravato | Esketamine | |
| J3358 | Stelara IV | Ustekinumab | |
| J7321 | Supartz (SYNVISC, SYNVISC-ONE PREFERRED) | Hyaluronan or derivative | |
| J9226 | Supprelin LA | Histrelin Implant (50 mg) | Y |

| HCPCS | Brand Name | Generic Name | Mandatory Distribution through Magellan Rx Specialty Pharmacy |
|-------|--|----------------------------------|---|
| J1627 | Sustol | Granisetron extended-release | |
| J2779 | Susvimo | Ranibizumab port delivery system | |
| J2860 | Sylvant | Siltuximab | Y |
| J9262 | Synribo | Omacetaxine | Y |
| J7325 | Synvisc (PREFERRED) | Hyaluronan or derivative | Y |
| J7325 | Synvisc-One (PREFERRED) | Hyaluronan or derivative | Y |
| J7331 | Synjoynt (SYNVISC, SYNVISC-ONE PREFERRED) | Hyaluronan or derivative | |
| J9022 | Tecentriq | Atezolizumab | |
| J3241 | Tepezza | Teprotumumab | |
| J2356 | Tezspire | tezepelumab-ekko | |
| J9273 | Tivdak | tisotumab vedotin-tftv | |
| J9330 | Torisel | Temsirolimus | |
| Q5116 | Trazimera (PREFERRED) | Trastuzumab-qyyp | Y |
| J9033 | Treanda | Bendamustine | Y |
| J3315 | Trelstar | Triptorelin Pamoate | |
| J7332 | Triluron (SYNVISC, SYNVISC-ONE PREFERRED) | Hyaluronan or derivative | |
| J3316 | Triptodur | Triptorelin | |
| J7329 | Trivisc (SYNVISC, SYNVISC-ONE PREFERRED) | Hyaluronan or derivative | |
| J9317 | Trodelyv | Sacituzumab govitecan-hziy | |
| J1746 | Trogarzo | Ibalizumab-uiyk | |
| Q5115 | Truxima (PREFERRED) | Rituximab-abbs | Y |
| J2323 | Tysabri | Natalizumab | |
| Q5111 | Udenyca (FULPHILA, NEULASTA PREFERRED) | Pegfilgrastim-cbqv | |
| J1303 | Ultomiris | Ravulizumab-cwvz | |
| J1823 | Uplizna | inebilizumab-cdon | |
| J2777 | Vabysmo | faricimab-svoa | |
| J9225 | Vantas | Histrelin Implant | Y |
| J9303 | Vectibix | Panitumumab | Y |
| J9041 | Velcade | Bortezomib | |
| J9025 | Vidaza | Azacitidine | |
| J1427 | Viltepso | Viltolarsen | |
| J1322 | Vimizim | Elosulfase Alfa | |
| J7321 | Visco-3 (SYNVISC, SYNVISC-ONE PREFERRED) | Hyaluronan or derivative | |

| HCPCS | Brand Name | Generic Name | Mandatory Distribution through Magellan Rx Specialty Pharmacy |
|-------|---|--|---|
| J3396 | Visudyne | Verteporfin | |
| J3385 | Vpriv | Velaglucerase | |
| J3032 | Vyepti | Eptinezumab-jjmr | |
| J1429 | Vyondys 53 | golodirsen | |
| J9332 | Vyvgart | Efgartigimod alfa-fcab | |
| J9153 | Vyxeos | Daunorubicin and cytarabine | |
| J1558 | Xembify | Immune globulin SC (human)-klhw | Y |
| J0588 | Xeomin (PREFERRED) | IncobotulinumtoxinA | Y |
| J0897 | Xgeva | Denosumab | Y |
| J0775 | Xiaflex | Collagenase Clostridium Hystolyticum | |
| J3299 | Xipere | Triamcinolone acetonide suprachoroidal injectable suspension | |
| J2357 | Xolair | Omalizumab | Y |
| J9228 | Yervoy | Ipilimumab | Y |
| J9352 | Yondelis | Trabectedin | Y |
| J7314 | Yutiq | Fluocinolone acetonide | |
| J9400 | Zaltrap | Ziv-aflibercept | |
| J0256 | Zemaira | Alpha1-Proteinase Inhibitor (Human) | |
| J9223 | Zepzelca | lurbnectedin | |
| Q5120 | Ziextenzo (FULPHILA, NEULASTA PREFERRED) | Pegfilgrastin-bmez | |
| J0565 | Zinplava | Bezlotoxumab | |
| Q5118 | Zirabev (PREFERRED) | Bevacizumab-bvzr | Y |
| J9202 | Zoladex | Goserelin | |
| J1632 | Zulresso | Brexanolone | |
| J9359 | Zynlonta | loncastuximab tesirine-lpyl | |

The medications listed are the preferred products in the category. When a prior authorization is required, the Prior Authorization List should be referenced.

| HCPCS | Brand Name | Generic Name | PA required? |
|--|-------------|--------------------------|--------------|
| INFLIXIMAB/BIOSIMILARS | | | |
| Q5104 | Renflexis | Infliximab-abda | Y |
| TRASTUZUMAB/BIOSIMILARS | | | |
| Q5116 | Trazimera | Trastuzumab-qyyp | Y |
| Q5114 | Ogivri | Trastuzumab-dttb | Y |
| BEVACIZUMAB/BIOSIMILARS | | | |
| Q5118 | Zirabev | Bevacizumab-bvzr | Y |
| RITUXIMAB/BIOSIMILARS | | | |
| Q5119 | Ruxience | Rituximab-pvvr | Y |
| Q5115 | Truxima | Rituximab-abbs | Y |
| BOTULINUM TOXINS | | | |
| J0588 | Xeomin | IncobotulinumtoxinA | Y |
| J0586 | Dysport | AbobotulinumtoxinA | Y |
| INTRA-ARTICULAR HYALURONIC ACID | | | |
| J7325 | Synvisc | Hyaluronan or derivative | Y |
| J7325 | Synvisc-One | Hyaluronan or derivative | Y |
| LONG ACTING G-CSF | | | |
| Q5108 | Fulphila | Pegfilgrastim-jmdb | Y |
| J2506 | Neulasta | Pegfilgrastim | Y |
| SHORT ACTING G-CSF | | | |
| Q5110 | Nivestym | Filgrastim-aafi | |
| J1447 | Granix | Tbo-Filgrastim | |
| SHORT ACTING ESA | | | |
| Q5105, Q5106 | Retacrit | Epoetin Alfa-epbx | |
| SOMATOSTATIN ANALOGS | | | |
| J1930 | Somatuline | Lanreotide | Y |