

Below is the list of Medical Drug J-codes that require pre-service review for Healthy U. Please submit requests using the Medical Prior Auth Medical Electronic Request Form (select Medical Pharmacy from the drop down) or the PDF form that are available under Prior Authorization Forms, attach all necessary clinical documentation and submit to the Pharmacy Team by either fax to 801-213-1547 or by email: [uhealthplanspharmacyteam@hsc.utah.edu](mailto:uhealthplanspharmacyteam@hsc.utah.edu)

If you have questions or need assistance regarding medical pharmacy please call for 833-981-0212

For questions regarding retail pharmacy please call RealRx pharmacy customer service: 855-856-5694

<b>Procedure Code</b>	<b>Description</b>	<b>Portal Status</b>
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG EA	Not Covered
90626	TICK-BORNE ENCEPHALITIS VIRUS VACCINE, INACTIVATED; 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	Not Covered
90627	TICK-BORNE ENCEPHALITIS VIRUS VACCINE, INACTIVATED; 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	Not Covered
90671	PNEUMOCOCCAL CONJUGATE VACCINE, 15 VALENT (PCV15), FOR INTRAMUSCUALR USE	Auth Required
90677	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR INTRAMUSCUALR USE	Auth Required
90758	ZAIRE EBOLAVIRUS VACCINE, LIVE, FOR INTRAMUSCUALR USE	Not Covered
99601	HOME INFUSION/VISIT, 2 HRS	Auth Required
99602	HOME INFUSION, EACH ADDTL HR	Auth Required
0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Not Covered
0538T	CAR-T THERAPY PREP BLOOD DERIVED T LMPHCYT FOR TRANSPORTATION	Not Covered
0539T	CAR-T THERAPY RECEIPT & PREP CAR-T CELLS FOR ADMIN	Not Covered
0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Not Covered
A9276	DISPOSABLE SENSOR, CGM SYS	Auth Required
A9277	EXTERNAL TRANSMITTER, CGM	Auth Required
A9278	EXTERNAL RECEIVER, CGM SYS	Auth Required
A9513	LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MILLICURIE	Auth Required

A9590	IODINE I-131, IOBENGUANE, 1 MILLICURIE	Auth Required
A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	Auth Required
B4164	PARENTERAL 50% DEXTROSE SOLU	Auth Required
B4168	PARENTERAL SOL AMINO ACID 3.	Auth Required
B4172	PARENTERAL SOL AMINO ACID 5.	Auth Required
B4176	PARENTERAL SOL AMINO ACID 7-	Auth Required
B4178	PARENTERAL SOL AMINO ACID >	Auth Required
B4180	PARENTERAL SOL CARB > 50%	Auth Required
B4185	PARENTERAL SOL 10 GM LIPIDS	Auth Required
B4187	OMEGA VEN, 10 GRAMS LIPIDS	Not Covered
B4189	PARENTERAL SOL AMINO ACID &	Auth Required
B4193	PARENTERAL SOL 52-73 GM PROT	Auth Required
B4197	PARENTERAL SOL 74-100 GM PRO	Auth Required
B4199	PARENTERAL SOL > 100GM PROTE	Auth Required
B4216	PARENTERAL NUTRITION ADDITIV	Auth Required
B4220	PARENTERAL SUPPLY KIT PREMIX	Auth Required
B4222	PARENTERAL SUPPLY KIT HOMEMI	Auth Required
B4224	PARENTERAL ADMINISTRATION KI	Auth Required
B5000	PARENTERAL SOL RENAL-AMIROSY	Auth Required
B5100	PARENTERAL SOL HEPATIC-FREAM	Auth Required
B5200	PARENTERAL SOL STRES-BRNCH C	Auth Required
B9004	PARENTERAL INFUS PUMP PORTAB	Not Covered
B9006	PARENTERAL INFUS PUMP STATIO	Auth Required
B9999	PARENTERAL SUPP NOT OTHRWS C	Not Covered

C8957	PROLONGED IV INF, REQ PUMP	Auth Required
C9046	COCAINE HCL NASAL SOLUTION FOR TOPICAL ADMIN, 1 MG	Auth Not Required
C9047	INJ, CAPLACIZUMAB-YHDP, 1 MG	Auth Required
C9065	INJECTION, ROMIDEPSIN, NON-LYPOHILIZED, 1MG	Auth Required
C9069	INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG	Auth Required
C9070	INJECTION, TAFASITAMAB-CXIX, 2 MG	Auth Required
C9071	INJECTION, VILTOLARSEN, 10 MG	Auth Required
C9072	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Auth Required
C9073	BREXUCABTAGENE AUTOLEUCEL, 200 MIL AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCL LEUKAPHERESIS, DOSE PREP, PER DOSE	Auth Required
C9075	INJECTION,CASIMERSEN, 10 MG	Auth Required
C9076	LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVIE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	Auth Required
C9077	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2MG/3MG	Auth Required
C9078	INJECTION, TRILACICLIB, 1 MG	Auth Required
C9079	INJECTION, EVINACUMAB-DGNB, 5 MG	Auth Required
C9080	INJECTION, MELPHALAN FLUFENAMIDE HCL, 1 MG	Auth Required
C9113	INJ PANTOPRAZOLE SODIUM, VIA	Auth Required
C9122	MOMETASONE FUROATE SINUS IMPLANT, 10 MICROGRAMS (SINUVA)	Not Covered
C9248	INJ, CLEVIDIPINE BUTYRATE	Auth Required
C9254	INJECTION, LACOSAMIDE 1MG	Auth Not Required
C9257	BEVACIZUMAB INJECTION 0.25MG	Auth Not Required
C9285	LIDOCAINE 70 MG/TETRACAINE 70 MG, PER PATCH	Auth Required

C9290	INJECTION BUPIVACAINE LIPOSOME 1 MG	Auth Not Required
C9293	INJ, GLUCARPIDASE, 10 UNITS	Auth Required
C9399	UNCLASSIFIED DRUGS OR BIOLOG	Auth Required when billing over \$500
C9460	INJ, CANGRELOR, 1 MG	Auth Not Required
C9462	INJ, DELAFLOXACIN, 1 MG	Not Covered
C9482	INJ, SOTALOL HYDROCHLORIDE, 1 MG	Not Covered
C9488	INJ, CONIVAPTAN HYDROCHLORIDE, 1 MG	Auth Required
C9493	INJ, EDARAVONE, 1 MG	Auth Required
E0779	AMB INFUSION PUMP MECHANICAL	Auth Required
E0780	MECH AMB INFUSION PUMP <8HRS	Auth Required
E0781	EXTERNAL AMBULATORY INFUS PU	Auth Required
E0791	PARENTERAL INFUSION PUMP STA	Auth Required
G0088	PROF SVCS, INITIAL HOME VISIT, ADMIN NON-CHEMO IV INFUSION, EA DRUG ADMIN, PER DAY, EA 15 MIN	Auth Required
G0089	PROF SVCS, INITIAL HOME VISIT, ADMIN SUBCUTANEOUS IMMUNOTHERAPY OR OTHER INFUSION DRUG/BIOLOGIC, EA DRUG ADMIN, PER DAY, EA 15 MIN	Auth Required
G0090	PROF SVCS, INITIAL HOME VISIT, ADMIN IV CHEMO/HIGHLY COMPLEX INFUSION DRUG/BIOLOGIC, EA INFUSION DRUG ADMIN, PER DAY, EA 15 MIN	Auth Required
J0120	TETRACYCLINE UP TO 250MG INJ	Auth Not Required
J0121	INJ, OMADACYCLINE, 1 MG	Not Covered
J0122	INJ, ERAVACYCLINE, 1 MG	Auth Required
J0129	ABATACEPT INJ,10MG	Auth Required
J0130	ABCIXMAB 10MG INJECTION	Auth Not Required
J0131	INJ, ACETAMINOPHEN, 10 MG	Auth Not Required
J0132	ACETYLCYSTEINE INJECTION	Auth Not Required

J0133	ACYCLOVIR INJECTION	Auth Not Required
J0135	ADALIMUMAB INJECTION	Auth Required
J0153	INJ, ADENOSINE, 1 MG	Auth Not Required
J0171	ADRENALIN EPINEPHRINE 0.1 MG INJ	Auth Not Required
J0178	INJ, AFLIBERCEPT, 1 MG	Auth Required
J0179	INJ, BROLUCIZUMAB-DBLL, 1 MG	Auth Required
J0180	AGALSIDASE BETA INJECTION	Auth Required
J0185	INJ, APREPITANT, 1 MG	Auth Not Required
J0190	BIPERIDEN LACTATE PER 5MG INJ	Not Covered
J0200	ALATROFLOXACIN MESYL 100MG INJ	Not Covered
J0202	INJ, AALEMTUZUMAB, 1 MG	Auth Required
J0205	ALGLUCERASE PER 10 UNITS INJ	Not Covered
J0207	AMIFOSTINE 500 MG	Auth Not Required
J0210	METHYL HCI UP TO 250MG INJ	Auth Not Required
J0220	ALGUCOSIDASE ALFA 10MG INJ	Auth Required
J0221	INJ, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	Auth Required
J0222	INJ, PATISIRAN, 0.1 MG	Auth Required
J0223	INJECTION, GIVOSIRAN, 0.5 MG	Auth Required
J0224	INJECTION, LUMASIRAN, 0.5 MG	Auth Required
J0256	ALPHA 1 PROTEINASE INH 10MG	Auth Required
J0257	INJ, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	Auth Required
J0270	ALPROSTADIL PER 1.25MCG INJ	Auth Not Required
J0275	ALPROSTADIL URETHRAL SUPPOSIT RY	Not Covered
J0278	AMIKACIN SULFATE INJECTION	Auth Not Required

J0280	AMINOPHYLLIN TO 250MG INJ	Auth Not Required
J0282	AMIODARONE HCL 30 MG INJ	Auth Not Required
J0285	AMPHOTER B ANY LIPID 50MG INJ	Auth Not Required
J0287	AMPHOTERICIN B LIPID COMPLEX 10MG	Auth Not Required
J0288	AMPHOTERCIN B CHOL SULF 10MG	Not Covered
J0289	AMPHOTERICIN B LIPOSOME 10MG	Auth Not Required
J0290	AMPICILLIN 500 MG INJ	Auth Not Required
J0291	INJ, PLAZOMICIN, 5 MG	Auth Not Required
J0295	AMPICILLIN SODIUM PER 1.5 GM	Auth Not Required
J0300	AMOBARBITAL TO 125 MG INJ	Auth Not Required
J0330	SUCCINYCHOLINE CHL TO 20MG INJ	Auth Not Required
J0348	ANIDULAFUNGIN INJ, 1MG	Auth Not Required
J0350	ANISTREPLASE PER 30 UNITS INJ	Not Covered
J0360	HYDRALAZINE HCL UP TO 20MG INJ	Auth Not Required
J0364	APOMORPHINE HYDROCHL INJ, 1MG	Auth Required
J0365	APROTONIN, 10,000 KIU	Auth Not Required
J0380	METARAMINOL BITAR PER 10MG	Not Covered
J0390	CHLOROQUINE HCL TO 250MG INJ	Not Covered
J0395	ARBUTAMINE HCL 1MG INJ	Not Covered
J0400	ARIPIRAZOLE INJ 0.25MG	Auth Not Required
J0401	INJECTION ARIPIRAZOLE EXTENDED RELEASE 1 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J0456	AZITHROMYCIN 500MG INJ	Auth Not Required
J0461	ATROPINE SULFATE INJ 0.01MG	Auth Not Required
J0470	DIMERCAPROL 100MG INJ	Auth Not Required
J0475	BACLOFEN 10 MG INJECTION	Auth Not Required

J0476	BACLOFEN 50MCG INJ	Auth Not Required
J0480	BASILIXIMAB	Carved out to Fee for Service. Please contact Utah Medicaid.
J0485	INJ, BELATACEPT, 1 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J0490	INJ, BELIMUMAB, 10 MG	Auth Required
J0500	DICYCLOMINE HCL UP TO 20MG	Auth Not Required
J0515	BENZTROPINE MESYLATE 1MG INJ	Auth Not Required
J0517	INJ, BENRALIZUMAB, 1 MG	Auth Required
J0520	BETHANECHOL CH MYT URE 5MG INJ	Not Covered
J0558	PENG BENZATHINE/PROCAINE 100,000 U INJ	Auth Not Required
J0561	PENICILLIN G BENZATHINE 100,000 U INJ	Auth Not Required
J0565	INJ, BEZLOTOXUMAB, 10 MG	Auth Required
J0567	INJECTION, CERLIPONASE ALFA 1 MG	Auth Required
J0570	BUPRENORPHINE IMPLANT, 74.2 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J0571	BUPRENORPHINE, ORAL, 1 MG	Not Covered
J0572	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG	Not Covered
J0573	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG	Not Covered
J0574	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG	Not Covered
J0575	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG	Not Covered
J0583	BIVALIRUDIN	Auth Not Required
J0584	INJECTION, BUROSUMAB-TWZA 1M	Auth Required
J0585	BOTULINUM TOXIN A PER UNIT	Auth Required. Not covered for cosmetic use.
J0586	ABOBOTULINUMTOXINA 5 UNITS	Auth Required. Not covered for cosmetic use.

J0587	BOTULINUM TOXIN TYPE B/100 UNI	Auth Required. Not covered for cosmetic use.
J0588	INJ, INCOBOTULINUMTOXIN A, 1 UNIT	Auth Required. Not covered for cosmetic use.
J0591	INJECTION, DEOXYCHOLIC ACID, 1 MG	Not Covered
J0592	BUPRENOPHRINE HCL 0.1MG INJ	Auth Required
J0593	INJ, LANADELUMAB-FLYO, 1 MG	Auth Required
J0594	BUSULFAN INJ, 1MG	Auth Not Required
J0595	BUTORPHANOL TARTRATE, 1MG	Auth Not Required
J0596	INJ, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	Auth Required
J0597	C-1 ESTERASE, BERINERT 10 UNITS INJ	Auth Required
J0598	C1 ESTERASE INHIBITOR INJ 10 UNITS	Auth Required
J0599	INJECTION, HAEGARDA 10 UNITS	Auth Required
J0600	EDETATE CALCIUM DISODIUM INJ	Auth Not Required
J0604	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	Not Covered
J0606	INJ, ETELCALCETIDE, 0.1 MG	Not Covered
J0610	CALCIUM GLUCONATE PER 10ML INJ	Auth Not Required
J0620	CALCIUM GLYCER LACT 10 ML INJ	Not Covered
J0630	CALCITONIN SALMON 400 UNIT INJ	Auth Required
J0636	CALCITRIOL INJ 0.1 MG	Auth Not Required
J0637	CASPOFUNGIN ACETATE 5MG INJ	Auth Required
J0638	CANAKINUMAB 1 MG INJECTION	Auth Required
J0640	LEUCOVORIN CALCIUM 50MG INJ	Auth Not Required
J0641	LEVOLEUCOVORIN CAL 0.5MG INJ	Auth Not Required
J0642	INJ, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	Auth Required
J0670	MEPIVACAINE HCL 10ML INJ	Auth Not Required



J0690	CEFAZOLIN SODIUM 500MG INJ	Auth Not Required
J0691	INJECTION, LEFAMULIN, 1 MG	Auth Required
J0692	CEFEPIME HYDROCHLORIDE INJ 500MG	Auth Not Required
J0693	INJECTION, CEFIDEROCOL, 5 MG	Auth Required
J0694	CEFOXITIN SODIUM 1GM INJ	Auth Not Required
J0695	INJ, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Auth Required
J0696	CEFTRIAXONE SODIUM 250MG INJ	Auth Not Required
J0697	STERILE CEFUROXIME 750MG INJ	Auth Not Required
J0698	CEFOTAXIME SODIUM PER G	Auth Not Required
J0702	BETAMETH ACET 3MG W SOD PHOS 3MG	Auth Not Required
J0706	CAFFEINE CITRATE INJ 5 MG	Auth Not Required
J0710	CEPHAPIRIN SODIUM 1GM INJ	Not Covered
J0712	INJ, CEFTAROLINE FOSAMIL, 10 MG	Auth Required
J0713	CEFTAZIDIME PER 500MG INJ	Auth Not Required
J0714	INJ, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	Auth Required
J0715	CEFTIZOXIME SODIUM 500 MG INJ	Not Covered
J0716	INJ, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MILLIGRAMS	Auth Not Required
J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	Auth Required
J0720	CHLORAMPHENICOL SOD SUC 1G INJ	Auth Not Required
J0725	CHOR GONADOTROPIN 1000U INJ	Auth Required
J0735	CLONIDINE HCL 1 MG INJ	Auth Not Required
J0740	CIDOFOVIR 375MG INJECTION	Auth Not Required
J0742	INJECTION, IMIPENEM 4 MG, CILASTATIN 4 MG AND RELEBACTAM 2 MG	Auth Required
J0743	CILASTATIN SOD IMIP 250MG INJ	Auth Not Required

J0744	CIPROFLOXACIN IV INF,200MG	Auth Not Required
J0745	CODEINE PHOSPHATE 30 MG INJ	Not Covered
J0770	COLISTIMETHATE SOD 150MG INJ	Auth Not Required
J0775	COLLAGENASE, CLOST HIST 0.01 MG INJ	Auth Required
J0780	PROCHLORPERAZINE TO 10MG INJ	Carved out to Fee for Service. Please contact Utah Medicaid.
J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Auth Required
J0795	CORTICORELIN OVINE TRIFLUTAL	Auth Not Required
J0800	CORTICOTROPIN UP TO 40 UN INJ	Auth Not Required
J0834	COSYNTROPIN CORTROSYN INJ 0.25MG	Auth Not Required
J0840	INJ, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	Not Covered
J0841	INJ, CROTALIDAE IMMUNE F(AB)2 (EQUINE), 120 MG	Not Covered
J0850	CYTOMEGALOVIRUS IMM IV VIAL	Auth Required
J0875	INJ, DALBAVANCIN, 5MG	Auth Required
J0878	DAPTOMYCIN INJECTION	Auth Not Required
J0881	DARBEPOTIN ALFA INJ 1 MCG	Auth Required
J0882	DARBEPO ALFA INJ ESRD 1MCG	Auth Not Required
J0883	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	Auth Not Required
J0884	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	Not Covered
J0885	EPOETIN ALFA (NON ESRD)1000 UNITS	Auth Required
J0886	EPOETIN ALFA 1000 UNITS ESRD	Auth Required
J0887	INJ, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	Not Covered
J0888	INJECTIN, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)	Not Covered

J0890	INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)	Not Covered
J0894	DECITABINE INJ, 1MG	Auth Required
J0895	DEFEROX MESY 500MG PER 5CC INJ	Auth Not Required
J0896	INJECTION, LUSPATERCEPT-AAMT, 0.25 MG	Auth Required
J0897	INJ, DENOSUMAB, 1 MG	Auth Required
J0945	BROMPHENIRAMINE MAL 10MG INJ	Not Covered
J1000	DEPO ESTRADIOL CYPI 5MG INJ	Auth Not Required
J1020	METHYLPREDNISOLONE 20 MG INJ	Auth Not Required
J1030	METHYLPREDNISOLONE 40 MG INJ	Auth Not Required
J1040	METHYLPRED ACETATE 80MG INJ	Auth Not Required
J1050	INJ, MEDROXYPROGESTERONE ACETATE, 1 MG	Auth Not Required
J1071	INJ, TESTOSTERONE CYPIONATE, 1MG	Auth Not Required
J1094	DEXAMETHASONE ACETATE 1 MG INJ	Not Covered
J1096	DEXAMETHASONE, OPTH INSERT, 0.1 MG	Auth Required
J1097	PHENYLEPHRINE 10.16 MG/ML AND KETOROLAC 2.88 MG/ML OPTH IRRIGATION SOL, 1 ML	Auth Not Required
J1100	DEXAMETHASONE SOD PHOS 1MG	Auth Not Required
J1110	DIHYDROERGOTAMINE INJECTION 1MG	Auth Not Required
J1120	ACETAZOLAMID SODIUM INJECTIO	Auth Not Required
J1130	INJ, DICLOFENAC SODIUM, 0.5 MG	Auth Not Required
J1160	DIGOXIN INJECTION	Auth Not Required
J1162	DIGOXIN IMMUNE FAB (OVINE)	Auth Not Required
J1165	PHENYTOIN SODIUM INJECTION	Carved out to Fee for Service. Please contact Utah Medicaid.
J1170	HYDROMORPHONE INJECTION	Auth Not Required
J1180	DYPHYLLINE INJECTION	Not Covered

J1190	DEXRAZOXANE HCL INJECTION 250 MG	Auth Not Required
J1200	DIPHENHYDRAMINE HCL UP TO 50MG	Auth Not Required
J1201	INJECTION, CETIRIZINE HYDROCHLORIDE, 0.5 MG	Not Covered
J1205	CHLOROTHIAZIDE SODIUM INJ	Auth Not Required
J1212	DIMETHYL SULFOXIDE 50% 50 ML	Not Covered
J1230	METHADONE INJECTION	Auth Not Required
J1240	DIMENHYDRINATE INJECTION	Auth Not Required
J1245	DIPYRIDAMOLE INJECTION	Auth Not Required
J1250	DOBUTAMINE HCL,PER 250 MG	Auth Not Required
J1260	DOLASETRON MESYLATE 10MG INJ	Auth Not Required
J1265	DOPAMINE INJECTION	Auth Not Required
J1267	DORIPENEM 10MG INJ	Auth Not Required
J1270	DOXERCALCIFEROL, 1 MCG INJ	Auth Not Required
J1290	ECALLANTIDE 1 MG INJECTION	Auth Required
J1300	ECULIZUMAB 10MG INJ	Auth Required
J1301	INJ, EDARAVONE, 1 MG	Auth Required
J1303	INJ, RAVULIZUMAB-CWVZ, 10 MG	Auth Required
J1320	AMITRIPTYLINE INJECTION	Not Covered
J1322	INJ, ELOSULFASE ALFA, 1MG	Auth Required
J1324	ENFUVRTIDE INJ, 1MG	Auth Required
J1325	EPOPROSTENOL,0.5 MG	Auth Not Required
J1327	EPTIFIBATIDE 5MG INJ	Auth Not Required
J1330	ERGONOVINE MALEATE INJECTION	Not Covered
J1335	ERTAPENEM SODIUM 500MG	Auth Not Required
J1364	ERYTHRO LACTOBIONATE /500 MG	Auth Not Required

J1380	ESTRADIOL VALERATE 10 MG INJ	Auth Not Required
J1410	INJ ESTROGEN CONJUGATE 25 MG	Auth Not Required
J1427	INJECTION, VILTOLARSEN, 10 MG	Not Covered
J1428	INJ, ETEPLIRSEN, 10 MG	Auth Required
J1429	INJECTION, GOLODIRSEN, 10 MG	Auth Required
J1430	ETHANOLAMINE OLEATE 100 MG	Not Covered
J1435	INJECTION ESTRONE PER 1 MG	Not Covered
J1436	ETIDRONATE DISODIUM INJ	Not Covered
J1437	INJECTION, FERRIC DERISOMALTOSE, 10 MG	Not Covered
J1438	ETANERCEPT 25MG INJ	Auth Required
J1439	INJ, FERRIC CARBOXYMALTOSE, 1MG	Auth Required
J1442	INJECTION FILGRASTIM G-CSF 1 MICROGRAM	Auth Not Required
J1443	INJ, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1 MG OF IRON	Not Covered
J1444	INJ, FERRIC PYROPHOSPHATE CITRATE POWDER, 0.1 MG OF IRON	Not Covered
J1447	INJ, TBO-FILGRASTIM, 1 MICROGRAM	Auth Required
J1450	FLUCONAZOLE 200MG INJ	Auth Not Required
J1451	FOMEPIZOLE, 15 MG	Auth Not Required
J1452	FOMIVIRSEN SOD INTRAOC 1.65 MG	Not Covered
J1453	FOSAPREPITANT 1MG INJ	Auth Not Required
J1454	INJ, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Auth Required
J1455	FOSCARNET SODIUM 1,000MG INJ	Not Covered
J1457	GALLIUM NITRATE INJECTION	Not Covered
J1458	GALSULFASE INJ, 1MG	Auth Required

J1459	IMMUNE GLOBULIN 500MG INJ	Auth Required
J1460	GAMMA GLOBULIN 1 CC INJ	Auth Required
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Not Covered
J1555	INJ, IMMUNE GLOBULIN (CUVITRU), 100 MG	Auth Required
J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Auth Required
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), IV, NON-LYOPHILIZED (E.G.	Auth Required
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Auth Required
J1559	HIZENTRA 100 MG INJECTION	Auth Required
J1560	GAMMA GLOBULIN >10 CC INJ	Auth Required
J1561	IMMUNE GLOBULIN IV 500MG	Auth Required
J1562	IMMUNE GLOBULIN INJ 1000MG	Not Covered
J1566	IMMUNE GLOBULIN, POWDER	Auth Required
J1568	OCTAGAM INJECTION	Auth Required
J1569	GAMMAGARD LIQUID INJECTION	Auth Required
J1570	GANCICLOVIR SODIUM 500MG INJ	Auth Not Required
J1571	HEPAGAM B IM INJECTION	Auth Not Required
J1572	IMMUNE GLOBULIN IV 500MG, NONLYOPHILIZED	Auth Required
J1573	HEPAGAM B INTRAVENOUS, INJ	Auth Not Required
J1575	INJ, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	Auth Required
J1580	GARAMYCIN GENTAMICIN 80MG INJ	Auth Not Required
J1595	INJECTION GLATIRAMER ACETATE	Auth Required
J1599	IVIG NON-LYOPHILIZED 500 MG IV	Auth Required
J1600	GOLD SOD THIOMALEATE 50MG INJ	Not Covered
J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Auth Required

J1610	GLUCAGON HYDROCHLOR 1 MG INJ	Auth Not Required
J1620	GONADORELIN HYDRO 100 MCG INJ	Not Covered
J1626	GRANISETRON HCL 100 MCG	Auth Not Required
J1627	INJ, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	Auth Required
J1628	INJ, GUSELKUMAB, 1 MG	Auth Required
J1630	HALOPERIDOL UP TO 5MG INJ	Carved out to Fee for Service. Please contact Utah Medicaid.
J1631	HALOPERIDOL DECANOATE 50MG INJ	Carved out to Fee for Service. Please contact Utah Medicaid.
J1632	INJECTION, BREXANOLONE, 1 MG	Auth Required
J1640	INJ, HEMIN, 1 MG	Auth Required
J1642	HEPARIN SODIUM 10 UNITS INJ	Not Covered
J1644	HEPARIN SODIUM PER 1000U INJ	Auth Not Required
J1645	DALTEPARIN SODIUM PER 2500 IU	Auth Not Required
J1650	ENOXAPARIN SODIUM 10 MG INJ	Auth Not Required
J1652	FONDAPARINUX SOD 0.5MG INJ	Auth Not Required
J1655	TINZAPARIN SODIUM,1000 IU INJ	Not Covered
J1670	TETANUS IMM GLOB TO 250MG INJ	Auth Not Required
J1675	HISTRELIN ACETATE	Auth Required
J1700	HYDROCORTISONE ACET 25MG INJ	Not Covered
J1710	HYDROCORTISONE SOD PH 50MG INJ	Not Covered
J1720	HYDROCORT SOD SUCC 100MG INJ	Auth Not Required
J1726	INJ, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	Auth Required
J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOS, 10 MG	Auth Required
J1730	DIAZOXIDE UP TO 300MG INJ	Not Covered
J1738	INJECTION, MELOXICAM, 1 MG	Auth Not Required

J1740	IBANDRONATE SODIUM INJ, 1MG	Auth Required
J1741	INJ, IBUPROFEN, 100 MG	Auth Not Required
J1742	IBUTILIDE FUMARATE 1 MG INJ	Auth Not Required
J1743	IDURSULFASE INJECTION	Auth Required
J1744	INJ, ICATIBANT, 1 MG	Auth Required
J1745	INFLIXIMAB 10MG INJ	Auth Required
J1746	INJ, IBALIZUMAB-UIYK, 10 MG	Auth Required
J1750	IRON DEXTRAN 50MG INJ	Auth Required
J1756	IRON SUCROSE 1 MG INJ	Auth Required
J1786	IMUGLUCERASE 10 UNIT INJECTION	Auth Required
J1790	DROPERIDOL INJ UP TO 5MG	Auth Not Required
J1800	PROPRANOLOL HCL TO 1MG INJ	Auth Not Required
J1810	DROPER FENTANYL CIT TO 2ML AMP	Not Covered
J1815	INSULIN PER 5 UNITS INJ	Auth Not Required
J1817	INSULIN ADM THROUGH DME/50 UN	Auth Not Required
J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	Auth Required
J1826	INTERFERON BETA-1A 30MCG INJ	Auth Required
J1830	INTERFERON BETA 1B 0.25 MG	Auth Required
J1833	INJ, ISAVUCONAZONIUM, 1 MG	Auth Required
J1835	ITRACONAZOLE, 50 MG INJ	Not Covered
J1840	KANAMYCIN SULFATE 500 MG INJ	Auth Not Required
J1850	KANAMYCIN SULFATE 75 MG INJ	Auth Not Required
J1885	KETOROLAC TROM PER 15MG INJ	Auth Not Required
J1890	CEPHALOTHIN SODIUM TO 1G INJ	Not Covered
J1930	IANREOTIDE 1MG INJ	Auth Required



J1931	LARONIDASE INJECTION	Auth Required
J1940	FUROSEMIDE TO 20MG INJ	Auth Not Required
J1943	INJ, ARIPIRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J1944	INJ, ARIPIRAZOLE LAUROXIL, (ARISTADA), 1 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J1945	LEPIRUDIN	Not Covered
J1950	LEUPROLIDE ACETATE 3.75MG INJ	Auth Required
J1951	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG	Auth Required
J1953	LEVETIRACETAM 10MG INJ	Carved out to Fee for Service. Please contact Utah Medicaid.
J1955	LEVOCARNITINE PER 1G INJ	Auth Required
J1956	LEVOFLOXACIN 250MG INJ	Auth Not Required
J1960	LEVORPHANOL TARTRATE 2MG INJ	Not Covered
J1980	HYOSCYAMINE SULF 0.25MG INJ	Auth Not Required
J1990	CHLORDIAZEPOXIDE HCL 100MG INJ	Not Covered
J2001	LIDOCAINE HCl IV,10 MG, INJ	Auth Not Required
J2010	LINCOMYCIN HCL 300MG INJ	Auth Not Required
J2020	INJ, LINEZOLID, 200 MG	Auth Not Required
J2060	LORAZEPAM 2MG INJ	Carved out to Fee for Service. Please contact Utah Medicaid.
J2062	LOXAPINE, INHALATION, 1 MG	Not Covered
J2150	MANNITOL 25% IN 50ML INJ	Auth Not Required
J2170	MECASERMIN INJ, 1MG	Auth Required
J2175	MEPERIDINE HYDROCHL 100MG INJ	Auth Not Required
J2180	MEPERIDINE PROM HCL 50MG INJ	Not Covered
J2182	INJ, MEPOLIZUMAB, 1 MG	Auth Required
J2185	MEROPENEM	Auth Not Required

J2210	METHYLERGONOVIN MAL 0.2MG INJ	Auth Not Required
J2212	INJECTION, METHYLNALTREXONE, 0. 1 MG	Auth Not Required
J2248	MICAFUNGIN SODIUM INJ,1MG	Auth Not Required
J2250	MIDAZOLAM HCL PER 1 MG INJ	Auth Not Required
J2260	MILRINONE LACTATE 5 ML INJ	Auth Not Required
J2265	INJ, MINOCYCLINE HYDROCHLORIDE, 1 MG	Auth Not Required
J2270	MORPHINE SULFATE 10MG INJ	Auth Not Required
J2271	MORPHINE SULFATE 100MG INJ	Auth Not Required
J2274	INJ, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	Auth Not Required
J2278	ZICONOTIDE INJECTION	Auth Required
J2280	INJ, MOXIFLOXACIN 100 MG	Auth Not Required
J2300	NALBUPHINE HCL PER 10 MG INJ	Auth Not Required
J2310	NALOXONE HCL PER 1 MG INJ	Carved out to Fee for Service. Please contact Utah Medicaid.
J2315	NALTREXONE EPOT INJ, 1MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J2320	NANDROLONE DECANOATE 50 MG INJ	Not Covered
J2323	NATALIZUMAB 1MG INJ	Auth Required
J2325	NESIRITIDE INJECTION	Auth Not Required
J2326	INJ, NUSINERSEN, 0.1 MG	Auth Required
J2350	INJ, OCRELIZUMAB, 1 MG	Auth Required
J2353	OCTREOTIDE DEPOT IM INJ, 1MG	Auth Required
J2354	OCTREOTIDE NON-D SUBC/IV,25MG	Auth Required
J2355	OPRELVEKIN 5 MG INJ	Auth Not Required
J2357	OMALIZUMAB INJECTION	Auth Required
J2358	OLANZAPINE LONG-ACTING 1 MG INJ	Carved out to Fee for Service. Please contact Utah Medicaid.

J2360	ORPHENADRINE CIT 60MG INJ	Auth Not Required
J2370	PHENYLEPHRINE HCL 1ML INJ	Not Covered
J2400	CHLOROPROCAINE HCL 30ML INJ	Auth Not Required
J2405	ONDANSETRON HCL 1MG INJ	Auth Not Required
J2407	INJ, ORITAVANCIN, 10 MG	Auth Required
J2410	OXYMORPHONE HCL 1MG INJ	Auth Not Required
J2425	PALIFERMIN INJECTION	Auth Required
J2426	PALIPERIDONE PALMITATE 1 MG INJ	Carved out to Fee for Service. Please contact Utah Medicaid.
J2430	PAMIDRONATE DISODIUM 30MG INJ	Auth Not Required
J2440	PAPAVERINE HCL 60MG INJ	Auth Not Required
J2460	OXYTETRACYCLINE TO 50MG INJ	Not Covered
J2469	PALONOSETRON HCL	Auth Not Required
J2501	PARICALCITOL 1 MCG INJ	Auth Not Required
J2502	INJ, PASIREOTIDE LONG ACTING, 1 MG	Auth Required
J2503	PEGAPTANIB SODIUM INJECTION	Auth Required
J2505	PEGFILGRASTIM 6 MG INJ	Auth Required
J2507	INJ, PEGLOTICASE, 1 MG	Auth Required
J2510	PENIC G PROC TO 600,000 U INJ	Auth Not Required
J2513	PENTASTARCH 10% SOLUTION	Not Covered
J2515	PENTOBARBITAL SODIUM 50MG INJ	Carved out to Fee for Service. Please contact Utah Medicaid.
J2540	PENICILLIN G POTASS 50MG INJ	Auth Not Required
J2543	PIPERAC SOD TAZO SOD 1.12G INJ	Auth Not Required
J2545	PENTAMIDINE ISETH 300MG INJ	Not Covered
J2547	INJ, PERAMIVIR, 1 MG	Auth Not Required
J2550	PROMETHAZINE HCL 50MG INJ	Auth Not Required

J2560	PHENOBARBITAL SOD 120MG INJ	Carved out to Fee for Service. Please contact Utah Medicaid.
J2562	PLERIXAFOR INJECTION 1MG	Auth Required
J2590	OXYTOCIN TO 10 UNITS INJ	Auth Not Required
J2597	DESMOPRESSIN ACETATE 1 MCG INJ	Carved out to Fee for Service. Please contact Utah Medicaid.
J2650	PREDNISOLONE ACET 1ML INJ	Not Covered
J2670	TOLAZOLINE HCL TO 25MG INJ	Not Covered
J2675	PROGESTERONE PER 50MG INJ	Auth Not Required
J2680	FLUPHENAZINE DECAN 25 MG INJ	Carved out to Fee for Service. Please contact Utah Medicaid.
J2690	PROCAINAMIDE HCL 1G INJ	Auth Not Required
J2700	OXACILLIN SOD 250MG INJ	Auth Not Required
J2704	INJ, PROPOFOL, 10 MG	Auth Not Required
J2710	NEOSTIGMINE METHYL 0.5MG INJ	Auth Not Required
J2720	PROTAMINE SULFATE 10 MG INJ	Auth Not Required
J2724	PROTEIN C CONCENTRATE	Auth Required
J2725	PROTIRELIN PER 250 MCG INJ	Not Covered
J2730	PRALIDOXIME CHLORIDE 1G INJ	Auth Not Required
J2760	PHEHOTOLAMINE MESYLATE 5MG ING	Auth Not Required
J2765	METOCLOPRAMIDE HCL 10MG INJ	Auth Not Required
J2770	QUINUPRISTIN/DALFOPRIST 500 MG	Auth Not Required
J2778	RANIBIZUMAB 0.1MG INJ	Auth Required
J2780	RANITIDINE HYDROCHLOR 25MG INJ	Auth Not Required
J2783	RASBURICASE	Auth Required
J2785	REGADENOSON 0.1MG INJ	Auth Not Required
J2786	INJ, RESLIZUMAB, 1 MG	Auth Required

J2787	RIBOFLAVIN 5-PHOSPHATE, OPHTHALMIC SOLUTION, UP TO 3 ML	Not Covered
J2788	RHO D IMMUNE GLOBULIN,HUMA 50MCG INJ	Auth Not Required
J2790	RHO D IMM GLOB 300MCG INJ	Auth Not Required
J2791	RHOPHYLAC INJECTION	Auth Not Required
J2792	RHO D IMM GLOB IV 100IU INJ	Auth Not Required
J2793	RILONACEPT INJECTION 1MG	Auth Required
J2794	RISPERIDONE, LONG ACTING 0.5MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J2795	ROPIVACAINE HCL 1 MG	Auth Not Required
J2796	ROMIPLOSTIM INJECTION 10MCG	Auth Required
J2797	INJ, ROLAPITANT, 0.5 MG	Auth Required
J2798	INJ, RISPERIDONE, (PERSERIS), 0.5 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J2800	METHOCARBAMOL TO 10ML INJ	Auth Not Required
J2805	SINCALIDE INJECTION	Not Covered
J2810	THEOPHYLLINE PER 40 MG INJ	Auth Not Required
J2820	SARGRAMOSTIM GM-CSF 50MCG INJ	Auth Not Required
J2840	INJ, SEBELIPASE ALFA, 1 MG	Auth Required
J2850	INJ SECRETIN SYNTHETIC HUMAN	Auth Not Required
J2860	INJ, SILTUXIMAB, 10 MG	Auth Required
J2910	AUROTHIOGLUCOSE 50MG INJ	Not Covered
J2916	SOD FERRIC GLUC COMPLEX 12.5MG INJ	Auth Required
J2920	METHYLPRED SOD SUCC 40MG INJ	Auth Not Required
J2930	METHYLPRED SOD SUCC 125MG INJ	Auth Not Required
J2940	SOMATREM, 1 MG INJ	Not Covered
J2941	SOMATROPIN, 1 MG INJ	Auth Required

J2950	PROMAZINE HCL 25 MG INJ	Not Covered
J2993	RETEPLASE 18.8 MG INJECTION	Not Covered
J2995	STREPTOKINASE 250,000 IU INJ	Not Covered
J2997	ALTEPLASE RECOMBINANT 1 MG INJ	Auth Not Required
J3000	STREPTOMYCIN 1G INJ	Auth Not Required
J3010	FENTANYL CITRATE INJ 0.1 MG	Auth Not Required
J3030	SUMATRIPTAN SUCCINATE 6MG INJ	Auth Not Required
J3031	INJ, FREMANEZUMAB-VFRM, 1 MG	Auth Required
J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Auth Required
J3060	INJECTION TALIGLUCERACE ALFA 10 UNITS	Auth Required
J3070	PENTAZOCINE HCL 30MG INJ	Auth Not Required
J3090	INJ, TEDIZOLID PHOSPHATE, 1 MG	Auth Required
J3095	TELEVANCIN 10 MG INJECTION	Auth Required
J3101	TENECTEPLASE 1MG INJ	Auth Not Required
J3105	TERBUTALINE SULFATE 1MG INJ	Auth Not Required
J3110	TERIPARATIDE INJECTION	Auth Required
J3111	INJ, ROMOSUZUMAB-AQQG, 1 MG	Auth Required
J3121	INJ, TESTOSTERONE ENANTHATE, 1MG	Auth Not Required
J3145	INJ, TESTOSTERONE UNDECANOATE, 1 MG	Auth Not Required
J3230	CHLORPROMAZINE HCL 50MG INJ	Carved out to Fee for Service. Please contact Utah Medicaid.
J3240	THYROTROPIN ALPHA 0.9MG INJ	Auth Not Required
J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Auth Required
J3243	TIGECYCLINE INJECTION 1MG	Auth Required
J3245	INJ, TILDRAKIZUMAB, 1 MG	Auth Required
J3246	TIROFIBAN HCL	Auth Not Required

J3250	TRIMETHOBENZA HCL 200MG INJ	Auth Not Required
J3260	TOBRAMYCIN SULFATE 80MG INJ	Auth Not Required
J3262	TOCILIZUMAB 1 MG INJECTION	Auth Required
J3265	TORSEMIDE 10 MG/ML INJECTION	Not Covered
J3280	THIETHYLPERAZINE MAL 10MG INJ	Not Covered
J3285	TREPROSTINIL INJECTION	Auth Required
J3300	TRIAMCINOLONE ACETONIDE 1MG INJ	Auth Not Required
J3301	TRIAMCINOLONE ACET 10MG INJ	Auth Not Required
J3302	TRIAMCINOLONE DIACET 5MG INJ	Not Covered
J3303	TRIAMCINOLONE HEXACET 5MG INJ	Auth Not Required
J3304	INJECTION, TRIAMCINOLONE ACE, PRES FREE, EXT REL, 1MG	Auth Required
J3305	TRIMETREXATE GLUCOR 25MG INJ	Auth Not Required
J3310	PERPHENAZINE 5MG INJECTION	Not Covered
J3315	TRIPTORELIN PAMOATE 3.7MG INJ	Auth Required
J3316	INJ, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG	Not Covered
J3320	SPECTINOMYCIN DIHYD 2G INJ	Not Covered
J3350	UREA UP TO 40G INJECTION	Not Covered
J3355	UROFOLLITROPIN, 75 IU	Auth Required
J3357	USTEKINUMAB 1 MG INJECTION	Auth Required
J3358	USTEKINUMAB, FOR IV INJECTION, 1 MG	Auth Required
J3360	DIAZEPAM UP TO 5MG INJECTION	Carved out to Fee for Service. Please contact Utah Medicaid.
J3364	UROKINASE 5000 IU VIAL INJ	Not Covered
J3365	UROKINASE 250,000 IU VIAL IV	Not Covered
J3370	VANCOMYCIN HCL 500MG INJ	Auth Not Required

J3380	INJ, VEDOLIZUMAB, 1 MG	Auth Required
J3385	VELAGLUCERASE ALFA100 UNIT INJ	Auth Required
J3396	VERTEPORFIN INJECTION	Auth Required
J3397	INJ, VESTRONIDASE ALFA-VJBK, 1 MG	Auth Required
J3398	INJ, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES	Auth Required
J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X10 <sup>15</sup> VECTOR GENOMES	Auth Required
J3400	TRIFLUPROMAZINE HCL 20MG INJ	Not Covered
J3410	HYDROXYZINE HCL 25MG INJ	Auth Not Required
J3411	INJECTION, THIAMINE HCL 100MG	Auth Not Required
J3415	PYRIDOXINE HCL 100MG INJ	Auth Not Required
J3420	VITAMIN B12 CYANO 1000MCG INJ	Auth Not Required
J3430	VITAMIN K PHYTONADIONE 1MG INJ	Auth Not Required
J3465	INJECTION, VORICONAZOLE	Auth Not Required
J3470	HYALURONIDASE TO 150UNITS INJ	Auth Not Required
J3471	OVINE, UP TO 999 USP UNITS	Auth Not Required
J3472	OVINE, 1000 USP UNITS	Auth Not Required
J3473	HYALURONIDASE RECOMBIN 1 USP	Auth Not Required
J3475	MAGNESIUM SULPH PER 500 MG INJ	Auth Not Required
J3480	POTASSIUM CHLORIDE PER 2 MEQ	Auth Not Required
J3485	ZIDOVUDINE 10 MG INJ	Auth Not Required
J3486	ZIPRASIDONE MESYLATE	Carved out to Fee for Service. Please contact Utah Medicaid.
J3489	INJECTION ZOLEDRONIC ACID 1 MG	Auth Not Required
J3490	UNCLASSIFIED DRUGS	Auth Required when billing over \$500
J3520	EDETATE DISODIUM PER 150MG	Not Covered



J3530	NASAL VACCINE INHALATION	Auth Not Required
J3535	METERED DOSE INHALER DRUG	Not Covered
J3570	LAETRILE AMYGDALIN VIT B17	Not Covered
J3590	UNCLASSIFIED BIOLOGICS	Auth Required when billing over \$500
J7030	NORMAL SALINE SOLUTION 1,000CC	Auth Not Required
J7040	NORMAL SAL SOL INFUS 500ML=1UN	Auth Not Required
J7042	5% DEXT/NORMAL SAL 500ML=1UNIT	Auth Not Required
J7050	NORMAL SALINE SOL INFUS 250CC	Auth Not Required
J7060	5% DEXTROSE/WATER 500ML = 1 UN	Auth Not Required
J7070	D5W INFUSION 1,000CC	Auth Not Required
J7100	DEXTRAN 40 500 ML INFUSION	Auth Not Required
J7110	DEXTRAN 75 INFUSION 500ML	Auth Not Required
J7120	RINGERS LACTATE INFUS 1000CC	Auth Not Required
J7121	5% DEXTROSE IN LACTATED RINGERS INF, UP TO 1000 CC	Auth Not Required
J7131	HYPERTONIC SALINE SOLUTION, 1 ML	Auth Not Required
J7168	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER IU OF FACTOR IX ACTIVITY	Auth Not Required
J7169	INJECTION, COAGULATION FACTOR XA (RECOMBINANT), INACTIVATED-ZHZO (ANDEXXA), 10 MG	Auth Not Required
J7169	INJECTION, COAGULATION FACTOR XA (RECOMBINANT), INACTIVATED-ZHZO (ANDEXXA), 10 MG	Auth Not Required
J7170	INJ, EMICIZUMAB-KXWH, 0.5 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J7175	INJ, FACTOR X, (HUMAN), 1 I.U.	Not Covered
J7177	INJECTION, FIBRYGA, 1 MG	Not Covered
J7178	INJ, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	Not Covered

J7179	INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWF:RCO	Not Covered
J7180	INJ, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	Carved out to Fee for Service. Please contact Utah Medicaid.
J7181	INJ, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	Carved out to Fee for Service. Please contact Utah Medicaid.
J7182	INJ, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	Carved out to Fee for Service. Please contact Utah Medicaid.
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN),1 I.U.	Carved out to Fee for Service. Please contact Utah Medicaid.
J7185	XYNTHA INJ PER I.U.	Carved out to Fee for Service. Please contact Utah Medicaid.
J7186	ANTIHEMOPHILIC FACTOR VIII PER FACTOR	Carved out to Fee for Service. Please contact Utah Medicaid.
J7187	VON WILLEBRAND FACT, IU VWF	Carved out to Fee for Service. Please contact Utah Medicaid.
J7188	INJ, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U.	Carved out to Fee for Service. Please contact Utah Medicaid.
J7189	FACTOR VIIA	Carved out to Fee for Service. Please contact Utah Medicaid.
J7190	FACTOR VIII HUMAN PER IU	Carved out to Fee for Service. Please contact Utah Medicaid.
J7191	FACTOR VIII PORCINE PER IU	Not Covered
J7192	FACTOR VIII RECOMBINANT PER IU	Carved out to Fee for Service. Please contact Utah Medicaid.
J7193	FACTOR IX (PURIFIED) PER IU	Carved out to Fee for Service. Please contact Utah Medicaid.
J7194	FACTOR IX COMPLEX PER IU	Carved out to Fee for Service. Please contact Utah Medicaid.
J7195	FACTOR IX, PER IU	Carved out to Fee for Service. Please contact Utah Medicaid.
J7197	ANTITHROMBIN III HUMAN PER IU	Auth Required
J7198	ANTI INHIBITOR PER IU	Not Covered
J7199	HEMOPHILIA CLOTTING FACTOR NOS	Auth Required
J7200	INJ, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU	Carved out to Fee for Service. Please contact Utah Medicaid.
J7201	INJ, FACTOR IX, FC FUSION PROTEIN (RECOMBINANT), PER IU	Carved out to Fee for Service. Please contact Utah Medicaid.

J7202	INJ, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Carved out to Fee for Service. Please contact Utah Medicaid.
J7203	INJECTION, FACTOR IX, RECOMB GLY REBINYN, 1IU	Carved out to Fee for Service. Please contact Utah Medicaid.
J7204	INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR , GLYCOPEGYLATED-EXEI, PER IU	Carved out to Fee for Service. Please contact Utah Medicaid.
J7205	INJ, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	Carved out to Fee for Service. Please contact Utah Medicaid.
J7207	INJ, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Carved out to Fee for Service. Please contact Utah Medicaid.
J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Carved out to Fee for Service. Please contact Utah Medicaid.
J7209	INJ, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	Carved out to Fee for Service. Please contact Utah Medicaid.
J7210	INJ, FACTOR VIII, (AFSTYLA), 1 I.U.	Carved out to Fee for Service. Please contact Utah Medicaid.
J7211	INJECTION, FACTOR VIII, (KOVALTRY), 1 I.U.	Auth Required
J7212	FACTOR VIIA-JNCW (SEVENFACT), 1 MICROGRAM	Not Covered
J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG	Auth Not Required
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG, 3 YEAR DURATION	Auth Not Required
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG, 5 YEAR DURATION	Auth Not Required
J7300	INTRAUTERINE COPPER CONTRACEPT	Auth Not Required
J7301	LEVONORGESTREL-REL IU CONTRACEPTIVE SYS 13.5 MG	Auth Not Required
J7303	CONTRACEPTIVE VAGINAL RING	Auth Not Required
J7304	CONTRACEPTIVE HORMONE PATCH	Auth Not Required
J7306	LEVONORGESTREL IMPLANT SYS	Not Covered
J7307	ETONOGESTREL IMPLANT W SUPPLI	Auth Not Required
J7308	AMINOLEVULINIC ACID, 20%	Not Covered

J7309	METHYL AMINOLEVULINATE, TOP 1G 16.8%	Not Covered
J7310	GANCICLOVIR 4.5MG LONG ACT IMPT	Not Covered
J7311	FLUOCINOLONE ACETONIDE IMPLT	Auth Required
J7312	DEXAMETHASONE INTRA IMPLANT 0.1 MG	Auth Not Required
J7313	INJ, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	Auth Not Required
J7314	INJ, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	Auth Required
J7315	MITOMYCIN, OPHTHALMIC, 0. 2 MG	Auth Not Required
J7316	INJECTION OCRIPLASMIN 0.125 MG	Auth Required
J7318	INJECTION, DUROLANE 1 MG	Not Covered
J7320	HYALURONAN OR DERIVATIVE, GENVISC 850, INTRA-ARTICULAR INJECTION, 1 MG	Not Covered
J7321	HYALURONAN/HYALGAN INTRA-ARTIC INJ	Not Covered
J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, INTRA-ARTICULAR INJECTION, 1 MG	Not Covered
J7323	HYALURONAN/EUFLEXXA INTRA-ARTIC INJ	Not Covered
J7324	ORTHOVISC INJ PER DOSE	Not Covered
J7325	SYNVISC OR SYNVISC-ONE	Not Covered
J7326	HYALURONAN/DERIVATIVE, GEL-ONE, INTRA-ARTICULAR INJ PER DOSE	Not Covered
J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJ, PER DOSE	Not Covered
J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, INTRA-ARTICULAR INJECTION, 0.1 MG	Not Covered
J7329	INJECTION, TRIVISC 1 MG	Not Covered
J7330	AUTOLOG CULT CHONDROCYTES IMP	Not Covered

J7331	HYALURONAN OR DERIVATIVE, SYNOJOYNT, INTRA-ARTICULAR INJECTION, 1 MG	Not Covered
J7332	HYALURONAN OR DERIVATIVE, TRILURON, INTRA-ARTICULAR INJECTION, 1 MG	Not Covered
J7333	HYALURONAN OR DERIVATIVE, VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Not Covered
J7336	CAPSAICIN 8% PATCH, PER SQ CENT	Not Covered
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION	Not Covered
J7342	INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	Auth Not Required
J7345	AMINOLEVULINIC ACID HCL, TOPICAL ADMINISTRATION, 10% GEL, 10 MG	Not Covered
J7351	INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	Auth Required
J7352	AFAMELANOTIDE IMPLANT, 1 MG	Not Covered
J7401	MOMETASONE FUROATE SINUS IMPLANT, 10 MCG	Auth Required
J7402	MOMETASONE FUROATE SINUS IMPLANT, (SINUVA), 10 MCG	Not Covered
J7500	AZATHIOPRINE ORAL 50MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J7501	AZATHIOPRINE PARENTERAL 100MG	Auth Not Required
J7502	CYCLOSPORINE ORAL 100MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARUSUS XR), ORAL, 0.25 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J7504	LYMPHOCYTE IMM GLOB 250MG PAR	Carved out to Fee for Service. Please contact Utah Medicaid.
J7505	MUROMONAB-CD3 PARENTAL 5 MG	Auth Not Required
J7507	TACROLIMUS ORAL PER 1 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J7508	TACROLIMUS EXTENDED RELEASE ORAL 0.1 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J7509	METHYLPREDNISOLONE ORAL 4MG	Auth Not Required

J7510	PREDNISOLONE ORAL PER 5 MG	Auth Not Required
J7511	LYMPHOCYTE IMM GLOBULIN, 25 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J7512	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	Auth Not Required
J7513	DACLIZUMAB PARENTERAL 25 MG	Not Covered
J7515	CYCLOSPORINE ORAL 25MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J7516	CYCLOSPORIN PARENTERAL 250MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J7517	MYCOPHENOLATE MOFET ORAL 250MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J7518	MYCOPHENOLIC ACID, ORAL 180MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J7520	SIROLIMUS ORAL 1 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J7525	TACROLIMUS PARENTERAL 5 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J7527	EVEROLIMUS, ORAL, 0. 25 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J7599	IMMUNOSUPPRESSIVE DRUG, NEC	Auth Required when billing over \$500
J7604	ACETYLCYSTEINE IHN SOL UNIT DOSE	Not Covered
J7605	ARFORMOTEROL NON-COMP UNIT	Not Covered
J7606	FORM FURMARATE IHN SOL UNIT DOSE	Auth Not Required
J7607	LEVALBUTEROL INH SOLU 0.5 MG	Not Covered
J7608	ACETYLCYSTEINE INH SOL NONCOMP UN 1GM	Auth Not Required
J7609	ALBUTEROL INH SOL UNIT DOS 1MG	Not Covered
J7610	ALBUTEROL INHAL SOLUTION,1MG	Not Covered
J7611	ALBUTEROL,INH SOL,CONCNR/MG	Not Covered
J7612	LEVALBUTEROL INH SOL CON 0.5MG	Not Covered
J7613	ALBUTEROL INH SOL,UNIT DOSE/MG	Auth Not Required
J7614	LEVALBUTEROL INH SOL UNIT .5MG	Not Covered
J7615	ACETYLCYSTEINE 20% PER ML INH	Not Covered

J7620	ALBUTER 2.5MG/IPRA BRO .05 MG	Auth Not Required
J7622	BETHAMETHASONE,INH SOL UNIT/MI	Not Covered
J7624	BETHAMETHASONE,INH SOL UNT/MIL	Not Covered
J7626	BUDESONIDE INH SOL,UNIT.5MG	Not Covered
J7627	BUDESONIDE INH SOL COMPOUND 0.5	Not Covered
J7628	BITOLTEROL MESY INH CON PER MI	Not Covered
J7629	BITOLTEROL MES INH UNIT PER MI	Not Covered
J7631	CROMOLYN SOD INH UNIT PER 10MG	Not Covered
J7632	CROMOLYN SODIUM COMP UNIT	Not Covered
J7633	BUDESONIDE INH SOL CON .25MIL	Not Covered
J7634	BUDESONIDE INH SOL 0.25MIL	Not Covered
J7635	ATROPINE INH SOL CONC PER MIL	Not Covered
J7636	ATROPINE INH UNIT DOSE PER MIL	Not Covered
J7637	DEXAMETHASONE INH CONC PER MIL	Not Covered
J7638	DEXAMETHASONE INH UNIT PER MIL	Not Covered
J7639	DORNASE ALPHA INH UNIT DOSE PER MG	Auth Required
J7640	FORMOTEROL, INH SOL COMPOUNDED	Not Covered
J7641	FLUNISOLIDE INHAL SOL UNIT/MIL	Not Covered
J7642	CLYCOPYRROLATE INH PER MIL	Not Covered
J7643	GLYCOPYRROLATE INH SOL UNIT/MI	Not Covered
J7644	IPRATROPIUM BROM INH UNIT/MIL	Auth Not Required
J7645	IPRATROP BROMIDE INH SOL 1MIL	Not Covered
J7647	ISOETHARINE HCl INHAL SOL 1MIL	Not Covered
J7648	ISOETHARINE HCl INH CON/MIL	Not Covered
J7649	ISOETHARINE HCl INH UNT MIL	Not Covered

J7650	ISOETHARINE HCl INH SOL UNT DO	Not Covered
J7657	ISOPROTERENOL HCl INH SOL 1MIL	Not Covered
J7658	ISOPROTERENOL HCL INH PER MIL	Auth Not Required
J7659	ISOPROTERENOL HCL INH PER MG	Auth Not Required
J7660	ISOPROTEREN HCl INH SOL UNT DO	Not Covered
J7665	MANNITOL, VIA INHALER, 5 MG	Not Covered
J7667	METAPROTERENOL SULF INH SOL 10M	Not Covered
J7668	METAPROTEREN SUL INH PER 10MG	Not Covered
J7669	METAPROTERENOL SULF INH 10 MG	Auth Not Required
J7670	METAPROTER SULF INH SOL UNT DO	Not Covered
J7674	METHACHOLINE CHLORIDE, NEB	Not Covered
J7676	PENTAMIDINE COMP UNIT DOSE	Not Covered
J7677	REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, 1 MICROGRAM	Auth Required
J7680	TERBUTALINE SUL INH CON PER MG	Not Covered
J7681	TERBUTALINE SULF INH CON MG	Not Covered
J7682	TOBRAMYCIN UNIT INH 300MG	Auth Required
J7683	TRIAMCINOLONE INH CONC PER MG	Not Covered
J7684	TRIAMCINOLONE INH UNIT PER MG	Not Covered
J7685	TOBRAMYCIN INH SOL UNT DO 300M	Not Covered
J7686	TREPROSTINIL, NON-COMP UNIT 1.74 MG	Not Covered
J7699	INHALATION SOLUT FOR DME NOC	Not Covered
J7799	NON INHALATION DRUGS NOC	Auth Required when billing over \$500
J7999	COMPOUNDED DRUG, NOC	Not Covered
J8498	ANTIEMETIC RECTAL/SUPP NOS	Not Covered



J8499	ORAL PRESCRIP DRUG NON CHEMO	Not Covered
J8501	ORAL APREPITANT	Auth Not Required
J8510	BULSULFAN ORAL 2MG	Not Covered
J8515	CABERGOLINE, ORAL 0.25MG	Not Covered
J8520	CAPECITABINE ORAL 150MG	Auth Not Required
J8521	CAPECITABINE ORAL 500MG	Auth Not Required
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	Auth Not Required
J8540	ORAL DEXAMETHASONE	Auth Not Required
J8560	ETOPOSIDE ORAL 50 MG	Not Covered
J8562	ORAL FLUDARABINE PHOSPHATE 10 MG	Not Covered
J8565	GEFITINIB ORAL	Not Covered
J8597	ANTIEMETIC DRUG ORAL NOS	Auth Not Required
J8600	MELPHALAN ORAL 2 MG	Auth Not Required
J8610	METHOTREXATE ORAL 2.5 MG	Auth Not Required
J8650	NABILONE ORAL 1MG	Auth Not Required
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG	Auth Required
J8670	ROLAPITANT, ORAL, 1 MG	Auth Not Required
J8700	TEMOZOLMIDE ORAL 5 MG	Auth Not Required
J8705	TOPOTECAN ORAL 0.25MG	Not Covered
J8999	ORAL PRESCRIPTION DRUG CHEMO	Auth Required when billing over \$500
J9000	DOXORUBIC HCL 10 MG CHEMO	Auth Not Required
J9010	ALEMTUZUMAB, 10 MG	Auth Required
J9015	ALDESLEUKIN PER SINGLE USE VL	Auth Required
J9017	ARSENIC TRIOXIDE, 1 MG	Auth Required
J9019	INJ, ASPARAGINASE (ERWINAZE), 1,000 IU	Auth Required

J9020	ASPARAGINASE 10,000 UNITS	Auth Required
J9022	INJ, ATEZOLIZUMAB, 10 MG	Auth Required
J9023	INJ, AVELUMAB, 10 MG	Auth Required
J9025	AZACITIDINE INJECTION	Auth Required
J9027	CLOFARABINE INJECTION	Auth Required
J9030	BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	Auth Not Required
J9032	INJ, BELINOSTAT, 10 MG	Auth Required
J9033	BENDAMUSTINE HCl 1MG INJ	Auth Required
J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	Auth Required
J9035	BEVACIZUMAB INJECTION	Auth Required
J9036	INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO), 1 MG	Not Covered
J9037	INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG	Auth Required
J9039	INJ, BLINATUMOMAB, 1 MICROGRAM	Auth Required
J9040	BLEOMYCIN SULFATE 15 UNITS	Auth Not Required
J9041	BORTEZOMIB INJECTION	Auth Required
J9042	INJ, BRENTUXIMAB VEDOTIN, 1 MG	Auth Required
J9043	INJ, CABAZITAXEL, 1 MG	Auth Required
J9044	INJECTION, BORTEZOMIB, NOS, 0.1 MG	Auth Required
J9045	CARBOPLATIN 50MG	Auth Not Required
J9047	INJECTION CARFILZOMIB 1 MG	Auth Required
J9050	CARMUSTINE 100MG INJ	Auth Required
J9055	CETUXIMAB INJECTION	Auth Required
J9057	INJ, COPANLISIB, 1 MG	Auth Required
J9060	CISPLATIN POWDER OR SOL 10MG	Auth Not Required

J9065	CLADRIBINE PER 1 MG INJ	Auth Required
J9070	CYCLOPHOSPHAMIDE 100 MG	Auth Not Required
J9098	CYTARABINE LIPOSOME 10MG INJ	Auth Required
J9100	CYTARABINE 100 MG	Auth Not Required
J9118	INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS	Not Covered
J9119	INJECTION, CEMIPIMAB-RWLC, 1 MG	Auth Required
J9120	DACTINOMYCIN D 0.5MG	Auth Required
J9130	DACARBAZINE 100 MG	Auth Not Required
J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Auth Required
J9145	INJ, DARATUMUMAB, 10 MG	Auth Required
J9150	DAUNORUBICIN 10MG	Auth Not Required
J9151	DAUNORUBICIN CITRATE LIPO 10MG	Auth Required
J9153	INJ, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	Auth Required
J9155	DEGARELIX INJECTION 1MG	Auth Required
J9160	DENILEUKIN DIFTITOX 300 MCG	Not Covered
J9165	DIETHYLSTILBESTROL DIP 250MG	Not Covered
J9171	DOCETAXEL INJECTION 1MG	Auth Not Required
J9173	INJ, DURVALUMAB, 10 MG	Auth Required
J9175	ELLIOTTS B SOLUTION PER ML	Not Covered
J9176	INJ, ELOTUZUMAB, 1 MG	Auth Required
J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	Auth Required
J9178	INJ, EPIRUBICIN HCL, 2 MG	Auth Not Required
J9179	INJ, ERIBULIN MESYLATE, 0.1 MG	Auth Required
J9181	ETOPOSIDE 10 MG	Auth Not Required

J9185	FLUDARABINE PHOSPHATE 50 MG	Auth Not Required
J9190	FLUOROURACIL 500MG	Auth Not Required
J9198	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	Auth Required
J9200	FLOXURIDINE 500MG	Auth Required
J9201	GEMCITABINE HCL 200 MG	Auth Not Required
J9202	GOSERELIN ACETATE IMP 3.6MG	Auth Required
J9203	INJ, GEMTUZUMAB OZOGAMICIN, 0.1 MG	Auth Required
J9204	INJ, MOGAMULIZUMAB-KPKC, 1 MG	Auth Required
J9205	INJ, IRINOTECAN LIPOSOME, 1 MG	Auth Required
J9206	IRONOTECAN 20 MG	Auth Not Required
J9207	IXABEPILONE 1MG INJ	Auth Required
J9208	IFOSFAMIDE PER 1G	Auth Not Required
J9209	MESNA 200MG	Auth Not Required
J9210	INJ, EMAPALUMAB-LZSG, 1 MG	Carved out to Fee for Service. Please contact Utah Medicaid.
J9211	IDARUBICIN HCL 5MG	Auth Required
J9212	INTERFERON ALFACON 1 RECO 1MCG,1MCG	Not Covered
J9213	INTERFERON ALFA 2A REC 3MIL UN	Not Covered
J9214	INTERFERON ALFA 2B REC 1MIL	Auth Required
J9215	INTERFERON ALFA N3 250,000 IU	Not Covered
J9216	INTERFERON GAMMA 1 B 3MIL	Auth Required
J9217	LEUPROLIDE ACETATE SUSP 7.5MG	Auth Required
J9218	LEUPROLIDE ACETATE PER 1MG	Auth Required
J9219	LEUPROLIDE ACETATE IMP 65 MG	Not Covered
J9223	INJECTION, LURBINECTEDIN, 0.1 MG	Auth Required

J9225	VANTAS IMPLANT	Auth Required
J9226	SUPPRELIN LA IMPLANT	Auth Required
J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	Auth Required
J9228	INJ, IPILIMUMAB, 1 MG	Auth Required
J9229	INJ, INOTUZUMAB OZOGAMICIN, 0.1 MG	Auth Required
J9230	MECHLORETHAMINE HCL 10MG	Auth Required
J9245	MELPHALAN HCL 50MG INJ	Auth Required
J9246	INJECTION, MELPHALAN (EVOMELA), 1 MG	Auth Required
J9250	METHOTREXATE SODIUM 5 MG	Auth Not Required
J9260	METHOTREXATE SODIUM 50MG	Auth Not Required
J9261	NELARABINE INJ 50MG	Auth Required
J9262	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Auth Required
J9263	OXALIPLATIN	Auth Not Required
J9264	PACLITAXEL PROTEIN BOUND	Auth Required
J9266	PEGASPARGASE SINGLE DOSE VIAL	Auth Required
J9267	INJ, PACLITAXEL, 1 MG	Auth Not Required
J9268	PENTOSTATIN PER 10MG	Auth Required
J9269	INJ, TAGRAXOFUSP-ERZS, 10 MICROGRAMS	Auth Required
J9270	PLICAMYCIN 2.5MG	Auth Not Required
J9271	INJ, PEMBROLIZUMAB, 1 MG	Auth Required
J9280	MITOMYCIN 5 MG	Auth Not Required
J9281	MITOMYCIN PYELOALYCEAL INSTILLATION, 1 MG	Auth Required
J9285	INJ, OLARATUMAB, 10 MG	Auth Required
J9293	MITOXANTRONE HCL PER 5MG	Auth Required
J9295	INJ, NECITUMUMAB, 1 MG	Auth Required

J9299	INJ, NIVOLUMAB, 1 MG	Auth Required
J9301	INJ, OBINUTUZUMAB, 10 MG	Auth Required
J9302	OFATUMUMAB 10 MG INJECTION	Auth Required
J9303	PANITUMUMAB INJECTION	Auth Required
J9304	INJECTION, PEMETREXED (PEMFEXY), 10 MG	Not Covered
J9305	PEMETREXED INJECTION	Not Covered
J9306	INJECTION PERTUZUMAB 1 MG	Auth Required
J9307	PRALATREXATE 1 MG INJECTION	Auth Required
J9308	INJ, RAMUCIRUMAB, 5 MG	Auth Required
J9309	INJ, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Auth Required
J9311	INJ, RITUXIMAB 10 MG AND HYALURONIDASE	Auth Required
J9312	INJ, RITUXIMAB, 10 MG	Auth Required
J9313	INJ, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	Auth Required
J9315	ROMIDEPSIN 1 MG INJECTION	Auth Required
J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	Auth Required
J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIIY, 2.5 MG	Auth Required
J9320	STREPTOZOCIN 1G	Auth Required
J9325	INJ, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS	Auth Required
J9328	TEMOZOLOMIDE INJECTION 1MG	Auth Required
J9330	TEMSIROLIMUS INJECTION	Auth Required
J9340	THIOTEPA 15MG	Auth Required
J9348	INJECTION, NAXITAMAB-GQGK, 1 MG	Auth Required
J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	Auth Required
J9351	TOPOTECAN0.1 MG INJECTION	Auth Not Required

J9352	INJ, TRABECTEDIN, 0.1 MG	Auth Required
J9353	INJECTION, MARGTUXIMAB-CMKB, 5MG	Auth Required
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Auth Required
J9355	TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Auth Required
J9356	INJ, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK	Auth Required
J9357	VALRUBICIN INTRAVESICAL 200MG	Auth Required
J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	Auth Required
J9360	VINBLASTINE SULFATE 1MG	Auth Not Required
J9370	VINCRISTINE SULFATE 1 MG	Auth Not Required
J9371	INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG	Auth Required
J9390	VINORELBINE TARTRATE PER 10 MG	Auth Not Required
J9395	FULVESTRANT INJ 25MG	Auth Not Required
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	Auth Required
J9600	PORFIMER SODIUM 75 MG	Auth Required
J9999	ANTINEOPLASTIC NOC DRUG	Auth Required when billing over \$500
K0455	PUMP UNINTERRUPTED INFUSION	Not Covered
K0552	SUPPLY/EXT INF PUMP SYR TYPE	Not Covered
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), 1 MONTH	Not Covered
K0554	THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM (CGM) RECEIVER/MONITOR	Not Covered
Q0138	FERUMOXYTOL, NON-ESRD	Auth Required
Q0139	FERUMOXYTOL, ESRD USE	Auth Required
Q0144	AZITHROMYCIN DIHYDRATE, ORAL	Auth Not Required
Q0161	CHLORPROMAZINE HYDROCHLORIDE 5 MG ORAL	Not Covered

Q0162	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	Auth Not Required
Q0163	DIPHENHYDRAMINE HCL 50MG	Auth Not Required
Q0164	PROCHLORPERAZINE MALEATE 5MG	Auth Not Required
Q0166	GRANISETRON HCL 1 MG ORAL	Auth Not Required
Q0167	DRONABINOL,2.5MG,ORAL	Auth Not Required
Q0169	PROMETHAZINE HCL,12.5MG,ORAL	Not Covered
Q0173	TRIMETHOBENZAMIDE HCL 250MG	Auth Not Required
Q0174	THIETHYLPERAZINE MALEATE10MG	Not Covered
Q0175	PERPHENZAINE,4MG,ORAL	Not Covered
Q0177	HYDROXYZINE PAMOATE 25MG	Not Covered
Q0180	DOLASETRON MESYLATE ORAL	Auth Not Required
Q0181	UNSPECIFIED ORAL ANTI-EMETIC	Not Covered
Q0510	DISPENS FEE IMMUNOSUPPRESSIVE	Not Covered
Q0511	SUP FEE ANTIEM,ANTICA,IMMUNO	Not Covered
Q0512	PX SUP FEE ANTI-CAN SUB PRES	Not Covered
Q0513	DISP FEE INHAL DRUGS/30 DAYS	Not Covered
Q0514	DISP FEE INHAL DRUGS/90 DAYS	Not Covered
Q0515	SERMORELIN ACETATE INJECTION	Auth Not Required
Q2009	FOSPHENYTOIN INJ PE 50MG	Carved out to Fee for Service. Please contact Utah Medicaid.
Q2017	TENIPOSIDE, 50 MG	Auth Required
Q2028	INJECTION SCULPTRA 0.5 MG	Not Covered
Q2034	FLU VIRUS VAC SPLIT VIRUS INTRAMUSCULAR AGRIFLU	Not Covered
Q2035	AFLURIA VACC, 3 YRS & >, IM	Auth Not Required
Q2036	FLULAVAL VACC, 3 YRS & >, IM	Auth Not Required



Q2037	FLUVIRIN VACC, 3 YRS & >, IM	Auth Not Required
Q2038	FLUZONE VACC, 3 YRS & >, IM	Auth Not Required
Q2039	NOS FLU VACC, 3 YRS & >, IM	Auth Not Required
Q2041	INFUSION, AXICABTAGENE CILOLEUCEL, MAX 200 MIL AUTOLOGUOS CAR T CELLS, PER INFUSION	Auth Required
Q2042	TISAGENLECLEUCEL CAR-POS T CELLS, PER THERAPEUTIC DOSE	Auth Required
Q2043	SIPULEUCEL-T, MIN 50 MILL AUTOLOGOUS CD54+ CELLS ACTVTD, PER INFUSION	Auth Required
Q2049	INJ DOXORUBICIN HCI LIP IMPORTED LIPODOX 10 MG	Auth Required
Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Auth Required
Q2052	SERVICES SUPPLIES IN HOME MEDICARE IVIG DEM	Not Covered
Q2053	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, PER THERAPEUTIC DOSE	Auth Required
Q3027	INJECTION INTERFERON BETA-1A 1 MCG IM USE	Auth Required
Q3028	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Auth Required
Q4074	ILOPROST NON-COMP UNIT DOSE	Auth Not Required
Q4081	EPOETIN ALFA, 100 UNITS ESRD	Auth Required
Q4082	DRUG/BIO NOC PART B DRUG CAP	Not Covered
Q5101	INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM	Not Covered
Q5103	INJ, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	Auth Required
Q5104	INJ, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	Auth Required
Q5105	INJ, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (ESRD ON DIALYSIS), 100 UNITS	Not Covered
Q5106	INJ, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (NON-ESRD USE), 1000 UNITS	Auth Not Required

Q5107	INJECTION MVASI, 10 MG	Auth Not Required
Q5108	INJECTION, FULPHILA	Auth Not Required
Q5109	INJECTION, IXIFI, 10 MG	Not Covered
Q5111	INJ, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	Auth Not Required
Q5112	INJ, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG	Not Covered
Q5113	INJ, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MGá	Not Covered
Q5114	INJ, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	Not Covered
Q5115	INJ, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA) 10 MG	Auth Not Required
Q5116	INJ, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Not Covered
Q5117	INJ, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Auth Required
Q5118	INJ, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Auth Required
Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Auth Required
Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	Auth Required
Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Auth Required
Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Auth Required
Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG	Auth Required
Q9991	INJ, BUPRENORPHINE EXT-REL (SUBLOCADE), 100 MG OR LESS	Carved out to Fee for Service. Please contact Utah Medicaid.
Q9992	INJ, BUPRENORPHINE EXT-REL (SUBLOCADE), GREATER THAN 100 MG	Auth Not Required

S0012	BUTORPHANOL TARTRATE, NASAL	Not Covered
S0014	TACRINE HYDROCHLORIDE 10MG	Not Covered
S0017	INJECTION, AMINOCAPROIC ACID 5GM	Auth Not Required
S0020	INJECTION, BUPIVICAINE HYDRO 30ML	Auth Not Required
S0021	INJECTION, CEFOPERAZONE SOD 1 GM	Auth Required
S0023	INJECTION, CIMETIDINE HYDROC 300MG	Auth Required
S0028	INJ, FAMOTIDINE, 20 MG	Not Covered
S0030	INJECTION, METRONIDAZOLE 500MG	Auth Not Required
S0032	INJECTION, NAFCILLIN SODIUM 2GMS	Auth Not Required
S0034	INJ, OFLOXACIN, 400 MG	Auth Not Required
S0039	INJECTION, SULFAMETHOXAZOLE 10ML	Auth Not Required
S0040	INJECTION, TICARCILLIN DISOD 3.1GM	Auth Required
S0073	INJ, AZTREONAM, 500 MG	Auth Not Required
S0074	INJECTION, CEFOTETAN DISODIU	Auth Not Required
S0077	INJECTION, CLINDAMYCIN PHOSP	Auth Not Required
S0078	INJECTION, FOSPHENYTOIN SODI	Auth Not Required
S0080	INJECTION, PENTAMIDINE ISETH	Auth Not Required
S0081	INJECTION, PIPERACILLIN SODI	Auth Not Required
S0088	IMATINIB 100 MG	Not Covered
S0090	SILDENAFIL CITRATE 25MG	Not Covered
S0091	GRANISETRON 1MG	Not Covered
S0092	HYDROMORPHONE 250 MG	Not Covered
S0093	MORPHINE 500 MG	Not Covered
S0104	ZIDOVUDINE, ORAL, 100 MG	Not Covered
S0106	BUPROPION HCL SR 60 TABLETS	Not Covered

S0108	MERCAPTOPYRINE 50 MG	Not Covered
S0109	METHADONE ORAL 5MG	Not Covered
S0117	TRETINOIN TOPICAL 5 G	Not Covered
S0119	ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE,	Not Covered
S0122	INJ MENOTROPINS 75 IU	Auth Required
S0126	INJ FOLLITROPIN ALFA 75 IU	Auth Required
S0128	INJ FOLLITROPIN BETA 75 IU	Auth Required
S0132	INJ GANIRELIX ACETAT 250 MCG	Not Covered
S0136	CLOZAPINE, 25 MG	Not Covered
S0137	DIDANOSINE, 25 MG	Not Covered
S0138	FINASTERIDE, 5 MG	Not Covered
S0139	MINOXIDIL, 10 MG	Not Covered
S0140	SAQUINAVIR, 200 MG	Not Covered
S0142	COLISTIMETHATE INH SOL MG	Not Covered
S0144	INJECTION, PROPOFOL, 10MG	Auth Not Required
S0145	PEG INTERFERON ALFA-2A/180	Auth Required
S0148	PEG INTERFERON ALFA-2B/10	Auth Required
S0155	EPOPROSTENOL DILUTANT	Not Covered
S0156	EXEMESTANE 25 MG	Not Covered
S0157	BECAPLERMIN GEL 1%, 0.5 GM	Auth Required
S0160	DEXTROAMPHETAMINE	Not Covered
S0164	INJECTION PANTROPRAZOLE	Auth Not Required
S0166	INJ OLANZAPINE 2.5MG	Not Covered
S0169	CALCITROL	Not Covered

S0170	ANASTROZOLE 1 MG	Not Covered
S0171	BUMETANIDE 0.5 MG	Not Covered
S0172	CHLORAMBUCIL 2 MG	Not Covered
S0174	DOLASETRON 50 MG	Not Covered
S0175	FLUTAMIDE 125 MG	Not Covered
S0176	HYDROXYUREA 500 MG	Not Covered
S0177	LEVAMISOLE 50 MG	Not Covered
S0178	LOMUSTINE 10 MG	Not Covered
S0179	MEGESTROL 20 MG	Not Covered
S0182	PROCARBAZINE 5 MG	Not Covered
S0183	PROCHLORPERAZINE 5 MG	Not Covered
S0187	TAMOXIFEN 10 MG	Not Covered
S0189	TESTOSTERONE PELLETT 75 MG	Not Covered
S0190	MIFEPRISTONE, ORAL, 200 MG	Auth Required
S0191	MISOPROSTOL, ORAL, 200 MCG	Auth Required
S0194	VITAMIN SUPPL 100 CAPS	Not Covered
S0197	PRENATAL VITAMINS 30 DAY	Not Covered
S4989	CONTRACEPT IUD	Not Covered
S4990	NICOTINE PATCH LEGEND	Not Covered
S4991	NICOTINE PATCH NONLEGEND	Not Covered
S4993	CONTRACEPTIVE PILLS FOR BC	Not Covered
S4995	SMOKING CESSATION GUM	Not Covered
S5000	PRESCRIPTION DRUG, GENERIC	Not Covered
S5001	PRESCRIPTION DRUG, BRAND NAME	Not Covered
S5010	5% DEXTROSE AND 0.45% SALINE	Not Covered

S5012	5% DEXTROSE WITH POTASSIUM	Not Covered
S5013	5%DEXTROSE/0.45%SALINE1000ML	Not Covered
S5014	D5W/0.45NS W KCL AND MGS04	Not Covered
S5035	HIT ROUTINE DEVICE MAINT	Not Covered
S5036	HIT DEVICE REPAIR	Not Covered
S5497	HIT CATH CARE NOC	Not Covered
S5498	HIT SIMPLE CATH CARE	Not Covered
S5501	HIT COMPLEX CATH CARE	Not Covered
S5502	HIT INTERIM CATH CARE	Not Covered
S5517	HIT DECLOTTING KIT	Not Covered
S5518	HIT CATH REPAIR KIT	Not Covered
S5520	HIT PICC INSERT KIT	Auth Required
S5521	HIT MIDLINE CATH INSERT KIT	Auth Required
S5522	HIT PICC INSERT NO SUPP	Not Covered
S5523	HIP MIDLINE CATH INSERT KIT	Not Covered
S5550	INSULIN RAPID 5 U	Not Covered
S5551	INSULIN MOST RAPID 5 U	Not Covered
S5552	INSULIN INTERMED 5 U	Not Covered
S5553	INSULIN LONG ACTING 5 U	Not Covered
S5560	INSULIN REUSE PEN 1.5 ML	Not Covered
S5561	INSULIN REUSE PEN 3 ML	Not Covered
S5565	INSULIN CARTRIDGE 150 U	Not Covered
S5566	INSULIN CARTRIDGE 300 U	Not Covered
S5570	INSULIN DISPOS PEN 1.5 ML	Not Covered
S5571	INSULIN DISPOS PEN 3 ML	Not Covered

S8490	100 INSULIN SYRINGES	Auth Required
S9325	HIT PAIN MGMT PER DIEM	Not Covered
S9326	HIT CONT PAIN PER DIEM	Not Covered
S9327	HIT INT PAIN PER DIEM	Not Covered
S9328	HIT PAIN IMP PUMP DIEM	Not Covered
S9329	HIT CHEMO PER DIEM	Not Covered
S9330	HIT CONT CHEM DIEM	Not Covered
S9331	HIT INTERMIT CHEMO DIEM	Not Covered
S9336	HIT CONT ANTICOAG DIEM	Not Covered
S9338	HIT IMMUNOTHERAPY DIEM	Not Covered
S9345	HIT ANTI-HEMOPHIL DIEM	Not Covered
S9346	HIT ALPHA-1-PROTEINAS DIEM	Not Covered
S9347	HIT LONGTERM INFUSION DIEM	Not Covered
S9348	HIT SYMPATHOMIM DIEM	Not Covered
S9349	HIT TOCOLYSIS DIEM	Not Covered
S9351	HIT CONT ANTIEMETIC DIEM	Not Covered
S9353	HIT CONT INSULIN DIEM	Not Covered
S9355	HIT CHELATION DIEM	Not Covered
S9357	HIT ENZYME REPLACE DIEM	Not Covered
S9359	HIT ANTI-TNF PER DIEM	Not Covered
S9361	HIT DIURETIC INFUS DIEM	Not Covered
S9363	HIT ANTI-SPASMOTIC DIEM	Not Covered
S9364	HIT TPN TOTAL DIEM	Not Covered
S9365	HIT TPN 1 LITER DIEM	Not Covered
S9366	HIT TPN 2 LITER DIEM	Not Covered

S9367	HIT TPN 3 LITER DIEM	Not Covered
S9368	HIT TPN OVER 3L DIEM	Not Covered
S9370	HT INJ ANTIEMETIC DIEM	Not Covered
S9372	HT INJ ANTICOAG DIEM	Not Covered
S9373	HIT HYDRA TOTAL DIEM	Not Covered
S9374	HIT HYDRA 1 LITER DIEM	Not Covered
S9375	HIT HYDRA 2 LITER DIEM	Not Covered
S9376	HIT HYDRA 3 LITER DIEM	Not Covered
S9377	HIT HYDRA OVER 3L DIEM	Not Covered
S9379	HIT NOC PER DIEM	Not Covered
S9381	HIT HIGH RISK/ESCORT	Not Covered
S9490	HIT CORTICOSTEROID/DIEM	Not Covered
S9494	HIT ANTIBIOTIC TOTAL DIEM	Not Covered
S9497	HIT ANTIBIOTIC Q3H DIEM	Not Covered
S9500	HIT ANTIBIOTIC Q24H DIEM	Not Covered
S9501	HIT ANTIBIOTIC Q12H DIEM	Not Covered
S9502	HIT ANTIBIOTIC Q8H DIEM	Not Covered
S9503	HIT ANTIBIOTIC Q6H DIEM	Not Covered
S9504	HIT ANTIBIOTIC Q4H DIEM	Not Covered
S9529	VENIPUNCTURE HOME/SNF	Not Covered
S9537	HT HEM HORM INJ DIEM	Not Covered
S9538	HIT BLOOD PRODUCTS DIEM	Not Covered
S9542	HT INJ NOC PER DIEM	Not Covered
S9558	HT INJ GROWTH HORM DIEM	Not Covered
S9559	HIT INJ INTERFERON DIEM	Not Covered



S9560	HT INJ HORMONE DIEM	Not Covered
S9562	HT INJ PALIVIZUMAB DIEM	Not Covered
S9810	HT PHARM PER HOUR	Not Covered

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