



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
90375	Hyperrab S/D	Rabies Immune Globulin (Human)	No Review Required	No Auth. Required	No Auth. Required
90378	Synagis (1 Unit=50mg)	Palivizumab	Review Required	Pharmacy Benefit	Auth. Required
90675 90676	Rabies Vaccine		No Review Required	No Auth. Required	No Auth. Required
A9513	Lutathera	Lutetium lu 177, dotatate, 1 millicurie	Review Required	Auth. Required	Auth. Required
A9543	Zevalin Y-90	Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Review Required	Auth. Required	Auth. Required
A9590	Azedra	Iodine i-131, iobenguane, 1 millicurie	Review Required	Auth. Required	Auth. Required
A9606	Xofigo	Radium Ra 223 dichloride	Review Required	Auth. Required	Auth. Required
A9607	Pluvicto	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Review Required	Auth. Required	Auth. Required
A9699		Radiopharmaceutical, therapeutic, not otherwise classified	Review Required	Auth. Required	Auth. Required
C9143	Numbrino	Cocaine hydrochloride nasal solution (Numbrino), 1 mg	No Review Required	No Auth. Required	No Auth. Required
C9145	Aponvie	Injection, aprepitant, (aponvie), 1 mg	Review Required	No Auth. Required	Auth. Required
C9248	Cleviprex	injection, clevidipine butyrate, 1mg	No Review Required	No Auth. Required	No Auth. Required
C9257	Avastin	Injection, bevacizumab, 0.25 mg (intraocular)	No Review Required	No Auth. Required	No Auth. Required
C9293	Voraxaze	injection, glucarpidase, 10 units	No Review Required	No Auth. Required	No Auth. Required
C9399	Unclassified drug or biological	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Review Required	Not Covered	Auth. Required
C9447	Omidria	Injection, phenylephrine and ketorolac, 4 ml vial	No Review Required	No Review Required	No Review Required
C9482	Sotalol	injectable, sotalol hydrochloride, 1mg	No Review Required	No Auth. Required	No Auth. Required
C9488	Vaprisol	Injection, conivaptan hydrochloride, 1 mg	Review Required	Not Covered	Auth. Required
G1028	Kloxxado	Naloxone nasal spray, 8mg	No Review Required	Not Covered	No Auth. Required
J0120	Tetracycline	Tetracycline, up to 250 mg	No Review Required	No Auth. Required	No Auth. Required
J0121	Nuzyra	Omadacycline, 1 mg injection	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required
J0122	Xerava	Eravacycline, 1 mg injection	Review Required	Not Covered	Auth. Required
J0129	Orencia	Abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Review Required	Auth. Required	Auth. Required
J0130	ReoPro	Abciximab, 10 mg	No Review Required	Not Covered	No Auth. Required
J0131	Ofirmev	Acetaminophen, 10 mg Injection	No Review Required	Not Covered	No Auth. Required
J0132	Acetadote	Acetylcysteine, 100 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0133	Zovirax	Acyclovir, 5 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0134	acetaminophen	Acetaminophen (fresenius kabi), 10 mg injection	No Review Required	Not Covered	No Auth. Required



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J0135	Humira	Adalimumab, 20 mg Injection	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)
J0136	acetaminophen	Acetaminophen (b braun), 10 mg injection	No Review Required	Not Covered	No Auth. Required
J0137	epinephrine	Injection, acetaminophen (hikma) not therapeutically equivalent to j0131, 10 mg	No Review Required	Not Covered	No Auth. Required
J0153	Adenosine	Adenosine, 1 mg (not to be used to report any adenosine phosphate compounds) Injection	No Review Required	No Auth. Required	No Auth. Required
J0171	Adrenalin	Adrenalin, epinephrine, 0.1 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0172	Aduhelm	Inj, aducanumab-awwa, 2 mg	Review Required	Auth. Required	Auth. Required
J0173	epinephrine	Inj, epinephrine (belcher), 0.1 mg	No Review Required	Not Covered	No Auth. Required
J0174	Leqembi	Injection, lecanemab-irmb, 1 mg	Review Required	Auth Required	Auth. Required
J0177	Eylea HD	Injection, aflibercept hd, 1 mg	Review Required	Auth. Required	Auth. Required
J0178	Eylea	Aflibercept, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J0179	Beovu	Inj. Brolicizumab-dblI, 1mg	Review Required	Auth. Required	Auth. Required
J0180	Fabrazyme	Agalsidase beta, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J0184	Barhemsys	Injection, amisulpride, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J0185	Cinvanti	Inj., aprepitant, 1 mg	Review Required LCD	Auth. Required	Auth. Required
J0190	Akineton	Biperiden lactate, per 5 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0200	Trovan	Atatrofloxacin mesylate, 100 mg Injection	No Review Required	Not Covered	No Auth. Required
J0202	Lemtrada	Alemtuzumab, 1 mg	Review Required	Auth. Required	Auth. Required
J0206	allopurinol	Injection, allopurinol sodium, 1 mg	No Review Required	No Auth Required	No Auth. Required
J0207	Ethylol	Amifostine, 500 mg Injection	Review Required	Auth. Required	Auth. Required
J0208	Pedmark	Injection, sodium thiosulfate, 100 mg	No Review Required	No Auth. Required	No Auth. Required
J0209	alfentanil	Injection, sodium thiosulfate (hope), 100 mg	No Review Required	Not Covered	No Auth. Required
J0210	Aldomet	Methyldopate HCl, up to 250 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0211	Nithiodote	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)	No Review Required	Not Covered	No Auth. Required
J0216	alfentanil	Injection, alfentanil hydrochloride, 500 micrograms	No Review Required	Not Covered	No Auth. Required
J0217	Lamzede	Injection, velmanase alfa-tycv, 1 mg	Review Required	Auth. Required	Auth. Required
J0218	Xenpozyme	Injection, olipudase alfa-rpcp, 1 mg	Review Required	Auth. Required	Auth. Required
J0219	Nexviazyme	Injection, avalglucosidase alfa-ngpt, 4 mg	Review Required	Auth. Required	Auth. Required
J0221	Lumizyme	Alglucosidase alfa, 10 mg Injection	Review Required	Auth. Required	Auth. Required
J0222	Onpattro	Patisiran, 0.1 mg injection	Review Required	Auth. Required	Auth. Required
J0223	Givlaari	givosiran, 0.5mg injection	Review Required	Auth. Required	Auth. Required
J0224	Oxlumo	Injection, lumasiran, 0.5 mg	Review Required	Pharmacy Benefit	Auth. Required
J0225	Amvuttra	Inj, vutrisiran, 1 mg	Review Required	Not Covered	Auth. Required
J0248	Veklury	Injection, remdesivir, 1 mg	Review Required	Auth. Required	Auth. Required



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J0256	Zemaira, Prolastin, or Aralast	Alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg Injection	Review Required	Auth. Required	Auth. Required
J0257	Glassia	Alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg Injection	Review Required	Auth. Required	Auth. Required
J0270	Caverject	Alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Review Required	Auth. Required	Auth. Required
J0275	Muse	Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Review Required	Not Covered	Auth. Required
J0278	Amikin	Amikacin sulfate, 100 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0280	Aminophylline	Aminophyllin, up to 250 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0282	Cordarone, Pacerone	Amiodarone HCl, 30 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0283	Nexterone	Injection, amiodarone hydrochloride (nexterone), 30 mg	No Review Required	Not Covered	No Auth. Required
J0285	NovaPlus Amphotericin	Amphotericin B, 50 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0287	Abelcet	Amphotericin B lipid complex, 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0288	Amphotec	Amphotericin B cholesteryl sulfate complex, 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0289	Ambisome	Amphotericin B liposome, 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0290	Ampicillin	Ampicillin sodium, 500 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0291	Zemdri	Plazomicin, 5 mg injection	Review Required	Not Covered	Auth. Required
J0295	Unasyn	Ampicillin sodium/sulbactam sodium, per 1.5 g Injection	No Review Required	No Auth. Required	No Auth. Required
J0300	Amytal	Amobarbital, up to 125 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0330	Anectine, Quelicin	Succinylcholine chloride, up to 20 mg	No Review Required	No Auth. Required	No Auth. Required
J0348	Eraxis	Anidulafungin, 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0349	Rezzayo	Injection, rezafungin, 1 mg	Review Required	Auth. Required	Auth. Required
J0350	Eminase	Anistreplase, per 30 units Injection	No Review Required	Not Covered	No Auth. Required
J0360	Apresoline	Hydralazine HCl, up to 20 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0364	Apokyn	Apomorphine HCl, 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0365	Trasylol	Aprotinin, 10,000 kiu Injection	No Review Required	Not Covered	No Auth. Required
J0380	Aramine	metaraminol bitartrate, per 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0390	Aralen	Chloroquine HCl, up to 250 mg Injection	No Review Required	Not Covered	No Auth. Required
J0391	Artesunate	Injection, artesunate, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J0395	Genesa	Arbutamine HCl, 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0400	Abilify	Aripiprazole, intramuscular, 0.25 mg Injection	No Review Required	Pharmacy Benefit	No Auth. Required
J0401	Abilify Maintena	Aripiprazole, extended release, 1 mg Injection	No Review Required	Pharmacy Benefit	No Auth. Required
J0402	Abilify Asimtufii	Injection, aripiprazole (abilify asimtufii), 1 mg	No Review Required	Pharmacy Benefit	No Auth. Required



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J0456	Zithromax	Azithromycin, 500 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0457	aztreonam	Injection, aztreonam, 100 mg	No Review Required	No Auth. Required	No Auth. Required
J0461	Atropen	Atropine sulfate, 0.01 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0470	Bal in Oil	Dimercaprol, per 100 mg	No Review Required	No Auth. Required	No Auth. Required
J0475	Gablofen	Baclofen, 10 mg Injection	Review Required	Auth. Required	Auth. Required
J0476	Lioresal	Baclofen, 50 mcg for intrathecal trial Injection	Review Required	Auth. Required	Auth. Required
J0480	Simulect	Basiliximab, 20 mg Injection	No Review Required	Not Covered	No Auth. Required
J0485	Nulojix	Belatacept, 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0490	Benlysta	Belimumab, 10 mg Injection	Review Required	Auth. Required	Auth. Required
J0491	Saphnelo	Injection, anifrolumab-fnia, 1 mg	Review Required	Auth. Required	Auth. Required
J0500	Bentyl	Dicyclomine HCl, up to 20 mg	No Review Required	No Auth. Required	No Auth. Required
J0515	Cogentin	Benztropine mesylate, per 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0517	Fasenra	Inj., benralizumab, 1 mg	Review Required	Auth. Required	Auth. Required
J0520	Bethanechol chloride, Myotonachol or Urecholine	Bethanechol chloride, Myotonachol or Urecholine, up to 5 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0558	Bicillin C R	Penicillin G benzathine and penicillin G procaine, 100,000 units	No Review Required	No Auth. Required	No Auth. Required
J0561	Bicillin L A	Penicillin G benzathine, 100,000 units	No Review Required	No Auth. Required	No Auth. Required
J0565	Zinplava	Injection, bezlotoxumab, 10 mg	Review Required	Auth. Required	Auth. Required
J0567	Brineura	cerliponase alfa, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J0570	Probuphine Implant Kit	Buprenorphine implant, 74.2 mg (Code becomes effective 1/1/17 for Medicare Billing) (Code re used by CMS effective 1/1/17) (74.2 mg = 1 implant)	No Review Required	No Auth. Required	No Auth. Required
J0571	Subutex	Buprenorphine, oral, 1 mg	No Review Required	Pharmacy Benefit	Pharmacy Benefit
J0572	Suboxone	Buprenorphine/naloxone, oral, less than or equal to 3 mg	No Review Required	Pharmacy Benefit	Pharmacy Benefit
J0573	Suboxone	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg	No Review Required	Pharmacy Benefit	Pharmacy Benefit
J0574	Suboxone	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg	No Review Required	Pharmacy Benefit	Pharmacy Benefit
J0575	Suboxone	Buprenorphine/naloxone, oral, greater than 10 mg	No Review Required	Pharmacy Benefit	Pharmacy Benefit
J0577	buprenorphine ER	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy	No Review Required	Not Covered	No Auth. Required
J0578	buprenorphine ER	Injection, buprenorphine extended-release (brixadi), greater than 7 days and up to 28 days of therapy	No Review Required	Not Covered	No Auth. Required
J0583	Angiomax	Bivalirudin, 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required



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J0584	Crysvita	Injection, bursumab-twza 1m	Review Required	Auth. Required	Auth. Required
J0585	Botox	OnabotulinumtoxinA, 1 unit	Review Required LCD	Auth. Required	Auth. Required
J0586	Dysport	AbobotulinumtoxinA, 5 units Injection	Review Required LCD	Auth. Required	Auth. Required
J0587	Myobloc	RimabotulinumtoxinB, 100 units	Review Required LCD	Auth. Required	Auth. Required
J0588	Xeomin	IncobotulinumtoxinA, 1 unit	Review Required LCD	Auth. Required	Auth. Required
J0589	Daxxify	Injection, daxibotulinumtoxina-lanm, 1 unit	Review Required	Not Covered	Auth. Required
J0591	deoxycholic	Injection, deoxycholic acid, 1 mg	Not Covered	Not Covered	Not Covered
J0592	Buprenex	Buprenorphine HCl, 0.1 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0593	Takhzyro	Lanadelumab-flyo, 1 mg injection	Review Required	Not Covered	Auth. Required
J0594	Busulfex	Busulfan, 1 mg Injection	Review Required LCD	No Auth. Required	No Auth. Required
J0595	Stadol	Butorphanol tartrate, 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0596	Ruconest	C-1 esterase inhibitor (recombinant), 10 units	Review Required	Auth. Required	Auth. Required
J0597	Beriner	C-1 esterase inhibitor (human), Beriner, 10 units	Review Required	Auth. Required	Auth. Required
J0598	Cinryze	C-1 esterase inhibitor (human), Cinryze, 10 units	Review Required	Auth. Required	Auth. Required
J0599	Haegarda	c-1 esterase inhibitor (human)	Review Required	Not Covered	Auth. Required
J0600	Calcium Disodium Versenate	Edetate calcium disodium, up to 1,000 mg	No Review Required	No Auth. Required	No Auth. Required
J0604	Sensipar	Cinacalcet, oral, 1 mg, (for ESRD on dialysis)	No Review Required	No Auth. Required	No Auth. Required
J0606	Parsabiv	Injection, etelcalcetide, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required
J0612	Calcium Gluconate	Injection, calcium gluconate (fresenius kabi), per 10 mg	No Review Required	No Auth. Required	No Auth. Required
J0613	Calcium Gluconate	Injection, calcium gluconate (wg critical care), per 10 mg	No Review Required	No Auth. Required	No Auth. Required
J0620	Calphosan	Calcium glycerophosphate and calcium lactate, per 10 ml	No Review Required	No Auth. Required	No Auth. Required
J0630	Miacalcin	Calcitonin salmon, up to 400 units Injection	No Review Required	Not Covered	No Auth. Required
J0636	Calcitrol	Calcitriol, 0.1 mcg Injection	No Review Required	No Auth. Required	No Auth. Required
J0637	Cancidas	Caspofungin acetate, 5 mg	No Review Required	No Auth. Required	No Auth. Required
J0638	Ilaris	Canakinumab, 1 mg	Review Required	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)
J0640	Leucovorin Calcium	Leucovorin calcium, per 50 mg	Review Required LCD	Auth. Required	Auth. Required
J0641	Fusilev	Levoleucovorin calcium, 0.5 mg	Review Required LCD	Auth. Required	Auth. Required
J0642	Khapzory	Injection, levoleucovorin (Khapzory), 0.5mg	No Review Required	No Auth. Required	No Auth. Required
J0650	levothyroxine NOS	Injection, levothyroxine sodium, not otherwise specified, 10 mcg	No Review Required	Not Covered	No Auth. Required
J0651	levothyroxine	Injection, levothyroxine sodium (fresenius kabi) not therapeutically equivalent to j0650, 10 mcg	No Review Required	No Auth. Required	No Auth. Required
J0652	levothyroxine	Injection, levothyroxine sodium (hikma) not therapeutically equivalent to j0650, 10 mcg	No Review Required	Not Covered	No Auth. Required
J0665	bupivacaine	Inj, bupivacaine, nos, 0.5mg	No Review Required	No Auth. Required	No Auth. Required
J0670	Polocaine	Mepivacaine HCl, per 10 ml	No Review Required	No Auth. Required	No Auth. Required



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J0687	cefazolin	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	No Review Required	No Auth. Required	No Auth. Required
J0688	cefazolin	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg	No Review Required	No Auth. Required	No Auth. Required
J0689	Cefazolin	Injection, cefazolin sodium (baxter), 500 mg	No Review Required	No Auth. Required	No Auth. Required
J0690	Cefazolin	Cefazolin sodium, 500 mg	No Review Required	No Auth. Required	No Auth. Required
J0691	Xenleta	Lefamulin, 1mg injection	No Review Required	Pharmacy Benefit	No Auth. Required
J0692	Maxipime	Cefepime HCl, 500 mg	No Review Required	No Auth. Required	No Auth. Required
J0694	Cefoxitin	Cefoxitin sodium, 1 g	No Review Required	No Auth. Required	No Auth. Required
J0695	Zerbaxa	Ceftolozane 50 mg and tazobactam 25 mg	No Review Required	No Auth. Required	No Auth. Required
J0696	Rocephin	Ceftriaxone sodium, per 250 mg	No Review Required	No Auth. Required	No Auth. Required
J0697	Zinacef	Cefuroxime sodium, sterile per 750 mg	No Review Required	No Auth. Required	No Auth. Required
J0698	Claforan	Cefotaxime sodium	No Review Required	No Auth. Required	No Auth. Required
J0699	Fetroja	Injection, cefiderocol, 10 mg	No Review Required	No Auth. Required	No Auth. Required
J0701	Cefepime	Injection, cefepime hydrochloride (baxter), 500 mg	No Review Required	No Auth. Required	No Auth. Required
J0702	Celestone	Betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0703	Cefepime	Injection, cefepime hydrochloride (b braun), 500 mg	No Review Required	No Auth. Required	No Auth. Required
J0706	Cafcit	Caffeine citrate, 5 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J0710	Cefapirin	cephapirin sodium, up to 1 g	No Review Required	No Auth. Required	No Auth. Required
J0712	Teflaro	Ceftaroline fosamil, 10 mg	No Review Required	No Auth. Required	No Auth. Required
J0713	Ceptaz, Fortaz, Tazicef	Ceftazidime, per 500 mg	No Review Required	Not Covered	No Auth. Required
J0714	Avycaz	Ceftazidime and avibactam, 0.5 g/0.125 g	Review Required	Auth. Required	Auth. Required
J0715	Cefizox	Ceftizoxime sodium, per 500 mg	No Review Required	No Auth. Required	No Auth. Required
J0716	Anascorp	Centruroides immune f(ab)2, up to 120 mg	No Review Required	No Auth. Required	No Auth. Required
J0717	Cimzia	Certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Review Required	Auth. Required	Auth. Required (Pharmacy Benefit)
J0720	Chloromycetin	Chloramphenicol sodium succinate, up to 1 g	No Review Required	No Auth. Required	No Auth. Required
J0725	Novarel, Pregnyl	Chorionic gonadotropin, per 1,000 USP units	Review Required	Auth. Required	Auth. Required
J0735	Duraclon	Clonidine HCl, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J0736	clindamycin	Injection, clindamycin phosphate, 300 mg	No Review Required	No Auth. Required	No Auth. Required
J0737	clindamycin	Injection, clindamycin phosphate (baxter), not therapeutically equivalent to j0736, 300 mg	No Review Required	No Auth. Required	No Auth. Required
J0739	Apretude	Injection, cabotegravir, 1 mg	Review Required	Auth. Required	Auth. Required
J0740	Vistide	Cidofovir, 375 mg	No Review Required	No Auth. Required	No Auth. Required



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J0741	Cabenuva	Injection, cabotegravir and rilpivirine, 2mg/3mg	Review Required	Auth. Required	Auth. Required
J0742	Recarbio	Imipenem 4mg, Cilastin 4mg and Relebactam 2mg	No Review Required	No Auth. Required	No Auth. Required
J0743	Primaxin	Cilastatin sodium; imipenem, per 250 mg	No Review Required	No Auth. Required	No Auth. Required
J0744	Cipro	Ciprofloxacin for intravenous infusion, 200 mg	No Review Required	No Auth. Required	No Auth. Required
J0745	Codeine Phosphate	Codeine phosphate, per 30 mg	No Review Required	No Auth. Required	No Auth. Required
J0750	Truvada	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	No Review Required	Pharmacy Benefit	Pharmacy Benefit
J0751	Truvada	Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv)	No Review Required	Pharmacy Benefit	Pharmacy Benefit
J0770	Coly mycin M	Colistimethate sodium, up to 150 mg	No Review Required	No Auth. Required	No Auth. Required
J0775	Xiaflex	Collagenase, clostridium histolyticum, 0.01 mg	Review Required	Auth. Required	Auth. Required
J0780	Compazine	Prochlorperazine, up to 10 mg	No Review Required	No Auth. Required	No Auth. Required
J0791	Adakveo	Crizanlizumab-tmca, 5mg injection	Review Required	Auth. Required	Auth. Required
J0795	Acthrel	Corticotropin ovine triflutate, 1 mcg Injection	No Review Required	No Auth. Required	No Auth. Required
J0799	HIV PrEP	Fda approved prescription drug, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv), not otherwise classified	No Review Required	Pharmacy Benefit	Pharmacy Benefit
J0801	Acthar	Injection, corticotropin (acthar gel), up to 40 units	Review Required	Auth. Required	Auth. Required
J0802	corticotropin	Injection, corticotropin (ani), up to 40 units	Review Required	Auth. Required	Auth. Required
J0834	Cortrosyn	Cosyntropin (Cortrosyn), 0.25 mg	No Review Required	No Auth. Required	No Auth. Required
J0840	Crofab	Crotalidae polyvalent immune fab (ovine), up to 1 g	No Review Required	No Auth. Required	No Auth. Required
J0841	Crofab	Crotalidae im f(ab') ₂ eq	No Review Required	No Auth. Required	No Auth. Required
J0850	Cytogam	Cytomegalovirus immune globulin intravenous (human), per vial	Review Required LCD	Not Covered	Auth. Required
J0872	daptomycin	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	Review Required	Auth. Required	Auth. Required
J0873	daptomycin	Injection, daptomycin (xellia) not therapeutically equivalent to j0878, 1 mg	Review Required	Auth. Required	Auth. Required
J0874	daptomycin	Injection, daptomycin (baxter), not therapeutically equivalent to j0878, 1 mg	Review Required	Auth. Required	Auth. Required
J0875	Dalvance	Dalbavancin, 5 mg	Review Required	Auth. Required	Auth. Required
J0877	daptomycin	Injection, daptomycin (hospira), not therapeutically equivalent to j0878, 1 mg	Review Required	Auth. Required	Auth. Required
J0878	Cubicin	Daptomycin, 1 mg	Review Required	Auth. Required	Auth. Required
J0879	Korsuva	Injection, difelikefalin, 0.1 microgram, (for ESRD on dialysis)	No Review Required	Auth. Required	Auth. Required
J0881	Aranesp	Darbepoetin alfa, 1 mcg (non-ESRD use)	Review Required LCD	Auth. Required	Auth. Required
J0882	Aranesp	Darbepoetin alfa, 1 mcg (for ESRD on dialysis)	No Review Required	Auth. Required	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J0883	argatroban (non-esrd)	Injection, argatroban, 1 mg (for non-esrd use)	No Review Required	Not Covered	No Auth. Required
J0884	argatroban (esrd)	Injection, argatroban, 1 mg (for esrd on dialysis)	No Review Required	Not Covered	No Auth. Required
J0885	Epogen, Procrit	Epoetin alfa, (for non-ESRD use), 1000 units	Review Required LCD	Auth. Required	Auth. Required
J0887	NeoRecormon, Mircera	Epoetin beta, 1 microgram, (for ESRD on dialysis) Injection	No Review Required	Auth. Required	Auth. Required
J0888	NeoRecormon	Epoetin beta, 1 microgram, (for non-ESRD use) Injection	Review Required LCD	Auth. Required	Auth. Required
J0889	Jesduvroq	Daprodustat, oral, 1 mg, (for esrd on dialysis)	Review Required	Not Covered	Pharmacy Benefit
J0891	argatroban (non-esrd)	Injection, argatroban (accord), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)	Review Required	Auth. Required	Auth. Required
J0892	argatroban (esrd)	Injection, argatroban (accord), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)	Review Required	Auth. Required	Auth. Required
J0893	decitabine	Injection, decitabine (sun pharma) not therapeutically equivalent to j0894, 1 mg	Review Required	Auth. Required	Auth. Required
J0894	Dacogen	Decitabine, 1 mg	Review Required	Auth. Required	Auth. Required
J0895	Desferal	Deferoxamine mesylate, 500 mg	Review Required LCD	Auth. Required	Auth. Required
J0896	Reblozyl	Injection, Luspatercept-ammt, 0.25mg	Review Required	Auth. Required	Auth. Required
J0897	Prolia	Denosumab, 1 mg	Review Required	Auth. Required	Auth. Required
J0897	Xgeva	Denosumab, 1 mg	Review Required	Auth. Required	Auth. Required
J0898	argatroban (non-esrd)	Injection, argatroban (auromedics), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)	Review Required	Auth. Required	Auth. Required
J0899	argatroban (esrd)	Injection, argatroban (auromedics), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)	Review Required	Auth. Required	Auth. Required
J0911	taurolidine and heparin	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	No Review Required	Not Covered	No Auth. Required
J0945	Rymed	Brompheniramine maleate, per 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J1000	Depo-Estradiol	Depo-estradiol cypionate, up to 5 mg	No Review Required	No Auth. Required	No Auth. Required
J1010	methylprednisolone	Injection, methylprednisolone acetate, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J1050	Depo-Provera	Medroxyprogesterone acetate, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J1071	Depo- Testosterone	Testosterone cypionate, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J1094	Decadron LA, Dalalone DP	Dexamethasone acetate, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J1096	Dextenza	Dexamethasone oph insert 0.1 mg	Review Required	Auth. Required	Auth. Required
J1097	Omidria	Phenylep ketorolac oph soln	No Review Required	No Auth. Required	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J1100	Decadron LA, Dalalone DP	Dexamethasone sodium phosphate, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J1105	Precedex	Dexmedetomidine, oral, 1 mcg	No Review Required	Not Covered	No Auth. Required
J1110	D.H.E. 45	Dihydroergotamine mesylate, per 1 mg	No Review Required	No Auth. Required	No Auth. Required
J1120	Diamox	Acetazolamide sodium, up to 500 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J1130	diclofenac	Injection, diclofenac sodium, 0.5 mg	No Review Required	Pharmacy Benefit	No Auth. Required
J1160	Lanoxin	Digoxin, up to 0.5 mg	No Review Required	No Auth. Required	No Auth. Required
J1162	Digifab	Digoxin immune fab (ovine), per vial	No Review Required	No Auth. Required	No Auth. Required
J1165	Phenytoin Sodium	Phenytoin sodium, per 50 mg	No Review Required	No Auth. Required	No Auth. Required
J1170	Dilaudid	Hydromorphone, up to 4 mg	No Review Required	No Auth. Required	No Auth. Required
J1180	Lufyllin	Dyphylline, up to 500 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J1190	Zinecard	Dexrazoxane HCl, per 250 mg	Review Required	Auth. Required	Auth. Required
J1200	Benadryl	Diphenhydramine HCl, up to 50 mg	No Review Required	No Auth. Required	No Auth. Required
J1201	Zyrtec	Cetirizine hcl 0.5mg	No Review Required	Not Covered	No Auth. Required
J1202	Miglustat	Miglustat, oral, 65 mg	Review Required (Pharmacy Benefit)	Not Covered	Auth. Required (Pharmacy Benefit)
J1203	Pombiliti	Injection, cipaglucoisidase alfa-atga, 5 mg	Review Required	Auth. Required	Auth. Required
J1205	Diuril Sodium	Chlorothiazide sodium, per 500 mg	No Review Required	No Auth. Required	No Auth. Required
J1212	Rimso-50	DMSO, dimethyl sulfoxide, 50%, 50 ml	Review Required NCD	Auth. Required	Auth. Required
J1230	Dolophine	Methadone HCl, up to 10 mg	No Review Required	No Auth. Required	No Auth. Required
J1240	Dramamine, Dramanate, Dramocen	Dimenhydrinate, up to 50 mg	No Review Required	Not Covered	No Auth. Required
J1245	Persantine	Dipyridamole, per 10 mg	No Review Required	No Auth. Required	No Auth. Required
J1246	Unituxin	Injection, dinutuximab, 0.1 mg	Review Required	Auth. Required	Auth. Required
J1250	Dobutrex	Dobutamine HCl, per 250 mg	No Review Required	No Auth. Required	No Auth. Required
J1260	Anzemet	Dolasetron mesylate, 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J1265	Intropin	Dopamine HCl, 40 mg	No Review Required	No Auth. Required	No Auth. Required
J1267	Doribax	Doripenem, 10 mg	No Review Required	No Auth. Required	No Auth. Required
J1270	Hectorol	Doxercalciferol, 1 mcg	No Review Required	No Auth. Required	No Auth. Required
J1290	Kalbitor	Ecaltantide, 1 mg	Review Required	Auth. Required	Auth. Required
J1300	Soliris	Eculizumab, 10 mg	Review Required	Auth. Required	Auth. Required
J1301	Radicava	Edaravone, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J1302	Enjaymo	Injection, sutimlimab-jome, 10 mg	Review Required	Auth. Required	Auth. Required
J1303	Ultomiris	Ravulizumab-cwvz 10 mg	Review Required	Auth. Required	Auth. Required
J1304	Qalsody	Injection, tofersen, 1 mg	Review Required	Auth. Required	Auth. Required
J1305	Evkeeza	Evinacumab-dgnb, 5mg	Review Required	Auth. Required	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J1306	Leqvio	Injection, inclisiran, 1 mg	Review Required	Not Covered	Auth. Required
J1320	Elavil	Amitriptyline HCl, up to 20 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J1322	Vimizim	Elosulfase alfa, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J1323	Elrexio	Injection, elranatamab-bcmm, 1 mg	Review Required	Auth. Required	Auth. Required
J1324	Fuzeon	Enfuvirtide, 1 mg	Review Required	Pharmacy Benefit	Auth. Required
J1325	Flolan, Veletri	Epoprostenol, 0.5 mg	Review Required LCD	Auth. Required	Auth. Required
J1327	Integrilin	Eptifibatide, 5 mg	No Review Required	No Auth. Required	No Auth. Required
J1330	Ergotrate	Ergonovine maleate, up to 0.2 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J1335	Invanz	Ertapenem sodium, 500 mg	No Review Required	No Auth. Required	No Auth. Required
J1364	Erythromycin Lactobionate	Erythromycin lactobionate, per 500 mg	No Review Required	No Auth. Required	No Auth. Required
J1380	Delestrogen	Estradiol valerate, up to 10 mg	No Review Required	Not Covered	No Auth. Required
J1410	Premarin	Estrogen conjugated, per 25 mg	No Review Required	No Auth. Required	No Auth. Required
J1411	Hemgenix	Injection, etranacogene dezaparovec-drlb, per therapeutic dose	Review Required	Not Covered	Auth. Required
J1412	Roctavian	Injection, valoctocogene roxaparovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes	Review Required	Auth. Required	Auth. Required
J1413	Elevidys	Injection, delandistrogene moxeparovec-rokl, per therapeutic dose	Review Required	Auth. Required	Auth. Required
J1426	Amondys 45	Injection, casimersen, 10 mg	Not Covered	Not Covered	Not Covered
J1427	Viltepso	Injection, viltolarsen, 10 mg	Review Required	Auth. Required	Auth. Required
J1428	Exondys	Injection, eteplirsen, 10mg (For billing prior to 1/1/18 use J3490 or C9484 for OPPS billing)	Review Required	Pharmacy Benefit	Auth. Required (Excluded)
J1429	Vyondys 53	Injection, golodirsen, 10mg	Review Required	Pharmacy Benefit	Auth. Required
J1430	Ethamolin	Ethanolamine oleate, 100 mg	No Review Required	No Auth. Required	No Auth. Required
J1434	fosaprepitant	Injection, fosaprepitant (focinvez), 1 mg	Review Required	Not Covered	Auth. Required
J1435	Estrone	Estrone, per 1 mg Injection	No Review Required	Not Covered	No Auth. Required
J1436	Didronel	Etidronate disodium, per 300 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J1437	Monoferic	Injection, ferric derisomaltose, 10 mg	Review Required	Auth. Required	Auth. Required
J1438	Enbrel	Etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Review Required	Auth. Required	Auth. Required (Pharmacy Benefit)
J1439	Injectafer	Ferric carboxymaltose, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J1440	Rebyota	Fecal microbiota, live - jslm, 1 ml	Review Required	Auth. Required	Auth. Required
J1442	Neupogen	Filgrastim (G-CSF), 1 microgram	Review Required	Auth. Required	Auth. Required
J1443	Triferic	Ferric pyrophosphate citrate solution, 0.1 mg of iron	No Review Required	No Auth. Required	No Auth. Required
J1444	Ferric pyrophosphate citrate	Fe pyro cit pow 0.1 mg iron	No Review Required	No Auth. Required	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J1445	Triferic	Injection, ferric pyrophosphate citrate solution (triferic), 0.1 mg of iron	No Review Required	No Auth. Required	No Auth. Required
J1447	Granix	Tbo-filgrastim, 1 microgram	Review Required	Auth. Required	Auth. Required
J1448	Cosela	Injection, trilaciclib, 1mg	Review Required	Auth. Required	Auth. Required
J1449	Rolvedon	Injection, eflapegrastim-xnst, 0.1 mg	Review Required	Not Covered	Auth. Required
J1450	Diflucan	Fluconazole, 200 mg	No Review Required	No Auth. Required	No Auth. Required
J1451	Antizol	Fomepizole, 15 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J1452	Vitravene	Fomivirsen sodium, intraocular, 1.65 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J1453	Emend	Fosaprepitant, 1 mg injection	Review Required	Auth. Required	Auth. Required
J1454	Inj fosnetupitant, palonoset		Review Required LCD	Not Covered	Auth. Required
J1455	Foscavir	Foscarnet sodium, per 1,000 mg	No Review Required	No Auth. Required	No Auth. Required
J1456	fosaprepitant	Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg	Review Required	Auth. Required	Auth. Required
J1457	Ganite	Gallium nitrate, 1 mg	No Review Required	Not Covered	No Auth. Required
J1458	Naglazyme	Galsulfase, 1 mg	Review Required	Auth. Required	Auth. Required
J1459	Privigen	Immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Review Required LCD	Auth. Required	Auth. Required
J1460	Gamunex-C	Gamma globulin, intramuscular, 1 cc	Review Required LCD	Auth. Required	Auth. Required
J1551	Cutaquig	Injection, immune globulin (cutaquig), 100 mg	Review Required	Not Covered	Auth. Required
J1554	Asceniv	Injection, immune globulin (asceniv), 500 mg	Review Required	Auth. Required	Auth. Required
J1555	Cuvitru	Injection, immune globulin 100mg	Review Required LCD	Auth. Required	Auth. Required
J1556	Bivigam	Immune globulin (bivigam), 500 mg	Review Required LCD	Pharmacy Benefit	Auth. Required
J1557	Gammaplex	Immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Review Required LCD	Auth. Required	Auth. Required
J1558	Xembify	Immune globulin (Xembify), 100mg	Review Required LCD	Auth. Required	Auth. Required
J1559	Hizentra	Immune globulin (Hizentra), 100 mg	Review Required LCD	Pharmacy Benefit	Auth. Required
J1560	Gamastan S/D	Gamma globulin, intramuscular, over 10 cc	Review Required LCD	Auth. Required	Auth. Required
J1561	Gamunex, Gamunex-C, Gammaked	Immune globulin, (Gamunex/Gamunex- C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Review Required LCD	Auth. Required	Auth. Required
J1566	Panglobulin, Gammagard S/D, Carimune NF	Immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Review Required LCD	Auth. Required	Auth. Required
J1568	Octagam	Immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Review Required LCD	Auth. Required	Auth. Required
J1569	Gammagard	Immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Review Required LCD	Auth. Required	Auth. Required
J1570	ganciclovir	Ganciclovir sodium, 500 mg	No Review Required	No Auth. Required	No Auth. Required
J1571	Hepagam B I.M. use	Hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml	Review Required LCD	Auth. Required	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J1572	Flebogamma, Flebogamma Dif	Immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Review Required LCD	Auth. Required	Auth. Required
J1573	Hepagam B I.V. use	Hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml	Review Required LCD	Auth. Required	Auth. Required
J1574	ganciclovir	Injection, ganciclovir sodium (exela) not therapeutically equivalent to j1570, 500 mg	No Review Required	No Auth. Required	No Auth. Required
J1575	Hyqvia	Immune globulin/hyaluronidase, 100 mg immunoglobulin (Hyqvia)	Review Required LCD	Not Covered (Pharmacy Benefit)	Auth. Required
J1576	Panzyga	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Review Required	Not Covered	Auth. Required
J1580	Garamycin	Garamycin, gentamicin, up to 80 mg	No Review Required	No Auth. Required	No Auth. Required
J1595	Copaxone	Glatiramer acetate, 20 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)
J1596	glycopyrrolate	Injection, glycopyrrolate, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required
J1597	glycopyrrolate	Injection, glycopyrrolate (glyrx-pf), 0.1 mg	No Review Required	Not Covered	No Auth. Required
J1598	glycopyrrolate	Injection, glycopyrrolate (fresenius kabi), not therapeutically equivalent to j1596, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required
J1599	Immune globulin, intravenous, non-lyophilized, NOS	Immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	Review Required	Not Covered	Auth. Required
J1600	Mycochrysin, Aurolate	Gold sodium thiomalate, up to 50 mg	No Review Required	No Auth. Required	No Auth. Required
J1602	Simponi Aria	Golimumab, 1 mg, for intravenous use	Review Required	Auth. Required	Auth. Required
J1610	Glucagen, Glucagon	Glucagon HCl, per 1 mg	No Review Required	No Auth. Required	No Auth. Required
J1611	glucagon	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	No Review Required	No Auth. Required	No Auth. Required
J1626	Kytril	Granisetron HCl, 100 mcg	No Review Required	No Auth. Required	No Auth. Required
J1627	Sustol	Injection, granisetron, extended-release, 0.1mg (For billing prior to 1/1/18 use J3490 or C9486 for OPSS billing)	Review Required LCD	Not Covered (Pharmacy Benefit)	Auth. Required
J1628	Tremfya	guselkumab, 1 mg Injection	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required
J1630	Haldol	Haloperidol, up to 5 mg	No Review Required	No Auth. Required	No Auth. Required
J1631	Haldol Deconoate	Haloperidol decanoate, per 50 mg	No Review Required	No Auth. Required	No Auth. Required
J1632	Zulresso	injection, brexanolone, 1mg	No Review Required	No Auth. Required	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J1640	Panhematin	Hemin, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J1642	Heparin	Heparin sodium, (heparin lock flush), per 10 units	No Review Required	No Auth. Required	No Auth. Required
J1643	Heparin	Injection, heparin sodium (pfizer), not therapeutically equivalent to j1644, per 1000 units	No Review Required	No Auth. Required	No Auth. Required
J1644	Heparin	Heparin sodium, per 1000 units	No Review Required	No Auth. Required	No Auth. Required
J1645	Fragmin	Dalteparin sodium, per 2500 IU	No Review Required	No Auth. Required	No Auth. Required
J1650	Lovenox	Enoxaparin sodium, 10 mg	No Review Required	No Auth. Required	No Auth. Required
J1652	Arixtra	Fondaparinux sodium, 0.5 mg	No Review Required	No Auth. Required	No Auth. Required
J1655	Innohep	Tinzaparin sodium, 1000 IU	No Review Required	No Auth. Required	No Auth. Required
J1670	Hypertet S/D, Hyper-tet, Baytet	Tetanus immune globulin, human, up to 250 units	No Review Required	No Auth. Required	No Auth. Required
J1700	Cortef, Hydrocortone	Hydrocortisone acetate, up to 25 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J1710	Solu Cortef	Hydrocortisone sodium phosphate, up to 50 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J1720	Solu-cortef, hydrocortisone, A-hydrocort	Hydrocortisone sodium succinate, up to 100 mg	No Review Required	No Auth. Required	No Auth. Required
J1726	Makena	Hydroxyprogesterone caproate, 10 mg (J1725 is 1MG to 1 unit)	Review Required	Pharmacy Benefit	Pharmacy Benefit
J1729	Geq or compounded	Injection, hydroxyprogesterone caproate, Not Otherwise Specified, 10 mg	No Review Required	No Auth. Required	No Auth. Required
J1730	Proglycem	Diazoxide, up to 300 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J1738	meloxicam	Injection, meloxicam, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J1740	Boniva	Ibandronate sodium, 1 mg	Review Required LCD	Auth. Required	Auth. Required
J1741	Caldolor	Ibuprofen, 100 mg	No Review Required	No Auth. Required	No Auth. Required
J1742	Corvert	Ibutilide fumarate, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J1743	Elaprase	Idursulfase, 1 mg	Review Required	Auth. Required	Auth. Required
J1744	Firazyr	Icatibant, 1 mg	Review Required	Not Covered	Auth. Required
J1745	Remicade	Infliximab, 10 mg	Review Required NCD/LCD	Auth. Required	Auth. Required
J1746	Trogarzo	Ibalizumab-uiyk, 10 mg	Review Required	Auth. Required	Auth. Required
J1747	Spevigo	Injection, spesolimab-sbzo, 1 mg	Review Required	Auth. Required	Auth. Required
J1748	Zymfentra	Injection, infliximab-dyyb (zymfentra), 10 mg	Review Required	Not Covered	Auth. Required
J1750	Infed	Iron dextran, 50 mg	Review Required	Auth. Required	Auth. Required
J1756	Venofer	Iron sucrose, 1 mg	Review Required NCD	Auth. Required	Auth. Required
J1786	Cerezyme	Imiglucerase, 10 units	Review Required	Auth. Required	Auth. Required
J1790	Inapsine	Droperidol, up to 5 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J1800	Inderal	Propranolol HCl, up to 1 mg	No Review Required	No Auth. Required	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J1805	esmolol	Injection, esmolol hydrochloride, 10 mg	No Review Required	No Auth. Required	No Auth. Required
J1806	esmolol	Injection, esmolol hydrochloride (wg critical care) not therapeutically equivalent to j1805, 10 mg	No Review Required	No Auth. Required	No Auth. Required
J1810	Innovar	Droperidol and fentanyl citrate, up to 2 ml ampule Injection	No Review Required	No Auth. Required	No Auth. Required
J1811	Fiasp	Insulin (fiasp) for administration through dme (i.e., insulin pump) per 50 units	Review Required	Pharmacy Benefit	Auth. Required
J1812	Fiasp	Insulin (fiasp), per 5 units	Review Required	Pharmacy Benefit	Auth. Required
J1813	Lyumjev	Insulin (lyumjev) for administration through dme (i.e., insulin pump) per 50 units	Review Required	Pharmacy Benefit	Auth. Required
J1814	Lyumjev	Insulin (lyumjev), per 5 units	Review Required	Pharmacy Benefit	Auth. Required
J1815	Humalog, Novolog, Novolog Mix, Humalog Mix, Lantus, Lispro, Humilin R, Novolin R, Humilin N, Novolin N, Apidra	Insulin, per 5 units	Review Required NCD/LCD	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)
J1817	Humilin R, Novolin R, Humalog, Novolog, Apidra	Insulin for administration through DME (i.e., insulin pump) per 50 units	Review Required NCD	Not Covered	Auth. Required (Pharmacy Benefit)
J1823	Uplizna	Injection, inebilizumab-cdon, 1 mg	Review Required	Auth. Required	Auth. Required
J1826	Avonex	Interferon beta-1a, 30 mcg	Review Required	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)
J1830	Betaseron, Extavia	Interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Review Required	Pharmacy Benefit	Auth. Required
J1833	Cresemba	Isavuconazonium, 1 mg	Review Required	Auth. Required	Auth. Required (Pharmacy Benefit)
J1835	Sporanox	Itraconazole, 50 mg	Review Required	Auth. Required	Auth. Required
J1836	metronidazole	Injection, metronidazole, 10 mg	No Review Required	No Auth. Required	No Auth. Required
J1885	Toradol	Ketorolac tromethamine, per 15 mg	No Review Required	No Auth. Required	No Auth. Required
J1890	Cefalotin	Cephalothin sodium, up to 1 g Injection	No Review Required	No Auth. Required	No Auth. Required
J1920	labetalol	Injection, labetalol hydrochloride, 5 mg	No Review Required	No Auth. Required	No Auth. Required
J1921	labetalol	Injection, labetalol hydrochloride (hikma) not therapeutically equivalent to j1820, 5 mg	No Review Required	No Auth. Required	No Auth. Required
J1930	Somatuline	Lanreotide, 1 mg	Review Required	Auth. Required	Auth. Required
J1931	Aldurazyme	laronidase, 0.1 mg Injection	Review Required	Auth. Required	Auth. Required
J1932	lanreotide	Injection, lanreotide, (cipl), 1 mg	Review Required	Not Covered	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J1939	bumetanide	Injection, bumetanide, 0.5 mg	No Review Required	No Auth. Required	No Auth. Required
J1940	Lasix	Furosemide, up to 20 mg	No Review Required	No Auth. Required	No Auth. Required
J1941	Furoscix	Injection, furosemide (furoscix), 20 mg	No Review Required	Not Covered	No Auth. Required
J1943	Aristada Initio	Aristada initio, 1 mg injection	No Review Required	Not Covered (Pharmacy Benefit)	No Auth. Required
J1944	Aristada	Aripiprazole lauroxil 1 mg, injection	No Review Required	Not Covered (Pharmacy Benefit)	No Auth. Required
J1945	Refludan	Lepirudin, 50 mg	No Review Required	No Auth. Required	No Auth. Required
J1950	Lupron Depot	Leuprolide acetate (for depot suspension), per 3.75 mg	Review Required	Auth. Required	Auth. Required
J1951	Fensolvi	Injection Fensolvi, 0.25 mg	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required
J1953	Keppra	Levetiracetam, 10 mg	No Review Required	No Auth. Required	No Auth. Required
J1954	Cipla	Injection, leuprolide acetate for depot suspension (cipla), 7.5 mg	Review Required	Not Covered	Auth. Required
J1955	Carnitor	Levocarnitine, per 1 g	Review Required NCD	No Auth. Required	No Auth. Required
J1956	Levaquin	Levofloxacin, 250 mg	Review Required	Auth. Required	Auth. Required
J1960	Levo-Dromoran	levorphanol tartrate, up to 2 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J1961	Sunleca	Injection, lenacapavir, 1 mg	No Review Required	Not Covered	No Auth. Required
J1980	Levsin	Hyoscyamine sulfate, up to 0.25 mg	No Review Required	No Auth. Required	No Auth. Required
J1990	Librium	Chlordiazepoxide HCl, up to 100 mg Injection	No Review Required	Not Covered	No Auth. Required
J2001	Xylocaine	Lidocaine HCl for intravenous infusion, 10 mg	No Review Required	No Auth. Required	No Auth. Required
J2010	Lincocin	Lincomycin HCl, up to 300 mg	No Review Required	No Auth. Required	No Auth. Required
J2020	Zyvox	Linezolid, 200 mg	Review Required	Auth. Required	Auth. Required
J2021	linezolid	Injection, linezolid (hospira) not therapeutically equivalent to j2020, 200 mg	Review Required	Auth. Required	Auth. Required
J2060	Ativan	Lorazepam, 2 mg	No Review Required	No Auth. Required	No Auth. Required
J2062	loxapine	Loxapine for inhalation, 1 mg	No Review Required	Pharmacy Benefit	No Auth. Required
J2150	Osmitol	Mannitol, 25% in 50 ml	No Review Required	No Auth. Required	No Auth. Required
J2170	Iplex, Increlex	Mecasermin, 1 mg	Review Required	Not Covered	Auth. Required
J2175	Demerol	Meperidine HCl, per 100 mg	No Review Required	No Auth. Required	No Auth. Required
J2180	Mepergan	meperidine and promethazine HCl, up to 50 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J2182	Nucala	Injection, mepolizumab, 1 mg	Review Required	Auth. Required	Auth. Required
J2183	meropenem	Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg	No Review Required	No Auth. Required	No Auth. Required
J2184	meropenem	Injection, meropenem (b. braun) not therapeutically equivalent to j2185, 100 mg	No Review Required	No Auth. Required	No Auth. Required
J2185	Merrem	Meropenem, 100 mg	No Review Required	No Auth. Required	No Auth. Required
J2186	Vabomere	injection, meropenem and vaborbactam, 10mg/10mg (20mg)	No Review Required	No Auth. Required	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J2210	Methergine	Methylergonovine maleate, up to 0.2 mg	No Review Required	No Auth. Required	No Auth. Required
J2212	Relistor	Methylnaltrexone, 0.1 mg	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required
J2246	micafungin	Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg	Review Required	Not Covered	Auth. Required
J2247	micafungin	Injection, micafungin sodium (par pharm) not therapeutically equivalent to j2248, 1 mg	Review Required	Auth. Required	Auth. Required
J2248	Mycamine	Micafungin sodium, 1 mg	Review Required	Auth. Required	Auth. Required
J2249	remimazolam	Injection, remimazolam, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J2250	Versed	Midazolam HCl, per 1 mg	No Review Required	Not Covered	No Auth. Required
J2251	midazolam	Injection, midazolam hydrochloride (wg critical care) not therapeutically equivalent to j2250, per 1 mg	No Review Required	No Auth. Required	No Auth. Required
J2260	Primacor	Milrinone lactate, 5 mg	No Review Required	No Auth. Required	No Auth. Required
J2265	Minocin	Minocycline HCl, 1 mg	No Review Required	Not Covered	No Auth. Required
J2267	Omvoh	Injection, mirikizumab-mrkz, 1 mg	Review Required	Not Covered	Auth. Required
J2270	Morphine sulfate	Morphine sulfate, up to 10 mg	No Review Required	No Auth. Required	No Auth. Required
J2272	morphine	Injection, morphine sulfate (fresenius kabi) not therapeutically equivalent to j2270, up to 10 mg	No Review Required	No Auth. Required	No Auth. Required
J2274	Astramorph	Morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J2277	Aphexda	Injection, motifafortide, 0.25 mg	Review Required	Auth. Required	Auth. Required
J2278	Prialt	Ziconotide, 1 mcg	Review Required LCD	Auth. Required	Auth. Required
J2280	Avelox	Moxifloxacin, 100 mg	Review Required	Auth. Required	Auth. Required
J2281	moxifloxacin	Injection, moxifloxacin (fresenius kabi) not therapeutically equivalent to j2280, 100 mg	Review Required	Auth. Required	Auth. Required
J2300	Nubain	Nalbuphine HCl, per 10 mg	No Review Required	No Auth. Required	No Auth. Required
J2305	nitroglycerin	Injection, nitroglycerin, 5 mg	No Review Required	No Auth. Required	No Auth. Required
J2310	Narcan	Naloxone HCl, per 1 mg	No Review Required	No Auth. Required	No Auth. Required
J2311	naloxone	Injection, naloxone hydrochloride (zimhi), 1 mg	No Review Required	Not Covered	No Auth. Required
J2315	Vivitrol	Naltrexone, depot form, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J2320	Nandrolone Deconoate	Nandrolone decanoate, up to 50 mg	No Review Required	No Auth. Required	No Auth. Required
J2323	Tysabri	Natalizumab, 1 mg	Review Required	Auth. Required	Auth. Required
J2325	Natrecor	Nesiritide, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required
J2326	Spinraza	Injection, nusinersen, 0.1 mg	Review Required	Pharmacy Benefit	Auth. Required
J2327	Skyrizi	Injection, risankizumab-rzaa, intravenous, 1 mg	Review Required	Auth. Required	Auth. Required
J2329	Briumvi	Injection, ublituximab-xiiy, 1mg	Review Required	Auth. Required	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J2350	Ocrevus	Injection, ocrelizumab, 1 mg	Review Required	Auth. Required	Auth. Required
J2353	SandoSTATIN LAR	Octreotide, depot form for intramuscular 1 mg	Review Required	Auth. Required	Auth. Required
J2354	Sandostatin, Octreotide Acetate	Octreotide, nondepot form for subcutaneous or intravenous 25 mcg	Review Required	Auth. Required	Auth. Required
J2356	Tezspire	Injection, tezepelumab-ekko, 1 mg	Review Required	Auth. Required	Auth. Required
J2357	Xolair	Omalizumab, 5 mg	Review Required	Auth. Required	Auth. Required
J2358	Zyprexa	Injection, olanzapine, long-acting, 1 mg	Review Required	No Auth. Required	Auth. Required
J2359	olanzapine	Injection, olanzapine, 0.5 mg	No Review Required	Pharmacy Benefit	No Auth. Required
J2360	Norflex	Orphenadrine citrate, up to 60 mg	No Review Required	No Auth. Required	No Auth. Required
J2371	phenylephrine	Injection, phenylephrine hydrochloride, 20 micrograms	No Review Required	No Auth. Required	No Auth. Required
J2372	phenylephrine	Injection, phenylephrine hydrochloride (biorphen), 20 micrograms	No Review Required	No Auth. Required	No Auth. Required
J2373	phenylephrine	Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms	No Review Required	No Auth. Required	No Auth. Required
J2400	Nesacaine	Chloroprocaine HCl, per 30 ml	No Review Required	No Auth. Required	No Auth. Required
J2401	chloroprocaine	Injection, chloroprocaine hydrochloride, per 1 mg	No Review Required	No Auth. Required	No Auth. Required
J2402	chloroprocaine	Injection, chloroprocaine hydrochloride (clorotekal), per 1 mg	No Review Required	No Auth. Required	No Auth. Required
J2403	lheezo	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg	No Review Required	Not Covered	No Auth. Required
J2404	nicardipine	Injection, nicardipine, 0.1 mg	No Review Required	Not Covered	No Auth. Required
J2405	Zofran	Ondansetron HCl, per 1 mg	No Review Required	No Auth. Required	No Auth. Required
J2406	Kimyrsa	Injection, oritavancin (kimyrsa), 10 mg	Review Required	Auth. Required	Auth. Required
J2407	Orbactiv	Oritavancin, 10 mg	Review Required	Auth. Required	Auth. Required
J2410	Numorphan, Opana	Oxymorphone HCl, up to 1 mg	No Review Required	No Auth. Required	No Auth. Required
J2425	Kepivance	Palifermin, 50 mcg	No Review Required	No Auth. Required	No Auth. Required
J2426	Invega Sustenna	Paliperidone palmitate extended release, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J2427	Invega Hafyera/Trinza	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg	No Review Required	Not Covered	No Auth. Required
J2430	Aredia	Pamidronate disodium, per 30 mg	Review Required LCD	Auth. Required	Auth. Required
J2440	Papaverine	Papaverine HCl, up to 60 mg	Review Required	Not Covered	Auth. Required
J2460	Terramycin	Oxytetracycline HCl, up to 50 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J2468	Avyxa	Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to j2469, 25 micrograms	Review Required	Not Covered	Auth. Required
J2469	Aloxi	Palonosetron HCl, 25 mcg Injection	Review Required	Auth. Required	Auth. Required
J2470	pantoprazole	Injection, pantoprazole sodium, 40 mg	No Review Required	No Auth. Required	No Auth. Required
J2471	pantoprazole	Injection, pantoprazole (hikma), not therapeutically equivalent to j2470, 40 mg	No Review Required	Not Covered	No Auth. Required
J2501	Zemplar	Paricalcitol, 1 mcg	No Review Required	No Auth. Required	No Auth. Required
J2502	Signifor LAR	Injection, pasireotide long acting, 1 mg	Review Required	Not Covered	Auth. Required
J2503	Macugen	Pegaptanib sodium, 0.3 mg	Review Required	Auth. Required	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J2504	Adagen	Pegademase bovine, 25 IU Injection	Review Required	Auth. Required	Auth. Required
J2506	Neulasta or Neulasta Onpro	Inj pegfilgrast ex bio 0.5mg	Review Required LCD	Auth. Required	Auth. Required
J2507	Krystexxa	Pegloticase, 1 mg	Review Required	Auth. Required	Auth. Required
J2508	Elfabri	Injection, pegunigalsidase alfa-iwxj, 1 mg	Review Required	Not Covered	Auth. Required
J2510	Wycillin	Penicillin G procaine, aqueous, up to 600,000 units	No Review Required	No Auth. Required	No Auth. Required
J2513	Pentastarch	Pentastarch, 10% solution, 100 ml Injection	No Review Required	Not Covered	No Auth. Required
J2515	Nembutal	Pentobarbital sodium, per 50 mg	No Review Required	Not Covered	No Auth. Required
J2540	Pfizerpen	Penicillin G potassium, up to 600,000 units	No Review Required	No Auth. Required	No Auth. Required
J2543	Zosyn	Piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	No Review Required	No Auth. Required	No Auth. Required
J2545	Pentam, Nebupent	Pentamidine isethionate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 300 mg	No Review Required	No Auth. Required	No Auth. Required
J2547	Rapivab	Injection, peramivir, 1 mg	Review Required	Auth. Required	Auth. Required
J2550	Phenergan	Promethazine HCl, up to 50 mg	No Review Required	No Auth. Required	No Auth. Required
J2560	Luminal	Phenobarbital sodium, up to 120 mg	No Review Required	No Auth. Required	No Auth. Required
J2561	Sezbay	Injection, phenobarbital sodium (sezaby), 1 mg	No Review Required	No Auth. Required	No Auth. Required
J2562	Mozobil	Plerixafor, 1 mg	Review Required	Auth. Required	Auth. Required
J2590	Pitocin	Oxytocin, up to 10 units	No Review Required	No Auth. Required	No Auth. Required
J2597	DDAVP	Desmopressin acetate, per 1 mcg	No Review Required	Not Auth. Required	No Auth. Required
J2598	vasopressin	Injection, vasopressin, 1 unit	No Review Required	Not Covered	No Auth. Required
J2599	vasopressin	Injection, vasopressin (american reagent) not therapeutically equivalent to j2598, 1 unit	No Review Required	No Auth. Required	No Auth. Required
J2650	Omnipred, Pred Forte	Prednisolone acetate, up to 1 ml	No Review Required	No Auth. Required	No Auth. Required
J2670	Tolazine, Divascol	Tolazoline HCl, up to 25 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J2675	Progesterone	Progesterone, per 50 mg	No Review Required	No Auth. Required	No Auth. Required
J2679	fluphenazine	Injection, fluphenazine hcl, 1.25 mg	No Review Required	Not Covered	No Auth. Required
J2680	Fluphenazine	Fluphenazine decanoate, up to 25 mg	No Review Required	No Auth. Required	No Auth. Required
J2690	Pronestyl	Procainamide HCl, up to 1 g	No Review Required	No Auth. Required	No Auth. Required
J2700	Bactocill	Oxacillin sodium, up to 250 mg	No Review Required	No Auth. Required	No Auth. Required
J2704	Diprivan	Propofol, 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J2710	Bloxiverz	Neostigmine methylsulfate, up to 0.5 mg	No Review Required	No Auth. Required	No Auth. Required
J2720	Protamine Sulfate	Protamine sulfate, per 10 mg	No Review Required	No Auth. Required	No Auth. Required
J2724	Ceprotrin	Protein C concentrate, intravenous, human, 10 IU	Review Required	Auth. Required	Auth. Required
J2725	Protirelin	Protirelin, per 250 mcg Injection	No Review Required	No Auth. Required	No Auth. Required
J2730	Protopam	Pralidoxime chloride, up to 1 g	No Review Required	No Auth. Required	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J2760	Regitine, Oraverse	Phentolamine mesylate, up to 5 mg	No Review Required	Not Covered	No Auth. Required
J2765	Reglan	Metoclopramide HCl, up to 10 mg	No Review Required	No Auth. Required	No Auth. Required
J2770	Synercid	Quinupristin/dalfopristin, 500 mg (150/350)	No Review Required	Not Covered	No Auth. Required
J2777	Vabysmo	Inj, faricimab-svoa, 0.1 mg	Review Required	Auth. Required	Auth. Required
J2778	Lucentis	Ranibizumab, 0.1 mg	Review Required	Auth. Required	Auth. Required
J2779	Susvimo	Injection, ranibizumab, via sustained release intravitreal implant (susvimo), 0.1 mg	Review Required	Auth. Required (Excluded)	Auth. Required (Excluded)
J2781	Syfovre	Injection, pegcetacoplan, intravitreal, 1 mg	Review Required	Auth. Required	Auth. Required
J2782	Izervay	Injection, avacincaptad pegol, 0.1 mg	Review Required	Auth. Required	Auth. Required
J2783	Elitek	Rasburicase, 0.5 mg	No Review Required	No Auth. Required	No Auth. Required
J2785	Lexiscan	Regadenoson, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required
J2786	Cinqair	Injection, reslizumab, 1 mg	Review Required	Auth. Required	Auth. Required
J2787	Photrex	riboflavin 5'-phosphate ophthalmic solution	Review Required	Not Covered	Auth. Required
J2788	HyperRHO, MICRhoGAM	Rho D immune globulin, human, minidose, 50 mcg (250 i.u.)	Review Required LCD	Auth. Required	Auth. Required
J2790	Hyperho S/D, RhoGAM	Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.)	Review Required LCD	Auth. Required	Auth. Required
J2791	Rhophylac	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU	Review Required LCD	Auth. Required	Auth. Required
J2792	Winrho SDF	Rho D immune globulin, intravenous, human, solvent detergent, 100 IU	Review Required LCD	Auth. Required	Auth. Required
J2793	Arcalyst	Riloncept, 1 mg	Review Required	Auth. Required	Auth. Required
J2794	Risperdal	Risperidone, long acting, 0.5 mg	No Review Required	No Auth. Required	No Auth. Required
J2795	Naropin	Ropivacaine HCl, 1 mg	No Review Required	Not Covered	No Auth. Required
J2796	Nplate	Romiplostim, 10 mcg	Review Required LCD	Auth. Required	Auth. Required
J2797	rolapitant	Injection, rolapitant, 0.5 mg	Review Required	Not Covered	Auth. Required
J2798	Perseris	Injection, risperidone ER, 0.5 mg	No Review Required	Not Covered (Pharmacy Benefit)	No Auth. Required
J2799	Uzedy	Injection, risperidone (uzedy), 1 mg	No Review Required	Not Covered (Pharmacy Benefit)	No Auth. Required
J2800	Robaxin	Methocarbamol, up to 10 ml	No Review Required	No Auth. Required	No Auth. Required
J2801	Rykindo	Injection, risperidone (rykindo), 0.5 mg	No Review Required	Not Covered	No Auth. Required
J2805	Kinevac	Sinclairide, 5 mcg	No Review Required	No Auth. Required	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J2806	sincalide	Injection, sincalide (maia) not therapeutically equivalent to j2805, 5 micrograms	No Review Required	Not Covered	No Auth. Required
J2810	Theophylline	Theophylline, per 40 mg	No Review Required	Not Covered	No Auth. Required
J2820	Leukine, Prokine	Sargramostim (GM-CSF), 50 mcg	Review Required	Auth. Required	Auth. Required
J2840	Kanuma	Sebelipase 50mcg	Review Required	Auth. Required	Auth. Required
J2850	Secreflo, Chirhostim	Secretin, synthetic, human, 1 mcg	No Review Required	No Auth. Required	No Auth. Required
J2860	Sylvant	Siltuximab, 10 mg	Review Required	Auth. Required	Auth. Required
J2910	Solganal	Aurothioglucose, up to 50 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J2916	Nulecit, Ferlecit	Sodium ferric gluconate complex in sucrose 12.5 mg	Review Required NCD	Auth. Required	Auth. Required
J2919	methylprednisolone	Injection, methylprednisolone sodium succinate, 5 mg	No Review Required	No Auth. Required	No Auth. Required
J2941	Tev-Tropin, Nutropin, Norditropin, Humatrope, Serostim, Saizen, Genotropin, Omnitrope, Nutropin AQ	Somatropin, 1 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)
J2950	Sparine	Promazine HCl, up to 25 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J2993	Retavase	Reteplase, 18.1 mg	No Review Required	No Auth. Required	No Auth. Required
J2995	Streptase	Streptokinase, per 250,000 IU Injection	No Review Required	No Auth. Required	No Auth. Required
J2997	Activase	Alteplase recombinant, 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J2998	Ryplazim	Injection, plasminogen, human-tvmh, 1 mg	Review Required	Not Covered	Auth. Required
J3000	Streptomycin	Streptomycin, up to 1 g	No Review Required	No Auth. Required	No Auth. Required
J3010	Sublimaze	Fentanyl citrate, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required
J3030	Imitrex	Sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Review Required	Not Covered	Auth. Required
J3031	Ajovy	Fremanezumab-vfrm 1 mg, injection	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required
J3032	Vyepti	Injection, eptinezumab-jjmr, 1 mg (Vyepti)	Review Required	Auth. Required	Auth. Required
J3055	Talvey	Injection, talquetamab-tgvs, 0.25 mg	Review Required	Auth. Required	Auth. Required
J3060	Elelyso	Taliglucerase alfa, 10 units	Review Required	Auth. Required	Auth. Required
J3090	Sivextro	Tedizolid phosphate, 1 mg	Review Required	Not Covered	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J3095	Vibativ	Injection, telavancin, 10 mg	Review Required	Auth. Required	Auth. Required
J3101	Tnkase	Tenecteplase, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J3105	Brethine	Terbutaline sulfate, up to 1 mg	No Review Required	No Auth. Required	No Auth. Required
J3110	Forteo	Teriparatide, 10 mcg Injection	Review Required	Not Covered	Auth. Required
J3111	Evenity	Romosozumab-aqqg 1 mg injection	Review Required	Auth. Required	Auth. Required
J3121	Delatestryl	Testosterone enanthate, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J3145	Aveed	Testosterone undecanoate, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J3230	Thorazine	Chlorpromazine HCl, up to 50 mg	No Review Required	No Auth. Required	No Auth. Required
J3240	Thyrogen, Thytropar	Thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	Review Required	Auth. Required	Auth. Required
J3241	Tepezza	injection, teprotumumab-trbw, 10mg	Review Required	Auth. Required	Auth. Required
J3243	Tygacil	Tigecycline, 1 mg	Review Required	Auth. Required	Auth. Required
J3244	tigecycline	Injection, tigecycline (accord) not therapeutically equivalent to j3243, 1 mg	Review Required	Auth. Required	Auth. Required
J3245	Ilumya	Tildrakizumab, 1 mg Injection	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required
J3246	Aggrastat	Tirofiban HCl, 0.25 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J3247	Cosentyx IV	Injection, secukinumab, intravenous, 1 mg	Review Required	Not Covered	Auth. Required
J3250	Tigan	Trimethobenzamide HCl, up to 200 mg	No Review Required	Not Covered	No Auth. Required
J3260	Nebcin	Tobramycin sulfate, up to 80 mg	No Review Required	No Auth. Required	No Auth. Required
J3262	Actemra	Tocilizumab, 1 mg Injection *As of 1/1/22, the plan will need to pay; Medicare fee for service will not cover after 12/31/21*	Review Required NCD	Auth. Required	Auth. Required
J3263	Loqtorzi	Injection, toripalimab-tpzi, 1 mg	Review Required	Auth. Required	Auth. Required
J3265	Demadex	Torsemide, 10 mg/ml	No Review Required	No Auth. Required	No Auth. Required
J3280	Torecan	Thiethylperazine maleate, up to 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J3285	Remodulin	Treprostinil, 1 mg	Review Required	Auth. Required	Auth. Required
J3299	Xipere	Injection, triamcinolone acetonide, suprachoroidal, 1 mg	Review Required	Auth. Required	Auth. Required
J3300	Triesence	Triamcinolone acetonide, preservative free, 1 mg	Review Required	Auth. Required	Auth. Required
J3301	Kenalog	Triamcinolone acetonide, not otherwise specified, 10 mg	No Review Required	No Auth. Required	No Auth. Required
J3302	Aristocort, Clinacort	Triamcinolone diacetate, per 5 mg	No Review Required	No Auth. Required	No Auth. Required
J3303	Aristospan	Triamcinolone hexacetate, per 5 mg	No Review Required	No Auth. Required	No Auth. Required
J3304	Zilretta	Inj triamcinolone ace xr 1mg	Review Required	Review Required	Review Required
J3305	Neutrexin	Trimetrexate glucuronate, per 25 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J3310	Trilafon	Perphenazine, up to 5 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J3315	Trelstar Depot	Triptorelin pamoate, 3.75 mg	Review Required	Auth. Required	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J3316	Triptodur	triptorelin, extended-release, 3.75 mg Injection	Review Required	Auth. Required	Auth. Required
J3350	Urea	Urea, up to 40 g Injection	No Review Required	Not Covered	No Auth. Required
J3357	Stelara	Ustekinumab, 1 mg	Review Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)
J3358	Stelara IV	Ustekinumab, for intravenous injection, 1 mg	Review Required	Auth. Required	Auth. Required
J3360	Valium	Diazepam, up to 5 mg	No Review Required	Not Covered	No Auth. Required
J3364	Kinlytic, Abbokinase	Urokinase, 5,000 IU vial	No Review Required	No Auth. Required	No Auth. Required
J3365	Urokinase	Urokinase, 250,000 IU vial	No Review Required	Not Covered	No Auth. Required
J3370	Vancocin	Vancomycin HCl, 500 mg	Review Required	Auth. Required	Auth. Required
J3371	vancomycin	Injection, vancomycin hcl (mylan) not therapeutically equivalent to j3370, 500 mg	Review Required	Auth. Required	Auth. Required
J3372	vancomycin	Injection, vancomycin hcl (xellia) not therapeutically equivalent to j3370, 500 mg	Review Required	Auth. Required	Auth. Required
J3380	Entyvio	Vedolizumab, 1 mg	Review Required	Auth. Required	Auth. Required
J3385	Vpriv	Velaglycerase alfa, 100 units	Review Required	Auth. Required	Auth. Required
J3393	Zynteglo	Injection, betibeglogene autotemcel, per treatment	Review Required	Auth. Required	Auth. Required
J3394	Lyfgenia	Injection, lovoibeglogene autotemcel, per treatment	Review Required	Not Covered	Auth. Required
J3396	Visudyne	Verteporfin, 0.1 mg	Review Required NCD	Auth. Required	Auth. Required
J3397	Mepsevii	Injection, vestronidase alfa-vjbc, 1mg	Review Required	Not Covered	Auth. Required
J3398	Luxtorna	Injection, voretigene neparovvec-rzyl, 1 billion vector genomes	Review Required LCD	Auth. Required	Auth. Required
J3399	Zolgensma	Injection, onasemnogene abeparovvec-xioi, per treatment, up to 5X10 ¹⁵ vector genomes	Review Required	Auth. Required	Auth. Required
J3400	Vespirin	Triflupromazine HCl, up to 20 mg Injection	No Review Required	No Auth. Required	No Auth. Required
J3401	Vyjuvek	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ pfu/ml vector genomes, per 0.1 ml	Review Required	Auth. Required	Auth. Required
J3410	Vistaril, Vistazine	Hydroxyzine HCl, up to 25 mg	No Review Required	No Auth. Required	No Auth. Required
J3411	Thiamine	Thiamine HCl, 100 mg	No Review Required	No Auth. Required	No Auth. Required
J3415	Vitamin B6, Doxine, Rodex	Pyridoxine HCl, 100 mg	No Review Required	No Auth. Required	No Auth. Required
J3420	Vitamin B-12, Cyomin, Hydroxocobalamin n, Shovite	Vitamin B-12 cyanocobalamin, up to 1,000 mcg	No Review Required	No Auth. Required	No Auth. Required
J3424	hydroxocobalamin	Injection, hydroxocobalamin, intravenous, 25 mg	No Review Required	Not Covered	No Auth. Required
J3425	hydroxocobalamin	Injection, hydroxocobalamin, 10 mcg	No Review Required	Not Covered	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J3430	Vitamin K, Aquamephyton, Phytodione, Konaktion	Phytonadione (vitamin K), per 1 mg	No Review Required	No Auth. Required	No Auth. Required
J3465	Vfend	Voriconazole, 10 mg	Review Required	Auth. Required	Auth. Required
J3470	Wydase, Hydase, Vitrase	Hyaluronidase, up to 150 units	Review Required	Auth. Required	Auth. Required
J3471	Vitrase	Hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)	Review Required	Auth. Required	Auth. Required
J3472	hyaluronidase ovine	Injection, hyaluronidase, ovine, preservative free, per 1000 usp units	Review Required	Auth. Required	Auth. Required
J3473	Hylanex	Hyaluronidase, recombinant, 1 USP unit	Review Required	Auth. Required	Auth. Required
J3475	Sulfa-Mag	Magnesium sulfate, per 500 mg	No Review Required	No Auth. Required	No Auth. Required
J3480	Potassium Chloride	Potassium chloride, per 2 mEq	No Review Required	No Auth. Required	No Auth. Required
J3485	Retrovir	Zidovudine, 10 mg	Review Required	Not Covered	Auth. Required
J3486	Geodon	Ziprasidone mesylate, 10 mg	Review Required	Auth. Required	Auth. Required
J3489	Reclast, Zometa	Zoledronic acid, 1 mg	Review Required LCD	Auth. Required	Auth. Required
J3490	Unclassified Drugs	Unclassified drugs	Review Required	Auth. Required*	Auth. Required
J3520	Endrate	Edetate disodium, per 150 mg	No Review Required	No Auth. Required	No Auth. Required
J3530	Nasal vaccine	Nasal vaccine inhalation	No Review Required	Not Covered	No Auth. Required
J3535	Metered Dose Inhaler Drug	Drug administered through a metered dose inhaler	No Review Required	Not Covered	No Auth. Required
J3570	Laetrile, Amygdalin	Laetrile, amygdalin, vitamin B-17	No Review Required	Not Covered	No Auth. Required
J3590	Unclassified biologics	Unclassified biologics (**No review for Avastin for intraocular use)	Review Required	Auth. Required	Auth. Required
J3591	Unclassified drug or biologic for ESRD on dialysis	Unclassified drug or biological used for esrd on dialysis	Review Required	Not Covered	Auth. Required
J7030	Sodium Chloride	Infusion, normal saline solution, 1,000 cc	No Review Required	No Auth. Required	No Auth. Required
J7040	Normal Saline Solution Sterile	Infusion, normal saline solution, sterile (500 ml=1 unit)	No Review Required	No Auth. Required	No Auth. Required
J7042	Dextrose 5%/Normal saline	5% dextrose/normal saline (500 ml = 1 unit)	No Review Required	No Auth. Required	No Auth. Required
J7050	Normal Saline Solution	Infusion, normal saline solution, 250 cc	No Review Required	No Auth. Required	No Auth. Required
J7060	Dextrose	5% dextrose/water (500 ml = 1 unit)	No Review Required	No Auth. Required	No Auth. Required
J7070	Dextrose	Infusion, D-5-W, 1,000 cc	No Review Required	No Auth. Required	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J7100	Gentran-40, Rheomacrodex, Dextran-40	Infusion, dextran 40, 500 ml	No Review Required	No Auth. Required	No Auth. Required
J7110	Gentran-70, Dextran-70, Macrodex	Infusion, dextran 75, 500 ml	No Review Required	No Auth. Required	No Auth. Required
J7120	Lactated Ringer's, Ringer's Injection	Ringers lactate infusion, up to 1,000 cc	No Review Required	No Auth. Required	No Auth. Required
J7121	5% dextrose in lactated ringers	5% dextrose in lactated ringers infusion, up to 1000 cc	No Review Required	No Auth. Required	No Auth. Required
J7131	Hypertonic saline solution	Hypertonic saline solution, 1 ml	No Review Required	No Auth. Required	No Auth. Required
J7165	Balfaxar	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity	No Review Required	Not Covered	No Auth. Required
J7168	Prothrombin complex kcentra	Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity	Review Required	Not Covered	Auth. Required
J7169	Andexxa	Injection, coagulation factor Xa (recombinant), inactivated-zhzo, 10 mg	Review Required	Pharmacy Benefit	Auth. Required
J7170	Hemlibra	Injection., emicizumab-kxwh 0.5 mg	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required
J7171	Adzynma	Injection, adams13, recombinant-krhn, 10 iu	Review Required	Auth. Required	Auth. Required
J7175	Coagadex	Factor x, (human), 1iu Injection	Review Required	Pharmacy Benefit	Auth. Required
J7177	Fibryga	Injection, fibryga, 1 mg	Review Required	Not Covered	Auth. Required
J7178	Riastap	Human fibrinogen concentrate, 1 mg	Review Required	Pharmacy Benefit	Auth. Required
J7179	Vonvendi	Recombinant	Review Required	Not Covered	Auth. Required
J7180	Corifact	Factor XIII (antihemophilic factor, human), 1 IU Injection	Review Required	Pharmacy Benefit	Auth. Required
J7181	Tretten	Factor XIII A-subunit, (recombinant), per IU Injection	Review Required	Pharmacy Benefit	Auth. Required
J7182	NovoEight	Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU Injection	Review Required	Pharmacy Benefit	Auth. Required
J7183	Wilate	Von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo	Review Required	Pharmacy Benefit	Auth. Required
J7185	Xyntha	Factor VIII (antihemophilic factor, recombinant) (XYNTHA), per IU	Review Required	Pharmacy Benefit	Auth. Required
J7186	Alphanate/VWF Complex/Human	Antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.	Review Required	Pharmacy Benefit	Auth. Required
J7187	Humate-P	Von Willebrand factor complex (Humate-P), per IU VWF:RCO	Review Required	Pharmacy Benefit	Auth. Required
J7188	Obizur	Injection, factor VIII (antihemophilic factor, recombinant), per IU	Review Required	Pharmacy Benefit	Auth. Required
J7189	Novoseven RT, Novoseven	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	Review Required	Pharmacy Benefit	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J7190	Koate-DVI, Alphanate, Hemofil M, Monarc-M, Koate- HP, Monoclate-P	Factor VIII (antihemophilic factor, human) per IU	Review Required	Pharmacy Benefit	Auth. Required
J7191	Alphanate	Factor VIII (antihemophilic factor (porcine)), per IU	Review Required	Pharmacy Benefit	Auth. Required
J7192	Genarc, Helixate, Bioclata, Advate, Recombinate, Kogenate FS, Refacto	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Review Required	Pharmacy Benefit	Auth. Required
J7193	Alphanine SD, Mononine	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	Review Required	Pharmacy Benefit	Auth. Required
J7194	Profilnine, Profilnine SD, Bebulin, Konyne 80	Factor IX complex, per IU	Review Required	Pharmacy Benefit	Auth. Required
J7195	Benefix, Ixinity	Factor IX (antihemophilic factor, recombinant) per IU	Review Required	Pharmacy Benefit	Auth. Required
J7196	Atryn	Antithrombin recombinant, 50 IU Injection	Review Required	Pharmacy Benefit	Auth. Required
J7197	Thrombate III	Antithrombin III (human), per IU	Review Required	Pharmacy Benefit	Auth. Required
J7198	Feiba NF, Feiba- VH	Antithrombin III (human), per IU	Review Required NCD	Pharmacy Benefit	Auth. Required
J7199	Hemophilia clotting factor NOC	Hemophilia clotting factor, not otherwise classified	Review Required	Not Covered	Auth. Required
J7200	Rixubis	Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU Injection	Review Required	Pharmacy Benefit	Auth. Required
J7201	Alprolix	Factor IX, FC fusion protein (recombinant), per IU Injection	Review Required	Pharmacy Benefit	Auth. Required
J7202	Idelvion	Injection, factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	Review Required	Pharmacy Benefit	Auth. Required
J7203	Rebinyn	Injection, factor IX, recomb gly rebinyn	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required
J7204	Esperoct	Injection, factor VIII, antihemophilic factor (recombinant), glycopeglyated-exei, per IU	Review Required	Pharmacy Benefit	Auth. Required
J7205	Eloctate	Injection, factor VIII Fc fusion (recombinant), per IU	Review Required	Pharmacy Benefit	Auth. Required
J7207	Adynovate	Injection, factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU	Review Required	Pharmacy Benefit	Auth. Required
J7208	Jivi	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Review Required	Pharmacy Benefit	Auth. Required
J7209	Nuwiq	Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	Review Required	Pharmacy Benefit	Auth. Required
J7210	Afstyla	Injection, factor VIII, (antihemophilic factor, recombinant), 1 IU	Review Required	Pharmacy Benefit	Auth. Required
J7211	Kovaltry	Injection, factor VIII, (antihemophilic factor, recombinant), 1 IU	Review Required	Pharmacy Benefit	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J7212	SevenFACT	Factor VIIa (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Review Required	Pharmacy Benefit	Auth. Required
J7213	Ixinity	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	Review Required	Pharmacy Benefit	Auth. Required
J7214	Altuviio	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	Review Required	Pharmacy Benefit	Auth. Required
J7294	Annovera	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each	No Review Required	Not Covered	No Auth. Required
J7295	EluRyng, Nuvaring, Haloette, EnilloRing	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	No Review Required	Not Covered	No Auth. Required
J7296	Kyleena	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	No Review Required	No Auth. Required	No Auth. Required
J7297	Liletta (52 MG) 18.6 MCG/DAY IUD	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration	No Review Required	No Auth. Required	No Auth. Required
J7298	Mirena (52 MG) 20 MCG/24HR IUD	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration	No Review Required	No Auth. Required	No Auth. Required
J7300	Paragard T380A	Intrauterine copper contraceptive	No Review Required	No Auth. Required	No Auth. Required
J7301	Skylla	Levonorgestrel-releasing intrauterine contraceptive system (Skylla), 13.5 mg	No Review Required	No Auth. Required	No Auth. Required
J7303	Nuvaring	Contraceptive supply, hormone containing vaginal ring, each	No Review Required	Not Covered	No Auth. Required
J7304	Ortho Evra	Contraceptive supply, hormone containing patch, each	No Review Required	Not Covered	No Auth. Required
J7306	Norplant	Levonorgestrel (contraceptive) implant system, including implants and supplies	No Review Required	No Auth. Required	No Auth. Required
J7307	Nexplanon, Implanon	Etonogestrel (contraceptive) implant system, including implant and supplies	No Review Required	No Auth. Required	No Auth. Required
J7308	Levulan Kerastick	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	Review Required	Auth. Required	Auth. Required
J7309	Metvixia	Methyl aminolevulinic acid (MAL) for topical administration, 16.8%, 1 g	Review Required	Auth. Required	Auth. Required
J7310	Cytovene	Ganciclovir, 4.5 mg, long-acting implant	Review Required LCD	Auth. Required	Auth. Required
J7311	Refisert	Fluocinolone acetonide, intravitreal implant 0.59mg	Review Required	Auth. Required	Auth. Required
J7312	Ozurdex	Dexamethasone, intravitreal implant, 0.1 mg	Review Required	Auth. Required	Auth. Required
J7313	Iluvien	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	Review Required	Auth. Required	Auth. Required
J7314	Yutiq	Yutiq, 0.01 mg injection, intravitreal implant	Review Required	Auth. Required	Auth. Required
J7315	Mitomycin	Mitomycin, ophthalmic, 0.2 mg	No Review Required	No Auth. Required	No Auth. Required
J7316	Jetrea	Injection, ocriplasmin, 0.125 mg	Review Required	Auth. Required	Auth. Required
J7318	Durolane	Hyaluronic acid, stabilized for intra-articular injection	Review Required	Auth. Required	Auth. Required
J7320	Genvisc	Hyaluronan or derivative, for intra-articular injection, 1 mg	Review Required	Auth. Required	Auth. Required
J7321	Hyalgan, Supartz, Visco-3	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Review Required	Auth. Required	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J7322	Hymovis	Hyaluronan or derivative, Hymovis, for intra- articular injection, 1 mg	Review Required	Auth. Required	Auth. Required
J7323	Euflexxa	Hyaluronan or derivative, Euflexxa, for intra- articular per dose	Review Required	Auth. Required	Auth. Required
J7324	Orthovisc	Hyaluronan or derivative, Orthovisc, for intra- articular per dose	Review Required	Auth. Required	Auth. Required
J7325	Synvisc, Synvisc- One	Hyaluronan or derivative, Synvisc or Synvisc- One, for intra-articular 1 mg	Review Required	Auth. Required	Auth. Required
J7326	Gel-One	Hyaluronan or derivative, Gel-One, for intra- articular per dose	Review Required	Not Covered	Auth. Required
J7327	Monovisc	Hyaluronan or derivative, Monovisc, for intra- articular per dose	Review Required	Not Covered	Auth. Required
J7328	Gel-Syn	Hyaluronan or derivative, for intra-articular injection, 0.1 mg	Review Required	Not Covered	Auth. Required
J7329	TriVisc	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1mg	Review Required	Not Covered	Auth. Required
J7330	Maci Shee	Autologous cultured chondrocytes, implant	Review Required	Not Covered	Auth. Required
J7331	Synjoynt	Synjoynt, 1 mg intra-articular injection	Review Required	Not Covered	Auth. Required
J7332	Triluron	Triluron, 1 mg intra-articular injection	Review Required	Not Covered	Auth. Required
J7336	Qutenza	Capsaicin 8% patch, per sq cm	Review Required	Auth. Required	Auth. Required
J7340	Duopa	Carbidopa 5 mg/levodopa 20 mg enteral suspension	Review Required LCD	Auth. Required	Auth. Required
J7342	Otiprio	Ciprofloxacin Otic Suspension, Instillation	Review Required	Auth. Required	Auth. Required
J7345	Ameluz	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg	Review Required	Auth. Required	Auth. Required
J7351	Durysta	Injection, bimatoprost, intracameral implant, 1 mcg	Review Required	Auth. Required	Auth. Required
J7352	Scenesse	Afamelanotide implant, 1 mg	Review Required	Auth. Required	Auth. Required
J7353	Nexobrid	Anacaulase-bcdb, 8.8% gel, 1 gram	Review Required	Not Covered	Auth. Required
J7354	Ycanth	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Review Required	Auth. Required	Auth. Required
J7355	iDose TR	Injection, travoprost, intracameral implant, 1 microgram	Review Required	Auth. Required	Auth. Required
J7402	Sinuva	Mometasone furoate sinus implant, (sinuva), 10 micrograms	Review Required	Auth. Required	Auth. Required
J7500	Imuran, Azasan	Azathioprine, oral, 50 mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)
J7501	Imuran	Azathioprine, parenteral, 100 mg	No Review Required	No Auth. Required	No Auth. Required
J7502	Neoral, Gengraf, Sandimmune	Cyclosporine, oral, 100 mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)
J7503	Tacrolimus	Tacrolimus, extended release, oral, 0.25 mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)
J7504	Atgam	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	No Review Required	No Auth. Required	No Auth. Required
J7505	Muromonab-CD3	Muromonab-CD3, parenteral, 5 mg	No Review Required	No Auth. Required	No Auth. Required
J7507	Astagraf	Tacrolimus, oral, per 1 mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)
J7508	Astagraf XL	Tacrolimus Oral Per 5 Mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J7509	Medrol	Methylprednisolone, oral, per 4 mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)
J7510	Cotolone	Prednisolone, oral, per 5 mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)
J7511	Thymoglobulin	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	No Review Required	No Auth. Required	No Auth. Required
J7512	Deltasone, Prednisone	Prednisone, immediate release or delayed release, oral, 1 mg	Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)
J7513	Zenapax	Daclizumab, parenteral, 25 mg	No Review Required	No Auth. Required	No Auth. Required
J7515	Gengraf, Sandimmune, Neoral	Cyclosporine, oral, 25 mg	Review Required LCD	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)
J7516	Sandimmune	Cyclosporine, parenteral, 250 mg	No Review Required	No Auth. Required	No Auth. Required
J7517	Cellcept	Mycophenolate mofetil, oral, 250 mg	No Review Required	No Auth. Required	No Auth. Required
J7518	Myfortic	Mycophenolic acid, oral, 180 mg	Review Required LCD	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)
J7519	mycophenolate	Injection, mycophenolate mofetil, 10 mg	No Review Required	Not Covered	No Auth. Required (Pharmacy Benefit)
J7520	Rapamune	Sirolimus, oral, 1 mg	Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)
J7525	Prograf	Tacrolimus, parenteral, 5 mg	No Review Required	No Auth. Required	No Auth. Required
J7527	Zortress	Everolimus, oral, 0.25 mg	Review Required LCD	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)
J7604	Acetylcysteine	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per g	No Review Required	Not Covered	No Auth. Required
J7605	Brovana	Arformoterol, inhalation solution, FDA approved final product, noncompounded, administered through DME, unit dose form, 15 mcg	No Review Required	No Auth. Required	No Auth. Required
J7606	Perforomist	Formoterol fumarate, inhalation solution, FDA approved final product, noncompounded, administered through DME, unit dose form, 20 mcg	No Review Required	Not Covered	No Auth. Required
J7607	Levalbuterol	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg	No Review Required	Not Covered	No Auth. Required
J7608	Acetylcysteine 10% SOLN	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per g	No Review Required	No Auth. Required	No Auth. Required
J7609	Albuterol	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg	No Review Required	Not Covered	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J7610	Albuterol	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg	No Review Required	Not Covered	No Auth. Required
J7611	Albuterol Sulfate (5 MG/ML) 0.5% NEBU	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J7612	Levalbuterol HCl 1.25 MG/0.5ML NEBU	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg	No Review Required	No Auth. Required	No Auth. Required
J7613	Accuneb	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg	No Review Required	No Auth. Required	No Auth. Required
J7614	Levalbuterol HCl 0.31 MG/3ML NEBU	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg	No Review Required	No Auth. Required	No Auth. Required
J7615	Levalbuterol, inhalation solution, compounded product, administered through DME	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	No Review Required	Not Covered	No Auth. Required
J7620	Duoneb	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME	No Review Required	Not Covered	No Auth. Required
J7622	Beclomethasone, inhalation solution, compounded product, administered through DME	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No Review Required	Not Covered	No Auth. Required
J7624	Betamethasone, inhalation solution, compounded product, administered through DME	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No Review Required	Not Covered	No Auth. Required
J7626	Pulmicort	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg	No Review Required	Not Covered	No Auth. Required
J7627	Budesonide	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg	No Review Required	Not Covered	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J7628	Tomalate	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No Review Required	Not Covered	No Auth. Required
J7629	Bitolterol mesylate	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No Review Required	Not Covered	No Auth. Required
J7631	Cromolyn sodium	Cromolyn sodium, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg	No Review Required	No Auth. Required	No Auth. Required
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through DME	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg	No Review Required	Not Covered	No Auth. Required
J7634	Budesonide, inhalation solution, compounded product, administered through DME	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg	No Review Required	Not Covered	No Auth. Required
J7635	Atropine, inhalation solution, compounded product, administered through DME	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No Review Required	Not Covered	No Auth. Required
J7636	Atropine, inhalation solution, compounded product, administered through DME	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No Review Required	Not Covered	No Auth. Required
J7637	Dexamethasone Inhalation Solution Compounded	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No Review Required	Not Covered	No Auth. Required
J7638	Dexamethasone Inhalation Solution Compounded	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No Review Required	Not Covered	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J7639	Pulmozyme	Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	Review Required	Not Covered	Auth. Required
J7640	Formoterol	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg	No Review Required	Not Covered	No Auth. Required
J7641	Flunisolide	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per mg	No Review Required	Not Covered	No Auth. Required
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through DME	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No Review Required	Not Covered	No Auth. Required
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through DME	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No Review Required	Not Covered	No Auth. Required
J7644	Ipratropium bromide, inhalation solution, FDA approved final product	Ipratropium bromide, inhalation solution, FDA- approved final product, noncompounded, administered through DME, unit dose form, per mg	No Review Required	Not Covered	No Auth. Required
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through DME	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No Review Required	Not Covered	No Auth. Required
J7647	Isoetharine HCL, inhalation solution, compounded product	Isoetharine HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No Review Required	Not Covered	No Auth. Required
J7648	Isoetharine inhalation	Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	No Review Required	Not Covered	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J7649	Isoetharine inhalation	Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	No Review Required	Not Covered	No Auth. Required
J7650	Isoetharine HCL, inhalation solution, compounded product	Isoetharine HCl, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No Review Required	Not Covered	No Auth. Required
J7657	Isoproterenol HCL, inhalation solution, compounded product, administered through DME	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No Review Required	Not Covered	No Auth. Required
J7658	Isoproterenol inhalation	Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	No Review Required	Not Covered	No Auth. Required
J7659	Isoproterenol inhalation	Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	No Review Required	Not Covered	No Auth. Required
J7660	Isoproterenol HCL, inhalation solution, compounded product, administered through DME	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No Review Required	Not Covered	No Auth. Required
J7665	Aridol	Mannitol, administered through an inhaler, 5 mg	No Review Required	Not Covered	No Auth. Required
J7667	Metaproterenol sulfate, inhalation solution	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 mg	No Review Required	Not Covered	No Auth. Required
J7668	Metaproterenol sulfate, inhalation solution, FDA approved final product, non compounded	Metaproterenol sulfate, inhalation solution, FDA- approved final product, noncompounded, administered through DME, concentrated form, per 10 mg	No Review Required	No Auth. Required	No Auth. Required
J7669	Metaproterenol Sulfate	Metaproterenol sulfate, inhalation solution, FDA- approved final product, noncompounded, administered through DME, unit dose form, per 10 mg	No Review Required	No Auth. Required	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J7670	Metaproterenol sulfate, inhalation solution, compounded product	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg	No Review Required	Not Covered	No Auth. Required
J7674	Methacholine chloride	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	No Review Required	Not Covered	No Auth. Required
J7676	Pentamidine Isethate	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	No Review Required	Not Covered	No Auth. Required
J7677	Yupelri	Revefenacin inhaled solution, non-compound, administered through DME, 1 mcg	No Review Required	Not Covered	No Auth. Required
J7680	Terbutaline sulfate, inhalation solution	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No Review Required	Not Covered	No Auth. Required
J7681	Terbutaline sulfate, inhalation solution	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No Review Required	Not Covered	No Auth. Required
J7682	Tobi	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg	Review Required	Not Covered	Auth. Required
J7683	Triamcinolone, inhalation solution, compounded product	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No Review Required	Not Covered	No Auth. Required
J7684	Triamcinolone, inhalation solution, compounded product	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No Review Required	Not Covered	No Auth. Required
J7685	Tobramycin	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	Review Required	Not Covered	Auth. Required
J7686	Tyvaso	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg	Review Required	Not Covered	Auth. Required
J7999	Unclassified	Compounded drug, not otherwise classified	Review Required	Not Covered	Auth. Required
J8499	Prescription oral drug NOS	Prescription drug, oral, nonchemotherapeutic, NOS	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)
J8501	Emend	Aprepitant, oral, 5 mg	No Review Required	Not Covered	Auth. Required (Pharmacy Benefit)
J8510	Myleran	Busulfan; oral, 2 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J8515	Cabergoline	Cabergoline, oral, 0.25 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)
J8520	Xeloda	Capecitabine, oral, 150 mg	Review Required LCD	Not Covered	Auth. Required (Pharmacy Benefit)
J8521	Xeloda	Capecitabine, oral, 500 mg	Review Required LCD	Not Covered	Auth. Required (Pharmacy Benefit)
J8530	Cyclophosphamide	Cyclophosphamide; oral, 25 mg	Review Required LCD	Not Covered	Auth. Required (Pharmacy Benefit)
J8540	Baycadron, Dexamethasone	Dexamethasone, oral, 0.25 mg	No Review Required	Not Covered	No Auth. Required
J8560	Etoposide	Etoposide; oral, 50 mg	Review Required LCD	Not Covered	Auth. Required (Pharmacy Benefit)
J8562	fludarabine	Fludarabine phosphate, oral, 10 mg	No Review Required	Not Covered	No Auth. Required
J8565	Iressa	Gefitinib, oral, 250 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)
J8597	Antiemetic Drug Oral, NOS	Antiemetic drug, oral, not otherwise specified	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)
J8600	Alkeran	Melphalan; oral, 2 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)
J8610	Rheumatrex, Trexall	Methotrexate; oral, 2.5 mg	Review Required LCD	Not Covered	Auth. Required (Pharmacy Benefit)
J8611	Jylamvo	Methotrexate (jylamvo), oral, 2.5 mg	No Review Required (Pharmacy Benefit)	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)
J8612	Xatmep	Methotrexate (xatmep), oral, 2.5 mg	No Review Required (Pharmacy Benefit)	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)
J8650	Nabilone	Nabilone, oral, 1 mg	Review Required LCD	Not Covered	Auth. Required (Pharmacy Benefit)
J8655	Akynzeo	Netupitant 300 mg and palonosetron 0.5 mg	Review Required LCD	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)
J8670	Rolapitant, oral, 1mg		Review Required LCD	Pharmacy Benefit	Auth. Required
J8700	Temodar	Temozolomide, oral, 5 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)
J8705	Hycamtin	Topotecan, oral, 0.25 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J8999	Oral prescription drug chemo, NOS	Prescription drug, oral, chemotherapeutic, NOS	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)
J9000	Adriamycin, Rubex	Doxorubicin HCl, 10 mg Injection	Review Required LCD	Auth. Required	Auth. Required
J9015	Proleukin	Aldesleukin, per single use vial Injection	Review Required	Auth. Required	Auth. Required
J9017	Trisenox	Arsenic trioxide, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J9019	Erwinaze	Asparaginase (Erwinaze), 1,000 IU Injection	Review Required	Auth. Required	Auth. Required
J9022	Tecentriq	Injection, atezolizumab, 10 mg	Review Required LCD	Auth. Required	Auth. Required
J9023	Bavencio	Injection, avelumab, 10 mg	Review Required	Auth. Required	Auth. Required
J9025	Vidaza	Azacitidine, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J9027	Clolar	Clofarabine, 1 mg	Review Required	Auth. Required	Auth. Required
J9029	Adstiladrin	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	Review Required	Not Covered	Auth. Required
J9030	Theracys,Tice BCG, BCG Vaccine	Bcg live intravesical 1mg	Review Required	Auth. Required	Auth. Required
J9032	Beleodaq	Belinostat, 10 mg	Review Required	Auth. Required	Auth. Required
J9033	Treanda	Bendamustine HCl, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J9034	Bendeka	Bendamustine HCl (Bendeka), 1 mg	Review Required	Auth. Required	Auth. Required
J9035	Avastin	Bevacizumab, 10 mg Injection (**no review for intraocular use)	Review Required LCD	Auth. Required	Auth. Required
J9036	Belrapzo	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	Review Required	Not Covered	Auth. Required
J9037	Blenrep	Injection, belantamab mafodotin-blmf, 0.5 mg	Review Required	Auth. Required	Auth. Required
J9039	Blinicyto	Blinatumomab, 1 microgram	Review Required LCD	Auth. Required	Auth. Required
J9040	Bleomycin	Bleomycin sulfate, 15 units Injection	Review Required LCD	Auth. Required	Auth. Required
J9041	Velcade	Bortezomib, 0.1 mg Injection	Review Required	Auth. Required	Auth. Required
J9042	Adcetris	Brentuximab vedotin, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J9043	Jevtana	Cabazitaxel, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J9044	Inj, bortezomib, nos, 0.1 mg		Review Required	Auth. Required	Auth. Required
J9045	Paraplatin	Carboplatin, 50 mg	Review Required	Auth. Required	Auth. Required
J9046	bortezomib	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	Review Required	Auth. Required	Auth. Required
J9047	Kyprolis	Carfilzomib, 1 mg	Review Required	Auth. Required	Auth. Required
J9048	bortezomib	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	Review Required	Auth. Required	Auth. Required
J9049	bortezomib	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	Review Required	Auth. Required	Auth. Required
J9050	Gliadel, Bicnu	Carmustine, 100 mg	Review Required	Auth. Required	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J9051	bortezomib	Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg	Review Required	Not Covered	Auth. Required
J9052	carmustine	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	Review Required	Auth. Required	Auth. Required
J9055	Erbix	Cetuximab, 10 mg	Review Required LCD	Auth. Required	Auth. Required
J9056	Vivmusta	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Review Required	Auth. Required	Auth. Required
J9057	Aliqopq	injection, copanlisib, 1mg	Review Required	Auth. Required	Auth. Required
J9058	bendamustine	Injection, bendamustine hydrochloride (apotex), 1 mg	Review Required	Auth. Required	Auth. Required
J9059	bendamustine	Injection, bendamustine hydrochloride (baxter), 1 mg	Review Required	Auth. Required	Auth. Required
J9060	Platinol	Cisplatin, powder or solution, 10 mg	Review Required LCD	Auth. Required	Auth. Required
J9061	Rybrevent	Inj, amivantamab-vmjw, 2 mg	Review Required	Auth. Required	Auth. Required
J9063	Elahere	Injection, mirvetuximab soravtansine-gynx, 1 mg	Review Required	Auth. Required	Auth. Required
J9064	Jevtana	Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg	Review Required	Not Covered	Auth. Required
J9065	Leustatin	Cladribine, per 1 mg	Review Required LCD	Auth. Required	Auth. Required
J9071	cyclophosphamide	Injection, cyclophosphamide, (auromedics), 5 mg	Review Required	Auth. Required	Auth. Required
J9072	cyclophosphamide	Injection, cyclophosphamide, (dr. reddy's), 5 mg	Review Required	Not Covered	Auth. Required
J9073	cyclophosphamide	Injection, cyclophosphamide (ingenus), 5 mg	Review Required	Auth. Required	Auth. Required
J9074	cyclophosphamide	Injection, cyclophosphamide (sandoz), 5 mg	Review Required	Auth. Required	Auth. Required
J9075	cyclophosphamide NOS	Injection, cyclophosphamide, not otherwise specified, 5 mg	Review Required	Auth. Required	Auth. Required
J9100	Cytosar-U, Tarabine PFS	Cytarabine, 100 mg	Review Required LCD	Auth. Required	Auth. Required
J9118	Asparlas	Calaspargase pegol-mknl, 10 units injection	Review Required	Auth. Required	Auth. Required
J9119	Libtayo	Cemiplimab-rwlc, 1 mg injection	Review Required	Auth. Required	Auth. Required
J9120	Cosmegen	Dactinomycin, 0.5 mg	Review Required	Auth. Required	Auth. Required
J9130	Dtic-Dome	Dacarbazine, 100 mg	Review Required	Auth. Required	Auth. Required
J9144	Darzalex Faspro	Injection, daratumumab 10 mg and hyaluronidase-fihj	Review Required	Auth. Required	Auth. Required
J9145	Darzalex	Injection, daratumumab, 10 mg	Review Required	Auth. Required	Auth. Required
J9150	Cerubidine	Daunorubicin, 10 mg	Review Required	Auth. Required	Auth. Required
J9153	Vyxeos	Inj daunorubicin, cytarabine	Review Required LCD	Auth. Required	Auth. Required
J9155	Firmagon	Degarelix, 1 mg	Review Required	Auth. Required	Auth. Required
J9171	Taxotere	Docetaxel, 1 mg	Review Required	Auth. Required	Auth. Required
J9172	docetaxel	Injection, docetaxel (ingenus) not therapeutically equivalent to j9171, 1 mg	Review Required	Auth. Required	Auth. Required
J9173	Imfinzi	Durvalumab, 10 mg Injection	Review Required	Auth. Required	Auth. Required
J9175	Elliott's B	Elliott's B solution, 1 ml	Review Required	Auth. Required	Auth. Required
J9176	Empliciti	Elotuzumab, Injection, 1 mg	Review Required	Auth. Required	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J9177	Padcev	Enfortumab vedotin-efjv, 0.25mg injection	Review Required	Auth. Required	Auth. Required
J9178	Ellence	Epirubicin HCl, 2 mg	Review Required	Auth. Required	Auth. Required
J9179	Halaven	Eribulin mesylate, 0.1 mg	Review Required	Auth. Required	Auth. Required
J9181	Vepesid, Toposar	Etoposide, 10 mg	Review Required	Auth. Required	Auth. Required
J9185	Fludara	Fludarabine phosphate, 50 mg	Review Required LCD	Auth. Required	Auth. Required
J9190	Adrucil	Fluorouracil, 500 mg Injection	Review Required LCD	Auth. Required	Auth. Required
J9196	gemcitabine	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to j9201, 200 mg	Review Required	Auth. Required	Auth. Required
J9198	Infugem	Injection, gemcitabine hydrochloride, (infugem), 100 mg	Review Required LCD	Not Covered	Auth. Required
J9199	Infugem	injection, gemcitabine hydrochloride (Infugem), 200mg	Review Required LCD	Not Covered	Auth. Required
J9200	Fudr	Floxuridine, 500 mg	Review Required LCD	Auth. Required	Auth. Required
J9201	Gemzar	Gemcitabine HCl, 200 mg	Review Required LCD	Auth. Required	Auth. Required
J9202	Zoladex	Goserelin acetate implant, per 3.6 mg	Review Required	Auth. Required	Auth. Required
J9203	Mylotarg	Injection, gemtuzumab ozogamicin, 0.1 mg	Review Required	Not Covered	Auth. Required
J9204	Poteligeo	Mogamulizumab-kpkc, 1 mg	Review Required	Auth. Required	Auth. Required
J9205	Onivyde	Irinotecan Liposome, 1 mg	Review Required LCD	Auth. Required	Auth. Required
J9206	Camptosar	Irinotecan, 20 mg	Review Required LCD	Auth. Required	Auth. Required
J9207	Ixempra	Ixabepilone, 1 mg	Review Required	Auth. Required	Auth. Required
J9208	Ifex	Ifosfamide, 1 g	Review Required	Auth. Required	Auth. Required
J9209	Mesnex	Mesna, 200 mg	No Review Required	No Auth. Required	No Auth. Required
J9210	Gamifant	Emapalumab-lzsg, 1 mg injection	Review Required	Auth. Required	Auth. Required
J9211	Idamycin	Idarubicin HCl, 5 mg	Review Required	Auth. Required	Auth. Required
J9214	Intron A	Interferon, alfa-2b, recombinant, 1 million units	Review Required	Auth. Required	Auth. Required
J9215	Alferon N	Interferon, alfa-N3, (human leukocyte derived), 250,000 IU	Review Required	Auth. Required	Auth. Required
J9216	Actimmune	Interferon, gamma 1-b, 3 million units Injection	Review Required	Auth. Required	Auth. Required
J9217	Lupron Depot, Eligard	Leuprolide acetate (for depot suspension), 7.5 mg	Review Required	Auth. Required	Auth. Required
J9218	Lupron	Leuprolide acetate, per 1 mg	Review Required	Auth. Required	Auth. Required
J9223	Zepzelca	Injection, lurbectedin, 0.1 mg	Review Required	Auth. Required	Auth. Required
J9225	Vantas	Histrelin implant (Vantas), 50 mg	Review Required	Auth. Required	Auth. Required
J9226	Supprelin LA	Histrelin implant (Supprelin LA), 50 mg	Review Required	Auth. Required	Auth. Required
J9227	Sarclisa	Injection, isatuximab-irfc, 10 mg	Review Required LCD	Auth. Required	Auth. Required
J9228	Yervoy	Ipilimumab, 1 mg	Review Required	Auth. Required	Auth. Required
J9229	Besponsa	Injection, inotuzumab ozogamicin, 0.1 mg	Review Required	Auth. Required	Auth. Required
J9245	Alkeran, Evomela, Melphalan	melphalan HCl, 50 mg Injection	Review Required LCD	Auth. Required	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J9246	Evomela	Injection, melphalan (evomela), 1 mg	Review Required	Auth. Required	Auth. Required
J9247	Pepaxto	Inj, melphalan flufenami 1mg	Review Required	Auth. Required	Auth. Required
J9248	melphalan	Injection, melphalan (hepzato), 1 mg	Review Required	Not Covered	Auth. Required
J9249	melphalan	Injection, melphalan (apotex), 1 mg	Review Required	Not Covered	Auth. Required
J9255	methotrexate	Injection, methotrexate (accord) not therapeutically equivalent to j9250 and j9260, 50 mg	No Review Required	No Auth. Required	No Auth. Required
J9258	paclitaxel protein-bound	Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to j9264, 1 mg	Review Required	Auth. Required	Auth. Required
J9259	paclitaxel protein-bound	Injection, paclitaxel protein-bound particles (american regent) not therapeutically equivalent to j9264, 1 mg	Review Required	Auth. Required	Auth. Required
J9260	Methotrexate	Methotrexate sodium, 50 mg	Review Required LCD	No Auth. Required	No Auth. Required
J9261	Arranon	Nelarabine, 50 mg	Review Required	Auth. Required	Auth. Required
J9262	Synribo	Omacetaxine mepesuccinate, 0.01 mg	Review Required	Auth. Required	Auth. Required
J9263	Eloxatin	Oxaliplatin, 0.5 mg	Review Required LCD	Auth. Required	Auth. Required
J9264	Abraxane	Paclitaxel protein-bound particles, 1 mg Injection	Review Required	Auth. Required	Auth. Required
J9266	Oncaspar	Pegaspargase, per single dose vial (5ML vial)	Review Required	Auth. Required	Auth. Required
J9267	Taxol	Paclitaxel, 1 mg Injection	Review Required LCD	Auth. Required	Auth. Required
J9268	Nipent	Pentostatin, 10 mg	Review Required	Auth. Required	Auth. Required
J9269	Elzonris	Tagraxofusp-erzs 10 mcg injection	Review Required	Auth. Required	Auth. Required
J9271	Keytruda	Pembrolizumab, 1 mg	Review Required LCD	Auth. Required	Auth. Required
J9272	Jemperli	Inj, dostarlimab-gxly, 10 mg	Review Required	Auth. Required	Auth. Required
J9273	Tivdak	Injection, tisotumab vedotin-tftv, 1 mg	Review Required	Auth. Required	Auth. Required
J9274	Kimtrak	Inj, tebentafusp-tebn, 1 mcg	Review Required	Auth. Required	Auth. Required
J9280	Mutamycin	Mitomycin, 5 mg	No Review Required	No Auth. Required	No Auth. Required
J9281	Jelmyto	Mitomycin pyelocalyceal instillation, 1 mg	Review Required	Auth. Required	Auth. Required
J9285	Lartuvo	Injection, olaratumab, 10mg (For billing prior to 1/1/18 use J9999 or C9485 for OPSS billing)	Review Required	Auth. Required	Auth. Required
J9286	Columvi	Injection, glofitamab-gxgm, 2.5 mg	Review Required	Auth. Required	Auth. Required
J9293	Novantrone	Mitoxantrone HCl, per 5 mg	Review Required	Auth. Required	Auth. Required
J9294	pemetrexed	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	Review Required	Auth. Required	Auth. Required
J9295	Injection, necitumumab, 1 mg		Review Required	Auth. Required	Auth. Required
J9296	pemetrexed	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg	Review Required	Auth. Required	Auth. Required
J9297	pemetrexed	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	Review Required	Auth. Required	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J9298	Opdualag	Injection, nivolumab and relatlimab-rmbw, 3mg/1 mg	Review Required	Auth. Required	Auth. Required
J9299	Opdivo	Nivolumab, 1 mg	Review Required LCD	Auth. Required	Auth. Required
J9301	Gazyva	Obinutuzumab, 10 mg Injection	Review Required	Auth. Required	Auth. Required
J9302	Arzerra	Ofatumumab, 10 mg	Review Required	Auth. Required	Auth. Required
J9303	Vecitibix	Panitumumab, 10 mg	Review Required LCD	Auth. Required	Auth. Required
J9304	Pemfexy	Injection, pemetrexed (Pemfexy), 10 mg	Review Required	Not Covered	Auth. Required
J9305	Alimta	Injection, pemetrexed, not otherwise specified, 10 mg	Review Required	Auth. Required	Auth. Required
J9306	Perjeta	Pertuzumab, 1 mg	Review Required LCD	Auth. Required	Auth. Required
J9307	Folotyn	Pralatrexate, 1 mg	Review Required	Auth. Required	Auth. Required
J9308	Cyramza	Ramucirumab, 5 mg	Review Required LCD	Auth. Required	Auth. Required
J9309	Polivy	Inj. Polatuzumab vedotin, 1 mg	Review Required	Auth. Required	Auth. Required
J9311	Rituxan Hycela	Inj rituximab, hyaluronidase	Review Required	Auth. Required	Auth. Required
J9312	Rituxan	Inj., rituximab, 10 mg	Review Required LCD	Auth. Required	Auth. Required
J9313	Lumoxiti	Moxetumomab pasudotox-tdfk, 0.01 mg injection	Review Required	Auth. Required	Auth. Required
J9314	pemetrexed	Injection, pemetrexed (teva) not therapeutically equivalent to j9305, 10 mg	Review Required	Not Covered	Auth. Required
J9315	Istodax	Romidepsin, 1 mg	Review Required	Auth. Required	Auth. Required
J9316	Phesgo	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Review Required LCD	Auth. Required	Auth. Required
J9317	Trodelyv	Injection, sacituzumab govitecan-hziy, 2.5 mg	Review Required	Auth. Required	Auth. Required
J9318	Istodax non-lyophilized	Injection, romidepsin, non-lyophilized, 0.1 mg	Review Required	Auth. Required	Auth. Required
J9319	Istodax lyophilized	Injection, romidepsin, lyophilized, 0.1 mg	Review Required	Auth. Required	Auth. Required
J9320	Zanosar	Streptozocin, 1 g	Review Required	Auth. Required	Auth. Required
J9321	Epkinyl	Injection, epcoritamab-bysp, 0.16 mg	Review Required	Auth. Required	Auth. Required
J9322	pemetrexed	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg	Review Required	Auth. Required	Auth. Required
J9323	pemetrexed	Injection, pemetrexed ditromethamine, 10 mg	Review Required	Auth. Required	Auth. Required
J9324	Pemrydi	Injection, pemetrexed (pemrydi rtu), 10 mg	Review Required	Not Covered	Auth. Required
J9325	Imlygic	Talimogene Laherparepvec	Review Required	Auth. Required	Auth. Required
J9328	Temodar	Temozolomide, 1 mg	Review Required LCD	Auth. Required	Auth. Required
J9330	Torisel	Temsirolimus, 1 mg	Review Required	Auth. Required	Auth. Required
J9331	Fyarro	Injection, sirolimus protein-bound particles, 1 mg	Review Required	Auth. Required	Auth. Required
J9332	Vyvgart	Injection, efgartigimod alfa-fcab, 2mg	Review Required	Auth. Required	Auth. Required
J9333	Rystiggo	Injection, rozanolixumab-noli, 1 mg	Review Required	Auth. Required	Auth. Required
J9334	Vyvgart Hytrulo	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Review Required	Auth. Required	Auth. Required
J9340	Thioplex	Thiotepa, 15 mg	Review Required	Auth. Required	Auth. Required
J9345	Zynyz	Injection, retifanlimab-dlwr, 1 mg	Review Required	Auth. Required	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
J9347	Imjudo	Injection, tremelimumab-actl, 1 mg	Review Required	Auth. Required	Auth. Required
J9348	Danyelza	Injection, naxitamab-gagk, 1 mg	Review Required	Auth. Required	Auth. Required
J9350	Lunsumio	Injection, mosunetuzumab-axgb, 1 mg	Review Required	Auth. Required	Auth. Required
J9351	Monjuvi	Injection, tafasitamab-cxix, 2 mg	Review Required	Auth. Required	Auth. Required
J9351	Hycamtin	Topotecan, 0.1 mg	Review Required LCD	Auth. Required	Auth. Required
J9352	Yondelis	Injection, trabectedin, 0.1 mg	Review Required	Auth. Required	Auth. Required
J9353	Margenza	Injection, margetuximab-cmkb, 5 mg	Review Required	Auth. Required	Auth. Required
J9354	Kadcyla	Ado-trastuzumab emtansine, 1 mg Injection	Review Required LCD	Auth. Required	Auth. Required
J9355	Herceptin	Injection, trastuzumab, excludes biosimilar, 10 mg	Review Required LCD	Auth. Required	Auth. Required
J9356	Herceptin Hylecta	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Review Required LCD	Auth. Required	Auth. Required
J9357	Valstar	Valrubicin, intravesical, 200 mg	Review Required	Auth. Required	Auth. Required
J9358	Enhertu	fam-trastuzumab deruxtecan-nxki, 1 mg injection	Review Required LCD	Auth. Required	Auth. Required
J9359	Zynlonta	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Review Required	Auth. Required	Auth. Required
J9360	Vinblastine Sulfate	Vinblastine sulfate, 1 mg	Review Required LCD	Auth. Required	Auth. Required
J9361	Ryzneuta	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Review Required	Not Covered	Auth. Required
J9370	Oncovin, Vincasar	Vincristine sulfate	Review Required LCD	Auth. Required	Auth. Required
J9376	Veopoz	Injection, pozelimab-bbfg, 1 mg	Review Required	Not Covered	Auth. Required
J9380	Tecvayli	Injection, teclistamab-cqyv, 0.5 mg	Review Required	Auth. Required	Auth. Required
J9381	Tziel	Injection, teplizumab-mzvw, 5 mcg	Review Required	Auth. Required	Auth. Required
J9390	Navelbine	Vinorelbine tartrate, 10 mg	Review Required	Auth. Required	Auth. Required
J9393	fulvestrant	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg	Review Required	Auth. Required	Auth. Required
J9394	fulvestrant	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	Review Required	Auth. Required	Auth. Required
J9395	Faslodex	Fulvestrant, 25 mg	Review Required	Auth. Required	Auth. Required
J9400	Zaltrap	Ziv-aflibercept, 1 mg	Review Required LCD	Auth. Required	Auth. Required
J9600	Photofrin	Porfimer sodium, 75 mg	Review Required	Auth. Required	Auth. Required
J9999	Unclassified antineoplastic drugs	Not otherwise classified, antineoplastic drugs	Review Required	Auth. Required	Auth. Required
Q0138	Feraheme	Ferumoxytol Non-ERSD	Review Required	Auth. Required	Auth. Required
Q0139	Feraheme	Ferumoxytol ESRD	Review Required	Auth. Required	Auth. Required
Q0162	Ondansetron oral	Ondansetron 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No Review Required	Not Covered	No Auth. Required
Q0163	Diphenhydramine hcl 50mg	Diphenhydramine hydrochloride, 50 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	No Review Required	No Auth. Required	No Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
Q0164	Prochlorperazine maleate 5mg	Prochlorperazine maleate, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No Review Required	No Auth. Required	No Auth. Required
Q0166	Granisetron hcl 1 mg oral	Granisetron hydrochloride, 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	No Review Required	No Auth. Required	No Auth. Required
Q0167	Dronabinol 2.5mg oral	Dronabinol, 2.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No Review Required	No Auth. Required	No Auth. Required
Q0169	Promethazine hcl 12.5mg oral	Promethazine hydrochloride, 12.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No Review Required	No Auth. Required	No Auth. Required
Q0220	Evusheld	Injection, tixagevimab and cilgavimab, 300 mg	Review Required	Not Covered	
Q0221	Evusheld	Injection, tixagevimab and cilgavimab, 600 mg	Review Required	Not Covered	Auth. Required
Q0222	Bebtelovimab	Injection, bebtelovimab, 175 mg (update 12/1/22: no longer covered under the EUA)	Review Required	Not Covered	Auth. Required
Q0240	REGEN-COV	Injection, casirivimab and imdevimab, 600 mg	Not Covered	Not Covered	Not Covered
Q0243	casirivimab and imdevimab	Injection, casirivimab and imdevimab, 2400 mg *As of 1/1/22, the plan will need to pay; Medicare fee for service will not cover after 12/31/21*	Not Covered	Not Covered	Not Covered
Q0244	casirivimab and imdevimab	Injection, casirivimab and imdevimab, 1200 mg *As of 1/1/22, the plan will need to pay; Medicare fee for service will not cover after 12/31/21*	Not Covered	Not Covered	Not Covered
Q0245	bamlanivimab and etesevima	Injection, bamlanivimab and etesevima, 2100 mg *As of 1/1/22, the plan will need to pay; Medicare fee for service will not cover after 12/31/21*	Not Covered	Not Covered	Not Covered
Q0247	Sotrovimab	Injection, sotrovimab, 500 mg *As of 1/1/22, the plan will need to pay; Medicare fee for service will not cover after 12/31/21*	Not Covered	Not Covered	Not Covered
Q0249	Actemra	Tocilizumab for COVID-19, 1 mg	Review Required	Not Covered	Auth. Required
Q2017	Teniposide	injection, teniposide, 50mg	No Review Required	No Auth. Required	No Auth. Required
Q2026	Radiesse	Injection, radiesse, 0.1 ml	Review Required NCD		
Q2028	Sculptra	Injection, sculptra, 0.5 mg	Review Required		
Q2040	Kymriah	Tisagenlecleucel, up to 250 million car-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion	Review Required NCD	Auth. Required	Auth. Required
Q2041	Yescarta	Axicabtagene Ciloleucel, up to 200 million autologous Anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, per infusion	Review Required NCD	Auth. Required	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

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Q2042	Kymriah	Tisagenlecleucel, up to 600 million car-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Review Required NCD	Auth. Required	Auth. Required
Q2043	Provenge	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion (Code Price is per 250 mL)	Review Required	Auth. Required	Auth. Required
Q2050	Doxil	injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10mg	Review Required	Auth. Required	Auth. Required
Q2053	Tecartus	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Review Required NCD	Auth. Required	Auth. Required
Q2054	Breyanzi	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Review Required	Auth. Required	Auth. Required
Q2055	Abecma	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Review Required	Auth. Required	Auth. Required
Q2056	Carvykti	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Review Required	Auth. Required	Auth. Required
Q3027	Inj beta interferon im 1 mcg		Review Required	Not Covered (Pharmacy Benefit)	Auth. Required
Q3028	Rebif	Injection, interferon beta 1a, 1 mcg	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required
Q4074	Iloprost non-comp unit dose		Review Required	Not Covered	Auth. Required
Q4081	Epogen	Epoetin alfa, 100 units (for ESRD on dialysis)	No Review Required	Auth. Required	Auth. Required
Q4133	Granix	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter	Review Required	Not Covered	Auth. Required
Q5101	Zarxio	Filgrastim (G-CSF), Biosimilar, 1 microgram	Review Required	Auth. Required	Auth. Required
Q5103	Inflextra	Injection, infliximab, biosimilar, 10 mg	Review Required LCD	Auth. Required	Auth. Required
Q5104	Renflexis	infliximab abda, biosimilar injection, 10mg	Review Required NCD/LCD	Auth. Required	Auth. Required
Q5105	Retacrit ESRD on Dialysis	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units	No Review Required	Auth. Required	Auth. Required
Q5106	Retacrit non-ESRD use	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units	Review Required	Auth. Required	Auth. Required
Q5107	MVASI	Bevacizumab-awwb, biosimilar injection, 10 mg	Review Required LCD	Auth. Required	Auth. Required



Authorization Requirements for Medications Under the Medical Benefit

Code	Drug name	Description	Medicare	Mountain Health Trust	Commercial / Self-Funded
Q5108	Fulphila	Injection, pegfilgrastim jmdb, biosimilar, (fulphila), 0.5 mg	Review Required LCD	Auth. Required	Auth. Required
Q5110	Nivestym	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Review Required	Not Covered	Auth. Required
Q5111	Udenyca	Injection, pegfilgrastim jmdb, biosimilar, (Udenyca) 0.5 mg	Review Required	Auth. Required	Auth. Required
Q5112	Ontruzant	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Review Required LCD	Not Covered	Auth. Required
Q5113	Herzuma	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Review Required LCD	Auth. Required	Auth. Required
Q5114	Ogivri	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Review Required LCD	Auth. Required	Auth. Required
Q5115	Truxima	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Review Required LCD	Auth. Required	Auth. Required
Q5116	Trazimera	Trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg injection	Review Required LCD	Auth. Required	Auth. Required
Q5117	Kanjinti	Trastuzumab-anns, biosimilar injection, 10 mg	Review Required LCD	Auth. Required	Auth. Required
Q5118	Zirabev	Bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg injection	Review Required LCD	Auth. Required	Auth. Required
Q5119	Ruxience	Rituximab-pvvr, biosimilar (Ruxience), 10 mg injection	Review Required	Auth. Required	Auth. Required
Q5120	Ziextenzo	Pegfilgrastim-bmez, 0.5 mg injection	Review Required	Auth. Required	Auth. Required
Q5121	Avsola	Injection, infliximab-axxq, biosimilar, 10mg	Review Required LCD	Auth. Required	Auth. Required
Q5122	Nyvepria	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	Review Required	Auth. Required	Auth. Required
Q5123	Riabni	Injection, rituximab-arrx, biosimilar (Riabni), 10 mg	Review Required	Auth. Required	Auth. Required
Q5124	Byooviz	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Review Required	Auth. Required	Auth. Required
Q5125	Releuko	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Review Required	Auth. Required	Auth. Required
Q5126	Alymsys	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Review Required	Auth. Required	Auth. Required
Q5127	Stimufend	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Review Required	Auth. Required	Auth. Required
Q5128	Cimerli	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Review Required	Auth. Required	Auth. Required
Q5129	Vegzelma	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Review Required	Not Covered	Auth. Required
Q5130	Fylnetra	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	Review Required	Not Covered	Auth. Required
Q5131	Idacio	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg	Review Required	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)
Q5132	Abrilada	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg	Review Required	Not Covered	Pharmacy Benefit
Q5133	Tofidence	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required
Q5134	Tyruko	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required
Q5137	Wezlana SC	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)
Q5138	Wezlana IV	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	Review Required	Not Covered	Auth. Required
Q9950	Lumason	Sulfur hexafluoride lipid microspheres, per ml	Review Required	Auth. Required	Auth. Required
Q9965	Omnipaque	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	No Review Required	No Auth. Required	No Auth. Required
Q9966	Omnipaque	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	No Review Required	No Auth. Required	No Auth. Required
Q9977	Compounded Drug NOC	Compounded Drug, Not Otherwise Classified	Review Required	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)



Authorization Requirements for Medications Under the Medical Benefit

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Q9991	Sublocade	buprenorphine extended-release , less than or equal to 100 mg	No Review Required	No Auth. Required	No Auth. Required
Q9992	Sublocade	buprenorphine extended-release, greater than 100 mg	No Review Required	No Auth. Required	No Auth. Required
Q9993	Zilretta	triamcinolone acetonide extended-release injectable suspension	Review Required	Auth. Required	Auth. Required
Q9995	Hemlibra	Unclassified drug or biological	Review Required	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)
S0013	Spravato	Esketamine, nasal spray, 1 mg (for outpatient billing use J3490)	Not covered	Auth. Required	Auth. Required
S0028	Famotidine	Injection, famotidine, 20 mg	No Review Required	Not Covered	No Auth. Required
S0032	Nafcillin	Injection, nafcillin sodium, 2 g	No Review Required	Not Covered	No Auth. Required
S0039	sulfamethoxazole and trimethoprim	Injection, sulfamethoxazole and trimethoprim, 10 mL	No Review Required	Not Covered	No Auth. Required
S0080	Pentamidine Isethate	Injection, pentamidine isethionate, 300mg	No Review Required	No Auth. Required	No Auth. Required
S0189	Testopel	Testosterone Pellets	Review Required	Not Covered	Auth. Required