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1	 The Health Plan (THP) Prior Authorization Requirements for Medications Under the Medical Benefit						
2	Effective July 1, 2026						
3	Disclaimer: Inclusion or exclusion from this schedule for an item or service does not imply coverage. It is the sole responsibility of the Rendering Provider to verify each plan's benefits, member eligibility, prior authorization requirements, including but not limited to cost and out of network and tertiary rules, etc. prior to servicing THP members. Failure to comply may result in non-payment of items or services and the member may not be held responsible for services considered otherwise covered. Appropriate waivers should be on file for any non-covered items/services and may be requested by THP at any time. All appropriate documentation (Physician Order, etc.) must be on file and supplied, upon demand, to THP. Providers directly contracted to THP can refer to Attachment C of their contracts for pricing determination, least costly medically appropriate alternative, etc.						
4	General Information						
5	ASO (self-funded) groups that use the Cigna network should refer to the precertification list on the Cigna website.						
6	The following list is not all inclusive. Additional services may require prior authorization. For example, unlisted or miscellaneous codes usually require prior authorization. Services at out of network or tertiary practices or facilities will follow prior authorization requirements set forth in the plan design. Services considered cosmetic, experimental and/or investigational are usually not covered per plan design. For example: clinical trial protocols, new technology/services/procedures/equipment not yet supported by sufficient researched supported by local or national guidelines, and/or temporary codes (category III). Please check plan benefits or contact THP.						
7							
8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF-FUNDED	
9	90375	Hyperrab S/D	Rabies Immune Globulin (Human)	No Review Required	No Auth. Required	No Auth. Required	
10	90378	Synagis (1 Unit=50mg)	Palivizumab	Review Required	Pharmacy Benefit	Auth. Required	
11	90675 90676	Rabies Vaccine		No Review Required	No Auth. Required	No Auth. Required	
12	A9513	Lutathera	Lutetium lu 177, dotatate, 1 millicurie	Review Required	Auth. Required	Auth. Required	
13	A9543	Zevalin Y-90	Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Review Required	Auth. Required	Auth. Required	
14	A9590	Azedra	Iodine i-131, iobenguane, 1 millicurie	Review Required	Auth. Required	Auth. Required	
15	A9606	Xofigo	Radium Ra 223 dichloride	Review Required	Auth. Required	Auth. Required	
16	A9607	Pluvicto	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Review Required	Auth. Required	Auth. Required	
17	A9699		Radiopharmaceutical, therapeutic, not otherwise classified	Review Required	Auth. Required	Auth. Required	
18	C9143	Numbrino	caine hydrochloride nasal solution (Numbrino), 1	No Review Required	No Auth. Required	No Auth. Required	
19	C9257	Avastin	Injection, bevacizumab, 0.25 mg (intraocular)	No Review Required	No Auth. Required	No Auth. Required	
20	C9293	Voraxaze	Injection, glucarpidase, 10 units	No Review Required	No Auth. Required	No Auth. Required	
21	C9310	Leucovorin (avyxa)	Injection, leucovorin calcium (avyxa), 1 mg	Review Required	Not Covered	Auth. Required	

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22	C9399	Unclassified drug or biological	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals	Review Required	Not Covered	Auth. Required	
23	C9447	Omidria	Injection, phenylephrine and ketorolac, 4 ml vial	No Review Required	No Review Required	No Review Required	
24	C9482	Sotalol	injectable, sotalol hydrochloride, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
25	C9488	Vaprisol	Injection, conivaptan hydrochloride, 1 mg	Review Required	Not Covered	Auth. Required	
26	C9818	Journvax	Suzetrigine, oral, 1 mg	No Review Required	Pharmacy Benefit	No Auth. Required	
27	G1028	Kloxxado	Naloxone nasal spray, 8mg	No Review Required	Not Covered	No Auth. Required	
28	J0013	Spravato	Esketamine, nasal spray, 1 mg	Review Required (Pharmacy Benefit)	Not Covered	Auth. Required (Pharmacy Benefit)	
29	J0120	Tetracycline	Tetracycline, up to 250 mg	No Review Required	No Auth. Required	No Auth. Required	
30	J0121	Nuzyra	Omadacycline, 1 mg injection	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required	
31	J0122	Xerava	Eravacycline, 1 mg injection	No Review Required	Not Covered	No Auth. Required	
32	J0129	Orencia	Abatacept, 10 mg (code may be used for Medicare when drug administered under the	Review Required	Auth. Required	Auth. Required	
33	J0130	ReoPro	Abciximab, 10 mg	No Review Required	Not Covered	No Auth. Required	
34	J0131	Ofirmev	Acetaminophen, 10 mg Injection	No Review Required	Not Covered	No Auth. Required	
35	J0132	Acetadote	Acetylcysteine, 100 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
36	J0133	Zovirax	Acyclovir, 5 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
37	J0134	acetaminophen	Acetaminophen (fresenius kabi), 10 mg injection	No Review Required	Not Covered	No Auth. Required	
38	J0136	acetaminophen	Acetaminophen (b braun), 10 mg injection	No Review Required	Not Covered	No Auth. Required	
39	J0137	acetaminophen	Injection, acetaminophen (hikma) not therapeutically equivalent to j0131, 10 mg	No Review Required	Not Covered	No Auth. Required	
40	J0138	acetaminophen-ibuprofen	Injection, acetaminophen 10 mg and ibuprofen 3 mg	No Review Required	Not Covered	No Auth. Required	
41	J0139	Humira	Injection, adalimumab, 1 mg	Review Required	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)	
42	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	

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43	J0162		Injection, epinephrine (fresenius), not therapeutically equivalent to j0165, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required	
44	J0163		Injection, epinephrine in sodium chloride (endo), 0.1 mg	No Review Required	No Auth. Required	No Auth. Required	
45	J0164		Injection, epinephrine in sodium chloride (baxter), 0.1 mg	No Review Required	No Auth. Required	No Auth. Required	
46	J0165		Injection, epinephrine, not otherwise specified, 0.1 mg	No Review Required	Not Covered	No Auth. Required	
47	J0166		Injection, epinephrine (bpi), not therapeutically equivalent to j0165, 0.1 mg	No Review Required	Not Covered	No Auth. Required	
48	J0167		Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required	
49	J0168		Injection, epinephrine (international medication systems), not therapeutically	No Review Required	Not Covered	No Auth. Required	
50	J0169		Injection, epinephrine (adrenalin), not therapeutically equivalent to i0165, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required	
51	J0174	Leqembi	Injection, lecanemab-irnb, 1 mg	Review Required	Auth Required	Auth. Required	
52	J0175	Kisunla	Injection, donanemab-azbt, 2 mg	Review Required	Auth Required	Auth. Required	
53	J0177	Eylea HD	Injection, aflibercept hd, 1 mg	Review Required	Auth. Required	Auth. Required	
54	J0178	Eylea	Aflibercept, 1 mg Injection	Review Required	Auth. Required	Auth. Required	
55	J0179	Beovu	Inj. Brolucizumab-dbll, 1mg	Review Required	Auth. Required	Auth. Required	
56	J0180	Fabrazyme	Agalsidase beta, 1 mg Injection	Review Required	Auth. Required	Auth. Required	
57	J0184	Barhemsys	Injection, amisulpride, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
58	J0185	Cinvanti	Inj., aprepitant, 1 mg	Review Required LCD	Auth. Required	Auth. Required	
59	J0202	Lemtrada	Alemtuzumab, 1 mg	Review Required	Auth. Required	Auth. Required	
60	J0206	allopurinol	Injection, allopurinol sodium, 1 mg	No Review Required	No Auth Required	No Auth. Required	

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61	J0207	Ethylol	Amifostine, 500 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
62	J0208	Pedmark	Injection, sodium thiosulfate, 100 mg	No Review Required	No Auth. Required	No Auth. Required	
63	J0209	alfentanil	Injection, sodium thiosulfate (hope), 100 mg	No Review Required	Not Covered	No Auth. Required	
64	J0210	Aldomet	Methyldopate HCl, up to 250 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
65	J0211	Nithiodote	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)	No Review Required	Not Covered	No Auth. Required	
66	J0216	alfentanil	Injection, alfentanil hydrochloride, 500 micrograms	No Review Required	Not Covered	No Auth. Required	
67	J0217	Lamzede	Injection, velmanase alfa-tycv, 1 mg	Review Required	Auth. Required	Auth. Required	
68	J0218	Xenpozyme	Injection, olipudase alfa-rpcp, 1 mg	Review Required	Auth. Required	Auth. Required	
69	J0219	Nexviazyme	Injection, avalglucosidase alfa-ngpt, 4 mg	Review Required	Auth. Required	Auth. Required	
70	J0221	Lumizyme	Alglucosidase alfa, 10 mg Injection	Review Required	Auth. Required	Auth. Required	
71	J0222	Onpattro	Patisiran, 0.1 mg injection	Review Required	Auth. Required	Auth. Required	
72	J0223	Givlaari	givosiran, 0.5mg injection	Review Required	Auth. Required	Auth. Required	
73	J0224	Oxlumo	Injection, lumasiran, 0.5 mg	Review Required	Pharmacy Benefit	Auth. Required	
74	J0225	Amvuttra	Inj, vutrisiran, 1 mg	Review Required	Not Covered	Auth. Required	
75	J0248	Veklury	Injection, remdesivir, 1 mg	Review Required	Auth. Required	Auth. Required	
76	J0256	Zemaira, Prolastin, or Aralast	Alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg Injection	Review Required	Auth. Required	Auth. Required	
77	J0257	Glassia	Alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg Injection	Review Required	Auth. Required	Auth. Required	
78	J0270	Caverject	Alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the Alprostadil urethral suppository (code may be used for Medicare when drug administered	Review Required	Auth. Required	Auth. Required	
79	J0275	Muse	Alprostadil urethral suppository (code may be used for Medicare when drug administered	Review Required	Not Covered	Auth. Required	
80	J0278	Amikin	Amikacin sulfate, 100 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
81	J0280	Aminophylline	Aminophyllin, up to 250 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
82	J0281	Amicar	Injection, aminocaproic acid, 1 gram	No Review Required	Not Covered	No Auth. Required	

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83	J0282	Cordarone, Pacerone	Amiodarone HCl, 30 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
84	J0283	Nexterone	Injection, amiodarone hydrochloride (nexterone), 30 mg	No Review Required	Not Covered	No Auth. Required	
85	J0285	NovaPlus Amphotericin	Amphotericin B, 50 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
86	J0287	Abelcet	Amphotericin B lipid complex, 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
87	J0289	Ambisome	Amphotericin B liposome, 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
88	J0290	Ampicillin	Ampicillin sodium, 500 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
89	J0291	Zemdri	Plazomicin, 5 mg injection	Review Required	Not Covered	Auth. Required	
90	J0295	Unasyn	Ampicillin sodium/sulbactam sodium, per 1.5 g Injection	No Review Required	No Auth. Required	No Auth. Required	
91	J0300	Amytal	Amobarbital, up to 125 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
92	J0330	Anectine, Quelicin	Succinylcholine chloride, up to 20 mg	No Review Required	No Auth. Required	No Auth. Required	
93	J0348	Eraxis	Anidulafungin, 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
94	J0349	Rezzayo	Injection, rezafungin, 1 mg	Review Required	Auth. Required	Auth. Required	
95	J0360	Apresoline	Hydralazine HCl, up to 20 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
96	J0364	Apokyn	Apomorphine HCl, 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
97	J0390	Aralen	Chloroquine HCl, up to 250 mg Injection	No Review Required	Not Covered	No Auth. Required	
98	J0391	Artesunate	Injection, artesunate, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
99	J0400	Abilify	Aripiprazole, intramuscular, 0.25 mg Injection	No Review Required	Pharmacy Benefit	No Auth. Required	
100	J0401	Abilify Maintena	Aripiprazole, extended release, 1 mg Injection	No Review Required	Pharmacy Benefit	No Auth. Required	
101	J0402	Abilify Asimtufii	Injection, aripiprazole (abilify asimtufii), 1 mg	No Review Required	Pharmacy Benefit	No Auth. Required	
102	J0456	Zithromax	Azithromycin, 500 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
103	J0457	aztreonam	Injection, aztreonam, 100 mg	No Review Required	No Auth. Required	No AUTH. Required	
104	J0458	Emblaveo	Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg)	Review Required	Auth. Required	Auth. Required	

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105	J0461	Atropen	Atropine sulfate, 0.01 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
106	J0462		Injection, atropine sulfate, not therapeutically equivalent to j0461, 0.01 mg	No Review Required	Not Covered	No Auth. Required	
107	J0463		Injection, atropine sulfate (fresenius and therapeutically equivalent), 0.01 mg	No Review Required	Not Covered	No Auth. Required	
108	J0470	Bal in Oil	Dimercaprol, per 100 mg	No Review Required	No Auth. Required	No Auth. Required	
109	J0475	Gablofen	Baclofen, 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
110	J0476	Lioresal	Baclofen, 50 mcg for intrathecal trial Injection	No Review Required	No Auth. Required	No Auth. Required	
111	J0480	Simulect	Basiliximab, 20 mg Injection	No Review Required	Not Covered	No Auth. Required	
112	J0485	Nulojix	Belatacept, 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
113	J0490	Benlysta	Belimumab, 10 mg Injection	Review Required	Auth. Required	Auth. Required	
114	J0491	Saphnelo	Injection, anifrolumab-fnia, 1 mg	Review Required	Auth. Required	Auth. Required	
115	J0500	Bentyl	Dicyclomine HCl, up to 20 mg	No Review Required	No Auth. Required	No Auth. Required	
116	J0515	Cogentin	Benztrapine mesylate, per 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
117	J0517	Fasenra	Inj., benralizumab, 1 mg	Review Required	Auth. Required	Auth. Required	
118	J0520	Bethanechol chloride,	Bethanechol chloride, Myotonachol or Urecholine, up to 5 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
119	J0525		Injection, cefotetan disodium, 10 mg	No Review Required	Not Covered	No Auth. Required	
120	J0528	Contepo	Injection, fosfomycin disodium, 20 mg	Review Required	Not Covered	Auth. Required	
121	J0558	Bicillin C R	Penicillin G benzathine and penicillin G procaine, 100,000 units	No Review Required	No Auth. Required	No Auth. Required	
122	J0561	Bicillin L A	Penicillin G benzathine, 100,000 units	No Review Required	No Auth. Required	No Auth. Required	
123	J0565	Zinplava	Injection, bezlotoxumab, 10 mg	Review Required	Auth. Required	Auth. Required	
124	J0567	Brineura	cerliponase alfa, 1 mg Injection	Review Required	Auth. Required	Auth. Required	
125	J0571	Subutex	Buprenorphine, oral, 1 mg	No Review Required	Pharmacy Benefit	Pharmacy Benefit	
126	J0572	Suboxone	Buprenorphine/naloxone, oral, less than or equal to 3 mg	No Review Required	Pharmacy Benefit	Pharmacy Benefit	

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127	J0573	Suboxone	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg	No Review Required	Pharmacy Benefit	Pharmacy Benefit	
128	J0574	Suboxone	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg	No Review Required	Pharmacy Benefit	Pharmacy Benefit	
129	J0575	Suboxone	Buprenorphine/naloxone, oral, greater than 10 mg	No Review Required	Pharmacy Benefit	Pharmacy Benefit	
130	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	
131	J0578	buprenorphine ER	Injection, buprenorphine extended-release (brixadi), greater than 7 days and up to 28 days	No Review Required	Not Covered	No Auth. Required	
132	J0582		Injection, bivalirudin (endo), not therapeutically equivalent to J0583, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
133	J0583	Angiomax	Bivalirudin, 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
134	J0584	Crysvita	Injection, burosumab-twza 1m	Review Required	Auth. Required	Auth. Required	
135	J0585	Botox	OnabotulinumtoxinA, 1 unit	Review Required LCD	Auth. Required	Auth. Required	
136	J0586	Dysport	AbobotulinumtoxinA, 5 units Injection	Review Required LCD	Auth. Required	Auth. Required	
137	J0587	Myobloc	RimabotulinumtoxinB, 100 units	Review Required LCD	Auth. Required	Auth. Required	
138	J0588	Xeomin	IncobotulinumtoxinA, 1 unit	Review Required LCD	Auth. Required	Auth. Required	
139	J0589	Daxxify	Injection, daxibotulinumtoxina-lanm, 1 unit	Review Required	Not Covered	Auth. Required	
140	J0591	deoxycholic	Injection, deoxycholic acid, 1 mg	Not Covered	Not Covered	Not Covered	
141	J0592	Buprenex	Buprenorphine HCl, 0.1 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
142	J0593	Takhzyro	Lanadelumab-flyo, 1 mg injection	Review Required	Not Covered	Auth. Required	
143	J0594	Busulfex	Busulfan, 1 mg Injection	Review Required LCD	No Auth. Required	No Auth. Required	
144	J0595	Stadol	Butorphanol tartrate, 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
145	J0596	Ruconest	C-1 esterase inhibitor (recombinant), 10 units	Review Required	Auth. Required	Auth. Required	
146	J0597	Berinerit	C-1 esterase inhibitor (human), Berinerit, 10 units	Review Required	Auth. Required	Auth. Required	
147	J0598	Cinryze	C-1 esterase inhibitor (human), Cinryze, 10 units	Review Required	Auth. Required	Auth. Required	
148	J0599	Haegarda	c-1 esterase inhibitor (human)	Review Required	Not Covered	Auth. Required	

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149	J0600	Calcium Disodium Versenate	Edetate calcium disodium, up to 1,000 mg	No Review Required	No Auth. Required	No Auth. Required	
150	J0601	Sevelamer carbonate	Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for	No Review Required	Not Covered	No Auth. Required	
151	J0602	Sevelamer carbonate	Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20	No Review Required	Not Covered	No Auth. Required	
152	J0603	Sevelamer hydrochloride	Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for	No Review Required	Not Covered	No Auth. Required	
153	J0604	Sensipar	Cinacalcet, oral, 1 mg, (for ESRD on dialysis)	No Review Required	No Auth. Required	No Auth. Required	
154	J0605	Sucroferric oxyhydroxide	Sucroferric oxyhydroxide, oral, 5 mg (for esrd on dialysis)	No Review Required	Not Covered	No Auth. Required	
155	J0606	Parsabiv	Injection, etelcalcetide, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required	
156	J0607	Lanthanum carbonate	Lanthanum carbonate, oral, 5 mg (for esrd on dialysis)	No Review Required	Not Covered	No Auth. Required	
157	J0608	Lanthanum carbonate	Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to J0607 (for esrd on	No Review Required	Not Covered	No Auth. Required	
158	J0609	Ferric citrate	Ferric citrate, oral, 3 mg ferric iron, (for esrd on dialysis)	No Review Required	Not Covered	No Auth. Required	
159	J0612	Calcium Gluconate	Injection, calcium gluconate (fresenius kabi), per 10 mg	No Review Required	No Auth. Required	No Auth. Required	
160	J0613	Calcium Gluconate	Injection, calcium gluconate (wg critical care), per 10 mg	No Review Required	No Auth. Required	No Auth. Required	
161	J0614	Grafapex	Injection, treosulfan, 50 mg	Review Required	Auth. Required	Auth. Required	
162	J0615	Calcium acetate	Calcium acetate, oral, 23 mg (for esrd on dialysis)	No Review Required	Not Covered	No Auth. Required	
163	J0616		Injection, metoprolol tartrate, 1 mg	No Review Required	Not Covered	No Auth. Required	
164	J0618		Injection, calcium chloride, 2 mg	No Review Required	Not Covered	No Auth. Required	
165	J0620	Calphosan	Calcium glycerophosphate and calcium lactate, per 10 ml	No Review Required	No Auth. Required	No Auth. Required	
166	J0630	Miacalcin	Calcitonin salmon, up to 400 units Injection	No Review Required	Not Covered	No Auth. Required	
167	J0636	Calcitrol	Calcitriol, 0.1 mcg Injection	No Review Required	No Auth. Required	No Auth. Required	
168	J0637	Cancidas	Caspofungin acetate, 5 mg	No Review Required	No Auth. Required	No Auth. Required	
169	J0638	Ilaris	Canakinumab, 1 mg	Review Required	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)	
170	J0640	Leucovorin Calcium	Leucovorin calcium, per 50 mg	Review Required LCD	Auth. Required	Auth. Required	

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171	J0641	Fusilev	Levoleucovorin calcium, 0.5 mg	Review Required LCD	Auth. Required	Auth. Required	
172	J0642	Khapzory	Injection, levoleucovorin (Khapzory), 0.5mg	No Review Required	No Auth. Required	No Auth. Required	
173	J0650	levothyroxine NOS	Injection, levothyroxine sodium, not otherwise specified, 10 mcg	No Review Required	Not Covered	No Auth. Required	
174	J0651	levothyroxine	Injection, levothyroxine sodium (fresenius kabi) not therapeutically equivalent to j0650, 10 mcg	No Review Required	No Auth. Required	No Auth. Required	
175	J0652	levothyroxine	Injection, levothyroxine sodium (hikma) not therapeutically equivalent to j0650, 10 mcg	No Review Required	Not Covered	No Auth. Required	
176	J0654		Injection, liothyronine, 1 mcg	No Review Required	Not Covered	No Auth. Required	
177	J0665	bupivacaine	Injection, bupivacaine, nos, 0.5mg	No Review Required	No Auth. Required	No Auth. Required	
178	J0666	bupivacaine	Injection, bupivacaine liposome, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
179	J0668		Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	No Review Required	No Auth. Required	No Auth. Required	
180	J0670	Polocaine	Mepivacaine HCl, per 10 ml	No Review Required	No Auth. Required	No Auth. Required	
181	J0675	Hemabate	Injection, carboprost tromethamine, 0.1 mg	No Review Required	Not Covered	No Auth. Required	
182	J0681	Zevtera	Injection, ceftobiprole medocaril sodium, 3 mg	Review Required	Not Covered	Auth. Required	
183	J0687	cefazolin	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	No Review Required	No Auth. Required	No Auth. Required	
184	J0688	cefazolin	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg	No Review Required	No Auth. Required	No Auth. Required	
185	J0689	Cefazolin	Injection, cefazolin sodium (baxter), 500 mg	No Review Required	No Auth. Required	No Auth. Required	
186	J0690	Cefazolin	Cefazolin sodium, 500 mg	No Review Required	No Auth. Required	No Auth. Required	
187	J0691	Xenleta	Lefamulin, 1mg injection	No Review Required	Pharmacy Benefit	No Auth. Required	
188	J0692	Maxipime	Cefepime HCl, 500 mg	No Review Required	No Auth. Required	No Auth. Required	
189	J0694	Cefoxitin	Cefoxitin sodium, 1 g	No Review Required	No Auth. Required	No Auth. Required	
190	J0695	Zerbaxa	Ceftolozane 50 mg and tazobactam 25 mg	No Review Required	No Auth. Required	No Auth. Required	
191	J0696	Rocephin	Ceftriaxone sodium, per 250 mg	No Review Required	No Auth. Required	No Auth. Required	
192	J0697	Zinacef	Cefuroxime sodium, sterile per 750 mg	No Review Required	No Auth. Required	No Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
193	J0698	Claforan	Cefotaxime sodium	No Review Required	No Auth. Required	No Auth. Required	
194	J0699	Fetroja	Injection, cefiderocol, 10 mg	No Review Required	No Auth. Required	No Auth. Required	
195	J0701	Cefepime	Injection, cefepime hydrochloride (baxter), 500 mg	No Review Required	No Auth. Required	No Auth. Required	
196	J0702	Celestone	Betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	No Review Required	No Auth. Required	No Auth. Required	
197	J0703	Cefepime	Injection, cefepime hydrochloride (b braun), 500 mg	No Review Required	No Auth. Required	No Auth. Required	
198	J0706	Cafcit	Caffeine citrate, 5 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
199	J0712	Teflaro	Ceftaroline fosamil, 10 mg	No Review Required	No Auth. Required	No Auth. Required	
200	J0713	Ceptaz, Fortaz, Tazicef	Ceftazidime, per 500 mg	No Review Required	Not Covered	No Auth. Required	
201	J0714	Avycaz	Ceftazidime and avibactam, 0.5 g/0.125 g	Review Required	Auth. Required	Auth. Required	
202	J0716	Anascorp	Centruroides immune f(ab)2, up to 120 mg	No Review Required	No Auth. Required	No Auth. Required	
203	J0717	Cimzia	Certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under	Review Required	Auth. Required	Auth. Required (Pharmacy Benefit)	
204	J0720	Chloromycetin	Chloramphenicol sodium succinate, up to 1 g	No Review Required	No Auth. Required	No Auth. Required	
205	J0725	Novarel, Pregnyl	Chorionic gonadotropin, per 1,000 USP units	Review Required	Auth. Required	Auth. Required	
206	J0735	Duraclon	Clonidine HCl, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
207	J0736	clindamycin	Injection, clindamycin phosphate, 300 mg	No Review Required	No Auth. Required	No Auth. Required	
208	J0737	clindamycin	Injection, clindamycin phosphate (baxter), not therapeutically equivalent to j0736, 300 mg	No Review Required	No Auth. Required	No Auth. Required	
209	J0738		Injection, lenacapavir, 1 mg, fda approved prescription, only for use as hiv pre-exposure	No Review Required	No Auth. Required	No Auth. Required	
210	J0739	Apretude	Injection, cabotegravir, 1 mg	Review Required	Auth. Required	Auth. Required	
211	J0740	Vistide	Cidofovir, 375 mg	No Review Required	No Auth. Required	No Auth. Required	
212	J0741	Cabenuva	Injection, cabotegravir and rilpivirine, 2mg/3mg	Review Required	Auth. Required	Auth. Required	
213	J0742	Recarbio	Imipenem 4mg, Cilastin 4mg and Relebactam 2mg	No Review Required	No Auth. Required	No Auth. Required	
214	J0743	Primaxin	Cilastatin sodium; imipenem, per 250 mg	No Review Required	No Auth. Required	No Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF-FUNDED	
215	J0744	Cipro	Ciprofloxacin for intravenous infusion, 200 mg	No Review Required	No Auth. Required	No Auth. Required	
216	J0745	Codeine Phosphate	Codeine phosphate, per 30 mg	No Review Required	No Auth. Required	No Auth. Required	
217	J0750	Truvada	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved	No Review Required	Pharmacy Benefit	Pharmacy Benefit	
218	J0751	Truvada	Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, fda approved	No Review Required	Pharmacy Benefit	Pharmacy Benefit	
219	J0752		Oral, lenacapavir, 300 mg, fda approved prescription, only for use as hiv pre-exposure	No Review Required	Pharmacy Benefit	Pharmacy Benefit	
220	J0759	Cleviprex	Injection, clevidipine butyrate, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
221	J0770	Coly mycin M	Colistimethate sodium, up to 150 mg	No Review Required	No Auth. Required	No Auth. Required	
222	J0775	Xiaflex	Collagenase, clostridium histolyticum, 0.01 mg	Review Required	Auth. Required	Auth. Required	
223	J0780	Compazine	Prochlorperazine, up to 10 mg	No Review Required	No Auth. Required	No Auth. Required	
224	J0791	Adakveo	Crizanlizumab-tmca, 5mg injection	Review Required	Auth. Required	Auth. Required	
225	J0799	HIV PrEP	Fda approved prescription drug, only for use as hiv pre-exposure prophylaxis (not for use as	No Review Required	Pharmacy Benefit	Pharmacy Benefit	
226	J0801	Acthar	Injection, corticotropin (acthar gel), up to 40 units	Review Required	Auth. Required	Auth. Required	
227	J0802	corticotropin	Injection, corticotropin (ani), up to 40 units	Review Required	Auth. Required	Auth. Required	
228	J0834	Cortrosyn	Cosyntropin (Cortrosyn), 0.25 mg	No Review Required	No Auth. Required	No Auth. Required	
229	J0840	Crofab	Crotalidae polyvalent immune fab (ovine), up to 1 g	No Review Required	No Auth. Required	No Auth. Required	
230	J0841	Crofab	Crotalidae im f(ab')2 eq	No Review Required	No Auth. Required	No Auth. Required	
231	J0850	Cytogam	Cytomegalovirus immune globulin intravenous (human), per vial	Review Required LCD	Not Covered	Auth. Required	
232	J0870	Rytelo	Injection, imetelstat, 1 mg	Review Required	Auth. Required	Auth. Required	
233	J0872	daptomycin	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to i0878 or i0873.	Review Required	Auth. Required	Auth. Required	
234	J0873	daptomycin	Injection, daptomycin (xellia) not therapeutically equivalent to i0878, 1 mg	Review Required	Auth. Required	Auth. Required	
235	J0874	daptomycin	Injection, daptomycin (baxter), not therapeutically equivalent to i0878, 1 mg	Review Required	Auth. Required	Auth. Required	
236	J0875	Dalvance	Dalbavancin, 5 mg	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
237	J0877	daptomycin	Injection, daptomycin (hospira), not therapeutically equivalent to i0878, 1 mg	Review Required	Auth. Required	Auth. Required	
238	J0878	Cubicin	Daptomycin, 1 mg	Review Required	Auth. Required	Auth. Required	
239	J0879	Korsuva	Injection, difelikefalin, 0.1 microgram, (for ESRD on dialysis)	No Review Required	Auth. Required	Auth. Required	
240	J0881	Aranesp	Darbepoetin alfa, 1 mcg (non-ESRD use)	Review Required LCD	Auth. Required	Auth. Required	
241	J0882	Aranesp	Darbepoetin alfa, 1 mcg (for ESRD on dialysis)	No Review Required	Auth. Required	Auth. Required	
242	J0883	argatroban (non-esrd)	Injection, argatroban, 1 mg (for non-esrd use)	No Review Required	Not Covered	No Auth. Required	
243	J0884	argatroban (esrd)	Injection, argatroban, 1 mg (for esrd on dialysis)	No Review Required	Not Covered	No Auth. Required	
244	J0885	Epogen, Procrit	Epoetin alfa, (for non-ESRD use), 1000 units	Review Required LCD	Auth. Required	Auth. Required	
245	J0887	NeoRecormon, Mircera	Epoetin beta, 1 microgram, (for ESRD on dialysis) Injection	No Review Required	Auth. Required	Auth. Required	
246	J0888	NeoRecormon	Epoetin beta, 1 microgram, (for non-ESRD use) Injection	Review Required LCD	Auth. Required	Auth. Required	
247	J0891	argatroban (non-esrd)	Injection, argatroban (accord), not therapeutically equivalent to i0883, 1 mg (for	Review Required	Auth. Required	Auth. Required	
248	J0892	argatroban (esrd)	Injection, argatroban (accord), not therapeutically equivalent to i0884, 1 mg (for	Review Required	Auth. Required	Auth. Required	
249	J0893	decitabine	Injection, decitabine (sun pharma) not therapeutically equivalent to i0894, 1 mg	Review Required	Auth. Required	Auth. Required	
250	J0894	Dacogen	Decitabine, 1 mg	Review Required	Auth. Required	Auth. Required	
251	J0895	Desferal	Deferoxamine mesylate, 500 mg	Review Required LCD	Auth. Required	Auth. Required	
252	J0896	Reblozyl	Injection, Luspatercept-ammt, 0.25mg	Review Required	Auth. Required	Auth. Required	
253	J0897	Prolia	Denosumab, 1 mg	Review Required	Auth. Required	Auth. Required	
254	J0897	Xgeva	Denosumab, 1 mg	Review Required	Auth. Required	Auth. Required	
255	J0898	argatroban (non-esrd)	Injection, argatroban (auromedics), not therapeutically equivalent to i0883, 1 mg (for	Review Required	Auth. Required	Auth. Required	
256	J0899	argatroban (esrd)	Injection, argatroban (auromedics), not therapeutically equivalent to i0884, 1 mg (for	Review Required	Auth. Required	Auth. Required	
257	J0901	Vadadustat	Vadadustat, oral, 1 mg (for esrd on dialysis)	No Review Required	Not Covered	No Auth. Required	
258	J0911	taurolidine and heparin	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock	No Review Required	Not Covered	No Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
259	J0945	Rymed	Brompheniramine maleate, per 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
260	J1000	Depo-Estradiol	Depo-estradiol cypionate, up to 5 mg	No Review Required	No Auth. Required	No Auth. Required	
261	J1010	methylprednisolone	Injection, methylprednisolone acetate, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
262	J1050	Depo-Provera	Medroxyprogesterone acetate, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
263	J1071	Depo-Testosterone	Testosterone cypionate, 1 mg Injection	Review Required	Auth. Required	Auth. Required	
264	J1072	Azmiro	Injection, testosterone cypionate (azmiro), 1 mg	Review Required	Not Covered	Auth. Required	
265	J1073		Testosterone pellet, implant, 75 mg	Review Required	Auth. Required	Auth. Required	
266	J1096	Dextenza	Dexamethasone oph insert 0.1 mg	Review Required	Auth. Required	Auth. Required	
267	J1097	Omidria	Phenylep ketorolac oph soln	No Review Required	No Auth. Required	No Auth. Required	
268	J1098		Articaine ophthalmic, 8% solution, 0.4 ml	No Review Required	Not Covered	No Auth. Required	
269	J1100	Decadron LA, Dalalone DP	Dexamethasone sodium phosphate, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
270	J1105	Precedex	Dexmedetomidine, oral, 1 mcg	No Review Required	Not Covered	No Auth. Required	
271	J1110	D.H.E. 45	Dihydroergotamine mesylate, per 1 mg	No Review Required	No Auth. Required	No Auth. Required	
272	J1120	Diamox	Acetazolamide sodium, up to 500 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
273	J1130	diclofenac	Injection, diclofenac sodium, 0.5 mg	No Review Required	Pharmacy Benefit	No Auth. Required	
274	J1160	Lanoxin	Digoxin, up to 0.5 mg	No Review Required	No Auth. Required	No Auth. Required	
275	J1162	Digifab	Digoxin immune fab (ovine), per vial	No Review Required	No Auth. Required	No Auth. Required	
276	J1163		Injection, diltiazem hydrochloride, 0.5 mg	No Review Required	Not Covered	No Auth. Required	
277	J1164		Injection, diltiazem hydrochloride in 0.72% sodium chloride, 0.5 mg	No Review Required	Not Covered	No Auth. Required	
278	J1165	Phenytoin Sodium	Phenytoin sodium, per 50 mg	No Review Required	No Auth. Required	No Auth. Required	
279	J1171	Dilaudid	Injection, hydromorphone, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required	
280	J1180	Lufyllin	Dyphylline, up to 500 mg Injection	No Review Required	No Auth. Required	No Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
281	J1190	Zinecard	Dexrazoxane HCl, per 250 mg	Review Required	Auth. Required	Auth. Required	
282	J1200	Benadryl	Diphenhydramine HCl, up to 50 mg	No Review Required	No Auth. Required	No Auth. Required	
283	J1201	Zyrtec	Cetirizine hcl 0.5mg	No Review Required	Not Covered	No Auth. Required	
284	J1202	Miglustat	Miglustat, oral, 65 mg	Review Required (Pharmacy Benefit)	Not Covered	Auth. Required (Pharmacy Benefit)	
285	J1203	Pombiliti	Injection, cipaglugosidase alfa-atga, 5 mg	Review Required	Auth. Required	Auth. Required	
286	J1205	Diuril Sodium	Chlorothiazide sodium, per 500 mg	No Review Required	No Auth. Required	No Auth. Required	
287	J1212	Rimso-50	DMSO, dimethyl sulfoxide, 50%, 50 ml	Review Required NCD	Auth. Required	Auth. Required	
288	J1230	Dolophine	Methadone HCl, up to 10 mg	No Review Required	No Auth. Required	No Auth. Required	
289	J1240	Dramamine, Dramanate,	Dimenhydrinate, up to 50 mg	No Review Required	Not Covered	No Auth. Required	
290	J1245	Persantine	Dipyridamole, per 10 mg	No Review Required	No Auth. Required	No Auth. Required	
291	J1246	Unituxin	Injection, dinutuximab, 0.1 mg	Review Required	Auth. Required	Auth. Required	
292	J1250	Dobutrex	Dobutamine HCl, per 250 mg	No Review Required	No Auth. Required	No Auth. Required	
293	J1260	Anzemet	Dolasetron mesylate, 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
294	J1265	Intropin	Dopamine HCl, 40 mg	No Review Required	No Auth. Required	No Auth. Required	
295	J1270	Hectorol	Doxercalciferol, 1 mcg	No Review Required	No Auth. Required	No Auth. Required	
296	J1271		Injection, doxycycline hyclate, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
297	J1289	Yartemlea	Injection, narsoplimab-wuug, 1 mg	Review Required	Not Covered	Auth. Required	
298	J1290	Kalbitor	Ecallantide, 1 mg	Review Required	Auth. Required	Auth. Required	
299	J1299	Soliris	Injection, eculizumab, 2 mg	Review Required	Auth. Required	Auth. Required	
300	J1301	Radicava	Edaravone, 1 mg Injection	Review Required	Auth. Required	Auth. Required	
301	J1302	Enjaymo	Injection, sutimlimab-jome, 10 mg	Review Required	Auth. Required	Auth. Required	
302	J1303	Ultomiris	Ravulizumab-cwvz 10 mg	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
303	J1304	Qalsody	Injection, tofersen, 1 mg	Review Required	Auth. Required	Auth. Required	
304	J1305	Evkeeza	Evinacumab-dgnb, 5mg	Review Required	Auth. Required	Auth. Required	
305	J1306	Leqvio	Injection, inclisiran, 1 mg	Review Required	Not Covered	Auth. Required	
306	J1307	PiaSky	Injection, crovalimab-akkz, 10 mg	Review Required	Auth. Required	Auth. Required	
307	J1308	Pepcid	Injection, famotidine, 0.25 mg	No Review Required	No Auth. Required	No Auth. Required	
308	J1320	Elavil	Amitriptyline HCl, up to 20 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
309	J1322	Vimizim	Elosulfase alfa, 1 mg Injection	Review Required	Auth. Required	Auth. Required	
310	J1323	Elrexfio	Injection, elranatamab-bcmm, 1 mg	Review Required	Auth. Required	Auth. Required	
311	J1324	Fuzeon	Enfuvirtide, 1 mg	No Review Required	Pharmacy Benefit	No Auth. Required	
312	J1325	Flolan, Veletri	Epoprostenol, 0.5 mg	Review Required LCD	Auth. Required	Auth. Required	
313	J1326	Vyloy	Injection, zolbetuximab-clzb, 2 mg	Review Required	Auth. Required	Auth. Required	
314	J1327	Integrilin	Eptifibatide, 5 mg	No Review Required	No Auth. Required	No Auth. Required	
315	J1335	Invanz	Ertapenem sodium, 500 mg	No Review Required	No Auth. Required	No Auth. Required	
316	J1364	Erythromycin Lactobionate	Erythromycin lactobionate, per 500 mg	No Review Required	No Auth. Required	No Auth. Required	
317	J1370	Nexium	Injection, esomeprazole sodium, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
318	J1380	Delestrogen	Estradiol valerate, up to 10 mg	No Review Required	Not Covered	No Auth. Required	
319	J1410	Premarin	Estrogen conjugated, per 25 mg	No Review Required	No Auth. Required	No Auth. Required	
320	J1411	Hemgenix	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Review Required	Not Covered	Auth. Required	
321	J1412	Roctavian	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector	Review Required	Auth. Required	Auth. Required	
322	J1413	Elevidys	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Review Required	Auth. Required	Auth. Required	
323	J1414	Beqvez	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Review Required	Not Covered	Auth. Required	
324	J1426	Amondys 45	Injection, casimersen, 10 mg	Not Covered	Not Covered	Not Covered	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
325	J1427	Viltepso	Injection, viltolarsen, 10 mg	Review Required	Auth. Required	Auth. Required	
326	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)	
327	J1429	Vyondys 53	Injection, golodirsen, 10mg	Review Required	Pharmacy Benefit	Auth. Required	
328	J1430	Ethamolin	Ethanolamine oleate, 100 mg	No Review Required	No Auth. Required	No Auth. Required	
329	J1434	fosaprepitant	Injection, fosaprepitant (focinvez), 1 mg	Review Required	Not Covered	Auth. Required	
330	J1435	Estrone	Estrone, per 1 mg Injection	No Review Required	Not Covered	No Auth. Required	
331	J1436	Didronel	Etidronate disodium, per 300 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
332	J1437	Monoferric	Injection, ferric derisomaltose, 10 mg	Review Required	Auth. Required	Auth. Required	
333	J1438	Enbrel	Etanercept, 25 mg (code may be used for Medicare when drug administered under the	Review Required	Auth. Required	Auth. Required (Pharmacy Benefit)	
334	J1439	Injectafer	Ferric carboxymaltose, 1 mg Injection	Review Required	Auth. Required	Auth. Required	
335	J1440	Rebyota	Fecal microbiota, live - jsfm, 1 ml	Review Required	Auth. Required	Auth. Required	
336	J1442	Neupogen	Filgrastim (G-CSF), 1 microgram	Review Required	Auth. Required	Auth. Required	
337	J1447	Granix	Tbo-filgrastim, 1 microgram	Review Required	Auth. Required	Auth. Required	
338	J1448	Cosela	Injection, trilaciclib, 1mg	Review Required	Auth. Required	Auth. Required	
339	J1449	Rolvedon	Injection, eflapegrastim-xnst, 0.1 mg	Review Required	Not Covered	Auth. Required	
340	J1450	Diflucan	Fluconazole, 200 mg	No Review Required	No Auth. Required	No Auth. Required	
341	J1451	Antizol	Fomepizole, 15 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
342	J1453	Emend	Fosaprepitant, 1 mg injection	Review Required	Auth. Required	Auth. Required	
343	J1454	Inj fosnetupitant, palonoset		Review Required LCD	Not Covered	Auth. Required	
344	J1455	Foscavir	Foscarnet sodium, per 1,000 mg	No Review Required	No Auth. Required	No Auth. Required	
345	J1456	fosaprepitant	Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg	Review Required	Auth. Required	Auth. Required	
346	J1458	Naglazyme	Galsulfase, 1 mg	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
347	J1459	Privigen	Immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Review Required LCD	Auth. Required	Auth. Required	
348	J1460	Gamunex-C	Gamma globulin, intramuscular, 1 cc	Review Required LCD	Auth. Required	Auth. Required	
349	J1551	Cutaquig	Injection, immune globulin (cutaquig), 100 mg	Review Required	Not Covered	Auth. Required	
350	J1552	Alyglo	Injection, immune globulin (alyglo), 500 mg	Review Required	Not Covered	Auth. Required	
351	J1553	Yimmugo	Injection, immune globulin (yimmugo), 100 mg	Review Required	Not Covered	Auth. Required	
352	J1554	Asceniv	Injection, immune globulin (asceniv), 500 mg	Review Required	Auth. Required	Auth. Required	
353	J1555	Cuvitru	Injection, immune globulin 100mg	Review Required LCD	Auth. Required	Auth. Required	
354	J1556	Bivigam	Immune globulin (bivigam), 500 mg	Review Required LCD	Pharmacy Benefit	Auth. Required	
355	J1557	Gammaplex	Immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Review Required LCD	Auth. Required	Auth. Required	
356	J1558	Xembify	Immune globulin (Xembify), 100mg	Review Required LCD	Auth. Required	Auth. Required	
357	J1559	Hizentra	Immune globulin (Hizentra), 100 mg	Review Required LCD	Pharmacy Benefit	Auth. Required	
358	J1560	Gamastan S/D	Gamma globulin, intramuscular, over 10 cc	Review Required LCD	Auth. Required	Auth. Required	
359	J1561	Gamunex, Gamunex-C,	Immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid),	Review Required LCD	Auth. Required	Auth. Required	
360	J1566	Panglobulin, Gammagard S/D,	Immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Review Required LCD	Auth. Required	Auth. Required	
361	J1568	Octagam	Immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Review Required LCD	Auth. Required	Auth. Required	
362	J1569	Gammagard	Immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Review Required LCD	Auth. Required	Auth. Required	
363	J1570	ganciclovir	Ganciclovir sodium, 500 mg	No Review Required	No Auth. Required	No Auth. Required	
364	J1571	Hepagam B I.M. use	Hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml	Review Required LCD	Auth. Required	Auth. Required	
365	J1573	Hepagam B I.V. use	Hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml	Review Required LCD	Auth. Required	Auth. Required	
366	J1574	ganciclovir	Injection, ganciclovir sodium (exela) not therapeutically equivalent to J1570, 500 mg	No Review Required	No Auth. Required	No Auth. Required	
367	J1575	Hyqvia	Immune globulin/hyaluronidase, 100 mg immune globulin (Hyqvia)	Review Required LCD	Not Covered (Pharmacy Benefit)	Auth. Required	
368	J1576	Panzyga	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500	Review Required	Not Covered	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
369	J1577	Qivigy	Injection, immune globulin (qivigy), 100 mg	Review Required	Not Covered	Auth. Required	
370	J1580	Garamycin	Garamycin, gentamicin, up to 80 mg	No Review Required	No Auth. Required	No Auth. Required	
371	J1595	Copaxone	Glatiramer acetate, 20 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)	
372	J1596	glycopyrrolate	Injection, glycopyrrolate, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required	
373	J1597	glycopyrrolate	Injection, glycopyrrolate (glyrx-pf), 0.1 mg	No Review Required	Not Covered	No Auth. Required	
374	J1598	glycopyrrolate	Injection, glycopyrrolate (fresenius kabi), not therapeutically equivalent to j1596, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required	
375	J1599	Immune globulin, intravenous, non-Mycochrysin, Aurolate	Immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	Review Required	Not Covered	Auth. Required	
376	J1600	Mycochrysin, Aurolate	Gold sodium thiomalate, up to 50 mg	No Review Required	No Auth. Required	No Auth. Required	
377	J1602	Simponi Aria	Golimumab, 1 mg, for intravenous use	Review Required	Auth. Required	Auth. Required	
378	J1610	Glucagen, Glucagon	Glucagon HCl, per 1 mg	No Review Required	No Auth. Required	No Auth. Required	
379	J1611	glucagon	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610,	No Review Required	No Auth. Required	No Auth. Required	
380	J1612	Gvoke	Injection, glucagon (gvoke), 0.01 mg	No Review Required	Not Covered	No Auth. Required	
381	J1626	Kytril	Granisetron HCl, 100 mcg	No Review Required	No Auth. Required	No Auth. Required	
382	J1627	Sustol	Injection, granisetron, extended-release, 0.1mg (For billing prior to 1/1/18 use J3490 or C9486 for	Review Required LCD	Not Covered (Pharmacy Benefit)	Auth. Required	
383	J1628	Tremfya	Injection, guselkumab, 1 mg	Review Required	Not Covered	Auth. Required	
384	J1630	Haldol	Haloperidol, up to 5 mg	No Review Required	No Auth. Required	No Auth. Required	
385	J1631	Haldol Deconate	Haloperidol decanoate, per 50 mg	No Review Required	No Auth. Required	No Auth. Required	
386	J1632	Zulresso	injection, brexanolone, 1mg	No Review Required	No Auth. Required	No Auth. Required	
387	J1640	Panhematin	Hemin, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
388	J1642	Heparin	Heparin sodium, (heparin lock flush), per 10 units	No Review Required	No Auth. Required	No Auth. Required	
389	J1643	Heparin	Injection, heparin sodium (pfizer), not therapeutically equivalent to j1644, per 1000	No Review Required	No Auth. Required	No Auth. Required	
390	J1644	Heparin	Heparin sodium, per 1000 units	No Review Required	No Auth. Required	No Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
391	J1645	Fragmin	Dalteparin sodium, per 2500 IU	No Review Required	No Auth. Required	No Auth. Required	
392	J1650	Lovenox	Enoxaparin sodium, 10 mg	No Review Required	No Auth. Required	No Auth. Required	
393	J1652	Arixtra	Fondaparinux sodium, 0.5 mg	No Review Required	No Auth. Required	No Auth. Required	
394	J1670	Hypertet S/D, Hyper-tet, Baytet	Tetanus immune globulin, human, up to 250 units	No Review Required	No Auth. Required	No Auth. Required	
395	J1700	Cortef, Hydrocortone	Hydrocortisone acetate, up to 25 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
396	J1720	Solu-cortef, hydrocortisone, A-	Hydrocortisone sodium succinate, up to 100 mg	No Review Required	No Auth. Required	No Auth. Required	
397	J1726	Makena	Hydroxyprogesterone caproate, 10 mg (J1725 is 1MG to 1 unit)	Review Required	Pharmacy Benefit	Pharmacy Benefit	
398	J1729	Geq or compounded	Injection, hydroxyprogesterone caproate, Not Otherwise Specified, 10 mg	No Review Required	No Auth. Required	No Auth. Required	
399	J1730	Proglycem	Diazoxide, up to 300 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
400	J1736		Injection, meloxicam (delova), 1 mg	No Review Required	Not Covered	No Auth. Required	
401	J1737		Injection, meloxicam (azurity), 1 mg				
402	J1738	meloxicam	Injection, meloxicam, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
403	J1740	Boniva	Ibandronate sodium, 1 mg	Review Required LCD	Auth. Required	Auth. Required	
404	J1741	Caldolor	Ibuprofen, 100 mg	No Review Required	No Auth. Required	No Auth. Required	
405	J1742	Corvert	Ibutilide fumarate, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
406	J1743	Elaprase	Idursulfase, 1 mg	Review Required	Auth. Required	Auth. Required	
407	J1744	Firazyr	Icatibant, 1 mg	Review Required	Not Covered	Auth. Required	
408	J1745	Remicade	Infliximab, 10 mg	Review Required NCD/LCD	Auth. Required	Auth. Required	
409	J1746	Trogarzo	Ibalizumab-uiyk, 10 mg	Review Required	Auth. Required	Auth. Required	
410	J1747	Spevigo	Injection, spesolimab-sbzo, 1 mg	Review Required	Auth. Required	Auth. Required	
411	J1748	Zymfentra	Injection, infliximab-dyyb (zymfentra), 10 mg	Review Required	Auth. Required (Pharmacy Benefit)	Auth. Required	
412	J1749	Aurlumyn	Injection, iloprost, 0.1 mcg	Review Required	Not Covered	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
413	J1750	Infed	Iron dextran, 50 mg	Review Required	Auth. Required	Auth. Required	
414	J1756	Venofer	Iron sucrose, 1 mg	Review Required NCD	Auth. Required	Auth. Required	
415	J1786	Cerezyme	Imiglucerase, 10 units	Review Required	Auth. Required	Auth. Required	
416	J1790	Inapsine	Droperidol, up to 5 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
417	J1800	Inderal	Propranolol HCl, up to 1 mg	No Review Required	No Auth. Required	No Auth. Required	
418	J1805	esmolol	Injection, esmolol hydrochloride, 10 mg	No Review Required	No Auth. Required	No Auth. Required	
419	J1806	esmolol	Injection, esmolol hydrochloride (wg critical care) not therapeutically equivalent to j1805,	No Review Required	No Auth. Required	No Auth. Required	
420	J1807		Injection, ethacrynate sodium, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
421	J1808		Injection, folic acid, 0.1 mg	No Review Required	Not Covered	No Auth. Required	
422	J1809	Nulibry	Injection, fosdenopterin, 0.1 mg	Review Required	Auth. Required	Auth. Required	
423	J1811	Fiasp	Insulin (fiasp) for administration through dme (i.e., insulin pump) per 50 units	Review Required	Pharmacy Benefit	Auth. Required	
424	J1812	Fiasp	Insulin (fiasp), per 5 units	Review Required	Pharmacy Benefit	Auth. Required	
425	J1813	Lyumjev	Insulin (lyumjev) for administration through dme (i.e., insulin pump) per 50 units	Review Required	Pharmacy Benefit	Auth. Required	
426	J1814	Lyumjev	Insulin (lyumjev), per 5 units	Review Required	Pharmacy Benefit	Auth. Required	
427	J1815	Humalog, Novolog,Novolog	Insulin, per 5 units	Review Required NCD/LCD	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)	
428	J1817	Humilin R,Novolin R,Humalog,	Insulin for administration through DME (i.e., insulin pump) per 50 units	Review Required NCD	Not Covered	Auth. Required (Pharmacy Benefit)	
429	J1823	Uplizna	Injection, inebilizumab-cdon, 1 mg	Review Required	Auth. Required	Auth. Required	
430	J1826	Avonex	Interferon beta-1a, 30 mcg	Review Required	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)	
431	J1830	Betaseron, Extavia	Interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered	Review Required	Pharmacy Benefit	Auth. Required	
432	J1833	Cresemba	Isavuconazonium, 1 mg	Review Required	Auth. Required	Auth. Required (Pharmacy Benefit)	
433	J1834		Injection, isoniazid, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
434	J1835	Sporanox	Itraconazole, 50 mg	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
435	J1836	metronidazole	Injection, metronidazole, 10 mg	No Review Required	No Auth. Required	No Auth. Required	
436	J1837		Injection, posaconazole, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
437	J1885	Toradol	Ketorolac tromethamine, per 15 mg	No Review Required	No Auth. Required	No Auth. Required	
438	J1920	labetalol	Injection, labetalol hydrochloride, 5 mg	No Review Required	No Auth. Required	No Auth. Required	
439	J1921	labetalol	Injection, labetalol hydrochloride (hikma) not therapeutically equivalent to i1820, 5 mg	No Review Required	No Auth. Required	No Auth. Required	
440	J1930	Somatuline	Lanreotide, 1 mg	Review Required	Auth. Required	Auth. Required	
441	J1931	Aldurazyme	laronidase, 0.1 mg Injection	Review Required	Auth. Required	Auth. Required	
442	J1932	lanreotide	Injection, lanreotide, (cipl), 1 mg	Review Required	Not Covered	Auth. Required	
443	J1938	Lasix	Injection, furosemide, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
444	J1939	bumetanide	Injection, bumetanide, 0.5 mg	No Review Required	No Auth. Required	No Auth. Required	
445	J1941	Furoscix	Injection, furosemide (furoscix), 20 mg	No Review Required	Not Covered	No Auth. Required	
446	J1943	Aristada Initio	Aristada initio, 1 mg injection	No Review Required	Not Covered (Pharmacy Benefit)	No Auth. Required	
447	J1944	Aristada	Aripiprazole lauroxil 1 mg, injection	No Review Required	Not Covered (Pharmacy Benefit)	No Auth. Required	
448	J1950	Lupron Depot	Leuprolide acetate (for depot suspension), per 3.75 mg	Review Required	Auth. Required	Auth. Required	
449	J1951	Fensolvi	Injection Fensolvi, 0.25 mg	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required	
450	J1952	Camcevi	Leuprolide injectable, camcevi, 1 mg	Review Required	Not Covered	Auth. Required	
451	J1953	Keppra	Levetiracetam, 10 mg	No Review Required	No Auth. Required	No Auth. Required	
452	J1954	Cipla	Injection, leuprolide acetate for depot suspension (cipl), 7.5 mg	Review Required	Not Covered	Auth. Required	
453	J1955	Carnitor	Levocarnitine, per 1 g	Review Required NCD	No Auth. Required	No Auth. Required	
454	J1956	Levaquin	Levofloxacin, 250 mg	Review Required	Auth. Required	Auth. Required	
455	J1960	Levo-Dromoran	levorphanol tartrate, up to 2 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
456	J1961	Sunleca	Injection, lenacapavir, 1 mg	No Review Required	Not Covered	No Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
457	J1980	Levsin	Hyoscyamine sulfate, up to 0.25 mg	No Review Required	No Auth. Required	No Auth. Required	
458	J1990	Librium	Chlordiazepoxide HCl, up to 100 mg Injection	No Review Required	Not Covered	No Auth. Required	
459	J2002	Lidocaine	Injection, lidocaine hcl in 5% dextrose, 1 mg	No Review Required	Not Covered	No Auth. Required	
460	J2003	Lidocaine	Injection, lidocaine hydrochloride, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
461	J2004	Lidocaine, epinephrine	Injection, lidocaine hcl with epinephrine, 1 mg	No Review Required	Not Covered	No Auth. Required	
462	J2010	Lincocin	Lincomycin HCl, up to 300 mg	No Review Required	No Auth. Required	No Auth. Required	
463	J2020	Zyvox	Linezolid, 200 mg	Review Required	Auth. Required	Auth. Required	
464	J2021	linezolid	Injection, linezolid (hospira) not therapeutically equivalent to j2020, 200 mg	Review Required	Auth. Required	Auth. Required	
465	J2060	Ativan	Lorazepam, 2 mg	No Review Required	No Auth. Required	No Auth. Required	
466	J2062	loxapine	Loxapine for inhalation, 1 mg	No Review Required	Pharmacy Benefit	No Auth. Required	
467	J2151	Osmitrol	Injection, mannitol, 250 mg	No Review Required	No Auth. Required	No Auth. Required	
468	J2170	Iplex, Increlex	Mecasermin, 1 mg	Review Required	Not Covered	Auth. Required	
469	J2175	Demerol	Meperidine HCl, per 100 mg	No Review Required	No Auth. Required	No Auth. Required	
470	J2180	Mepergan	mepерidine and promethazine HCl, up to 50 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
471	J2182	Nucala	Injection, mepolizumab, 1 mg	Review Required	Auth. Required	Auth. Required	
472	J2183	meropenem	Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg	No Review Required	No Auth. Required	No Auth. Required	
473	J2184	meropenem	Injection, meropenem (b. braun) not therapeutically equivalent to j2185, 100 mg	No Review Required	No Auth. Required	No Auth. Required	
474	J2185	Merrem	Meropenem, 100 mg	No Review Required	No Auth. Required	No Auth. Required	
475	J2186	Vabomere	injection, meropenem and vaborbactam, 10mg/10mg (20mg)	No Review Required	No Auth. Required	No Auth. Required	
476	J2210	Methergine	Methylergonovine maleate, up to 0.2 mg	No Review Required	No Auth. Required	No Auth. Required	
477	J2212	Relistor	Methylnaltrexone, 0.1 mg	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required	
478	J2246	micafungin	Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg	Review Required	Not Covered	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
479	J2247	micafungin	Injection, micafungin sodium (par pharm) not therapeutically equivalent to j2248, 1 mg	Review Required	Auth. Required	Auth. Required	
480	J2248	Mycamine	Micafungin sodium, 1 mg	Review Required	Auth. Required	Auth. Required	
481	J2249	remimazolam	Injection, remimazolam, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
482	J2250	Versed	Midazolam HCl, per 1 mg	No Review Required	Not Covered	No Auth. Required	
483	J2251	midazolam	Injection, midazolam hydrochloride (wg critical care) not therapeutically equivalent to j2250,	No Review Required	No Auth. Required	No Auth. Required	
484	J2252	midazolam	Injection, midazolam in 0.8% sodium chloride, intravenous, not therapeutically equivalent to	No Review Required	Not Covered	No Auth. Required	
485	J2253	Seizalam	Injection, midazolam (seizalam), 1 mg	No Review Required	Not Covered	No Auth. Required	
486	J2260	Primacor	Milrinone lactate, 5 mg	No Review Required	No Auth. Required	No Auth. Required	
487	J2265	Minocin	Minocycline HCl, 1 mg	No Review Required	Not Covered	No Auth. Required	
488	J2267	OmvoH	Injection, mirikizumab-mrkz, 1 mg	Review Required	Not Covered	Auth. Required	
489	J2270	Morphine sulfate	Morphine sulfate, up to 10 mg	No Review Required	No Auth. Required	No Auth. Required	
490	J2272	morphine	Injection, morphine sulfate (fresenius kabi) not therapeutically equivalent to j2270, up to 10	No Review Required	No Auth. Required	No Auth. Required	
491	J2274	Astramorph	Morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
492	J2277	Aphexda	Injection, motixafortide, 0.25 mg	Review Required	Auth. Required	Auth. Required	
493	J2278	Prialt	Ziconotide, 1 mcg	Review Required LCD	Auth. Required	Auth. Required	
494	J2280	Avelox	Moxifloxacin, 100 mg	Review Required	Auth. Required	Auth. Required	
495	J2281	moxifloxacin	Injection, moxifloxacin (fresenius kabi) not therapeutically equivalent to j2280, 100 mg	Review Required	Auth. Required	Auth. Required	
496	J2290	nafcillin	Injection, nafcillin sodium, 20 mg	No Review Required	Not Covered	No Auth. Required	
497	J2291	nafcillin	Injection, nafcillin sodium (baxter), 20 mg	No Review Required	No Auth. Required	No Auth. Required	
498	J2300	Nubain	Nalbuphine HCl, per 10 mg	No Review Required	No Auth. Required	No Auth. Required	
499	J2305	nitroglycerin	Injection, nitroglycerin, 5 mg	No Review Required	No Auth. Required	No Auth. Required	
500	J2312		Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg	No Review Required	Not Covered	No Auth. Required	

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501	J2313	Zimhi	Injection, naloxone hydrochloride (zimhi), 0.01 mg	No Review Required	Not Covered	No Auth. Required	
502	J2315	Vivitrol	Naltrexone, depot form, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
503	J2320	Nandrolone Deconoate	Nandrolone decanoate, up to 50 mg	No Review Required	No Auth. Required	No Auth. Required	
504	J2323	Tysabri	Natalizumab, 1 mg	Review Required	Auth. Required	Auth. Required	
505	J2325	Natrecor	Nesiritide, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required	
506	J2326	Spinraza	Injection, nusinersen, 0.1 mg	Review Required	Auth. Required	Auth. Required	
507	J2327	Skyrizi	Injection, risankizumab-rzaa, intravenous, 1 mg	Review Required	Auth. Required	Auth. Required	
508	J2329	Briumvi	Injection, ublituximab-xiyy, 1mg	Review Required	Auth. Required	Auth. Required	
509	J2350	Ocrevus	Injection, ocrelizumab, 1 mg	Review Required	Auth. Required	Auth. Required	
510	J2351	Ocrevus Zunovo	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsa	Review Required	Auth. Required	Auth. Required	
511	J2353	SandoSTATIN LAR	Octreotide, depot form for intramuscular 1 mg	Review Required	Auth. Required	Auth. Required	
512	J2354	Sandostatin, Octreotide	Octreotide, nondepot form for subcutaneous or intravenous 25 mcg	Review Required	Auth. Required	Auth. Required	
513	J2356	Tezspire	Injection, tezepelumab-ekko, 1 mg	Review Required	Auth. Required	Auth. Required	
514	J2357	Xolair	Omalizumab, 5 mg	Review Required	Auth. Required	Auth. Required	
515	J2358	Zyprexa	Injection, olanzapine, long-acting, 1 mg	Review Required	No Auth. Required	Auth. Required	
516	J2359	olanzapine	Injection, olanzapine, 0.5 mg	No Review Required	Pharmacy Benefit	No Auth. Required	
517	J2360	Norflex	Orphenadrine citrate, up to 60 mg	No Review Required	No Auth. Required	No Auth. Required	
518	J2361	Exdensur	Injection, depemokimab-ulaa, 1 mg	Review Required	Not Covered	Auth. Required	
519	J2371	phenylephrine	Injection, phenylephrine hydrochloride, 20 micrograms	No Review Required	No Auth. Required	No Auth. Required	
520	J2372	phenylephrine	Injection, phenylephrine hydrochloride (biorphen), 20 micrograms	No Review Required	No Auth. Required	No Auth. Required	
521	J2373	phenylephrine	Injection, phenylephrine hydrochloride (imphentiv), 20 micrograms	No Review Required	No Auth. Required	No Auth. Required	
522	J2374	lopidine	Apraclonidine hydrochloride ophthalmic, 1% solution, 0.1 ml	No Review Required	Not Covered	No Auth. Required	

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523	J2400	Nesacaine	Chloroprocaine HCl, per 30 ml	No Review Required	No Auth. Required	No Auth. Required	
524	J2401	chloroprocaine	Injection, chloroprocaine hydrochloride, per 1 mg	No Review Required	No Auth. Required	No Auth. Required	
525	J2402	chloroprocaine	Injection, chloroprocaine hydrochloride (clorotekal), per 1 mg	No Review Required	No Auth. Required	No Auth. Required	
526	J2403	Iheezo	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg	No Review Required	Not Covered	No Auth. Required	
527	J2404	nicardipine	Injection, nicardipine, 0.1 mg	No Review Required	Not Covered	No Auth. Required	
528	J2405	Zofran	Ondansetron HCl, per 1 mg	No Review Required	No Auth. Required	No Auth. Required	
529	J2406	Kimyrsa	Injection, oritavancin (kimyrsa), 10 mg	Review Required	Auth. Required	Auth. Required	
530	J2407	Orbactiv	Oritavancin, 10 mg	Review Required	Auth. Required	Auth. Required	
531	J2410	Numorphan, Opana	Oxymorphone HCl, up to 1 mg	No Review Required	No Auth. Required	No Auth. Required	
532	J2425	Kepivance	Palifermin, 50 mcg	No Review Required	No Auth. Required	No Auth. Required	
533	J2426	Invega Sustenna	Paliperidone palmitate extended release, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
534	J2427	Invega Hafyera/Trinza	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg	No Review Required	Not Covered	No Auth. Required	
535	J2428	Erzofri	Injection, paliperidone palmitate extended release (erzofri), 1 mg	No Review Required	Not Covered	No Auth. Required	
536	J2430	Aredia	Pamidronate disodium, per 30 mg	Review Required LCD	Auth. Required	Auth. Required	
537	J2440	Papaverine	Papaverine HCl, up to 60 mg	Review Required	Not Covered	Auth. Required	
538	J2460	Terramycin	Oxytetracycline HCl, up to 50 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
539	J2468	Avyxa	Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to j2469, 25	Review Required	Not Covered	Auth. Required	
540	J2469	Aloxi	Palonosetron HCl, 25 mcg Injection	Review Required	Auth. Required	Auth. Required	
541	J2470	pantoprazole	Injection, pantoprazole sodium, 40 mg	No Review Required	No Auth. Required	No Auth. Required	
542	J2471	pantoprazole	Injection, pantoprazole (hikma), not therapeutically equivalent to j2470, 40 mg	No Review Required	Not Covered	No Auth. Required	
543	J2472	pantoprazole	Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	No Review Required	No Auth. Required	No Auth. Required	
544	J2501	Zemplar	Paricalcitol, 1 mcg	No Review Required	No Auth. Required	No Auth. Required	

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545	J2502	Signifor LAR	Injection, pasireotide long acting, 1 mg	Review Required	Not Covered	Auth. Required	
546	J2506	Neulasta or Neulasta Onpro	Inj pegfilgrast ex bio 0.5mg	Review Required LCD	Auth. Required	Auth. Required	
547	J2507	Krystexxa	Pegloticase, 1 mg	Review Required	Auth. Required	Auth. Required	
548	J2508	Elfabri	Injection, pegunigalsidase alfa-iwxj, 1 mg	Review Required	Not Covered	Auth. Required	
549	J2510	Wycillin	Penicillin G procaine, aqueous, up to 600,000 units	No Review Required	No Auth. Required	No Auth. Required	
550	J2515	Nembutal	Pentobarbital sodium, per 50 mg	No Review Required	Not Covered	No Auth. Required	
551	J2516		Injection, pentamidine isethionate, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
552	J2540	Pfizerpen	Penicillin G potassium, up to 600,000 units	No Review Required	No Auth. Required	No Auth. Required	
553	J2543	Zosyn	Piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	No Review Required	No Auth. Required	No Auth. Required	
554	J2545	Pentam, Nebupen †	Pentamidine isethionate, inhalation solution, FDA-approved final product,	No Review Required	No Auth. Required	No Auth. Required	
555	J2547	Rapivab	Injection, peramivir, 1 mg	Review Required	Auth. Required	Auth. Required	
556	J2550	Phenergan	Promethazine HCl, up to 50 mg	No Review Required	No Auth. Required	No Auth. Required	
557	J2560	Luminal	Phenobarbital sodium, up to 120 mg	No Review Required	No Auth. Required	No Auth. Required	
558	J2561	Sezbay	Injection, phenobarbital sodium (sezaby), 1 mg	No Review Required	No Auth. Required	No Auth. Required	
559	J2562	Mozobil	Plerixafor, 1 mg	Review Required	Auth. Required	Auth. Required	
560	J2590	Pitocin	Oxytocin, up to 10 units	No Review Required	No Auth. Required	No Auth. Required	
561	J2596		Injection, vasopressin (long grove), not therapeutically equivalent to i2598, 1 unit	No Review Required	No Auth. Required	No Auth. Required	
562	J2597	DDAVP	Desmopressin acetate, per 1 mcg	No Review Required	Not Auth. Required	No Auth. Required	
563	J2598	vasopressin	Injection, vasopressin, 1 unit	No Review Required	Not Covered	No Auth. Required	
564	J2599	vasopressin	Injection, vasopressin (american regent) not therapeutically equivalent to i2598, 1 unit	No Review Required	No Auth. Required	No Auth. Required	
565	J2601	vasopressin	Injection, vasopressin (baxter), 1 unit	No Review Required	Not Covered	No Auth. Required	
566	J2650	Omnipred, Pred Forte	Prednisolone acetate, up to 1 ml	No Review Required	No Auth. Required	No Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
567	J2670	Tolazine, Divascol	Tolazoline HCl, up to 25 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
568	J2675	Progesterone	Progesterone, per 50 mg	No Review Required	No Auth. Required	No Auth. Required	
569	J2679	fluphenazine	Injection, fluphenazine hcl, 1.25 mg	No Review Required	Not Covered	No Auth. Required	
570	J2680	Fluphenazine	Fluphenazine decanoate, up to 25 mg	No Review Required	No Auth. Required	No Auth. Required	
571	J2690	Pronestyl	Procainamide HCl, up to 1 g	No Review Required	No Auth. Required	No Auth. Required	
572	J2700	Bactocill	Oxacillin sodium, up to 250 mg	No Review Required	No Auth. Required	No Auth. Required	
573	J2704	Diprivan	Propofol, 10 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
574	J2710	Bloxiverz	Neostigmine methylsulfate, up to 0.5 mg	No Review Required	No Auth. Required	No Auth. Required	
575	J2711		Injection, neostigmine methylsulfate 0.1 mg and glycopyrrolate 0.02 mg	No Review Required	No Auth. Required	No Auth. Required	
576	J2720	Protamine Sulfate	Protamine sulfate, per 10 mg	No Review Required	No Auth. Required	No Auth. Required	
577	J2724	Ceprotrin	Protein C concentrate, intravenous, human, 10 IU	Review Required	Auth. Required	Auth. Required	
578	J2725	Protirelin	Protirelin, per 250 mcg Injection	No Review Required	No Auth. Required	No Auth. Required	
579	J2730	Protopam	Pralidoxime chloride, up to 1 g	No Review Required	No Auth. Required	No Auth. Required	
580	J2760	Regitine, Oraverse	Phentolamine mesylate, up to 5 mg	No Review Required	Not Covered	No Auth. Required	
581	J2765	Reglan	Metoclopramide HCl, up to 10 mg	No Review Required	No Auth. Required	No Auth. Required	
582	J2770	Synercid	Quinupristin/dalfopristin, 500 mg (150/350)	No Review Required	Not Covered	No Auth. Required	
583	J2777	Vabysmo	Inj, faricimab-svoa, 0.1 mg	Review Required	Auth. Required	Auth. Required	
584	J2778	Lucentis	Ranibizumab, 0.1 mg	Review Required	Auth. Required	Auth. Required	
585	J2779	Susvimo	Injection, ranibizumab, via sustained release intravitreal implant (susvimo), 0.1 mg	Review Required	Auth. Required	Auth. Required	
586	J2781	Syfovre	Injection, pegcetacoplan, intravitreal, 1 mg	Review Required	Auth. Required	Auth. Required	
587	J2782	Izervay	Injection, avacincaptad pegol, 0.1 mg	Review Required	Auth. Required	Auth. Required	
588	J2783	Elitek	Rasburicase, 0.5 mg	No Review Required	No Auth. Required	No Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
589	J2785	Lexiscan	Regadenoson, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required	
590	J2786	Cinqair	Injection, reslizumab, 1 mg	Review Required	Auth. Required	Auth. Required	
591	J2787	Photrexa	riboflavin 5'-phosphate ophthalmic solution	Review Required	Not Covered	Auth. Required	
592	J2788	HyperRHO, MICRhoGAM	Rho D immune globulin, human, minidose, 50 mcg (250 i.u.)	Review Required LCD	Auth. Required	Auth. Required	
593	J2789	Epioxa HD / Epioxa	Riboflavin 5'-phosphate, ophthalmic solution (epioxahd/epioxa), up to 2 ml	Review Required	Not Covered	Auth. Required	
594	J2790	Hyperho S/D, RhoGAM	Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.)	Review Required LCD	Auth. Required	Auth. Required	
595	J2791	Rhophylac	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100	Review Required LCD	Auth. Required	Auth. Required	
596	J2792	Winrho SDF	Rho D immune globulin, intravenous, human, solvent detergent, 100 IU	Review Required LCD	Auth. Required	Auth. Required	
597	J2793	Arcalyst	Rilonacept, 1 mg	Review Required	Auth. Required	Auth. Required	
598	J2794	Risperdal	Risperidone, long acting, 0.5 mg	No Review Required	No Auth. Required	No Auth. Required	
599	J2795	Naropin	Ropivacaine HCl, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
600	J2797	rolapitant	Injection, rolapitant, 0.5 mg	Review Required	Not Covered	Auth. Required	
601	J2798	Perseris	Injection, risperidone ER, 0.5 mg	No Review Required	Not Covered (Pharmacy Benefit)	No Auth. Required	
602	J2799	Uzedy	Injection, risperidone (uzedy), 1 mg	No Review Required	Not Covered (Pharmacy Benefit)	No Auth. Required	
603	J2800	Robaxin	Methocarbamol, up to 10 ml	No Review Required	No Auth. Required	No Auth. Required	
604	J2801	Rykindo	Injection, risperidone (rykindo), 0.5 mg	No Review Required	Not Covered	No Auth. Required	
605	J2802	Nplate	Injection, romiplostim, 1 microgram	Review Required	Auth. Required	Auth. Required	
606	J2804		Injection, rifampin, 1 mg	No Review Required	Not Covered	No Auth. Required	
607	J2805	Kinevac	Sincalide, 5 mcg	No Review Required	No Auth. Required	No Auth. Required	
608	J2810	Theophylline	Theophylline, per 40 mg	No Review Required	Not Covered	No Auth. Required	
609	J2820	Leukine, Prokine	Sargramostim (GM-CSF), 50 mcg	Review Required	Auth. Required	Auth. Required	
610	J2840	Kanuma	Sebelipase 50mcg	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
611	J2850	Secrefo, Chirhostim	Secretin, synthetic, human, 1 mcg	No Review Required	No Auth. Required	No Auth. Required	
612	J2860	Sylvant	Siltuximab, 10 mg	Review Required	Auth. Required	Auth. Required	
613	J2865	Bactrim	Injection, sulfamethoxazole 5 mg and trimethoprim 1 mg	No Review Required	Not Covered	No Auth. Required	
614	J2916	Nulecit, Ferrlecit	Sodium ferric gluconate complex in sucrose 12.5 mg	Review Required NCD	Auth. Required	Auth. Required	
615	J2919	methylprednisolon e	Injection, methylprednisolone sodium succinate, 5 mg	No Review Required	No Auth. Required	No Auth. Required	
616	J2941	Tev-Tropin, Nutropin,	Somatropin, 1 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)	
617	J2950	Sparine	Promazine HCl, up to 25 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
618	J2993	Retavase	Retepase, 18.1 mg	No Review Required	No Auth. Required	No Auth. Required	
619	J2997	Activase	Alteplase recombinant, 1 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
620	J2998	Ryplazim	Injection, plasminogen, human-tvmh, 1 mg	Review Required	Not Covered	Auth. Required	
621	J3000	Streptomycin	Streptomycin, up to 1 g	No Review Required	No Auth. Required	No Auth. Required	
622	J3010	Sublimaze	Fentanyl citrate, 0.1 mg	No Review Required	No Auth. Required	No Auth. Required	
623	J3030	Imitrex	Sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered)	Review Required	Not Covered	Auth. Required	
624	J3031	Ajovy	Fremanezumab-vfrm 1 mg, injection	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required	
625	J3032	Vyepti	Injection, eptinezumab-jjmr, 1mg (Vyepti)	Review Required	Auth. Required	Auth. Required	
626	J3055	Talvey	Injection, talquetamab-tgvs, 0.25 mg	Review Required	Auth. Required	Auth. Required	
627	J3060	Elelyso	Taliglucerase alfa, 10 units	Review Required	Auth. Required	Auth. Required	
628	J3090	Sivextro	Tedizolid phosphate, 1 mg	Review Required	Not Covered	Auth. Required	
629	J3095	Vibativ	Injection, telavancin, 10 mg	Review Required	Auth. Required	Auth. Required	
630	J3101	Tnkase	Tenecteplase, 1 mg	No Review Required	No Auth. Required	No Auth. Required	
631	J3105	Brethine	Terbutaline sulfate, up to 1 mg	No Review Required	No Auth. Required	No Auth. Required	
632	J3110	Forteo	Teriparatide, 10 mcg Injection	Review Required	Not Covered	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
633	J3111	Evenity	Romosozumab-aqqg 1 mg injection	Review Required	Auth. Required	Auth. Required	
634	J3121	Delatestryl	Testosterone enanthate, 1 mg Injection	Review Required	Auth. Required	Auth. Required	
635	J3145	Aveed	Testosterone undecanoate, 1 mg Injection	Review Required	Auth. Required	Auth. Required	
636	J3230	Thorazine	Chlorpromazine HCl, up to 50 mg	No Review Required	No Auth. Required	No Auth. Required	
637	J3240	Thyrogen, Thytropar	Thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	Review Required	Auth. Required	Auth. Required	
638	J3241	Tepezza	injection, teprotumumab-trbw, 10mg	Review Required	Auth. Required	Auth. Required	
639	J3243	Tygacil	Tigecycline, 1 mg	Review Required	Auth. Required	Auth. Required	
640	J3244	tigecycline	Injection, tigecycline (accord) not therapeutically equivalent to J3243, 1 mg	Review Required	Auth. Required	Auth. Required	
641	J3245	Ilumya	Tildrakizumab, 1 mg Injection	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required	
642	J3246	Aggrastat	Tirofiban HCl, 0.25 mg Injection	No Review Required	No Auth. Required	No Auth. Required	
643	J3247	Cosentyx IV	Injection, secukinumab, intravenous, 1 mg	Review Required	Not Covered	Auth. Required	
644	J3250	Tigan	Trimethobenzamide HCl, up to 200 mg	No Review Required	Not Covered	No Auth. Required	
645	J3260	Nebcin	Tobramycin sulfate, up to 80 mg	No Review Required	No Auth. Required	No Auth. Required	
646	J3262	Actemra	Tocilizumab, 1 mg Injection *As of 1/1/22, the plan will need to pay; Medicare fee for service	Review Required NCD	Auth. Required	Auth. Required	
647	J3263	Loqtorzi	Injection, toripalimab-tpzi, 1 mg	Review Required	Auth. Required	Auth. Required	
648	J3265	Demadex	Torsemidex, 10 mg/ml	No Review Required	No Auth. Required	No Auth. Required	
649	J3285	Remodulin	Treprostinil, 1 mg	Review Required	Auth. Required	Auth. Required	
650	J3290		Injection, tranexamic acid, 5 mg	No Review Required	No Auth. Required	No Auth. Required	
651	J3291		Injection, tranexamic acid in sodium chloride, 5 mg	No Review Required	No Auth. Required	No Auth. Required	
652	J3299	Xipere	Injection, triamcinolone acetonide, suprachoroidal, 1 mg	Review Required	Auth. Required	Auth. Required	
653	J3300	Triesence	Triamcinolone acetonide, preservative free, 1 mg	Review Required	Auth. Required	Auth. Required	
654	J3301	Kenalog	Triamcinolone acetonide, not otherwise specified, 10 mg	No Review Required	No Auth. Required	No Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
655	J3302	Aristocort, Clinacort	Triamcinolone diacetate, per 5 mg	No Review Required	No Auth. Required	No Auth. Required	
656	J3303	Aristospan	Triamcinolone hexacetonide, per 5 mg	No Review Required	No Auth. Required	No Auth. Required	
657	J3304	Zilretta	Inj triamcinolone ace xr 1mg	Review Required	Review Required	Review Required	
658	J3315	Trelstar Depot	Triptorelin pamoate, 3.75 mg	Review Required	Auth. Required	Auth. Required	
659	J3316	Triptodur	triptorelin, extended-release, 3.75 mg Injection	Review Required	Auth. Required	Auth. Required	
660	J3350	Urea	Urea, up to 40 g Injection	No Review Required	Not Covered	No Auth. Required	
661	J3357	Stelara	Ustekinumab, 1 mg	Review Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	
662	J3358	Stelara IV	Ustekinumab, for intravenous injection, 1 mg	Review Required	Auth. Required	Auth. Required	
663	J3360	Valium	Diazepam, up to 5 mg	No Review Required	Not Covered	No Auth. Required	
664	J3373		Injection, vancomycin hydrochloride, 10 mg	Review Required	Auth. Required	Auth. Required	
665	J3374		Injection, vancomycin hydrochloride (mylan) not therapeutically equivalent to j3373, 10 mg	Review Required	Auth. Required	Auth. Required	
666	J3375		Injection, vancomycin hydrochloride (xellia), not therapeutically equivalent to j3373, 10 mg	Review Required	Auth. Required	Auth. Required	
667	J3376		Injection, vancomycin hcl (hikma), not therapeutically equivalent to j3373, 10 mg	Review Required	Auth. Required	Auth. Required	
668	J3379		Injection, valproate sodium, 5 mg	No Review Required	No Auth. Required	No Auth. Required	
669	J3380	Entyvio	Vedolizumab, 1 mg	Review Required	Auth. Required	Auth. Required	
670	J3385	Vpriv	Velaglucerase alfa, 100 units	Review Required	Auth. Required	Auth. Required	
671	J3386	Waskyra	Injection, etuvetidigene autotemcel, per treatment	Review Required	Not Covered	Auth. Required	
672	J3387	Skysona	Injection, elivaldogene autotemcel, per treatment	Review Required	Auth. Required	Auth. Required	
673	J3389	Zevaskyn Cellular Sheets	Topical administration, prademagene zamikeracel, per treatment	Review Required	Auth. Required	Auth. Required	
674	J3391	Lenmedly	Injection, atidarsagene autotemcel, per treatment	Review Required	Auth. Required	Auth. Required	
675	J3392	Casgevvy	Injection, exagamglogene autotemcel, per treatment	Review Required	Auth. Required	Auth. Required	
676	J3393	Zynteglo	Injection, betibeglogene autotemcel, per treatment	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
677	J3394	Lyfgenia	Injection, lovotibeglogene autotemcel, per treatment	Review Required	Auth. Required	Auth. Required	
678	J3396	Visudyne	Verteporfin, 0.1 mg	Review Required NCD	Auth. Required	Auth. Required	
679	J3397	Mepsevii	Injection, vestronidase alfa-vjvk, 1mg	Review Required	Not Covered	Auth. Required	
680	J3398	Luxturna	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Review Required LCD	Auth. Required	Auth. Required	
681	J3399	Zolgensma	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5X10 ¹⁵ vector genomes	Review Required	Auth. Required	Auth. Required	
682	J3401	Vyjuvek	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ¹⁹	Review Required	Auth. Required	Auth. Required	
683	J3402	Ryoncil	Injection, remestemcel-l-rknd, per therapeutic dose	Review Required	Auth. Required	Auth. Required	
684	J3403	Encelto	Revakinagene taroretcel-lwey, per implant	Review Required	Auth. Required	Auth. Required	
685	J3404	Papzimeos	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	Review Required	Auth. Required	Auth. Required	
686	J3405	Itvisma	Injection, onasemnogene abeparvovec-brve, per treatment	Review Required	Auth. Required	Auth. Required	
687	J3410	Vistaril, Vistazine	Hydroxyzine HCl, up to 25 mg	No Review Required	No Auth. Required	No Auth. Required	
688	J3411	Thiamine	Thiamine HCl, 100 mg	No Review Required	No Auth. Required	No Auth. Required	
689	J3415	Vitamin B6, Doxine, Rodex	Pyridoxine HCl, 100 mg	No Review Required	No Auth. Required	No Auth. Required	
690	J3420	Vitamin B-12, Cyomin,	Vitamin B-12 cyanocobalamin, up to 1,000 mcg	No Review Required	No Auth. Required	No Auth. Required	
691	J3424	hydroxocobalamin	Injection, hydroxocobalamin, intravenous, 25 mg	No Review Required	Not Covered	No Auth. Required	
692	J3425	hydroxocobalamin	Injection, hydroxocobalamin, 10 mcg	No Review Required	Not Covered	No Auth. Required	
693	J3430	Vitamin K, Aquamephyton,	Phytonadione (vitamin K), per 1 mg	No Review Required	No Auth. Required	No Auth. Required	
694	J3465	Vfend	Voriconazole, 10 mg	Review Required	Auth. Required	Auth. Required	
695	J3470	Wydase, Hydase, Vitrase	Hyaluronidase, up to 150 units	No Review Required	No Auth. Required	No Auth. Required	
696	J3471	Vitrase	Hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)	No Review Required	No Auth. Required	No Auth. Required	
697	J3472	hyaluronidase ovine	Injection, hyaluronidase, ovine, preservative free, per 1000 usp units	No Review Required	No Auth. Required	No Auth. Required	
698	J3473	Hylenex	Hyaluronidase, recombinant, 1 USP unit	No Review Required	No Auth. Required	No Auth. Required	

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699	J3475	Sulfa-Mag	Magnesium sulfate, per 500 mg	No Review Required	No Auth. Required	No Auth. Required	
700	J3480	Potassium Chloride	Potassium chloride, per 2 mEq	No Review Required	No Auth. Required	No Auth. Required	
701	J3485	Retrovir	Zidovudine, 10 mg	Review Required	Not Covered	Auth. Required	
702	J3486	Geodon	Ziprasidone mesylate, 10 mg	Review Required	Auth. Required	Auth. Required	
703	J3489	Reclast, Zometa	Zoledronic acid, 1 mg	Review Required LCD	Auth. Required	Auth. Required	
704	J3490	Unclassified Drugs	Unclassified drugs	Review Required	Auth. Required*	Auth. Required	
705	J3520	Endrate	Edetate disodium, per 150 mg	No Review Required	No Auth. Required	No Auth. Required	
706	J3530	Nasal vaccine	Nasal vaccine inhalation	No Review Required	Not Covered	No Auth. Required	
707	J3535	Metered Dose Inhaler Drug	Drug administered through a metered dose inhaler	No Review Required	Not Covered	No Auth. Required	
708	J3570	Laetrile, Amygdalin	Laetrile, amygdalin, vitamin B-17	No Review Required	Not Covered	No Auth. Required	
709	J3590	Unclassified biologics	Unclassified biologics (**No review for Avastin for intraocular use)	Review Required	Auth. Required	Auth. Required	
710	J3591	Unclassified drug or biologic for	Unclassified drug or biological used for esrd on dialysis	Review Required	Not Covered	Auth. Required	
711	J7030	Sodium Chloride	Infusion, normal saline solution, 1,000 cc	No Review Required	No Auth. Required	No Auth. Required	
712	J7040	Normal Saline Solution Sterile	Infusion, normal saline solution, sterile (500 ml=1 unit)	No Review Required	No Auth. Required	No Auth. Required	
713	J7042	Dextrose 5%/Normal saline	5% dextrose/normal saline (500 ml = 1 unit)	No Review Required	No Auth. Required	No Auth. Required	
714	J7050	Normal Saline Solution	Infusion, normal saline solution, 250 cc	No Review Required	No Auth. Required	No Auth. Required	
715	J7060	Dextrose	5% dextrose/water (500 ml = 1 unit)	No Review Required	No Auth. Required	No Auth. Required	
716	J7070	Dextrose	Infusion, D-5-W, 1,000 cc	No Review Required	No Auth. Required	No Auth. Required	
717	J7100	Gentran-40, Rheomacrodex,	Infusion, dextran 40, 500 ml	No Review Required	No Auth. Required	No Auth. Required	
718	J7110	Gentran-70, Dextran-70,	Infusion, dextran 75, 500 ml	No Review Required	No Auth. Required	No Auth. Required	
719	J7120	Lactated Ringer's, Ringer's Injection	Ringers lactate infusion, up to 1,000 cc	No Review Required	No Auth. Required	No Auth. Required	
720	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	

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721	J7131	Hypertonic saline solution	Hypertonic saline solution, 1 ml	No Review Required	No Auth. Required	No Auth. Required	
722	J7165	Balfaxar	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity	No Review Required	Not Covered	No Auth. Required	
723	J7168	Prothrombin complex kcentra	Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity	Review Required	Auth. Required	Auth. Required	
724	J7169	Andexxa	Injection, coagulation factor Xa (recombinant), inactivated-zhzo, 10 mg	Review Required	Pharmacy Benefit	Auth. Required	
725	J7170	Hemlibra	Injection., emicizumab-kxwh 0.5 mg	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required	
726	J7171	Adzynma	Injection, adamts13, recombinant-krhn, 10 iu	Review Required	Auth. Required	Auth. Required	
727	J7172	Hympavzi	Injection, marstacimab-hncq, 0.5 mg	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required	
728	J7173	Alhemo	Injection, concizumab-mtci, 0.5 mg	Review Required	Not Covered	Auth. Required	
729	J7174	Qfitlia	Injection, fitusiran, 0.04 mg	Review Required	Not Covered	Auth. Required	
730	J7175	Coagadex	Factor x, (human), 1iu Injection	Review Required	Pharmacy Benefit	Auth. Required	
731	J7176	Fesilty	Injection, human fibrinogen - chmt (fesilty), 1 mg	Review Required	Pharmacy Benefit	Auth. Required	
732	J7177	Fibryga	Injection, fibryga, 1 mg	Review Required	Not Covered	Auth. Required	
733	J7178	Riastap	Human fibrinogen concentrate, 1 mg	Review Required	Pharmacy Benefit	Auth. Required	
734	J7179	Vonvendi	Recombinant	Review Required	Not Covered	Auth. Required	
735	J7180	Corifact	Factor XIII (antihemophilic factor, human), 1 IU Injection	Review Required	Pharmacy Benefit	Auth. Required	
736	J7181	Tretten	Factor XIII A-subunit, (recombinant), per IU Injection	Review Required	Pharmacy Benefit	Auth. Required	
737	J7182	NovoEight	Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU Injection	Review Required	Pharmacy Benefit	Auth. Required	
738	J7183	Wilate	Von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo	Review Required	Pharmacy Benefit	Auth. Required	
739	J7185	Xyntha	Factor VIII (antihemophilic factor, recombinant) (XYNTHA), per IU	Review Required	Pharmacy Benefit	Auth. Required	
740	J7186	Alphanate/VWF Complex/Human	Antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.	Review Required	Pharmacy Benefit	Auth. Required	
741	J7187	Humate-P	Von Willebrand factor complex (Humate-P), per IU VWF:RCO	Review Required	Pharmacy Benefit	Auth. Required	
742	J7188	Obizur	Injection, factor VIII (antihemophilic factor, recombinant), per IU	Review Required	Pharmacy Benefit	Auth. Required	

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743	J7189	Novoseven RT, Novoseven	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	Review Required	Pharmacy Benefit	Auth. Required	
744	J7190	Koate-DVI, Alphanate,	Factor VIII (antihemophilic factor, human) per IU	Review Required	Pharmacy Benefit	Auth. Required	
745	J7191	Alphanate	Factor VIII (antihemophilic factor (porcine)), per IU	Review Required	Pharmacy Benefit	Auth. Required	
746	J7192	Genarc, Helixate, Bioclote, Advate,	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Review Required	Pharmacy Benefit	Auth. Required	
747	J7193	Alphanine SD, Mononine	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	Review Required	Pharmacy Benefit	Auth. Required	
748	J7194	Profilnine, Profilnine SD,	Factor IX complex, per IU	Review Required	Pharmacy Benefit	Auth. Required	
749	J7195	Benefix, Ixinity	Factor IX (antihemophilic factor, recombinant) per IU	Review Required	Pharmacy Benefit	Auth. Required	
750	J7196	Atryn	Antithrombin recombinant, 50 IU Injection	Review Required	Pharmacy Benefit	Auth. Required	
751	J7197	Thrombate III	Antithrombin III (human), per IU	Review Required	Pharmacy Benefit	Auth. Required	
752	J7198	Feiba NF, Feiba- VH	Antithrombin III (human), per IU	Review Required NCD	Pharmacy Benefit	Auth. Required	
753	J7199	Hemophilia clotting factor	Hemophilia clotting factor, not otherwise classified	Review Required	Not Covered	Auth. Required	
754	J7200	Rixubis	Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU Injection	Review Required	Pharmacy Benefit	Auth. Required	
755	J7201	Alprolix	Factor IX, FC fusion protein (recombinant), per IU Injection	Review Required	Pharmacy Benefit	Auth. Required	
756	J7202	Idelvion	Injection, factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	Review Required	Pharmacy Benefit	Auth. Required	
757	J7203	Rebinyln	Injection, factor IX, recomb gly rebinyln	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required	
758	J7204	Esperoct	Injection, factor VIII, antihemophilic factor (recombinant), glycopegylated-exei, per IU	Review Required	Pharmacy Benefit	Auth. Required	
759	J7205	Eloctate	Injection, factor VIII Fc fusion (recombinant), per IU	Review Required	Pharmacy Benefit	Auth. Required	
760	J7207	Adynovate	Injection, factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU	Review Required	Pharmacy Benefit	Auth. Required	
761	J7208	Jivi	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Review Required	Pharmacy Benefit	Auth. Required	
762	J7209	Nuwiq	Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	Review Required	Pharmacy Benefit	Auth. Required	
763	J7210	Afstyla	Injection, factor VIII, (antihemophilic factor, recombinant), 1 IU	Review Required	Pharmacy Benefit	Auth. Required	
764	J7211	Kovaltry	Injection, factor VIII, (antihemophilic factor, recombinant), 1 IU	Review Required	Pharmacy Benefit	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF-FUNDED	
765	J7212	SevenFACT	Factor VIIa (antihemophilic factor, recombinant)-incw (sevenfact), 1 microgram	Review Required	Pharmacy Benefit	Auth. Required	
766	J7213	Ixinity	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	Review Required	Pharmacy Benefit	Auth. Required	
767	J7214	Altuviiio	Injection, factor viii/von willebrand factor complex, recombinant (altuviiio), per factor viii	Review Required	Pharmacy Benefit	Auth. Required	
768	J7294	Annovera	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal	No Review Required	Not Covered	No Auth. Required	
769	J7295	EluRyng, Nuvaring,	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring,	No Review Required	Not Covered	No Auth. Required	
770	J7296	Kyleena	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	No Review Required	No Auth. Required	No Auth. Required	
771	J7297	Liletta (52 MG) 18.6 MCG/DAY	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration	No Review Required	No Auth. Required	No Auth. Required	
772	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	
773	J7299		Intrauterine copper contraceptive (miudella)	No Review Required	Not Covered	No Auth. Required	
774	J7300	Paragard T380A	Intrauterine copper contraceptive	No Review Required	No Auth. Required	No Auth. Required	
775	J7301	Skyla	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	No Review Required	No Auth. Required	No Auth. Required	
776	J7303	Nuvaring	Contraceptive supply, hormone containing vaginal ring, each	No Review Required	Not Covered	No Auth. Required	
777	J7304	Ortho Evra	Contraceptive supply, hormone containing patch, each	No Review Required	Not Covered	No Auth. Required	
778	J7306	Norplant	Levonorgestrel (contraceptive) implant system, including implants and supplies	No Review Required	No Auth. Required	No Auth. Required	
779	J7307	Nexplanon, Implanon	Etonogestrel (contraceptive) implant system, including implant and supplies	No Review Required	No Auth. Required	No Auth. Required	
780	J7308	Levulan Kerastick	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form	Review Required	Auth. Required	Auth. Required	
781	J7311	Retisert	Fluocinolone acetonide, intravitreal implant 0.59mg	Review Required	Auth. Required	Auth. Required	
782	J7312	Ozurdex	Dexamethasone, intravitreal implant, 0.1 mg	Review Required	Auth. Required	Auth. Required	
783	J7313	Iluvien	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	Review Required	Auth. Required	Auth. Required	
784	J7314	Yutiq	Yutiq, 0.01 mg injection, intravitreal implant	Review Required	Auth. Required	Auth. Required	
785	J7315	Mitomycin	Mitomycin, ophthalmic, 0.2 mg	No Review Required	No Auth. Required	No Auth. Required	
786	J7316	Jetrea	Injection, ocriplasmin, 0.125 mg	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
787	J7318	Durolane	Hyaluronic acide, stabilized for intra-articular injection	Review Required	Auth. Required	Auth. Required	
788	J7320	Genvisc	Hyaluronan or derivative, for intra-articular injection, 1 mg	Review Required	Auth. Required	Auth. Required	
789	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	
790	J7322	Hymovis	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	Review Required	Auth. Required	Auth. Required	
791	J7323	Euflexxa	Hyaluronan or derivative, Euflexxa, for intra-articular per dose	Review Required	Auth. Required	Auth. Required	
792	J7324	Orthovisc	Hyaluronan or derivative, Orthovisc, for intra-articular per dose	Review Required	Auth. Required	Auth. Required	
793	J7325	Synvisc, Synvisc-One	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular 1 mg	Review Required	Auth. Required	Auth. Required	
794	J7326	Gel-One	Hyaluronan or derivative, Gel-One, for intra-articular per dose	Review Required	Not Covered	Auth. Required	
795	J7327	Monovisc	Hyaluronan or derivative, Monovisc, for intra-articular per dose	Review Required	Not Covered	Auth. Required	
796	J7328	Gel-Syn	Hyaluronan or derivative, for intra-articular injection, 0.1 mg	Review Required	Not Covered	Auth. Required	
797	J7329	TriVisc	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1mg	Review Required	Not Covered	Auth. Required	
798	J7330	Maci Shee	Autologous cultured chondrocytes, implant	Review Required	Not Covered	Auth. Required	
799	J7331	Synojoynt	Synojoynt, 1 mg intra-articular injection	Review Required	Not Covered	Auth. Required	
800	J7332	Triluron	Triluron, 1 mg intra-articular injection	Review Required	Not Covered	Auth. Required	
801	J7336	Qutenza	Capsaicin 8% patch, per sq cm	Review Required	Auth. Required	Auth. Required	
802	J7340	Duopa	Carbidopa 5 mg/levodopa 20 mg enteral suspension	Review Required LCD	Auth. Required	Auth. Required	
803	J7342	Otiprio	Ciprofloxacin Otic Suspension, Instillation	Review Required	Auth. Required	Auth. Required	
804	J7345	Ameluz	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg	Review Required	Auth. Required	Auth. Required	
805	J7351	Durysta	Injection, bimatoprost, intracameral implant, 1 mcg	Review Required	Auth. Required	Auth. Required	
806	J7352	Scenesse	Afamelanotide implant, 1 mg	Review Required	Auth. Required	Auth. Required	
807	J7353	Nexobrid	Anacaulase-bcdb, 8.8% gel, 1 gram	Review Required	Not Covered	Auth. Required	
808	J7354	Ycanth	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
809	J7355	iDose TR	Injection, travoprost, intracameral implant, 1 microgram	Review Required	Auth. Required	Auth. Required	
810	J7356	Vyalev	Injection, foscarnidopa 0.25 mg/foslevodopa 5 mg	Review Required	Auth. Required	Auth. Required	
811	J7402	Sinuva	Mometasone furoate sinus implant, (sinuva), 10 micrograms	Review Required	Auth. Required	Auth. Required	
812	J7500	Imuran, Azasan	Azathioprine, oral, 50 mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
813	J7501	Imuran	Azathioprine, parenteral, 100 mg	No Review Required	No Auth. Required	No Auth. Required	
814	J7502	Neoral, Gengraf, Sandimmune	Cyclosporine, oral, 100 mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
815	J7503	Tacrolimus	Tacrolimus, extended release, oral, 0.25 mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
816	J7504	Atgam	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	No Review Required	No Auth. Required	No Auth. Required	
817	J7507	Astagraf	Tacrolimus, oral, per 1 mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
818	J7508	Astagraf XL	Tacrolimus Oral Per 5 Mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
819	J7509	Medrol	Methylprednisolone, oral, per 4 mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
820	J7510	Cotolone	Prednisolone, oral, per 5 mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
821	J7511	Thymoglobulin	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	No Review Required	No Auth. Required	No Auth. Required	
822	J7512	Deltasone, Prednisone	Prednisone, immediate release or delayed release, oral, 1 mg	Review Required (Pharmacy Benefit)	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
823	J7514	Myhibbin	Mycophenolate mofetil (myhibbin), oral suspension, 100 mg	Review Required LCD (Pharmacy Benefit)	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
824	J7515	Gengraf, Sandimmune,	Cyclosporine, oral, 25 mg	Review Required LCD	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
825	J7516	Sandimmune	Cyclosporine, parenteral, 250 mg	No Review Required	No Auth. Required	No Auth. Required	
826	J7517	Cellcept	Mycophenolate mofetil, oral, 250 mg	No Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
827	J7518	Myfortic	Mycophenolic acid, oral, 180 mg	Review Required LCD	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
828	J7519	mycophenolate	Injection, mycophenolate mofetil, 10 mg	No Review Required	Not Covered	No Auth. Required (Pharmacy Benefit)	
829	J7520	Rapamune	Sirolimus, oral, 1 mg	Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
830	J7521		Tacrolimus, granules, oral suspension, 0.1 mg	Review Required	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF-FUNDED	
831	J7525	Prograf	Tacrolimus, parenteral, 5 mg	No Review Required	No Auth. Required	No Auth. Required	
832	J7527	Zortress	Everolimus, oral, 0.25 mg	Review Required LCD	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
833	J7528		Mycophenolate mofetil, for suspension, oral, 100 mg	Review Required LCD	Not Covered	No Auth. Required (Pharmacy Benefit)	
834	J7601	Ohtuvayre	Ensifentrine, inhalation suspension, fda approved final product, non-compounded,	Review Required (Pharmacy Benefit)	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)	
835	J7604	Acetylcysteine	Acetylcysteine, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
836	J7605	Brovana	Arformoterol, inhalation solution, FDA approved final product, noncompounded, administered	No Review Required	No Auth. Required	No Auth. Required	
837	J7606	Perforomist	Formoterol fumarate, inhalation solution, FDA approved final product, noncompounded,	No Review Required	Not Covered	No Auth. Required	
838	J7607	Levalbuterol	Levalbuterol, inhalation solution, compounded product, administered through DME,	No Review Required	Not Covered	No Auth. Required	
839	J7608	Acetylcysteine 10 % SOLN	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded,	No Review Required	No Auth. Required	No Auth. Required	
840	J7609	Albuterol	Albuterol, inhalation solution, compounded product, administered through DME, unit dose,	No Review Required	Not Covered	No Auth. Required	
841	J7610	Albuterol	Albuterol, inhalation solution, compounded product, administered through DME,	No Review Required	Not Covered	No Auth. Required	
842	J7611	Albuterol Sulfate (5 MG/ML) 0.5%	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered	No Review Required	No Auth. Required	No Auth. Required	
843	J7612	Levalbuterol HCl 1.25 MG/0.5ML	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered	No Review Required	No Auth. Required	No Auth. Required	
844	J7613	Accuneb	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered	No Review Required	No Auth. Required	No Auth. Required	
845	J7614	Levalbuterol HCl 0.31 MG/3ML	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered	No Review Required	No Auth. Required	No Auth. Required	
846	J7615	Levalbuterol, inhalation	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose,	No Review Required	Not Covered	No Auth. Required	
847	J7620	Duoneb	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final	No Review Required	Not Covered	No Auth. Required	
848	J7622	Beclomethasone, inhalation	Beclomethasone, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
849	J7624	Betamethasone, inhalation	Betamethasone, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
850	J7626	Pulmicort	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered	No Review Required	Not Covered	No Auth. Required	
851	J7627	Budesonide	Budesonide, inhalation solution, compounded product, administered through DME, unit dose	No Review Required	Not Covered	No Auth. Required	
852	J7628	Tornalate	Bitolterol mesylate, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
853	J7629	Bitolterol mesylate	Bitolterol mesylate, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
854	J7631	Cromolyn sodium	Cromolyn sodium, inhalation solution, FDA-approved final product, noncompounded,	No Review Required	No Auth. Required	No Auth. Required	
855	J7632	Cromolyn sodium, inhalation	Cromolyn sodium, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
856	J7634	Budesonide, inhalation	Budesonide, inhalation solution, compounded product, administered through DME,	No Review Required	Not Covered	No Auth. Required	
857	J7635	Atropine, inhalation	Atropine, inhalation solution, compounded product, administered through DME,	No Review Required	Not Covered	No Auth. Required	
858	J7636	Atropine, inhalation	Atropine, inhalation solution, compounded product, administered through DME, unit dose	No Review Required	Not Covered	No Auth. Required	
859	J7637	Dexamethasone Inhalation Solution	Dexamethasone, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
860	J7638	Dexamethasone Inhalation Solution	Dexamethasone, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
861	J7639	Pulmozyme	Dornase alfa, inhalation solution, FDA-approved final product, noncompounded,	Review Required	Not Covered	Auth. Required	
862	J7640	Formoterol	Formoterol, inhalation solution, compounded product, administered through DME, unit dose	No Review Required	Not Covered	No Auth. Required	
863	J7641	Flunisolide	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose,	No Review Required	Not Covered	No Auth. Required	
864	J7642	Glycopyrrolate, inhalation	Glycopyrrolate, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
865	J7643	Glycopyrrolate, inhalation	Glycopyrrolate, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
866	J7644	Ipratropium bromide,	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded,	No Review Required	Not Covered	No Auth. Required	
867	J7645	Ipratropium bromide,	Ipratropium bromide, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
868	J7647	Isoetharine HCL, inhalation	Isoetharine HCl, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
869	J7648	Isoetharine inhalation	Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded,	No Review Required	Not Covered	No Auth. Required	
870	J7649	Isoetharine inhalation	Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded,	No Review Required	Not Covered	No Auth. Required	
871	J7650	Isoetharine HCL, inhalation	Isoetharine HCl, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
872	J7657	Isoproterenol HCL, inhalation	Isoproterenol HCl, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
873	J7658	Isoproterenol inhalation	Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded,	No Review Required	Not Covered	No Auth. Required	
874	J7659	Isoproterenol inhalation	Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded,	No Review Required	Not Covered	No Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
875	J7660	Isoproterenol HCL, inhalation	Isoproterenol HCL, inhalation solution, compounded product, administered through Mannitol, administered through an inhaler, 5 mg	No Review Required	Not Covered	No Auth. Required	
876	J7665	Aridol		No Review Required	Not Covered	No Auth. Required	
877	J7667	Metaproterenol sulfate, inhalation	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per	No Review Required	Not Covered	No Auth. Required	
878	J7668	Metaproterenol sulfate, inhalation	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded,	No Review Required	No Auth. Required	No Auth. Required	
879	J7669	Metaproterenol Sulfate	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded,	No Review Required	No Auth. Required	No Auth. Required	
880	J7670	Metaproterenol sulfate, inhalation	Metaproterenol sulfate, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
881	J7674	Methacholine chloride	Methacholine chloride administered as inhalation solution through a nebulizer, per 1	No Review Required	Not Covered	No Auth. Required	
882	J7676	Pentamidine Isethate	Pentamidine isethionate, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
883	J7677	Yupelri	Revefenacin inhaled solution, non-compound, administered through DME, 1 mcg	No Review Required	Not Covered	No Auth. Required	
884	J7680	Terbutaline sulfate, inhalation	Terbutaline sulfate, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
885	J7681	Terbutaline sulfate, inhalation	Terbutaline sulfate, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
886	J7682	Tobi	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose	Review Required	Not Covered	Auth. Required	
887	J7683	Triamcinolone, inhalation	Triamcinolone, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
888	J7684	Triamcinolone, inhalation	Triamcinolone, inhalation solution, compounded product, administered through	No Review Required	Not Covered	No Auth. Required	
889	J7685	Tobramycin	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose	Review Required	Not Covered	Auth. Required	
890	J7686	Tyvaso	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered	Review Required	Not Covered	Auth. Required	
891	J7999	Unclassified	Compounded drug, not otherwise classified	Review Required	Not Covered	Auth. Required	
892	J8499	Prescription oral drug NOS	Prescription drug, oral, nonchemotherapeutic, NOS	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)	
893	J8501	Emend	Aprepitant, oral, 5 mg	No Review Required	Not Covered	Auth. Required (Pharmacy Benefit)	
894	J8502	Aponvie	Injection, aprepitant (aponvie), 1 mg	Review Required	Not Covered	Auth. Required	
895	J8510	Myleran	Busulfan; oral, 2 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)	
896	J8515	Cabergoline	Cabergoline, oral, 0.25 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
897	J8522	Xeloda	Capecitabine, oral, 50 mg	Review Required LCD	Not Covered	Auth. Required (Pharmacy Benefit)	
898	J8530	Cyclophosphamide	Cyclophosphamide; oral, 25 mg	Review Required LCD	Not Covered	Auth. Required (Pharmacy Benefit)	
899	J8540	Baycadron, Dexamethasone	Dexamethasone, oral, 0.25 mg	No Review Required	Not Covered	No Auth. Required	
900	J8541	Hemady	Dexamethasone (hemady), oral, 0.25 mg	No Review Required	Not Covered	No Auth. Required	
901	J8560	Etoposide	Etoposide; oral, 50 mg	Review Required LCD	Not Covered	Auth. Required (Pharmacy Benefit)	
902	J8565	Iressa	Gefitinib, oral, 250 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)	
903	J8597	Antiemetic Drug Oral, NOS	Antiemetic drug, oral, not otherwise specified	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)	
904	J8600	Alkeran	Melphalan; oral, 2 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)	
905	J8610	Rheumatrex, Trexall	Methotrexate; oral, 2.5 mg	Review Required LCD	Not Covered	Auth. Required (Pharmacy Benefit)	
906	J8611	Jylamvo	Methotrexate (jylamvo), oral, 2.5 mg	No Review Required (Pharmacy Benefit)	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
907	J8612	Xatmep	Methotrexate (xatmep), oral, 2.5 mg	No Review Required (Pharmacy Benefit)	Pharmacy Benefit	No Auth. Required (Pharmacy Benefit)	
908	J8655	Akynzeo	Netupitant 300 mg and palonosetron 0.5 mg	Review Required LCD	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)	
909	J8670	Rolapitant, oral, 1mg		Review Required LCD	Pharmacy Benefit	Auth. Required	
910	J8700	Temodar	Temozolomide, oral, 5 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)	
911	J8705	Hycamtin	Topotecan, oral, 0.25 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)	
912	J8999	Oral prescription drug chemo, NOS	Prescription drug, oral, chemotherapeutic, NOS	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)	
913	J9000	Adriamycin, Rubex	Doxorubicin HCl, 10 mg Injection	Review Required LCD	Auth. Required	Auth. Required	
914	J9003	Camcevi	Leuprolide injectable (camcevi etm), 1 mg	Review Required	Not Covered	Auth. Required	
915	J9011	Datroway	Injection, datopotamab deruxtecan-dlnk, 1 mg	Review Required	Auth. Required	Auth. Required	
916	J9015	Proleukin	Aldesleukin, per single use vial Injection	Review Required	Auth. Required	Auth. Required	
917	J9017	Trisenox	Arsenic trioxide, 1 mg Injection	Review Required	Auth. Required	Auth. Required	
918	J9022	Tecentriq	Injection, atezolizumab, 10 mg	Review Required LCD	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
919	J9023	Bavencio	Injection, avelumab, 10 mg	Review Required	Auth. Required	Auth. Required	
920	J9024	Tecentriq Hybreza	Injection, atezolizumab, 5 mg and hyaluronidase-tajs	Review Required	Auth. Required	Auth. Required	
921	J9025	Vidaza	Azacitidine, 1 mg Injection	Review Required	Auth. Required	Auth. Required	
922	J9026	Imdelltra	Injection, tarlatamab-dlle, 1 mg	Review Required	Auth. Required	Auth. Required	
923	J9027	Clolar	Clofarabine, 1 mg	Review Required	Auth. Required	Auth. Required	
924	J9028	Anktiva	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Review Required	Auth. Required	Auth. Required	
925	J9029	Adstiladrin	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	Review Required	Auth. Required	Auth. Required	
926	J9030	Theracys,Tice BCG, BCG	Bcg live intravesical 1mg	Review Required	Auth. Required	Auth. Required	
927	J9032	Beleodaq	Belinostat, 10 mg	Review Required	Auth. Required	Auth. Required	
928	J9033	Treanda	Injection, bendamustine hydrochloride, 1 mg	Review Required	Auth. Required	Auth. Required	
929	J9034	Bendeka	Bendamustine HCl (Bendeka), 1 mg	Review Required	Auth. Required	Auth. Required	
930	J9035	Avastin	Bevacizumab, 10 mg Injection (**no review for intraocular use)	Review Required LCD	Auth. Required	Auth. Required	
931	J9036	Belrapzo	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	Review Required	Not Covered	Auth. Required	
932	J9038	Niktimvo	Injection, axatilimab-csfr, 0.1 mg	Review Required	Auth. Required	Auth. Required	
933	J9039	Blinicyto	Blinatumomab, 1 microgram	Review Required LCD	Auth. Required	Auth. Required	
934	J9040	Bleomycin	Bleomycin sulfate, 15 units Injection	Review Required LCD	Auth. Required	Auth. Required	
935	J9041	Velcade	Bortezomib, 0.1 mg Injection	Review Required	Auth. Required	Auth. Required	
936	J9042	Adcetris	Brentuximab vedotin, 1 mg Injection	Review Required	Auth. Required	Auth. Required	
937	J9043	Jevtana	Cabazitaxel, 1 mg Injection	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
938	J9044	Inj, bortezomib, nos, 0.1 mg		Review Required	Auth. Required	Auth. Required	
939	J9045	Paraplatin	Carboplatin, 50 mg	Review Required	Auth. Required	Auth. Required	
940	J9046	bortezomib	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	Review Required	Auth. Required	Auth. Required	
941	J9047	Kyprolis	Carfilzomib, 1 mg	Review Required	Auth. Required	Auth. Required	
942	J9048	bortezomib	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	Review Required	Auth. Required	Auth. Required	
943	J9049	bortezomib	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	Review Required	Auth. Required	Auth. Required	
944	J9050	Gliadel, Bicnu	Carmustine, 100 mg	Review Required	Auth. Required	Auth. Required	
945	J9051	bortezomib	Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg	Review Required	Not Covered	Auth. Required	
946	J9052	carmustine	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	Review Required	Auth. Required	Auth. Required	
947	J9053	Blenrep	Injection, belantamab mafodotin-blmf, 0.1 mg	Review Required	Auth. Required	Auth. Required	
948	J9054	Boruzu	Injection, bortezomib (boruzu), 0.1 mg	Review Required	Auth. Required	Auth. Required	
949	J9055	Erbitux	Cetuximab, 10 mg	Review Required LCD	Auth. Required	Auth. Required	
950	J9056	Vivmusta	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Review Required	Auth. Required	Auth. Required	
951	J9057	Aliqopa	injection, copanlisib, 1mg	Review Required	Auth. Required	Auth. Required	
952	J9060	Platinol	Cisplatin, powder or solution, 10 mg	Review Required LCD	Auth. Required	Auth. Required	
953	J9061	Rybrevant	Inj, amivantamab-vmjw, 2 mg	Review Required	Auth. Required	Auth. Required	
954	J9062	Rybrevant Faspro	Injection, amivantamab 5 mg and hyaluronidase-lplj	Review Required	Not Covered	Auth. Required	
955	J9063	Elahere	Injection, mirvetuximab soravtansine-gynx, 1 mg	Review Required	Auth. Required	Auth. Required	
956	J9064	Jevtana	Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg	Review Required	Not Covered	Auth. Required	
957	J9065	Leustatin	Cladribine, per 1 mg	Review Required LCD	Auth. Required	Auth. Required	
958	J9071	cyclophosphamid e	Injection, cyclophosphamide, (auromedics), 5 mg	Review Required	Auth. Required	Auth. Required	
959	J9072	cyclophosphamid e	Injection, cyclophosphamide, (dr. reddy's), 5 mg	Review Required	Not Covered	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
960	J9073	cyclophosphamide	Injection, cyclophosphamide (ingenus), 5 mg	Review Required	Auth. Required	Auth. Required	
961	J9074	cyclophosphamide	Injection, cyclophosphamide (sandoz), 5 mg	Review Required	Auth. Required	Auth. Required	
962	J9075	cyclophosphamide NOS	Injection, cyclophosphamide, not otherwise specified, 5 mg	Review Required	Auth. Required	Auth. Required	
963	J9076	cyclophosphamide	Injection, cyclophosphamide (baxter), 5 mg	Review Required	Auth. Required	Auth. Required	
964	J9100	Cytosar-U, Tarabine PFS	Cytarabine, 100 mg	Review Required LCD	Auth. Required	Auth. Required	
965	J9118	Asparlas	Calaspargase pegol-mknl, 10 units injection	Review Required	Auth. Required	Auth. Required	
966	J9119	Libtayo	Cemiplimab-rwlc, 1 mg injection	Review Required	Auth. Required	Auth. Required	
967	J9120	Cosmegen	Dactinomycin, 0.5 mg	Review Required	Auth. Required	Auth. Required	
968	J9130	Dtic-Dome	Dacarbazine, 100 mg	Review Required	Auth. Required	Auth. Required	
969	J9144	Darzalex Faspro	Injection, daratumumab 10 mg and hyaluronidase-fihj	Review Required	Auth. Required	Auth. Required	
970	J9145	Darzalex	Injection, daratumumab, 10 mg	Review Required	Auth. Required	Auth. Required	
971	J9150	Cerubidine	Daunorubicin, 10 mg	Review Required	Auth. Required	Auth. Required	
972	J9153	Vyxeos	Inj daunorubicin, cytarabine	Review Required LCD	Auth. Required	Auth. Required	
973	J9155	Firmagon	Degarelix, 1 mg	Review Required	Auth. Required	Auth. Required	
974	J9161	Lymphir	Injection, denileukin diftitox-cxdl, 1 mcg	Review Required	Not Covered	Auth. Required	
975	J9171	Taxotere	Docetaxel, 1 mg	Review Required	Auth. Required	Auth. Required	
976	J9172	docetaxel	Injection, docetaxel (ingenus) not therapeutically equivalent to j9171, 1 mg	Review Required	Auth. Required	Auth. Required	
977	J9173	Imfinzi	Durvalumab, 10 mg Injection	Review Required	Auth. Required	Auth. Required	
978	J9174	Beizray	Injection, docetaxel (beizray), 1 mg	Review Required	Not Covered	Auth. Required	
979	J9175	Elliott's B	Elliott's B solution, 1 ml	Review Required	Auth. Required	Auth. Required	
980	J9176	Empliciti	Elotuzumab,Injection, 1 mg	Review Required	Auth. Required	Auth. Required	
981	J9177	Padcev	Enfortumab vedotin-ejfv, 0.25mg injection	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
982	J9178	Ellence	Epirubicin HCl, 2 mg	Review Required	Auth. Required	Auth. Required	
983	J9179	Halaven	Eribulin mesylate, 0.1 mg	Review Required	Auth. Required	Auth. Required	
984	J9181	Vepesid, Toposar	Etoposide, 10 mg	Review Required	Auth. Required	Auth. Required	
985	J9183		Gemcitabine intravesical system, 225 mg	Review Required	Not Covered	Auth. Required	
986	J9184	Avgemsi	Injection, gemcitabine hydrochloride (avyxa), 200 mg	Review Required	Auth. Required	Auth. Required	
987	J9185	Fludara	Fludarabine phosphate, 50 mg	Review Required LCD	Auth. Required	Auth. Required	
988	J9190	Adrucil	Fluorouracil, 500 mg Injection	Review Required LCD	Auth. Required	Auth. Required	
989	J9196	gemcitabine	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to J9201, 200 mg	Review Required	Auth. Required	Auth. Required	
990	J9198	Infugem	Injection, gemcitabine hydrochloride, (infugem), 100 mg	Review Required LCD	Not Covered	Auth. Required	
991	J9199	Infugem	injection, gemcitabine hydrochloride (Infugem), 200mg	Review Required LCD	Not Covered	Auth. Required	
992	J9200	Fudr	Floxuridine, 500 mg	Review Required LCD	Auth. Required	Auth. Required	
993	J9201	Gemzar	Gemcitabine HCl, 200 mg	Review Required LCD	Auth. Required	Auth. Required	
994	J9202	Zoladex	Goserelin acetate implant, per 3.6 mg	Not Covered	Not Covered	Auth. Required	
995	J9203	Mylotarg	Injection, gemtuzumab ozogamicin, 0.1 mg	Review Required	Auth. Required	Auth. Required	
996	J9204	Poteligeo	Mogamulizumab-kpkc, 1 mg	Review Required	Auth. Required	Auth. Required	
997	J9205	Onivyde	Irinotecan Liposome, 1 mg	Review Required LCD	Auth. Required	Auth. Required	
998	J9206	Camptosar	Irinotecan, 20 mg	Review Required LCD	Auth. Required	Auth. Required	
999	J9207	Ixempra	Ixabepilone, 1 mg	Review Required	Auth. Required	Auth. Required	
1000	J9208	Ifex	Ifosfamide, 1 g	Review Required	Auth. Required	Auth. Required	
1001	J9209	Mesnex	Mesna, 200 mg	No Review Required	No Auth. Required	No Auth. Required	
1002	J9210	Gamifant	Emapalumab-lzsg, 1 mg injection	Review Required	Auth. Required	Auth. Required	
1003	J9211	Idamycin	Idarubicin HCl, 5 mg	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
1004	J9214	Intron A	Interferon, alfa-2b, recombinant, 1 million units	Review Required	Auth. Required	Auth. Required	
1005	J9215	Alferon N	Interferon, alfa-N3, (human leukocyte derived), 250,000 IU	Review Required	Auth. Required	Auth. Required	
1006	J9216	Actimmune	Interferon, gamma 1-b, 3 million units Injection	Review Required	Auth. Required	Auth. Required	
1007	J9217	Lupron Depot, Eligard	Leuprolide acetate (for depot suspension), 7.5 mg	Review Required	Auth. Required	Auth. Required	
1008	J9218	Lupron	Leuprolide acetate, per 1 mg	Review Required	Auth. Required	Auth. Required	
1009	J9223	Zepzelca	Injection, lurbinectedin, 0.1 mg	Review Required	Auth. Required	Auth. Required	
1010	J9225	Vantas	Histrelin implant (Vantas), 50 mg	Review Required	Auth. Required	Auth. Required	
1011	J9226	Supprelin LA	Histrelin implant (Supprelin LA), 50 mg	Review Required	Auth. Required	Auth. Required	
1012	J9227	Sarclisa	Injection, isatuximab-irfc, 10 mg	Review Required LCD	Auth. Required	Auth. Required	
1013	J9228	Yervoy	Ipilimumab, 1 mg	Review Required	Auth. Required	Auth. Required	
1014	J9229	Besponsa	Injection, inotuzumab ozogamicin, 0.1 mg	Review Required	Auth. Required	Auth. Required	
1015	J9232	Docetaxel (hospira)	Injection, docetaxel (hospira), not therapeutically equivalent to j9171, 1 mg	Review Required	Not Covered	Auth. Required	
1016	J9245	Alkeran, Evomela, Melphalan	melphalan HCl, 50 mg Injection	Review Required LCD	Auth. Required	Auth. Required	
1017	J9246	Evomela	Injection, melphalan (evomela), 1 mg	Review Required	Auth. Required	Auth. Required	
1018	J9248	melphalan	Injection, melphalan (hepzato), 1 mg	Review Required	Not Covered	Auth. Required	
1019	J9249	melphalan	Injection, melphalan (apotex), 1 mg	Review Required	Not Covered	Auth. Required	
1020	J9255	methotrexate	Injection, methotrexate (accord) not therapeutically equivalent to j9250 and j9260,	No Review Required	No Auth. Required	No Auth. Required	
1021	J9256	Imaavy	Injection, nipocalimab-aahu, 3 mg	Review Required	Auth. Required	Auth. Required	
1022	J9260	Methotrexate	Methotrexate sodium, 50 mg	Review Required LCD	No Auth. Required	No Auth. Required	
1023	J9261	Arranon	Nelarabine, 50 mg	Review Required	Auth. Required	Auth. Required	
1024	J9262	Synribo	Omacetaxine mepesuccinate, 0.01 mg	Review Required	Auth. Required	Auth. Required	
1025	J9263	Eloxatin	Oxaliplatin, 0.5 mg	Review Required LCD	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
1026	J9264	Abraxane	Paclitaxel protein-bound particles, 1 mg Injection	Review Required	Auth. Required	Auth. Required	
1027	J9266	Oncaspar	Pegaspargase, per single dose vial (5ML vial)	Review Required	Auth. Required	Auth. Required	
1028	J9267	Taxol	Paclitaxel, 1 mg Injection	Review Required LCD	Auth. Required	Auth. Required	
1029	J9268	Nipent	Pentostatin, 10 mg	Review Required	Auth. Required	Auth. Required	
1030	J9269	Elzonris	Tagraxofusp-erzs 10 mcg injection	Review Required	Auth. Required	Auth. Required	
1031	J9271	Keytruda	Pembrolizumab, 1 mg	Review Required LCD	Auth. Required	Auth. Required	
1032	J9272	Jemperli	Inj, dostarlimab-gxly, 10 mg	Review Required	Auth. Required	Auth. Required	
1033	J9273	Tivdak	Injection, tisotumab vedotin-tftv, 1 mg	Review Required	Auth. Required	Auth. Required	
1034	J9274	Kimtrak	Injection, tebentafusp-tebn, 1 mcg	Review Required	Auth. Required	Auth. Required	
1035	J9275	Unloxcyt	Injection, cosibelimab-ipdl, 2 mg	Review Required	Not Covered	Auth. Required	
1036	J9276	Ziihera	Injection, zanidatamab-hrii, 2 mg	Review Required	Auth. Required	Auth. Required	
1037	J9277	Keytruda Qlex	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	Review Required	Not Covered	Auth. Required	
1038	J9278	Kyxata	Injection, carboplatin (avyxa), 1 mg	Review Required	Not Covered	Auth. Required	
1039	J9280	Mutamycin	Mitomycin, 5 mg	No Review Required	No Auth. Required	No Auth. Required	
1040	J9281	Jelmyto	Mitomycin pyelocalyceal instillation, 1 mg	Review Required	Auth. Required	Auth. Required	
1041	J9282	Zusduri	Mitomycin, intravesical instillation, 1 mg	Review Required	Auth. Required	Auth. Required	
1042	J9285	Lartuvo	Injection, olaratumab, 10mg (For billing prior to 1/1/18 use J9999 or C9485 for OPPS billing)	Review Required	Auth. Required	Auth. Required	
1043	J9286	Columvi	Injection, glofitamab-gxhm, 2.5 mg	Review Required	Auth. Required	Auth. Required	
1044	J9289	Opdivo Qvantig	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	Review Required	Auth. Required	Auth. Required	
1045	J9292	Avyxa	Injection, pemetrexed (avyxa), not therapeutically equivalent to i9305, 10 mg	Review Required	Not Covered	Auth. Required	
1046	J9293	Novantrone	Mitoxantrone HCl, per 5 mg	Review Required	Auth. Required	Auth. Required	
1047	J9294	pemetrexed	Injection, pemetrexed (hospira) not therapeutically equivalent to i9305, 10 mg	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
1048	J9295	Injection, necitumumab, 1		Review Required	Auth. Required	Auth. Required	
1049	J9296	pemetrexed	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg	Review Required	Auth. Required	Auth. Required	
1050	J9297	pemetrexed	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	Review Required	Auth. Required	Auth. Required	
1051	J9298	Opdulag	Injection, nivolumab and relatlimab-rmbw, 3mg/1 mg	Review Required	Auth. Required	Auth. Required	
1052	J9299	Opdivo	Nivolumab, 1 mg	Review Required LCD	Auth. Required	Auth. Required	
1053	J9301	Gazyva	Obinutuzumab, 10 mg Injection	Review Required	Auth. Required	Auth. Required	
1054	J9302	Arzerra	Ofatumumab, 10 mg	Review Required	Auth. Required	Auth. Required	
1055	J9303	Vectibix	Panitumumab, 10 mg	Review Required LCD	Auth. Required	Auth. Required	
1056	J9304	Pemfexy	Injection, pemetrexed (Pemfexy), 10 mg	Review Required	Not Covered	Auth. Required	
1057	J9305	Alimta	Injection, pemetrexed, not otherwise specified, 10 mg	Review Required	Auth. Required	Auth. Required	
1058	J9306	Perjeta	Pertuzumab, 1 mg	Review Required LCD	Auth. Required	Auth. Required	
1059	J9307	Folotyln	Pralatrexate, 1 mg	Review Required	Auth. Required	Auth. Required	
1060	J9308	Cyramza	Ramucirumab, 5 mg	Review Required LCD	Auth. Required	Auth. Required	
1061	J9309	Polivy	Inj. Polatuzumab vedotin, 1 mg	Review Required	Auth. Required	Auth. Required	
1062	J9311	Rituxan Hycela	Inj rituximab, hyaluronidase	Review Required	Auth. Required	Auth. Required	
1063	J9312	Rituxan	Inj., rituximab, 10 mg	Review Required LCD	Auth. Required	Auth. Required	
1064	J9313	Lumoxiti	Moxetumomab pasudotox-tdfk, 0.01 mg injection	Review Required	Auth. Required	Auth. Required	
1065	J9314	pemetrexed	Injection, pemetrexed (teva) not therapeutically equivalent to j9305, 10 mg	Review Required	Not Covered	Auth. Required	
1066	J9315	Istodax	Romidepsin, 1 mg	Review Required	Auth. Required	Auth. Required	
1067	J9316	Phesgo	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Review Required LCD	Auth. Required	Auth. Required	
1068	J9317	Trodelyv	Injection, sacituzumab govitecan-hziy, 2.5 mg	Review Required	Auth. Required	Auth. Required	
1069	J9318	Istodax non- lyophilized	Injection, romidepsin, non-lyophilized, 0.1 mg	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
1070	J9319	Istodax lyophilized	Injection, romidepsin, lyophilized, 0.1 mg	Review Required	Auth. Required	Auth. Required	
1071	J9320	Zanosar	Streptozocin, 1 g	Review Required	Auth. Required	Auth. Required	
1072	J9321	Epkinyl	Injection, epcoritamab-bysp, 0.16 mg	Review Required	Auth. Required	Auth. Required	
1073	J9322	pemetrexed	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg	Review Required	Auth. Required	Auth. Required	
1074	J9323	pemetrexed	Injection, pemetrexed ditromethamine, 10 mg	Review Required	Auth. Required	Auth. Required	
1075	J9324	Pemrydi	Injection, pemetrexed (pemrydi rtu), 10 mg	Review Required	Not Covered	Auth. Required	
1076	J9325	Imlygic	Talimogene Laherparepvec	Review Required	Auth. Required	Auth. Required	
1077	J9326	Emrelis	Injection, telisotuzumab vedotin-tilv, 1 mg				
1078	J9328	Temodar	Temozolomide, 1 mg	Review Required LCD	Auth. Required	Auth. Required	
1079	J9329	Tevimbra	Injection, tislelizumab-jsgr, 1 mg	Review Required	Auth. Required	Auth. Required	
1080	J9330	Torisel	Temsirolimus, 1 mg	Review Required	Auth. Required	Auth. Required	
1081	J9331	Fyarro	Injection, sirolimus protein-bound particles, 1 mg	Review Required	Auth. Required	Auth. Required	
1082	J9332	Vyvgart	Injection, efgartigimod alfa-fcab, 2mg	Review Required	Auth. Required	Auth. Required	
1083	J9333	Rystiggo	Injection, rozanolixizumab-noli, 1 mg	Review Required	Auth. Required	Auth. Required	
1084	J9334	Vyvgart Hytrulo	Injection, efgartigimod alfa, 2 mg and hyaluronidase-afvc	Review Required	Auth. Required	Auth. Required	
1085	J9341	Tepylute	Injection, thiotepa (tepylute), 1 mg	Review Required	Auth. Required	Auth. Required	
1086	J9342		Injection, thiotepa, not otherwise specified, 1 mg	Review Required	Not Covered	Auth. Required	
1087	J9345	Zynyz	Injection, retifanlimab-dlwr, 1 mg	Review Required	Auth. Required	Auth. Required	
1088	J9347	Imjudo	Injection, tremelimumab-actl, 1 mg	Review Required	Auth. Required	Auth. Required	
1089	J9348	Danyelza	Injection, naxitamab-gqgk, 1 mg	Review Required	Auth. Required	Auth. Required	
1090	J9350	Lunsumio	Injection, mosunetuzumab-axgb, 1 mg	Review Required	Auth. Required	Auth. Required	
1091	J9351	Monjuvi	Injection, tafasitamab-cxix, 2 mg	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
1092	J9351	Hycamtin	Topotecan, 0.1 mg	Review Required LCD	Auth. Required	Auth. Required	
1093	J9352	Yondelis	Injection, trabectedin, 0.1 mg	Review Required	Auth. Required	Auth. Required	
1094	J9353	Margenza	Injection, margetuximab-cmkb, 5 mg	Review Required	Auth. Required	Auth. Required	
1095	J9354	Kadcyla	Ado-trastuzumab emtansine, 1 mg Injection	Review Required LCD	Auth. Required	Auth. Required	
1096	J9355	Herceptin	Injection, trastuzumab, excludes biosimilar, 10 mg	Review Required LCD	Auth. Required	Auth. Required	
1097	J9356	Herceptin Hylecta	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Review Required LCD	Auth. Required	Auth. Required	
1098	J9357	Valstar	Valrubicin, intravesical, 200 mg	Review Required	Auth. Required	Auth. Required	
1099	J9358	Enhertu	fam-trastuzumab deruxtecan-nxki, 1 mg injection	Review Required LCD	Auth. Required	Auth. Required	
1100	J9359	Zynlonta	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Review Required	Auth. Required	Auth. Required	
1101	J9360	Vinblastine Sulfate	Vinblastine sulfate, 1 mg	Review Required LCD	Auth. Required	Auth. Required	
1102	J9361	Ryzneuta	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Review Required	Not Covered	Auth. Required	
1103	J9370	Oncovin, Vincasar	Vincristine sulfate	Review Required LCD	Auth. Required	Auth. Required	
1104	J9376	Veopoz	Injection, pozelimab-bbfg, 1 mg	Review Required	Not Covered	Auth. Required	
1105	J9380	Tecvayli	Injection, teclistamab-cqyv, 0.5 mg	Review Required	Auth. Required	Auth. Required	
1106	J9381	Tzield	Injection, teplizumab-mzww, 5 mcg	Review Required	Auth. Required	Auth. Required	
1107	J9382	Bizengri	Injection, zenocutuzumab-zbco, 1 mg	Review Required	Auth. Required	Auth. Required	
1108	J9390	Navelbine	Vinorelbine tartrate, 10 mg	Review Required	Auth. Required	Auth. Required	
1109	J9393	fulvestrant	Injection, fulvestrant (teva) not therapeutically equivalent to i9395, 25 mg	Review Required	Auth. Required	Auth. Required	
1110	J9394	fulvestrant	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to i9395, 25 mg	Review Required	Auth. Required	Auth. Required	
1111	J9395	Faslodex	Fulvestrant, 25 mg	Review Required	Auth. Required	Auth. Required	
1112	J9400	Zaltrap	Ziv-aflibercept, 1 mg	Review Required LCD	Auth. Required	Auth. Required	
1113	J9600	Photofrin	Porfimer sodium, 75 mg	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF-FUNDED	
1114	J9601	Lynozytic	Injection, linvoseltamab-gcpt, 1 mg	Review Required	Auth. Required	Auth. Required	
1115	J9999	Unclassified antineoplastic	Not otherwise classified, antineoplastic drugs	Review Required	Auth. Required	Auth. Required	
1116	Q0138	Feraheme	Ferumoxytol Non-ERSD	Review Required	Auth. Required	Auth. Required	
1117	Q0139	Feraheme	Ferumoxytol ESRD	Review Required	Auth. Required	Auth. Required	
1118	Q0155	Dronabinol	Dronabinol (Syndros), 0.1 mg, oral, FDA-approved prescription anti-emetic, for use as a	No Review Required	Not Covered	No Auth. Required	
1119	Q0162	Ondansetron oral	Ondansetron 1 mg, oral, fda approved prescription anti-emetic, for use as a complete	No Review Required	Not Covered	No Auth. Required	
1120	Q0163	Diphenhydramine hcl 50mg	Diphenhydramine hydrochloride, 50 mg, oral, fda approved prescription anti-emetic, for use	No Review Required	No Auth. Required	No Auth. Required	
1121	Q0164	Prochlorperazine maleate 5mg	Prochlorperazine maleate, 5 mg, oral, fda approved prescription anti-emetic, for use as a	No Review Required	No Auth. Required	No Auth. Required	
1122	Q0166	Granisetron hcl 1 mg oral	Granisetron hydrochloride, 1 mg, oral, fda approved prescription anti-emetic, for use as a	No Review Required	No Auth. Required	No Auth. Required	
1123	Q0167	Dronabinol 2.5mg oral	Dronabinol, 2.5 mg, oral, fda approved prescription anti-emetic, for use as a complete	No Review Required	No Auth. Required	No Auth. Required	
1124	Q0169	Promethazine hcl 12.5mg oral	Promethazine hydrochloride, 12.5 mg, oral, fda approved prescription anti-emetic, for use as a	No Review Required	No Auth. Required	No Auth. Required	
1125	Q0234	Tofidence	Injection, tocilizumab-bavi, for hospitalized adult patients with covid-19 who are receiving	Review Required	Not Covered	Auth. Required	
1126	Q0249	Actemra	Tocilizumab for COVID-19, 1 mg	Review Required	Not Covered	Auth. Required	
1127	Q2017	Teniposide	injection, teniposide, 50mg	No Review Required	No Auth. Required	No Auth. Required	
1128	Q2026	Radiesse	Injection, radiesse, 0.1 ml	Review Required NCD			
1129	Q2028	Sculptra	Injection, sculptra, 0.5 mg	Review Required			
1130	Q2040	Kymriah	Tisagenlecleucel, up to 250 million car-positive viable T cells, including leukapheresis and dose	Review Required NCD	Auth. Required	Auth. Required	
1131	Q2041	Yescarta	Axicabtagene Ciloleucel, up to 200 million autologous Anti-CD19 CAR T Cells, including	Review Required NCD	Auth. Required	Auth. Required	
1132	Q2042	Kymriah	Tisagenlecleucel, up to 600 million car-positive viable T cells, including leukapheresis and dose	Review Required NCD	Auth. Required	Auth. Required	
1133	Q2043	Provenge	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF,	Review Required	Auth. Required	Auth. Required	
1134	Q2050	Doxil	injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10mg	Review Required	Auth. Required	Auth. Required	
1135	Q2053	Tecartus	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells,	Review Required NCD	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
1136	Q2054	Breyanzi	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells,	Review Required	Auth. Required	Auth. Required	
1137	Q2055	Abecma	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma)	Review Required	Auth. Required	Auth. Required	
1138	Q2056	Carvykti	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma)	Review Required	Auth. Required	Auth. Required	
1139	Q2057	Tecelra	Afamitresgene autoleucel, including leukapheresis and dose preparation	Review Required	Auth. Required	Auth. Required	
1140	Q2058	Aucatzyl	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including	Review Required	Auth. Required	Auth. Required	
1141	Q3027	Inj beta interferon im 1 mcg		Review Required	Not Covered (Pharmacy Benefit)	Auth. Required	
1142	Q3028	Rebif	Injection, interferon beta 1a, 1 mcg	Review Required	Not Covered (Pharmacy Benefit)	Auth. Required	
1143	Q4074	Iloprost non-comp unit dose		Review Required	Not Covered	Auth. Required	
1144	Q4081	Epogen	Epoetin alfa, 100 units (for ESRD on dialysis)	No Review Required	Auth. Required	Auth. Required	
1145	Q4133	Granix	Grafix prime, grafixpl prime, stravax and stravaxpl, per square centimeter	Review Required	Not Covered	Auth. Required	
1146	Q5098	Imuldosa	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1147	Q5099	Steqeyma	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1148	Q5100	Yesintek	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1149	Q5101	Zarxio	Filgrastim (G-CSF), Biosimilar, 1 microgram	Review Required	Auth. Required	Auth. Required	
1150	Q5103	Inflectra	Injection, infliximab, biosimilar, 10 mg	Review Required LCD	Auth. Required	Auth. Required	
1151	Q5104	Renflexis	infliximab abda, biosimilar injection, 10mg	Review Required NCD/LCD	Auth. Required	Auth. Required	
1152	Q5105	Retacrit ESRD on Dialysis	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units	No Review Required	Auth. Required	Auth. Required	
1153	Q5106	Retacrit non-ESRD use	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units	Review Required	Auth. Required	Auth. Required	
1154	Q5107	MVASI	Bevacizumab-awwb, biosimilar injection, 10 mg	Review Required LCD	Auth. Required	Auth. Required	
1155	Q5108	Fulphila	Injection, pegfilgrastim jmdb, biosimilar, (fulphila),	Review Required LCD	Auth. Required	Auth. Required	
1156	Q5110	Nivestym	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Review Required	Not Covered	Auth. Required	
1157	Q5111	Udenyca	Injection, pegfilgrastim jmdb, biosimilar, (Udenyca)	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
1158	Q5112	Ontruzant	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Review Required LCD	Not Covered	Auth. Required	
1159	Q5113	Herzuma	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Review Required LCD	Auth. Required	Auth. Required	
1160	Q5114	Ogivri		Review Required LCD	Auth. Required	Auth. Required	
1161	Q5115	Truxima	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Review Required LCD	Auth. Required	Auth. Required	
1162	Q5116	Trazimera	Trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg injection	Review Required LCD	Auth. Required	Auth. Required	
1163	Q5117	Kanjinti	Trastuzumab-anns, biosimilar injection, 10 mg	Review Required LCD	Auth. Required	Auth. Required	
1164	Q5118	Zirabev	Bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg injection	Review Required LCD	Auth. Required	Auth. Required	
1165	Q5119	Ruxience	Rituximab-pvvr, biosimilar (Ruxience), 10 mg injection	Review Required	Auth. Required	Auth. Required	
1166	Q5120	Ziextenzo	Pegfilgrastim-bmez, 0.5 mg injection	Review Required	Auth. Required	Auth. Required	
1167	Q5121	Avsola	Injection, infliximab-axxq, biosimilar, 10mg	Review Required LCD	Auth. Required	Auth. Required	
1168	Q5122	Nyvepria	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	Review Required	Auth. Required	Auth. Required	
1169	Q5123	Riabni	Injection, rituximab-arx, biosimilar (Riabni), 10 mg	Review Required	Auth. Required	Auth. Required	
1170	Q5124	Byooviz	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Review Required	Auth. Required	Auth. Required	
1171	Q5125	Releuko	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Review Required	Auth. Required	Auth. Required	
1172	Q5126	Alymsys	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Review Required	Auth. Required	Auth. Required	
1173	Q5127	Stimufend	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Review Required	Auth. Required	Auth. Required	
1174	Q5128	Cimerli	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Review Required	Auth. Required	Auth. Required	
1175	Q5129	Vegzelma	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Review Required	Not Covered	Auth. Required	
1176	Q5130	Fylnetra	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	Review Required	Not Covered	Auth. Required	
1177	Q5133	Tofidence	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1178	Q5134	Tyruko	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1179	Q5135	Tyenne	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Review Required	Auth. Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
1180	Q5136	Jubbonti/Wyost	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1181	Q5137	Wezlana SC	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	Review Required	Not Covered	Auth. Required (Pharmacy Benefit)	
1182	Q5138	Wezlana IV	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	Review Required	Not Covered	Auth. Required	
1183	Q5140	Hulio	Injection, adalimumab-fkjp, biosimilar, 1 mg	Review Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	
1184	Q5141	Yuflyma	Injection, adalimumab-aaty, biosimilar, 1 mg	Review Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	
1185	Q5142	Simlandi	Injection, adalimumab-ryvk biosimilar, 1 mg	Review Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	
1186	Q5143	Cyltezo	Injection, adalimumab-adbm, biosimilar, 1 mg	Review Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	
1187	Q5144	Idacio	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Review Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	
1188	Q5145	Abrilada	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	Review Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	Auth. Required (Pharmacy Benefit)	
1189	Q5146	Hercessi	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Review Required	Not Covered	Auth. Required	
1190	Q5147	Pavblu	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Review Required	Auth. Required	Auth. Required	
1191	Q5148	Nypozi	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Review Required	Not Covered	Auth. Required	
1192	Q5149	Enzeevu	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1193	Q5150	Ahzantive	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1194	Q5151	Epysqli	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	Review Required	Not Covered	Auth. Required	
1195	Q5152	Bkemv	Injection, eculizumab-aeab (bkemv), biosimilar, 2 mg	Review Required	Not Covered	Auth. Required	
1196	Q5153	Opuviz	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1197	Q5154	Omlyclo	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	Review Required	Not Covered	Auth. Required	
1198	Q5155	Yesafili	Injection, aflibercept-jbovf (yesafili), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1199	Q5156	Avtozma	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1200	Q5157	Stoboclo, Osenvelt	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	Review Required	Auth. Required	Auth. Required	
1201	Q5158	Bomnytra, Conexence	Injection, denosumab-bnht (bomyntra/conexence), biosimilar, 1 mg	Review Required	Auth. Required	Auth. Required	

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8	CODE	DRUG NAME	DESCRIPTION	MEDICARE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	COMMERCIAL / SELF- FUNDED	
1202	Q5159	Ospomyv, Xbryk	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1203	Q5160	Jobevne	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	Review Required	Not Covered	Auth. Required	
1204	Q5161	Aukelso/Bosaya	Injection, denosumab-kyqa (aukelso/bosaya), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1205	Q5162	Bildyos/Bilprevda	Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1206	Q5164	Starjemza	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1207	Q5165	Oziltus	Injection, denosumab-mobz (oziltus), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1208	Q5166	Osvyrti/Jubereq	Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1209	Q5167	Enoby/Xtrenbo	Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1210	Q5168	Nufymco	Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg	Review Required	Not Covered	Auth. Required	
1211	Q5169	Armlupeg	Injection, pegfilgrastim-unne (armlupeg), biosimilar, 0.5 mg	Review Required	Not Covered	Auth. Required	
1212	Q5170	Eydenzelt	Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1213	Q5171	Boncrea	Injection, denosumab-mobz (boncrea), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1214	Q9950	Lumason	Sulfur hexafluoride lipid microspheres, per ml	No Review Required	No Auth. Required	No Auth. Required	
1215	Q9965	Omnipaque	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	No Review Required	No Auth. Required	No Auth. Required	
1216	Q9966	Omnipaque	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	No Review Required	No Auth. Required	No Auth. Required	
1217	Q9977	Compounded Drug NOC	Compounded Drug, Not Otherwise Classified	Review Required	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)	
1218	Q9991	Sublocade	buprenorphine extended-release, less than or equal to 100 mg	No Review Required	No Auth. Required	No Auth. Required	
1219	Q9992	Sublocade	buprenorphine extended-release, greater than 100 mg	No Review Required	No Auth. Required	No Auth. Required	
1220	Q9993	Zilretta	triamcinolone acetonide extended-release injectable suspension	Review Required	Auth. Required	Auth. Required	
1221	Q9995	Hemlibra	Unclassified drug or biological	Review Required	Pharmacy Benefit	Auth. Required (Pharmacy Benefit)	
1222	Q9996	Pyzchiva SC	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Review Required (Pharmacy Benefit)	Not Covered	Auth. Required (Pharmacy Benefit)	
1223	Q9997	Pyzchiva IV	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	Review Required	Not Covered	Auth. Required	

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1224	Q9998	Selarsdi	Injection, ustekinumab-aekn (selarsdi), 1 mg	Review Required (Pharmacy Benefit)	Not Covered	Auth. Required (Pharmacy Benefit)	
1225	Q9999	Otulfi	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	Review Required	Not Covered	Auth. Required	
1226	S0189	Testopel	Testosterone Pellets	Review Required	Not Covered	Auth. Required	
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