



Medicare Prior Authorization

List effective 1/1/2023

Wellcare requires prior authorization (PA) as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by Wellcare.

Wellcare is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please see [Online Prior Authorization Tool](#) on our website.

Effective January 1st, 2023, the following are changes to prior authorization requirements:

Service Category	PA Rule	Services	Procedure Codes
Anesthesia	No PA Required	Anesthesia for nerve blocks	01991, 01992
Audiology	PA Required	Hearing aid	V5256, V5258, V5261
	No PA Required	Speech audiometry threshold	0210T
Behavioral Health	PA Required	Behavior assessments	97151, 97152
		Adaptive behavior treatment	97153, 97154, 97155, 97156
	No PA Required	Psychotherapy, training & education	90832, 90834, 90837, 90846, 90847, 90853, G0177
		Hypnotherapy	90880
		Brief behavior assessment	96127
Breast reconstruction	PA Required except with breast cancer diagnosis	Breast reconstruction	19367, 19368, 19369
Cardiovascular	PA Required	Artificial heart	33927
		Pulmonary artery pressure sensor	C2624
		Unlisted procedures	37501
	No PA Required	Operative ablation	33261
		Exclusion left atrial appendage	33267, 33268, 33269
		Artificial heart removal/replacement	33928, 33929
		Extracorporeal membrane oxygenation (ECMO)	33953, 33954, 33955, 33956, 33957, 33958, 33959
		External circulatory support	92971, G0166
		Carotid intima media thickness study	93895
		Carotid sinus baroreflex activation device	0269T
		Devices and monitoring	0497T, 0498T, 0650T
		Blinded procedure for NYHA Class III/IV heart failure	C9758
Cochlear and other auditory implants	PA Required	Auditory implant and device	L8619, L8690, L8691
	No PA Required	Replacement Headset/headpiece	L8615
Cosmetic and reconstructive	PA Required	Lipectomy	15876, 15878
		Reconstruction head/face	21175, 21179, 21180, 21181, 21182, 21183, 21184, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275
		Excision or surgical planing for rhinophyma	30120
	No PA Required	Reduction forehead	21137, 21138, 21139
		Otoplasty	69300

Service Category	PA Rule	Services	Procedure Codes
Dental	No PA Required	Application of topical fluoride varnish	99188
Dermatology	PA Required	Chemodenervation of eccrine glands	64650, 64653
	No PA Required	Autografts	15131, 15135, 15136, 15150, 15152, 15155, 15156, 15157
		Laser treatments	17106, 0491T, 0492T
		Cryotherapy	17340
		Incision and drainage, deep abscess	22010, 22015
		Cell therapy for scleroderma	0489T, 0490T
		Autologous platelet rich plasma	G0465
Diagnostic imaging	PA Required	Magnetic resonance image guided high intensity focused ultrasound	0398T
	No PA Required	Ablation, cryosurgical, of fibroadenoma	19105
		Discography	72285, 72295
		Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac)	76979
		Fluoroscopic guidance	77002, 77003
		Unlisted imaging procedures	78199, 78399, 75899, 78799
		Salivary gland imaging and function study	78230, 78231, 78232
		Gastrointestinal system imaging	78261, 78282, 78299
		Nervous system imaging	78610, 78635, 78660, 78699
		CAD for lesion detection	0174T, 0175T
		Myocardial imaging	0331T, 0332T
		Radiostereometric analysis (RSA)	0348T, 0349T, 0350T
		Optical coherence tomography (OCT)	0351T, 0352T, 0353T, 0354T, 0443T, 0485T, 0486T, 0606T
		Biomechanical mapping	0487T
		Spectroscopy studies	0493T, 0641T, 0642T, 0658T
		Cardiac magnetic resonance imaging for morphology and function	C9762, C9763
		Set-up portable x-ray equipment	Q0092
DME & Supplies	PA Required	Walker, heavy-duty	E0147
		Hospital beds and accessories	E0181, E0184, E0185, E0186, E0193, E0196, E0197, E0199, E0250, E0251, E0255, E0256, E0260, E0261, E0271, E0272, E0277, E0280, E0293, E0294, E0295, E0301, E0303, E0304, E0305, E0310, E0329, E0371, E0373

Service Category	PA Rule	Services	Procedure Codes
		Respiratory devices	E0434, E0439, E0445, E0465, E0466, E0470, E0471, E0482, E0483, E0486, E1390, E1399
		Patient lifts	E0630, E0635, E0636, E0640
		Pneumatic compressor devices	E0650, E0651, E0652, E0656, E0660, E0667, E0668, E0671, E0673, E0675, E0676
		Nerve stimulators	E0720, E0730, E0731, E0740, E0745, E0747, E0748, E0760, E0766
		Diabetic devices & supplies	E0784, K0554
		Continuous passive motion device	E0935
		Wheelchairs, power operated vehicles, and accessories	E0953, E0954, E0956, E0957, E0973, E0981, E0982, E0990, E1002, E1007, E1008, E1010, E1016, E1028, E1031, E1035, E1038, E1050, E1060, E1088, E1150, E1161, E1195, E1226, E1230, E1236, E1238, E1240, E2209, E2210, E2228, E2300, E2310, E2312, E2313, E2322, E2325, E2330, E2331, E2359, E2361, E2363, E2365, E2366, E2367, E2370, E2373, E2374, E2375, E2376, E2377, E2378, E2381, E2382, E2383, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2397, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2613, E2615, E2616, E2617, E2620, E2621, E2622, E2623, E2624, E2626, E2627, K0003, K0004, K0005, K0006, K0007, K0010, K0017, K0018, K0019, K0037, K0042, K0043, K0044, K0045, K0047, K0051, K0052, K0053, K0069, K0070, K0071, K0072, K0077, K0108, K0195, K0733, K0739, K0800, K0801, K0806, K0808, K0813, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0835, K0836, K0837, K0838, K0839, K0841, K0842, K0843, K0848, K0849, K0856, K0857, K0858, K0859, K0861, K0862, K0863
		Upper & lower limb bracing devices	E1800, E1801, E1805, E1810, E1811, E1815, E1825
		Speech generating device/accessory	E2508, E2510, E2512

Service Category	PA Rule	Services	Procedure Codes
	No PA Required	Skin protection supplies	E0188, E0190, E0191, A4640
		Pump or water circulating pad	E0236
		Respiratory equipment	E0550, E0555, E0560, E0565, E0600, E0615, E0621, E0700, E0781, E0791, K0730
		Traction equipment, trapeze bars, extremity belt/harness	E0849, E0855, E0870, E0910, E0911, E0912, E0940, E0945
		Wheelchairs and accessories	E0950, E0951, E0952, E0955, E0960, E0978, E0995, E1020, E2202, E2203, E2204, E2311, E2321, E2323, E2326, E2342, E2601, E2602, E2611, E2612, E2619, K0002, K0038, K0039, K0040, K0041, K0056, K0073
		Infusion pumps and supplies	A4220, A4222, A4602, B9004, K0455, K0552, K0553, K0603
		Helmet	A8003
		Miscellaneous DME supplies	A4465, A5102, A7048, A9999
		Surgical supplies	C1761, C1823, L8612, L8684
Endocrinology	PA Required	Unlisted laparoscopy procedure	60659
	No PA Required	Ambulatory continuous glucose monitoring	95250
		Creation of subcutaneous pocket/removal implantable interstitial glucose sensor	0446T, 0447T, 0448T
Enteral & Parenteral nutrition	PA Required	In-line cartridge digestive enzyme	B4105
	No PA Required	Nutrition	B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4160, B4161, B4185
		Home therapy	S9340, S9341, S9342, S9343
Gastroenterology	PA Required	Unlisted laparoscopy, spleen	38129
		Transoral lower esophageal myotomy	43497
	No PA Required	Esophagogastroduodenoscopy	43235, 43236, 43237, 43238, 43239, 43240, 43241, 43242, 43245, 43247, 43248, 43249, 43250, 43251, 43253, 43254, 43255, 43259
		Gastric/gastrointestinal systems surgery/procedures	43651, 43652, 43882, 44139, 44899, 45499, 47570, 0184T
General surgery	No PA Required	Hernia repair	49495, 49496, 49505, 49525, 49550, 49570, 49585, 49650, 49651
		Adrenalectomy	60545
Genetic counseling	No PA Required	Genetic counseling services	96040
Gynecology		Vulvectomy	56632, 56637, 56640

Service Category	PA Rule	Services	Procedure Codes
	No PA Required	Stress incontinence treatment, revision/removal of vaginal graft	57288, 57289, 57296
		Hysteroscopy	58558, 58565, 58579
		Laparoscopy	58672, 58673, 58674, 58679
		Resection initial/tumor debulking	58950, 58958
		Hysterectomy after cesarean	59525
		Uterine fibroids(s) ablation	0404T
Home care	No PA Required	Home visit	99501, 99502, 99503, 99505, 99506, 99507, 99511
Infertility	PA Required	Artificial insemination	58321, 58322, 58323, 58345
		Embryo transfer	58970, 58974, 58976
Infusion services	No PA Required	Infusion and home infusion therapy	96371, 96422, 96425, 96440, 96549, S9346, S9348, S9364, S9366, S9367, S9494, S9500
Injectable medications	Step therapy	Injectables	J2777, J3299, Q2056, Q5124, Q5125
	PA Required	Injectables	C9047, J0135, J0180, J0221, J0565, J0596, J0630, J0725, J0745, J1170, J1290, J1322, J1560, J1600, J1620, J1726, J1729, J1744, J1750, J1756, J1830, J2358, J2440, J2502, J2504, J3060, J3355, J7175, J7179, J7189, J7196, J7201, J7209, Q0138, Q0139, Q0221, Q2026

Service Category	PA Rule	Services	Procedure Codes
	No PA Required	Injectables	0481T, C9257, C9290, J0122, J0130, J0200, J0205, J0210, J0215, J0288, J0289, J0300, J0348, J0380, J0390, J0395, J0401, J0470, J0475, J0480, J0485, J0520, J0583, J0600, J0620, J0637, J0714, J0740, J0742, J0770, J0834, J0841, J0875, J0878, J0887, J0895, J1071, J1162, J1180, J1201, J1250, J1265, J1270, J1320, J1325, J1327, J1436, J1440, J1451, J1452, J1571, J1573, J1640, J1645, J1652, J1655, J1730, J1738, J1833, J1835, J1890, J1945, J1950, J1960, J1990, J2248, J2260, J2265, J2270, J2274, J2278, J2315, J2320, J2407, J2425, J2426, J2513, J2547, J2670, J2724, J2725, J2730, J2770, J2788, J2792, J2810, J2910, J2916, J2995, J3070, J3090, J3095, J3145, J3265, J3280, J3320, J3350, J3364, J3365, J3400, J7168, J7316, Q5105, S0020, S0028, S0030, S0032, S0073, S0077, S0078, S0164, S0171
Laboratory	PA Required	DMD (Dystrophin)	81161
		Multianalyte assay tests	0014M, 0017M
		Proprietary Laboratory Analysis (PLA) Codes	0002U, 0003U, 0027U, 0037U, 0040U, 0062U, 0063U, 0092U, 0093U, 0105U, 0108U, 0112U, 0117U, 0163U, 0169U, 0170U, 0171U, 0174U, 0177U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U, 0242U, 0243U, 0244U, 0245U, 0246U, 0247U, 0250U, 0254U, 0329U
		Quantitative drug testing	G0481, G0482, G0483
	No PA Required	Drug tests	80184, 80368, 83992, G0480, G0659
		Unlisted lab procedures	81099, 85999, 86849, 87999, 88099, 88749, 89240

Service Category	PA Rule	Services	Procedure Codes
		Human leukocyte antigen (HLA) Typing	81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 86812, 86813, 86816, 86817, 86825, 86826, 86828, 86829, 86830, 86831, 86832, 86833, 86834, 86835
		Genetic and multianalyte assay tests	81341, 81420, 81506, 81507, 82784, 87483, 88239,
		Proprietary Laboratory Analysis (PLA) Codes	0140U, 0141U, 0142U, 0152U, 0206U, 0207U, 0210U, 0226U, 0251U, 0323U, 0330U, 0500T
Medication	PA Required	Buprenorphine/naloxone	J0574
		Dexamethasone, ophthalmic insert	J1096
		Ganciclovir 4.5 mg long-acting implant	J7310
		Lymphocyte immune globulin	J7511
		Treprostinil inhalation solution	J7686
		Iloprost inhalation solution	Q4074
		Dextroamphetamine sulfate 5mg	S0160
	No PA Required	Bupivacaine collagen-matrix implant 1 mg	C9089
		Cinacalcet oral 1mg for (ESRD on dialysis)	J0604
		Phenylephrine & Ketorolac Ophthalmic	J1097
		Insulin for administration through DME	J1817
		Topical for actinic keratosis	J7308, J7309
		Capsaicin patch	J7335, J7336
		Parenteral solutions	J7501, J7503, J7505, J7508, J7516, J7518, J7520, J7525, J7599
		Inhalation solutions	J2062, J7604, J7622, J7624, J7627, J7628, J7629, J7632, J7633, J7634, J7635, J7636, J7640, J7641, J7647, J7648, J7649, J7650, J7658, J7659, J7660, J7667, J7668, J7669, J7670, J7680, J7681, J7683, J7684, J7685, J7699
		Non-inhalation drug for DME	J7799
		Unlisted chemo drug	J7999
		Antiemetics	J8498, J8597, Q0167, Q0174, S0183
		Leuprolide acetate per 1mg	J9218
		Drug or biological, part b drug competitive acquisition program (CAP)	Q4082
Drugs for opioid use disorder	S0106, S0109		
Calcitrol	S0169		
Neonatal care	PA Required	Unlisted fetal invasive procedure	59897

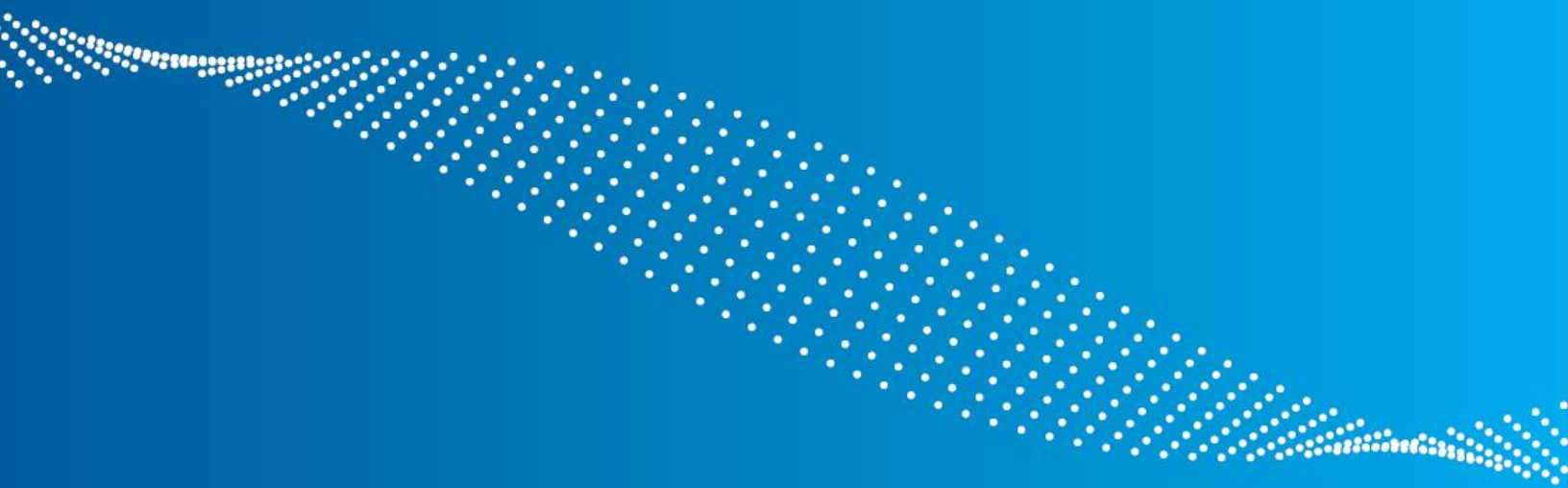
Service Category	PA Rule	Services	Procedure Codes
	No PA Required	Initiation of hypothermia in neonate	99184
Neurology	PA Required	Creation of lesion by stereotactic method	61790, 61791
	No PA Required	Graft for facial nerve paralysis	15840, 15841, 15842, 15845
		Injection for myelogram/CT	62284, 62294
		Removal of implanted catheter	62355
		Quantitative sensory testing (QST)	0106T, 0107T, 0108T, 0109T, 0110T
Neurostimulators	PA Required	Insertion/replacement neurostimulator	0425T, 0426T
	No PA Required	Electronic analysis of neurostimulator	95970, 95971, 95972, 95980, 95981, 95982
		Removal of neurostimulators system	0428T
Nutritional counseling	No PA Required	Nutritional counseling, dietitian visit	S9470
Ophthalmology	PA Required	Prosthetic eye, scleral cover shell	V2623, V2627, V2629
	No PA Required	Keratoplasty, keratoprosthesis	65730, 65750, 65755, 65756, 65757, 65770
		Glaucoma treatments	65855, 66170, 66172, 66183
		Cataract procedures	66820, 66821, 66825, 66830, 66840, 66850, 66852, 66940, 66982, 66983, 66984, 66985, 66986, 66987, 66988, 66989, 66991
		Treatment of extensive/progressive retinopathy, scleral reinforcement	67228, 67255
		Unlisted ophthalmology procedure	67399, 92499
		Orbitotomy without bone flap	67405
		Canthotomy	67715
		Eyelid procedures	67912, 67938, 67961, 67966, 67999
		Conjunctiva procedures	68325, 68340, 68360, 68371, 68399
		Lacrimal procedures	68761, 68899
		Retinal prosthesis	0100T
		Ocular monitoring and screening	0198T, 0329T, 0330T, 0333T, 0378T, 0379T
		Scleral lenses	V2531
		Orthopedic	PA Required
No PA Required	Procedures upper extremities		23450, 23462, 23465, 23490, 24346, 25240, 25449, 25830, 26497, 26530, 26531, 26535, 26536
	Open treatment of iliac spine(s)		27215
	Procedures lower extremities		27330, 27455, 27457, 27538, 27540, 27830, 28302, 28302, 28510, 28705, 28715, 28725, 28730, 28735, 28737, 28740

Service Category	PA Rule	Services	Procedure Codes
		Arthroscopy	29800, 29830, 29835, 29847, 29900, 29902, 29904, 29905, 29906
		Device placement for radiostereometric analysis	0347T
		SI Joint injection	G0259
Orthotics and Prosthetics	PA Required	Prosthesis (penile)	C1813, C2622
		Spinal orthotics	L0456, L0457, L0462, L0464, L0482, L0486, L0491, L0631, L0636, L0637, L0648, L0650, L0999, L1005, L1499
		Lower extremity orthotics	L1685, L1686, L1832, L1833, L1834, L1843, L1844, L1845, L1846, L1907, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1990, L2020, L2036, L2037, L2108, L2250, L2280, L2330, L2340, L2350, L2510, L2520, L2861, L2999, L3030, L3230, L3730, L3763, L3901, L3999, L4631
		Lower extremity prosthetics	L5000, L5020, L5050, L5100, L5210, L5220, L5301, L5312, L5321, L5331, L5530, L5540, L5580, L5590, L5611, L5617, L5626, L5631, L5643, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5665, L5671, L5673, L5677, L5679, L5681, L5683, L5700, L5701, L5703, L5704, L5705, L5706, L5707, L5781, L5782, L5785, L5790, L5811, L5812, L5814, L5816, L5822, L5828, L5840, L5845, L5848, L5856, L5857, L5920, L5940, L5950, L5960, L5961, L5962, L5964, L5968, L5973, L5975, L5976, L5979, L5980, L5981, L5984, L5986, L5987, L5988, L5999
		Upper extremity prosthetics	L6055, L6100, L6110, L6120, L6500, L6550, L6621, L6624, L6686, L6687, L6689, L6693, L6694, L6695, L6696, L6698, L6708, L6709, L6721, L6722, L6880, L6881, L6882, L6884, L6935, L6955, L7007, L7009, L7040, L7180, L7404, L7499, L8699, L8701, L9900
	No PA Required	Impression and prosthetic preparation	21076, 21079, 21080, 21081, 21082, 21083, 21085
Cervical collar		L0200	

Service Category	PA Rule	Services	Procedure Codes
		Orthotics	L0460, L0635, L1848, L2112, L2114, L2116, L3760, L3905, L3915, L3916, L3960, L4205, L5450, L5460
		Battery charger(s)	L7366, L7368
		Custom breast prosthesis	L8035
		Artificial larynx	L8500
		Ocular implant	L8610, L8670
Osteopathy	No PA Required	Osteopathic manipulative treatment	98925, 98926, 98927, 98928, 98929
Otolaryngology	No PA Required	Surgical procedures of nasal/sinus and ears	31050, 31051, 31075, 31080, 31081, 31084, 31086, 31087, 31090, 31201, 31290, 31291, 31294, 31611, 69717, 69979
Pain management	PA Required	Injection, anesthetic agent or steroid	64400, 64408, 64415, 64416, 64417, 64418, 64420, 64421, 64430, 64445, 64446, 64447, 64448, 64449, 64454, 64480, 64484, 64491, 64492, 64494, 64495
		Implant of hypoglossal neurostimulator	64582
		Destruction by neurolytic agent	64634, 64636, 64640
	No PA Required	Injection, anesthetic agent	64505, 64517, 64530
		Destruction by neurolytic agent	64620, 64630, 64632, 64680, 64681
Preventive	No PA Required	Unlisted preventative medicine service	99429, 0358T
		Preventive behavior change program	0403T, 0488T
Professional services	No PA Required	Physician or other qualified health care professional supervision	99380, G0068, G0128, G2082, G0039
Pulmonology	PA Required	Drug Induced Sleep Endoscopy (DISE)	42975
	No PA Required	Bronchoscopy	C9751
Skin substitute	PA Required	Skin substitute products	Q4107, Q4108, Q4114, Q4123, Q4127, Q4130, Q4140, Q4141, Q4142, Q4143, Q4146, Q4147, Q4149, Q4150, Q4152, Q4156, Q4157, Q4164, Q4173, Q4175, Q4184, Q4185, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4198, Q4200, Q4201, Q4202, Q4203, Q4204, Q4249, Q4250, Q4254, Q4255, Q4112, Q4113
	No PA Required	Dermal and epidermal substitute	J7340

Service Category	PA Rule	Services	Procedure Codes
Therapy service	PA Required	Activity therapy	G0176
	No PA Required	Extracorporeal shock wave	0101T, 0102T
Transplant services	No PA Required	Surgical preparation	0494T, 0495T, 0496T
Transportation	No PA Required	Ambulance services	A0426, A0428, A0431, A0436, A0999
Unlisted misc. procedures	PA Required	Unlisted procedure mediastinum, diaphragm, mouth	39499, 39599, 40899
	No PA Required	Unlisted procedure, immunology	95199
Urology	PA Required	Unlisted laparoscopy, renal	50549
	No PA Required	Lithotripsy, extracorporeal shock wave	50590
		Closure of vesicouterine fistula	51925
		Cystourethroscopy	52005, 52007, 52204, 52224, 52234, 52235, 52240, 52276, 52287, 52300, 52320, 52325, 52330, 52332, 52341, 52344, 52351, 52352, 52353, 52354, 52356, 52402, C9740, C9761, C9769
		Insertion of tandem cuff	53444
		Transurethral radiofrequency micro-remodeling of female bladder neck and proximal	53860
		Destruction of penial lesion(s)	54060
		Unlisted laparoscopy, testis	54699
		Biopsy, prostate; needle or punch	55700
		Vaccines	No PA Required

Appendix A
Medicare Part B Drug List
Effective 1/1/2023



Part B Drugs List Effective January 1, 2023

PROCEDURE	DESCRIPTION	STEP THERAPY
892	SPECIAL PROCESSED DRUGS - FDA APPROVED GENE THERAPY	
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	STEP THERAPY
C9065	INJECTION ROMIDEPSIN NON-LYPOHILIZED 1MG	
C9074	INJECTION LUMASIRAN 0.5 MG	
C9076	LISOCABTAGENE MARALEUCEL PER THERAPEUTIC DOSE	STEP THERAPY
C9096	INJECTION, FILGARASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MCG	NEW STEP THERAPY 2023 JANUARY
C9097	INJECTION, FARICIMAB-SVOA, 0.1 MG	NEW STEP THERAPY 2023 JANUARY
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	
J0129	ABATACEPT INJECTION	STEP THERAPY
J0135	INJECTION, ADALIMUMAB, 20 MG	
J0178	AFLIBERCEPT INJECTION	STEP THERAPY
J0179	INJECTION BROLUCIZUMAB-DBLL 1 MG	STEP THERAPY
J0180	INJECTION, AGALSIDASE BETA, 1 MG	
J0202	INJECTION ALEMTUZUMAB 1 MG	
J0220	ALGLUCOSIDASE ALFA INJECTION	
J0221	LUMIZYME INJECTION	
J0222	INJECTION PATISIRAN 0.1 MG	
J0223	INJECTION GIVOSIRAN 0.5 MG	
J0256	ALPHA 1 PROTEINASE INHIBITOR	
J0257	GLASSIA INJECTION	
J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	
J0490	BELIMUMAB INJECTION	
J0517	INJECTION BENRALIZUMAB 1 MG	
J0567	INJECTION CERLIPONASE ALFA 1 MG	
J0570	BUPRENORPHINE IMPLANT 74.2MG	
J0584	INJECTION BUROSUMAB-TWZA 1 MG	
J0585	INJECTION, ONABOTULINUMTOXINA	STEP THERAPY
J0586	ABOBOTULINUMTOXINA	
J0587	INJ, RIMABOTULINUMTOXINB	
J0588	INCOBOTULINUMTOXIN A	
J0591	INJECTION DEOXYCHOLIC ACID 1 MG	
J0593	INJECTION LANADELUMAB-FLYO 1 MG	
J0598	C-1 ESTERASE, CINRYZE	
J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	
J0606	INJECTION ETELCALCETIDE 0.1 MG	
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	

PROCEDURE	DESCRIPTION	STEP THERAPY
J0638	CANAKINUMAB INJECTION	
J0641	INJECTION LEVOLEUCOVORIN NOS 0.5 MG	
J0642	INJECTION LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	
J0717	CERTOLIZUMAB PEGOL INJ 1MG	STEP THERAPY
J0718	CERTOLIZUMAB PEGOL INJ	STEP THERAPY
J0775	COLLAGENASE, CLOST HIST INJ	
J0791	INJECTION CRIZANLIZUMAB-TMCA 5 MG	
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	STEP THERAPY
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	STEP THERAPY
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	STEP THERAPY
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	STEP THERAPY
J0888	EPOETIN BETA NON ESRD	
J0894	INJECTION DECITABINE 1 MG	
J0896	INJECTION LUSPATERCEPT-AAMT 0.25 MG	STEP THERAPY
J0897	DENOSUMAB INJECTION	STEP THERAPY
J1190	INJECTION, DEXRAZOXANE HCL, PER 250 MG	
J1300	ECULIZUMAB INJECTION	STEP THERAPY
J1301	INJECTION EDARAVONE 1 MG	
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	
J1324	ENFUVRTIDE INJECTION	
J1427	INJECTION VILTOLARSEN 10 MG	
J1428	INJECTION ETEPLIRSEN 10 MG	
J1429	INJECTION GOLODIRSEN 10 MG	
J1437	INJECTION FERRIC DERISOMALTOSE 10 MG	
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG AD)	
J1439	INJ FERRIC CARBOXYMALTOS 1MG	
J1442	INJ FILGRASTIM EXCL BIOSIMIL	STEP THERAPY
J1443	INJ FERRIC PRPP CIT SOL 0.1 MG IRON	
J1447	INJECTION TBO-FILGRASTIM 1 MICROG	STEP THERAPY
J1458	INJECTION GALSULFASE 1 MG	
J1459	INJ IVIG PRIVIGEN 500 MG	STEP THERAPY
J1554	INJECTION IMMUNE GLOBULIN ASCENIV 500 MG	STEP THERAPY
J1555	INJECTION IMMUNE GLOBULIN 100 MG	STEP THERAPY
J1556	INJECTION IMM GLOB BIVIGAM, 500MG	STEP THERAPY
J1557	GAMMAPLEX INJECTION	STEP THERAPY
J1558	INJECTION IMMUNE GLOBULIN XEMBIFY 100 MG	STEP THERAPY
J1559	HIZENTRA INJECTION	STEP THERAPY
J1561	GAMUNEX-C/GAMMAKED	STEP THERAPY
J1562	INJECTION; IMMUNE GLOBULIN 10%, 5 GRAMS	STEP THERAPY

PROCEDURE	DESCRIPTION	STEP THERAPY
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED	STEP THERAPY
J1568	OCTAGAM INJECTION	STEP THERAPY
J1569	GAMMAGARD LIQUID INJECTION	STEP THERAPY
J1572	FLEBOGAMMA INJECTION	STEP THERAPY
J1575	INJ IG/HYALURONIDASE 100 MG IG	STEP THERAPY
J1599	IVIG NON-LYOPHILIZED, NOS	STEP THERAPY
J1602	GOLIMUMAB FOR IV USE 1MG	STEP THERAPY
J1628	INJECTION GUSELKUMAB 1 MG	
J1632	INJECTION BREXANOLONE 1 MG	
J1640	INJECTION, HEMIN, 1 MG	
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	
J1675	INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS	
J1743	IDURSULFASE INJECTION	
J1744	ICATIBANT INJECTION	
J1745	INJ INFILIXIMAB EXCL BIOSIMILR 10 MG	STEP THERAPY
J1746	INJECTION IBALIZUMAB-UIYK 10 MG	
J1786	IMUGLUCERASE INJECTION	
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	
J1823	INJECTION INEBILIZUMAB CDON 1 MG	
J1930	INJECTION, PROPIOMAZINE, UP TO 20 MG	
J1931	INJECTION, LARONIDASE, 0.1 MG	
J2170	MECASERMIN INJECTION	
J2182	INJECTION MEPOLIZUMAB 1MG	
J2212	METHYLNALTREXONE INJECTION	
J2315	INJECTION NALTREXONE DEPOT FORM 1 MG	
J2323	NATALIZUMAB INJECTION	STEP THERAPY
J2326	INJECTION NUSINERSEN 0.1 MG	
J2350	INJECTION OCRELIZUMAB 1 MG	
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	
J2355	INJECTION, OPRELVEKIN, 5 MG	
J2357	INJECTION, OMALIZUMAB, 5 MG	
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	STEP THERAPY
J2505	INJECTION, PEGFILGRASTIM, 6 MG	STEP THERAPY
J2507	PEGLOTICASE INJECTION	
J2562	PLERIXAFOR INJECTION	
J2777	INJECTION, FARICIMAB-SVOA, 0.1 MG	NEW STEP THERAPY 2023 JANUARY
J2778	RANIBIZUMAB INJECTION	STEP THERAPY

PROCEDURE	DESCRIPTION	STEP THERAPY
J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG	NEW STEP THERAPY 2023 JANUARY
J2783	INJECTION, RASBURICASE, 0.5 MG	
J2786	INJECTION RESLIZUMAB 1MG	
J2793	RILONACEPT INJECTION	
J2796	ROMIPLOSTIM INJECTION	STEP THERAPY
J2797	INJECTION ROLAPITANT 0.5 MG	
J2820	INJECTION, SARGRAMOSTIM (CM-CSF), 50 MCG	STEP THERAPY
J2840	INJECTION SEBELIPASE ALFA 1 MG	
J2940	INJECTION, SOMATREM, 1 MG	
J2941	INJECTION, SOMATROPIN, 1 MG	
J3032	INJECTION EPTINEZUMAB-JJMR 1 MG	
J3095	TELEVANCIN INJECTION	
J3110	INJECTION, TERIPARATIDE, 10 MCG	
J3111	INJECTION ROMOSOZUMAB-AQQG 1 MG	STEP THERAPY
J3140	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	
J3240	INJECTION, THYROTROPIN, UP TO 10 I.U.	
J3241	INJECTION TEPROTUMUMAB-TRBW 10 MG	STEP THERAPY
J3245	INJECTION TILDRAKIZUMAB 1 MG	
J3262	TOCILIZUMAB INJECTION	STEP THERAPY
J3285	INJECTION, TREPROSTINIL, 1 MG	
J3299	TRIAMCINOLONE ACETONIDE (XIPERE), 1MG	
J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	STEP THERAPY
J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	
J3357	USTEKINUMAB FOR SUBQ INJECTION 1 MG	STEP THERAPY
J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	
J3380	INJECTION VEDOLIZUMAB 1 MG	STEP THERAPY
J3385	VELAGLUCERASE ALFA	
J3396	INJECTION, VERTEPORFIN, 0.1 MG	STEP THERAPY
J3397	INJECT VESTRONIDASE ALFA-VJBK 1 MG	
J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	
J3399	INJ AVSX-101-XIOI P-TX TO 5X10^15 VCTR GNOMS	
J3490	UNCLASSIFIED DRUGS	
J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	
J3590	UNCLASSIFIED BIOLOGICS	
J3591	UNCLASS RX/BIOLOGICAL USED FOR ESRD ON DIALYSIS	
J7169	INJ COAGULATION FACTOR XA INACTIVATED-ZHZO 10 MG	
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	
J7175	INJ FACTOR X (HUMAN) 1IU	
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	
J7179	VONVENDI INJ 1 IU VWF:RCO	
J7180	FACTOR XIII ANTI-HEM FACTOR	

PROCEDURE	DESCRIPTION	STEP THERAPY
J7181	FACTOR XIII RECOMB A-SUBUNIT	
J7182	FACTOR VIII RECOMB NOVOEIGHT	
J7183	WILATE INJECTION	
J7185	XYNTHA INJ	
J7186	ANTIHEMOPHILIC VIII/VWF COMP	
J7187	INJECTION VON WILLEBRAND FACTOR COMPLEX HUMAN RISTOCETIN COFACTOR PER IV	
J7188	INJECTION FACTOR VIII PER I.U.	
J7189	FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG	
J7190	FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (HUMAN)), PER I.U.	
J7191	FACTOR VIII (PORCINE)	
J7192	FACTOR VIII RECOMBINANT NOS	
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	
J7194	FACTOR IX, COMPLEX, PER I.U.	
J7195	FACTOR IX RECOMBINANT NOS	
J7196	ANTITHROMBIN RECOMBINANT	
J7197	ANTITHROMBIN III (HUMAN), PER I.U.	
J7198	ANTI-INHIBITOR, PER I.U.	
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	
J7200	FACTOR IX RECOMBINAN RIXUBIS	
J7201	INJ FACTOR IX FC FUS PROTEIN PER IU	
J7202	FACTOR IX IDELVION INJ	
J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	
J7204	INJ FAC VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU	
J7207	FACTOR VIII PEGYLATED RECOMB	
J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	
J7209	FACTOR VIII NUWIQ RECOMB 1IU	
J7212	FACTOR VIIA JNCW 1 MCG	
J7311	INJECTION FA INTRAVITREAL IMPL 0.01 MG	STEP THERAPY
J7312	DEXAMETHASONE INTRA IMPLANT	STEP THERAPY
J7313	INJECTION FA INTRAVITREAL IMPL 0.01 MG	STEP THERAPY
J7314	INJECTION FA INTRAVITREAL IMPL 0.01 MG	STEP THERAPY
J7318	HYALURONAN/DERIVATIVE DUROLANE FOR IA INJ 1 MG	STEP THERAPY
J7320	HYALURONAN/DERIVATIVE GENVISC 850 IA INJ 1 MG	STEP THERAPY
J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	STEP THERAPY
J7322	HYALURONAN/DRIV HYMOVIS IA INJ 1 MG	STEP THERAPY
J7323	EUFLEXXA INJ PER DOSE	STEP THERAPY
J7324	ORTHOVISC INJ PER DOSE	STEP THERAPY
J7325	SYNVISC OR SYNVISC-ONE	STEP THERAPY
J7326	GEL-ONE	STEP THERAPY
J7327	MONOVISC INJ PER DOSE	STEP THERAPY

PROCEDURE	DESCRIPTION	STEP THERAPY
J7328	HYAL/DERIV GELSYN-3 IA INJ 0.1 MG	STEP THERAPY
J7329	HYALURONAN/DERIVATIVE TRIVISC FOR IA INJ 1 MG	STEP THERAPY
J7331	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG	STEP THERAPY
J7332	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG	STEP THERAPY
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	
J7352	AFAMELANOTIDE IMPLANT 1 MG	
J7402	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG	
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	
J7527	ORAL EVEROLIMUS	
J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	
J7686	TREPROSTINIL, NON-COMP UNIT	
J8650	NABILONE ORAL	
J8705	TOPOTECAN ORAL	
J8999	NOS PRES DRUG, ORAL, CHEMO	
J9015	ALDESLEUKIN/SINGLE USE VIAL	
J9017	ARSENIC TRIOXIDE, 1MG	
J9019	ERWINAZE INJECTION	
J9022	INJECTION ATEZOLIZUMAB 10 MG	STEP THERAPY
J9023	INJECTION AVELUMAB 10 MG	
J9027	INJECTION, CLOFARABINE, 1 MG	
J9034	INJ. BENDEKA 1 MG	
J9035	INJECTION, BEVACIZUMAB, 10 MG	STEP THERAPY (NOT REQUIRED FOR OPHTHALMOLOGISTS)
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	
J9037	INJECTION BELANTAMAB MAFODONTIN-BLMF 0.5 MG	
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	
J9041	INJECTION BORTEZOMIB 0.1 MG	
J9042	BRENTUXIMAB VEDOTIN INJ	NEW STEP THERAPY 2023 JANUARY
J9043	CABAZITAXEL INJECTION	
J9044	INJECTION BORTEZOMIB NOS 0.1 MG	
J9047	INJECTION, CARFILZOMIB, 1 MG	
J9050	CARMUSTINE, 100 MG	
J9055	INJECTION, CETUXIMAB, 10 MG	
J9057	INJECTION COPANLISIB 1 MG	
J9118	INJECTION CALASPARGASE PEGOL-MKNL 10 UNITS	
J9119	INJECTION CEMIPILIMAB-RWLC 1 MG	STEP THERAPY
J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	STEP THERAPY

PROCEDURE	DESCRIPTION	STEP THERAPY
J9145	INJECTION DARATUMUMAB 10 MG	STEP THERAPY
J9153	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	
J9173	INJECTION DURVALUMAB 10 MG	STEP THERAPY
J9176	INJECTION ELOTUZUMAB 1MG	STEP THERAPY
J9177	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG	
J9179	ERIBULIN MESYLATE INJECTION	
J9198	INJ GEMCITABINE HYDROCHLORIDE INFUGEM 100 MG	
J9203	INJ GEMTUZUMAB OZOGAMICIN 0.1 MG	
J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	
J9210	INJECTION, EMAPALUMAB-LZSG, 1MG	STEP THERAPY
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG	
J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	
J9215	INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	
J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS	
J9223	INJECTION LURBINECTEDIN 0.1 MG	STEP THERAPY
J9225	HISTRELIN IMPLANT, 50 MG	
J9226	SUPPRELIN LA IMPLANT	
J9227	INJECTION ISATUXIMAB-IRFC 10 MG	
J9228	IPILIMUMAB INJECTION	
J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	
J9246	INJECTION MELPHALAN EVOMELA 1 MG	
J9261	INJECTION NELARABINE 50 MG	
J9262	INJECTION OMACETAXINE MEP, 0.01MG	
J9264	INJECTION PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	
J9266	PEGASPARGASE/SINGL DOSE VIAL	
J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	
J9271	INJECTION PEMBROLIZUMAB 1 MG	STEP THERAPY
J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION 1 MG	
J9285	INJECTION OLARATUMAB 10 MG	
J9299	INJECTION NIVOLUMAB 1 MG	STEP THERAPY
J9301	OBINUTUZUMAB INJ	
J9303	PANITUMUMAB INJECTION	
J9304	INJECTION PEMETREXED PEMFEXY 10 MG	
J9305	INJECTION PEMETREXED NOS10 MG	
J9306	INJECTION, PERTUZUMAB, 1 MG	

PROCEDURE	DESCRIPTION	STEP THERAPY
J9308	INJECTION RAMUCIRUMAB 5 MG	STEP THERAPY
J9309	INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG	STEP THERAPY
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	STEP THERAPY
J9312	INJECTION RITUXIMAB 10 MG	STEP THERAPY
J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	
J9316	INJ PERTUZUMAB TRASTUZUMAB AND HYAL ZZXF PER 10 MG	
J9317	INJECTION SACITUZUMAB GOVITECAN HZIY 2.5 MG	
J9325	INJ TALIMOGENE LAHERPAREPVEC	
J9349	INJECTION TAFASITAMAB-CXIX 2 MG	
J9352	INJECTION TRABECTEDIN 0.1MG	
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG	STEP THERAPY
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	STEP THERAPY
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	STEP THERAPY
J9395	INJECTION, FULVESTRANT, 25 MG	
J9400	INJ, ZIV-AFLIBERCEPT, 1MG	
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	
Q0138	FERUMOXYTOL, NON-ESRD	
Q0515	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	
Q2026	RADIESSE INJECTION	
Q2027	SCULPTRA INJECTION	
Q2028	INJ, SCULPTRA, 0.5MG	
Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	STEP THERAPY
Q2042	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	STEP THERAPY
Q2043	SIPLEUCEL-T AUTO CD54+	STEP THERAPY
Q2050	DOXORUBICIN INJ 10MG	
Q2053	BREXUCABTAGENE AUTOLCL AU ANTI-CD19 CAR P V T C	STEP THERAPY
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
Q2056	CILTACABTAGENE AUTOLEUCEL	NEW STEP THERAPY 2023 JANUARY
Q3027	INJ BETA INTERFERON IM 1 MCG	
Q4074	ILOPROST NON-COMP UNIT DOSE	
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	STEP THERAPY
Q5101	INJ FILGRASTIM BIOSIMILAR 1 MCG	
Q5103	INJECTION, INFLECTRA	

PROCEDURE	DESCRIPTION	STEP THERAPY
Q5104	INJECTION, RENFLEXIS	
Q5106	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	
Q5108	INJ PEGFLGRSTM-JMDB BIOSIMILR 0.5 MG	STEP THERAPY
Q5109	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	STEP THERAPY
Q5110	INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG	STEP THERAPY
Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	STEP THERAPY
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	STEP THERAPY
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	STEP THERAPY
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	STEP THERAPY
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	STEP THERAPY
Q5116	INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG	
Q5117	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG	STEP THERAPY
Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	
Q5119	INJECTION RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	
Q5120	INJECTION PEGFILGRASTIM-BMEZ BIOSIMILR ZIEXTENZO 0.5 MG	STEP THERAPY
Q5121	INJECTION INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG	STEP THERAPY
Q5122	INJECTION PEGFILGRASTIM APGF BIOSIMILAR 0.5 MG	STEP THERAPY
Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	STEP THERAPY
Q5124	INJECTION, RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ), 0.1 MG	NEW STEP THERAPY 2023 JANUARY
Q5125	INJECTION, FILGARASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MCG	NEW STEP THERAPY 2023 JANUARY
Q9991	BUPRENORPH XR 100 MG OR LESS	
Q9992	BUPRENORPHINE XR OVER 100 MG	
S0013	ESKETAMINE NASAL SPRAY 1 MG	
S0145	INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML	