

PART B SPECIALTY DRUG PREAUTHORIZATION LIST

The medications listed below require preauthorization when delivered in the physician office, clinic, outpatient or home setting

Preauthorization is NOT required when administered as an Inpatient or in the ED or Urgent Care Clinic

| Brand Name | Generic Name | J-Code | J-Code Description | Route | Comments |
|--------------------------------|--|---------------------------|--|-------|---|
| Abraxane® | Paclitaxel Protein-bound, paclitaxel-nab | J9264 | Injection, paclitaxel protein-bound particles, 1 mg | IV | |
| Actemra | tocilizumab | J3262 | Injection, tocilizumab, 1 mg | | |
| Acthar Gel | corticotropin | J0800 | Injection, corticotropin up to 40 units | | |
| Adcetris | brentuximab vedotin | J9042 | Injection, brentuximab vedotin, 1 mg | IV | |
| Advate | antihemophilic factor, human recombinant | J7192 | Factor VIII (antihemophilic factor, recombinant) per IU (international unit), not otherwise specified | IV | |
| Adynovate | antihemophilic factor (recombinant), pegylated | J7199 (use C9317 in 2017) | Hemophilia clotting factor, not otherwise classified | IV | Per MC NOC list |
| Afystyla | antihemophilic factor (recombinant) single chain | J7199 (use C9140 in 2017) | Hemophilia clotting factor, not otherwise classified | IV | |
| Aldurazyme | laronidase | J1931 | Injection, laronidase, 0.1 mg | | |
| Alimta® | pemetrexed | J9305 | Injection, pemetrexed, 10 mg | IV | |
| Aloxi | palonosetron HCl | J2469 | Injection, palonosetron HCl, 25 mcg (microgram) | IV | AHA: 2Q, '05, 11; 1Q "05, 7, 9-10 |
| Alphanate | antihemophilic factor/von Willenbrand factor complex (human) | J7186 | Injection, antihemophilic factor VIII/von Willenbrand factor complex (human), per factor VIII I.U. (international units) | IV | |
| AlphaNine SD | coagulation factor IX (human) | J7193 | Factor IX (antihemophilic factor, recombinant) per IU (international units), not otherwise specified | IV | |
| Alprolix | coagulation factor IX (recombinant) | J7201 | Injection, factor IX, FC fusion protein (recombinant), per IU (international units) | IV | |
| Aralast NP | alpha 1-proteinase inhibitor | J0256 | Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg | IV | |
| Aranesp (for ESRD on dialysis) | darbepoetin alfa | J0882 | Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis) | | |
| Aranesp (for non-ESRD use) | darbepoetin alfa | J0881 | Injection, darbepoetin alfa, 1000 units (for non-ESRD use) | | J0886 not to be used |
| Arcalyst | rilonacept | J2793 | Injection, rilonacept, 1 mg | | |
| Arranon | nelarabine | J9261 | Injection, nelarabine, 50 mg | IV | |
| Arzerra | ofatumumab | J9302 | Injection, ofatumumab, 10 mg | IV | |
| Atgam | lymphocyte immune globulin | J7504 | Lymphocyte immune globulin, , antithymocyte globulin, equine, parenteral, 250 mg | IV | |
| Avastin® | bevacizumab | J9035 | Injection, bevacizumab, 10 mg | IV | NOT required for: Macular degeneration: H35.30, H35.31, H35.32, H35.351, H35.352, H35.353, H35.359 Macular degeneration: E08.311, E08.319, E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E09.311 E09.319, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E10.311, E10.319 E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, H59.031, H59.032, H59.033, H59.039 Macular edema following retinal vein occlusion: H35.81 |
| Aveed | testosterone undecanoate | J3145 | Injection, testosterone undecanoate, 1 mg | | |

| Brand Name | Generic Name | J-Code | J-Code Description | Route | Comments |
|---|--|--------------|---|--------------|--|
| Bebulin | factor IC complex | J7194 | Factor IX complex, per IU (international units) | IV | |
| Bebulin VH | factor IC complex | J7194 | Factor IX complex, per IU (international units) | IV | |
| Beleodaq | belinostat | J9032 | Injection, belinostat, 10 mg | IV | |
| BeneFix | coagulation factor IX (recombinant) | J7195 | Injection, factor IX (antihemophilic factor, recombinant), per IU (international units), not otherwise specified | IV | |
| Benlysta | belimumab | J0490 | Injection, belimumab, 10 mg | IV | |
| Berinert | c1 esterase inhibitor | J0597 | Injection, c1 esterase inhibitor (human), Berinert, 10 units | IV | |
| Blincyto | blinatumomab | J9039 | Injection, blinatumomab, 1 mcg (microgram) | IV | |
| Boniva | ibandronate sodium | J1740 | Injection, ibandronate sodium, 1 mg | IV | |
| Botox | onabotulinumtoxinA | J0585 | Injection, onabotulinumtoxinA, 1 unit | IM, Other | Use for Botox, Botox cosmetic |
| Brovana | arformoterol | J7605 | Arformoterol, inhalation solution, FDA approved final product, noncompounded, administered through DME, unit dose form, 15 mcg (micrograms) | Inhalation | |
| Campath | alemtuzumab | J0202 | Injection, alemtuzumab, 1 mg | IV | Previous codes J9010 |
| Carimune NF® (lypholized) | Immune Globulin, Intravenous | J1566 | Injection, immunie globulin, intravenous, lypholized, (e.g., powder), not otherwise specified, 500 mg | IV | |
| Cerezyme | imiglucerase | J1786 | Injection, imiglucerase, 10 units | IV | |
| Chemotherapy Agents Supportive and Drugs Symptom Management Drugs | Chemotherapy Chemotherapy Agents Supportive and Drugs Symptom Management Drugs | | Injection, Chemotherapy Chemotherapy Agents Supportive and Drugs Symptom Management Drugs, 50 mg | | |
| Cimzia | certolizumab pegol | J0717 | Injection, certolizumab pegol, 1 mg | Subcutaneous | (Code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) |
| Cinquiry | reslizumab | J3590 | Injection, reslizumab (no quantity given as this is a temp code) | IV | Temp code per Manufacturer to be used for Medicare |
| Cinryze | c1 esterase inhibitor | J0598 | Injection, c1 esterase inhibitor, 10 units | IV | |
| Coagadex | coagulation factor X (human) | J7199 | Hemophilia clotting factor, not otherwise classified | IV | |
| Corifact | factor XIII concentrate (human) | J7180 | Injection, factor XIII (antihemophilic factor, human) 1 IU (international unit) | IV | |
| Cyklokapron | tranexameric acid | J3490 | Unclassified drugs | IV | |
| Cyramza | ramucirumab | J9308 | Injection, ramucirumab, 5 mg | IV | |
| CytoGam | cytomegalovirus immune globulin | J0850 | Injection, cytomegalovirus immune globulin, 50 mg | IV | |
| Dacogen | decitabine | J0894 | Injection, decitabine, 1 mg | IV | |
| Darzalex | daratumumab | J9999 | not otherwise classified, antineoplastic drugs | IV | |
| Defitelio | defibrotide sodium | see comments | Injection, defibrotide sodium, 50 mg | | Billed DRG-IPPS. No HCPCS code as patient must be admitted, per Steven Butler, Strategic Account Manager-Oncology at Jazz Pharmaceuticals, 972-965-1536 steven.butler@jazzpharma.com |
| Doxil | doxorubicin | Q2050 | Injection, doxorubicin hydrochloride , liposomal, not otherwise specified, 10 mg | IV | |
| Doxil | doxorubicin | Q2049 | Injection, doxorubicin hydrochloride , liposomal, imported Lopodox, 10 mg | IV | |
| Duopa | carbidopa / levodopa | J7340 | Carbidopa 5 mg / levadopa 20 mg enteral suspension | Oral | |
| Dysport | abobotulinumtoxin A | J0586 | Injection, abobotulinumtoxin A, 5 units | IM | |

| Brand Name | Generic Name | J-Code | J-Code Description | Route | Comments |
|------------------------------|---|--------|---|----------------------|--|
| Elaprase | idursulfase | J1743 | Injection, idursulfase, 1 mg | IV | |
| Eleyso | taliglucerase alfa | J3060 | Injection, taliglucerase alfa, 10 units | IV | |
| Elitek | rasburicase | J2783 | Injection, rasburicase, 0.5 mg | IM | |
| Eloctate | antihemophilic factor (recombinant), Fc fusion protein | J7205 | Injection, factor VIII Fc fusion protein (recombinant) per IU (international unit) | IV | |
| Eloxatin | oxaliplatin | J9263 | Injection, oxaliplatin, 0.5 mg | IV | |
| Emend IV | fosaprepitant | J1453 | Injection, fosaprepitant, 1 mg | Oral | |
| Entyvio | vedolizumab | J3380 | Injection, vedolizumab, 1 mg | IV | |
| Epogen (for non-ESRD use) | epoetin alfa | J0885 | Injection, epoetin alfa, 1000 units (For non-ESRD use) | IV or Subcutaneous | |
| Erbtux® | cetuximab | J9055 | Injection, Cetuximab, 10 mg | IV | V |
| Erwinaze | asparaginase Erwinia chrysanthemi | J9019 | Injection, asparaginase Erwinia chrysanthemi, 1000 IU (international units) | IM, IV, Subcutaneous | |
| Evomela | melphalan | J9245 | Injection, melphalan, 50 mg | IV | Per CMS list |
| Eylea | aflibercept | J0178 | Injection, aflibercept, 1 mg | other | |
| Fabrazyme | agalsidase beta | J0180 | Injection, agalsidase beta, 1 mg | IV | |
| Firazyr | icatibant | J1744 | Injection, icatibant, 1 mg | Subcutaneous | |
| Flebogamma® (nonlyophilized) | Immune Globulin, nonlyophilized (e.g., liquid), Intravenous | J1572 | Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, nonlyophilized (e.g., liquid), 500 mg | IV | |
| Flolan | epoprostenol (injection) | J1325 | Injection, epoprostenol, 0.5 mg | IV | |
| Folotyn | pralatrexate | J9307 | Injection, pralatrexate, 1 mg | IV | |
| Fusilev | levoleucovorin calcium | J0641 | Injection, levoleucovorin, 0.5 mg | IV | |
| Gammagard SD® | Immune Globulin, Intravenous | J1569 | Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg | IV | |
| Gammagard® Liquid | Immune Globulin, Intravenous | J1569 | Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg | IV | |
| Gammplex® | Immune Globulin, nonlyophilized (e.g., liquid), Intravenous | J1557 | Injection, Immune Globulin, Intravenous, nonlyophilized (e.g., liquid) not otherwise specified, 500 mg | IV | |
| Gamunex®-C (human) | Immune Globulin, nonlyophilized (e.g., liquid), Intravenous | J1561 | Injection, Immune Globulin, Intravenous, nonlyophilized (e.g., liquid) not otherwise specified, 500 mg | IV | |
| Gattex | teduglutide | J3490 | Unclassified drug code - teduglutide | Subcutaneous | |
| Gazyva | obinutuzumab | J9301 | Injection, obinutuzumab, 10 mg | IV | |
| Gel-One | sodium hyaluronate | J7326 | Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose | Intra-articular | |
| Gelsyn-3 | sodium hyaluronate | J7328 | Hyaluronan or derivative, Gel-One, for intra-articular injection, 0.1 mg | Intra-articular | |
| Gemzar® | gemcitabine HCl | J9201 | Injection, gemcitabine HCl, 200 mg | IV | |
| Genvisc 850 | sodium hyaluronate | Q9980 | Hyaluronan or derivative, for intra-articular injection, per dose | IA | |
| Gilenya | fingolimod | J8499 | Prescription drug, oral, non chemotherapeutic, not otherwise specified - Gilenya | Oral | Obtained code from Novartis 877-408-4974 |
| Glassia | alpha 1-proteinase inhibitor | J0257 | Injection, alpha 1-proteinase inhibitor (human), (GLASSIA), 10 mg | IV | |

| Brand Name | Generic Name | J-Code | J-Code Description | Route | Comments |
|---|--|---------------------------|---|-----------------|--|
| Granix | tbo-filgrastim | J1447 | Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg (microgram) | Subcutaneous | |
| Growth Hormones: Genotropin, Humatropine, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive | somatropin | J2941 | Injection, somatropin, 1 mg | Subcutaneous | |
| Halavent | eribulin mesylate | J9179 | Injection, eribulin mesylate, 0.1 mg | IV | |
| Helixate FS | antihemophilic factor (recombinant) | J7192 | Factor VIII (antihemophilic factor, recombinant) per IU (international unit), not otherwise specified | IV | |
| Hemofil M | antihemophilic factor,(human) | J7190 | Factor VIII (antihemophilic factor, human) per IU (international unit) | | |
| Herceptin® | Trastuzumab | J9355 | Injection, trastuzumab, 10 mg | | |
| Hizentra | Immune Globulin, Intravenous | J1559 | Injection, Immune Globulin (Hizentra), 100 mg | | |
| Humate-P | antihemophilic factor. vonWillenbrand factor complex (human) | J7187 | Injection, von Willendbrand factor complex (Humate-P), per IU (international unit) VWF:RCO | IV | |
| Hyalgan | sodium hyaluronate | J7321 | Hyaluronan or derivative,Hyalgan or Suprax, for intra-articular injection, per dose | Intra-articular | |
| Hymovis | sodium hyaluronate | J3490 | Unclassified Drug - Hymovis (high molecular weight viscoelastic hyaluronan) | | Per manufacturer |
| Idelvion | antihemophilic factor (recombinant) | J7199 (use J7202 in 2017) | Hemophilia clotting factor, not otherwise classified | IV | |
| Ilaris | canakinumab | J0638 | Injection, canakinumab, 1 mg | Subcutaneous | |
| Iluvien | fluocinolone acetone | J7313 | Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg | Ophthalmologic | |
| Istodax | romidepsin | J9315 | Injection, romidepsin, 1 mg | IV | |
| Ixempra | ixabepilone | J9207 | Injection, ixabepilone, 1 mg | IV | |
| Ixinity | coagulation factor IX (recombinant) | J7195 | Injection, f (antihemophilic factor, recombinant), per IU (international unit) | IV | |
| Jetrea | ocriplasmin | J7316 | Injection, ocriplasmin, 0.125 mg | Other | |
| Jevtana | cabazitaxel | J9043 | Injection, cabazitaxel, 1 mg | IV | |
| Kadcyla | ado-trastuzumab emtansine | J9354 | Injection, ado-trastuzumab emtansine, 1 mg | IV | |
| Kalbitor | ecallantide | J1290 | Injection, ecallantide, 1 mg | Subcutaneous | |
| Kineret | anakinra | J3490 | Injection, anakinra, 50 mg | | |
| Koate-DVI | antihemophilic factor (human) | J7190 | Factor VIII (antihemophilic factor, human) per IU (international unit) | IV | |
| Kogenate- FS | antihemophilic factor (recombinant) | J7192 | Factor VIII (antihemophilic factor, recombinant) per IU (international unit), not otherwise specified | IV | |
| Kovaltry | antihemophilic factor (recombinant) | J7192 | Factor VIII (antihemophilic factor, recombinant) per IU (international unit), not otherwise specified | IV | |
| Krystexxa | pegloticase | J2507 | Injection, pegloticase, 1 mg | IV | |
| Kynamro | mipomersen sodium | J3490 | Unclassified drug code - mipomersen sodium | | Not on CMS list; verified per manufacturer |
| Kyprolis | carfilzomib | J9047 | Injection, carfilzomib, 1 mg | IV | |
| Lemtrada | alemtuzumab | J0202 | Injection, alemtuzumab, 1 mg | IV | |
| Lucentis | ranibizumab | J2778 | Injection, ranibizumab, 0.1 mg | Other | |
| Lumizyme | alglucosidase alfa (lumizyme) | J0221 | Injection, alglucosidase alfa (lumizyme), 10 mg | IV | |

| Brand Name | Generic Name | J-Code | J-Code Description | Route | Comments |
|--------------------------------|---|--------|---|--------------------|--|
| Macugen | pegaptanib sodium | J2503 | Injection, pegaptanib sodium, 0.3 mg | Other | |
| Makena | hydroxyprogesterone caproate | J1725 | Injection, hydroxyprogesterone caproate, 1 mg | IM | |
| Marqibo kit | vincristine sulfate liposome | J9371 | Injection, vincristine sulfate liposome, 1 mg | IV | |
| Mircera (IV) | methoxy polyethylene glycol – epoetin beta | J0887 | Injection, epoetin beta, 1 mcg (microgram), (for ESRD on dialysis) | IV | |
| Mircera (subcutaneous/subQ) | methoxy polyethylene glycol – epoetin beta | J0888 | Injection, epoetin beta, 1 mcg (microgram), (for non-ESRD use) | Subcutaneous | |
| Monoclate-P | antihemophilic factor (human) | J7190 | Factor VIII (antihemophilic factor, human) per IU (international unit) | | |
| Mononine | coagulation factor IX (human) | J7193 | Factor IX (antihemophilic factor, purified, nonrecombinant) per IU (international units) | IV | |
| Monovisc | sodium hyaluronate | J7327 | Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose | | |
| Mozobil | plerixafor | J2562 | Injection, plerixafor, 1 mg | Subcutaneous | |
| Myobloc | rimabotulinumtoxinB | J0587 | Injection, rimabotulinumtoxinB, 100 units | | |
| Myozyme | alglucosidase alfa | J0220 | Injection, alglucosidase alfa, 10 mg not otherwise specified | IV | |
| Naglazyme | galsulfase | J1458 | Injection, galsulfase, 1 mg | IV | |
| Neulasta | pegfilgrastim | J2505 | Injection, pegfilgrastim, 6 mg | Subcutaneous | |
| Neupogen | filgrastim | J1442 | Injection, filgrastim, 1 mcg (microgram) | IV or Subcutaneous | Not filgrastim (G-CSF), BIOSIMILAR |
| NovoSeven RT | coagulation factor VIIa (recombinant) | J7189 | Factor VIIa (antihemophilic factor, recombinant), per 1 mcg (microgram) | IV | |
| Nplate | romiplostim | J2796 | Injection, romiplostim, 10 mcg (micrograms) | Subcutaneous | |
| Nuloxix | belatacept | J0485 | Injection, belatacept, 1 mg mg | IV | |
| Obizur | antihemophilic factor (recombinant), porcine sequence | J7188 | Injection, factor VIII (antihemophilic factor, recombinant), per IU (international unit) | IV | |
| Octagam® | Immune Globulin, Intravenous | J1568 | Injection, Immune Globulin, Intravenous, 50 mg | | |
| Omontys (for ESRD on dialysis) | pigesesatide | J0890 | Injection, peginesatide, 0.1 mg (for ESRD on dialysis) | IV, Subcutaneous | |
| Ontak | denileukin dititox | J9160 | Injection, denileukin dititox, 300 mcg (microgram) | IV | |
| Opdivo | nivolumab | J9299 | Injection, nivolumab, 1 mg | IV | |
| Orencia | abatacept | J0129 | Injection, abatacept, 10 mg | IV | (Code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered) |
| Orthovisc | hyaluronan | J7324 | hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose | Intra-articular | |
| Ozurdex | dexamethasone intravitreal implant | J7312 | Injection, dexamethasone intravitreal implant, 0.1 mg | Ophthalmologic | |
| Panglobulin NF® | Immune Globulin, Intravenous | J1566 | Injection, immunie globulin, intravenous, lypholized, (e.g., powder), not otherwise specified, 500 mg | IV | Per CMS list |
| Perjeta | pertuzumab | J9306 | Injection, pertuzumab, 1 mg | IV | |
| Prialt | ziconotide | J2278 | Injection, ziconotide, 1 mcg (microgram) | IT | |
| Privigen® | Immune Globulin, Intravenous | J1459 | Injection, Immune Globulin (Privigen), Intravenous, nonlypholized (e.g., liquid), 500 mg | IV | |

| Brand Name | Generic Name | J-Code | J-Code Description | Route | Comments |
|----------------------------|--------------------------------------|--------|--|--------------------|-----------------------|
| Procrit (for non-ESRD use) | epoetin alfa | J0885 | Injection, epoetin alfa, 1000 units (For non-ESRD use) | IV or Subcutaneous | |
| Profilnine SD | factor IX complex | J7194 | Factor IX complex, per IU (international units) | IV | |
| Prolastin-C | alpha 1-proteinase inhibitor | J0256 | Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg | IV | |
| Prolia | denosumab | J0897 | Injection, denosumab, 1 mg | Subcutaneous | |
| Provence® | Sipuleucel -T | Q2043 | Injection, Sipuleucel -T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion | IV | |
| Qutenza | capsaicin/skin cleanser | J7336 | Capsacin 8% patch, per square centimeter | | |
| Reclast | zoledronic acid | J3489 | Injection, zoledronic acid, 1 mg | IV | |
| Recombinate | antihemophilic factor (recombinant) | J7192 | Factor VIII (antihemophilic factor, recombinant) per IU (international unit), not otherwise specified | IV | |
| Remicade | infliximab | J1745 | Injection, infliximab, 10 mg | IV | |
| Remodulin | treprostinil (injection) | J3285 | Injection, treprostinil, 1 mg | Subcutaneous | |
| Revatio | sildenafil citrate (injection) | S0090 | sildenafil citrate | IV | |
| Rituxan® | Rituximab | J9310 | Injection, rituximab, 100 mg | IV | |
| Rixubis | coagulation factor XIX (recombinant) | J7200 | Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU (international unit) | IV | |
| Ruconest | c1 esterase inhibitor | J0596 | Injection, c1 esterase inhibitor (recombinant) Ruconest, 10 units mg | IV | |
| Sandostatin LAR | octreotide | J2353 | Injection, octreotide, depot form for intramuscular injection, 1 mg | IM | |
| Signifor LAR | pasireotide | J2502 | Injection, pasireotide long acting, 1 mg | IV | |
| Simponi | golimumab | J1602 | Injection, golimumab, 1 mg for intravenous use | IV | Code per CMS |
| Simponi ARIA | golimumab | J1602 | Injection, golimumab, 1 mg for intravenous use | IV | Code per manufacturer |
| Soliris | eculizumab | J1300 | Injection, eculizumab, 10 mg | IV | |
| Somatuline Depot | lanreotide | J1930 | Injection, lanreotide, 1 mg | Subcutaneous | Code per CMS |
| Stelara | ustekinumab | J3357 | Injection, ustekinumab, 1 mg | Subcutaneous | |
| Supartz | sodium hyaluronate | J7321 | Hyaluronan or derivative, Hyalgan or Suprax, for intra-articular injection, per dose | Intra-articular | 25 mg /dose |
| Supartz FX | sodium hyaluronate | J7321 | Hyaluronan or derivative, Hyalgan or Suprax, for intra-articular injection, per dose (25 mg per dose) | Intra-articular | 25 mg /dose |
| Sylatron | peginterferon alfa-2b | S0148 | Injection, peginterferon alfa-2b, 10 mcg (micrograms) | Subcutaneous | |
| Sylvant | siltuximab | J2860 | Injection, siltuximab, 10 mg | IV | |
| Synagis | palivizumab | 90378 | Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each | IM | |
| Synribo | omacetaxine mepe-succinate | J9262 | Injection, omacetaxine mepesuccinate, 0.01 mg | Subcutaneous | |
| Synvisc | hylian G-F 20 | J7325 | hyaluronan or derivative, Synvisc or Synvisc One, for intra-articular injection, per dose | Intra-articular | |
| Synvisc One | hyaluronan | J7325 | hyaluronan or derivative, Synvisc or Synvisc One, for intra-articular injection, per dose | Intra-articular | |

| Brand Name | Generic Name | J-Code | J-Code Description | Route | Comments |
|------------------|--|---------------------------|---|--------------------|---|
| Tecentriq | atezolizumab | J9999 / J3590 | Not otherwise specified anti-neoplastic drugs / Unclassified biologic, IV, per 10 mg | IV | |
| Temodar | temozolomide | J9328 | Injection, temozolomide, 1 mg | IV | |
| Testopel | testosterone pellet | S0189 | testosterone pellet, 75 mg | Other | |
| Torisel | temsirolimus | J9330 | Injection, temsirolimus, 1 mg | IV | |
| Treanda | bendamustine HCl | J9033 | Injection, bendamustine HCl, 1 mg | IV | |
| Tysabri | natalizumab | J2323 | Injection, natalizumab, 1 mg | IV | |
| Tyvaso | treprostinil (inhaled) | J7686 | Treprostinil inhalation solution, FDA-approved final product, administered through DME, unit dose form, 1.74 mg | Inhaled | |
| Unituxin | dinutuximab | J9999 | Not otherwise classified, antineoplastic drugs | IV | Pediatric chemo agent for neuroblastoma |
| Valstar | valrubicin | J9357 | Injection, valrubicin, intravesicle, 200 mg | Intravesicle | |
| Varizig | varicella zoster immune globulin | J9999 or 90396 | varicella zoster immune globulin | IM | Per http://www.varizig.com/liquid-ordering_info.html |
| Vectibix® | Panitumumab | J9303 | Injection, panitumumab, 10 mg | IV | |
| Velcade® | bortezomib | J9041 | Injection, bortezomib, 0.1 mg | IV | |
| Veletri | epoprostenol | J1325 | Injection, epoprostenol, 0.5 mg | IV | |
| Ventavis | iloprost (inhaled) | Q4074 | iloprost inhalations olution, FDA-approved final product, noncompromised, administered through DME, unit does form, up to 20 mcg (micrograms) | Inhaled | Per CMS list |
| Vidaza® | azacitidine | J9025 | Injection, azacitidine, 1 mg | Subcutaneous | |
| Vimizim | elosulfase alfa | J1322 | Injection, elosulfase alfa, 1 mg | IV | |
| Visudyne | verteporfin | J3396 | Injection, verteporfin, 0.1 mg | IV | |
| Vivaglobin | Immune Globulin, Intravenous | J1562 | Injection, Immune Globulin (Vivaglobin), 100 mg | IV | |
| Vonvendi | von Willenbrand factor, (recombinant) | J7199 (use J7179 in 2017) | Hemophilia clotting factor, not otherwise classified | IV | |
| VPRIV | velaglucerase alfa | J3385 | Injection, velaglucerase alfa, 100 units | IV | |
| Wilate | von Willenbrand factor/coagulation factor VIII complex (human) | J7183 | Injection, von Willendbrand factor complex (human), Wilate, 1 IU (international unit) vWF:RCO | IV | |
| Xeomin | incobotulinumtoxin A | J0588 | incobotulinumtoxin A | IM | |
| Xgeva® | denosumab | J0897 | Injection, denosumab, 1 mg | Subcutaneous | |
| Xofigo | radium Ra 223 dichloride | A9606 | Radium RA 223 dichloride therapeutic per microcurie | per microcurie | |
| Xolair | omalizumab | J2357 | Injection, omalizumab, 5 mg | Subcutaneous | |
| Xyntha | antihemophilic factor (recombinant) | J7185 | Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU (international unit) | IV | |
| Yervoy® | ipilimumab | J9228 | Injection, ipilimumab, 1 mg | IV | |
| Zaltrap | ziv-aflibercept | J9400 | Injection, ziv-aflibercept, 1mg | IV | |
| Zarxio | filgrastim-sndz | Q5101 | Injection, filgrastim (G-CSF), biosimilar, 1 mcg (microgram) | IV or Subcutaneous | |
| Zemaira | alpha 1-proteinase inhibitor | J0256 | Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg | IV | |
| Zevalin | ibritumomab tuxetan | A9542 | Indium In-111 ibritumomab tuxetan, diagnostic per study dose up to 5 millicuries | IV | |
| Zometa | zoledronic acid | J3489 | Injection, zoledronic acid, 1 mg | IV | |
| Zyprexa Relprevv | olanzapine | J2358 | Injection, olanzapine, long-acting, 1 mg | IM | |