

Covered Services Benefits Guide

Physician-Administered Drug (PAD) Code List



Effective Date: **Monday, October 5, 2026**

About the Alliance Physician-Administered Drug (PAD) Code List

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We are here to help ensure that you have everything that you need to care for our Alliance members and that your experience as providers in the Alliance network is positive.

We created this Covered Services Benefits Guide – PAD Code List to outline prior authorization (PA) requirements for PAD for all Alliance programs: Alliance Group Care, Alliance Medi-Cal, and Alameda Alliance Wellness Medicare Advantage (MA) Health Maintenance Organization Dual Eligible Special Needs Plan (HMO D-SNP).

The codes in this list are subject to change. This document may be updated quarterly, and additional prior authorization or benefit criteria updates are announced in Provider Alerts and published on the Alliance website at www.alamedaalliance.org/providers/provider-updates.

Preservice Checklist

Before services are provided, please check:

- Benefit coverage – Refer to the following Evidence of Coverage (EOC):
 - Alliance Group Care – www.alamedaalliance.org/members/group-care/benefits-and-covered-services
 - Alliance Medi-Cal – www.alamedaalliance.org/members/medi-cal/benefits-and-covered-services
 - Alameda Alliance Wellness – www.alamedaalliance.org/alliancewellness/benefits-and-covered-services
 - Contracted provider status
- Medical group member assignment
- Medi-Cal non-standard benefit codes*
- Member eligibility – The easiest and fastest way to verify eligibility is through the Alliance Provider Portal. To log in or create an account, visit the Alliance website at www.alamedaalliance.org and click on the **Provider Portal** button in the top right corner, and you will be redirected to our Provider Portal. For help, please view the Alliance Provider Portal Instruction Guide found on the Alliance Provider Portal landing page. If you are creating an account, please allow two (2) business days for the Alliance Provider Service Department to review and respond.

*For Alliance Medi-Cal members, codes on the California Department of Health Care Services (DHCS) non-standard benefit code lists always require prior authorization. To view the DHCS non-standard benefit code list, please visit <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual?community=general-medicine>.

For more information on the DHCS non-standard benefit code list, please visit https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/C9688358-EFF1-4BFE-AE82-097B6A5ED942/tarandnon.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO.

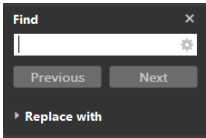
We Are Here to Help

If you have any questions, please call:

Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**

How to Use This Guide

To search the PAD Code List by procedure code or keyword, press **Ctrl+F** on your keyboard; then, type in the code or keyword in the navigation box that appears.



Legend:

ACBH – Carve-Out to Alameda County Behavioral Health	FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)	NCB – Not a Covered Benefit
NO – No Prior Authorization Required	PA – Prior Authorization Required	

The **Date Updated** field will display a date if an update was made after this list’s first publication. If the field is blank, no update has been made.

The PA code list is also available in a web-based search tool at www.alamedaalliance.org/providers/authorizations. For more benefit details, please refer to the EOC for the specific Alliance health plan.

How to Submit a PA Request

Alliance Network

For Alliance Group Care, Alliance Medi-Cal, and Alameda Alliance Wellness members assigned to the Alliance network, please submit a PA request to the Alliance via the Alliance Provider Portal or fax:

- Alliance Provider Portal:** To log in or create an account, visit the Alliance website at www.alamedaalliance.org and click on the **Provider Portal** button in the top right corner, and you will be redirected to our Provider Portal.
- Fax:** Fax the appropriate **Alliance Prior Authorization (PA) Request Form** to **1.855.891.7174**. To view and download the form, please visit www.alamedaalliance.org/providers/provider-forms.

Children First Medical Group (CFMG)

For Medi-Cal members assigned to CFMG, please send PA requests to:

Children First Medical Group
Phone Number: **1.510.428.3154**
Fax: **1.510.450.5868**
www.childrenfirstmedicalgroup.org

Community Health Center Network (CHCN)

For Medi-Cal and Group Care members assigned to CHCN, please send PA requests to:

Community Health Center Network
Phone Number: **1.510.297.0220**
Fax: **1.510.297.0222**
www.chcnetwork.org

Durable Medical Equipment (DME)

For DME on the California Home Medical Equipment (CHME)-capitated code list, please send PA requests to:

Toll-Free: **1.800.906.0626**
Email: aaorders@chme.org

To view the CHME-capitated code list, please visit www.alamedaalliance.org/providers/ancillary-network/durable-medical-equipment-dme.

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ADDITIONAL BENEFIT CRITERIA – If blank, please refer to the EOC of the specific Alliance health plan for more benefit details.									
Service Category	Code	Alliance Group Care	Alliance Medi-Cal	Alameda Alliance Wellness	Code Description	Alliance Group Care (click here for EOC)	Alliance Medi-Cal (click here for EOC)	Alameda Alliance Wellness (click here for EOC)	Date of Change/Update
UM Medication	J0129	PA	PA	PA	ORENCIA (ABATACEPT)				
UM Medication	J0139	PA	PA	PA	ADALIMUMAB				
UM Medication	J0177	PA	PA	PA	AFLIBERCEPT HD				
UM Medication	J0178	PA	PA	PA	EYLEA (AFLIBERCEPT)				
UM Medication	J0180	PA	PA	PA	FABRAZYME (AGALSIDASE BETA)				
UM Medication	J0185	PA	PA	PA	APREPITANT (CINVANTI)				
UM Medication	J0217	PA	PA	PA	VELMANASE ALFA-TYCV (LAMZEDE)				
UM Medication	J0219	PA	PA	PA	AVALGLUCOSIDASE ALFA-NGPT (NEXVIAZYME)				
UM Medication	J0220	PA	PA	PA	MYOZYME (ALGLUCOSIDASE ALFA)				
UM Medication	J0221	PA	PA	PA	LUMIZYME INJECTION (ALGLUCOSIDASE ALFA)				
UM Medication	J0222	PA	PA	PA	PATISIRAN (ONPATTRO)				
UM Medication	J0224	PA	PA	PA	OXLUMO (LUMASIRAN)				
UM Medication	J0225	PA	PA	PA	VUTRISIRAN (AMVUTTRA)				
UM Medication	J0256	PA	PA	PA	PROLASTIN (ALPHA 1 PROTEINASE INBITOR)				
UM Medication	J0257	PA	PA	PA	GLASSIA (ALPHA 1 PROTEINASE INBITOR)				
UM Medication	J0480	PA	PA	PA	SIMULECT (BASILIXIMAB)				
UM Medication	J0485	PA	PA	PA	NULOJIX (BELATACEPT)				
UM Medication	J0585	PA	PA	PA	BOTOX (ONABOTULINUMTOXINA)				
UM Medication	J0586	PA	PA	PA	DYSPORT (ABOBOTULINUMTOXINA)				
UM Medication	J0587	PA	PA	PA	MYOBLOC (RIMABOTULINUMTOXINB), BOTULINUM TOXIN TYPE B				
UM Medication	J0588	PA	PA	PA	XEOMIN (INCOBOTULINUMTOXIN A)				
UM Medication	J0597	PA	PA	PA	BERINERT (C-1 ESTERASE)				
UM Medication	J0598	PA	PA	PA	CINRYZE (C-1 ESTERASE)				
UM Medication	J0614	PA	PA	PA	GRAFAPEX (TREOSULFAN)				
UM Medication	J0638	PA	PA	PA	ILARIS (CANAKINUMAB)				
UM Medication	J0641	PA	PA	PA	LEVOLEUCOVORIN (FUSILEV, KHAPZORY)				
UM Medication	J0717	PA	PA	PA	CERTOLIZUMAB PEGOL (CIMZIA)				
UM Medication	J0725	PA	NCB	NCB	CHORIONIC GONADOTROPIN				
UM Medication	J0801	PA	PA	PA	CORTICOTROPIN (ACTHAR GEL)				
UM Medication	J0802	PA	PA	PA	CORTICOTROPIN (ANI)				
UM Medication	J0881	PA	PA	PA	DARBEPOETIN ALFA (ARANESP, NON-ESRD)				
UM Medication	J0882	PA	PA	PA	DARBEPOETIN ALFA (ARANESP, ESRD)				
UM Medication	J0885	PA	PA	PA	EPOETIN ALFA (EPOETIN, NON-ESRD)				
UM Medication	J0887	PA	PA	PA	EPOETIN BETA (MIRCERA, ESRD)				
UM Medication	J0894	PA	PA	PA	DECITABINE (DACOGEN)				
UM Medication	J0897	PA	PA	PA	PROLIA (DENOSUMAB)				
UM Medication	J1299	PA	PA	PA	SOLIRIS (ECULIZUMAB)				
UM Medication	J1301	PA	PA	PA	RADICAVA (EDARAVONE)				
UM Medication	J1303	PA	PA	PA	RAVULIZUMAB-CWVZ (ULTOMIRIS)				
UM Medication	J1304	PA	PA	PA	TOFersen (QALSODY)				
UM Medication	J1326	PA	PA	PA	ZOLBETUXIMAB-CLZB (VYLOY)				
UM Medication	J1411	PA	PA	PA	ETRANACOGENE DEZAPARVOVEC (HEMGENIX)				

For more benefit details, please refer to the EOC of the specific Alliance health plan.

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FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

NCB – Not a Covered Benefit

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UM Medication	J1412	PA	PA	PA	VALOCTOCOGENE ROXAPARVOVEC-RVOX (ROCTAVIAN)				
UM Medication	J1413	PA	PA	PA	DELANDISTROGENE MOXEPARVOVEC (ELEVIDYS)				
UM Medication	J1414	PA	PA	PA	FIDANACOGENE ELEPARVOVEC (BEQVEZ)				
UM Medication	J1439	PA	PA	PA	FERRIC CARBOXYMALTOSE (INJECTAFER)				
UM Medication	J1442	PA	PA	PA	FILGRASTIM G-CSF (NEUPOGEN)				
UM Medication	J1447	PA	PA	PA	TBO FILGRASTIM (GRANIX) BIOSIMILAR				
UM Medication	J1449	PA	PA	PA	ROLVEDON (EFLAPEGRASTIM-XNST)				
UM Medication	J1454	PA	PA	PA	FOSNETUPITANT AND PALONOSETRON (AKYNZEO)				
UM Medication	J1456	PA	PA	PA	FOSAPREPITANT (TEVA)				
UM Medication	J1458	PA	PA	PA	NAGLAZYME (GALSULFASE)				
UM Medication	J1459	PA	PA	PA	IMMUNE GLOBULIN (PRIVIGEN)				
UM Medication	J1460	PA	PA	PA	GAMMA GLOBULIN (GAMASTAN) 1ML				
UM Medication	J1555	PA	PA	PA	IMMUNE GLOBULIN (CUVITRU)				
UM Medication	J1556	PA	PA	PA	IMMUNE GLOBULIN (BIVIGAM)				
UM Medication	J1557	PA	PA	PA	IMMUNE GLOBULIN (GAMMAPLEX)				
UM Medication	J1559	PA	PA	PA	IMMUNE GLOBULIN (HIZENTRA)				
UM Medication	J1560	PA	PA	PA	IMMUNE GLOBULIN (GAMASTAN) 10ML				
UM Medication	J1561	PA	PA	PA	IMMUNE GLOBULIN (GAMUNEX INJECTION, GAMUNEX-C/GAMMAKED)				10/5/2026
UM Medication	J1566	PA	PA	PA	IMMUNE GLOBULIN (CARIMUNE NF, PANGLOBULIN NF AND GAMMAGARD S/D)				
UM Medication	J1568	PA	PA	PA	IMMUNE GLOBULIN (OCTAGAM)				
UM Medication	J1569	PA	PA	PA	IMMUNE GLOBULIN (GAMMAGARD LIQUID)				
UM Medication	J1571	PA	PA	PA	HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B)				
UM Medication	J1572	PA	PA	PA	IMMUNE GLOBULIN (FLEBOGAMMA)				
UM Medication	J1575	PA	PA	PA	IMMUNEGLOBULIN (HYQVIA)				
UM Medication	J1599	PA	PA	PA	IVIG NON-LYOPHILIZED, NOS IMMUNE GLOBULIN (ALYGLO)				
UM Medication	J1675	PA	PA	PA	HISTRELIN ACTETATE				
UM Medication	J1743	PA	PA	PA	ELAPRASE (IDURSULFASE)				
UM Medication	J1745	PA	PA	PA	REMICADE (INFLIXIMAB) EXCLUDE BIOSIMILAR				
UM Medication	J1786	PA	PA	PA	CEREZYME (IMIGLUCERASE)				
UM Medication	J1809	PA	PA	PA	NULIBRY (FOSDENOPTERIN)				
UM Medication	J1826	PA	PA	PA	INTERFERON BETA-1A (REBIF OR AVONEX)				
UM Medication	J1930	PA	PA	PA	SOMATULINE DEPOT (LANREOTIDE)				
UM Medication	J1931	PA	PA	PA	ALDURAZYME (LARONIDASE)				
UM Medication	J1950	PA	PA	PA	LEUPROLIDE ACETATE PER 3.75 MG (LUPRON)				
UM Medication	J2323	PA	PA	PA	NATALIZUMAB (TYSARBI)				
UM Medication	J2326	PA	PA	PA	SPINRAZA (NUSINERSEN)				
UM Medication	J2350	PA	PA	PA	OCRELIZUMAB (OCREVUS)				

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UM Medication	J2351	PA	PA	PA	OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ				
UM Medication	J2353	PA	PA	PA	SANDOSTATIN (OCTREOTIDE, DEPOT) 1 MG				
UM Medication	J2354	PA	PA	PA	SANDOSTATIN (OCTREOTIDE NON-DEPOT) 25 MCG				
UM Medication	J2357	PA	PA	PA	XOLAIR (OMALIZUMAB)				
UM Medication	J2504	PA	PA	PA	ADAGEN (PEGADEMASE BOVINE)				
UM Medication	J2506	PA	PA	PA	PEGFILGRASTIM (NEULASTA) NO BIOSIMILAR				
UM Medication	J2507	PA	PA	PA	KRYSTEXXA (PEGLOTICASE)				
UM Medication	J2508	PA	PA	PA	PEGUNIGALSIDASE ALFA-IWXJ (ELFABRIO)				
UM Medication	J2562	PA	PA	PA	MOZOBIL (PLERIXAFOR)				
UM Medication	J2778	PA	PA	PA	LUCENTIS (RANIBIZUMAB INJECTION)				
UM Medication	J2793	PA	PA	PA	ARCALYST (RILONACEPT)				
UM Medication	J2797	PA	PA	PA	ROLAPITANT				
UM Medication	J2820	PA	PA	PA	LEUKINE (SARGRAMOSTIM)				
UM Medication	J2916	PA	PA	PA	NA FERRIC GLUCONATE COMPLEX (FERRLECIT)				
UM Medication	J3111	PA	PA	PA	ROMOSUZUMAB-AQQG (EVENITY)				
UM Medication	J3240	PA	PA	PA	THYROTROPIN (THYROGEN)				
UM Medication	J3262	PA	PA	PA	ACTEMRA (TOCILIZUMAB)				
UM Medication	J3285	PA	PA	PA	TREPROSTINIL (REMODULIN)				
UM Medication	J3315	PA	PA	PA	TRIPTORELIN PAMOATE (TRELSTAR)				
UM Medication	J3357	PA	PA	PA	STELARA (USTEKINUMAB)				
UM Medication	J3380	PA	PA	PA	VEDOLIZUMAB (ENTYVIO)				
UM Medication	J3385	PA	PA	PA	VPRIV (VELAGLUCERASE ALFA)				
UM Medication	J3391	PA	PA	PA	ATIDARSAGENE AUTOTEMCEL (LENMELDY)				
UM Medication	J3392	PA	FFS	PA	EXAGAMGLOGENE AUTOTEMCEL (CASGEVY)		Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.		
UM Medication	J3393	PA	PA	PA	BETIBEGLOGENE AUTOTEMCEL (ZYNTEGLO)				
UM Medication	J3394	PA	FFS	PA	LOVOTIBEGLOGENE AUTOTEMCEL (LYFGENIA)		Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.		
UM Medication	J3396	PA	PA	PA	VISUDYNE (VERTEPORFIN)				
UM Medication	J3398	PA	PA	PA	VORETIGENE NEPARVOVEC-RZYL (LUXTURNA)				
UM Medication	J3399	PA	PA	PA	ONASEMNOGENE ABEPAR (ZOLGENSMA)				
UM Medication	J3401	PA	PA	PA	BEREMEAGENE GEPERPAVEC-SVDT (VYJUVEK)				
UM Medication	J3402	PA	PA	PA	RYONCIL (REMESTEMCEL-L-RKND)				
UM Medication	J3403	PA	PA	PA	ENCELTO (REVAKINAGENE TARORETCEL-LWEY)				
UM Medication	J3590	PA	PA	PA	UNCLASSIFIED BIOLOGICS				
UM Medication	J7172	PA	PA	PA	MARSTACIMAB-HNCQ (HYMPAVZI)				
UM Medication	J7173	PA	PA	PA	ALHEMO (CONCIZUMAB-MTCI)				
UM Medication	J7174	PA	PA	PA	QFITLIA (FITUSIRAN)				

For more benefit details, please refer to the EOC of the specific Alliance health plan.

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UM Medication	J7183	PA	FFS	PA	VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I. U. VWF:RCO		Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.		
UM Medication	J7185	PA	FFS	PA	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I. U.		Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.		
UM Medication	J7186	PA	FFS	PA	ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN)		Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.		
UM Medication	J7187	PA	FFS	PA	VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO		Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.		
UM Medication	J7189	PA	FFS	PA	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM		Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.		
UM Medication	J7190	PA	FFS	PA	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I. U.		Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.		
UM Medication	J7192	PA	FFS	PA	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED		Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.		
UM Medication	J7193	PA	FFS	PA	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I. U.		Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.		
UM Medication	J7194	PA	FFS	PA	FACTOR IX, COMPLEX, PER I. U.		Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.		
UM Medication	J7195	PA	FFS	PA	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I. U.		Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.		
UM Medication	J7199	PA	FFS	PA	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED		Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.		
UM Medication	J7321	PA	PA	PA	HYALGAN/SUPARTZ (HYALURONATE) PER DOSE				
UM Medication	J7322	PA	PA	PA	HYMOVIS OR SYNVIS (HYALURONIC ACID)				
UM Medication	J7323	PA	PA	PA	EUFLEXXA (SODIUM HYALURONATE) PER DOSE				
UM Medication	J7324	PA	PA	PA	ORTHOVISC (HYALURONIC ACID) PER DOSE				
UM Medication	J7325	PA	PA	PA	SYNVISC OR SYNVIS (HYALURONIC ACID)				
UM Medication	J7326	PA	PA	PA	GEL-ONE (HYALURONATE)				
UM Medication	J7336	PA	PA	PA	CAPSAICIN 8% PATCH				
UM Medication	J9000	PA	PA	PA	DOXORUBICIN HCL (ADRIAMYCIN)				
UM Medication	J9011	PA	PA	PA	DATROWAY (DATOPOTAMAB DERUXTECAN)				
UM Medication	J9015	PA	PA	PA	ALDESLEUKIN (PROLEUKIN)				
UM Medication	J9017	PA	PA	PA	ARSENIC TRIOXIDE (TRISENOX)				10/5/2026

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UM Medication	J9021	PA	PA	PA	ASPARAGINASE, RECOMBINANT, (RYLAZE)				
UM Medication	J9022	PA	PA	PA	ATEZOLIZUMAB (TECENTRIQ)				
UM Medication	J9023	PA	PA	PA	AVELUMAB (BAVENCIO)				
UM Medication	J9024	PA	PA	PA	ATEZOLIZUMAB, 5 MG AND HYALURONIDASE-TQJS (TECENTRIQ HYBREZA)				
UM Medication	J9025	PA	PA	PA	VIDAZA (AZACITIDINE)				
UM Medication	J9027	PA	PA	PA	CLOFARABINE (CLOLAR)				
UM Medication	J9029	PA	PA	PA	NADOFARAGENE FIRADENOVEC-VNCG (ADSTILADRIN)				
UM Medication	J9030	PA	PA	PA	BCG LIVE INTRAVESICAL INSTILLATION				
UM Medication	J9032	PA	PA	PA	BELINOSTAT (BELEODAQ)				
UM Medication	J9033	PA	PA	PA	BENDAMUSTINE (TREANDA)				
UM Medication	J9034	PA	PA	PA	BENDAMUSTINE (BENDEKA)				
UM Medication	J9038	PA	PA	PA	NIKTIMVO (AXATILIMAB-CSFR)				
UM Medication	J9039	PA	PA	PA	BLINATUMOMAB (BLINCYTO)				
UM Medication	J9041	PA	PA	PA	BORTEZOMIB (VELCADE)				
UM Medication	J9042	PA	PA	PA	BRENTUXIMAB VEDOTIN (ADCETRIS)				
UM Medication	J9043	PA	PA	PA	CABAZITAXEL (JEVTANA)				
UM Medication	J9047	PA	PA	PA	CARFILZOMIB (KYPROLIS)				
UM Medication	J9054	PA	PA	PA	BORTEZOMIB (BORUZU)				
UM Medication	J9055	PA	PA	PA	CETUXIMAB (ERBITUX)				
UM Medication	J9065	PA	PA	PA	CLADRIBINE (LEUSTATIN)				
UM Medication	J9072	PA	PA	PA	CYCLOPHOSPHAMIDE (DR. REDDY'S)				
UM Medication	J9119	PA	PA	PA	CEMPILMAB-RWLC (LIBTAYO)				
UM Medication	J9144	PA	PA	PA	DARATUMUMAB AND HYALURONIDASE-FIHJ (DARZALEX FASPRO)				
UM Medication	J9145	PA	PA	PA	DARATUMUMAB (DARZALEX)				
UM Medication	J9150	PA	PA	PA	DAUNORUBICIN				
UM Medication	J9153	PA	PA	PA	LIPOSOMAL DAUNORUBICIN AND CYTARABINE (VYXEOS)				
UM Medication	J9155	PA	PA	PA	DEGARELIX (FIRMAGON)				
UM Medication	J9161	PA	PA	PA	DENILEUKIN DIFTITOX-CXDL				
UM Medication	J9173	PA	PA	PA	DURVALUMAB (IMFINZI)				
UM Medication	J9174	PA	PA	PA	DOCETAXEL (BEIZRAY)				
UM Medication	J9176	PA	PA	PA	ELOTUZUMAB (EMPLICITI)				
UM Medication	J9177	PA	PA	PA	ENFORTUMAB VEDOTIN-EJFV (PADCEV)				
UM Medication	J9178	PA	PA	PA	EPIRUBICIN HCL (ELLENCÉ)				
UM Medication	J9179	PA	PA	PA	ERIBULIN MESYLATE (HALAVEN)				
UM Medication	J9181	PA	PA	PA	ETOPOSIDE (TOPOSAR)				
UM Medication	J9185	PA	PA	PA	FLUDARABINE PHOSPHATE (FLUDARA)				
UM Medication	J9198	PA	PA	PA	GEMCITABINE HYDROCHLORIDE (INFUGEM) 100 MG				

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UM Medication	J9202	PA	PA	PA	ZOLADEX (GOSERELIN ACETATE IMPLANT), PER 3.6 MG				
UM Medication	J9203	PA	PA	PA	GEMTUZUMAB OZOGAMICIN (MYLOTARG)				
UM Medication	J9204	PA	PA	PA	MOGAMULIZUMAB-KPKC (POTELIGEO)				
UM Medication	J9205	PA	PA	PA	IRINOTECAN LIPOSOME (ONIVYDE)				
UM Medication	J9206	PA	PA	PA	IRINOTECAN (CAMPTOSAR)				
UM Medication	J9207	PA	PA	PA	IXABEPILONE (IXEMPRA)				
UM Medication	J9208	PA	PA	PA	IFOSFAMIDE (IFEX)				
UM Medication	J9210	PA	PA	PA	EMAPALUMAB-LZSG (GAMIFANT)				
UM Medication	J9214	PA	PA	PA	INTERFERON ALFA2B, RECOMBINANT (INTRON A)				
UM Medication	J9217	PA	PA	PA	LEUPROLIDE ACETATE, FOR DEPOT SUSP 7.5MG				
UM Medication	J9219	PA	PA	PA	LEUPROLIDE ACETATE IMPLANT				
UM Medication	J9227	PA	PA	PA	ISATUXIMAB-IRFC (SARCLISA)				
UM Medication	J9228	PA	PA	PA	YERVOY (IPILIMUMAB)				
UM Medication	J9229	PA	PA	PA	INOTUZUMAB OZOGAMICIN (BESPONSA)				
UM Medication	J9260	PA	PA	PA	METHOTREXATE SODIUM				
UM Medication	J9261	PA	PA	PA	NELARABINE (ARRANON)				
UM Medication	J9264	PA	PA	PA	PACLITAXEL PROTEIN BOUND (ABRAXANE)				
UM Medication	J9266	PA	PA	PA	ONCASPARG (PEGASPARGASE), PER SINGLE DOSE VIAL				
UM Medication	J9269	PA	PA	PA	TAGRAXOFUSP-ERZS				
UM Medication	J9271	PA	PA	PA	PEMBROLIZUMAB (KEYTRUDA)				
UM Medication	J9275	PA	PA	PA	COSIBELIMAB-IPDL (UNLOXCYT)				
UM Medication	J9276	PA	PA	PA	ZANIDATAMAB-HR11 (ZIIHERA)				
UM Medication	J9280	PA	PA	PA	MITOMYCIN 5 MG				
UM Medication	J9281	PA	PA	PA	MITOMYCIN 1MG (JELMYTO)				
UM Medication	J9285	PA	PA	PA	OLARATUMAB (LARTRUVO)				
UM Medication	J9286	PA	PA	PA	GLOFITAMAB-GXBM (COLUMVI)				
UM Medication	J9289	PA	PA	PA	NIVOLUMAB, 2 MG AND HYALURONIDASENVHY (OPDIVO QVANTIG)				
UM Medication	J9293	PA	PA	PA	MITOXANTRONE HYDROCHLORIDE				
UM Medication	J9295	PA	PA	PA	NECITUMUMAB (PORTRAZZA)				
UM Medication	J9299	PA	PA	PA	NIVOLUMAB (OPDIVO)				
UM Medication	J9301	PA	PA	PA	OBINUTUZUMAB 10 MG				
UM Medication	J9302	PA	PA	PA	OFATUMUMAB (ARZERRA)				
UM Medication	J9303	PA	PA	PA	VECTIBIX (PANITUMUMAB)				
UM Medication	J9304	PA	PA	PA	PEMETREXED (PEMFEXY)				
UM Medication	J9305	PA	PA	PA	PEMETREXED (ALIMTA)				
UM Medication	J9306	PA	PA	PA	PERJETA (PERTUZUMAB)				
UM Medication	J9307	PA	PA	PA	FOLOTYN (PRALATREXATE)				
UM Medication	J9308	PA	PA	PA	RAMUCIRUMAB (CYRAMZA)				
UM Medication	J9309	PA	PA	PA	POLATUZUMAB VEDOTIN-PIIQ (POLIVY)				

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UM Medication	J9311	PA	PA	PA	RITUXIMAB, HYALURONIDASE (RITUXAN HYCELA)				
UM Medication	J9312	PA	PA	PA	RITUXIMAB (RITUXAN)				
UM Medication	J9313	PA	PA	PA	MOXETUMOMAB PASUDOTOX-TDFK (LUMOXITI)				
UM Medication	J9317	PA	PA	PA	SACITUZUMAB GOVITECH-HZIY (TRODELVY)				
UM Medication	J9318	PA	PA	PA	ROMIDEPSIN NON-LYOPHILIZED				
UM Medication	J9319	PA	PA	PA	ROMIDEPSIN LYOPHILIZED				
UM Medication	J9321	PA	PA	PA	EPCORITAMAB-BYSP (EPKINLY)				
UM Medication	J9322	PA	PA	PA	PEMETREXED (BLUEPOINT)				
UM Medication	J9323	PA	PA	PA	PEMETREXED (HOSPIRA)				
UM Medication	J9324	PA	PA	PA	PEMETREXED (PEMRYDI RTU)				
UM Medication	J9325	PA	PA	PA	TALIMOGENE LAHERPAREPVEC (IMLYGIC)				
UM Medication	J9328	PA	PA	PA	TEMOZOLOMIDE (TEMODAR)				
UM Medication	J9330	PA	PA	PA	TEMSIROLIMUS (TORISEL)				
UM Medication	J9333	PA	PA	PA	ROZANOLIXIZUMAB-NOLI (RYSTIGGO)				
UM Medication	J9334	PA	PA	PA	EFGARTIGIMOD ALFA-FCAB AND HYALURONIDASE-QVFC (VYVGART)				
UM Medication	J9341	PA	PA	PA	THIOTEPA (TEPYLUTE)				
UM Medication	J9342	PA	PA	PA	THIOTEPA, NOT OTHERWISE SPECIFIED				
UM Medication	J9349	PA	PA	PA	TAFASITAMAB-CXIX (MONJUVI)				
UM Medication	J9350	PA	PA	PA	MOSUNETUZUMAB-AXGB (LUNSUMIO)				
UM Medication	J9352	PA	PA	PA	TRABECTEDIN (YONDELIS)				
UM Medication	J9354	PA	PA	PA	KADCYLA (ADO-TRASTUZUMAB EMTANSINE)				
UM Medication	J9355	PA	PA	PA	HERCEPTIN (TRASTUZUMAB) EXCLUDE BIOSIMILAR				
UM Medication	J9356	PA	PA	PA	HERCEPTIN HYLECTA (TRASTUZUMAB AND HYALURONIDASE-OYSK) SC				
UM Medication	J9358	PA	PA	PA	FAM-TRSTUZUMB DRUXTCN-NXKI (ENHERTU)				
UM Medication	J9370	PA	PA	PA	VINCISTINE SULFATE (VINCASAR)				
UM Medication	J9380	PA	PA	PA	TECLISTAMAB-CGYV (TECVAYLI)				
UM Medication	J9381	PA	PA	PA	TEPLIZUMAB-MZWV (TZIELD)				
UM Medication	J9382	PA	PA	PA	ZENOCUTUZUMAB-ZBCO				
UM Medication	J9390	PA	PA	PA	VINORELBINE TARTRATE (NAVELBINE)				
UM Medication	J9395	PA	PA	PA	FULVESTRANT (FASLODEX)				
UM Medication	J9400	PA	PA	PA	ZIV-AFLIBERCEPT (ZALTRAP)				
UM Medication	Q0138	PA	PA	PA	FERUMOXYTOL (FERUMOXYTO, NON-ESRD)				
UM Medication	Q0139	PA	PA	PA	FERUMOXYTOL (FERUMOXYTO, ESRD)				
UM Medication	Q2041	PA	PA	PA	AXICABTAGENE CILOLEUCEL (YESCARTA)				
UM Medication	Q2042	PA	PA	PA	TISAGENLECLEUCEL (KYMRIAH)				
UM Medication	Q2043	PA	PA	PA	PROVENGE (SIPULEUCEL -T)				
UM Medication	Q2049	PA	PA	PA	DOXORUBICIN HCL, LIPOSOMAL (LIPODOX)				
UM Medication	Q2050	PA	PA	PA	DOXORUBICIN HCL LIPOSOMAL (DOXIL)				

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UM Medication	Q2053	PA	PA	PA	BREXUCABTAGENE (TECARTUS)				
UM Medication	Q2054	PA	PA	PA	LISOCABTAGENE MARALEUCEL (BREYANZI)				
UM Medication	Q2055	PA	PA	PA	IDECABTAGENE VICLEUCEL (ABECMA)				
UM Medication	Q2056	PA	PA	PA	CILTACABTAGENE AUTOLEUCEL (CARVYKTI)				
UM Medication	Q2057	PA	PA	PA	AFAMITRESGENE AUTOLEUCEL (TECELRA)				
UM Medication	Q2058	PA	PA	PA	OBECABTAGENE AUTOLEUCEL (AUCATZYL)				
UM Medication	Q4081	PA	PA	PA	EPOETIN ALFA (EPOETIN, FOR ESRD ON DIALYSIS)				
UM Medication	Q5098	PA	PA	PA	USTEKINUMAB-SRLF (IMULDOSA)				
UM Medication	Q5099	PA	PA	PA	USTEKINUMAB-STBA (STEQEYMA)				
UM Medication	Q5100	PA	PA	PA	USTEKINUMAB-KFCE (YESINTEK)				
UM Medication	Q5101	PA	PA	PA	FILGRASTIM-SNDZ (ZARXIO) BIOSIMILAR				
UM Medication	Q5103	PA	PA	PA	INFLIXIMAB-DYYB (INFLECTRA) BIOSIMILAR				
UM Medication	Q5104	PA	PA	PA	INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS)				
UM Medication	Q5105	PA	PA	PA	EPOETIN ALFA-EPBX BIOSIMILAR, (RETACRIT) ESRD				
UM Medication	Q5106	PA	PA	PA	EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE)				
UM Medication	Q5107	PA	PA	PA	BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI)				
UM Medication	Q5108	PA	PA	PA	PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA)				10/5/2026
UM Medication	Q5110	PA	PA	PA	FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM)				
UM Medication	Q5111	PA	PA	PA	PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA)				
UM Medication	Q5112	PA	PA	PA	TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT)				
UM Medication	Q5113	PA	PA	PA	TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA)				
UM Medication	Q5114	PA	PA	PA	TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI)				
UM Medication	Q5115	PA	PA	PA	RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA)				
UM Medication	Q5116	PA	PA	PA	TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA)				
UM Medication	Q5117	PA	PA	PA	TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI)				
UM Medication	Q5118	PA	PA	PA	BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV)				
UM Medication	Q5119	PA	PA	PA	RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE)				
UM Medication	Q5120	PA	PA	PA	PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO)				
UM Medication	Q5121	PA	PA	PA	INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA)				
UM Medication	Q5122	PA	PA	PA	PEGFILGRASTIM-APGF (NYVPERIA) BIOSIMILAR				
UM Medication	Q5126	PA	PA	PA	BEVACIZUMAB-MALY (ALYMSYS) BIOSIMILAR				
UM Medication	Q5127	PA	PA	PA	PEGFILGRASTIM-FPGK (STIMUFEND) BIOSIMILAR				
UM Medication	Q5128	PA	PA	PA	RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR				
UM Medication	Q5129	PA	PA	PA	BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR				
UM Medication	Q5130	PA	PA	PA	PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR				10/5/2026
UM Medication	Q5140	PA	PA	PA	ADALIMUMAB-FKJP (HULIO)				

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UM Medication	Q5141	PA	PA	PA	ADALIMUMAB-AATY (YUFLYMA)				
UM Medication	Q5142	PA	PA	PA	ADALIMUMAB-RYVK (SIMLANDI)				
UM Medication	Q5143	PA	PA	PA	ADALIMUMAB-ADBM (CYLTEZO)				
UM Medication	Q5144	PA	PA	PA	ADALIMUMAB-AACF (IDACIO)				
UM Medication	Q5145	PA	PA	PA	ADALIMUMAB-AFZB (ABRILADA)				
UM Medication	Q5146	PA	PA	PA	TRASTUZUMAB-STRF (HERCESSI)				
UM Medication	Q5147	PA	PA	PA	AFLIBERCEPT-AYYH (PAVBLU)				
UM Medication	Q5148	PA	PA	PA	FILGRASTIM-TXID (NYPOZI)				
UM Medication	Q5149	PA	PA	PA	AFLIBERCEPT-ABZV (ENZEEVU)				
UM Medication	Q5150	PA	PA	PA	AFLIBERCEPT-MRBB (AHZANTIVE)				
UM Medication	Q5151	PA	PA	PA	ECULIZUMAB-AAGH (EPYSQLI)				
UM Medication	Q5152	PA	PA	PA	ECULIZUMAB-AEEB (BKEMV)				
UM Medication	Q5153	PA	PA	PA	AFLIBERCEPT-YSZY (OPUVIZ)				
UM Medication	Q5154	PA	PA	PA	OMLYCLO (OMALIZUMAB-IGEC)				
UM Medication	Q5155	PA	PA	PA	YESAFILI (AFLIBERCEPT-JBVF)				
UM Medication	Q5156	PA	PA	PA	AVTOZMA (TOCILIZUMAB-ANOH)				
UM Medication	Q5157	PA	PA	PA	STOBOCLO AND OSENVELT (DENOSUMAB-BMWO)				
UM Medication	Q5158	PA	PA	PA	BOMYNTRAV AND CONEXXENCE (DENOSUMAB-BNHT)				
UM Medication	Q5159	PA	PA	PA	OSPOMYV AND XBRYK (DENOSUMAB-DSSB)				
UM Medication	Q9996	PA	PA	PA	USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS				
UM Medication	Q9997	PA	PA	PA	USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS				
UM Medication	Q9998	PA	PA	PA	USTEKINUMAB-AEKN (SELARSDI)				
UM Medication	Q9999	PA	PA	PA	USTEKINUMAB-AAUZ (OTULFI)				
UM Medication	S0122	PA	NCB	NCB	MENOTROPINS				
UM Medication	S0126	PA	NCB	NCB	FOLLITROPIN ALFA				
UM Medication	S0128	PA	NCB	NCB	FOLLITROPIN BETA				
UM Medication	S0132	PA	NCB	NCB	GANIRELIX ACETATE				
UM Medication	J3389	PA	PA	PA	PRADEMAGENE ZAMIKERACEL ((ZEVASKYN)				10/5/2026
UM Medication	J9256	PA	PA	PA	NIPOCALIMAB-AAHU (IMAAVY)				10/5/2026
UM Medication	J9326	PA	PA	PA	ELISOTUZUMAB VEDOTIN-TLLV (EMRELIS)				10/5/2026
UM Medication	J3387	PA	PA	PA	ELIVALDOGENE AUTOTEMCEL (SKYSONA)				10/5/2026
UM Medication	Q5160	PA	PA	PA	BEVACIZUMAB-NWGD (JOBEVNE), BIOSIMILAR				10/5/2026
UM Medication	J9183	PA	PA	PA	GEMCITABINE INTRAVESICAL SYSTEM (INLEXZO)				10/5/2026
UM Medication	J9277	PA	PA	PA	PEMBROLIZUMAB, 1 MG AND BERAHYALURONIDASE ALFA-PMPH (KEYTRUDA QLEX)				10/5/2026
UM Medication	J9003	PA	PA	PA	LEUPROLIDE INJECTABLE (CAMCEVI ETM)				10/5/2026

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UM Medication	Q5161	PA	PA	PA	DENOSUMAB-KYQQ (AUKELSO/BOSAYA) BIOSIMILAR				10/5/2026
UM Medication	Q5162	PA	PA	PA	DENOSUMAB-NXXP (BILDYOS/BILPREVDA) BIOSIMILAR				10/5/2026
UM Medication	J3404	PA	PA	PA	ZOPAPOGENE IMADENOVEC-DRBA (PAPZIMEOS)				10/5/2026
UM Medication	J9601	PA	PA	PA	INVOSELTAMAB-GCPT (LYNOZYFIC)				10/5/2026
UM Medication	J1553	PA	PA	PA	IMMUNE GLOBULIN (YIMMUGO)				10/5/2026
UM Medication	J1577	PA	PA	PA	IMMUNE GLOBULIN (QIVIGY)				10/5/2026
UM Medication	J3405	PA	PA	PA	ONASEMNOGENE ABEPARVOVEC-BRVE (ITVISMA)				10/5/2026
UM Medication	J3386	PA	PA	PA	ETUVETIDIGENE AUTOTEMCEL (WASKYRA)				10/5/2026
UM Medication	J1289	PA	PA	PA	NARSOPLIMAB-WUUG (YARTEMLEA)				10/5/2026
UM Medication	J2361	PA	PA	PA	DEPEMOKIMAB-ULAA (EXDENSUR)				10/5/2026
UM Medication	J9053	PA	PA	PA	BELANTAMAB MAFODOTIN-BLMF (BLENREP)				10/5/2026
UM Medication	J9062	PA	PA	PA	AMIVANTAMAB + HYALURONIDASE-LPUJ (RYBREVANT FASPRO)				10/5/2026
UM Medication	J7176	PA	PA	PA	HUMAN FIBRINOGEN-CHMT (FESILTY)				10/5/2026
UM Medication	Q5168	PA	PA	PA	RANIBIZUMAB-LEYK (NUFYMCO)				10/5/2026
UM Medication	Q5171	PA	PA	PA	DENOSUMAB-MOBZ (BONCRESA)				10/5/2026
UM Medication	Q5165	PA	PA	PA	DENOSUMAB-MOBZ (OZILTUS)				10/5/2026
UM Medication	Q5170	PA	PA	PA	AFLIBERCEPT-BOAV (EYDENZELT)				10/5/2026
UM Medication	Q5166	PA	PA	PA	DENOSUMAB-DESU (OSVYRTI / JUBEREQ)				10/5/2026
UM Medication	Q5167	PA	PA	PA	DENOSUMAB-QBDE (ENOBY / XTRENBO)				10/5/2026
UM Medication	Q5169	PA	PA	PA	PEGFILGRASTIM-UNNE (ARMLUPEG)				10/5/2026
UM Medication	Q5164	PA	PA	PA	USTEKINUMAB-HMNY (STARJEMZA)				10/5/2026

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