



Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Certain medications administered by health care professionals within physician offices, infusion centers, or outpatient settings must be billed to the member's medical benefit. Please see drugs listed below that are restricted to the medical benefit. Some routes of administration are expected to always be administered by health care professionals and therefore restricted to medical benefit. Examples include but are not limited to medications administered by epidural, implant, and intraocular route. Note, the drugs listed below are not available under the member's pharmacy benefit.

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
Q2055	21651035401820	ABECMA INJ	IDECABTAGENE VICLEUCEL IV SUSP 460,000,000 CELLS
J0131 J0134 J0136 J0137	64200010002070	ACETAMINOPHE INJ 1000MG	ACETAMINOPHEN IV SOLN 10 MG/ML
J1120	37100010102105	ACETAZOLAMID INJ 500MG	ACETAZOLAMIDE SODIUM FOR INJ 500 MG
J0132	93000007002020	ACETYLCYST INJ 200MG/ML	ACETYLCYSTEINE INJ 200 MG/ML
J3262 Q0249	66500070002035	ACTEMRA INJ 200/10ML	TOCILIZUMAB IV INJ 200 MG/10ML
J3262 Q0249	66500070002040	ACTEMRA INJ 400/20ML	TOCILIZUMAB IV INJ 400 MG/20ML
J3262 Q0249	66500070002030	ACTEMRA INJ 80MG/4ML	TOCILIZUMAB IV INJ 80 MG/4ML
J2997	85601010002120	ACTIVASE INJ 100MG	ALTEPLASE FOR INJ 100 MG
J2997	85601010002110	ACTIVASE INJ 50MG	ALTEPLASE FOR INJ 50 MG
J0791	82807020702020	ADAKVEO INJ 100/10ML	CRIZANLIZUMAB-TMCA IV SOLN 100 MG/10ML
J2062	59154020008010	ADASUVE INH 10MG	LOXAPINE AEROSOL POWDER BREATH ACTIVATED 10 MG
J0153	35500010002020	ADENOSINE INJ 12MG/4ML	ADENOSINE IV SOLN 12 MG/4ML
J0153	94200005002010	ADENOSINE INJ 3MG/ML	ADENOSINE IV SOLN 3 MG/ML (DIAGNOSTIC)
J0153	35500010002015	ADENOSINE INJ 6MG/2ML	ADENOSINE IV SOLN 6 MG/2ML
J0172	62050510102020	ADUHELM INJ 170MG	ADUCANUMAB-AVWA IV SOLN 170 MG/1.7ML (100 MG/ML)
J0172	62050510102030	ADUHELM INJ 300MG	ADUCANUMAB-AVWA IV SOLN 300 MG/3ML (100 MG/ML)
C9399 J3590	85182005306440	ADZYNMA KIT 1500IU	ADAMTS13 RECOMBINANT-KRHN FOR INJ KIT 1500 UNIT

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C9399 J3590	85182005306420	ADZYNMA KIT 500IU	ADAMTS13 RECOMBINANT-KRHN FOR INJ KIT 500 UNIT
J3246	85153060101310	AGGRASTAT INJ 3.75/15	TIROFIBAN HCL IV CONC 3.75 MG/15ML (250 MCG/ML) (BASE EQUIV)
J3246	85153060112010	AGGRASTAT INJ 5/100ML	TIROFIBAN HCL IN NAACL 0.9% IV SOLN 5 MG/100ML (BASE EQUIV)
J1454	50309902222020	AKYNZEO INJ	FOSNETUPITANT-PALONOSETRON IV SOLN 235-0.25 MG/20ML
J1454	50309902222120	AKYNZEO INJ 235-0.25	FOSNETUPITANT-PALONOSETRON FOR IV SOLN 235-0.25 MG
J1931	30906550002020	ALDURAZYME INJ 2.9MG/5M	LARONIDASE SOLN FOR IV INFUSION 2.9 MG/5ML (500 UNIT/5ML)
J9215	21700060302020	ALFERON N INJ 5MU/ML	INTERFERON ALFA-N3 INJ 5000000 UNIT/ML
J9305	21300053102110	ALIMTA INJ 100MG	PEMETREXED DISODIUM FOR IV SOLN 100 MG (BASE EQUIV)
J9305	21300053102120	ALIMTA INJ 500MG	PEMETREXED DISODIUM FOR IV SOLN 500 MG (BASE EQUIV)
J9057	21538020102120	ALIQOPA INJ 60MG	COPANLISIB HCL FOR IV SOLN 60 MG (BASE EQUIVALENT)
Q5126	21335020502025	ALYMSYS SOL 100/4ML	BEVACIZUMAB-MALY IV SOLN 100 MG/4ML (FOR INFUSION)
Q5126	21335020502030	ALYMSYS SOL 400/16ML	BEVACIZUMAB-MALY IV SOLN 400 MG/16ML (FOR INFUSION)
J0280	44300010002010	AMINOPHYLLIN INJ 25MG/ML	AMINOPHYLLINE INJ 25 MG/ML
J0282	35400005002040	AMIODARONE INJ 50MG/ML	AMIODARONE HCL INJ 450 MG/9ML (50 MG/ML)
J0282	35400005002050	AMIODARONE INJ 50MG/ML	AMIODARONE HCL INJ 900 MG/18ML (50 MG/ML)
J0282	35400005002030	AMIODARONE INJ 50MG/ML	AMIODARONE HCL INJ 150 MG/3ML (50 MG/ML)
J1426	74600025002020	AMONDYS 45 INJ 50MG/ML	CASIMERSEN IV SOLN 100 MG/2ML (50 MG/ML)
J3470	99350040302010	AMPHADASE INJ 150/ML	HYALURONIDASE BOVINE INJ 150 UNIT/ML
C9399 J9999	21651047001820	AMTAGVI	LIFILEUCEL IV SUSP 72,000,000,000 CELLS
J0225	6270609010E520	AMVUTTRA SOL 25/0.5ML	VUTRISIRAN SODIUM SOLN PREFILLED SYRINGE 25 MG/0.5ML
J0300	60100010102110	AMYTAL SOD INJ 500MG	AMOBARBITAL SODIUM FOR INJ 500 MG
J0716	19200072102120	ANASCORP INJ	CENTRUROIDES (SCORPION) IMM F(AB')2 (EQUINE) FOR IV INFUSION
J0841	19200022002120	ANAVIP INJ	CROTALIDAE IMMUNE F(AB')2 (EQUINE) FOR IV INFUSION

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HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J7169	93000014402130	ANDEXXA SOL 200MG	COAGULATION FACT XA (RECOMB) INACT-ZHZO FOR IV SOLN 200 MG
J2704	70400050006450	ANESTHESIA KIT S/I-40A	*PROPOFOL IV EMUL 200 MG/20ML (10 MG/ML) KIT***
J1738	66100052002220	ANJESO INJ 30MG/ML	MELOXICAM IV INJ 30 MG/ML
C9399 J3490	82502050102150	APHEXDA INJ 62MG	MOTIXAFORTIDE ACETATE FOR SUBCUTANEOUS INJ 62 MG
C9145	50280020001605	APONVIE INJ 32/4.4ML	APREPITANT IV EMULSION 32 MG/4.4ML
J0883 J0884 J0891 J0892 J0898 J0899	83337015202010	ARGATRB/NACL INJ 50/50ML	ARGATROBAN IN SODIUM CHLORIDE 0.9% IV SOLN 50 MG/50ML
J0883 J0884	83337015002020	ARGATROBAN INJ 100MG/ML	ARGATROBAN INJ 250 MG/2.5ML (CONCENTRATE FOR IV INFUSION)
J0883 J0884	83337015002060	ARGATROBAN INJ 50/50ML	ARGATROBAN IV SOLN 50 MG/50ML (1 MG/ML)
J7665	94200063006400	ARIDOL KIT	MANNITOL (DIAGNOSTIC) INHAL CAP KIT 0 & 5 & 10 & 20 & 40 MG
J9261	21300052002020	ARRANON INJ 5MG/ML	NELARABINE IV SOLN 5 MG/ML
J9017	21700008102020	ARSENIC TRIO INJ 10/10ML	ARSENIC TRIOXIDE IV SOLN 10 MG/10ML (1 MG/ML)
J9017	21700008102030	ARSENIC TRIO INJ 12MG/6ML	ARSENIC TRIOXIDE IV SOLN 12 MG/6ML (2 MG/ML)
J9302	21351845001360	ARZERRA CON 100/5ML	OFATUMUMAB CONC FOR IV INFUSION 1000 MG/50ML
J9302	21351845001320	ARZERRA CON 100/5ML	OFATUMUMAB CONC FOR IV INFUSION 100 MG/5ML
J9118	21250030502020	ASPARLAS INJ 3750/5ML	CALASPARGASE PEGOL-MKNL IV SOLN 3750 UNIT/5ML (750 UNIT/ML)
C9399 J3590	94300005202006	ASPERG FUMIG INJ 1:20	ASPERGILLUS FUMIGATUS (DIAGNOSTIC) INJ 1:20
J7504	99402540102220	ATGAM INJ 250MG	LYMPHOCYTE IMMUNE GLOBULIN ANTI-THYMOCYTE G INJ 50 MG/ML(EQ)
J0461	4910101010E503	ATROPINE SUL INJ 0.05MG/1	ATROPINE SULFATE SOLN PREFILL SYR 0.25 MG/5ML (0.05 MG/ML)
J0461	4910101010E505	ATROPINE SUL INJ 0.1MG/ML	ATROPINE SULFATE SOLN PREFILL SYR 0.5 MG/5ML (0.1 MG/ML)
J0461	4910101010E510	ATROPINE SUL INJ 0.1MG/ML	ATROPINE SULFATE SOLN PREFILL SYR 1 MG/10ML (0.1 MG/ML)
J0461	49101010102022	ATROPINE SUL INJ 0.4MG/ML	ATROPINE SULFATE IV SOLN 0.4 MG/ML

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J0461	49101010102070	ATROPINE SUL INJ 0.4MG/ML	ATROPINE SULFATE INJ 8 MG/20ML (0.4 MG/ML)
J0461	49101010102032	ATROPINE SUL INJ 1MG/ML	ATROPINE SULFATE IV SOLN 1 MG/ML
C9257 J9035	21335020002025	AVASTIN INJ	BEVACIZUMAB IV SOLN 100 MG/4ML (FOR INFUSION)
C9257 J9035	21335020002030	AVASTIN INJ 400/16ML	BEVACIZUMAB IV SOLN 400 MG/16ML (FOR INFUSION)
J3145	23100030802030	AVEED INJ 750/3ML	TESTOSTERONE UNDECANOATE IM INJ IN OIL 750 MG/3ML (250MG/ML)
J0714	2990002332120	AVYCAZ INJ 2-0.5GM	CEFTAZIDIME-AVIBACTAM SODIUM FOR IV SOLN 2.5 GM (2-0.5 GM)
J9025	21300003001920	AZACITIDINE INJ 100MG	AZACITIDINE FOR INJ 100 MG
A9590	21600035202020	AZEDRA DOSIM INJ 15MCI/ML	IOBENGUANE I 131 IV SOLN 15 MCI/ML (555 MBQ/ML)
J0470	93000030002010	BAL IN OIL INJ 100MG/ML	DIMERCAPROL INJ 100 MG/ML
C9159	85100060502130	BALFAXAR INJ 1000IU	PROTHROMBIN COMPLEX CONCENTRATE HUMAN-LANS FOR INJ 1000 UNIT
C9159	85100060502120	BALFAXAR INJ 500IU	PROTHROMBIN COMPLEX CONCENTRATE HUMAN-LANS FOR INJ 500 UNIT
C1889	89300075004020	BARRIGEL INJ 20MG/ML	HYALURONIC ACID (RECTAL) GEL 20 MG/ML
J9023	21358220002020	BAVENCIO INJ 20MG/ML	AVELUMAB SOLN FOR IV INFUSION 200 MG/10ML (20 MG/ML)
C9462	5000025102120	BAXDELA INJ 300MG	DELAFLOXACIN MEGLUMINE FOR IV SOLN 300 MG (BASE EQUIV)
J9033	21100009102120	BENDAMUSTINE INJ 100 MG	BENDAMUSTINE HCL FOR IV SOLN 100 MG
J9033	21100009102110	BENDAMUSTINE INJ 25MG	BENDAMUSTINE HCL FOR IV SOLN 25 MG
J9034 J9036 J9056 J9058 J9059	21100009102005	BENDAMUSTINE SOL 100/4ML	BENDAMUSTINE HCL IV SOLN 100 MG/4ML (25 MG/ML)
J0490	99422015002120	BENLYSTA INJ 120MG	BELIMUMAB FOR IV SOLN 120 MG
J0490	99422015002140	BENLYSTA INJ 400MG	BELIMUMAB FOR IV SOLN 400 MG
J9229	21352640202130	BESPOUSA INJ 0.9MG	INOTUZUMAB OZOGAMICIN FOR IV SOLN 0.9 MG
J0558	1990002101825	BICILLIN C-R INJ 1200000	PENICILLIN G BENZATHINE & PROCAINE INJ SUSP 1200000 UNIT/2ML

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J0558	1990002101850	BICILLIN C-R INJ 900/300	PENICILLIN G BENZATHINE & PROCAINE INJ 900000-300000 UNT/2ML
J2372	38000095102003	BIORPHEN INJ	PHENYLEPHRINE HCL (PF) IV SOLN 0.5 MG/5ML (100 MCG/ML)
J0583	83334020202020	BIVALIRUDIN INJ 250/50ML	BIVALIRUDIN TRIFLUOROACETATE IV SOLN 250 MG/50ML (BASE EQ)
J0583	83334020202120	BIVALIRUDIN INJ 250MG	BIVALIRUDIN TRIFLUOROACETATE FOR IV SOLN 250 MG (BASE EQUIV)
J9037	21350515202120	BLENREP INJ 100MG	BELANTAMAB MAFODOTIN-BLMF FOR IV SOLN 100 MG
J9040	21200010102105	BLEOMYCIN INJ 15UNIT	BLEOMYCIN SULFATE FOR INJ 15 UNIT
J9040	21200010102115	BLEOMYCIN INJ 30UNIT	BLEOMYCIN SULFATE FOR INJ 30 UNIT
J9039	21352020002120	BLINCYTO INJ 35MCG	BLINATUMOMAB FOR IV INFUSION 35 MCG
J9049	21536015002110	BORTEZOMIB INJ 1MG	BORTEZOMIB FOR INJ 1 MG
J9049	21536015002113	BORTEZOMIB INJ 2.5MG	BORTEZOMIB FOR INJ 2.5 MG
J9041	21536015002120	BORTEZOMIB INJ 3.5MG	BORTEZOMIB FOR INJ 3.5 MG
J9046 J9048	21536015002122	BORTEZOMIB INJ 3.5MG	BORTEZOMIB FOR IV INJ 3.5 MG
J1805	33200025112030	BREVIBLOC SOL	ESMOLOL HCL-SODIUM CHLORIDE IV SOLN 2000 MG/100ML
J1805	33200025112020	BREVIBLOC SOL 10MG/ML	ESMOLOL HCL-SODIUM CHLORIDE IV SOLN 2500 MG/250ML
Q2054	21651050401820	BREYANZI INJ	LISOCABTAGENE MARALEUCEL IV SUSP 70,000,000 CELLS/ML
J2329	62405085052030	BRIUMVI INJ 150/6ML	UBLITUXIMAB-XIY SOLN FOR IV INFUSION 150 MG/6ML
J0576	6520001000E523	BRIXADI SOL 128/0.36	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 128 MG/0.36ML
J0576	6520001000E565	BRIXADI SOL 16/0.32	BUPRENORPHINE EXT REL SOLN PREF SYR (WEEKLY) 16 MG/0.32ML
J0576	6520001000E570	BRIXADI SOL 24/0.48	BUPRENORPHINE EXT REL SOLN PREF SYR (WEEKLY) 24 MG/0.48ML
J0576	6520001000E575	BRIXADI SOL 32/0.64	BUPRENORPHINE EXT REL SOLN PREF SYR (WEEKLY) 32 MG/0.64ML
J0576	6520001000E515	BRIXADI SOL 64/0.18	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 64 MG/0.18ML
J0576	6520001000E560	BRIXADI SOL 8/0.16ML	BUPRENORPHINE EXT REL SOLN PREF SYR (WEEKLY) 8 MG/0.16ML
J0576	6520001000E518	BRIXADI SOL 96/0.27	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 96 MG/0.27ML
J0665	69100010102005	BUPIVACAINE INJ 0.25%	BUPIVACAINE HCL INJ 0.25%

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HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J0665	69100010102007	BUPIVACAINE INJ 0.25%	BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.25%
J0665	69100010102012	BUPIVACAINE INJ 0.5%	BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.5%
J0665	69100010102010	BUPIVACAINE INJ 0.5%	BUPIVACAINE HCL INJ 0.5%
J0665	69100010102018	BUPIVACAINE INJ 0.75%	BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.75%
J0706	61300010102020	CAFFEINE CIT INJ 60MG/3ML	CAFFEINE CITRATE INJ 60 MG/3ML (10 MG/ML BASE EQUIV)
J0613	79109902192011	CAL GLU/NACL INJ 1/100ML	CALCIUM GLUCONATE-SODIUM CHLORIDE IV SOLN 1 GM/100ML-0.8%
J0612 J0613	79109902192005	CAL GLU/NACL INJ 1GM/50ML	CALCIUM GLUCONATE-NACL IV SOLN 1 GM/50ML-0.675% (20 MG/ML)
J0612 J0613	79109902192007	CAL GLU/NACL INJ 2/100ML	CALCIUM GLUCONATE-NACL IV SOLN 2 GM/100ML-0.675% (20 MG/ML)
J0612	79100030002010	CALCIUM GLUC INJ 10%	CALCIUM GLUCONATE INJ 10%
J1741	66100020002029	CALDOLOR INJ 4MG/ML	IBUPROFEN SOLN FOR IV INFUSION 800 MG/200ML
J1741	66100020002030	CALDOLOR INJ 800/8ML	IBUPROFEN SOLN FOR IV INFUSION 800 MG/8ML
J1952	2140501055E420	CAMCEVI INJ 42MG	LEUPROLIDE MESYLATE (6 MONTH) EMULSION PREFILLED SYR 42 MG
J9206	21550040102030	CAMPTOSAR INJ 100/5ML	IRINOTECAN HCL INJ 100 MG/5ML (20 MG/ML)
J9206	21550040102035	CAMPTOSAR INJ 300/15ML	IRINOTECAN HCL INJ 300 MG/15ML (20 MG/ML)
J9206	21550040102025	CAMPTOSAR INJ 40MG/2ML	IRINOTECAN HCL INJ 40 MG/2ML (20 MG/ML)
J3590	94300008002010	CANDIDA ALBI SOL 1:10	CANDIDA ALBICANS SKIN TEST ANTIGEN 1:10
J0670	69100050102005	CARBOCAINE INJ 1%	MEPIVACAINE HCL INJ 1%
J9045	21100015002035	CARBOPLATIN INJ 150/15ML	CARBOPLATIN IV SOLN 150 MG/15ML
J9045	21100015002040	CARBOPLATIN INJ 450/45ML	CARBOPLATIN IV SOLN 450 MG/45ML
J9045	21100015002030	CARBOPLATIN INJ 50MG/5ML	CARBOPLATIN IV SOLN 50 MG/5ML
J9045	21100015002045	CARBOPLATIN INJ 600/60ML	CARBOPLATIN IV SOLN 600 MG/60ML
J9050	21102010002105	CARMUSTINE INJ 100MG	CARMUSTINE FOR INJ 100 MG
J9050 J9052	21102010002125	CARMUSTINE INJ 300MG	CARMUSTINE FOR INJ 300 MG
J9050 J9052	21102010002103	CARMUSTINE INJ 50MG	CARMUSTINE FOR INJ 50 MG
Q2056	21651025101820	CARVYKTI INJ	CILTACABTAGENE AUTOLEUCEL IV SUSP 100,000,000 CELLS

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C9399 J3590	82804020101820	CASGEVY INJ	EXAGAMGLOGENE AUTOTEMCEL IV SUSP
J2997	85601010002102	CATHFLO ACTI INJ 2MG	ALTEPLASE FOR INJ 2 MG
J0688	2100015102119	CEFAZOLIN INJ 2GM	CEFAZOLIN SODIUM FOR IV SOLN 2 GM
J0697	2200065102115	CEFUROXIME INJ 1.5GM	CEFUROXIME SODIUM FOR IV SOLN 1.5 GM
J0697	2200065102105	CEFUROXIME INJ 750MG	CEFUROXIME SODIUM FOR INJ 750 MG
J1786	82700050002120	CEREZYME INJ 400UNIT	IMIGLUCERASE FOR INJ 400 UNIT
J2850	94200080202120	CHIRHOSTIM SOL 16MCG	SECRETIN ACETATE (HUMAN) FOR INJ 16 MCG
J0720	16200010202160	CHLORAMPHEN INJ 1GM	CHLORAMPHENICOL SODIUM SUCCINATE FOR IV INJ 1 GM
J2401	69200040102012	CHLOROPROCAI INJ 2%-400MG	CHLOROPROCAINE HCL PRESERVATIVE FREE (PF) INJ 2%
J2401	69200040102017	CHLOROPROCAI INJ 3%-600MG	CHLOROPROCAINE HCL PRESERVATIVE FREE (PF) INJ 3%
J1205	37600020102105	CHLOROTHIAZ INJ 500MG	CHLOROTHIAZIDE SODIUM FOR INJ 500 MG
J3230	59200015102005	CHLORPROMAZ INJ 25MG/ML	CHLORPROMAZINE HCL INJ 25 MG/ML
J3230	59200015102015	CHLORPROMAZ INJ 50MG/2ML	CHLORPROMAZINE HCL INJ 50 MG/2ML
J2786	44604460002020	CINQAIR INJ	RESLIZUMAB IV INFUSION SOLN 100 MG/10ML (10 MG/ML)
J0185	50280020001620	CINVANTI INJ 130/18ML	APREPITANT IV EMULSION 130 MG/18ML
J9060	21100020002025	CISPLATIN INJ 100MG	CISPLATIN INJ 100 MG/100ML (1 MG/ML)
J9060	21100020002030	CISPLATIN INJ 200MG	CISPLATIN INJ 200 MG/200ML (1 MG/ML)
J9060	21100020002020	CISPLATIN INJ 50/50ML	CISPLATIN INJ 50 MG/50ML (1 MG/ML)
J9060	21100020002110	CISPLATIN INJ 50MG	CISPLATIN IV FOR INJ 50 MG
J9065	21300007002015	CLADRIBINE INJ 1MG/ML	CLADRIBINE IV SOLN 10 MG/10ML (1 MG/ML)
A9575	94500037102020	CLARISCAN INJ 10MMOL	GADOTERATE MEGLUMINE IV SOLN 10 MMOL/20ML (0.5 MMOL/ML)
A9575	94500037102006	CLARISCAN INJ 2.5MMOL	GADOTERATE MEGLUMINE IV SOLN 2.5 MMOL/5ML (0.5 MMOL/ML)
A9575	94500037102040	CLARISCAN INJ 50MMOL	GADOTERATE MEGLUMINE IV SOLN 50 MMOL/100ML (0.5 MMOL/ML)
A9575	94500037102010	CLARISCAN INJ 5MMOL	GADOTERATE MEGLUMINE IV SOLN 5 MMOL/10ML (0.5 MMOL/ML)
A9575	9450003710E510	CLARISCAN INJ 5MMOL	GADOTERATE MEGLUMINE IV SOLN PREFILLED SYRINGE 5 MMOL/10ML

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A9575	94500037102015	CLARISCAN INJ 7.5MMOL	GADOTERATE MEGLUMINE IV SOLN 7.5 MMOL/15ML (0.5 MMOL/ML)
A9575	9450003710E515	CLARISCAN INJ 7.5MMOL	GADOTERATE MEGLUMINE IV SOLN PREFILLED SYRINGE 7.5 MMOL/15ML
C9248	34000007001640	CLEVIPREX EMU 0.5MG/ML	CLEVIDIPINE IV EMULSION 50 MG/100ML
C9248	34000007001620	CLEVIPREX EMU 0.5MG/ML	CLEVIDIPINE IV EMULSION 25 MG/50ML
J9027	21300008002020	CLOLAR INJ 1MG/ML	CLOFARABINE IV SOLN 1 MG/ML
J0770	16100004202132	COLISTIMETH INJ 150MG	COLISTIMETHATE SOD FOR INJ 150 MG (COLISTIN BASE ACTIVITY)
J9286	21352035002040	COLUMVI INJ 10/10ML	GLOFITAMAB-GXBM IV SOLN 10 MG/10ML (1 MG/ML)
J9286	21352035002020	COLUMVI INJ 2.5MG	GLOFITAMAB-GXBM IV SOLN 2.5 MG/2.5ML (1 MG/ML)
C3490 C9399	66109902302020	COMBOGESIC INJ 300-1000	IBUPROFEN-ACETAMINOPHEN IV SOLN 300-1000 MG/100ML
J3490	79900010102010	COPPER INJ 0.4MG/ML	CUPRIC CHLORIDE INJ 0.4 MG/ML (ELEMENTAL)
J0834	94200037002105	CORTROSYN INJ 0.25MG	COSYNTROPIN FOR INJ 0.25 MG
J1742	35400050102020	CORVERT INJ 1MG/10ML	IBUTILIDE FUMARATE INJ 1 MG/10ML
J1448	21756570202120	COSELA INJ 300MG	TRILACICLIB DIHYDROCHLORIDE FOR IV SOLN 300 MG
C9399 J3590	90250575002050	COSENTYX INJ 125/5ML	SECUKINUMAB IV SOLN 125 MG/5ML
J1833	11407030102130	CRESEMBA INJ 372MG	ISAVUCONAZONIUM SULF FOR IV SOL 372 MG (ISAVUCONAZOLE 200MG)
J0840	19200021002120	CROFAB INJ	CROTALIDAE POLYVALENT IMMUNE FAB (OVINE) FOR IV INFUSION
J0584	30909510602010	CRYSVITA INJ 10MG/ML	BUROSUMAB-TWZA INJ 10 MG/ML
J0584	30909510602020	CRYSVITA INJ 20MG/ML	BUROSUMAB-TWZA INJ 20 MG/ML
J0584	30909510602030	CRYSVITA INJ 30MG/ML	BUROSUMAB-TWZA INJ 30 MG/ML
J9308	21335070002020	CYRAMZA INJ 100/10ML	RAMUCIRUMAB IV SOLN 100 MG/10ML (FOR INFUSION)
J9308	21335070002040	CYRAMZA INJ 500/50ML	RAMUCIRUMAB IV SOLN 500 MG/50ML (FOR INFUSION)
Q9958	94402050102001	CYSTO-CONRAY INJ II 17.2%	IOTHALAMATE MEGLUMINE INJ 17.2%
Q9958 Q9958 Q9958	94402015102011	CYSTOGRAFIN INJ 30%	DIATRIZOATE MEGLUMINE URETHRAL SOLN 30%
Q9958	94402015102005	CYSTOGRAFIN- INJ DILUTE	DIATRIZOATE MEGLUMINE INJ 18%
A9603	94200070202020	CYTALUX INJ 3.2/1.6	PAFOLACIANINE SODIUM IV SOLN 3.2 MG/1.6ML

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J9100	21300010002040	CYTARABINE INJ 100MG/ML	CYTARABINE INJ PF 100 MG/ML
J9100	21300010002010	CYTARABINE INJ 20MG/ML	CYTARABINE INJ 20 MG/ML
J9100	21300010002011	CYTARABINE INJ 20MG/ML	CYTARABINE INJ PF 20 MG/ML
90291 J0850	19100005002200	CYTOGAM INJ	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN) IV INJ
J7121	79993002302020	D5W/LR INJ	DEXTROSE 5% IN LACTATED RINGERS
J7042	79993002202035	D5W/NACL INJ 0.9%	DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%
J9130	21700020002105	DACARBAZINE INJ 100MG	DACARBAZINE FOR INJ 100 MG
J9130	21700020002110	DACARBAZINE INJ 200MG	DACARBAZINE FOR INJ 200 MG
J9120	21200020002105	DACTINOMYCIN INJ 0.5MG	DACTINOMYCIN FOR INJ 0.5 MG
J0875	16280030102130	DALVANCE SOL 500MG	DALBAVANCIN HCL FOR IV SOLN 500 MG (BASE EQUIVALENT)
J9348	21356050302020	DANYELZA INJ 40/10ML	NAXITAMAB-GQ GK IV SOLN 40 MG/10ML (4 MG/ML)
J0874	16270030102035	DAPTOMY/NACL INJ 1000/100	DAPTOMYCIN-NACL IV SOLUTION 1000 MG/100ML-0.9%
J0874	16270030102010	DAPTOMY/NACL INJ 350/50ML	DAPTOMYCIN-NACL IV SOLUTION 350 MG/50ML-0.9%
J0874	16270030102015	DAPTOMY/NACL INJ 500/50ML	DAPTOMYCIN-NACL IV SOLUTION 500 MG/50ML-0.9%
J0874	16270030102025	DAPTOMY/NACL INJ 700/100	DAPTOMYCIN-NACL IV SOLUTION 700 MG/100ML-0.9%
J9145	21354027002020	DARZALEX SOL 100MG/5M	DARATUMUMAB IV SOLN 100 MG/5ML
J9145	21354027002030	DARZALEX SOL 400MG/20	DARATUMUMAB IV SOLN 400 MG/20ML
J9144	21990002152020	DARZALEX SOL FASPRO	DARATUMUMAB-HYALURONIDASE-FIHJ INJ 1800-30000 MG-UNIT/15ML
J2175	65100045102030	DEMEROL INJ 100MG/ML	MEPERIDINE HCL INJ 100 MG/ML
J2175	65100045102010	DEMEROL INJ 25MG/ML	MEPERIDINE HCL INJ 25 MG/ML
J2175	65100045102015	DEMEROL INJ 50MG/ML	MEPERIDINE HCL INJ 50 MG/ML
J2175	65100045102020	DEMEROL INJ 75MG/ML	MEPERIDINE HCL INJ 75 MG/ML
J3490	60206030202020	DEXMEDE/NACL INJ 200/50ML	DEXMEDETOMIDINE HCL IN NACL 0.9% IV SOLN 200 MCG/50ML
J3490	60206030202040	DEXMEDE/NACL INJ 400/100	DEXMEDETOMIDINE HCL IN NACL 0.9% IV SOLN 400 MCG/100ML
J1190	21754040102120	DEXRAZOXANE INJ 250MG	DEXRAZOXANE HCL FOR INJ 250 MG (BASE EQUIVALENT)
J1190	21754040102140	DEXRAZOXANE INJ 500MG	DEXRAZOXANE HCL FOR INJ 500 MG (BASE EQUIVALENT)
J1096	86300010009940	DEXTENZA MIS 0.4MG	DEXAMETHASONE (OPHTH) INSERT 0.4 MG

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**Baylor Scott and White Health Plan
Medications Restricted to Medical Benefit**

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J7060 J7070	80100020002015	DEXTROSE INJ 5%	DEXTROSE INJ 5%
J3360	5710004000D520	DIAZEPAM INJ 10MG/2ML	DIAZEPAM IM SOLUTION AUTO-INJ 10 MG/2ML
J3360	57100040002010	DIAZEPAM INJ 5MG/ML	DIAZEPAM INJ 5 MG/ML
J1162	93000025102120	DIGIFAB INJ 40MG	DIGOXIN IMMUNE FAB FOR INJ 40 MG
J1160	31200010002010	DIGOXIN INJ 0.25/ML	DIGOXIN INJ 0.25 MG/ML
J2704	70400050001640	DIPRIVAN INJ 100/10ML	PROPOFOL IV EMUL 100 MG/10ML (10 MG/ML)
J1245	94200039002020	DIPYRIDAMOLE INJ 5MG/ML	DIPYRIDAMOLE IV SOLN 5 MG/ML
J1250	31350015112010	DOBUTAM/D5W INJ 1MG/ML	DOBUTAMINE INJ 1 MG/ML IN D5W
J1250	31350015112020	DOBUTAM/D5W INJ 2MG/ML	DOBUTAMINE INJ 2 MG/ML IN D5W
J1250	31350015112040	DOBUTAM/D5W INJ 4MG/ML	DOBUTAMINE INJ 4 MG/ML IN D5W
J1250	31350015102005	DOBUTAMINE INJ 250/20ML	DOBUTAMINE HCL INJ 12.5 MG/ML
J9171	21500005002050	DOCETAXEL INJ 160/16ML	DOCETAXEL SOLN FOR IV INFUSION 160 MG/16ML
J9171	21500005001317	DOCETAXEL INJ 160/8ML	DOCETAXEL FOR INJ CONC 160 MG/8ML (20 MG/ML)
J9171	21500005002030	DOCETAXEL INJ 20MG/2ML	DOCETAXEL SOLN FOR IV INFUSION 20 MG/2ML
J9171	21500005001310	DOCETAXEL INJ 20MG/ML	DOCETAXEL FOR INJ CONC 20 MG/ML
J9171	21500005001315	DOCETAXEL INJ 80MG/4ML	DOCETAXEL FOR INJ CONC 80 MG/4ML (20 MG/ML)
J9171	21500005002040	DOCETAXEL INJ 80MG/8ML	DOCETAXEL SOLN FOR IV INFUSION 80 MG/8ML
J1265	31350020102010	DOPAMINE INJ 200/5ML	DOPAMINE HCL INJ 40 MG/ML
J1265	31350020112010	DOPAMINE/D5W INJ 0.8MG/ML	DOPAMINE INJ 0.8 MG/ML IN D5W
J1265	31350020112020	DOPAMINE/D5W INJ 1.6MG/ML	DOPAMINE INJ 1.6 MG/ML IN D5W
J1265	31350020112030	DOPAMINE/D5W INJ 3.2MG/ML	DOPAMINE INJ 3.2 MG/ML IN D5W
Q2050	21200040402210	DOXIL INJ 20/10ML	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV INFUSION) 2 MG/ML
J9000	21200040102105	DOXORUBICIN INJ 10MG	DOXORUBICIN HCL FOR INJ 10 MG
J9000	21200040102010	DOXORUBICIN INJ 2MG/ML	DOXORUBICIN HCL INJ 2 MG/ML
J9000	21200040102115	DOXORUBICIN INJ 50MG	DOXORUBICIN HCL FOR INJ 50 MG
J7318	7580007010E420	DUROLANE INJ 60MG/3ML	SODIUM HYALURONATE INTRA-ARTICULAR GEL PREF SYR 60 MG/3ML
J0600	93000040002020	EDETATE CALC INJ 1GM/5ML	EDETATE CALCIUM DISODIUM INJ 1 GM/5ML (200 MG/ML)
J9063	21355030202030	ELAHERE INJ 5MG/ML	MIRVETUXIMAB SORAVTANSINE-GYNX IV SOLN 100 MG/20ML

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J1743	30906850002020	ELAPRASE INJ 6MG/3ML	IDURSULFASE SOLN FOR IV INFUSION 6 MG/3ML (2 MG/ML)
J3060	82700080102120	ELELYSO INJ 200UNIT	TALIGLUCERASE ALFA FOR INJ 200 UNIT
J1413	74600030406410	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 10 X 10 ML KIT
J1413	74600030406411	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 11 X 10 ML KIT
J1413	74600030406412	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 12 X 10 ML KIT
J1413	74600030406413	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 13 X 10 ML KIT
J1413	74600030406414	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 14 X 10 ML KIT
J1413	74600030406415	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 15 X 10 ML KIT
J1413	74600030406416	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 16 X 10 ML KIT
J1413	74600030406417	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 17 X 10 ML KIT
J1413	74600030406418	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 18 X 10 ML KIT
J1413	74600030406419	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 19 X 10 ML KIT
J1413	74600030406420	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 20 X 10 ML KIT
J1413	74600030406421	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 21 X 10 ML KIT
J1413	74600030406422	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 22 X 10 ML KIT
J1413	74600030406423	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 23 X 10 ML KIT
J1413	74600030406424	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 24 X 10 ML KIT
J1413	74600030406425	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 25 X 10 ML KIT
J1413	74600030406426	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 26 X 10 ML KIT
J1413	74600030406427	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 27 X 10 ML KIT
J1413	74600030406428	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 28 X 10 ML KIT
J1413	74600030406429	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 29 X 10 ML KIT
J1413	74600030406430	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 30 X 10 ML KIT

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**Baylor Scott and White Health Plan
Medications Restricted to Medical Benefit**

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J1413	74600030406431	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 31 X 10 ML KIT
J1413	74600030406432	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 32 X 10 ML KIT
J1413	74600030406433	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 33 X 10 ML KIT
J1413	74600030406434	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 34 X 10 ML KIT
J1413	74600030406435	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 35 X 10 ML KIT
J1413	74600030406436	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 36 X 10 ML KIT
J1413	74600030406437	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 37 X 10 ML KIT
J1413	74600030406438	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 38 X 10 ML KIT
J1413	74600030406439	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 39 X 10 ML KIT
J1413	74600030406440	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 40 X 10 ML KIT
J1413	74600030406441	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 41 X 10 ML KIT
J1413	74600030406442	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 42 X 10 ML KIT
J1413	74600030406443	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 43 X 10 ML KIT
J1413	74600030406444	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 44 X 10 ML KIT
J1413	74600030406445	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 45 X 10 ML KIT
J1413	74600030406446	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 46 X 10 ML KIT
J1413	74600030406447	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 47 X 10 ML KIT
J1413	74600030406448	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 48 X 10 ML KIT
J1413	74600030406449	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 49 X 10 ML KIT
J1413	74600030406450	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 50 X 10 ML KIT
J1413	74600030406451	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 51 X 10 ML KIT
J1413	74600030406452	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 52 X 10 ML KIT
J1413	74600030406453	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 53 X 10 ML KIT

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J1413	74600030406454	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 54 X 10 ML KIT
J1413	74600030406455	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 55 X 10 ML KIT
J1413	74600030406456	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 56 X 10 ML KIT
J1413	74600030406457	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 57 X 10 ML KIT
J1413	74600030406458	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 58 X 10 ML KIT
J1413	74600030406459	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 59 X 10 ML KIT
J1413	74600030406460	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 60 X 10 ML KIT
J1413	74600030406461	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 61 X 10 ML KIT
J1413	74600030406462	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 62 X 10 ML KIT
J1413	74600030406463	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 63 X 10 ML KIT
J1413	74600030406464	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 64 X 10 ML KIT
J1413	74600030406465	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 65 X 10 ML KIT
J1413	74600030406466	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 66 X 10 ML KIT
J1413	74600030406467	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 67 X 10 ML KIT
J1413	74600030406468	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 68 X 10 ML KIT
J1413	74600030406469	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 69 X 10 ML KIT
J1413	74600030406470	ELEVIDYS KIT	DELANDISTROGENE MOXEPARVOVEC-ROKL IV SUSP 70 X 10 ML KIT
J2508	30903660102020	ELFABRIO SOL 20/10ML	PEGUNIGALSIDASE ALFA-IWXJ IV SOLUTION 20 MG/10 ML
J2783	21764065002120	ELITEK INJ 1.5MG	RASBURICASE FOR IV SOLN 1.5 MG
J2783	21764065002140	ELITEK INJ 7.5MG	RASBURICASE FOR IV SOLN 7.5 MG
J9178	21200042102030	ELLENC E INJ 2MG/ML	EPIRUBICIN HCL IV SOLN 50 MG/25ML (2 MG/ML)
J9178	21200042102045	ELLENC E INJ 2MG/ML	EPIRUBICIN HCL IV SOLN 200 MG/100ML (2 MG/ML)
C9165	21352028152020	ELREXFIO INJ 44/1.1ML	ELRANATAMAB-BCMM SUBCUTANEOUS SOLN 44 MG/1.1ML
C9165	21352028152040	ELREXFIO INJ 76/1.9ML	ELRANATAMAB-BCMM SUBCUTANEOUS SOLN 76 MG/1.9ML

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Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J9269	21703080302020	ELZONRIS SOL 1000MCG	TAGRAXOFUSP-ERZS IV SOLN 1000 MCG/ML
J9176	21359030002120	EMPLICITI INJ 300MG	ELOTUZUMAB FOR IV SOLN 300 MG
J9176	21359030002130	EMPLICITI INJ 400MG	ELOTUZUMAB FOR IV SOLN 400 MG
J1302	85803085302050	ENJAYMO SOL	SUTIMLIMAB-JOME IV SOLN 1100 MG/22ML (50 MG/ML)
J3380	52503080002120	ENTYVIO INJ 300MG	VEDOLIZUMAB FOR IV SOLUTION 300 MG
A9581	94500044102020	EOVIST INJ	GADOXETATE DISODIUM IV SOLN 0.25 MOL/L (181.43 MG/ML)
J9321	21352031202020	EPKINLY INJ 4/0.8ML	EPCORITAMAB-BYSP SUBCUTANEOUS SOLN 4 MG/0.8ML
J9321	21352031202040	EPKINLY INJ 48/0.8ML	EPCORITAMAB-BYSP SUBCUTANEOUS SOLN 48 MG/0.8ML
J0348	11500010002130	ERAXIS INJ 100MG	ANIDULAFUNGIN FOR IV SOLN 100 MG
J0348	11500010002120	ERAXIS INJ 50MG	ANIDULAFUNGIN FOR IV SOLN 50 MG
J9055	21360015002020	ERBITUX INJ 100MG	CETUXIMAB IV SOLN 100 MG/50ML (2 MG/ML)
J9055	21360015002025	ERBITUX INJ 200MG	CETUXIMAB IV SOLN 200 MG/100ML (2 MG/ML)
J1364	3100050502105	ERYTHROCIN INJ 500MG	ERYTHROMYCIN LACTOBIONATE FOR INJ 500 MG
J9181	21500010602120	ETOPOPHOS INJ 100MG	ETOPOSIDE PHOSPHATE IV FOR INJ 100 MG (BASE EQUIVALENT)
J9181	21500010002025	ETOPOSIDE INJ 100/5ML	ETOPOSIDE INJ 100 MG/5ML (20 MG/ML)
J9181	21500010002040	ETOPOSIDE INJ 1GM/50ML	ETOPOSIDE INJ 1 GM/50ML (20 MG/ML)
J9181	21500010002030	ETOPOSIDE INJ 500/25ML	ETOPOSIDE INJ 500 MG/25ML (20 MG/ML)
J7321 J7332	7580007010E520	EUFLEXXA INJ 10MG/ML	SODIUM HYALURONATE INTRA-ARTICULAR SOLN PREF SYR 20 MG/2ML
J3111	3004486010E520	EVENITY INJ 105MG	ROMOSOZUMAB-AQQG INJ SOLN PREFILLED SYRINGE 105 MG/1.17ML
J1305	39392030202040	EVKEEZA INJ 1200/8	EVINACUMAB-DGNB IV SOLN 1200 MG/8ML (150 MG/ML)
J1305	39392030202020	EVKEEZA INJ 345/2.3	EVINACUMAB-DGNB IV SOLN 345 MG/2.3ML (150 MG/ML)
J9246	21101040102115	EVOMELA INJ 50MG	MELPHALAN HCL FOR INJ 50 MG (PROPYLENE GLYCOL (PG) FREE)
Q0220 Q0221	19509902802020	EVUSHELD SOL	TIXAGEVIMAB 150 MG/1.5ML & CILGAVIMAB 150 MG/1.5ML IM SOLN
J1428	74600035002020	EXONDYS 51 SOL 100/2ML	ETEPLIRSEN IV SOLN 100 MG/2ML (50 MG/ML)

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Medications Restricted to Medical Benefit**

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J1428	74600035002040	EXONDYS 51 SOL 500/10ML	ETEPLIRSEN IV SOLN 500 MG/10ML (50 MG/ML)
C9290	69100010151820	EXPAREL INJ 1.3%	BUPIVACAINE LIPOSOME INJ 1.3% (13.3 MG/ML)
J0180	30903610102120	FABRAZYME INJ 35MG	AGALSIDASE BETA FOR IV SOLN 35 MG
J0180	30903610102110	FABRAZYME INJ 5MG	AGALSIDASE BETA FOR IV SOLN 5 MG
J1951	30080050256450	FENSOLVI INJ 45MG	LEUPROLIDE ACET (6 MONTH) FOR INJ PEDIATRIC KIT 45 MG
J3010	6510002510E514	FENTANYL CIT INJ 100/2ML	FENTANYL CITRATE SOLN PREFILLED SYRINGE 100 MCG/2ML
J3010	65100025102037	FENTANYL CIT INJ 1000MCG	FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 1000 MCG/20ML
J3010	65100025102012	FENTANYL CIT INJ 100MCG	FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 100 MCG/2ML
J3010	65100025102042	FENTANYL CIT INJ 2500MCG	FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 2500 MCG/50ML
J3010	65100025102022	FENTANYL CIT INJ 250MCG	FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 250 MCG/5ML
J3010	65100025102032	FENTANYL CIT INJ 500MCG	FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 500 MCG/10ML
J3010	65100025102007	FENTANYL CIT INJ 50MCG/ML	FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 50 MCG/ML
J3010	6510002510E511	FENTANYL CIT INJ 50MCG/ML	FENTANYL CITRATE PF SOLN PREFILLED SYRINGE 50 MCG/ML
Q0138 Q0139	82300068002020	FERUMOXYTOL INJ 510/17ML	FERUMOXYTOL INJ 510 MG/17ML (30 MG/ML) (ELEMENTAL FE)
J0699	2800020702120	FETROJA INJ 1GM	CEFIDEROCOL SULFATE TOSYLATE FOR IV SOLN 1 GM
J9155	21405525102131	FIRMAGON INJ 120MG	DEGARELIX ACETATE FOR INJ 120 MG/VIAL (240 MG DOSE)
J9155	21405525102120	FIRMAGON INJ 80MG	DEGARELIX ACETATE FOR INJ 80 MG (BASE EQUIV)
J9200	21300020002105	FLOXURIDINE INJ 0.5GM	FLOXURIDINE FOR INJ 0.5 GM
J3490	86806010202010	FLUORESCITE INJ 10% OP	FLUORESCIEIN SODIUM IV SOLN 10%
J2680	59200025302005	FLUPHENAZ DE INJ 25MG/ML	FLUPHENAZINE DECANOATE INJ 25 MG/ML
J9307	21300054002020	FOLOTYN INJ 20MG/ML	PRALATREXATE IV INJ 20 MG/ML
J9307	21300054002025	FOLOTYN INJ 40MG/2ML	PRALATREXATE IV INJ 40 MG/2ML
J1451	93000045002010	FOMEPIZOLE INJ 1.5GM	FOMEPIZOLE INJ 1 GM/ML (FOR IV INFUSION)
J1455	12200020102030	FOSCARNET INJ 24MG/ML	FOSCARNET SODIUM INJ 6000 MG/250ML (24 MG/ML)

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J9393 J9394 J9395	2140353000E530	FULVESTRANT INJ 250/5ML	FULVESTRANT INJ SOLN PREF SYR 250 MG/5ML
J9331	21532560201920	FYARRO SUS 100MG	SIROLIMUS PROTEIN-BOUND PARTICLES FOR IV SUSP 100 MG
J1570 J1574	12200030002030	GANCICLOVIR INJ 500/25	GANCICLOVIR IV SOLN 500 MG/250ML
J1570	12200030102030	GANCICLOVIR INJ 500MG	GANCICLOVIR SODIUM IV SOLN 500 MG/10ML (50 MG/ML) (BASE EQ)
J1570	12200030102110	GANCICLOVIR INJ 500MG	GANCICLOVIR SODIUM FOR INJ 500 MG
J9301	21351843002025	GAZYVA INJ 25MG/ML	OBINUTUZUMAB SOLN FOR IV INFUSION 1000 MG/40ML (25 MG/ML)
J7326	7580002000E420	GEL-ONE INJ 30MG/3ML	CROSS-LINKED HYALURONATE GEL PREFILLED SYRINGE 30 MG/3ML
J7328	7580007010E517	GELSYN-3 INJ 16.8/2ML	SODIUM HYALURONATE INTRA-ARTICULAR SOLN PREF SYR 16.8 MG/2ML
J9196 J9201	21300034102080	GEMCITABINE INJ 1.5GM/15	GEMCITABINE HCL INJ 1.5 GM/15ML (100 MG/ML) (BASE EQUIV)
J9201	21300034102040	GEMCITABINE INJ 1GM	GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)
J9201	21300034102140	GEMCITABINE INJ 1GM	GEMCITABINE HCL FOR INJ 1 GM
J9196 J9201	21300034102077	GEMCITABINE INJ 1GM/10ML	GEMCITABINE HCL INJ 1 GM/10ML (100 MG/ML) (BASE EQUIV)
J9196 J9201	21300034102073	GEMCITABINE INJ 200MG	GEMCITABINE HCL INJ 200 MG/2ML (100 MG/ML) (BASE EQUIV)
J9201	21300034102020	GEMCITABINE INJ 200MG	GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV)
J9201	21300034102110	GEMCITABINE INJ 200MG	GEMCITABINE HCL FOR INJ 200 MG
J9201	21300034102060	GEMCITABINE INJ 2GM	GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)
J9201	21300034102160	GEMCITABINE INJ 2GM	GEMCITABINE HCL FOR INJ 2 GM
J9196 J9201	21300034102083	GEMCITABINE INJ 2GM/20ML	GEMCITABINE HCL INJ 2 GM/20ML (100 MG/ML) (BASE EQUIV)
J1580	7000020112065	GENTAM/NACL INJ 100MG	GENTAMICIN IN SALINE INJ 2 MG/ML
J1580	7000020112015	GENTAM/NACL INJ 100MG	GENTAMICIN IN SALINE INJ 1 MG/ML
J1580	7000020112025	GENTAM/NACL INJ 60MG	GENTAMICIN IN SALINE INJ 1.2 MG/ML
J1580	7000020112045	GENTAM/NACL INJ 80MG	GENTAMICIN IN SALINE INJ 1.6 MG/ML
J1580	7000020112008	GENTAM/NACL INJ 80MG	GENTAMICIN IN SALINE INJ 0.8 MG/ML
J1580	7000020102035	GENTAMICIN INJ 10MG/ML	GENTAMICIN SULFATE INJ 10 MG/ML
J1580	7000020102045	GENTAMICIN INJ 80MG/2ML	GENTAMICIN SULFATE INJ 40 MG/ML

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HCPCS Code	GPI	Drug Name	Generic Name/Code Description
C9399 J3490	38000007102005	GIAPREZA INJ 0.5MG/ML	ANGIOTENSIN II ACETATE IV SOLN 0.5 MG/ML (BASE EQUIVALENT)
J0223	85080025202020	GIVLAARI INJ 189MG/ML	GIVOSIRAN SODIUM SUBCUTANEOUS SOLN 189 MG/ML
	85805280002030	GOHIBIC INJ 200/20ML	VILOBELIMAB IV SOLN 200 MG/20ML (10 MG/ML)
J9179	21500009202020	HALAVEN INJ 1MG/2ML	ERIBULIN MESYLATE INJ 1 MG/2ML (0.5 MG/ML)
J3490	29201010102020	HEMABATE INJ 250MCG	CARBOPROST TROMETHAMINE IM SOLN 250 MCG/ML
J1411	8510253025C621	HEMGENIX INJ 101-105	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 21 X 10 ML PACK
J1411	8510253025C622	HEMGENIX INJ 106-110	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 22 X 10 ML PACK
J1411	8510253025C623	HEMGENIX INJ 111-115	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 23 X 10 ML PACK
J1411	8510253025C624	HEMGENIX INJ 116-120	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 24 X 10 ML PACK
J1411	8510253025C625	HEMGENIX INJ 121-125	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 25 X 10 ML PACK
J1411	8510253025C626	HEMGENIX INJ 126-130	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 26 X 10 ML PACK
J1411	8510253025C627	HEMGENIX INJ 131-135	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 27 X 10 ML PACK
J1411	8510253025C628	HEMGENIX INJ 136-140	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 28 X 10 ML PACK
J1411	8510253025C629	HEMGENIX INJ 141-145	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 29 X 10 ML PACK
J1411	8510253025C630	HEMGENIX INJ 146-150	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 30 X 10 ML PACK
J1411	8510253025C631	HEMGENIX INJ 151-155	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 31 X 10 ML PACK
J1411	8510253025C632	HEMGENIX INJ 156-160	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 32 X 10 ML PACK
J1411	8510253025C633	HEMGENIX INJ 161-165	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 33 X 10 ML PACK
J1411	8510253025C634	HEMGENIX INJ 166-170	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 34 X 10 ML PACK
J1411	8510253025C635	HEMGENIX INJ 171-175	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 35 X 10 ML PACK
J1411	8510253025C636	HEMGENIX INJ 176-180	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 36 X 10 ML PACK
J1411	8510253025C637	HEMGENIX INJ 181-185	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 37 X 10 ML PACK
J1411	8510253025C638	HEMGENIX INJ 186-190	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 38 X 10 ML PACK

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J1411	8510253025C639	HEMGENIX INJ 191-195	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 39 X 10 ML PACK
J1411	8510253025C640	HEMGENIX INJ 196-200	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 40 X 10 ML PACK
J1411	8510253025C641	HEMGENIX INJ 201-205	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 41 X 10 ML PACK
J1411	8510253025C642	HEMGENIX INJ 206-210	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 42 X 10 ML PACK
J1411	8510253025C643	HEMGENIX INJ 211-215	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 43 X 10 ML PACK
J1411	8510253025C644	HEMGENIX INJ 216-220	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 44 X 10 ML PACK
J1411	8510253025C645	HEMGENIX INJ 221-225	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 45 X 10 ML PACK
J1411	8510253025C646	HEMGENIX INJ 226-230	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 46 X 10 ML PACK
J1411	8510253025C647	HEMGENIX INJ 231-235	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 47 X 10 ML PACK
J1411	8510253025C648	HEMGENIX INJ 236-240	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 48 X 10 ML PACK
J1411	8510253025C610	HEMGENIX INJ 46-50KG	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 10 X 10 ML PACK
J1411	8510253025C611	HEMGENIX INJ 51-55KG	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 11 X 10 ML PACK
J1411	8510253025C612	HEMGENIX INJ 56-60KG	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 12 X 10 ML PACK
J1411	8510253025C613	HEMGENIX INJ 61-65KG	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 13 X 10 ML PACK
J1411	8510253025C614	HEMGENIX INJ 66-70KG	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 14 X 10 ML PACK
J1411	8510253025C615	HEMGENIX INJ 71-75KG	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 15 X 10 ML PACK
J1411	8510253025C616	HEMGENIX INJ 76-80KG	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 16 X 10 ML PACK
J1411	8510253025C617	HEMGENIX INJ 81-85KG	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 17 X 10 ML PACK
J1411	8510253025C618	HEMGENIX INJ 86-90KG	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 18 X 10 ML PACK
J1411	8510253025C619	HEMGENIX INJ 91-95KG	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 19 X 10 ML PACK
J1411	8510253025C620	HEMGENIX INJ 96-100KG	ETRANACOGENE DEZAPARVOVEC-DRLB IV SUSP 20 X 10 ML PACK
J9356	21990002722020	HERCEP HYLEC SOL 60-10000	TRASTUZUMAB-HYALURONIDASE-OYSK INJ 600-10000 MG-UNIT/5ML
J9355	21170070002110	HERCEPTIN INJ 150MG	TRASTUZUMAB FOR IV SOLN 150 MG

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Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
Q5113	21170070602110	HERZUMA INJ 150MG	TRASTUZUMAB-PKRB FOR IV SOLN 150 MG
Q5113	21170070602120	HERZUMA INJ 420MG	TRASTUZUMAB-PKRB FOR IV SOLN 420 MG
J7321	75800070102024	HYALGAN INJ 20MG/2ML	SODIUM HYALURONATE INTRA-ARTICULAR INJ 20 MG/2ML
J9351	21550080102120	HYCANTIN INJ 4MG	TOPOTECAN HCL FOR INJ 4 MG (BASE EQUIV)
J0360	36400010102005	HYDRALAZINE INJ 20MG/ML	HYDRALAZINE HCL INJ 20 MG/ML
J3473	99350040102020	HYLENEX INJ 150 UNIT	HYALURONIDASE HUMAN INJ 150 UNIT/ML
J7322	7580006000E515	HYMOVIS INJ 24MG/3ML	HYALURONAN INTRA-ARTICULAR SOLN PREFILLED SYRINGE 24 MG/3ML
90389 J1670	1910006000E520	HYPERTET INJ 250/ML	TETANUS IMMUNE GLOBULIN (HUMAN) IM SOLN PREF SYR 250 UNIT/ML
J9211	21200045102030	IDAMYCIN PFS INJ 10/10ML	IDARUBICIN HCL IV INJ 10 MG/10ML (1 MG/ML)
J9211	21200045102035	IDAMYCIN PFS INJ 20/20ML	IDARUBICIN HCL IV INJ 20 MG/20ML (1 MG/ML)
J9211	21200045102025	IDAMYCIN PFS INJ 5MG/5ML	IDARUBICIN HCL IV INJ 5 MG/5ML (1 MG/ML)
J9208	21101025002110	IFEX INJ 1GM	IFOSFAMIDE FOR INJ 1 GM
J9208	21101025002130	IFEX INJ 3GM	IFOSFAMIDE FOR INJ 3 GM
J9208	21101025002025	IFOSFAMIDE INJ 1GM/20ML	IFOSFAMIDE IV INJ 1 GM/20ML (50 MG/ML)
J9208	21101025002030	IFOSFAMIDE INJ 3GM/60ML	IFOSFAMIDE IV INJ 3 GM/60ML (50 MG/ML)
J2403	86750012104020	IHEEZO GEL 3%	CHLOROPROCAINE HCL OPHTH GEL 3%
J3245	9025058010E520	ILUMYA SOL 100MG/ML	TILDRAKIZUMAB-ASMN SUBCUTANEOUS SOLN PREF SYRINGE 100 MG/ML
J9173	21358229002020	IMFINZI INJ 120/2.4	DURVALUMAB SOLN FOR IV INFUSION 120 MG/2.4ML (50 MG/ML)
J9173	21358229002030	IMFINZI INJ 500/10	DURVALUMAB SOLN FOR IV INFUSION 500 MG/10ML (50 MG/ML)
J9347	21355280102020	IMJUDO INJ 25/1.25	TREMELIMUMAB-ACTL SOLN FOR IV INFUSION 25 MG/1.25ML
J9347	21355280102040	IMJUDO INJ 300/15ML	TREMELIMUMAB-ACTL SOLN FOR IV INFUSION 300 MG/15ML
C9399 J3490	38000095102002	IMMPHENTIV INJ	PHENYLEPHRINE HCL IV SOLN 0.5 MG/5ML (100 MCG/ML)

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
C9399 J3490 J7999	38000095102008	IMPHENTIV INJ 1MG/10ML	PHENYLEPHRINE HCL IV SOLN 1 MG/10ML (100 MCG/ML)
J1750	82300040002010	INFED INJ 50MG/ML	IRON DEXTRAN INJ 50 MG/ML (ELEMENTAL IRON)
J9198	21300034112020	INFUGEM SOL 1200MG	GEMCITABINE HCL-NACL IV SOLN 1200 MG/120ML-0.9%
J9198	21300034112024	INFUGEM SOL 1300MG	GEMCITABINE HCL-NACL IV SOLN 1300 MG/130ML-0.9%
J9198	21300034112028	INFUGEM SOL 1400MG	GEMCITABINE HCL-NACL IV SOLN 1400 MG/140ML-0.9%
J9198	21300034112032	INFUGEM SOL 1500MG	GEMCITABINE HCL-NACL IV SOLN 1500 MG/150ML-0.9%
J9198	21300034112036	INFUGEM SOL 1600MG	GEMCITABINE HCL-NACL IV SOLN 1600 MG/160ML-0.9%
J9198	21300034112040	INFUGEM SOL 1700MG	GEMCITABINE HCL-NACL IV SOLN 1700 MG/170ML-0.9%
J9198	21300034112044	INFUGEM SOL 1800MG	GEMCITABINE HCL-NACL IV SOLN 1800 MG/180ML-0.9%
J9198	21300034112048	INFUGEM SOL 1900MG	GEMCITABINE HCL-NACL IV SOLN 1900 MG/190ML-0.9%
J9198	21300034112052	INFUGEM SOL 2000MG	GEMCITABINE HCL-NACL IV SOLN 2000 MG/200ML-0.9%
J9198	21300034112056	INFUGEM SOL 2200MG	GEMCITABINE HCL-NACL IV SOLN 2200 MG/220ML-0.9%
J1439	82300062002020	INJECTAFER INJ 100/2ML	FERRIC CARBOXYMALTOSE IV SOLN 100 MG/2ML (FE EQUIVALENT)
J1439	82300062002030	INJECTAFER INJ 750/15ML	FERRIC CARBOXYMALTOSE IV SOLN 750 MG/15ML (FE EQUIVALENT)
J9206	21550040102040	IRINOTECAN INJ 500MG/25	IRINOTECAN HCL INJ 500 MG/25ML (20 MG/ML)
J9319	21531560002120	ISTODAX OVR INJ 10MG	ROMIDEPSIN FOR IV INJ 10 MG
J3490	44201040102005	ISUPREL INJ 0.2MG/ML	ISOPROTERENOL HCL INJ 0.2 MG/ML
J9281	21200050002160	JELMYTO INJ 40MG X 2	MITOMYCIN FOR PYELOALYCEAL SOLN 40 MG
J9272	21357928302020	JEMPERLI SOL 500/10ML	DOSTARLIMAB-GXLY IV SOLN 500 MG/10ML (50 MG/ML)
J9043	21500003002020	JEVTANA INJ 60/1.5ML	CABAZITAXEL INJ 60 MG/1.5ML (FOR IV INFUSION)
J9354	21355070302120	KADCYLA INJ 100MG	ADO-TRASTUZUMAB EMTANSINE FOR IV SOLN 100 MG
J9354	21355070302130	KADCYLA INJ 160MG	ADO-TRASTUZUMAB EMTANSINE FOR IV SOLN 160 MG
Q5117	21170070142121	KANJINTI INJ 420MG	TRASTUZUMAB-ANNS FOR IV SOLN 420 MG

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HCPCS Code	GPI	Drug Name	Generic Name/Code Description
Q5117	21170070142110	KANJINTI SOL 150MG	TRASTUZUMAB-ANNS FOR IV SOLN 150 MG
J2840	30906360002020	KANUMA INJ 20/10ML	SEBELIPASE ALFA IV SOLN 20 MG/10ML (2 MG/ML)
J7168	85100060106430	KCENTRA KIT 1000UNIT	PROTHROMBIN COMPLEX CONC HUMAN FOR INJ KIT 1000 UNIT
J7168	85100060106420	KCENTRA KIT 500UNIT	PROTHROMBIN COMPLEX CONC HUMAN FOR INJ KIT 500 UNIT
C9460	85158425202120	KENGREAL SOL 50MG	CANGRELOR TETRASODIUM FOR IV SOLN 50 MG
J2425	21765060002115	KEPIVANCE INJ 5.16MG	PALIFERMIN FOR IV INJ 5.16 MG
J2425	21765060002120	KEPIVANCE INJ 6.25MG	PALIFERMIN FOR IV INJ 6.25 MG
J9271	21357953002030	KEYTRUDA INJ 100MG/4M	PEMBROLIZUMAB IV SOLN 100 MG/4ML (25 MG/ML)
J0642	21755050002120	KHAPZORY SOL 175MG	LEVOLEUCOVORIN FOR IV SOLN 175 MG
J0642	21755050002130	KHAPZORY SOL 300MG	LEVOLEUCOVORIN FOR IV SOLN 300 MG
J9274	21352080602020	KIMMTRAK SOL 100MCG	TEBENTAFUSP-TEBN IV SOLN 100 MCG/0.5ML
J2406	16280050202140	KIMYRSA INJ 1200MG	ORITAVANCIN DIPHOSPHATE FOR IV SOLN 1200 MG
J2805 J2806	94200085002105	KINEVAC INJ 5MCG	SINCALIDE FOR INJ 5 MCG
J0879	99690020102020	KORSUVA INJ 50MCG/ML	DIFELIKEFALIN ACETATE 65 MCG/1.3ML (50 MCG/ML)
J2507	68000050002020	KRYSTEXXA INJ 8MG/ML	PEGLOTICASE INJ 8 MG/ML (FOR IV INFUSION)
Q2042	21651075001830	KYMRIAH SUS	TISAGENLECLEUCEL IV SUSP 600,000,000 CELLS
Q2042	21651075001820	KYMRIAH SUS	TISAGENLECLEUCEL IV SUSP 250,000,000 CELLS
J9047	21536025002105	KYPROLIS SOL 10MG	CARFILZOMIB FOR INJ 10 MG
J9047	21536025002110	KYPROLIS SOL 30MG	CARFILZOMIB FOR INJ 30 MG
J9047	21536025002120	KYPROLIS SOL 60MG	CARFILZOMIB FOR INJ 60 MG
J1920	33300010102005	LABELALOL INJ 5MG/ML	LABELALOL HCL IV SOLN 5 MG/ML
J7120	79992001202010	LACTATED RIN INJ	LACTATED RINGER'S SOLUTION
J3490	99750015002000	LACTATED RIN SOL IRRIGAT	LACTATED RINGER'S FOR IRRIGATION
J0217	30902380702120	LAMZEDE INJ 10MG	VELMANASE ALFA-TYCV FOR IV SOLN 10 MG
J1160	31200010002005	LANOXIN PED INJ 0.1MG/ML	DIGOXIN INJ 0.1 MG/ML
C9399 J3590	27160820301820	LANTIDRA INJ	DONISLECEL-JUJN IV SUSP

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HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J0202	62405010002020	LEMTRADA INJ 12/1.2ML	ALEMTUZUMAB IV INJ 12 MG/1.2ML (10 MG/ML)
J0174	62050545302020	LEQEMBI SOL 200/2ML	LECANEMAB-IRMB IV SOLN 200 MG/2ML (100 MG/ML)
J0174	62050545302040	LEQEMBI SOL 500/5ML	LECANEMAB-IRMB IV SOLN 500 MG/5ML (100 MG/ML)
J1306	3935604040E520	LEQVIO SOL	INCLISIRAN SODIUM SUBCUTANEOUS SOLN PREF SYR 284 MG/1.5ML
J1953	72600043002060	LEVETIRACETM INJ 500/5ML	LEVETIRACETAM INJ 500 MG/5ML (100 MG/ML)
J0641	21755050102021	LEVOLEUCOVOR INJ 175/17.5	LEVOLEUCOVORIN CALCIUM IV SOLN PF 175 MG/17.5ML (BASE EQUIV)
J0641	21755050102120	LEVOLEUCOVOR INJ 50MG	LEVOLEUCOVORIN CALCIUM FOR IV INJ 50 MG (BASE EQUIV)
J0641	21755050102030	LEVOLEUCOVOR SOL 250MG/25	LEVOLEUCOVORIN CALCIUM IV SOLN PF 250 MG/25ML (BASE EQUIV)
J3490	38000090102010	LEVOPHED INJ 1MG/ML	Norepinephrine Bitartrate IV Soln
J1980	49101030102010	LEVSIN INJ 0.5MG/ML	HYOSCYAMINE SULFATE INJ 0.5 MG/ML
J7308	90375015102120	LEVULAN KERA SOL 20%	AMINOLEVULINIC ACID HCL FOR SOLN 20% (STICK APPLICATOR)
J9119	21357923402030	LIBTAYO INJ 350/7ML	CEMIPLIMAB-RWLC IV SOLN 350 MG/7ML (50 MG/ML)
J3490	69991002402022	LIDO/EPI INJ 2%	LIDOCAINE INJ 2% W/ EPINEPHRINE-1:100000
J2001	35200020112020	LIDOCAIN/D5W INJ 4MG/ML	LIDOCAINE IV INFUSION IN D5W INJ 4 MG/ML
J2001	35200020112030	LIDOCAIN/D5W INJ 8MG/ML	LIDOCAINE IV INFUSION IN D5W INJ 8 MG/ML
J3490	69100040102011	LIDOCAINE INJ 1%	LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 1%
J3490	69100040102021	LIDOCAINE INJ 2%	LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 2%
J2010	16220010102005	LINCOCIN INJ 600/2ML	LINCOMYCIN HCL INJ 300 MG/ML
J7100	85300020102010	LMD 10%/D5W INJ	DEXTRAN 40 INJ 10% IN D5W
J7100	85300020202010	LMD 10%/NACL INJ 0.9%	DEXTRAN 40 INJ 10% IN SALINE
C9399 J9999	21357970722020	LOGTORZI INJ 240/6ML	TORIPALIMAB-TPZI IV SOLN 240 MG/6ML (40 MG/ML)
Q9950	94500085501920	LUMASON INJ 60.7-25	SULFUR HEXAFLUORIDE LIPID-TYPE A MICROS FOR SUSP 60.7-25 MG
J0221	30907715002120	LUMIZYME INJ 50MG	ALGLUCOSIDASE ALFA FOR IV SOLN 50 MG
J9313	21352236502120	LUMOXITI SOL 1MG	MOXETUMOMAB PASUDOTOX-TDFK FOR IV SOLN 1 MG

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J9350	21352050102020	LUNSUMIO INJ 1MG/ML	MOSUNETUZUMAB-AXGB IV SOLN 1 MG/ML
J9350	21352050102040	LUNSUMIO INJ 30MG/30	MOSUNETUZUMAB-AXGB IV SOLN 30 MG/30ML (1 MG/ML)
A9513	21600045202020	LUTATHERA SOL 370MBQ	LUTETIUM LU 177 DOTATATE IV SOLN 370 MBQ/ML (10 MCI/ML)
C9399 J3590	82804050101820	LYFGENIA SUS	LOVOTIBEGLOGENE AUTOTEMCEL IV SUSP
J7330	75840015209100	MACI MIS	*AUTOLOGOUS CULTURED CHONDROCYTE ON COLLAGEN MEMBRANE SHEET*
J3475	79400010402050	MAGNESIUM SU INJ 20/500ML	MAGNESIUM SULFATE IV SOLN 20 GM/500ML (40 MG/ML)
J3475	79400010402040	MAGNESIUM SU INJ 2GM/50ML	MAGNESIUM SULFATE IV SOLN 2 GM/50ML (40 MG/ML)
J3475	79400010402055	MAGNESIUM SU INJ 40G/1000	MAGNESIUM SULFATE IV SOLN 40 GM/1000ML (40 MG/ML)
J3475	79400010402045	MAGNESIUM SU INJ 4G/100ML	MAGNESIUM SULFATE IV SOLN 4 GM/100ML (40 MG/ML)
J3475	79400010402020	MAGNESIUM SU INJ 50%	MAGNESIUM SULFATE INJ 50%
J3475	79400010402065	MAGNESIUM SU INJ 80MG/ML	MAGNESIUM SULFATE IV SOLN 4 GM/50ML (80 MG/ML)
J2150	37400030002025	MANNITOL INJ 25%	MANNITOL IV SOLN 25%
J9353	21170034202020	MARGENZA INJ 250/10ML	MARGETUXIMAB-CMKB IV SOLN 250 MG/10ML (25 MG/ML)
J9371	21500020201820	MARQIBO INJ 5MG/31ML	VINCRIStINE SULFATE LIPOSOME IV SUSP 5 MG/31ML (0.16 MG/ML)
J3397	30907680202020	MEPSEVII INJ 10MG/5ML	VESTRONIDASE ALFA-VJBK IV SOLN 10 MG/5ML (2 MG/ML)
J2184 J2185	16150050052130	MEROP/NACL INJ 1GM/50ML	MEROPENEM & SODIUM CHLORIDE 0.9% FOR IV SOLN 1 GM/50ML
J2184 J2185	16150050052120	MEROP/NACL INJ 500/50ML	MEROPENEM & SODIUM CHLORIDE 0.9% FOR IV SOLN 500 MG/50ML
J2185	16150050002140	MEROPENEM INJ 1GM	MEROPENEM IV FOR SOLN 1 GM
C9399 J3490	16150050002150	MEROPENEM INJ 2GM	MEROPENEM IV FOR SOLN 2 GM
J2185	16150050002120	MEROPENEM INJ 500MG	MEROPENEM IV FOR SOLN 500 MG
J9209	21758050002010	MESNA INJ 1GM/10ML	MESNA INJ 100 MG/ML
	93000050002007	METHYLENE BL INJ 1%	METHYLENE BLUE IV SOLN 1%
J2210	29000020102005	METHYLERGON INJ 0.2MG/ML	METHYLERGONOVINE MALEATE INJ 0.2 MG/ML
J3475	79400010412032	MG SO4/D5W INJ 10MG/ML	MAGNESIUM SULFATE IN DEXTROSE 5% IV SOLN 1 GM/100ML

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**Baylor Scott and White Health Plan
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Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J2250	60201025102004	MIDAZOLAM INJ 10/10ML	MIDAZOLAM HCL INJ 10 MG/10ML (BASE EQUIVALENT)
J2250	60201025102010	MIDAZOLAM INJ 10MG/2ML	MIDAZOLAM HCL INJ 10 MG/2ML (BASE EQUIVALENT)
J2250	60201025102011	MIDAZOLAM INJ 10MG/2ML	MIDAZOLAM HCL INJ PF 10 MG/2ML (BASE EQUIVALENT)
J2250	60201025102025	MIDAZOLAM INJ 25MG/5ML	MIDAZOLAM HCL INJ 25 MG/5ML (BASE EQUIVALENT)
J2250	60201025102002	MIDAZOLAM INJ 2MG/2ML	MIDAZOLAM HCL INJ 2 MG/2ML (BASE EQUIVALENT)
J2250	60201025102008	MIDAZOLAM INJ 2MG/2ML	MIDAZOLAM HCL INJ PF 2 MG/2ML (BASE EQUIVALENT)
J2250	60201025102050	MIDAZOLAM INJ 50/10ML	MIDAZOLAM HCL INJ 50 MG/10ML (BASE EQUIVALENT)
J2250	60201025102003	MIDAZOLAM INJ 5MG/5ML	MIDAZOLAM HCL INJ 5 MG/5ML (BASE EQUIVALENT)
J2250	60201025102009	MIDAZOLAM INJ 5MG/5ML	MIDAZOLAM HCL INJ PF 5 MG/5ML (BASE EQUIVALENT)
J2250	60201025102006	MIDAZOLAM INJ 5MG/ML	MIDAZOLAM HCL INJ PF 5 MG/ML (BASE EQUIVALENT)
J2250	60201025102005	MIDAZOLAM INJ 5MG/ML	MIDAZOLAM HCL INJ 5 MG/ML (BASE EQUIVALENT)
J2250 J2251	60201025042004	MIDAZOLAM INJ NACL	MIDAZOLAM 50 MG/50ML-SODIUM CHLORIDE 0.9% IV SOLN
J2250 J2251	60201025042008	MIDAZOLAM SOL NACL	MIDAZOLAM 100 MG/100ML-SODIUM CHLORIDE 0.9% IV SOLN
C9399 J3490	60201025042030	MIDAZOL-NACL INJ 100/100	MIDAZOLAM 100 MG/100ML-SODIUM CHLORIDE 0.8% PF IV SOLUTION
J2260	31350050102030	MILRINONE INJ 10/10ML	MILRINONE LACTATE IV SOLN 10 MG/10ML (BASE EQUIVALENT)
J2260	31350050102050	MILRINONE INJ 1MG/ML	MILRINONE LACTATE IV SOLN 50 MG/50ML (BASE EQUIVALENT)
J2260	31350050102040	MILRINONE INJ 20/20ML	MILRINONE LACTATE IV SOLN 20 MG/20ML (BASE EQUIVALENT)
J2260	31350050112040	MILRINONE/D5 INJ 20/100ML	MILRINONE LACTATE IN DEXTROSE 5% IV SOLN 20 MG/100ML
J2260	31350050112060	MILRINONE/D5 INJ 40/200ML	MILRINONE LACTATE IN DEXTROSE 5% IV SOLN 40 MG/200ML
J7315	86101085006420	MITOSOL KIT 0.2MG	MITOMYCIN FOR OPHTH SOLN KIT 0.2 MG
J9349	21351467202120	MONJUVI INJ 200MG	TAFASITAMAB-CXIX FOR IV SOLN 200 MG
J1437	82300061002030	MONOFERRIC INJ 1000/10	FERRIC DERISOMALTOSE (ONE DOSE) IV SOL 1000 MG/10ML (FE EQ)
J7327	7580006000E530	MONOVISC INJ 88MG/4ML	HYALURONAN INTRA-ARTICULAR SOLN PREFILLED SYRINGE 88 MG/4ML

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HCPCS Code	GPI	Drug Name	Generic Name/Code Description
A9577 A9578	94500015102020	MULTIHANCE SOL	GADOBENATE DIMEGLUMINE IV SOLN 529 MG/ML
Q5107	21335020202025	MVASI INJ 100MG	BEVACIZUMAB-AWWB IV SOLN 100 MG/4ML (FOR INFUSION)
Q5107	21335020202030	MVASI INJ 400MG	BEVACIZUMAB-AWWB IV SOLN 400 MG/16ML (FOR INFUSION)
J9203	21353630202117	MYLOTARG INJ 4.5MG	GEMTUZUMAB OZOGAMICIN FOR IV SOLN 4.5 MG
J1458	30907535002020	NAGLAZYME INJ 1MG/ML	GALSULFASE SOLN FOR IV INFUSION 1 MG/ML
J2300	65200030102005	NALBUPHINE INJ 10MG/ML	NALBUPHINE HCL INJ 10 MG/ML
J2300	65200030102010	NALBUPHINE INJ 20MG/ML	NALBUPHINE HCL INJ 20 MG/ML
J2710	76000040202022	NEOSTIG METH INJ 10/10ML	NEOSTIGMINE METHYLSULFATE IV SOLN 10 MG/10 ML (1 MG/ML)
J2710	76000040202017	NEOSTIG METH INJ 5MG/10ML	NEOSTIGMINE METHYLSULFATE IV SOLN 5 MG/10 ML (0.5 MG/ML)
J2401	69200040102005	NESACAINE INJ 1%	CHLOROPROCAINE HCL INJ 1%
J2401	69200040102010	NESACAINE INJ 2%	CHLOROPROCAINE HCL INJ 2%
J7353	90700005054020	NEXOBRID GEL 8.8%	ANACAULASE-BCDB GEL 8.8%
J0282 J0283	35400005112030	NEXTERONE INJ	AMIODARONE HCL IN DEXTROSE 4.14% IV SOLN 360 MG/200ML
J0282 J0283	35400005112020	NEXTERONE INJ	AMIODARONE HCL IN DEXTROSE 4.21% IV SOLN 150 MG/100ML
J0219	30907722552120	NEXVIAZYME INJ 100MG	AVALGLUCOSIDASE ALFA-NGPT FOR IV SOLN 100 MG
J9268	21700045002120	NIPENT INJ 10MG	PENTOSTATIN FOR INJ 10 MG
C9399 J3490	36400040112020	NIPRIDE RTU	NITROPRUSSIDE SODIUM IN NAACL 0.9% IV SOLN 50 MG/100ML
C9399 J3490	36400040112015	NITROPR/NAACL INJ 20/100ML	NITROPRUSSIDE SODIUM IN NAACL 0.9% IV SOLN 20 MG/100ML
J3490	11407060002020	NOXAFIL INJ 300/16.7	POSACONAZOLE IV SOLN 300 MG/16.7ML (18 MG/ML)

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J2796	82405060002110	NPLATE INJ 125MCG	ROMIPLOSTIM FOR INJ 125 MCG
J2796	82405060002120	NPLATE INJ 250MCG	ROMIPLOSTIM FOR INJ 250 MCG
J2796	82405060002130	NPLATE INJ 500MCG	ROMIPLOSTIM FOR INJ 500 MCG
J0485	99408020002120	NULOJIX INJ 250MG	BELATACEPT FOR IV INFUSION 250 MG
C9046 C9143	42230020102010	NUMBRINO SOL 40MG/ML	COCAINE HCL NASAL SOLN 40 MG/ML (4%)
J0121	4200050202120	NUZYRA INJ 100MG	OMADACYCLINE TOSYLATE IV FOR SOLN 100 MG (BASE EQUIVALENT)
J2350	62405060002020	OCREVUS INJ 300/10ML	OCRELIZUMAB SOLN FOR IV INFUSION 300 MG/10ML
Q5114	21170070302108	OGIVRI INJ 150MG	TRASTUZUMAB-DKST FOR IV SOLN 150 MG
Q5114	21170070302120	OGIVRI INJ 420MG	TRASTUZUMAB-DKST FOR IV SOLN 420 MG
C9399 J3590	21650850101820	OMISIRGE SUS	OMIDUBICEL-ONLYV SUSPENSION FOR IV INFUSION
C9399 J3590	52504050402030	OMVOH INJ 300/15ML	MIRIKIZUMAB-MRKZ IV SOLN 300 MG/15ML (20 MG/ML)
J9266	21250060002020	ONCASPASPAR INJ 750/ML	PEGASPARGASE INJ 750 UNIT/ML
J9205	21550040202220	ONIVYDE INJ 4.3MG/ML	IRINOTECAN HCL LIPOSOME IV INJ 43 MG/10ML (4.3 MG/ML)
J0222	62706060102020	ONPATTRO SOL 10MG/5ML	PATISIRAN SODIUM IV SOLN 10 MG/5ML (2 MG/ML) (BASE EQUIV)
Q5112	21170070342120	ONTRUZANT INJ 150MG	TRASTUZUMAB-DTTB FOR IV SOLN 150 MG
Q5112	21170070342140	ONTRUZANT INJ 420MG	TRASTUZUMAB-DTTB FOR IV SOLN 420 MG
J9299	21357941002030	OPDIVO INJ 100MG/10	NIVOLUMAB IV SOLN 100 MG/10ML
J9299	21357941002033	OPDIVO INJ 120MG/12	NIVOLUMAB IV SOLN 120 MG/12ML
J9299	21357941002050	OPDIVO INJ 240/24	NIVOLUMAB IV SOLN 240 MG/24ML
J9299	21357941002020	OPDIVO INJ 40MG/4ML	NIVOLUMAB IV SOLN 40 MG/4ML
J9298	21993502502020	OPDUALAG SOL	NIVOLUMAB-RELATLIMAB-RMBW 240-80 MG/20ML
J2407	16280050202120	ORBACTIV SOL 400MG	ORITAVANCIN DIPHOSPHATE FOR IV SOLN 400 MG (BASE EQUIVALENT)
J7324	7580006000E520	ORTHOVISC INJ 15MG/ML	HYALURONAN INTRA-ARTICULAR SOLN PREFILLED SYRINGE 30 MG/2ML
J9263	21100028002030	OXALIPLATIN INJ 100/20ML	OXALIPLATIN IV SOLN 100 MG/20ML
J9263	21100028002130	OXALIPLATIN INJ 100MG	OXALIPLATIN FOR IV INJ 100 MG
J9263	21100028002025	OXALIPLATIN INJ 50/10ML	OXALIPLATIN IV SOLN 50 MG/10ML
J9263	21100028002120	OXALIPLATIN INJ 50MG	OXALIPLATIN FOR IV INJ 50 MG

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J0224	56626040202020	OXLUMO INJ 94.5/0.5	LUMASIRAN SODIUM SUBCUTANEOUS SOLN 94.5 MG/0.5ML
J9259 J9264	21500012201920	PACLITAXEL INJ 100MG	PACLITAXEL PROTEIN-BOUND PARTICLES FOR IV SUSP 100 MG
J9177	21357026202120	PADCEV INJ 20MG	ENFORTUMAB VEDOTIN-EJFV FOR IV SOLN 20 MG
J9177	21357026202130	PADCEV INJ 30MG	ENFORTUMAB VEDOTIN-EJFV FOR IV SOLN 30 MG
J1640	85250010002120	PANHEMATIN INJ 350MG	HEMIN FOR INJ 350 MG
J2440	40100060102005	PAPAVERINE SOL 30MG/ML	PAPAVERINE HCL INJ 30 MG/ML
J9045	21100015002060	PARAPLATIN INJ 1000MG	CARBOPLATIN IV SOLN 1000 MG/100ML
J0606	30905230102030	PARSABIV INJ 10MG/2ML	ETELCALCETIDE HCL IV SOLUTION 10 MG/2ML (BASE EQUIV)
J0606	30905230102010	PARSABIV INJ 2.5-0.5	ETELCALCETIDE HCL IV SOLUTION 2.5 MG/0.5ML (BASE EQUIV)
J0606	30905230102020	PARSABIV INJ 5MG/ML	ETELCALCETIDE HCL IV SOLUTION 5 MG/ML (BASE EQUIV)
J0208	21757375602020	PEDMARK INJ 12.5GM	SODIUM THIOSULFATE IV SOLN 125 MG/ML (12.5%)
J9305	21300053102140	PEMETREXED INJ 1000MG	PEMETREXED DISODIUM FOR IV SOLN 1000 MG (BASE EQUIV)
J9294 J9305 J9323	21300053202110	PEMETREXED INJ 100MG	PEMETREXED DITROMETHAMINE FOR IV SOLN 100 MG (BASE EQUIV)
J9294 J9305 J9323	21300053202120	PEMETREXED INJ 500MG	PEMETREXED DITROMETHAMINE FOR IV SOLN 500 MG (BASE EQUIV)
J9305	21300053102125	PEMETREXED INJ 750MG	PEMETREXED DISODIUM FOR IV SOLN 750 MG (BASE EQUIV)
J9294 J9296 J9297 J9305	21300053102020	PEMETREXED SOL 100/4ML	PEMETREXED DISODIUM IV SOLN 100 MG/4ML (BASE EQUIV)
J9305 J9314	21300053002020	PEMETREXED SOL 100/4ML	PEMETREXED IV SOLN 100 MG/4ML
J9294 J9296 J9305	21300053102040	PEMETREXED SOL 1GM/40ML	PEMETREXED DISODIUM IV SOLN 1 GM/40ML (BASE EQUIV)
J9305 J9314	21300053002040	PEMETREXED SOL 1GM/40ML	PEMETREXED IV SOLN 1 GM/40ML
J9294 J9296 J9297 J9305	21300053102030	PEMETREXED SOL 500/20ML	PEMETREXED DISODIUM IV SOLN 500 MG/20ML (BASE EQUIV)

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J9304 J9305 J9314	21300053002030	PEMETREXED SOL 500/20ML	PEMETREXED IV SOLN 500 MG/20ML
J9296 J9305	21300053102037	PEMETREXED SOL 850/34ML	PEMETREXED DISODIUM IV SOLN 850 MG/34ML (BASE EQUIV)
J2510	1100030001820	PEN G PROC INJ 600000	PENICILLIN G PROCAINE INTRAMUSCULAR SUSP 600000 UNIT/ML
C9399 J3590	94300044202022	PENICILLIUM INJ 1:20	PENICILLIUM NOTATUM (DIAGNOSTIC) INJ SOLN 1:20
J9306	21170054002020	PERJETA INJ 420/14ML	PERTUZUMAB SOLN FOR IV INFUSION 420 MG/14ML (30 MG/ML)
J2760	36300020102105	PHENTOLAMINE INJ 5MG	PHENTOLAMINE MESYLATE FOR INJ 5 MG
J7999	38000095102007	PHENYLEPHRIN INJ 0.4/10ML	PHENYLEPHRINE HCL IV SOLN 0.4 MG/10ML (40 MCG/ML)
J7999	38000095102006	PHENYLEPHRIN INJ 0.8MG/10	PHENYLEPHRINE HCL IV SOLN 0.8 MG/10ML (80 MCG/ML)
J2371	38000095102020	PHENYLEPHRIN INJ 10MG/ML	PHENYLEPHRINE HCL IV SOLN 10 MG/ML
J9316	21990003552030	PHEGO SOL	PERTUZUMAB-TRASTUZ-HYALURON-ZZXF INJ 80 MG-40 MG-2000 UNT/ML
J9316	21990003552020	PHEGO SOL	PERTUZUMAB-TRASTUZ-HYALURON-ZZXF INJ 60 MG-60 MG-2000 UNT/ML
J9600	21707070102140	PHOTOFRIN INJ 75MG	PORFIMER SODIUM FOR INJ 75 MG
J2787	8679990240E530	PHOTREXA/PHO SOL VISC KIT	RIBOFLAV 0.146% & RIBOFLAV-DEXTRAN 0.146-20% OP SOL PREF SYR
A9607	21600045802020	PLUVICTO INJ 1000MBQ	LUTETIUM LU 177 VIPIVOTIDE TETRAKETAN IV SOLN 1000 MBQ/ML
J9309	21354860302120	POLIVY INJ 140MG	POLATUZUMAB VEDOTIN-PIIQ FOR IV SOLUTION 140 MG
J9309	21354860302110	POLIVY INJ 30MG	POLATUZUMAB VEDOTIN-PIIQ FOR IV SOLUTION 30 MG
J0670	69100050102015	POLOCAINE INJ 2%	MEPIVACAINE HCL INJ 2%
J0670	69100050102007	POLOCAINE INJ -MPF 1%	MEPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 1%
J0670	69100050102012	POLOCAINE INJ MPF 1.5%	MEPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 1.5%
J0670	69100050102017	POLOCAINE INJ -MPF 2%	MEPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 2%
C9399 J3590	30907730052120	POMBILITI SOL 105MG	CIPAGLUCOSIDASE ALFA-ATGA FOR IV SOLN 105 MG
J9295	21360054002020	PORTRAZZA INJ 800/50ML	NECITUMUMAB IV SOLN 800 MG/50ML (16 MG/ML)

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HCPCS Code	GPI	Drug Name	Generic Name/Code Description
A9608	94356534102030	POSLUMA SOL	FLOTUFOLASTAT F 18 GA IV SOLN 296-5846 MBQ/ML (8-158 MCI/ML)
J9204	21351135202020	POTELIGEO INJ 20MG/5ML	MOGAMULIZUMAB-KPKC IV SOLN 20 MG/5ML (4 MG/ML)
J3490	60206030202060	PRECEDEX INJ 1000/250	DEXMEDETOMIDINE HCL IN NAACL 0.9% IV SOLN 1000 MCG/250ML
J1410	24000015002110	PREMARIN INJ 25MG	ESTROGENS, CONJUGATED FOR INJ 25 MG
C9399 J3490	9399000255E520	PREVDUO INJ 3-0.6/3	NEOSTIGMINE MET-GLYCOPYRROLATE IV SOLN PREF SYR 3-0.6 MG/3ML
J7525	99404080002010	PROGRAF INJ 5MG/ML	TACROLIMUS INJ 5 MG/ML
A9576	94500040002020	PROHANCE INJ 279.3/ML	GADOTERIDOL IV SOLN 279.3 MG/ML (0.5 MMOL/ML)
J2704	70400050001660	PROPOFOL INJ	PROPOFOL IV EMUL 1000 MG/100ML (10 MG/ML)
J2704	70400050001652	PROPOFOL INJ 200/20ML	PROPOFOL IV EMUL 200 MG/20ML (10 MG/ML)
J2704	70400050001656	PROPOFOL INJ 500/50ML	PROPOFOL IV EMUL 500 MG/50ML (10 MG/ML)
A4802 J2720	85500010102005	PROTAMINE SU SOL 10MG/ML	PROTAMINE SULFATE INJ 10 MG/ML
Q9968	93000050002030	PROVAYBLUE INJ	METHYLENE BLUE IV SOLN 50 MG/10ML (5 MG/ML)
Q2043	21651070001820	PROVENGE INJ	SIPULEUCEL-T IV SUSP 50,000,000 CELLS
J7674	94200065102110	PROVOCHOLINE SOL 100MG	METHACHOLINE CHLORIDE INHAL FOR SOLN 100 MG
A9604	21600065002020	QUADRAMET INJ 1850MBQ	SAMARIUM SM 153 LEXIDRONAM INJ 1850 MBQ/ML (50 MCI/ML)
J1201	41550020102060	QUZYTIR INJ 10MG/ML	CETIRIZINE HCL IV SOLN 10 MG/ML
J1301	74509030002010	RADICAVA INJ 30MG	EDARAVONE INJ 30 MG/100ML (0.3 MG/ML)
J2547	12504065002020	RAPIVAB INJ 200MG/20	PERAMIVIR INJ 200 MG/20ML (10 MG/ML)
J0742	16159903402120	RECARBRIO INJ 1.25GM	IMIPEN-CILASTAT-RELEBACT FOR IV SOLN 1.25 GM (500-500-250MG)
J2785	94200079002020	REGADENOSON SOL 0.4/5ML	REGADENOSON IV INJ 0.4 MG/5ML (0.08 MG/ML)
J0248	12700080002120	REMDESIVIR INJ 100MG	REMDESIVIR FOR IV SOLN 100 MG
J3490	65100087102110	REMIFENTANIL INJ 1MG	REMIFENTANIL HCL FOR IV SOLN 1 MG
J3490	65100087102120	REMIFENTANIL INJ 2MG	REMIFENTANIL HCL FOR IV SOLN 2 MG
J3490	65100087102150	REMIFENTANIL INJ 5MG	REMIFENTANIL HCL FOR IV SOLN 5 MG

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HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J2993	85601070006408	RETAVASE INJ FULL KIT	RETEPLASE FOR IV SOLN KIT 2 X 10 UNIT (18.1 MG) (FULL KIT)
J2993	85601070006407	RETAVASE INJ HALF-KIT	RETEPLASE FOR IV SOLN KIT 1 X 10 UNIT (18.1 MG) (HALF-KIT)
C9399 J3590	99040010002320	RETHYMIC IMP	ALLOGENEIC PROCESSED THYMUS TISSUE-AGDC IM IMPLANT
J3490	38000030052037	REZIPRES INJ	EPHEDRINE HCL IV SOLN 47 MG/10ML (4.7 MG/ML)
J0349	11500070102120	REZZAYO INJ 200MG	REZAFUNGIN ACETATE FOR IV SOLN 200 MG (BASE EQUIVALENT)
J1412	85102585601820	ROCTAVIAN INJ	VALOCTOCOGENE ROXAPARVOVEC-RVOX IV SUSP 20000000000000 VG/ML
J3490	74200047102030	ROCURONIUM INJ 10MG/ML	ROCURONIUM BROMIDE IV SOLN 100 MG/10ML (10 MG/ML)
J3490	74200047102020	ROCURONIUM INJ 50MG/5ML	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)
J9318	21531560002030	ROMIDEPSIN INJ 27.5MG	ROMIDEPSIN IV SOLN 27.5 MG/5.5ML (5 MG/ML)
J2795	69100070102040	ROPIVACAINE INJ 10MG/ML	ROPIVACAINE HCL INJ 10 MG/ML
J2795	69100070102008	ROPIVACAINE INJ 2MG/ML	ROPIVACAINE HCL INJ 2 MG/ML
J2795	69100070102020	ROPIVACAINE INJ 5MG/ML	ROPIVACAINE HCL INJ 5 MG/ML
J2795	69100070102030	ROPIVACAINE INJ 7.5MG/ML	ROPIVACAINE HCL INJ 7.5 MG/ML
J9061	21359710802020	RYBREVANT SOL 350/7ML	AMIVANTAMAB-VMJW IV SOLN 350 MG/7ML
J9021	21250010602020	RYLAZE INJ 10/0.5ML	ASPARAGINASE ERWINIA CHRYS (RECOMB) RYWN IM SOLN 10 MG/0.5ML
J9333	99398270552020	RYSTIGGO INJ 280/2ML	ROZANOLIXIZUMAB-NOLI SUBCUTANEOUS SOLN 280 MG/2ML
J2353	30170070106410	SANDOSTATIN KIT LAR 10MG	OCTREOTIDE ACETATE FOR IM INJ KIT 10 MG
J2353	30170070106420	SANDOSTATIN KIT LAR 20MG	OCTREOTIDE ACETATE FOR IM INJ KIT 20 MG
J2353	30170070106430	SANDOSTATIN KIT LAR 30MG	OCTREOTIDE ACETATE FOR IM INJ KIT 30 MG
J0491	99427010252020	SAPHNELO SOL 300/2ML	ANIFROLUMAB-FNIA IV SOLN 300 MG/2ML
J9227	21354033202020	SARCLISA SOL 100/5ML	ISATUXIMAB-IRFC IV SOLN 100 MG/5ML
J9227	21354033202030	SARCLISA SOL 500/25ML	ISATUXIMAB-IRFC IV SOLN 500 MG/25ML
J7352	90922010102320	SCENESSE IMP 16MG	AFAMELANOTIDE ACETATE IMPLANT 16 MG

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J2561	60100060102110	SEZABY INJ 100MG	PHENOBARBITAL SODIUM FOR IV SOLN 100 MG
J2502	3017007540G210	SIGNIFOR LAR INJ 10MG	PASIREOTIDE PAMOATE FOR IM ER SUSP 10 MG (BASE EQUIV)
J2502	3017007540G220	SIGNIFOR LAR INJ 20MG	PASIREOTIDE PAMOATE FOR IM ER SUSP 20 MG (BASE EQUIV)
J2502	3017007540G225	SIGNIFOR LAR INJ 30MG	PASIREOTIDE PAMOATE FOR IM ER SUSP 30 MG (BASE EQUIV)
J2502	3017007540G230	SIGNIFOR LAR INJ 40MG	PASIREOTIDE PAMOATE FOR IM ER SUSP 40 MG (BASE EQUIV)
J2502	3017007540G240	SIGNIFOR LAR INJ 60MG	PASIREOTIDE PAMOATE FOR IM ER SUSP 60 MG (BASE EQUIV)
J0480	99405015002110	SIMULECT INJ 10MG	BASILIXIMAB FOR IV SOLN 10 MG
J0480	99405015002120	SIMULECT INJ 20MG	BASILIXIMAB FOR IV SOLN 20 MG
J7402	42200045102350	SINUVA IMP 1350MCG	MOMETASONE FUROATE SINUS IMPLANT 1350 MCG
J3090	16230070202120	SIVEXTRO INJ 200MG	TEDIZOLID PHOSPHATE FOR IV SOLN 200 MG
C9399 J3590	62084020101820	SKYSONA INJ	ELIVALDOGENE AUTOTEMCEL IV SUSP
J7030 J7040 J7050	79750010002021	SOD CHLORIDE INJ 0.9%	SODIUM CHLORIDE IV SOLN 0.9%
J1930 J1932	30170050102040	SOMATULINE INJ 120/.5ML	LANREOTIDE ACETATE EXTENDED RELEASE INJ 120 MG/0.5ML
J1930	30170050102025	SOMATULINE INJ 60/0.2ML	LANREOTIDE ACETATE EXTENDED RELEASE INJ 60 MG/0.2ML
J1930	30170050102030	SOMATULINE INJ 90/0.3ML	LANREOTIDE ACETATE EXTENDED RELEASE INJ 90 MG/0.3ML
C9482	33100045102030	SOTALOL HCL INJ 150/10ML	SOTALOL HCL INJ 150 MG/10ML (15 MG/ML)
Q0247	19502080002020	SOTROVIMAB INJ 500/8ML	SOTROVIMAB IV SOLN 500 MG/8ML (62.5 MG/ML)
J1747	90250577702050	SPEVIGO INJ 450/7.5	SPESOLIMAB-SBZO IV SOLN 450 MG/7.5ML (60 MG/ML)
A9600	21600070002010	STRONTIUM INJ SR-89	STRONTIUM-89 CHLORIDE INJ 1 MCI/ML
Q9991	6520001000E520	SUBLOCADE INJ 100/0.5	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 100 MG/0.5ML
Q9992	6520001000E530	SUBLOCADE INJ 300/1.5	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 300 MG/1.5ML
J0330	74100010102005	SUCCINYLCHOL INJ 20MG/ML	SUCCINYLCHOLINE CHLORIDE INJ 20 MG/ML
J9226	30080045106450	SUPPRELIN LA KIT 50MG	HISTRELIN ACETATE (CPP) IMPLANT KIT 50 MG

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**Baylor Scott and White Health Plan
Medications Restricted to Medical Benefit**

Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J1627	5025003500E420	SUSTOL INJ 10/0.4ML	GRANISETRON EXTENDED RELEASE INJ PREFILLED SYR 10 MG/0.4ML
J2860	99473080002120	SYLVANT SOL 100MG	SILTUXIMAB FOR IV INFUSION 100 MG
J2860	99473080002140	SYLVANT SOL 400MG	SILTUXIMAB FOR IV INFUSION 400 MG
J2770	16259902502120	SYNERCID INJ 500MG	QUINUPRISTIN-DALFOPRISTIN FOR INJ 500 MG (150-350 MG)
J7325	7580004000E530	SYNVISC INJ 8MG/ML	HYLAN G-F 20 INTRA-ARTICULAR SOLN PREFILLED SYR 16 MG/2ML
J7325	7580004000E560	SYNVISC ONE INJ 8MG/ML	HYLAN G-F 20 INTRA-ARTICULAR SOLN PREFILLED SYR 48 MG/6ML
C9163	21352076802020	TALVEY INJ 3/1.5ML	TALQUETAMAB-TGVS SUBCUTANEOUS SOLN 3 MG/1.5ML (2 MG/ML)
C9163	21352076802040	TALVEY INJ 40MG/ML	TALQUETAMAB-TGVS SUBCUTANEOUS SOLN 40 MG/ML
Q2053	21651020101810	TECARTUS SUS	BREXUCABTAGENE AUTOLEUCEL IV SUSP 100,000,000 CELLS
Q2053	21651020101820	TECARTUS SUS	BREXUCABTAGENE AUTOLEUCEL IV SUSP 200,000,000 CELLS
J9022	21358215002020	TECENTRIQ INJ 1200/20	ATEZOLIZUMAB IV SOLN 1200 MG/20ML
J9022	21358215002015	TECENTRIQ INJ 840/14	ATEZOLIZUMAB IV SOLN 840 MG/14ML
J9380	21352084202040	TECVAYLI INJ 153/1.7	TECLISTAMAB-CQYV SUBCUTANEOUS SOLN 153 MG/1.7ML (90 MG/ML)
J9380	21352084202020	TECVAYLI INJ 30MG/3ML	TECLISTAMAB-CQYV SUBCUTANEOUS SOLN 30 MG/3ML (10 MG/ML)
J0712	2500030102120	TEFLARO INJ 400MG	CEFTAROLINE FOSAMIL FOR IV SOLN 400 MG
J0712	2500030102130	TEFLARO INJ 600MG	CEFTAROLINE FOSAMIL FOR IV SOLN 600 MG
J9328	21104070002120	TEMODAR INJ 100MG	TEMOZOLOMIDE FOR IV SOLN 100 MG
J3241	30192070402120	TEPEZZA INJ 500MG	TEPROTUMUMAB-TRBW FOR IV SOLN 500 MG
J3105	44201060202005	TERBUTALINE INJ 1MG/ML	TERBUTALINE SULFATE INJ 1 MG/ML
C9399 J3490	30201028102110	TERLIVAZ INJ 0.85MG	TERLIPRESSIN ACETATE FOR INJ 0.85 MG (BASE EQUIV)
J2356	4460807525E520	TEZSPIRE SOL 210MG	TEZEPELUMAB-EKKO SUBCUTANEOUS SOLN PREF SYR 210 MG/1.91ML
J9340	21100040002150	THIOTEPA INJ 100MG	THIOTEPA FOR INJ 100 MG
J9340	21100040002105	THIOTEPA INJ 15MG	THIOTEPA FOR INJ 15 MG

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HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J7197	85400015102110	THROMBAT III INJ 500UNIT	ANTITHROMBIN III (HUMAN) FOR INJ 500 UNIT
J7511	99402540302120	THYMOGLOBULN INJ 25MG	ANTI-THYMOCYTE GLOBULIN FOR IV SOLN 25 MG (LYMPHOCYTE IG)
J3250	50200070102005	TIGAN INJ 100MG/ML	TRIMETHOBENZAMIDE HCL INJ 100 MG/ML
J3246	85153060112015	TIROFIBAN INJ 12.5/250	TIROFIBAN HCL IN NACL 0.9% IV SOLN 12.5 MG/250ML (BASE EQ)
J9273	21359280802120	TIVDAK INJ 40MG	TISOTUMAB VEDOTIN-TFTV FOR IV SOLUTION 40 MG
J3101	85601075006420	TNKASE KIT 50MG	TENECTEPLASE FOR IV SOLN KIT 50 MG
J3260	7000070102038	TOBRAMYCIN INJ 1.2/30ML	TOBRAMYCIN SULFATE INJ 1.2 GM/30ML (40 MG/ML) (BASE EQUIV)
J3260	7000070102105	TOBRAMYCIN INJ 1.2GM	TOBRAMYCIN SULFATE FOR INJ 1.2 GM
J3260	7000070102020	TOBRAMYCIN INJ 10MG/ML	TOBRAMYCIN SULFATE INJ 10 MG/ML (BASE EQUIVALENT)
J3260	7000070102039	TOBRAMYCIN INJ 40MG/ML	TOBRAMYCIN SULFATE INJ 2 GM/50ML (40 MG/ML) (BASE EQUIV)
J3260	7000070102034	TOBRAMYCIN INJ 80MG/2ML	TOBRAMYCIN SULFATE INJ 80 MG/2ML (40 MG/ML) (BASE EQUIV)
J9351	21550080102020	TOPOTECAN INJ 4MG/4ML	TOPOTECAN HCL INJ 4 MG/4ML (BASE EQUIV) (FOR INFUSION)
Q5116	21170070652110	TRAZIMERA INJ 150MG	TRASTUZUMAB-QYYP FOR IV SOLN 150 MG
Q5116	21170070652120	TRAZIMERA INJ 420MG	TRASTUZUMAB-QYYP FOR IV SOLN 420 MG
J3315	21405050201930	TRELSTAR MIX INJ 11.25MG	TRIPTORELIN PAMOATE FOR IM SUSP 11.25 MG
J3315	21405050201940	TRELSTAR MIX INJ 22.5MG	TRIPTORELIN PAMOATE FOR IM SUSP 22.5 MG
J3315	21405050201920	TRELSTAR MIX INJ 3.75MG	TRIPTORELIN PAMOATE FOR IM SUSP 3.75 MG
J1445	82300064002010	TRIFERIC INJ AVNU	FERRIC PYROPHOSPHATE CITRATE IV SOLN 6.75 MG/4.5ML (FE EQ)
J3316	3008007040G240	TRIPTODUR SUS 22.5MG	TRIPTORELIN PAMOATE FOR IM ER SUSP 22.5 MG (BASE EQUIV)
J9317	21551065402120	TRODELVY SOL 180MG	SACITUZUMAB GOVITECAN-HZIY FOR IV SOLN 180 MG
J3243 J3244	4350070002120	TYGACIL INJ 50MG	TIGECYCLINE FOR IV SOLN 50 MG
J9381	27521065202020	TZIELD INJ 2MG/2ML	TEPLIZUMAB-MZWV IV SOLN 2 MG/2ML (1 MG/ML)
J1823	99405040202020	UPLIZNA SOL 100MG	INEBILIZUMAB-CDON IV SOLN 100 MG/10ML (10 MG/ML)

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HCPCS Code	GPI	Drug Name	Generic Name/Code Description
C9488	30452015222020	VAPRISOL INJ 20/100ML	CONIVAPTAN HCL IV SOLN 20 MG/100ML IN DEXTROSE 5%
J2598 J2599	30201030002015	VASOPRESSIN INJ 20UNT/ML	VASOPRESSIN IV SOLN 20 UNIT/ML (FOR IV INFUSION)
J9303	21360070002025	VECTIBIX INJ 100MG	PANITUMUMAB IV SOLN 100 MG/5ML
J9303	21360070002035	VECTIBIX INJ 400MG	PANITUMUMAB IV SOLN 400 MG/20ML
Q5129	21335020102025	VEGZELMA SOL 100/4ML	BEVACIZUMAB-ADCD IV SOLN 100 MG/4ML (FOR INFUSION)
Q5129	21335020102030	VEGZELMA SOL 400/16ML	BEVACIZUMAB-ADCD IV SOLN 400 MG/16ML (FOR INFUSION)
J0248	12700080002020	VEKLURY SOL 100/20ML	REMDESIVIR IV SOLN 100 MG/20ML (5 MG/ML)
J1756	82300048002020	VENOFER INJ 20MG/ML	IRON SUCROSE INJ 20 MG/ML (FE EQUIV)
J3465	11407080002120	VFEND IV INJ 200MG	VORICONAZOLE FOR INJ 200 MG
J3095	16280070102140	VIBATIV INJ 750MG	TELAVANCIN HCL FOR IV SOLN 750 MG (BASE EQUIVALENT)
J1427	74600080002020	VILTEPSO SOL	VILTOLARSEN IV SOLN 250 MG/5ML (50 MG/ML)
J1322	30907030052020	VIMIZIM INJ 5MG/5ML	ELOSULFASE ALFA SOLN FOR IV INFUSION 5 MG/5ML (1 MG/ML)
C9254	72600036002020	VIMPAT INJ 200MG/20	LACOSAMIDE IV INJ 200 MG/20ML (10 MG/ML)
J9360	21500030102020	VINBLASTINE INJ 1MG/ML	VINBLASTINE SULFATE INJ 1 MG/ML
J9370	21500020102005	VINCASAR PFS INJ 1MG/ML	VINCRISTINE SULFATE IV SOLN 1 MG/ML
J9390	21500050802020	VINORELBINE INJ 10MG/ML	VINORELBINE TARTRATE INJ 10 MG/ML (BASE EQUIV)
J9390	21500050802025	VINORELBINE INJ 50MG/5ML	VINORELBINE TARTRATE INJ 50 MG/5ML (10 MG/ML) (BASE EQUIV)
J7320 J7321 J7329	7580007010E525	VISCO-3 INJ 25/2.5ML	SODIUM HYALURONATE INTRA-ARTICULAR SOLN PREF SYR 25 MG/2.5ML
J3396	86700065002120	VISUDYNE INJ 15MG	VERTEPORFIN FOR IV SOLN 15 MG (2 MG/ML)
J3471	99350040202020	VITRASE INJ 200/ML	HYALURONIDASE OVINE INJ 200 UNIT/ML
C9293	21756030002120	VORAXAZE INJ 1000UNIT	GLUCARPIDASE FOR IV INJ 1000 UNIT
J3385	82700085102120	VPRIV INJ 400UNIT	VELAGLUCERASE ALFA FOR INJ 400 UNIT
J3032	67702015202020	VYEPTI INJ 100MG/ML	EPTINEZUMAB-JJMR IV SOLN 100 MG/ML
J3401	90944520204020	VYJUVEK GEL	BEREMAGENE GEPERPAVEC-SVDT GEL 5,000,000,000 PFU/2.5ML

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HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J1429	74600042002020	VYONDYS 53 INJ 100/2ML	GOLODIRSEN IV SOLN 100 MG/2ML (50 MG/ML)
J9332	99398225302020	VYVGART INJ 400/20ML	EFGARTIGIMOD ALFA-FCAB IV SOLN 400 MG/20ML
J9334	99399902152020	VYVGART INJ HYTRULO	EFGARTIGIMOD ALF-HYALURONIDASE-QVFC SOL 180-2000 MG-UNIT/ML
J9153	21990002201930	VYXEOS INJ 44-100MG	DAUNORUBICIN-CYTARABINE LIPOSOME FOR IV INJ 44-100 MG
C9399 J3490	16992502102120	XACDURO INJ 1-1GM	SULBACTAM SODIUM-DURLOBACTAM SODIUM FOR IV SOLN 1-1 GM
J0691	16240040102020	XENLETA INJ 150/15ML	LEFAMULIN ACETATE IV SOLN 150 MG/15ML
C9150	94500096202630	XENOVIEV GAS	XENON XE 129 HYPERPOLARIZED INHALATION GAS 1%
J0122	4300030102140	XERAVA INJ 100MG	ERAVACYCLINE DIHYDROCHLORIDE IV FOR SOLN 100 MG (BASE EQUIV)
J0122	4300030102120	XERAVA INJ 50MG	ERAVACYCLINE DIHYDROCHLORIDE IV FOR SOLN 50 MG (BASE EQUIV)
A9606	21600055002025	XOFIGO INJ 1100KBQ	RADIUM RA 223 DICHLORIDE INJ 30 MICROCURIE/ML (1100 KBQ/ML)
C9164	90750010002007	YCANTH SOL 0.7%	CANTHARIDIN SOLN 0.7%
J9228	21355232002040	YERVOY INJ 200MG	IPILIMUMAB SOLN FOR IV INFUSION 200 MG/40ML (5 MG/ML)
J9228	21355232002020	YERVOY INJ 50MG	IPILIMUMAB SOLN FOR IV INFUSION 50 MG/10ML (5 MG/ML)
Q2041	21651010101820	YESCARTA INJ	AXICABTAGENE CILOLEUCEL IV SUSP 200,000,000 CELLS
J9352	21107075002140	YONDELIS INJ 1MG	TRABECTEDIN FOR INJ 1 MG
J9400	21335010102020	ZALTRAP INJ 100/4ML	ZIV-AFLIBERCEPT IV SOLN 100 MG/4ML (FOR INFUSION)
J9400	21335010102030	ZALTRAP INJ 200/8ML	ZIV-AFLIBERCEPT IV SOLN 200 MG/8ML (FOR INFUSION)
J0291	7000054102030	ZEMDRI INJ 500MG/10	PLAZOMICIN SULFATE IV SOLN 500 MG/10ML (50 MG/ML) (BASE EQ)
J9223	21100024002120	ZEPZELCA SOL 4MG	LURBINECTEDIN FOR IV SOLN 4 MG
J0695	2990002352120	ZERBAXA INJ 1.5GM	CEFTOLOZANE-TAZOBACTAM FOR INJ 1.5 GM (1-0.5 GM)
A9543	21358035406420	ZEVALIN KIT Y-90	IBRITUMOMAB TIUXETAN FOR YTTRIUM-90 (Y-90) KIT 3.2 MG/2ML
J3304	2210005010G230	ZILRETTA INJ 32MG	TRIAMCINOLONE ACETONIDE INTRA-ARTICULAR INJ ER SUSP 32 MG
J0565	19503015002020	ZINPLAVA SOL 25MG/ML	BEZLOTOXUMAB IV SOLN 1000 MG/40ML (25 MG/ML)
Q5118	21335020302025	ZIRABEV INJ 100/4ML	BEVACIZUMAB-BVZR IV SOLN 100 MG/4ML (FOR INFUSION)

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HCPCS Code	GPI	Drug Name	Generic Name/Code Description
Q5118	21335020302030	ZIRABEV INJ 400/16ML	BEVACIZUMAB-BVZR IV SOLN 400 MG/16ML (FOR INFUSION)
J9202	21405005102330	ZOLADEX IMP 10.8MG	GOSERELIN ACETATE IMPLANT 10.8 MG
J9202	21405005102310	ZOLADEX IMP 3.6MG	GOSERELIN ACETATE IMPLANT 3.6 MG
J3399	74704050106440	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 7X8.3 ML SUSP KIT
J3399	74704050106442	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 6X8.3 ML SUSP KIT
J3399	74704050106444	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 7X8.3 ML SUSP KIT
J3399	74704050106446	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 8X8.3 ML SUSP KIT
J3399	74704050106448	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 7X8.3 ML SUSP KIT
J3399	74704050106450	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 8X8.3 ML SUSP KIT
J3399	74704050106452	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 9X8.3 ML SUSP KIT
J3399	74704050106454	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 8X8.3 ML SUSP KIT
J3399	74704050106456	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 9X8.3 ML SUSP KIT
J3399	74704050106458	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 10X8.3 ML SUSP KIT
J3399	74704050106460	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 9X8.3 ML SUSP KIT
J3399	74704050106462	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 10X8.3 ML SUSP KIT
J3399	74704050106464	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 11X8.3 ML SUSP KIT
J3399	74704050106466	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 10X8.3 ML SUSP KIT
J3399	74704050106468	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 11X8.3 ML SUSP KIT
J3399	74704050106470	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 12X8.3 ML SUSP KIT
J3399	74704050106472	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 11X8.3 ML SUSP KIT
J3399	74704050106474	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 12X8.3 ML SUSP KIT
J3399	74704050106476	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 13X8.3 ML SUSP KIT
J3399	74704050106478	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 12X8.3 ML SUSP KIT

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Medications Directed to Medical Benefit			
HCPCS Code	GPI	Drug Name	Generic Name/Code Description
J3399	74704050106410	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 2X8.3 ML SUSP KIT
J3399	74704050106480	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 13X8.3 ML SUSP KIT
J3399	74704050106482	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 14X8.3 ML SUSP KIT
J3399	74704050106412	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 1X8.3 ML SUSP KIT
J3399	74704050106414	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 2X8.3 ML SUSP KIT
J3399	74704050106416	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 3X8.3 ML SUSP KIT
J3399	74704050106418	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 2X8.3 ML SUSP KIT
J3399	74704050106420	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 3X8.3 ML SUSP KIT
J3399	74704050106422	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 4X8.3 ML SUSP KIT
J3399	74704050106424	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 3X8.3 ML SUSP KIT
J3399	74704050106426	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 4X8.3 ML SUSP KIT
J3399	74704050106428	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 5X8.3 ML SUSP KIT
J3399	74704050106430	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 4X8.3 ML SUSP KIT
J3399	74704050106432	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 5X8.3 ML SUSP KIT
J3399	74704050106434	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 6X8.3 ML SUSP KIT
J3399	74704050106436	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 5X8.3 ML SUSP KIT
J3399	74704050106438	ZOLGENSMA INJ	ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 6X8.3 ML SUSP KIT
J1632	58060015002020	ZULRESSO INJ 100/20ML	BREXANOLONE IV SOLN 100 MG/20ML (5 MG/ML)
J9359	21351640502120	ZYNLONTA SOL 10MG	LONCASTUXIMAB TESIRINE-LPYL FOR IV SOLN 10 MG
C9088	66109902102020	ZYNRELEF INJ 200-6MG	BUPIVACAINE-MELOXICAM INJECTION ER SOLN 200-6 MG/7ML
C9088	66109902102040	ZYNRELEF INJ 400-12MG	BUPIVACAINE-MELOXICAM INJECTION ER SOLN 400-12 MG/14ML
C9399 J3590	82372015101810	ZYNTEGLO INJ	BETIBEGLOGENE AUTOTEMCEL IV SUSP
J9345	21357960202020	ZYNYZ INJ 500/20ML	RETIFANLIMAB-DLWR IV SOLN 500 MG/20ML (25 MG/ML)

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This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Certain medications administered by health care professionals within physician offices, infusion centers, or outpatient settings must be billed to the member's medical benefit. Please see drugs listed below that are restricted to the medical benefit. Some routes of administration are expected to always be administered by health care professionals and therefore restricted to medical benefit. Examples include but are not limited to medications administered by epidural, implant, and intraocular route. Note, the drugs listed below are not available under the member's pharmacy benefit.

Medications Directed to Medical Benefit				
HCPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration
J3490	40501020002020	ABLYSINOL SOL	*DEHYDRATED ALCOHOL INTRA-ARTERIAL SOLN***	IA - INTRA-ARTERIAL
J9029	21540050401820	ADSTILADRIN SUS	NADOFARAGENE FIRADENOV-VNCG INTRAVES SUSP 300000000000 VP/ML	IS - INTRAVESICAL
J3490	8678003000E528	AMVISC INJ 12MG/ML	SODIUM HYALURONATE INTRAOCULAR SOLN PREF SYR 9.6 MG/0.8ML	IO - INTRAOCULAR
86580	94300070002010	APLISOL INJ 5/0.1ML	TUBERCULIN PPD INJ 5 UNIT/0.1ML	ID - INTRADERMAL
C9399 J3590	94300005202005	ASPERGILLUS INJ 1:20	ASPERGILLUS FUMIGATUS INJ 1:20	ID - INTRADERMAL
C9399 J3590	94300006202020	AUREOBASIDIU INJ 1:20	AUREOBASIDIUM PULLULANS INJ 1:20	ID - INTRADERMAL
J0475	75100010002034	BACLOFEN INJ 10/20ML	BACLOFEN INTRATHECAL INJ 10 MG/20ML (500 MCG/ML)	IT - INTRATHECAL
J0475	75100010002039	BACLOFEN INJ 20/20ML	BACLOFEN INTRATHECAL INJ 20 MG/20ML (1000 MCG/ML)	IT - INTRATHECAL
J0475	75100010002050	BACLOFEN INJ 40/20ML	BACLOFEN INTRATHECAL INJ 40 MG/20ML (2000 MCG/ML)	IT - INTRATHECAL
J0476	7510001000E520	BACLOFEN INJ 50MCG/ML	BACLOFEN INTRATHECAL SOLN PREFILLED SYRINGE 50 MCG/ML	IT - INTRATHECAL
	46300003000900	BANATROL TF LIQ	*FIBER LIQUID (ENTERAL)***	EN - ENTERAL
J0179	8665502520E525	BEOVU INJ 6/0.05ML	BROLUCIZUMAB-DBLL INTRAVITREAL SOLN PREF SYRINGE 6 MG/0.05ML	IZ - INTRAVITREAL
J0179	86655025202020	BEOVU INJ 6/0.05ML	BROLUCIZUMAB-DBLL INTRAVITREAL SOLN 6 MG/0.05ML	IZ - INTRAVITREAL
J7999	8665502000E505	BEVACIZUMAB INJ 1.25MG	BEVACIZUMAB INTRAVITREAL SOLN PREF SYR 1.25 MG/0.05ML	IZ - INTRAVITREAL

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**Baylor Scott and White Health Plan
Medications Restricted to Medical Benefit**

Medications Directed to Medical Benefit				
HCPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration
J7999	8665502000E522	BEVACIZUMAB INJ 1.25MG	BEVACIZUMAB INTRAVIT PREF SYR 3 MG/0.12ML (1.25 MG/0.05ML)	IZ - INTRAVITREAL
J7999	8665502000E515	BEVACIZUMAB INJ 2.5/.1ML	BEVACIZUMAB INTRAVITREAL SOLN PREF SYR 2.5 MG/0.1ML	IZ - INTRAVITREAL
J7999	8665502000E520	BEVACIZUMAB INJ 2.75/.11	BEVACIZUMAB INJ SOLN PREF SYR 2.75 MG/0.11ML (2.5 MG/0.1ML)	IO - INTRAOCULAR
J7999	8665502000E510	BEVACIZUMAB INJ 2/0.08ML	BEVACIZUMAB INTRAVITREAL SOLN PREF SYR 2 MG/0.08ML	IZ - INTRAVITREAL
J7999	8665502000E525	BEVACIZUMAB INJ 3.25/.13	BEVACIZUMAB INTRAVITREAL SOLN PREF SYR 3.25 MG/0.13ML	IZ - INTRAVITREAL
	8665502000E532	BEVACIZUMAB INJ 3.75/.15	BEVACIZUMAB INTRAVITREAL SOLN PREF SYR 3.75 MG/0.15ML	IZ - INTRAVITREAL
C9399 J3590	94300080202020	BOTRYTIS CIN INJ 1:20	BOTRYTIS CINEREA (DIAGNOSTIC) INJ 1:20	ID - INTRADERMAL
J0567	30909020106420	BRINEURA KIT 150/5ML	CERLIPONASE ALFA INTRAVENTRICULAR 2 X 150 MG/5ML KIT	VE - INTRAVENTRICULAR
J3490	86803010002000	BSS SOL OP	*OPHTHALMIC IRRIGATION SOLUTION - INTRAOCULAR***	IO - INTRAOCULAR
	69100010122029	BUPIVAC/NACL INJ 0.125%	BUPIVACAINE HCL-SODIUM CHLORIDE 0.9% EPIDURAL INJ 0.125%	EP - EPIDURAL
	6910001012E520	BUPIVAC/NACL INJ 0.25-0.9	BUPIVACAINE HCL-NACL EPIDURAL SOLN PREFILLED SYR 0.25-0.9%	EP - EPIDURAL
Q5124	86655060502020	BYOOVIZ INJ 0.5MG	RANIBIZUMAB-NUNA INTRAVITREAL INJ 0.5 MG/0.05ML (10 MG/ML)	IZ - INTRAVITREAL
J3590	94300008002000	CANDIN INJ	CANDIDA ALBICANS SKIN TEST ANTIGEN	ID - INTRADERMAL
J7999	40200010202000	CARDIOPLEGIC SOL	*CARDIOPLEGIC SOLN W/ LIDOCAINE**	PF - PERFUSION
	40200010002000	CARDIOPLEGIC SOL	*CARDIOPLEGIC SOLN**	PF - PERFUSION
	86780035002020	CELLUGEL SOL 2%	HYPROMELLOSE INTRAOCULAR SOLN 2%	IO - INTRAOCULAR
Q5128	86655060302012	CIMERLI INJ 0.3MG	RANIBIZUMAB-EQRN INTRAVITREAL INJ 0.3 MG/0.05ML (6 MG/ML)	IZ - INTRAVITREAL
Q5128	86655060302020	CIMERLI INJ 0.5MG	RANIBIZUMAB-EQRN INTRAVITREAL INJ 0.5 MG/0.05ML (10 MG/ML)	IZ - INTRAVITREAL
C9399 J3590	20100031252015	CLADOSPORIUM INJ 1:20	CLADOSPORIUM CLADOSPORIODES INTRADERMAL INJ 1:20	ID - INTRADERMAL

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit				
HCPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration
J0735	64200011102040	CLONIDINE INJ	CLONIDINE HCL INJ (FOR EPIDURAL INFUSION) 500 MCG/ML	EP - EPIDURAL
J0735	64200011102020	CLONIDINE INJ	CLONIDINE HCL INJ (FOR EPIDURAL INFUSION) 100 MCG/ML	EP - EPIDURAL
J2402	69200040102007	CLOROTEKAL INJ 50MG/5ML	CHLOROPROCAINE HCL INTRATHECAL INJ 50 MG/5ML (1%)	IT - INTRATHECAL
J3590	45000080111830	CUROSURF SUS 120/1.5	PORACTANT ALFA INTRATRACHEAL SUSP 120 MG/1.5ML	TR - INTRATRACHEAL
J3590	45000080111840	CUROSURF SUS 240/3ML	PORACTANT ALFA INTRATRACHEAL SUSP 240 MG/3ML	TR - INTRATRACHEAL
A9589	94200048102120	CYSVIEW INJ 100MG	HEXAMINOLEVULINATE HCL FOR SOLN 100 MG (85 MG BASE EQUIV)	IS - INTRAVESICAL
A4722 A4723 A4725	99700000002038	DELFLEX-LC/ SOL 2.5% DEX	*PERITONEAL DIALYSIS SOLUTIONS 394 MOSM/L**	IP - INTRAPERITONEAL
	99700000002031	DELFLEX-SM/ SOL 1.5% DEX	*PERITONEAL DIALYSIS SOLUTIONS 347 MOSM/L**	IP - INTRAPERITONEAL
	99700000002044	DELFLEX-SM/ SOL 2.5% DEX	*PERITONEAL DIALYSIS SOLUTIONS 398 MOSM/L**	IP - INTRAPERITONEAL
	86309903242020	DEX/MOX/KETO SOL	DEXAMETHASON-MOXIFLOXACIN-KETOROLAC INJ SOLN 1-0.5-0.4 MG/ML	IO - INTRAOCULAR
	86309902832020	DEXAM/MOXI SOL 1-5MG/ML	DEXAMETHASONE-MOXIFLOXACIN HCL INTRAOCULAR SOLN 1-5 MG/ML	IO - INTRAOCULAR
	22100020202038	DEXONTO 0.4% SOL 20MG/5ML	DEXAMETHASONE SODIUM PHOSPHATE IONTOPHORESIS SOLN 20 MG/5ML	PH - IONTOPHORESIS
J1095	86300010001860	DEXYCU SUS 9%	DEXAMETHASONE INTRAOCULAR SUSP 9%	IO - INTRAOCULAR
A4721 A4722 A4723 A4725 A4726 A4721	99700000002025	DIANEAL SOL LOW CALC	*PERITONEAL DIALYSIS SOLUTIONS 344 MOSM/L**	IP - INTRAPERITONEAL
A4722 A4723 A4725 A4726	99700000002029	DIANEAL PD-2 SOL 1.5% DEX	*PERITONEAL DIALYSIS SOLUTIONS 346 MOSM/L**	IP - INTRAPERITONEAL

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit				
HCPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration
A4721 A4722 A4723 A4725 A4726 A4721	99700000002042	DIANEAL PD-2 SOL 2.5% DEX	*PERITONEAL DIALYSIS SOLUTIONS 396 MOSM/L**	IP - INTRAPERITONEAL
A4722 A4723 A4725 A4726	99700000002073	DIANEAL PD-2 SOL 4.25%DEX	*PERITONEAL DIALYSIS SOLUTIONS 485 MOSM/L**	IP - INTRAPERITONEAL
	86789902702010	DISCOVISC SOL	NA CHONDROITIN SULFATE-NA HYALURONATE OPPTH SOLN 40-17 MG/ML	IO - INTRAOCCULAR
J7340	73209902101820	DUOPA SUS 4.63-20	CARBIDOPA-LEVODOPA ENTERAL SUSP 4.63-20 MG/ML	EN - ENTERAL
	86789902806460	DUOVISC KIT	NA HYALURON & NA HYALURON-NA CHONDROIT SUL OP KIT 0.85-0.5ML	IO - INTRAOCCULAR
J3490	86789902806420	DUOVISC KIT 0.35/0.4	NA HYALURON & NA HYALURON-NA CHONDROIT SUL OP KIT 0.4-0.35ML	IO - INTRAOCCULAR
J3490	86789902806440	DUOVISC KIT 0.5/0.55	NA HYALURON & NA HYALURON-NA CHONDROIT SUL OP KIT 0.55-0.5ML	IO - INTRAOCCULAR
J7351	86330015002320	DURYSTA IMP 10MCG	BIMATOPROST INTRACAMERAL IMPLANT 10 MCG	IO - INTRAOCCULAR
J9175	79993001002000	ELLIOTTS B INJ	*INTRATHECAL ELECTROLYTES W/ DEXTROSE***	IT - INTRATHECAL
	24000035008912	ESTRADIOL MIS 6MG	ESTRADIOL IMPLANT PELLETT 6 MG	IL - IMPLANT
	99700040102020	EXTRANEAL SOL	*ICODEXTRIN-ELECTROLYTES SOLUTION 7.5%**	IP - INTRAPERITONEAL
J0178	8665501000E520	EYLEA INJ 2/0.05ML	AFLIBERCEPT INTRAVITREAL SOLN PREF SYR 2 MG/0.05ML	IZ - INTRAVITREAL
J0178	86655010002020	EYLEA INJ 2/0.05ML	AFLIBERCEPT INTRAVITREAL INJ 2 MG/0.05ML (40 MG/ML)	IZ - INTRAVITREAL
C9161	86655010002080	EYLEA HD INJ 8MG	AFLIBERCEPT INTRAVITREAL INJ 8 MG/0.07ML (114.3 MG/ML)	IZ - INTRAVITREAL
J7999	65991503302031	FENT/BUPIVAC INJ 0.5/250	FENTANYL 0.5 MG/250ML-BUPIV 0.0625%-NAACL 0.9% EPIDURAL INJ	EP - EPIDURAL
J7999	65991503302027	FENT/BUPIVAC INJ NAACL	FENTANYL 0.5 MG/100ML-BUPIV 0.075%-NAACL 0.9% EPIDURAL INJ	EP - EPIDURAL

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Baylor Scott and White Health Plan

Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit				
HCPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration
J7999	65991503302038	FENT/BUPIVAC INJ NACL	FENTANYL 0.5 MG/100ML-BUPIV 0.04%-NACL 0.9% EPIDURAL INJ	EP - EPIDURAL
J7999	6599150330E520	FENT/BUPIVAC INJ NACL	FENTANYL 0.1 MG/50ML-BUPIV 0.125%-NACL 0.9% EPIDURAL SYR	EP - EPIDURAL
	65991503302010	FENT/BUPIVAC INJ NACL	FENTANYL 0.2 MG/100ML-BUPIV 0.1%-NACL 0.9% EPIDURAL INJ	EP - EPIDURAL
	65991503302033	FENT/BUPIVAC INJ NACL	FENTANYL 0.5 MG/250ML-BUPIV 0.1%-NACL 0.9% EPIDURAL INJ	EP - EPIDURAL
J7999	65991503302037	FENT/BUPIVAC SOL NACL	FENTANYL 0.8 MG/200ML-BUPIV 0.1667%-NACL 0.9% EPIDURAL INJ	EP - EPIDURAL
J7999	6599150335E514	FENT/ROPIVAC INJ /NACL	FENTANYL CIT 0.1 MG/50ML-ROPIV 0.1%-NACL 0.9% SOL PREF SYR	EP - EPIDURAL
	65991503352035	FENT/ROPIVAC INJ /NACL	FENTANYL CIT 0.2 MG/100ML-ROPIV 0.2%-NACL 0.9% EPIDURAL INJ	EP - EPIDURAL
J7999	65991503352043	FENT/ROPIVAC INJ NACL	FENTANYL CIT 0.4 MG/200ML-ROPIV 0.1%-NACL 0.9% EPIDURAL INJ	EP - EPIDURAL
	65991503352042	FENT/ROPIVAC INJ NACL	FENTANYL CIT 0.4 MG/200ML-ROPIV 0.2%-NACL 0.9% EPIDURAL INJ	EP - EPIDURAL
J7999	65991503302012	FENTA/BUPIVA INJ NACL	FENTANYL 0.2 MG/100ML-BUPIV 0.125%-NACL 0.9% EPIDURAL INJ	EP - EPIDURAL
J7999	65991503302029	FENTA/BUPIVA INJ NACL	FENTANYL 0.5 MG/250ML-BUPIV 0.125%-NACL 0.9% EPIDURAL INJ	EP - EPIDURAL
	65991503302044	FENTA/BUPIVA INJ NACL	FENTANYL 1 MG/250ML-BUPIV 0.125%-NACL 0.9% EPIDURAL INJ	EP - EPIDURAL
J7999	65991503352026	FENTAN/ROPIV INJ NACL	FENTANYL 0.2 MG/100ML-ROPIV 0.1%-NACL 0.9% EPIDURAL INJ	EP - EPIDURAL
J7999	65991503352037	FENTANYL CIT INJ ROPIV	FENTANYL CIT 0.3 MG/150ML-ROPIV 0.2%-NACL 0.9% EPIDURAL INJ	EP - EPIDURAL
	65991503352039	FENTANYL ROP INJ 2MCG/ML	FENTANYL 0.5 MG/250ML-ROPIV 0.2%-NACL 0.9% EPIDURAL INJ	EP - EPIDURAL

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**Baylor Scott and White Health Plan
Medications Restricted to Medical Benefit**

Medications Directed to Medical Benefit				
HCPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration
	65991503352028	FENTANYL ROP INJ NAACL	FENTANYL 0.2 MG/100ML-ROPIV 0.125%-NAACL 0.9% EPIDURAL INJ	EP - EPIDURAL
J0475	7510001000E530	GABLOFEN INJ 10000/20	BACLOFEN INTRATHECAL SOLN PREFILLED SYRINGE 10000 MCG/20ML	IT - INTRATHECAL
J0475	7510001000E540	GABLOFEN INJ 20000/20	BACLOFEN INTRATHECAL SOLN PREFILLED SYRINGE 20000 MCG/20ML	IT - INTRATHECAL
J0475	7510001000E550	GABLOFEN INJ 40000/20	BACLOFEN INTRATHECAL SOLN PREFILLED SYRINGE 40000 MCG/20ML	IT - INTRATHECAL
J9999	21102010203120	GLIADEL WAF 7.7MG	CARMUSTINE IN POLIFEPROSAN INTRACRANIAL IMPLANT WAFER 7.7 MG	IL - IMPLANT
C9399 J3490	8678003000E535	HEALON DUET INJ PRO	SODIUM HYALURONATE INTRAOCCULAR SOLN PREFILLED SYR 1% & 3%	IO - INTRAOCCULAR
C9399 J3490	8678003000E570	HEALON GV INJ 18MG PRO	SODIUM HYALURONATE INTRAOCCULAR SOLN PREF SYR 15.3 MG/0.85ML	IO - INTRAOCCULAR
	8678003000E560	HEALON5 PRO INJ 23MG/ML	SODIUM HYALURONATE INTRAOCCULAR SOLN PREF SYR 13.8 MG/0.6ML	IO - INTRAOCCULAR
	94200050102005	HISTATROL INJ 0.275/ML	HISTAMINE PHOSPHATE INJ 0.275 MG/ML (0.1 MG/ML BASE EQUIV)	ID - INTRADERMAL
C9399 J3490	86330070002320	IDOSE TR IMP 75MCG	TRAVOPROST INTRACAMERAL IMPLANT 75 MCG	IO - INTRAOCCULAR
J7313	86300017102305	ILUVIEN IMP 0.19MG	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT 0.19 MG	IZ - INTRAVITREAL
J9325	21574070401820	IMLYGIC INJ	TALIMOGENE LAHERPAREPVEC INTRALESIONAL INJ 1000000 UNIT/ML	LS - INTRALESIONAL
J9325	21574070401840	IMLYGIC INJ	TALIMOGENE LAHERPAREPVEC INTRALESIONAL INJ 100000000 UNIT/ML	LS - INTRALESIONAL
A9548	94354040702000	INDIUM IN111 INJ DTPA	*PENTETATE INDIUM DISODIUM IN 111 INTRATHECAL INJ***	IT - INTRATHECAL
J3590	45000060111820	INFASURF SUS 35MG/ML	CALFACTANT IN NAACL 0.9% INTRATRACHEAL SUSP 35 MG/ML	TR - INTRATRACHEAL
C9162	86456020102020	IZERVAY SOL 2/0.1ML	AVACINCAPTAD PEGOL INTRAVITREAL SOLN 2 MG/0.1ML (20 MG/ML)	IZ - INTRAVITREAL

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit				
HCPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration
B4149 B4150 B4152 B4153 B4160 B4161	81200000000910	KATE FARMS LIQ 1.4	*NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)**	EN - ENTERAL
	86759902402020	LIDOCAINE/PH SOL 1-1.5%	LIDOCAINE HCL-PHENYLEPHRINE HCL INTRAOCULAR SOLN 1-1.5%	IO - INTRAOCULAR
	86759902302020	LIDO-EPI INJ	LIDOCAINE HCL-EPINEPHRINE HCL INTRAOCULAR SOL 7.5-0.25 MG/ML	IO - INTRAOCULAR
	8675990330E520	LIDO-PHENYL INJ 1-1.5%	LIDOCAINE-PHENYLEPH-BSS INTRAOCULAR PREF SYR 1-1.5% (1 ML)	IO - INTRAOCULAR
J0475	75100010002046	LIORESAL INT INJ 10MG/5ML	BACLOFEN INTRATHECAL INJ 10 MG/5ML (2000 MCG/ML)	IT - INTRATHECAL
J0476	75100010002020	LIORESAL INT INJ 50MCG/ML	BACLOFEN INTRATHECAL INJ 0.05 MG/ML (50 MCG/ML)	IT - INTRATHECAL
J2778	8665506000E510	LUCENTIS INJ 0.3MG	RANIBIZUMAB INTRAVITREAL SOLN PREF SYR 0.3 MG/0.05ML	IZ - INTRAVITREAL
J2778	8665506000E520	LUCENTIS INJ 0.5MG	RANIBIZUMAB INTRAVITREAL SOLN PREF SYR 0.5 MG/0.05ML	IZ - INTRAVITREAL
J2778	86655060002012	LUCENTIS SOL 0.3MG	RANIBIZUMAB INTRAVITREAL INJ 0.3 MG/0.05ML (6 MG/ML)	IZ - INTRAVITREAL
J2778	86655060002020	LUCENTIS SOL 0.5MG	RANIBIZUMAB INTRAVITREAL INJ 0.5 MG/0.05ML (10 MG/ML)	IZ - INTRAVITREAL
J3398	86370070601810	LUXTURNA SUS	VORETIGENE NEPARVOVEC-RZYL 5000000000000 VG/ML INTRAO C SUSP	IO - INTRAOCULAR
J3490	69100010112010	MARCAINE INJ SPINAL	BUPIVACAINE 0.75% IN DEXTROSE INJ 8.25%	IT - INTRATHECAL
	8678008510E530	MEMBRANEBLUE INJ 0.15%	TRYPAN BLUE INTRAOCULAR SOLN PREF SYR 0.15%	IO - INTRAOCULAR
C9399 J3490	86501010102110	MIOCHOL-E SOL 1:100	ACETYLCHOLINE CHLORIDE INTRAOCULAR FOR SOLN 20 MG (1:100)	IO - INTRAOCULAR
	86501020002005	MIOSTAT INJ 0.01% OP	CARBACHOL INTRAOCULAR INJ 0.01%	IO - INTRAOCULAR
J7999	8610108500E520	MITOMYCIN SOL 0.02%	MITOMYCIN INTRAOCULAR SOLN PREF SYRINGE 0.02% (0.2 MG/ML)	IO - INTRAOCULAR
J7999	8610108500E540	MITOMYCIN SOL 0.04%	MITOMYCIN INTRAOCULAR SOLN PREF SYRINGE 0.04% (0.4 MG/ML)	IO - INTRAOCULAR

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**Baylor Scott and White Health Plan
Medications Restricted to Medical Benefit**

Medications Directed to Medical Benefit				
HCPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration
	2120005000E540	MITOMYCIN SOL 20MG	MITOMYCIN SOLN FOR INTRAVESICAL INSTILLATION 20 MG/40ML	IS - INTRAVESICAL
C9399 J3590	94300036002010	MOSQUITO INJ 1:100	MOSQUITO (DIAGNOSTIC) INJ 1:100	ID - INTRADERMAL
	8610103810E520	MOXIFLOXACIN INJ 0.1%	MOXIFLOXACIN HCL INTRAOCULAR PREF SYR 0.3 MG/0.3ML (0.1%)	IO - INTRAOCULAR
J7999	86109902292020	MOXIFLOXACIN INJ 1MG/ML	MOXIFLOXACIN HCL IN BSS INTRAVITREAL SOLN 1 MG/ML	IZ - INTRAVITREAL
J7999	8610103810E550	MOXIFLOXACIN SOL 0.16%	MOXIFLOXACIN HCL INTRAOCULAR SOLN PREF SYR 0.16% (1.6 MG/ML)	IO - INTRAOCULAR
	86101038102050	MOXIFLOXACIN SOL 1MG/ML	MOXIFLOXACIN HCL INTRAOCULAR SOLN 1 MG/ML (BASE EQUIV)	IO - INTRAOCULAR
	86101038102060	MOXIFLOXACIN SOL 5MG/ML	MOXIFLOXACIN HCL INTRAOCULAR SOLN 5 MG/ML	IO - INTRAOCULAR
C9399 J3590	20100031502015	MUCOR INJ 1:20	MUCOR (MUCOR PLUMBEUS) INTRADERMAL INJ 1:20	ID - INTRADERMAL
J1097	86789902602020	OMIDRIA INJ 1-0.3%	PHENYLEPHRINE-KETOROLAC INTRAOCULAR SOLN 1-0.3%	IO - INTRAOCULAR
J7342	87100012001830	OTIPRIO SUS 60MG/ML	CIPROFLOXACIN INTRATYMPANIC SUSP 6% (60 MG/ML)	TP - INTRATYMPANIC
J7312	86300010002320	OZURDEX IMP 0.7MG	DEXAMETHASONE INTRAVITREAL IMPLANT 0.7 MG	IZ - INTRAVITREAL
C9399 J3590	94300044202020	PENICILLIUM INJ 1:20	PENICILLIUM NOTATUM (DIAGNOSTIC) INJ 1:20	ID - INTRADERMAL
	94200020002005	PRE-PEN INJ	BENZYL PENICILLOYL POLYLYSINE INJ 0.25 ML	ID - INTRADERMAL
J2278	64154090102020	PRIALT INJ 100MCG	ZICONOTIDE ACETATE INTRATHECAL INJ 100 MCG/ML	IT - INTRATHECAL
J2278	64154090102010	PRIALT INJ 25MCG/ML	ZICONOTIDE ACETATE INTRATHECAL INJ 500 MCG/20ML (25 MCG/ML)	IT - INTRATHECAL
J2278	64154090102030	PRIALT INJ 500MCG	ZICONOTIDE ACETATE INTRATHECAL INJ 500 MCG/5ML	IT - INTRATHECAL
B4104 B4155	80301010000920	PROSOURCE LIQ TF FREE	*PROTEIN LIQUID (ENTERAL)***	EN - ENTERAL
J3490	8678003000E504	PROVISC INJ 1%	SODIUM HYALURONATE INTRAOCULAR SOLN PREF SYR 4 MG/0.4ML	IO - INTRAOCULAR

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit				
HCPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration
J3490	8678003000E509	PROVISC INJ 1%	SODIUM HYALURONATE INTRAOCULAR SOLN PREF SYR 5.5 MG/0.55ML	IO - INTRAOCULAR
J3490	8678003000E522	PROVISC INJ 1%	SODIUM HYALURONATE INTRAOCULAR SOLN PREF SYR 8.5 MG/0.85ML	IO - INTRAOCULAR
J1304	74504080002020	QALSODY SOL 100/15ML	TOFERSEN INTRATHECAL SOLN 100 MG/15ML (6.7 MG/ML)	IT - INTRATHECAL
	6999100450E530	RECK INJ	ROPIV-EPI-CLONID-KETOROLAC PREF SYR 123-0.25-0.04-15 MG/50ML	PA - PERIARTICULAR
J7311	86300017102320	RETISERT IMP 0.59MG	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT 0.59 MG	IZ - INTRAVITREAL
J1212	56500010002010	RIMSO-50 SOL 50%	DIMETHYL SULFOXIDE SOLN 50%	IS - INTRAVESICAL
J7999	6999100360E520	ROP-CLON-KET INJ 15/50ML	ROPIVACAINE-CLONIDINE- KETOROLAC PREF SYR 123-0.04-15 MG/50ML	PA - PERIARTICULAR
	69100070122020	ROPIVAC/NACL INJ 0.15- 0.9	ROPIVACAINE HCL-SODIUM CHLORIDE EPIDURAL INJ 0.15-0.9%	EP - EPIDURAL
	69100070122025	ROPIVAC/NACL INJ 0.2- 0.9%	ROPIVACAINE HCL-SODIUM CHLORIDE EPIDURAL INJ 0.2-0.9%	EP - EPIDURAL
	69100070102046	ROPIVACAINE SOL 0.2%	ROPIVACAINE HCL EPIDURAL SOLUTION 0.2%	EP - EPIDURAL
C9399 J3590	94300052202020	SACCHAROMYCE INJ 1:20	SACCHAROMYCES CEREVISIAE INJ SOLN 1:20	ID - INTRADERMAL
	45500070003320	SCLEROSOL AER INTRAPLE	TALC INTRAPLEURAL AEROSOL POWDER 4 GM (0.4 GM/SECOND)	PL - INTRAPLEURAL
C9399 J3590	94300009202020	SPHERUSOL INJ	COCCIDIOIDES IMMITIS SKIN TEST ANTIGEN SOLN 127 MCG/0.1ML	ID - INTRADERMAL
J2326	74701050002020	SPINRAZA INJ 12MG/5ML	NUSINERSEN INTRATHECAL SOLN 12 MG/5ML (2.4 MG/ML)	IT - INTRATHECAL
	45500070001930	STERIL TALC SUS 5GM	TALC INTRAPLEURAL POWDER FOR SUSP 5 GM	PL - INTRAPLEURAL
	45500070002920	STERITALC POW 2GM	TALC INTRAPLEURAL POWDER 2 GM	PL - INTRAPLEURAL
	45500070002930	STERITALC POW 3GM	TALC INTRAPLEURAL POWDER 3 GM	PL - INTRAPLEURAL
	45500070002940	STERITALC POW 4GM	TALC INTRAPLEURAL POWDER 4 GM	PL - INTRAPLEURAL

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Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit				
HCPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration
J3590	45000050111820	SURVANTA INH	BERACTANT IN NACL 0.9% INTRATRACHEAL SUSP 25 MG/ML	TR - INTRATRACHEAL
C1889	97604040002340	SUSVIMO IMP	*OCULAR IMPLANT - INTRAVITREAL RESERVOIR**	IZ - INTRAVITREAL
J2779	86655060002040	SUSVIMO INJ 10/0.1ML	RANIBIZUMAB INTRAVITREAL (IMPLANT 1ST FILL) INJ 10 MG/0.1ML	IZ - INTRAVITREAL
J2779	86655060002042	SUSVIMO INJ 10/0.1ML	RANIBIZUMAB INTRAVITREAL (IMPLANT REFILL) INJ 10 MG/0.1ML	IZ - INTRAVITREAL
J2781	86454065002020	SYFOVRE INJ 15/0.1ML	PEGCETACOPLAN INTRAVITREAL SOLN 15 MG/0.1ML (150 MG/ML)	IZ - INTRAVITREAL
S0189	23100030008920	TESTOPEL MIS PELLETS	TESTOSTERONE IMPLANT PELLETS 75 MG	IL - IMPLANT
J7999	23100030008930	TESTOSTERONE MIS 100MG	TESTOSTERONE IMPLANT PELLETS 100 MG	IL - IMPLANT
	23100030008940	TESTOSTERONE MIS 200MG	TESTOSTERONE IMPLANT PELLETS 200 MG	IL - IMPLANT
	23100030008910	TESTOSTERONE MIS 25MG	TESTOSTERONE IMPLANT PELLETS 25 MG	IL - IMPLANT
J7999	23100030008915	TESTOSTERONE MIS 50MG	TESTOSTERONE IMPLANT PELLETS 50 MG	IL - IMPLANT
90586 J9030	21700013001930	TICE BCG INJ	BCG LIVE INTRAVESICAL FOR SUSP 50 MG	IS - INTRAVESICAL
C9399 J3490	8678001000E520	TISSUEBLUE SOL 0.025%	BRILLIANT BLUE G INTRAOCULAR SOLN PREF SYR 0.025%	IO - INTRAOCULAR
C9399 J3490	8678003000E534	TOTALVISC INJ 1%-2.5%	SODIUM HYALURONATE INTRAOCULAR SOLN PREFILLED SYR 1% & 2.5%	IO - INTRAOCULAR
	86309902811820	TRIAM/MOXI SUS 15-1	TRIAMCINOLONE-MOXIFLOXACIN HCL INTRAOCULAR SUSP 15-1 MG/ML	IO - INTRAOCULAR
J3300	86300080101820	TRIESENCE INJ 40MG/ML	TRIAMCINOLONE ACETONIDE OPHTH INJ 40 MG/ML	IO - INTRAOCULAR
J1444	82300064003020	TRIFERIC POW 272MG	FERRIC PYROPHOSPHATE CITRATE PACK 272 MG (FE EQUIV)	HM - HEMODIALYSIS
J1443	82300064002020	TRIFERIC SOL 27.2/5ML	FERRIC PYROPHOSPHATE CITRATE SOLN 27.2 MG/5ML (FE EQUIV)	HM - HEMODIALYSIS

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**Baylor Scott and White Health Plan
Medications Restricted to Medical Benefit**

Medications Directed to Medical Benefit				
HCPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration
A4721 A4722 A4723 A4725 A4721	99700000002070	ULTRABAG/ SOL DIANEAL	*PERITONEAL DIALYSIS SOLUTIONS 483 MOSM/L**	IP - INTRAPERITONEAL
A4722 A4723 A4725 A4726	99700000002040	ULTRABAG/ SOL DIANEAL	*PERITONEAL DIALYSIS SOLUTIONS 395 MOSM/L**	IP - INTRAPERITONEAL
J2777	86652522702020	VABYSMO INJ 6/0.05ML	FARICIMAB-SVOA INTRAVITREAL INJ 6 MG/0.05ML (120 MG/ML)	IZ - INTRAVITREAL
J9357	21200080002020	VALRUBICIN SOL 40MG/ML	VALRUBICIN SOLN FOR INTRAVESICAL INSTILLATION 40 MG/ML	IS - INTRAVESICAL
J3490	8678990270E517	VISCOAT SOL	NA CHONDROIT SULF-NA HYALURON PREF SYR 20-15 MG/0.5ML	IO - INTRAOCULAR
J3490	8678990270E524	VISCOAT SOL	NA CHONDROIT SULF-NA HYALURON PREF SYR 30-22.5 MG/0.75ML	IO - INTRAOCULAR
	8678008510E520	VISIONBLUE INJ 0.06%	TRYPAN BLUE INTRAOCULAR SOLN PREF SYR 0.06%	IO - INTRAOCULAR
C9089	69100010102320	XARACOLL IMP 100MG	BUPIVACAINE HCL IMPLANT 3 X 100 MG (300 MG DOSE)	IL - IMPLANT
J3299	86300080101830	XIPERE SUS 40MG/ML	TRIAMCINOLONE ACETONIDE SUPRACHOROIDAL INJ 40 MG/ML	IO - INTRAOCULAR
J7314	86300017102304	YUTIQ IMP 0.18MG	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT 0.18 MG	IZ - INTRAVITREAL
J3490	6910004010D720	ZINGO INJ 0.5MG	LIDOCAINE HCL POWDER FOR INTRADERMAL JET-INJECTOR 0.5 MG	ID - INTRADERMAL

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This list does not guarantee coverage.

Baylor Scott and White Health Plan

Medications Restricted to Pharmacy Benefit

Certain medications usually self-administered must be dispensed at any contracted pharmacy and must be billed to the member's pharmacy benefit. Please see drugs listed below that are restricted to the pharmacy benefit. Note, the drugs listed below are not available under the member's medical benefit.

Medications Restricted to Pharmacy Benefit		
HCPCS Code	Brand Name	Generic Name/Code Description
J0135	HUMIRA	INJECTION, ADALIMUMAB, 20 MG
J0275	MUSE	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
J0593	TAKHZYRO	INJECTION, LANADELUMAB-FLYO, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)
J0598	CINRYZE	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS
J0599	HAEGARDA	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), (HAEGARDA), 10 UNITS
J0630	MIACALCIN	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS
J0800	ACTHAR	INJECTION, CORTICOTROPIN, UP TO 40 UNITS
J1324	FUZEON	INJECTION, ENFUVIRTIDE, 1 MG
J1438	ENBREL	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
J1595	GLATOPA	INJECTION, GLATIRAMER ACETATE, 20 MG
J1628	TREMFYA	INJECTION, GUSELKUMAB, 1 MG
J1826	AVONEX PEN	INJECTION, INTERFERON BETA-1A, 30 MCG
J1830	EXTAVIA	INJECTION, INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
J2170	INCRELEX	INJECTION, MECASERMIN, 1 MG

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This list does not guarantee coverage.

Baylor Scott and White Health Plan

Medications Restricted to Pharmacy Benefit

Medications Restricted to Pharmacy Benefit		
HCPCS Code	Brand Name	Generic Name/Code Description
J2212	RELISTOR	INJECTION, METHYLNALTREXONE, 0.1 MG
J2940	SOMATREM	INJECTION, SOMATREM, 1 MG
J2941	GENOTROPIN MINIQUICK	INJECTION, SOMATROPIN, 1 MG
J3031	AJOVY	INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)
J3110	FORTEO	INJECTION, TERIPARATIDE, 10 MCG
J3355	BRAVELLE	INJECTION, UROFOLLITROPIN, 75 IU
J3357	STELARA	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG
J7294	ANNOVERA	SEGESTERONE ACETATE AND ETHINYL ESTRADIOL 0.15 MG, 0.013 MG PER 24 HOURS; YEARLY VAGINAL SYSTEM, EACH
J7295	ETONOGESTREL-ETHINYL ESTRADIOL	ETHINYL ESTRADIOL AND ETONOGESTREL 0.015 MG, 0.12 MG PER 24 HOURS; MONTHLY VAGINAL RING, EACH
J7304	XULANE	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH
J7509	MEDROL	METHYLPREDNISOLONE ORAL, PER 4 MG
J8510	MYLERAN	BUSULFAN; ORAL, 2 MG
J8520	XELODA	CAPECITABINE, ORAL, 150 MG
J8521	XELODA	CAPECITABINE, ORAL, 500 MG
J8530	CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE; ORAL, 25 MG
J8560	VEPESID	ETOPOSIDE; ORAL, 50 MG
J8565	IRESSA	GEFITINIB, ORAL, 250 MG
J8600	ALKERAN	MELPHALAN; ORAL, 2 MG
J8610	TREXALL; RHEUMATREX; XATMEP	METHOTREXATE; ORAL, 2.5 MG
J8650	CESAMET	NABILONE, ORAL, 1 MG
J8700	TEMODAR	TEMOZOLOMIDE, ORAL, 5 MG
J8705	HYCAMTIN	TOPOTECAN, ORAL, 0.25 MG
J9212	INFERGEN	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM
J9213	ROFERON-A	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS

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This list does not guarantee coverage.

**Baylor Scott and White Health Plan
Medications Restricted to Pharmacy Benefit**

Medications Restricted to Pharmacy Benefit		
HCPCS Code	Brand Name	Generic Name/Code Description
J9262	SYNRIBO	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG
Q3027	AVONEX	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE
Q3028	REBIF	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE
Q5131	IDACIO	INJECTION, ADALIMUMAB-AACF, BIOSIMILAR, 20MG
J0801	ACTHAR GEL	INJECTION, CORTICOTROPIN GEL, UP TO 40 UNITS
J0802	CORTICOTROPIN	INJECTION, CORTICOTROPIN, UP TO 40 UNITS
Q5132	ABRILADA	Adalimumab-AFZB
J0750	Truvada	Oral, emtricitabine 200mg and tenofovir disoproxil fumarate 300mg
J0751	Descovy	Oral, emtricitabine 200mg and tenofovir alafenamide 25mg

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