Medicaid Expansion
Restricted Use List – Precertification

Restricted Use Drug - A Prescription Medication or Drug that may require Precertification, also known as Prior Approval, and/or be subject to a limited dispensing amount.

Key Definitions	
Medical Drug	A drug that is covered under the medical benefit and requires Precertification (Prior Approval). Prior authorizations information for medical drugs can be found on the link below Policies & Prior Authorization | BCBSND
Preferred Drug List (PDL)	A list of medications that are preferred and processed by pharmacy point of sale systems. The most recent version of the preferred drug list should be consulted for additional Precertification or Prior Approval requirements as well as to determine which benefit to process a medication or diabetic supplies. http://www.hidesigns.com/ndmedicaid/pdl/
Drug Indications	For medications not on this list, FDA or compendia supported indications are required. Drug Indications (Medicaid Expansion) | BCBSND

Notes

Both brand name drugs and generic equivalents require Precertification (Prior Approval).

Precertification Drug List

Brand Drug Name	Generic Drug Name	Code
ABECMA	IDCABTAGENE VICLEUCEL	Q2055
ACTEMRA IV	TOCILIZUMAB	J3262
ADAKVEO	CRIZANLIZUMAB-TMCA	J0791
ADCETRIS	BRENTUXIMAB	J9042
ADSTILADRIN	NADOFARAGENE FIRADENOVEC-VNCG	J9029
ADZYNMA	ADAMTS13 RECOMBINANT-KRHN	J7171
ALDURAZYME	LARONIDASE	J1931
ALYGLO	IMMUNE GLOBULIN (HUMAN) IV	J1552
ALYMSYS	BEVACIZUMAB-MALY	Q5126
AMONDYS-45	CASIMERSEN	J1426
AMTAGVI	LIFILEUCEL	J3590
AMVUTTRA	VUTRISIRAN	J0225
ANKTIVA	NOGAPENDEKIN ALFA INBAKICEPT-PMLN	J9028
APHEXDA	MOTIXAFORTIDE	J2277

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BND-22-0062228 • 2-22

Precertification Drug List		
Brand Drug Name	**Generic Drug Name**	**Code**
ARALAST NP, PROLASTIN-C, ZEMAIRA	ALPHA1-PROTEINASE INHIBITOR	J0256
ASCENIV	IMMUNE GLOBULIN - IV	J1554
ASPARLAS	CALASPARGASE PEGOL-MKNL	J9118
AUCATZYL	OBECABTAGENE AUTOLEUCEL	Q2058
AVASTIN (oncology diagnosis only)	BEVACIZUMAB (oncology diagnosis only)	C9257 J9035
AVSOLA	INFLIXIMAB-AXXQ	Q5121
AVTOZMA	TOCILIZUMAB-ANOH	Q5156
AVZIVI	BEVACIZUMAB-TNJN	J9999
AZEDRA	IODINE I-131, IOBENGUANE	A9590
BAVENCIO	AVELUMAB	J9023
BELEODAQ	BELINOSTAT	J9032
BELRAPZO	BENDAMUSTINE	J9036
BENDEKA	BENDAMUSTINE	J9034
BENLYSTA (IV)	BELIMUMAB	J0490
BEQVEZ	FIDANACOGENE ELAPARVOVEC	J1414
BESPONSA	INOTUZUMAB	J9229
BIVIGAM	IMMUNE GLOBULIN (HUMAN) IV	J1556
BIZENGRI	ZENOCUTUZUMAB-ZBCO	J9382
BKEMV	ECULIZUMAB-AEEB	Q5152
BLINCYTO	BLINATUMOMAB	J9039
BOTOX	ONABOTULINUM TOXIN A	J0585
BREYANZI	LISOCABTAGENE MARALEUCEL	Q2054
BRINEURA	CERLIPONASE ALFA	J0567
CARIMUNE NANOFILTERED	IMMUNE GLOBULIN (HUMAN) IV	J1566
CARTICEL	AUTOLOGOUS CULTURED CHONDROCYTES	J7330
CARVYKTI	CILTACABTAGENE AUTOLEUCEL	Q2056
CASGEVY	EXAGAMGLOGENE AUTOTEMCEL	J3392
CEREZYME	IMIGLUCERASE	J1786
CIMZIA	CERTOLIZUMAB	J0717
CINQAIR	RESLIZUMAB	J2786
COLUMVI	GLOFITAMAB-GXBM	J9286
COSELA	TRILACICLIB	J1448
COSENTYX IV	SECUKINUMAB	J3247
CRYSVITA	BUROSUMAB	J0584
CUTAQUIG	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	J1551
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	J1555
CYRAMZA	RAMUCIRUMAB	J9308
DANYELZA	NAXITAMAB-GQGK	J9348

Precertification Drug List		
Brand Drug Name	**Generic Drug Name**	**Code**
DARZALEX	DARATUMUMAB	J9145
DARZALEX FASPRO	TARATUMUMAB AND HYALURONIDASE-FIHJ	J9144
DATROWAY	DATOPATAMAB DERUXTECAN-DINK	J9011
DAXXIFY	DAXIBOTULINUMTOXINA-LANM	J0589
DUROLANE	HYALURONIC ACID	J7318
DYSPORT	ABOBOTULINUM TOXIN	J0586
ELAHERE	MIRVETUXIMAB SORAVTANSINE-GYNX	J9063
ELAPRASE	IDURSULFASE	J1743
ELELYSO	TALIGLUCERASE ALFA	J3060
ELFABRIO	PEGUNIGALSIDAS ALFA-IWXJ	J2508
ELREXFIO	ELRANATAMAB-BCMM	J1323
ELZONRIS	TAGRAXOFUSP	J9269
EMPLICITI	ELOTUZUMAB	J9176
EMRELIS	TELISOTUZUMAB VEDOTIN-TLLV	J9326
ENCELTO	REVAKINAGENE TARORETCEL-LWEY	J3403
ENHERTU	FAM-TRASTUZUMAB DERUXTECAN-NXKI	J9358
ENJAYMO	SUTIMLIMAB-JOME	J1302
ENTYVIO	VEDOLIZUMAB	J3380
EPKINLY	EPCORITAMAB-BYSP	J9321
EPYSQLI	ECULIZUMAB-AAGH	Q5151
ERBITUX	CETUXIMAB	J9055
EUFLEXXA	SODIUM HYALURONATE	J7323
EVENITY	ROMOSOZUMAB	J3111
EVKEEZA	EVINACUMAB-DGNB	J1305
EXDENSUR	DEPEMOKIMAB-ULAA	J2361
EXONDYS 51	ETEPLIRSEN	J1428
FABRAZYME	AGALSIDASE BETA	J0180
FASENRA (Healthcare Administer)	BENRALIZUMAB	J0517
FILKRI	FILGRASTIM-LAHA	J3590
FLEBOGAMMA DIF	IMMUNE GLOBULIN (HUMAN) IV	J1572
FLOLAN	EPOPROSTENOL	J1325
FOLOTYN	PRALATREXATE	J9307
GAMASTAN	IMMUNE GLOBULIN (HUMAN) IM	J1560
GAMIFANT	EMAPALUMAB-LZSG	J9210
GAMMAGARD LIQUID	IMMUNE GLOBULIN (HUMAN) IV OR SC	J1569
GAMMAGARD S/D	IMMUNE GLOBULIN (HUMAN) IV	J1566
GAMMAKED	IMMUNE GLOBULIN (HUMAN) IV OR SC	J1561
GAMMAPLEX	IMMUNE GLOBULIN (HUMAN) IV	J1557
GAMUNEX-C	IMMUNE GLOBULIN (HUMAN) IV OR SC	J1561
GAZYVA	OBINUTUZUMAB	J9301

Precertification Drug List		
Brand Drug Name	**Generic Drug Name**	**Code**
GEL-ONE	CROSS-LINKED HYALURONATE	J7326
GELSYN-3	HYALURONIC ACID	J7328
GENVISC	SODIUM HYALURONATE	J7320
GIVLAARI	GIVOSIRAN	J0223
GLASSIA	ALPHA1-PROTEINASE INHIBITOR	J0257
HALAVEN	ERIBULIN MESYLATE	J9179
HEMGENIX	ETRANACOGENE DEZAPARVOVEC-DRLB	J1411
HEPZATO	INTRA-ARTERIAL MELPHALAN	J9248
HERCEPTIN	TRASTUZUMAB	J9355
HERCEPTIN HYLECTA	TRASTUZUMAB & HYALURONIDASE-OYSK	J9356
HERCESSI	TRASTUZUMAB-STRF	Q5146
HERZUMA	TRASTUZUMAB-PKRB	Q5113
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	J1559
HYALGAN	SODIUM HYALURONATE	J7321
HYMOVIS	HIGH MOLECULAR WEIGHT VISCOELASTIC HYALURONAN	J7322
HYQVIA	IMMUNE GLOBULIN-HYALURONIDASE	J1575
ILARIS	CANAKINUMAB	J0638
ILUMYA	TILDRAKIZUMAB	J3245
IMAAVY	NIPOCALIMUAB-AAHU	J3256
IMDELLTRA	TARLATAMAB-DLLE	J9026
IMFINZI	DURVALUMAB	J9173
IMJUDO	TREMELIMUMAB	J9347
IMULDOSA	USTEKINUMAB-SRLF	Q5098
IMLYGIC	TALIMOGENE LAHERPAREPVEC	J9325
INFLECTRA	INFLIXIMAB-DYYB	Q5103
ISTODAX	ROMIDEPSIN	J9318 J9319
ITVISMA	ONASEMNOGENE ABEPARVOVEC-BRVE	J3405
IXEMPRA	IXABEPILONE	J9207
JEMPERLI	DOSTARLIMAB	J9272
JOBEVNE	BEVACIZUMAB-NWGD	Q5160
KADCYLA	ADO-TRASTUZUMAB EMTANSINE	J9354
KANJINTI	TRASTUZUMAB-ANNS	Q5117
KANUMA	SEBELIPASE ALFA	J2840
KEBILIDI	ELADOCAGENE EXUPARVOVEC-TNEQ	J3590
KEYTRUDA	PEMBROLIZUMAB	J9271
KEYTRUDA QLEX	PEMBROLIZUMAB + BERAHYALURONIDASE ALFA-PMPH	J9277
KIMMTRAK	TEBENTAFUSP-TEBN	J9274
KISUNLA	DONANEMAB	J0175

Precertification Drug List		
Brand Drug Name	**Generic Drug Name**	**Code**
KRYSTEXXA	PEGLOTICASE	J2507
KYMRIAH	TISAGENLECLEUCEL	Q2042
KYPROLIS	CARFILZOMIB	J9047
LAMZEDE	VELMANASE ALFA-TYCV	J0217
LANTIDRA	DONISLECEL-JUJN	J3590
LEMTRADA	ALEMTUZUMAB	J0202
LEQEMBI	LECANEMAB	J0174
LEQVIO	INCLISIRAN	J1306
LIBTAYO	CEMIPLIMAB-RWLC	J9119
LOARGYS	PEGZILARGINASE-NBLN	J3590 C9399
LOQTORZI	TORIPALIMAB-TPZI	J3263
LUMIZYME	ALGLUCOSIDASE ALFA	J0221
LUNSUMIO	MOSUNETUZUMAB-AXGB	J9350
LUNSUMIO VELO	MOSUNETUZUMAB-AXGB	J3590
LUTATHERA	LUTETIUM LU 177	A9513
LUXTURNA	VORETIGENE	J3398
LYFGENIA	LOVOTIBEGLOGENE AUTOTEMCEL	J3394
LYMPHIR	DENILEUKIN DIFTITOX-CXDL	J9161
LYNOZYFIC	LINVOSELTAMAB-GCPT	
MACI	AUTOLOGOUS CULTURED CHONDROCYTES	J7330
MARGENZA	MARGETUXIMAB-CMKB	J9353
MEPSEVII	VESTRONIDASE ALFA	J3397
MONJUVI	TAFASITAMAB - CXIX	J9349
MONOVISC	LIGHTLY CROSS-LINKED HIGH MOLECULAR WEIGHT HYALURONIC ACID	J7327
MOZOBIL	PLERIXAFOR	J2562
MVASI	BEVACIZUMAB-AWWB	Q5107
MYOBLOC	RIMABOTULINUM TOXIN B	J0587
NAGLAZYME	GALSULFASE	J1458
NEXVIAZYME	AVALGLUCOSIDASE ALFA-NGPT	J0219
NIKTIMVO	AXATILIMAB-CSFR	J9038
NPLATE	ROMIPLOSTIM	J2802
NUCALA (Healthcare Administered)	MEPOLIZUMAB	J2182
OCREVUS	OCRELIZUMAB	J2350
OCREVUS ZUNOVO	OCRELIZUMAB & HYALURONIDASE-OCSQ	J2351
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	J1568
OGIVRI	TRASTUZUMAB-DKST	Q5114
OMVOH IV	MIRIKIZUMAB-MRKZ IV	J2267
ONCASPAR	PEGASPARGASE	J9266

Precertification Drug List		
Brand Drug Name	**Generic Drug Name**	**Code**
ONIVYDE	IRINOTECAN LIPOSOMAL	J9205
ONPATTRO	PATISIRAN	J0222
ONTRUZANT	TRASTUZUMAB-DTTB	Q5112
OPDIVO	NIVOLUMAB	J9299
OPDIVO QVANTIQ	NIVOLUMAB AND HYALURONIDASE-NVHY	J9289
OPDUALAG	NIVOLUMAB & RELATLIMAB-RMBW	J9298
ORENCIA IV	ABATACEPT	J0129
ORTHOVISC	HIGH MOLECULAR WEIGHT HYALURONIC ACID	J7324
OTULFI	USTEKINUMAB-AAUZ	Q9999
OXLUMO	LUMASIRAN	J0224
PADCEV	ENFORTUMAB VEDOTIN-EJFV	J9177
PANZYGA	IMMUNE GLOBULIN	J1576
PAPZIMEOS	ZOPAPOGENE IMADENOVEC-DRBA	J3404
PENPULIMAB	PENPULIMAB-KCQX	J9999
PERJETA	PERTUZUMAB	J9306
PHESGO	PERTUZUMAB–TRASTUZUMAB–HYALURONIDASE– ZZXF	J9316
PIASKY	CROVALIMAB	J1307
PLUVICTO	LUTETIUM LU 177	A9607
POLIVY	POLATUZUMAB	J9309
POMBILITI	CIPAGLUCOSIDASE ALFA-ATGA	J1203
POTELIGEO	MOGAMULIZUMAB	J9204
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	J1459
PROVENGE	SIPULEUCEL-T	Q2043
PYZCHIVA	USTEKINUMAB-TTWE	Q9997
QALSODY	TOFERSEN	J1304
OMLYCLO	OMALIZUMAB-IGEC	Q5154
QIVIGY	IMMUNE GLOBULIN IV, HUMAN-KTHM	J1577
QUTENZA	CAPSAICIN PATCH	J7336
RADICAVA	EDARAVONE	J1301
REBLOZYL	LUSPATERCEPT-AAMT	J0896
REMICADE	INFLIXIMAB	J1745
REMODULIN	TREPROSTINIL	J3285
RENFLEXIS	INFLIXIMAB-ABDA	Q5104
RIABNI	RITUXIMAB-ARRX	Q5123
RITUXAN	RITUXIMAB	J9312
RITUXAN HYCELA	RITUXIMAB-HYALURONIDASE	J9311
ROCTAVIAN	VALOCTOCOGENE ROXAPARVOVEC-RVOX	J1412
RUXIENCE	RITUXIMAB-PVVR	Q5119

Precertification Drug List		
Brand Drug Name	**Generic Drug Name**	**Code**
RYBREVANT	AMIVANTAMAB-VMJW	J9061
RYBREVANT FASPRO	AMIVANTAMAB & HYALURONIDASE-LPUJ	J9062
RYLAZE	ASPARAGINASE ERWINIA CHRYSANTHEMI	J9021
RYPLAZIM	PLASMINOGEN, HUMAN-TVMH	J2998
RYSTIGGO	ROZANOLIXIZUMAB-NOLI	J9333
RYTELO	IMETELSTAT	J0870
SANDOSTATIN LAR (Healthcare Administered)	OCTREOTIDE ACETATE	J2353
SAPHNELO	ANUFROLUMAB-FNIA	J0491
SARCLISA	ISATUXIMAB-IRFC	J9227
SELSARSDI	USTEKINUMAB-AEKN	Q9998
SIMPONI ARIA	GOLIMUMAB	J1602
SKYRIZI IV	RISANKIZUMAB-RZAA	J2327
SOLIRIS	ECULIZUMAB	J1299
SOMATULINE DEPOT (Healthcare Administered)	LANREOTIDE	J1930
SPEVIGO	SPESOLIMAB	J1747
SPINRAZA	NUSINERSEN	J2326
STARJEMZA	USTEKINUMAB-HMNY	Q5164
STELARA IV	USTEKINUMAB	J3358
STEQEYMA	USTEKINUMAB-STBA	Q5099
SUPARTZ FX	SODIUM HYALURONATE	J7321
SYLVANT	SILTUXIMAB	J2860
SYNOJOYNT	SODIUM HYALURONATE	J7331
SYNVISC	HYLAN G-F 20	J7325
SYNVISC-ONE	HYLAN G-F 20	J7325
TALVEY	TALQUETAMAB-TGVS	J3055
TECARTUS	BREXUCABTAGENE AUTOLEUCEL	Q2053
TECELRA	AFAMITRESGENE AUTOLEUCEL	Q2057
TECENTRIQ	ATEZOLIZUMAB	J9022
TECENTRIQ HYBREZA	ATEZOLIZUMAB AND HYALURONIDASE-TQJS	J9024
TECVAYLI	TECLISTAMAB-CQYV	J9380
TEPEZZA	TEPROTUMUMAB-TRBW	J3241
TEVIMBRA	TISLELIZUMAB-JSGR	J9329
TEZSPIRE (Healthcare Administered)	TEZEPELUMAB-EKKO	J2356
TIVDAK	TISOTUMAB VEDOTIN-TFTV	J9273
TOFIDENCE	TOCILIZUMAB-BAVI	Q5133
TRAZIMERA	TRASTUZUMAB-QYYP	Q5116
TREANDA	BENDAMUSTINE	J9033
TREMFYA IV	GUSELKUMAB	J1628

Precertification Drug List		
Brand Drug Name	**Generic Drug Name**	**Code**
TRILURON	SODIUM HYALURONATE	J7332
TRIVISC	SODIUM HYALURONATE	J7329
TRODELVY	SACITUZUMAB	J9317
TRUXIMA	RITUXUMAB-ABBS	Q5115
TYENNE	TOCILIZUMAB-AAZG	Q5135
TYRUKO	NATALIZUMAB-SZTN	Q5134
TYSABRI	NATALIZUMAB	J2323
TZIELD	TEPLIZUMAB-MZWV	J9381
ULTOMIRIS	RAVUILIZUMAB	J1303
UNLOXCYT	COSIBELIMAB-IPDL	J9275
UPLIZNA	INEBILIZUMAB	J1823
VECTIBIX	PANITUMUMAB	J9303
VEGZELMA	BEVACIZUMAB-ADCD	Q5129
VELETRI	EPOPROSTENOL	J1325
VEOPOZ	POZELIMAB-BBFG	J9376
VILTEPSO	VILTOLARSEN	J1427
VIMIZIM	ELOSULFASE ALFA	J1322
VISCO-3	SODIUM HYALURONATE	J7321
VIVIMUSTA	BENDAMUSTINE	J9056
VPRIV	VELAGLUCERASE ALFA	J3385
VYEPTI	EPTINEZUMAB-JJMR	J3032
VYJUVEK	BEREMAGENE GEPERPAVEC-SVDT	J3401
VYLOY	ZOLBETUXIMAB-CLZB	J1326
VYONDYS 53	GOLODIRSEN	J1429
VYVGART	EFGARTIGIMOD	J9332
VYVGART HYTRULO	EFGARTIGIMOD ALFA & HYALURONIDASE	J9334
WEZLANA IV	USTEKINUMAB-AUUB	Q5138
XEMBIFY	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	J1558
XENPOZYME	OLIPUDASE ALFA-RPCP	J0218
XEOMIN	INCOBOTULINUM TOXIN A	J0588
XIAFLEX	COLLAGENASE	J0775
XOLAIR (Healthcare Administered)	OMALIZUMAB	J2357
YERVOY	IPILIMUMAB	J9228
YESCARTA	AXICABTAGENE CILOLEUCEL	Q2041
YESINTEK	USTEKINUMAB-KFCE	Q5100
YIMMUGO	IMMUNE GLOBULIN (HUMAN) IV	J1553
YONDELIS	TRABECTEDIN	J9352
ZALTRAP	ZIV-AFLIBERCEPT	J9400
ZEPZELCA	LURBINECTEDIN	J9223
ZEVASKYN	PRADEMAGENE ZAMIKERACEL	J3389

Precertification Drug List		
Brand Drug Name	**Generic Drug Name**	**Code**
ZIIHERA	ZANIDATAMAB	J9276
ZINPLAVA	BEZLOTOXUMAB	J0565
ZIRABEV	BEVACIZUMAB-BVZR	Q5118
ZYNLONTA	LONCASTUXIMAB TESIRINE-LPYL	J9359
ZYNTEGLO	BETIBEGLOGENE AUTOTEMCEL	J3393
ZYNYZ	RETIFANLIMAB-DLWR	J9345

Notes	
Medications administered by an individual that do not require professional administration by a healthcare provider are considered self-administered medications and are not typically covered under the medical benefit. Please see Medical Policy: Medications and Diabetic Supplies Payable on the Pharmacy Benefit. The following codes are included in this policy and are processed through pharmacy point of sale systems according to the Department of Human Services Preferred Drug List or Preferred Diabetic Supplies List.	
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
A4238	Supply allowance for adjunctive continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
E2102	Adjunctive continuous glucose monitor or receiver
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver
J0139	Injection, adalimumab, 20 mg (Humira)
J0364	Injection, apomorphine hydrochloride (Apokyn)
J0593	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) (Takhzyro)
J0596	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units
J0598	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units
J0599	Injection, c-1 esterase inhibitor (human), (Haegarda), 10 units
J1000	Injection, depo-estradiol cypionate, up to 5 mg
J1071	Injection, testosterone cypionate, 1 mg
J1072	Injection, testosterone cypionate (azmiro), 1 mg
J1110	Injection, dihydroergotamine mesylate, per 1 mg (D.H.E. 45)
J1290	Injection, ecallantide, 1 mg (Kalbitor)

Notes	
J1438	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) (Enbrel)
J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg
J1595	Injection, glatiramer acetate, 20 mg (Copaxone)
J1645	Injection, dalteparin sodium, per 2500 IU (Fragmin)
J1650	Injection, enoxaparin sodium, 10 mg (Lovenox)
J1652	Injection, fondaparinux sodium, 0.5 mg (Arixtra)
J1744	Injection, icatibant, 1 mg (Firazyr)
J1826	Injection, interferon beta-1a, 30 mcg (Avonex)
J1830	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) (Betaseron, Extavia)
J2170	Injection, mecasermin, 1 mg (Increlex)
J2212	Injection, methylnaltrexone, 0.1 mg (Relistor)
J2793	Injection, rilonacept, 1 mg (Arcalyst)
J2941	Injection, somatropin, 1 mg (Genotropin, Humatrope, Norditropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Zorbtive)
J3110	Injection, teriparatide, 10 mcg (Forteo)
J3121	Injection, testosterone enanthate, 1 mg
J3145	Injection, testosterone undecanoate, 1 mg (Aveed)
J3357	Ustekinumab, for subcutaneous injection, 1 mg (Stelara)
J3535	Drug administered through a metered dose inhaler
J7170	Injection, emicizumab-kxwh, 0.5 mg (Hemlibra)
J7172	Injection, marstacimab-hncq, 0.5 mg
J7174	Injection, fitusiran, 0.04 mg
J7175	Injection, factor x, (human), 1 i.u. (Coagadex)
J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
J7179	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 i.u.
J7180	Injection, factor XIII (antihemophilic factor, human), 1 i.u. (Corifact)
J7181	Injection, factor XIII a-subunit, (recombinant), per IU (Tretten)
J7182	Injection, factor VIII, (antihemophilic factor, recombinant), (Novoeight), per IU
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU
J7185	Injection, factor VIII (Antihemophilic factor, recombinant) (XYNTHA) per IU (Xyntha)
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII IU (Alphanate)
J7187	Injection, von Willebrand factor complex (Humate-P), per IU
J7188	Injection, factor VIII (antihemophilic factor, recombinant), (OBIZUR), per i.u.
J7189	Factor via (antihemophilic factor, recombinant), (Novoseven rt), 1 microgram
J7190	Factor VIII (antihemophilic factor, human) per IU (Hemofil M, Koate, Monoclate-P)
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified (Kogenate FS, Advate, Recombinate)

Notes	
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU (AlphaNine SD, Mononine)
J7194	Factor IX, complex, per IU (Profilnine)
J7195	Injection, factor IX (antihemophilic factor, recombinant) per IU (BeneFIX, Ixinity)
J7196	Injection, antithrombin recombinant, 50 I.U.
J7197	Antithrombin III (human), per IU
J7198	Anti-inhibitor, per IU (Feiba NF)
J7199	Factor VIII (antihemophilic factor, recombinant), per IU (Altuviiio)
J7200	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU (Rixubis)
J7201	Injection, factor ix, fc fusion protein, (recombinant), Alprolix, 1 i.u. (Alprolix)
J7202	Injection, factor ix, albumin fusion protein, (recombinant), Idelvion, 1 i.u. (Idelvion)
J7203	Injection, factor ix, (antihemophilic factor, recombinant) glycopegylated, (Rebinyn), 1 i.u.
J7204	Injection, factor viii, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei,
J7205	Injection, factor VIII Fc fusion protein (recombinant), per IU (Eloctate)
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u. (Adynovate)
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (Jivi), 1 i.u.
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (Nuwiq), 1 i.u.
J7210	Injection, factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 I.U.
J7211	Injection, factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 I.U.
J7212	Factor via (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 microgram
J7213	Injection, coagulation factor ix (recombinant), Ixinity, 1 i.u.
J7214	Injection, factor viii/von Willebrand factor complex, recombinant (Altuviiio), per factor viii i.u.
J7527	Everolimus, oral, 0.25 mg (Zortress)
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use (Avonex)
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use (Rebif)
Q4074	Iloprost, inhalation solution, Food and Drug Administration (FDA)-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms (Ventavis)
Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, subcutaneous, 1 mg
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg
Q5144	Injection, adalimumab-aacf (Idacio), biosimilar
Q5145	Injection, adalimumab-afzb (Abrilada), biosimilar
Q9996	Injection, ustekinumab-ttwe (Pyzchiva), subcutaneous, 1 mg
S0090	Sildenafil citrate, 25 mg (Viagra)
S0117	Tretinoin, topical 5 grams (Retin-A, Renova)
S0138	Finasteride, 5 mg (Propecia, Proscar)
S1030	Continuous noninvasive glucose monitoring device, purchase
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of date, use CPT® code)
S1034	Artificial pancreas device system (e.g., low glucose suspend (LGS) feature) including cgm, blood glucose device, insulin pump & computer algorithm that communicates with all devices

Notes	
S1035	Sensor; invasive (subcutaneous), disposable, for use with artificial pancreas device system
S1036	Transmitter; external, for use with artificial pancreas device system
S1037	Receiver (monitor); external, for use with artificial pancreas device system
S4990	Nicotine patches, legend
S4991	Nicotine patches, non-legend
S4995	Smoking cessation gum

In accordance with Medicaid regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate against any member on the basis of race; ethnicity; color; national origin; disability; sex; gender; gender identity; sexual orientation; religion; religious beliefs; medical condition, including current or past history of a mental health and substance use disorder; sources of payment for care; existence of an Advance Directive or age, in admission, treatment, or participation in its programs, services, and activities.

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call Member Services at (1-833-777-5779) (toll-free) or through the North Dakota Relay at (1-800-366-6888) or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race; ethnicity; color; national origin; disability; sex; gender; gender identity; sexual orientation; religion; religious beliefs; medical condition, including current or past history of a mental health and substance use disorder; sources of payment for care; existence of an Advance Directive or age, in admission, treatment, or participation in its programs, services, and activities, you can file
a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

(701-297-1638) or North Dakota Relay at (800-366-6888) or 711

(701-282-1804) (fax)

CivilRightsCoordinator@bcbsnd.com (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at www.medicaid.bcbsnd.com or by calling (1-833-777-5779). If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (1-833-777-5779) (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (1-833-777-5779) (TTY: 1-800-366-6888 oder 711).

中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (1-833-777-5779) （TTY：1-800-366-6888 或 711 ）。

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (1-833-777-5779) (TTY: 1-800-366-6888 ykn 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (1-833-777-5779) (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona (1-833-777-5779) (TTY: 1-800-366-6888 canke 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (1-833-777-5779) (رقم هاتف الصم والبكم: 1-800-366-6888 أو711).

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu (1-833-777-5779) (TTY: 1-800-366-6888 au 711).

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (1-833-777-5779) (телетайп: 1-800-366-6888 или 711).

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(1-833-777-5779)
（TTY: 1-800-366-6888 または 711）まで、お電話にてご連絡ください。

नेपाली (Nepali)
ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् (1-833-777-5779) (टिटिवाइ: 1-800-366-6888 वा 711) ।

Français (French)
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (1-833-777-5779) (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (1-833-777-5779)
(TTY: 1-800-366-6888 또는 711) 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (1-833-777-5779) (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)
MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring (1-833-777-5779) (TTY: 1-800-366-6888 eller 711).

Diné Bizaad (Navajo)
Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dęę,' t'áá jiik'eh, éí ná hóló, kojį' hódíílnih (1-833-777-5779) (TTY: 1-800-366-6888 éí doodagó 711.)