

Part B: List of Covered Drugs Requiring a Prior Authorization



To receive coverage for the Part B drugs listed in the below table, you must receive approval from the plan. Requests must be made at least three (3) business days in advance. This list does not guarantee eligibility or coverage; drugs must be medically necessary and available under your plan. The provider is responsible for obtaining the prior authorization. Providers should utilize the Medical Prior Authorization Request form located at align.sanfordhealthplan.com/help.

Members should refer to their plan documents located at align.sanfordhealthplan.com/help for the complete prior authorization information. **Additional questions? Please refer to the customer service information on the back of your ID card for more information.**

Effective: January 15, 2024

HCPCS Code	Covered Drugs Requiring a Prior Authorization: HCPCS Descriptor
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
A9590	Iodine I-131, iobenguane, 1 millicurie
A9604	Samarium sm-153 lexicidronam, therapeutic, per treatment dose, up to 150 millicuries
A9606	Radium Ra 223 Dichloride, therapeutic, per microcurie
C1849	Skin substitute, synthetic, resorbable, per square centimeter
C2644	Brachytherapy source, cesium-131 chloride solution, per millicurie
C9047	Injection, caplacizumab-yhdp, 1 mg
C9065	Injection, romidepsin, non-lyophilized (e.g., liquid), 1mg
C9074	Injection, lumasiran, 0.5mg
C9146	Injection, mirvetuximab soravtansine-gynx, 1 mg

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C9147	Injection, tremelimumab-actl, 1 mg
C9148	Injection, teclistamab-cqyv, 0.5 mg
C9149	Injection, teplizumab-mzwv, 5 mcg
C9152	Aripiprazole, (abilify asimtufii), 1 mg
C9155	Injection, epcoritamab-bysp, 0.16 mg
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per centimeter length
C9354	Acellular pericardial tissue matrix of non-human origin (Veritas), per square centimeter
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 centimeter length
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per square centimeter
C9358	Dermal substitute, native, non-denatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 centimeter length
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc
C9363	Skin substitute, integra meshed bilayer wound matrix, per square centimeter
C9364	Porcine implant, Permacol, per square centimeter
C9399	Unclassified drugs or biologicals
C9462	Injection, delafloxacin, 1mg
J0129	Injection, abatacept, 10 mg

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J0135	Injection, adalimumab, 20 mg
J0174	Injection, lecanemab-irmb, 1 mg
J0179	Injection, brolocizumab-dbl, 1 mg
J0180	Injection, agalsidase beta, 1 mg
J0202	Injection, alemtuzumab, 1 mg
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg
J0222	Injection, patisiran, 0.1 mg
J0223	Injection, givosiran, 0.5 mg
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg
J0490	Injection, belimumab, 10 mg
J0517	Injection, benralizumab, 1 mg
J0567	Inj., cerliponase alfa 1 mg
J0584	Injection, burosumab-twza 1 mg
J0585	Injection, onabotulinumtoxinA, 1 unit
J0586	Injection, abobotulinumtoxin A, 5 units
J0587	Injection, rimabotulinumtoxinb B, 100 units
J0588	Injection, incobotulinumtoxin A, 1 unit
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)
J0594	Injection, Busulfan, 1 mg
J0596	Injection, C1 esterase inhibitor (recombinant), ruconest, 10 units
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units

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J0598	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units
J0600	Injection, edetate calcium disodium, up to 1000 mg
J0638	Injection, canakinumab, 1 mg
J0717	Injection, certolizumab pegol, 1 mg
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
J0791	Injection, crizanlizumab-tmca, 5mg
J0800	Injection, corticotropin, up to 40 units
J0894	Injection, decitabine, 1 mg
J0896	Injection, luspatercept-aamt, 0.25 mg
J1071	Injection, testosterone cypionate, 1 mg
J1290	Injection, ecallantide, 1 mg
J1300	Injection, eculizumab, 10 mg
J1301	Injection, edaravone, 1 mg
J1303	Injection, ravulizumab-cwvz, 10 mg
J1322	Injection, elosulfase alfa, 1 mg
J1325	Injection, epoprostenol, 0.5 mg
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose
J1438	Injection, etanercept, 25 mg
J1440	Fecal microbiota, live - jslm, 1 ml

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J1458	Injection, galsulfase, 1 mg
J1459	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1460	Injection, gamma globulin, intramuscular, 1 cc
J1554	Injection, immune globulin (asceniv), 500 mg
J1555	Injection, immune globulin (cuvitru), 100 mg
J1556	Injection, immune globulin (bivigam), 500 mg
J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1558	Injection, immune globulin (xembify), 100 mg
J1559	Injection, immune globulin (Hizentra), 100 mg
J1560	Injection, gamma globulin, intramuscular, over 10 cc
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g., liquid), 500 mg
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1569	Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1575	Injection, immune globulin/hyaluronidase, (HYQVIA), 100 mg immunoglobulin
J1595	Injection, glatiramer acetate, 20 mg
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg
J1602	Injection, golimumab, 1 mg, for intravenous use
J1628	Inj., guselkumab, 1 mg

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J1632	Injection, brexanolone 1mg
J1743	Injection, idursulfase, 1 mg
J1744	Injection, icatibant, 1 mg
J1745	Injection, infliximab, excludes biosimilar, 10 mg
J1746	Injection, ibalizumab-uiyk, 10 mg
J1786	Injection, imiglucerase, 10 units
J1823	Injection, inebilizumab-cdon, 1 mg
J1826	Injection, interferon beta-1a, 30 mcg
J1830	Injection interferon beta-1b, 0.25 mg
J1931	Injection, laronidase, 0.1 mg
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J2020	Injection, linezolid, 200 mg
J2170	Injection, mecasermin, 1 mg
J2182	Injection, mepolizumab, 1 mg
J2323	Injection, natalizumab, 1 mg
J2326	Injection, nusinersen, 0.1 mg
J2329	Injection, ublituximab-xiiy, 1mg
J2350	Injection, ocrelizumab, 1 mg
J2357	Injection, omalizumab, 5 mg
J2502	Injection, pasireotide long acting, 1 mg

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J2507	Injection, pegloticase, 1 mg
J2786	Injection, reslizumab, 1 mg
J2793	Injection, riloncept, 1 mg
J2796	Injection, romiplostim, 10 micrograms
J2840	Injection, sebelipase alfa, 1 mg
J2860	Injection, siltuximab, 10 mg
J2941	Injection, somatropin, 1 mg
J3032	Injection, eptinezumab-jjmr, 1mg
J3060	Injection, taliglucerase alfa, 10 units
J3090	Injection, tedizolid phosphate, 1 mg
J3110	Injection, teriparatide, 10 mcg
J3111	Injection, romosozumab-aqqg, 1 mg
J3121	Injection, testosterone enanthate, 1 mg
J3145	Injection, testosterone undecanoate, 1 mg
J3241	Injection, teprotumumab-trbw, 10mg
J3245	Injection, tildrakizumab, 1 mg
J3262	Injection, tocilizumab, 1 mg
J3285	Injection, treprostinil, 1 mg
J3315	Injection, triptorelin pamoate, 3.75 mg
J3357	Ustekinumab, for subcutaneous injection, 1 mg

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J3358	Ustekinumab, for intravenous injection, 1 mg
J3380	Injection, vedolizumab, 1 mg
J3385	Injection, velaglucerase alfa, 100 units
J3397	Injection, vestronidase alfa-vjvk, 1 mg
J3398	Inj luxturna 1 billion vec g
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5×10^{15} vector genomes
J3490	Drugs unclassified injection
J3520	Edetate disodium per 150 mg
J3590	Unclassified biologics
J7170	Injection, emicizumab-kxwh, 0.5 mg
J7351	Injectin, bimatoprost, intracameral implant, 1 microgam
J7352	Afamelanotide implant, 1 mg
J7401	Mometasone furoate sinus implant, 10 micrograms
J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg
J7799	Noc drugs, other than inhalation drugs, administered through DME
J8510	Busulfan; oral, 2 mg
J8520	Capecitabine, oral, 150 mg
J8521	Capecitabine, oral, 500 mg
J8530	Cyclophosphamide; oral, 25 mg
J8560	Etoposide; oral, 50 mg

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J8565	Gefitinib, oral, 250 mg
J8600	Melphalan; oral, 2 mg
J8700	Temozolomide, oral, 5 mg
J8705	Topotecan, oral, 0.25 mg
J8999	Prescription drug, oral, chemotherapeutic, NOS
J9000	Injection, doxorubicin hydrochloride, 10 mg
J9015	Injection, aldesleukin, per single use vial
J9017	Injection, arsenic trioxide, 1 mg
J9019	Injection, asparaginase (Erwinaze), 1, 000 IU
J9020	Injection, asparaginase, not otherwise specified, 10, 000 units
J9022	Injection, atezolizumab, 10 mg
J9023	Injection, avelumab, 10 mg
J9025	Injection, azacitidine, 1 mg
J9027	Injection, clofarabine, 1 mg
J9029	Nadofaragene firadenovec-vncg, per therapeutic dose
J9030	BCG live intravesical instillation, 1 mg
J9032	Injection, belinostat, 10 mg
J9033	Injection, bendamustine HCL (treanda), 1 mg
J9034	Injection, bendamustine HCL (bendeka), 1 mg
J9035	Injection, bevacizumab, 10 mg

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J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg
J9039	Injection, blinatumomab, 1 microgram
J9040	Injection, bleomycin sulfate, 15 units
J9041	Injection, bortezomib (velcade), 0.1 mg
J9042	Injection, brentuximab vedotin, 1 mg
J9043	Injection, cabazitaxel, 1 mg
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg
J9045	Injection, carboplatin, 50 mg
J9047	Injection, carfilzomib, 1 mg
J9050	Injection, carmustine, 100 mg
J9055	Injection, cetuximab, 10 mg
J9057	Inj., copanlisib, 1 mg
J9060	Injection, cisplatin, powder or solution, 10 mg
J9065	Injection, cladribine, per 1 mg
J9070	Cyclophosphamide, 100 mg
J9098	Injection, cytarabine liposome, 10 mg
J9100	Injection, cytarabine, 100 mg
J9118	Injection, calaspargase pegol-mknl, 10 units
J9119	Injection, cemiplimab-rwlc, 1 mg

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J9120	Injection, dactinomycin, 0.5 mg
J9130	Dacarbazine, 100 mg
J9144	Injection, daratumumab 10mg and hyaluronidase-fihj
J9145	Injection, daratumumab 10 mg
J9150	Injection, daunorubicin, 10 mg
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 cytarabine
J9155	Injection, degarelix, 1 mg
J9171	Injection, docetaxel, 1 mg
J9173	Injection, durvalumab, 10 mg
J9176	Injection, elotuzumab, 1mg
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg
J9178	Injection, epirubicin HCl, 2 mg
J9179	Injection, eribulin mesylate, 0.1 mg
J9181	Injection, etoposide, 10 mg
J9185	Injection, fludarabine phosphate, 50 mg
J9190	Injection, fluorouracil, 500 mg
J9196	Injection, Gemcitabine hydrochloride (accord) 200 mg
J9198	Injection, gemcitabine hydrochloride, (infugem), 100 mg
J9200	Injection, floxuridine, 500 mg
J9201	Injection, gemcitabine hydrochloride, 200 mg

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J9202	Goserelin acetate implant, per 3.6 mg
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
J9204	Injection, mogamulizumab-kpkc, 1 mg
J9205	Injection, irinotecan liposome, 1 mg
J9206	Injection, irinotecan, 20 mg
J9207	Injection, ixabepilone, 1 mg
J9208	Injection, ifosfamide, 1 gram
J9210	Injection, emapalumab-lzsg, 1 mg
J9211	Injection, idarubicin hydrochloride, 5 mg
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250, 000 IU
J9216	Injection, interferon, gamma 1-b, 3 million units
J9217	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	Leuprolide acetate, per 1 mg
J9223	Injection, lurbinectedin, 0.1 mg
J9227	Injection, isatuximab-irfc, 10mg
J9228	Injection, ipilimumab, 1 mg
J9229	Inj inotuzumab ozogam 0.1 mg
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg

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J9246	Injection, melphalan (evomela), 1 mg
J9261	Injection, nelarabine, 50 mg
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
J9263	Injection, oxaliplatin, 0.5 mg
J9264	Injection, paclitaxel protein-bound particles, 1 mg
J9266	Injection, pegaspargase, per single dose vial
J9267	Injection, paclitaxel, 1 mg
J9268	Injection, pentostatin, 10 mg
J9269	Injection, tagraxofusp-erzs, 10 mcg
J9271	Injection, pembrolizumab, 1 mg
J9280	Injection, mitomycin, 5 mg
J9281	Mitomycin pyelocalyceal instillation, 1 mg
J9285	Injection, olaratumab, 10 mg
J9293	Injection, mitoxantrone hydrochloride, per 5 mg
J9294	Injection, Pemetrexed, (hospira) 10 mg
J9295	Injection, necitumumab, 1 mg
J9296	Injection, Pemetrexed (accord) 10 mg
J9297	Injection, Pemetrexed (Sandoz), 10 mg
J9299	Injection, nivolumab, 1 mg
J9301	Injection, obinutuzumab, 10 mg

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J9302	Injection, ofatumumab, 10 mg
J9303	Injection, panitumumab, 10 mg
J9304	Injection, pemetrexed (pemfexy), 10mg
J9305	Injection, pemetrexed, not otherwise specified, 10 mg
J9306	Injection, pertuzumab, 1 mg
J9307	Injection, pralatrexate, 1 mg
J9308	Injection, ramucirumab, 5 mg
J9309	Injection, polatuzumab vedotin-piiq, 1 mg
J9311	Injection, rituximab 10 mg and hyaluronidase
J9312	Injection, rituximab, 10 mg
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
J9315	Injection, romidepsin, 1 mg
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
J9320	Injection, streptozocin, 1 gram
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
J9328	Injection, temozolomide, 1 mg
J9330	Injection, temsirolimus, 1 mg
J9340	Injection, thiotepa, 15 mg
J9345	Injection, retifanlimab-dlwr, 1 mg

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J9349	Injection, tafasitamab-cxix, 2 mg
J9351	Injection, topotecan, 0.1 mg
J9352	Injection trabectedin 0.1mg
J9354	Injection, ado-trastuzumab emtansine, 1 mg
J9355	Injection, trastuzumab, 10 mg
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk
J9357	Injection, valrubicin, intravesical, 200 mg
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
J9360	Injection, vinblastine sulfate, 1 mg
J9370	Vincristine sulfate, 1 mg
J9371	Injection, vincristine sulfate liposome, 1 mg
J9390	Injection, vinorelbine tartrate, 10 mg
J9400	Injection, ziv-aflibercept, 1 mg
J9600	Injection, porfimer sodium, 75 mg
J9999	Not otherwise classified, antineoplastic drugs
Q2017	Injection, teniposide, 50 mg
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion

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Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use
Q4074	Iloprost, inhalation solution, Food and Drug Administration (FDA)-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms
Q4100	Skin substitute, not otherwise specified
Q4101	Apilgraf, per square centimeter
Q4102	Oasis wound matrix, per square centimeter
Q4103	Oasis burn matrix, per square centimeter
Q4104	Integra bilayer matrix wound dressing (BMWD), per square centimeter
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per square centimeter
Q4106	Dermagraft, per square centimeter
Q4107	Graftjacket, per square centimeter
Q4108	Integra matrix, per square centimeter
Q4110	Primatrix, per square centimeter
Q4111	Gammagraft, per square centimeter
Q4112	Cymetra, injectable, 1 cc
Q4113	Graftjacket Xpress, injectable, 1 cc

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Q4114	Integra Flowable Wound Matrix, injectable, 1 cc
Q4115	Alloskin, per square centimeter
Q4116	Alloderm, per square centimeter
Q4117	Hyalomatrix, per square centimeter
Q4118	Matristem MicroMatrix, 1 mg
Q4121	Theraskin, per square centimeter
Q4122	DermACELL, DermACELL AWM or DermACELL AWM porous, per square centimeter
Q4123	Alloskin RT, per square centimeter
Q4124	OASIS Ultra Tri-Layer wound matrix, per square centimeter
Q4125	Arthroflex, per square centimeter
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per square centimeter
Q4127	Talymed, per square centimeter
Q4128	FlexHD, AlloPatch HD, or Matrix HD, per square centimeter
Q4130	Strattice TM, per square centimeter
Q4132	Grafix Core and GrafixPL Core, per square centimeter
Q4133	Grafix Prime, GrafixPL Prime, Stravix and StravixPL, per square centimeter
Q4134	HMatrix, per square centimeter
Q4135	Mediskin, per square centimeter
Q4136	EZ-Derm, per square centimeter
Q4137	AmnioExcel, AmnioExcel Plus, or BioDExcel, per square centimeter

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Q4138	BioDFence DryFlex, per square centimeter
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc
Q4140	BioDFence, per square centimeter
Q4141	AlloSkin ac, per square centimeter
Q4142	XCM biologic tissue matrix, per square centimeter
Q4143	Repriza, per square centimeter
Q4145	Epifix, injectable, 1mg
Q4146	Tensix, per square centimeter
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per square centimeter
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per square centimeter
Q4149	Excellagen, 0.1 cc
Q4150	Allowrap DS or dry, per square centimeter
Q4151	AmnioBand or Guardian, per square centimeter
Q4152	DermaPure, per square centimeter
Q4153	Dermavest and plurivest, per square centimeter
Q4154	Biovance, per square centimeter
Q4155	Neox Flo or Clarix Flo, 1 mg
Q4156	Neox 100 or Clarix 100, per square centimeter
Q4157	Revitalon, per square centimeter
Q4158	Kerecis Omega3, per square centimeter

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Q4159	Affinity, per square centimeter
Q4160	Nusheild, per square centimeter
Q4161	Bio-Connekt wound matrix, per square centimeter
Q4162	Woundex Flow, BioSkin flow, 0.5 cc
Q4163	Woundex, Bioskin, per square centimeter
Q4164	Helicoll, per square centimeter
Q4165	Keramatrix or Kerasorb, per square centimeter
Q4166	Cytal, per square centimeter
Q4167	Truskin, per square centimeter
Q4168	AmnioBand, 1 mg
Q4169	Artacent wound, per square centimeter
Q4170	Cygnus, per square centimeter
Q4171	Interfyl, 1 mg
Q4173	PalinGen or PalinGen XPlus, per square centimeter
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc
Q4175	Miroderm, per square centimeter
Q4176	Neopatch or Therion, per square centimeter
Q4177	FlowerAmnioFlo, 0.1 cc
Q4178	FlowerAmnioPatch, per square centimeter
Q4179	FlowerDerm, per square centimeter

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Q4180	Revita, per square centimeter
Q4181	Amnio Wound, per square centimeter
Q4182	Transcyte, per square centimeter
Q4183	Surgigraft, per square centimeter
Q4184	Cellesta or Cellesta Duo, per square centimeter
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc
Q4186	Epifix, per square centimeter
Q4187	Epicord, per square centimeter
Q4188	AmnioArmor, per square centimeter
Q4189	Artacent AC, 1 mg
Q4190	Artacent AC, per square centimeter
Q4191	Restorigin, per square centimeter
Q4192	Restorigin, 1 cc
Q4193	Coll-e-Derm, per square centimeter
Q4194	Novachor, per square centimeter
Q4195	PuraPly, per square centimeter
Q4196	PuraPlyAM, per square centimeter
Q4197	PuraPly XT, per square centimeter
Q4198	Genesis amniotic membrane, per square centimeter
Q4200	Skin TE, per square centimeter

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Q4201	Matrion, per square centimeter
Q4202	Keroxx (2.5g/cc), 1cc
Q4203	Derma-Gide, per square centimeter
Q4204	XWRAP, per square centimeter
Q4205	Membrane graft or membrane wrap, per square centimeter
Q4206	Fluid Flow or Fluid GF, 1 cc
Q4208	Novafix, per square centimeter
Q4209	SurGraft, per square centimeter
Q4210	Axolotl Graft or Axolotl DualGraft, per square centimeter
Q4211	Amnion bio or AxoBioMembrane, per square centimeter
Q4212	Allogen, per cc
Q4213	Ascent, 0.5 mg
Q4214	Cellesta cord, per square centimeter
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg
Q4216	Artacent cord, per square centimeter
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per square centimeter
Q4218	surgiCORD, per square centimeter
Q4219	surgiGRAFT-Dual, per square centimeter
Q4220	BellaCell HD or SureDerm, per square centimeter
Q4221	AmnioWrap2, per square centimeter

Part B: List of Covered Drugs Requiring a Prior Authorization



Q4222	ProgenaMatrix, per square centimeter
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per square centimeter
Q4227	AmnioCore, per square centimeter
Q4228	BioNextPATCH, per square centimeter
Q4229	Cogenex Amniotic Membrane, per square centimeter
Q4230	Cogenex Flowable Amnion, per 0.5 cc
Q4231	Corplex P, per cc
Q4232	Corplex, per square centimeter
Q4233	Surfactor or Nudyn, per 0.5 cc
Q4234	XCellerate, per square centimeter
Q4235	AmnioRepair or AltiPly, per square centimeter
Q4236	CarePATCH, per square centimeter
Q4237	Cryo-Cord, per square centimeter
Q4238	Derm-Maxx, per square centimeter
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per square centimeter
Q4240	CoreCyte, for topical use only, per 0.5 cc
Q4241	PolyCyte, for topical use only, per 0.5 cc
Q4242	AmnioCyte Plus, per 0.5 cc
Q4244	Procenta, per 200 mg
Q4245	Amniotext, per cc

Part B: List of Covered Drugs Requiring a Prior Authorization



Q4246	Coretext or protext, per cc
Q4247	Amniotext patch, per square centimeter
Q4248	Dermacyte amniotic membrane allograft, per square centimeter
Q4249	Amniply, for topical use only, per square centimeter
Q4250	AmnioAMP-MP, per square centimeter
Q4254	Novafix DL, per square centimeter
Q4255	Reguard, for topical use only, per square centimeter
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10mg
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Q5119	Injection, Rituximab-pvvr, biosimilar (Ruxience), 10mg
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg
Q5129	Injection, Bevacizumab-adcd (vegzelma), 10 mg

Part B: List of Covered Drugs Requiring a Prior Authorization



S0088	Imatinib, 100 mg
S0090	Sildenafil citrate, 25 mg
S0148	Injection, pegylated interferon alfa-2b, 10 mcg
S0172	Chlorambucil, oral, 2 mg
S0175	Flutamide, oral, 125 mg
S0178	Lomustine, oral, 10 mg
S0182	Procarbazine hydrochloride, oral, 50 mg
S0189	Testosterone pellet, 75mg
S0190	Mifepristone, oral, 200 mg
S0191	Misoprostol, oral, 200 mcg

Align powered by Sanford Health Plan is a PPO with a Medicare contract. Enrollment in Align powered by Sanford Health Plan depends on contract renewal. Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or any other classification protected under the law. This information is not a complete list of benefits. Call (888) 605-9277 (TTY: 711) for more information. If you need language services or information given in a different format please call (888) 278-6485 (TTY: (888) 279-1549). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 278-6485 (TTY: (888) 279-1549). 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 (888) 278-6485 (TTY: (888) 279-1549).

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