

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.

**Yes = Medication is restricted to the medical benefit*

**No = Medication is available via pharmacy*

Medications Directed to Medical Benefit					
HCPCS Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
Q2055	21651035401820	Abecma	Idecabtagene Vicleucel IV Susp 460,000,000 CELLS	Yes	Yes
Q2055	21651035401820	Abecma 460000000 CELLS SUSP	Idecabtagene Vicleucel IV Susp 460,000,000 CELLS	Yes	Yes
J0287	11000010301820	Abelcet	Amphotericin B Lipid Inj Susp (For IV Infusion) 5 MG/ML	Yes	No
J0402	5925001500E455	Abilify Asimtufii	Aripiprazole IM ER Susp Prefilled Syringe 720 MG/2.4ML	Yes	No
J0402	5925001500E465	Abilify Asimtufii	Aripiprazole IM ER Susp Prefilled Syringe 960 MG/3.2ML	Yes	No
J0401	5925001500E430	Abilify Maintena	Aripiprazole IM For ER Susp Prefilled Syringe 300 MG	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0401	5925001500E440	Abilify Maintena	Aripiprazole IM For ER Susp Prefilled Syringe 400 MG	Yes	No
J0401	5925001500G230	Abilify Maintena	Aripiprazole IM For Extended Release Susp 300 MG	Yes	No
J0401	5925001500G240	Abilify Maintena	Aripiprazole IM For Extended Release Susp 400 MG	Yes	No
J9264	21500012201920	Abraxane	Paclitaxel Protein-Bound Particles For IV Susp 100 MG	Yes	Yes
90622	17100085002150	ACAM2000	*Smallpox Vaccine For Percutaneous Inj**	Yes	No
J0132	93000007002020	Acetadote	Acetylcysteine Inj 200 MG/ML	Yes	Yes
J0131 J0137 J0136 J0134	64200010002070	Acetaminophen	Acetaminophen IV Soln 10 MG/ML	Yes	Yes
J0131 J0137 J0136 J0134	64200010002070	Acetaminophen 10 MG/ML SOLN	Acetaminophen IV Soln 10 MG/ML	Yes	Yes
J1120	37100010102105	acetaZOLAMIDE Sodium	Acetazolamide Sodium For Inj 500 MG	Yes	Yes
J1120	37100010102105	acetaZOLAMIDE Sodium 500 MG SOLR	Acetazolamide Sodium For Inj 500 MG	Yes	Yes
J3490	56700040002005	Acetic Acid	Acetic Acid Irrigation Soln 0.25%	Yes	No
J0132	93000007002020	Acetylcysteine	Acetylcysteine Inj 200 MG/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0132	93000007002020	Acetylcysteine 200 MG/ML SOLN	Acetylcysteine Inj 200 MG/ML	Yes	Yes
J3262 Q0249	66500070002035	Actemra	Tocilizumab IV Inj 200 MG/10ML	Yes	Yes
J3262 Q0249	66500070002040	Actemra	Tocilizumab IV Inj 400 MG/20ML	Yes	Yes
J3262 Q0249	66500070002030	Actemra	Tocilizumab IV Inj 80 MG/4ML	Yes	Yes
J3262 Q0249	66500070002035	Actemra 200 MG/10ML SOLN	Tocilizumab IV Inj 200 MG/10ML	Yes	Yes
J3262 Q0249	66500070002040	Actemra 400 MG/20ML SOLN	Tocilizumab IV Inj 400 MG/20ML	Yes	Yes
J3262 Q0249	66500070002030	Actemra 80 MG/4ML SOLN	Tocilizumab IV Inj 80 MG/4ML	Yes	Yes
J2997	85601010002120	Activase	Alteplase For Inj 100 MG	Yes	Yes
J2997	85601010002110	Activase	Alteplase For Inj 50 MG	Yes	Yes
J2997	85601010002120	Activase 100 MG SOLR	Alteplase For Inj 100 MG	Yes	Yes
J2997	85601010002110	Activase 50 MG SOLR	Alteplase For Inj 50 MG	Yes	Yes
J0133	12405010102030	Acyclovir Sodium	Acyclovir Sodium IV Soln 50 MG/ML	Yes	No
J0791	82807020702020	Adakveo	Crizanlizumab-tmca IV Soln 100 MG/10ML	Yes	Yes
J0791	82807020702020	Adakveo 100 MG/10ML SOLN	Crizanlizumab-tmca IV Soln 100 MG/10ML	Yes	Yes
J2062	59154020008010	Adasuve	Loxapine Aerosol Powder Breath Activated 10 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2062	59154020008010	Adasuve 10 MG AEPB	Loxapine Aerosol Powder Breath Activated 10 MG	Yes	Yes
J9042	21353220202120	Adcetris	Brentuximab Vedotin For IV Soln 50 MG	Yes	No
J0153	35500010002020	Adenosine	Adenosine IV Soln 12 MG/4ML	Yes	Yes
J0153	94200005002010	Adenosine	Adenosine IV Soln 3 MG/ML (Diagnostic)	Yes	Yes
J0153	35500010002015	Adenosine	Adenosine IV Soln 6 MG/2ML	Yes	Yes
J0153	94200005002010	Adenosine (Diagnostic)	Adenosine IV Soln 3 MG/ML (Diagnostic)	Yes	Yes
J0153	94200005002010	Adenosine (Diagnostic) 3 MG/ML SOLN	Adenosine IV Soln 3 MG/ML (Diagnostic)	Yes	Yes
J0153	35500010002020	Adenosine 12 MG/4ML SOLN	Adenosine IV Soln 12 MG/4ML	Yes	Yes
J0153	35500010002015	Adenosine 6 MG/2ML SOLN	Adenosine IV Soln 6 MG/2ML	Yes	Yes
J0171	38900040002030	Adrenalin	Epinephrine Inj 1 MG/ML (1:1000)	Yes	No
J0171	38900040002060	Adrenalin	Epinephrine Inj 30 MG/30ML (1 MG/ML) (1:1000)	Yes	No
J3490 J7999	38000032152060	Adrenalin	Epinephrine-NaCl IV Soln 8 MG/250ML-0.9% (32 MCG/ML)	Yes	No
J3490 J7999	38000032152035	Adrenalin-NaCl	Epinephrine-NaCl IV Soln 4 MG/250ML-0.9% (16 MCG/ML)	Yes	No
A9582	94354050102020	AdreView	Iobenguane Sulfate I 123 IV Soln 10 mCi/5ML (2 mCi/ML)	Yes	No
J9000	21200040102115	Adriamycin	Doxorubicin HCl For Inj 50 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0172	62050510102020	Aduhelm 170 MG/1.7ML SOLN	Aducanumab-avwa IV Soln 170 MG/1.7ML (100 MG/ML)	No	Yes
J0172	62050510102030	Aduhelm 300 MG/3ML SOLN	Aducanumab-avwa IV Soln 300 MG/3ML (100 MG/ML)	No	Yes
J7171	85182005306440	Adzynma	ADAMTS13 Recombinant-krhn For Inj Kit 1500 Unit	Yes	Yes
J7171	85182005306420	Adzynma	ADAMTS13 Recombinant-krhn For Inj Kit 500 Unit	Yes	Yes
J7171	85182005306440	Adzynma 1500 UNIT KIT	ADAMTS13 Recombinant-krhn For Inj Kit 1500 Unit	Yes	Yes
J7171	85182005306420	Adzynma 500 UNIT KIT	ADAMTS13 Recombinant-krhn For Inj Kit 500 Unit	Yes	Yes
J3246	85153060112015	Aggrastat	Tirofiban HCl in NaCl 0.9% IV Soln 12.5 MG/250ML (Base Eq)	Yes	Yes
J3246	85153060112010	Aggrastat	Tirofiban HCl in NaCl 0.9% IV Soln 5 MG/100ML (Base Equiv)	Yes	Yes
J3246	85153060101310	Aggrastat	Tirofiban HCl IV Conc 3.75 MG/15ML (250 MCG/ML) (Base Equiv)	Yes	Yes
J3246	85153060101310	Aggrastat 3.75 MG/15ML CONC	Tirofiban HCl IV Conc 3.75 MG/15ML (250 MCG/ML) (Base Equiv)	Yes	Yes
J3490	86806010202010	AK-Fluor	Fluorescein Sodium IV Soln 10%	Yes	Yes
J3490	86806010202015	AK-Fluor	Fluorescein Sodium IV Soln 25%	Yes	No
J3490	38000030102015	Akovaz	Ephedrine Sulfate IV Soln 50 MG/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490 J7999	3800003010E515	Akovaz	Ephedrine Sulfate Prefilled Syringe 25 MG/5ML (5 MG/ML)	Yes	Yes
J3490 J7999	3800003010E515	Akovaz 25 MG/5ML SOLN PRSYR	Ephedrine Sulfate Prefilled Syringe 25 MG/5ML (5 MG/ML)	Yes	Yes
J3490	86750016104020	Akten	Lidocaine HCl Ophth Gel 3.5%	Yes	No
J1454	50309902222120	Akynzeo	Fosnetupitant-Palonosetron For IV Soln 235-0.25 MG	Yes	Yes
J1454	50309902222020	Akynzeo (Ready-to-Use)	Fosnetupitant-Palonosetron IV Soln 235-0.25 MG/20ML	Yes	Yes
J1454	50309902222020	Akynzeo (To-be-Diluted)	Fosnetupitant-Palonosetron IV Soln 235-0.25 MG/20ML	Yes	Yes
J1454	50309902222020	Akynzeo (To-be-Diluted) 235-0.25 MG/20ML SOLN	Fosnetupitant-Palonosetron IV Soln 235-0.25 MG/20ML	Yes	Yes
J1454	50309902222120	Akynzeo 235-0.25 MG SOLR	Fosnetupitant-Palonosetron For IV Soln 235-0.25 MG	Yes	Yes
J3490	86750020102005	Alcaine	Proparacaine HCl Ophth Soln 0.5%	Yes	No
J1931	30906550002020	Aldurazyme	Laronidase Soln For IV Infusion 2.9 MG/5ML (500 Unit/5ML)	Yes	Yes
J1931	30906550002020	Aldurazyme 2.9 MG/5ML SOLN	Laronidase Soln For IV Infusion 2.9 MG/5ML (500 Unit/5ML)	Yes	Yes
J0216	65100015102005	ALfentanil HCl	Alfentanil HCl IV Soln 1000 MCG/2ML (500 MCG/ML) (Base Eq)	Yes	No
J0216	65100015102007	ALfentanil HCl	Alfentanil HCl IV Soln 2500 MCG/5ML (500 MCG/ML) (Base Eq)	Yes	No
J9215	21700060302020	Alferon N	Interferon Alfa-n3 Inj 5000000 Unit/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9215	21700060302020	Alferon N 5000000 UNIT/ML SOLN	Interferon Alfa-n3 Inj 5000000 Unit/ML	Yes	Yes
J9305	21300053102110	Alimta	Pemetrexed Disodium For IV Soln 100 MG (Base Equiv)	Yes	Yes
J9305	21300053102120	Alimta	Pemetrexed Disodium For IV Soln 500 MG (Base Equiv)	Yes	Yes
J9057	21538020102120	Aliqopa 60 MG SOLR	Copanlisib HCl For IV Soln 60 MG (Base Equivalent)	No	Yes
J9245	21101040102110	Alkeran	Melphalan HCl For Inj 50 MG (Base Equiv)	Yes	No
J0206	68000010102120	Allopurinol Sodium	Allopurinol Sodium For Inj 500 MG	Yes	No
J0206	68000010102120	Aloprim	Allopurinol Sodium For Inj 500 MG	Yes	No
J3490	40170008002005	Alprostadil	Alprostadil Inj 500 MCG/ML	Yes	No
90283 J1552 J1599	19100020832035	Alyglo	Immune Globulin (Human)-stwk IV Soln 10 GM/100ML	Yes	No
90283 J1552 J1599	19100020832040	Alyglo	Immune Globulin (Human)-stwk IV Soln 20 GM/200ML	Yes	No
90283 J1552 J1599	19100020832030	Alyglo	Immune Globulin (Human)-stwk IV Soln 5 GM/50ML	Yes	No
Q5126	21335020502025	Alymsys	Bevacizumab-maly IV Soln 100 MG/4ML (For Infusion)	Yes	Yes
Q5126	21335020502030	Alymsys	Bevacizumab-maly IV Soln 400 MG/16ML (For Infusion)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
Q5126	21335020502025	Allysys 100 MG/4ML SOLN	Bevacizumab-maly IV Soln 100 MG/4ML (For Infusion)	Yes	Yes
Q5126	21335020502030	Allysys 400 MG/16ML SOLN	Bevacizumab-maly IV Soln 400 MG/16ML (For Infusion)	Yes	Yes
J0289	11000010401920	AmBisome	Amphotericin B Liposome IV For Susp 50 MG	Yes	Yes
J7345	90375015104020	Ameluz	Aminolevulinic Acid HCl Gel 10%	Yes	No
J3490	70400010002020	Amidate	Etomidate IV Soln 2 MG/ML	Yes	No
J0278	7000010102013	Amikacin Sulfate	Amikacin Sulfate Inj 1 GM/4ML (250 MG/ML)	Yes	No
J0278	7000010102011	Amikacin Sulfate	Amikacin Sulfate Inj 500 MG/2ML (250 MG/ML)	Yes	No
J0281	84100010002005	Aminocaproic Acid	Aminocaproic Acid Inj 250 MG/ML	Yes	No
J0280	44300010002010	Aminophylline	Aminophylline Inj 25 MG/ML	Yes	Yes
J0280	44300010002010	Aminophylline 25 MG/ML SOLN	Aminophylline Inj 25 MG/ML	Yes	Yes
B4189 B4199 B4193 B4197	80302010102040	Aminosyn II	*Amino Acid Infusion 10%***	Yes	No
B4199 B4189 B4193 B4197	80302010102060	Aminosyn II	*Amino Acid Infusion 15%***	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
B4189 B4199 B4193 B4197	80302010102040	Aminosyn-PF	*Amino Acid Infusion 10%***	Yes	No
J0282	35400005002030	Amiodarone HCl	Amiodarone HCl Inj 150 MG/3ML (50 MG/ML)	Yes	Yes
J0282	35400005002040	Amiodarone HCl	Amiodarone HCl Inj 450 MG/9ML (50 MG/ML)	Yes	Yes
J0282	35400005002050	Amiodarone HCl	Amiodarone HCl Inj 900 MG/18ML (50 MG/ML)	Yes	Yes
J0282	35400005002030	Amiodarone HCl 150 MG/3ML SOLN	Amiodarone HCl Inj 150 MG/3ML (50 MG/ML)	Yes	Yes
J0282	35400005002040	Amiodarone HCl 450 MG/9ML SOLN	Amiodarone HCl Inj 450 MG/9ML (50 MG/ML)	Yes	Yes
J0282	35400005002050	Amiodarone HCl 900 MG/18ML SOLN	Amiodarone HCl Inj 900 MG/18ML (50 MG/ML)	Yes	Yes
A9526	94353013002020	Ammonia N 13	Ammonia N 13 IV Soln 3.75-37.5 mCi/ML (0.138-1.387 GBq/ML)	Yes	No
A9526	94353013002040	Ammonia N 13 3.75-260 MCI/ML SOLN	Ammonia N 13 3.75-260 MCI/ML SOLN	Yes	Yes
J3490	30908050102060	Ammonul	Sodium Benzoate & Sodium Phenylacetate IV Soln 10-10%	Yes	No
J1426	74600025002020	Amondys 45 100 MG/2ML SOLN	Casimersen IV Soln 100 MG/2ML (50 MG/ML)	No	Yes
J3470	99350040302010	Amphadase	Hyaluronidase Bovine Inj 150 Unit/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3470	99350040302010	Amphadase 150 UNIT/ML SOLN	Hyaluronidase Bovine Inj 150 Unit/ML	Yes	Yes
J0285	11000010002105	Amphotericin B	Amphotericin B For IV Soln 50 MG	Yes	No
J0289	11000010401920	Amphotericin B Liposome	Amphotericin B Liposome IV For Susp 50 MG	Yes	Yes
J0289	11000010401920	Amphotericin B Liposome 50 MG SUSR	Amphotericin B Liposome IV For Susp 50 MG	Yes	Yes
J0290	1200020302120	Ampicillin Sodium	Ampicillin Sodium For Inj 1 GM	Yes	No
J0290	1200020302105	Ampicillin Sodium	Ampicillin Sodium For Inj 125 MG	Yes	No
J0290	1200020302125	Ampicillin Sodium	Ampicillin Sodium For Inj 2 GM	Yes	No
J0290	1200020302110	Ampicillin Sodium	Ampicillin Sodium For Inj 250 MG	Yes	No
J0290	1200020302115	Ampicillin Sodium	Ampicillin Sodium For Inj 500 MG	Yes	No
J0290	1200020302122	Ampicillin Sodium	Ampicillin Sodium For IV Soln 1 GM	Yes	No
J0290	1200020302132	Ampicillin Sodium	Ampicillin Sodium For IV Soln 10 GM	Yes	No
J0290	1200020302127	Ampicillin Sodium	Ampicillin Sodium For IV Soln 2 GM	Yes	No
J0295	1990002252110	Ampicillin-Sulbactam Sodium	Ampicillin & Sulbactam Sodium For Inj 1.5 (1-0.5) GM	Yes	No
J0295	1990002252120	Ampicillin-Sulbactam Sodium	Ampicillin & Sulbactam Sodium For Inj 3 (2-1) GM	Yes	No
J0295	1990002252112	Ampicillin-Sulbactam Sodium	Ampicillin & Sulbactam Sodium For IV Soln 1.5 (1-0.5) GM	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0295	1990002252152	Ampicillin-Sulbactam Sodium	Ampicillin & Sulbactam Sodium For IV Soln 15 (10-5) GM	Yes	No
J0295	1990002252122	Ampicillin-Sulbactam Sodium	Ampicillin & Sulbactam Sodium For IV Soln 3 (2-1) GM	Yes	No
C9399 J9999	21651047001820	Amtagvi	Lifileucel IV Susp 72,000,000,000 CELLS	Yes	Yes
C9399 J9999	21651047001820	Amtagvi 72000000000 CELLS SUSP	Lifileucel IV Susp 72,000,000,000 CELLS	Yes	Yes
J0225	6270609010E520	Amvuttra	Vutrisiran Sodium Soln Prefilled Syringe 25 MG/0.5ML	Yes	Yes
J0225	6270609010E520	Amvuttra 25 MG/0.5ML SOSY	Vutrisiran Sodium Soln Prefilled Syringe 25 MG/0.5ML	Yes	Yes
J0300	60100010102110	Amytal Sodium 500 MG SOLR	Amobarbital Sodium For Inj 500 MG	No	Yes
A9586	94352530002020	Amyvid	Florbetapir F 18 IV Soln 500-1900 MBq/ML (13.5-51 mCi/ML)	Yes	No
J0716	19200072102120	Anascorp	Centruroides (Scorpion) Imm F(ab')2 (Equine) For IV Infusion	Yes	Yes
J0716	19200072102120	Anascorp SOLR	Centruroides (Scorpion) Imm F(ab')2 (Equine) For IV Infusion	Yes	Yes
J0841	19200022002120	Anavip	Crotalidae Immune F(ab')2 (Equine) For IV Infusion	Yes	Yes
J0841	19200022002120	Anavip SOLR	Crotalidae Immune F(ab')2 (Equine) For IV Infusion	Yes	Yes
J7169	93000014402130	Andexxa	Coagulation Fact Xa (Recomb) Inact-zhzo For IV Soln 200 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J7169	93000014402130	Andexxa 200 MG SOLR	Coagulation Fact Xa (Recomb) Inact-zhzo For IV Soln 200 MG	Yes	Yes
J0330	74100010102005	Anectine	Succinylcholine Chloride Inj 20 MG/ML	Yes	Yes
J2704	70400050006450	Anesthesia S/I-40A	*Propofol IV Emul 200 MG/20ML (10 MG/ML) Kit***	Yes	Yes
J2704	70400050006450	Anesthesia S/I-40H	*Propofol IV Emul 200 MG/20ML (10 MG/ML) Kit***	Yes	Yes
J2704	70400050006450	Anesthesia S/I-40S	*Propofol IV Emul 200 MG/20ML (10 MG/ML) Kit***	Yes	Yes
J2704	70400050006450	Anesthesia S/I-40S 200 MG/20ML KIT	*Propofol IV Emul 200 MG/20ML (10 MG/ML) Kit***	Yes	Yes
J0583	83334020202120	Angiomax	Bivalirudin Trifluoroacetate For IV Soln 250 MG (Base Equiv)	Yes	Yes
J1738	66100052002220	Anjeso	Meloxicam IV Inj 30 MG/ML	Yes	Yes
J1738	66100052002220	Anjeso 30 MG/ML INJ	Meloxicam IV Inj 30 MG/ML	Yes	Yes
J3490	19200030006410	Antivenin Latrodectus Mactans	Antivenin Latrodectus Mactans Inj Kit	Yes	No
J3490	19200040002100	Antivenin Micrurus Fulvius	Antivenin Micrurus Fulvius For IV Soln	Yes	No
J2277	82502050102150	Aphexda	Motixafortide Acetate For Subcutaneous Inj 62 MG	Yes	Yes
J2277	82502050102150	Aphexda 62 MG SOLR	Motixafortide Acetate For Subcutaneous Inj 62 MG	Yes	Yes
C9145	50280020001605	Aponvie	Aprepitant IV Emulsion 32 MG/4.4ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
C9145	50280020001605	Aponvie 32 MG/4.4ML EMUL	Aprepitant IV Emulsion 32 MG/4.4ML	Yes	Yes
J3490	77201010002050	Aquasol A	Vitamin A Inj 15 MG/ML (50000 Unit/ML)	Yes	No
A4216	79750010102024	Aquastat	Sodium Chloride Flush IV Soln 0.9%	Yes	No
A4216	79750010102024	Aquastat SFR	Sodium Chloride Flush IV Soln 0.9%	Yes	No
J0256	45100010102120	Aralast NP	Alpha1-Proteinase Inhibitor (Human) For IV Soln 1000 MG	Yes	No
J0256	45100010102110	Aralast NP	Alpha1-Proteinase Inhibitor (Human) For IV Soln 500 MG	Yes	No
J0883 J0884	83337015002020	Argatroban	Argatroban Inj 250 MG/2.5ML (Concentrate For IV Infusion)	Yes	Yes
J0883 J0884	83337015002060	Argatroban	Argatroban IV Soln 50 MG/50ML (1 MG/ML)	Yes	Yes
J0883 J0884	83337015002020	Argatroban 250 MG/2.5ML SOLN	Argatroban Inj 250 MG/2.5ML (Concentrate For IV Infusion)	Yes	Yes
J0883 J0884	83337015002060	Argatroban 50 MG/50ML SOLN	Argatroban IV Soln 50 MG/50ML (1 MG/ML)	Yes	Yes
J0883 J0884 J0891 J0892 J0898 J0899	83337015202010	Argatroban in Sodium Chloride	Argatroban in Sodium Chloride 0.9% IV Soln 50 MG/50ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0883 J0884 J0891 J0892 J0898 J0899	83337015202010	Argatroban in Sodium Chloride 50-0.9 MG/50ML-% SOLN	Argatroban in Sodium Chloride 0.9% IV Soln 50 MG/50ML	Yes	Yes
J7665	94200063006400	Aridol	Mannitol (Diagnostic) Inhal Cap Kit 0 & 5 & 10 & 20 & 40 MG	Yes	Yes
J7665	94200063006400	Aridol 0 & 5 & 10 & 20 & 40 MG KIT	Mannitol (Diagnostic) Inhal Cap Kit 0 & 5 & 10 & 20 & 40 MG	Yes	Yes
J1944	5925001520E450	Aristada	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 1064 MG/3.9ML	Yes	No
J1944	5925001520E420	Aristada	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 441 MG/1.6ML	Yes	No
J1944	5925001520E430	Aristada	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 662 MG/2.4ML	Yes	No
J1944	5925001520E440	Aristada	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 882 MG/3.2ML	Yes	No
J1943	5925001520E435	Aristada Initio	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 675 MG/2.4ML	Yes	No
J9261	21300052002020	Arranon	Nelarabine IV Soln 5 MG/ML	Yes	Yes
J9017	21700008102020	Arsenic Trioxide	Arsenic Trioxide IV Soln 10 MG/10ML (1 MG/ML)	Yes	Yes
J9017	21700008102030	Arsenic Trioxide	Arsenic Trioxide IV Soln 12 MG/6ML (2 MG/ML)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9017	21700008102020	Arsenic Trioxide 10 MG/10ML SOLN	Arsenic Trioxide IV Soln 10 MG/10ML (1 MG/ML)	Yes	Yes
J0391	13000080002130	Artesunate	Artesunate For IV Soln 110 MG	Yes	No
J9302	21351845001320	Arzerra 100 MG/5ML CONC	Ofatumumab Conc For IV Infusion 100 MG/5ML	No	Yes
J9302	21351845001360	Arzerra 1000 MG/50ML CONC	Ofatumumab Conc For IV Infusion 1000 MG/50ML	No	Yes
90283 J1554	19100020802030	Asceniv	Immune Globulin (Human)-slra IV Soln 5 GM/50ML	Yes	No
C9399 J3490	99650018002020	Asclera	Polidocanol (Laureth-9) Inj 0.5%	Yes	No
C9399 J3490	99650018002030	Asclera	Polidocanol (Laureth-9) Inj 1%	Yes	No
J3490	77108010002022	Ascor	Ascorbic Acid IV Soln 25000 MG/50ML (500 MG/ML)	Yes	No
J9118	21250030502020	Asparlas	Calaspargase Pegol-mknl IV Soln 3750 Unit/5ML (750 Unit/ML)	Yes	Yes
J9118	21250030502020	Asparlas 3750 UNIT/5ML SOLN	Calaspargase Pegol-mknl IV Soln 3750 Unit/5ML (750 Unit/ML)	Yes	Yes
C9399 J3590	94300005202006	Aspergillus fumigat (Diagnost)	Aspergillus fumigatus (Diagnostic) Inj 1:20	Yes	Yes
C9399 J3590	20100034002019	Aspergillus Fumigatus	Aspergillus Fumigatus Inj 1:10 (8000 PNU/ML)	Yes	No
C9399 J3590	20100034002018	Aspergillus Fumigatus	Aspergillus Fumigatus Inj Soln 1:20	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J7504	99402540102030	Atgam	Lymphocyte Immune Globulin Anti-Thymocyte G Inj 50 MG/ML(Eq)	Yes	No
J2060	57100060002005	Ativan	Lorazepam Inj 2 MG/ML	Yes	No
J2060	57100060002010	Ativan	Lorazepam Inj 4 MG/ML	Yes	No
J3490	74200010102020	Atracurium Besylate	Atracurium Besylate IV Soln 100 MG/10ML	Yes	No
J3490	74200010102010	Atracurium Besylate	Atracurium Besylate Preservative Free (PF) IV Soln 50 MG/5ML	Yes	No
J0461	49101010102021	ATROPINE SUL INJ 0.4MG/ML	ATROPINE SULFATE INJ PF 0.4 MG/ML	No	Yes
J0461	49101010102031	ATROPINE SUL INJ 1MG/ML	ATROPINE SULFATE INJ PF 1 MG/ML	No	Yes
J0461	49101010102070	Atropine Sulfate	Atropine Sulfate Inj 8 MG/20ML (0.4 MG/ML)	Yes	Yes
J0461	49101010102022	Atropine Sulfate	Atropine Sulfate IV Soln 0.4 MG/ML	Yes	Yes
J0461	49101010102032	Atropine Sulfate	Atropine Sulfate IV Soln 1 MG/ML	Yes	Yes
J0461	4910101010E503	Atropine Sulfate	Atropine Sulfate Soln Prefill Syr 0.25 MG/5ML (0.05 MG/ML)	Yes	Yes
J0461	4910101010E505	Atropine Sulfate	Atropine Sulfate Soln Prefill Syr 0.5 MG/5ML (0.1 MG/ML)	Yes	Yes
J0461	4910101010E510	Atropine Sulfate	Atropine Sulfate Soln Prefill Syr 1 MG/10ML (0.1 MG/ML)	Yes	Yes
J0461	4910101010E503	Atropine Sulfate 0.25 MG/5ML SOSY	Atropine Sulfate Soln Prefill Syr 0.25 MG/5ML (0.05 MG/ML)	Yes	Yes
J0461	49101010102022	Atropine Sulfate 0.4 MG/ML SOLN	Atropine Sulfate IV Soln 0.4 MG/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0461	4910101010E505	Atropine Sulfate 0.5 MG/5ML SOSY	Atropine Sulfate Soln Prefill Syr 0.5 MG/5ML (0.1 MG/ML)	Yes	Yes
J0461	4910101010E510	Atropine Sulfate 1 MG/10ML SOSY	Atropine Sulfate Soln Prefill Syr 1 MG/10ML (0.1 MG/ML)	Yes	Yes
J0461	49101010102032	Atropine Sulfate 1 MG/ML SOLN	Atropine Sulfate IV Soln 1 MG/ML	Yes	Yes
J0461	49101010102070	Atropine Sulfate 8 MG/20ML SOLN	Atropine Sulfate Inj 8 MG/20ML (0.4 MG/ML)	Yes	Yes
C9301	21651062001840	Aucatzyl	Obecabtagene Autoleucel IV Susp 410,000,000 CELLS	Yes	No
C9399 J3590	20100031102018	Aureobasidium Pullulans	Aureobasidium Inj 1:20	Yes	No
J1749	40170060002060	Aurlumyn	Iloprost IV Soln 100 MCG/ML	Yes	No
C9257 J9035	21335020002025	Avastin	Bevacizumab IV Soln 100 MG/4ML (For Infusion)	Yes	Yes
C9257 J9035	21335020002030	Avastin	Bevacizumab IV Soln 400 MG/16ML (For Infusion)	Yes	Yes
C9257 J9035	21335020002025	Avastin 100 MG/4ML SOLN	Bevacizumab IV Soln 100 MG/4ML (For Infusion)	Yes	Yes
C9257 J9035	21335020002030	Avastin 400 MG/16ML SOLN	Bevacizumab IV Soln 400 MG/16ML (For Infusion)	Yes	Yes
J3145	23100030802030	Aveed	Testosterone Undecanoate IM Inj in Oil 750 MG/3ML (250MG/ML)	Yes	Yes
J3145	23100030802030	Aveed 750 MG/3ML SOLN	Testosterone Undecanoate IM Inj in Oil 750 MG/3ML (250MG/ML)	Yes	Yes
Q5121	52505040132120	Avsola	Infliximab-axxq For IV Inj 100 MG	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0714	2990002332120	Avycaz	Ceftazidime-Avibactam Sodium For IV Soln 2.5 GM (2-0.5 GM)	Yes	Yes
J0714	2990002332120	Avycaz 2.5 (2-0.5) GM SOLR	Ceftazidime-Avibactam Sodium For IV Soln 2.5 GM (2-0.5 GM)	Yes	Yes
J9292	21300053082110	Axtle	Pemetrexed Dipotassium For IV Soln 100 MG (Base Equiv)	Yes	No
J9292	21300053082120	Axtle	Pemetrexed Dipotassium For IV Soln 500 MG (Base Equiv)	Yes	No
A9588	94356535102020	Axumin	Fluciclovine F 18 IV Soln 9-221 mCi/ML (335-8200 MBq/ML)	Yes	No
J9025	21300003001920	azaCITIDine	Azacitidine For Inj 100 MG	Yes	Yes
J9025	21300003001920	azaCITIDine 100 MG SUSR	Azacitidine For Inj 100 MG	Yes	Yes
J0457	16140010002120	Azactam	Aztreonam For Inj 1 GM	Yes	No
J0457	16140010002130	Azactam	Aztreonam For Inj 2 GM	Yes	No
J7501	99406010102110	azaTHIOprine Sodium	Azathioprine Sodium For Inj 100 MG	Yes	No
A9590	21600035202020	Azedra Dosimetric	Iobenguane I 131 IV Soln 15 mCi/ML (555 MBq/ML)	Yes	Yes
A9590	21600035202020	Azedra Therapeutic	Iobenguane I 131 IV Soln 15 mCi/ML (555 MBq/ML)	Yes	Yes
A9590	21600035202020	Azedra Therapeutic 15 MCI/ML SOLN	Iobenguane I 131 IV Soln 15 mCi/ML (555 MBq/ML)	Yes	Yes
J0456	3400010002120	Azithromycin	Azithromycin IV For Soln 500 MG	Yes	No
J0457	16140010002120	Aztreonam	Aztreonam For Inj 1 GM	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0457	16140010002130	Aztreonam	Aztreonam For Inj 2 GM	Yes	No
90288	19100003002150	BabyBIG	Botulism Immune Globulin (Human) IV For Soln 100 MG	Yes	No
J3490	16000010002110	Bacitracin	Bacitracin Intramuscular For Soln 50000 Unit	Yes	No
J0470	93000030002010	Bal in Oil	Dimercaprol Inj 100 MG/ML	Yes	Yes
J0470	93000030002010	Bal in Oil 100 MG/ML SOLN	Dimercaprol Inj 100 MG/ML	Yes	Yes
J7165	85100060502130	Balfaxar	Prothrombin Complex Concentrate Human-lans For Inj 1000 Unit	Yes	Yes
J7165	85100060502120	Balfaxar	Prothrombin Complex Concentrate Human-lans For Inj 500 Unit	Yes	Yes
J7165	85100060502130	Balfaxar 1000 UNIT SOLR	Prothrombin Complex Concentrate Human-lans For Inj 1000 Unit	Yes	Yes
J7165	85100060502120	Balfaxar 500 UNIT SOLR	Prothrombin Complex Concentrate Human-lans For Inj 500 Unit	Yes	Yes
J0184	50100010002025	Barhemsys	Amisulpride (Antiemetic) IV Soln 10 MG/4ML	Yes	No
J0184	50100010002020	Barhemsys	Amisulpride (Antiemetic) IV Soln 5 MG/2ML	Yes	No
C1889	89300075004020	Barrigel 20 MG/ML GEL	Hyaluronic Acid (Rectal) Gel 20 MG/ML	No	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9023	21358220002020	Bavencio	Avelumab Soln for IV Infusion 200 MG/10ML (20 MG/ML)	Yes	Yes
J9023	21358220002020	Bavencio 200 MG/10ML SOLN	Avelumab Soln for IV Infusion 200 MG/10ML (20 MG/ML)	Yes	Yes
C9462	5000025102120	Baxdela	Delafloxacin Meglumine For IV Soln 300 MG (Base Equiv)	Yes	Yes
C9462	5000025102120	Baxdela 300 MG SOLR	Delafloxacin Meglumine For IV Soln 300 MG (Base Equiv)	Yes	Yes
90585	17200010002150	BCG Vaccine	BCG Vaccine For Inj Soln 50 MG	Yes	No
J1642	83100020302021	BD Heparin PosiFlush	Heparin Sodium (Porcine) Lock Flush PF IV Soln 10 Unit/ML	Yes	No
J1642	83100020302031	BD Heparin PosiFlush	Heparin Sodium (Porcine) Lock Flush PF IV Soln 100 Unit/ML	Yes	No
A4216	79750010102024	BD PosiFlush	Sodium Chloride Flush IV Soln 0.9%	Yes	No
A4216	79750010102024	BD PosiFlush SafeScrub	Sodium Chloride Flush IV Soln 0.9%	Yes	No
J9032	21531520002120	Beleodaq	Belinostat For IV Inj 500 MG	Yes	No
J9036 J9056 J9034	21100009102005	Belrapzo	Bendamustine HCl IV Soln 100 MG/4ML (25 MG/ML)	Yes	Yes
J9033	21100009102120	Bendamustine HCl	Bendamustine HCl For IV Soln 100 MG	Yes	Yes
J9033	21100009102110	Bendamustine HCl	Bendamustine HCl For IV Soln 25 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9036 J9056 J9034	21100009102005	Bendamustine HCl	Bendamustine HCl IV Soln 100 MG/4ML (25 MG/ML)	Yes	Yes
J9033	21100009102120	Bendamustine HCl 100 MG SOLR	Bendamustine HCl For IV Soln 100 MG	Yes	Yes
J9033	21100009102110	Bendamustine HCl 25 MG SOLR	Bendamustine HCl For IV Soln 25 MG	Yes	Yes
J9036 J9056 J9034	21100009102005	Bendeka	Bendamustine HCl IV Soln 100 MG/4ML (25 MG/ML)	Yes	Yes
J9036 J9056 J9034	21100009102005	Bendeka 100 MG/4ML SOLN	Bendamustine HCl IV Soln 100 MG/4ML (25 MG/ML)	Yes	Yes
J0490	99422015002120	Benlysta	Belimumab For IV Soln 120 MG	Yes	Yes
J0490	99422015002140	Benlysta	Belimumab For IV Soln 400 MG	Yes	Yes
J0490	99422015002120	Benlysta 120 MG SOLR	Belimumab For IV Soln 120 MG	Yes	Yes
J0490	99422015002140	Benlysta 400 MG SOLR	Belimumab For IV Soln 400 MG	Yes	Yes
J0500	49103010102005	Bentyl	Dicyclomine HCl Inj 10 MG/ML	Yes	No
J0515	73100010102005	Benzotropine Mesylate	Benzotropine Mesylate Inj 1 MG/ML	Yes	No
J1414	8510253320C620	Beqvez	Fidanacogene Elaparovvec-dzkt IV Susp 4 x 1 ML Pack	Yes	Yes
J1414	8510253320C624	Beqvez	Fidanacogene Elaparovvec-dzkt IV Susp 5 x 1 ML Pack	Yes	Yes
J1414	8510253320C628	Beqvez	Fidanacogene Elaparovvec-dzkt IV Susp 6 x 1 ML Pack	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1414	8510253320C632	Beqvez	Fidanacogene Elaparvec-dzkt IV Susp 7 x 1 ML Pack	Yes	Yes
J1414	8510253320C620	Beqvez 4 x 1 ML SUPK	Fidanacogene Elaparvec-dzkt IV Susp 4 x 1 ML Pack	Yes	Yes
J1414	8510253320c624	Beqvez 5 x 1 ML SUPK	Fidanacogene Elaparvec-dzkt IV Susp 5 x 1 ML Pack	Yes	Yes
J1414	8510253320c628	Beqvez 6 x 1 ML SUPK	Fidanacogene Elaparvec-dzkt IV Susp 6 x 1 ML Pack	Yes	Yes
J1414	8510253320c632	Beqvez 7 x 1 ML SUPK	Fidanacogene Elaparvec-dzkt IV Susp 7 x 1 ML Pack	Yes	Yes
J9229	21352640202130	Besponsa	Inotuzumab Ozogamicin For IV Soln 0.9 MG	Yes	Yes
J9229	21352640202130	Besponsa 0.9 MG SOLR	Inotuzumab Ozogamicin For IV Soln 0.9 MG	Yes	Yes
J3490	86105007002020	Betadine Ophthalmic Prep	Povidone-Iodine Ophth Soln 5%	Yes	No
J0702	22109902101810	Betamethasone Sod Phos & Acet	Betamethasone Sod Phosphate & Acetate Inj Susp 6 (3-3) MG/ML	Yes	No
90380	1950205205E520	Beyfortus	Nirsevimab-alip IM Soln Prefilled Syringe 50 MG/0.5ML	Yes	No
90381	1950205205E530	Beyfortus	Nirsevimab-alip IM Soln Prefilled Syringe 100 MG/ML	Yes	No
J0558	1990002101825	Bicillin C-R	Penicillin G Benzathine & Procaine Inj Susp 1200000 Unit/2ML	Yes	Yes
J0558	1990002101825	Bicillin C-R 1200000 UNIT/2ML SUSP	Penicillin G Benzathine & Procaine Inj Susp 1200000 Unit/2ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0558	1990002101850	Bicillin C-R 900/300	Penicillin G Benzathine & Procaine Inj 900000-300000 Unt/2ML	Yes	Yes
J0558	1990002101850	Bicillin C-R 900/300 900000-300000 UNIT/2ML SUSP	Penicillin G Benzathine & Procaine Inj 900000-300000 Unt/2ML	Yes	Yes
J0561	0110002000E630	Bicillin L-A	Penicillin G Benzathine IM Susp Pref Syr 1200000 Unit/2ML	Yes	No
J0561	0110002000E620	Bicillin L-A	Penicillin G Benzathine IM Susp Pref Syr 2400000 Unit/4ML	Yes	No
J0561	0110002000E610	Bicillin L-A	Penicillin G Benzathine IM Susp Pref Syr 600000 Unit/ML	Yes	No
J9050	21102010002105	BiCNU	Carmustine For Inj 100 MG	Yes	Yes
J2372	38000095102003	Biorphen	Phenylephrine HCl (PF) IV Soln 0.5 MG/5ML (100 MCG/ML)	Yes	Yes
J2372	38000095102003	Biorphen 0.5 MG/5ML SOLN	Phenylephrine HCl (PF) IV Soln 0.5 MG/5ML (100 MCG/ML)	Yes	Yes
90581	17200005101800	BioThrax	Anthrax Vaccine Adsorbed Inj	Yes	No
J0583	83334020202020	Bivalirudin RTU	Bivalirudin Trifluoroacetate IV Soln 250 MG/50ML (Base Eq)	Yes	Yes
J0583	83334020202120	Bivalirudin Trifluoroacetate	Bivalirudin Trifluoroacetate For IV Soln 250 MG (Base Equiv)	Yes	Yes
J0583	83334020202020	Bivalirudin Trifluoroacetate	Bivalirudin Trifluoroacetate IV Soln 250 MG/50ML (Base Eq)	Yes	Yes
J0583	83334020202120	Bivalirudin Trifluoroacetate 250 MG SOLR	Bivalirudin Trifluoroacetate For IV Soln 250 MG (Base Equiv)	Yes	Yes
J0583	83334020202020	Bivalirudin Trifluoroacetate 250 MG/50ML SOLN	Bivalirudin Trifluoroacetate IV Soln 250 MG/50ML (Base Eq)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
90283 J1568 J1459 J1572 J1557 J1556	19100020102072	Bivigam	Immune Globulin (Human) IV Soln 10 GM/100ML	Yes	No
90283 J1568 J1459 J1572 J1557 J1556	19100020102068	Bivigam	Immune Globulin (Human) IV Soln 5 GM/50ML	Yes	No
C9399 J9999	2135979201C520	Bizengri (750 MG Dose)	Zenocutuzumab-zbco IV Soln Pack 375 MG/18.75ML (750 MG Dose)	Yes	Yes
C9399 J9999	2135979201C520	Bizengri (750 MG Dose) 375 MG/18.75ML SOLN THPK	Zenocutuzumab-zbco IV Soln Pack 375 MG/18.75ML (750 MG Dose)	Yes	Yes
Q5152	85805050012020	Bkemv	Ecuzumab-aeab IV Soln 300 MG/30ML (10 MG/ML)(For Infusion)	Yes	No
	21350515202120	Blenrep 100 MG SOLR	Belantamab Mafodotin-blmf For IV Soln 100 MG	No	Yes
J9040	21200010102105	Bleomycin Sulfate	Bleomycin Sulfate For Inj 15 Unit	Yes	Yes
J9040	21200010102115	Bleomycin Sulfate	Bleomycin Sulfate For Inj 30 Unit	Yes	Yes
J9040	21200010102105	Bleomycin Sulfate 15 UNIT SOLR	Bleomycin Sulfate For Inj 15 Unit	Yes	Yes
J9040	21200010102115	Bleomycin Sulfate 30 UNIT SOLR	Bleomycin Sulfate For Inj 30 Unit	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9039	21352020002120	Blincyto	Blinatumomab For IV Infusion 35 MCG	Yes	Yes
J9039	21352020002120	Blincyto 35 MCG SOLR	Blinatumomab For IV Infusion 35 MCG	Yes	Yes
J2710	76000040202022	Bloxiverz	Neostigmine Methylsulfate IV Soln 10 MG/10 ML (1 MG/ML)	Yes	Yes
J2710	76000040202017	Bloxiverz	Neostigmine Methylsulfate IV Soln 5 MG/10 ML (0.5 MG/ML)	Yes	Yes
J2710	7600004020E520	Bloxiverz	Neostigmine Methylsulfate Soln Pref Syr 5 MG/5ML (1 MG/ML)	Yes	No
C9300	94200056002015	Bludigo	Indigotindisulfonate Sodium IV Soln 8 MG/ML	Yes	No
C9399 J3590	30044530232030	Bomyntra 120 MG/1.7ML SOLN	Bomyntra 120 MG/1.7ML SOLN	Yes	Yes
C9399 J3590	3004453023E530	Bomyntra 120 MG/1.7ML SOSY	Bomyntra 120 MG/1.7ML SOSY	Yes	Yes
J9041	21536015002120	Bortezomib	Bortezomib For Inj 3.5 MG	Yes	Yes
J9046 J9048	21536015002122	Bortezomib	Bortezomib For IV Inj 3.5 MG	Yes	Yes
J9049	21536015002110	Bortezomib	Bortezomib For Inj 1 MG	Yes	Yes
J9049	21536015002113	Bortezomib	Bortezomib For Inj 2.5 MG	Yes	Yes
J9051	21536015002032	Bortezomib	Bortezomib IV Soln 3.5 MG/1.4ML	Yes	No
J9049	21536015002110	Bortezomib 1 MG SOLR	Bortezomib For Inj 1 MG	Yes	Yes
J9049	21536015002113	Bortezomib 2.5 MG SOLR	Bortezomib For Inj 2.5 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9041	21536015002120	Bortezomib 3.5 MG SOLR	Bortezomib For Inj 3.5 MG	Yes	Yes
J9046 J9048	21536015002122	Bortezomib 3.5 MG SOLR	Bortezomib For IV Inj 3.5 MG	Yes	Yes
J0585	74400020052120	Botox	OnabotulinumtoxinA For Inj 100 Unit	Yes	No
J0585	74400020052140	Botox	OnabotulinumtoxinA For Inj 200 Unit	Yes	No
J0585	90890020002120	Botox Cosmetic	OnabotulinumtoxinA (Cosmetic) For Inj 100 Unit	Yes	No
J0585	90890020002110	Botox Cosmetic	OnabotulinumtoxinA (Cosmetic) For Inj 50 Unit	Yes	No
C9399 J3590	20100031192020	Botrytis Cinerea	Botrytis Cinerea Inj 1:20	Yes	No
C9399 J3590	20100031192055	Botrytis Cinerea	Botrytis Cinerea Inj 43000 PNU/ML (1:10)	Yes	No
J1805	33200025102015	Brevibloc	Esmolol HCl Inj 100 MG/10ML	Yes	No
J1805	33200025112030	Brevibloc in NaCl	Esmolol HCl-Sodium Chloride IV Soln 2000 MG/100ML	Yes	Yes
J1805	33200025112020	Brevibloc in NaCl	Esmolol HCl-Sodium Chloride IV Soln 2500 MG/250ML	Yes	Yes
J1805	33200025112020	Brevibloc Premixed	Esmolol HCl-Sodium Chloride IV Soln 2500 MG/250ML	Yes	Yes
J1805	33200025112030	Brevibloc Premixed DS	Esmolol HCl-Sodium Chloride IV Soln 2000 MG/100ML	Yes	Yes
J3490	70100010102105	Brevital Sodium	Methohexital Sodium For Inj 500 MG	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
Q2054	21651050401820	Breyanzi	Lisocabtagene Maraleucel IV Susp 70,000,000 CELLS/ML	Yes	Yes
Q2054	21651050401820	Breyanzi 70000000 CELLS/ML SUSP	Lisocabtagene Maraleucel IV Susp 70,000,000 CELLS/ML	Yes	Yes
C9399 J3490	93000078102020	Bridion	Sugammadex Sodium IV 200 MG/2ML (Base Equivalent)	Yes	No
C9399 J3490	93000078102040	Bridion	Sugammadex Sodium IV 500 MG/5ML (Base Equivalent)	Yes	No
J2329	62405085052030	Briumvi	Ublituximab-xiiy Soln For IV Infusion 150 MG/6ML	Yes	Yes
J2329	62405085052030	Briumvi 150 MG/6ML SOLN	Ublituximab-xiiy Soln For IV Infusion 150 MG/6ML	Yes	Yes
J3490	72600015002050	Briviact	Brivaracetam IV Soln 50 MG/5ML	Yes	No
J0578	6520001000E523	Brixadi	Buprenorphine Extended Release Soln Pref Syr 128 MG/0.36ML	Yes	Yes
J0578	6520001000E515	Brixadi	Buprenorphine Extended Release Soln Pref Syr 64 MG/0.18ML	Yes	Yes
J0578	6520001000E518	Brixadi	Buprenorphine Extended Release Soln Pref Syr 96 MG/0.27ML	Yes	Yes
J0577	6520001000E565	Brixadi (Weekly)	Buprenorphine Ext Rel Soln Pref Syr (Weekly) 16 MG/0.32ML	Yes	Yes
J0577	6520001000E570	Brixadi (Weekly)	Buprenorphine Ext Rel Soln Pref Syr (Weekly) 24 MG/0.48ML	Yes	Yes
J0577	6520001000E575	Brixadi (Weekly)	Buprenorphine Ext Rel Soln Pref Syr (Weekly) 32 MG/0.64ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0577	6520001000E560	Brixadi (Weekly)	Buprenorphine Ext Rel Soln Pref Syr (Weekly) 8 MG/0.16ML	Yes	Yes
J0577	6520001000E565	Brixadi (Weekly) 16 MG/0.32ML SOSY	Buprenorphine Ext Rel Soln Pref Syr (Weekly) 16 MG/0.32ML	Yes	Yes
J0577	6520001000E570	Brixadi (Weekly) 24 MG/0.48ML SOSY	Buprenorphine Ext Rel Soln Pref Syr (Weekly) 24 MG/0.48ML	Yes	Yes
J0577	6520001000E575	Brixadi (Weekly) 32 MG/0.64ML SOSY	Buprenorphine Ext Rel Soln Pref Syr (Weekly) 32 MG/0.64ML	Yes	Yes
J0577	6520001000E560	Brixadi (Weekly) 8 MG/0.16ML SOSY	Buprenorphine Ext Rel Soln Pref Syr (Weekly) 8 MG/0.16ML	Yes	Yes
J0578	6520001000E523	Brixadi 128 MG/0.36ML SOSY	Buprenorphine Extended Release Soln Pref Syr 128 MG/0.36ML	Yes	Yes
J0578	6520001000E515	Brixadi 64 MG/0.18ML SOSY	Buprenorphine Extended Release Soln Pref Syr 64 MG/0.18ML	Yes	Yes
J0578	6520001000E518	Brixadi 96 MG/0.27ML SOSY	Buprenorphine Extended Release Soln Pref Syr 96 MG/0.27ML	Yes	Yes
J1939	37200010002005	Bumetanide	Bumetanide Inj 0.25 MG/ML	Yes	No
J0665	69100010102005	BUPIvacaine HCl	Bupivacaine HCl Inj 0.25%	Yes	Yes
J0665	69100010102010	BUPIvacaine HCl	Bupivacaine HCl Inj 0.5%	Yes	Yes
J0665	69100010102007	BUPIvacaine HCl (PF)	Bupivacaine HCl Preservative Free (PF) Inj 0.25%	Yes	Yes
J0665	69100010102012	BUPIvacaine HCl (PF)	Bupivacaine HCl Preservative Free (PF) Inj 0.5%	Yes	Yes
J0665	69100010102018	BUPIvacaine HCl (PF)	Bupivacaine HCl Preservative Free (PF) Inj 0.75%	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0665	69100010102018	BUPIvacaine HCl (PF) 0.75 % SOLN	Bupivacaine HCl Preservative Free (PF) Inj 0.75%	Yes	Yes
J0665	69100010102010	BUPIvacaine HCl 0.5 % SOLN	Bupivacaine HCl Inj 0.5%	Yes	Yes
J3490	69991002102010	BUPIvacaine-EPINEPHrine	Bupivacaine Inj 0.25% w/ Epinephrine 1:200000	Yes	No
J3490	69991002102015	BUPIvacaine-EPINEPHrine	Bupivacaine Inj 0.5% w/ Epinephrine 1:200000	Yes	No
J3490	69991002102012	BUPIvacaine-EPINEPHrine (PF)	Bupivacaine Inj 0.25% w/ Epinephrine 1:200000 (PF)	Yes	No
J3490	69991002102017	BUPIvacaine-EPINEPHrine (PF)	Bupivacaine Inj 0.5% w/ Epinephrine 1:200000 (PF)	Yes	No
J0592	65200010102005	Buprenex	Buprenorphine HCl Inj 0.3 MG/ML (Base Equiv)	Yes	No
J0592	65200010102005	Buprenorphine HCl	Buprenorphine HCl Inj 0.3 MG/ML (Base Equiv)	Yes	No
J0594	21100010002020	Busulfan	Busulfan Inj 6 MG/ML	Yes	No
J0594	21100010002020	Busulfex	Busulfan Inj 6 MG/ML	Yes	No
J0595	65200020102005	Butorphanol Tartrate	Butorphanol Tartrate Inj 1 MG/ML	Yes	No
J0595	65200020102010	Butorphanol Tartrate	Butorphanol Tartrate Inj 2 MG/ML	Yes	No
J2249	60201029102120	Byfavo	Remimazolam Besylate for IV Soln 20 MG	Yes	No
J0741	1210990225G120	Cabenuva	Cabotegravir 400 MG/2ML & Rilpivirine 600 MG/2ML IM Susp ER	Yes	No
J0741	1210990225G130	Cabenuva	Cabotegravir 600 MG/3ML & Rilpivirine 900 MG/3ML IM Susp ER	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0706	61300010102020	Cafcit	Caffeine Citrate Inj 60 MG/3ML (10 MG/ML Base Equiv)	Yes	Yes
J0706	61300010102020	Caffeine Citrate	Caffeine Citrate Inj 60 MG/3ML (10 MG/ML Base Equiv)	Yes	Yes
J0706	61300010102020	Caffeine Citrate 60 MG/3ML SOLN	Caffeine Citrate Inj 60 MG/3ML (10 MG/ML Base Equiv)	Yes	Yes
J0636	30905030002005	Calcitriol	Calcitriol Inj 1 MCG/ML	Yes	No
J3490 J7999	79100010002010	Calcium Chloride	Calcium Chloride Inj 10%	Yes	No
J0612	79100030002010	Calcium Gluconate	Calcium Gluconate Inj 10%	Yes	Yes
J0612	79100030002010	Calcium Gluconate 10 % SOLN	Calcium Gluconate Inj 10%	Yes	Yes
J0613	79109902192011	Calcium Gluconate-NaCl	Calcium Gluconate-Sodium Chloride IV Soln 1 GM/100ML-0.8%	Yes	Yes
J0613 J0612	79109902192005	Calcium Gluconate-NaCl	Calcium Gluconate-NaCl IV Soln 1 GM/50ML-0.675% (20 MG/ML)	Yes	Yes
J0613 J0612	79109902192007	Calcium Gluconate-NaCl	Calcium Gluconate-NaCl IV Soln 2 GM/100ML-0.675% (20 MG/ML)	Yes	Yes
J0613 J0612	79109902192005	Calcium Gluconate-NaCl 1-0.675 GM/50ML-% SOLN	Calcium Gluconate-NaCl IV Soln 1 GM/50ML-0.675% (20 MG/ML)	Yes	Yes
J0613	79109902192011	Calcium Gluconate-NaCl 1-0.8 GM/100ML-% SOLN	Calcium Gluconate-Sodium Chloride IV Soln 1 GM/100ML-0.8%	Yes	Yes
J0613 J0612	79109902192007	Calcium Gluconate-NaCl 2-0.675 GM/100ML-% SOLN	Calcium Gluconate-NaCl IV Soln 2 GM/100ML-0.675% (20 MG/ML)	Yes	Yes
J1741	66100020002029	Caldolor	Ibuprofen Soln for IV Infusion 800 MG/200ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1741	66100020002030	Caldolor	Ibuprofen Soln for IV Infusion 800 MG/8ML	Yes	Yes
J1741	66100020002029	Caldolor 800 MG/200ML SOLN	Ibuprofen Soln for IV Infusion 800 MG/200ML	Yes	Yes
J1741	66100020002030	Caldolor 800 MG/8ML SOLN	Ibuprofen Soln for IV Infusion 800 MG/8ML	Yes	Yes
J1952	2140501055E420	Camcevi 42 MG PRSY	Leuprolide Mesylate (6 Month) Emulsion Prefilled Syr 42 MG	No	Yes
J9206	21550040102030	Camptosar	Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)	Yes	Yes
J9206	21550040102035	Camptosar	Irinotecan HCl Inj 300 MG/15ML (20 MG/ML)	Yes	Yes
J9206	21550040102025	Camptosar	Irinotecan HCl Inj 40 MG/2ML (20 MG/ML)	Yes	Yes
J9206	21550040102030	Camptosar 100 MG/5ML SOLN	Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)	Yes	Yes
J9206	21550040102025	Camptosar 40 MG/2ML SOLN	Irinotecan HCl Inj 40 MG/2ML (20 MG/ML)	Yes	Yes
J0637	11500025102120	Cancidas	Caspofungin Acetate For IV Soln 50 MG	Yes	No
J0637	11500025102130	Cancidas	Caspofungin Acetate For IV Soln 70 MG	Yes	No
J3590	94300008002010	Candida Albicans Skn Tst Antgn	Candida Albicans Skin Test Antigen 1:10	Yes	Yes
J3590	94300008002010	Candida Albicans Skn Tst Antgn 1:10 SOLN	Candida Albicans Skin Test Antigen 1:10	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9045	21100015002035	CARBOplatin	Carboplatin IV Soln 150 MG/15ML	Yes	Yes
J9045	21100015002040	CARBOplatin	Carboplatin IV Soln 450 MG/45ML	Yes	Yes
J9045	21100015002030	CARBOplatin	Carboplatin IV Soln 50 MG/5ML	Yes	Yes
J9045	21100015002045	CARBOplatin	Carboplatin IV Soln 600 MG/60ML	Yes	Yes
J9045	21100015002035	CARBOplatin 150 MG/15ML SOLN	Carboplatin IV Soln 150 MG/15ML	Yes	Yes
J9045	21100015002040	CARBOplatin 450 MG/45ML SOLN	Carboplatin IV Soln 450 MG/45ML	Yes	Yes
J9045	21100015002030	CARBOplatin 50 MG/5ML SOLN	Carboplatin IV Soln 50 MG/5ML	Yes	Yes
J9045	21100015002045	CARBOplatin 600 MG/60ML SOLN	Carboplatin IV Soln 600 MG/60ML	Yes	Yes
J3490	29201010102020	Carboprost Tromethamine	Carboprost Tromethamine IM Soln 250 MCG/ML	Yes	Yes
J3490	2920101010E520	Carboprost Tromethamine	Carboprost Tromethamine IM Soln Pref Syr 250 MCG/ML	Yes	No
J3490	29201010102020	Carboprost Tromethamine 250 MCG/ML SOLN	Carboprost Tromethamine IM Soln 250 MCG/ML	Yes	Yes
J2404	34000018142020	Cardene IV	Nicardipine HCl IV Soln 20 MG/200ML in Sodium Chloride 0.86%	Yes	No
J2404	34000018142040	Cardene IV	Nicardipine HCl IV Soln 40 MG/200ML in Sodium Chloride 0.83%	Yes	No
A9500	94353080656400	Cardiolite	Technetium Tc 99m Sestamibi IV for Soln Kit	Yes	No
J9050	21102010002105	Carmustine	Carmustine For Inj 100 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
J9050 J9052	21102010002125	Carmustine	Carmustine For Inj 300 MG	Yes	Yes
J9050 J9052	21102010002103	Carmustine	Carmustine For Inj 50 MG	Yes	Yes
J9050	21102010002105	Carmustine 100 MG SOLR	Carmustine For Inj 100 MG	Yes	Yes
J9050 J9052	21102010002125	Carmustine 300 MG SOLR	Carmustine For Inj 300 MG	Yes	Yes
J9050 J9052	21102010002103	Carmustine 50 MG SOLR	Carmustine For Inj 50 MG	Yes	Yes
J1955	30903045102060	Carnitor	Levocarnitine Inj 200 MG/ML	Yes	No
Q2056	21651025101820	Carvykti	Ciltacabtagene Autoleucl IV Susp 100,000,000 CELLS	Yes	Yes
Q2056	21651025101820	Carvykti 100000000 CELLS SUSP	Ciltacabtagene Autoleucl IV Susp 100,000,000 CELLS	Yes	Yes
J3392	82804020101820	Casgevy	Exagamglogene Autotemcel IV Susp	Yes	Yes
J3392	82804020101820	Casgevy SUSP	Exagamglogene Autotemcel IV Susp	Yes	Yes
J0637	11500025102120	Caspofungin Acetate	Caspofungin Acetate For IV Soln 50 MG	Yes	No
J0637	11500025102130	Caspofungin Acetate	Caspofungin Acetate For IV Soln 70 MG	Yes	No
J2997	85601010002102	Cathflo Activase	Alteplase For Inj 2 MG	Yes	Yes
J2997	85601010002102	Cathflo Activase 2 MG SOLR	Alteplase For Inj 2 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0688 J0687	2100015102119	ceFAZolin Sodium	Cefazolin Sodium For IV Soln 2 GM	Yes	Yes
J0688 J0687	2100015102121	ceFAZolin Sodium	Cefazolin Sodium For IV Soln 3 GM	Yes	No
J0690	2100015102180	ceFAZolin Sodium	Cefazolin Sodium (Bulk) For Inj 100 GM	Yes	No
J0690	2100015102190	ceFAZolin Sodium	Cefazolin Sodium (Bulk) For Inj 300 GM	Yes	No
J0690	2100015102115	ceFAZolin Sodium	Cefazolin Sodium For Inj 1 GM	Yes	No
J0690	2100015102125	ceFAZolin Sodium	Cefazolin Sodium For Inj 10 GM	Yes	No
J0690	2100015102118	ceFAZolin Sodium	Cefazolin Sodium For Inj 2 GM	Yes	No
J0690	2100015102122	ceFAZolin Sodium	Cefazolin Sodium For Inj 3 GM	Yes	No
J0690	2100015102110	ceFAZolin Sodium	Cefazolin Sodium For Inj 500 MG	Yes	No
J0690	2100015102117	ceFAZolin Sodium	Cefazolin Sodium For IV Soln 1 GM	Yes	No
J0688 J0687	2100015102119	ceFAZolin Sodium 2 GM SOLR	Cefazolin Sodium For IV Soln 2 GM	Yes	Yes
J0689	2100015132060	ceFAZolin Sodium-Dextrose	Cefazolin Sodium-Dextrose IV Solution 3 GM/150ML-4%	Yes	No
J0689 J0690	2100015132010	ceFAZolin Sodium-Dextrose	Cefazolin Sodium-Dextrose IV Solution 1 GM/50ML-4%	Yes	No
J0689 J0690	2100015132030	ceFAZolin Sodium-Dextrose	Cefazolin Sodium-Dextrose IV Solution 2 GM/100ML-4%	Yes	No
J0690	2100015132120	ceFAZolin Sodium-Dextrose	Cefazolin Sodium for IV Soln 1 GM and Dextrose 4% (50 ML)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0690	2100015132130	ceFAZolin Sodium-Dextrose	Cefazolin Sodium for IV Soln 2 GM and Dextrose 3% (50 ML)	Yes	No
J0692	2400040102160	Cefepime HCl	Cefepime HCl (Bulk) For IV Soln 100 GM	Yes	No
J0692	2400040102110	Cefepime HCl	Cefepime HCl For Inj 1 GM	Yes	No
J0692	2400040102122	Cefepime HCl	Cefepime HCl For IV Soln 2 GM	Yes	No
J0692 J0701	2400040102022	Cefepime HCl	Cefepime HCl IV Soln 1 GM/50ML	Yes	No
J0692 J0701	2400040102024	Cefepime HCl	Cefepime HCl IV Soln 2 GM/100ML	Yes	No
J0692 J0703	2400040122110	Cefepime-Dextrose	Cefepime HCl For IV Soln 1 GM and Dextrose 5% (50 ML)	Yes	No
J0692 J0703	2400040122120	Cefepime-Dextrose	Cefepime HCl For IV Soln 2 GM and Dextrose 5% (50 ML)	Yes	No
S0074	2200057102110	Cefotan	Cefotetan Disodium For Inj 1 GM	Yes	No
S0074	2200057102120	Cefotan	Cefotetan Disodium For Inj 2 GM	Yes	No
S0074	2200057102110	cefoTEtan Disodium	Cefotetan Disodium For Inj 1 GM	Yes	No
S0074	2200057102120	cefoTEtan Disodium	Cefotetan Disodium For Inj 2 GM	Yes	No
J0694	2200060102105	cefOXitin Sodium	Cefoxitin Sodium For IV Soln 1 GM	Yes	No
J0694	2200060102117	cefOXitin Sodium	Cefoxitin Sodium For IV Soln 10 GM	Yes	No
J0694	2200060102110	cefOXitin Sodium	Cefoxitin Sodium For IV Soln 2 GM	Yes	No
J0694	2200060142110	cefOXitin Sodium-Dextrose	Cefoxitin Sodium IV For Soln 1 GM and Dextrose 4% (50 ML)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0694	2200060142120	cefOXitin Sodium-Dextrose	Cefoxitin Sodium IV For Soln 2 GM and Dextrose 2.2% (50 ML)	Yes	No
J0713	2300080002110	cefTAZidime	Ceftazidime For Inj 1 GM	Yes	No
J0713	2300080002120	cefTAZidime	Ceftazidime For Inj 6 GM	Yes	No
J0713	2300080002117	cefTAZidime	Ceftazidime For IV Soln 2 GM	Yes	No
J0713	2300080142110	cefTAZidime and Dextrose	Ceftazidime For IV Soln 1 GM and Dextrose 5% (50ML)	Yes	No
J0713	2300080142120	cefTAZidime and Dextrose	Ceftazidime For IV Soln 2 GM and Dextrose 5% (50ML)	Yes	No
J0696	2300090102115	cefTRIAxone Sodium	Ceftriaxone Sodium For Inj 1 GM	Yes	No
J0696	2300090102125	cefTRIAxone Sodium	Ceftriaxone Sodium For Inj 10 GM	Yes	No
J0696	2300090102120	cefTRIAxone Sodium	Ceftriaxone Sodium For Inj 2 GM	Yes	No
J0696	2300090102105	cefTRIAxone Sodium	Ceftriaxone Sodium For Inj 250 MG	Yes	No
J0696	2300090102110	cefTRIAxone Sodium	Ceftriaxone Sodium For Inj 500 MG	Yes	No
J0696	2300090102117	cefTRIAxone Sodium	Ceftriaxone Sodium For IV Soln 1 GM	Yes	No
J0696	2300090102122	cefTRIAxone Sodium	Ceftriaxone Sodium For IV Soln 2 GM	Yes	No
J0696	2300090112015	cefTRIAxone Sodium in Dextrose	Ceftriaxone Sodium in Dextrose Inj 20 MG/ML	Yes	No
J0696	2300090112020	cefTRIAxone Sodium in Dextrose	Ceftriaxone Sodium in Dextrose Inj 40 MG/ML	Yes	No
J0696	2300090132120	cefTRIAxone Sodium-Dextrose	Ceftriaxone Sodium for IV Soln 1 GM and Dextrose 3.74% 50 ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0696	2300090132130	cefTRIAxone Sodium-Dextrose	Ceftriaxone Sodium for IV Soln 2 GM and Dextrose 2.22% 50 ML	Yes	No
J0697	2200065102105	Cefuroxime Sodium	Cefuroxime Sodium For Inj 750 MG	Yes	Yes
J0697	2200065102115	Cefuroxime Sodium	Cefuroxime Sodium For IV Soln 1.5 GM	Yes	Yes
J0697	2200065102115	Cefuroxime Sodium 1.5 GM SOLR	Cefuroxime Sodium For IV Soln 1.5 GM	Yes	Yes
J0697	2200065102105	Cefuroxime Sodium 750 MG SOLR	Cefuroxime Sodium For Inj 750 MG	Yes	Yes
J0702	22109902101810	Celestone Soluspan	Betamethasone Sod Phosphate & Acetate Inj Susp 6 (3-3) MG/ML	Yes	No
J7519	99403030202120	CellCept Intravenous	Mycophenolate Mofetil HCl For IV Soln 500 MG (Base Equiv)	Yes	No
J2724	85550060102140	Ceprothin	Protein C Concentrate (Human) For IV Soln 1000 Unit	Yes	No
J2724	85550060102120	Ceprothin	Protein C Concentrate (Human) For IV Soln 500 Unit	Yes	No
Q2009 S0078	72200013102024	Cerebyx	Fosphenytoin Sodium Inj 100 MG/2ML (Phenytoin Equiv)	Yes	No
Q2009 S0078	72200013102028	Cerebyx	Fosphenytoin Sodium Inj 500 MG/10ML (Phenytoin Equiv)	Yes	No
A9521 A9569	94355080406440	Ceretec	Technetium Tc 99m Exametazime IV For Soln Kit	Yes	No
J1786	82700050002120	Cerezyme	Imiglucerase For Inj 400 Unit	Yes	Yes
J1786	82700050002120	Cerezyme 400 UNIT SOLR	Imiglucerase For Inj 400 Unit	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
A9591	94359021002030	Cerianna	Fluoroestradiol F 18 IV Soln 4-100 mCi/ML	Yes	No
J2850	94200080202120	ChiRhoStim	Secretin Acetate (Human) For Inj 16 MCG	Yes	Yes
J2850	94200080202120	ChiRhoStim 16 MCG SOLR	Secretin Acetate (Human) For Inj 16 MCG	Yes	Yes
J0720	16200010202160	Chloramphenicol Sod Succinate	Chloramphenicol Sodium Succinate For IV Inj 1 GM	Yes	Yes
J0720	16200010202160	Chloramphenicol Sod Succinate 1 GM SOLR	Chloramphenicol Sodium Succinate For IV Inj 1 GM	Yes	Yes
J2401	69200040102012	Chloroprocaine HCl (PF)	Chloroprocaine HCl Preservative Free (PF) Inj 2%	Yes	Yes
J2401	69200040102017	Chloroprocaine HCl (PF)	Chloroprocaine HCl Preservative Free (PF) Inj 3%	Yes	Yes
J2401	69200040102012	Chloroprocaine HCl (PF) 2 % SOLN	Chloroprocaine HCl Preservative Free (PF) Inj 2%	Yes	Yes
J2401	69200040102017	Chloroprocaine HCl (PF) 3 % SOLN	Chloroprocaine HCl Preservative Free (PF) Inj 3%	Yes	Yes
J1205	37600020102105	Chlorothiazide Sodium	Chlorothiazide Sodium For Inj 500 MG	Yes	Yes
J1205	37600020102105	Chlorothiazide Sodium 500 MG SOLR	Chlorothiazide Sodium For Inj 500 MG	Yes	Yes
J3230	59200015102005	chlorproMAZINE HCl	Chlorpromazine HCl Inj 25 MG/ML	Yes	Yes
J3230	59200015102015	chlorproMAZINE HCl	Chlorpromazine HCl Inj 50 MG/2ML	Yes	Yes
J3230	59200015102005	chlorproMAZINE HCl 25 MG/ML SOLN	Chlorpromazine HCl Inj 25 MG/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3230	59200015102015	chlorproMAZINE HCl 50 MG/2ML SOLN	Chlorpromazine HCl Inj 50 MG/2ML	Yes	Yes
A9537	94354680456420	Choletec	Technetium Tc 99m Mebrofenin IV for Soln Kit	Yes	No
J3490	79900030122020	Chromic Chloride	Chromic Chloride Inj 40 MCG/10ML (4 MCG/ML) (Elemental Cr)	Yes	No
J0740	12200010002020	Cidofovir	Cidofovir IV Inj 75 MG/ML	Yes	No
J0717	52505020106420	Cimzia	Certolizumab Pegol For Inj Kit 2 X 200 MG	Yes	No
J2786	44604460002020	Cinqair	Reslizumab IV Infusion Soln 100 MG/10ML (10 MG/ML)	Yes	Yes
J2786	44604460002020	Cinqair 100 MG/10ML SOLN	Reslizumab IV Infusion Soln 100 MG/10ML (10 MG/ML)	Yes	Yes
J0598	85802022002120	Cinryze	C1 Esterase Inhibitor (Human) For IV Inj 500 Unit	Yes	No
J0185	50280020001620	Cinvanti	Aprepitant IV Emulsion 130 MG/18ML	Yes	Yes
J0185	50280020001620	Cinvanti 130 MG/18ML EMUL	Aprepitant IV Emulsion 130 MG/18ML	Yes	Yes
J0744	5000020112024	Ciprofloxacin in D5W	Ciprofloxacin 200 MG/100ML in D5W	Yes	No
J0744	5000020112028	Ciprofloxacin in D5W	Ciprofloxacin 400 MG/200ML in D5W	Yes	No
J3490	74200013102016	Cisatracurium Besylate	Cisatracurium Besylate IV Soln 20 MG/10ML (2 MG/ML)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	74200013102014	Cisatracurium Besylate (PF)	Cisatracurium Besylate (PF) IV Soln 10 MG/5ML (2 MG/ML)	Yes	No
J3490	74200013102035	Cisatracurium Besylate (PF)	Cisatracurium Besylate (PF) IV Soln 200 MG/20ML (10 MG/ML)	Yes	Yes
J9060	21100020002025	CISplatin	Cisplatin Inj 100 MG/100ML (1 MG/ML)	Yes	Yes
J9060	21100020002030	CISplatin	Cisplatin Inj 200 MG/200ML (1 MG/ML)	Yes	Yes
J9060	21100020002020	CISplatin	Cisplatin Inj 50 MG/50ML (1 MG/ML)	Yes	Yes
J9060	21100020002110	CISplatin	Cisplatin IV For Inj 50 MG	Yes	Yes
J9060	21100020002025	CISplatin 100 MG/100ML SOLN	Cisplatin Inj 100 MG/100ML (1 MG/ML)	Yes	Yes
J9060	21100020002030	CISplatin 200 MG/200ML SOLN	Cisplatin Inj 200 MG/200ML (1 MG/ML)	Yes	Yes
J9060	21100020002110	CISplatin 50 MG SOLR	Cisplatin IV For Inj 50 MG	Yes	Yes
J9060	21100020002020	CISplatin 50 MG/50ML SOLN	Cisplatin Inj 50 MG/50ML (1 MG/ML)	Yes	Yes
C9399 J3590	20100031252017	Cladosporium Cladosporioides	Cladosporium Cladosporioides Inj 1:20	Yes	No
C9399 J3590	20100031252050	Cladosporium Cladosporioides	Cladosporium Cladosporioides Inj 64000 PNU/ML (1:10)	Yes	No
J9065	21300007002015	Cladribine	Cladribine IV Soln 10 MG/10ML (1 MG/ML)	Yes	Yes
J9065	21300007002015	Cladribine 10 MG/10ML SOLN	Cladribine IV Soln 10 MG/10ML (1 MG/ML)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
A9575	94500037102020	Clariscan	Gadoterate Meglumine IV Soln 10 MMOL/20ML (0.5 MMOL/ML)	Yes	Yes
A9575	94500037102006	Clariscan	Gadoterate Meglumine IV Soln 2.5 MMOL/5ML (0.5 MMOL/ML)	Yes	Yes
A9575	94500037102010	Clariscan	Gadoterate Meglumine IV Soln 5 MMOL/10ML (0.5 MMOL/ML)	Yes	Yes
A9575	94500037102040	Clariscan	Gadoterate Meglumine IV Soln 50 MMOL/100ML (0.5 MMOL/ML)	Yes	Yes
A9575	94500037102015	Clariscan	Gadoterate Meglumine IV Soln 7.5 MMOL/15ML (0.5 MMOL/ML)	Yes	Yes
A9575	9450003710E520	Clariscan	Gadoterate Meglumine IV Soln Prefilled Syringe 10 MMOL/20ML	Yes	Yes
A9575	9450003710E510	Clariscan	Gadoterate Meglumine IV Soln Prefilled Syringe 5 MMOL/10ML	Yes	Yes
A9575	9450003710E515	Clariscan	Gadoterate Meglumine IV Soln Prefilled Syringe 7.5 MMOL/15ML	Yes	Yes
A9575	94500037102020	Clariscan 10 MMOL/20ML SOLN	Gadoterate Meglumine IV Soln 10 MMOL/20ML (0.5 MMOL/ML)	Yes	Yes
A9575	9450003710E520	Clariscan 10 MMOL/20ML SOSY	Gadoterate Meglumine IV Soln Prefilled Syringe 10 MMOL/20ML	Yes	Yes
A9575	94500037102006	Clariscan 2.5 MMOL/5ML SOLN	Gadoterate Meglumine IV Soln 2.5 MMOL/5ML (0.5 MMOL/ML)	Yes	Yes
A9575	94500037102010	Clariscan 5 MMOL/10ML SOLN	Gadoterate Meglumine IV Soln 5 MMOL/10ML (0.5 MMOL/ML)	Yes	Yes
A9575	94500037102040	Clariscan 50 MMOL/100ML SOLN	Gadoterate Meglumine IV Soln 50 MMOL/100ML (0.5 MMOL/ML)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
A9575	94500037102015	Clariscan 7.5 MMOL/15ML SOLN	Gadoterate Meglumine IV Soln 7.5 MMOL/15ML (0.5 MMOL/ML)	Yes	Yes
A9575	9450003710E515	Clariscan 7.5 MMOL/15ML SOSY	Gadoterate Meglumine IV Soln Prefilled Syringe 7.5 MMOL/15ML	Yes	Yes
J0736	16220020302031	Cleocin Phosphate	Clindamycin Phosphate Inj 300 MG/2ML	Yes	No
J0736	16220020302032	Cleocin Phosphate	Clindamycin Phosphate Inj 600 MG/4ML	Yes	No
J0736	16220020302034	Cleocin Phosphate	Clindamycin Phosphate Inj 9 GM/60ML	Yes	No
J0736	16220020302033	Cleocin Phosphate	Clindamycin Phosphate Inj 900 MG/6ML	Yes	No
C9248	34000007001620	Cleviprex	Clevidipine IV Emulsion 25 MG/50ML	Yes	Yes
C9248	34000007001640	Cleviprex	Clevidipine IV Emulsion 50 MG/100ML	Yes	Yes
C9248	34000007001620	Cleviprex 25 MG/50ML EMUL	Clevidipine IV Emulsion 25 MG/50ML	Yes	Yes
C9248	34000007001640	Cleviprex 50 MG/100ML EMUL	Clevidipine IV Emulsion 50 MG/100ML	Yes	Yes
J0736	16220020302031	Clindamycin Phosphate	Clindamycin Phosphate Inj 300 MG/2ML	Yes	No
J0736	16220020302032	Clindamycin Phosphate	Clindamycin Phosphate Inj 600 MG/4ML	Yes	No
J0736	16220020302034	Clindamycin Phosphate	Clindamycin Phosphate Inj 9 GM/60ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0736	16220020302033	Clindamycin Phosphate	Clindamycin Phosphate Inj 900 MG/6ML	Yes	No
J0736	16220020312020	Clindamycin Phosphate in D5W	Clindamycin Phosphate in D5W IV Soln 300 MG/50ML	Yes	No
J0736	16220020312030	Clindamycin Phosphate in D5W	Clindamycin Phosphate in D5W IV Soln 600 MG/50ML	Yes	No
J0736	16220020312040	Clindamycin Phosphate in D5W	Clindamycin Phosphate in D5W IV Soln 900 MG/50ML	Yes	No
J0737	16220020322010	Clindamycin Phosphate in NaCl	Clindamycin Phosphate in NaCl 0.9% IV Soln 300 MG/50ML	Yes	No
J0737	16220020322015	Clindamycin Phosphate in NaCl	Clindamycin Phosphate in NaCl 0.9% IV Soln 600 MG/50ML	Yes	No
J0737	16220020322020	Clindamycin Phosphate in NaCl	Clindamycin Phosphate in NaCl 0.9% IV Soln 900 MG/50ML	Yes	No
B4189 B4193 B4197 B4199	80302020552017	Clinimix E/Dextrose (2.75/5)	*Amino Acid Electrolyte w/Cal Infusion 2.75% in D5W***	Yes	No
B4189 B4193 B4197 B4199	80302020602032	Clinimix E/Dextrose (4.25/10)	*Amino Acid Electrolyte w/Cal Infusion 4.25% in D10W***	Yes	No
B4189 B4193 B4197 B4199	80302020552032	Clinimix E/Dextrose (4.25/5)	*Amino Acid Electrolyte w/Cal Infusion 4.25% in D5W***	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
B4189 B4193 B4197 B4199	80302020652040	Clinimix E/Dextrose (5/15)	*Amino Acid Electrolyte w/Cal Infusion 5% in D15W***	Yes	No
	80302020702040	Clinimix E/Dextrose (5/20)	*Amino Acid Electrolyte w/Cal Infusion 5% in D20W***	Yes	No
	80302020602060	Clinimix E/Dextrose (8/10)	*Amino Acid Electrolyte w/Cal Infusion 8% in D10W***	Yes	No
	80302020632020	Clinimix E/Dextrose (8/14)	*Amino Acid Electrolyte w/Cal Infusion 8% in D14W***	Yes	No
B4189 B4193 B4197 B4199	80302010252032	Clinimix/Dextrose (4.25/10)	*Amino Acid Infusion 4.25% in D10W***	Yes	No
B4189 B4193 B4197 B4199	80302010202032	Clinimix/Dextrose (4.25/5)	*Amino Acid Infusion 4.25% in D5W***	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
B4189 B4193 B4197 B4199	80302010272040	Clinimix/Dextrose (5/15)	*Amino Acid Infusion 5% in D15W***	Yes	No
B4189 B4193 B4197 B4199	80302010302040	Clinimix/Dextrose (5/20)	*Amino Acid Infusion 5% in D20W***	Yes	No
B4189 B4193 B4197 B4199	80302010202050	Clinimix/Dextrose (6/5)	*Amino Acid Infusion 6% in D5W***	Yes	No
B4189 B4193 B4197 B4199	80302010252060	Clinimix/Dextrose (8/10)	*Amino Acid Infusion 8% in D10W***	Yes	No
B4189 B4193 B4197 B4199	80302010262020	Clinimix/Dextrose (8/14)	*Amino Acid Infusion 8% in D14W***	Yes	No
B4199 B4189 B4193 B4197	80302010102060	Clinisol SF	*Amino Acid Infusion 15%***	Yes	No
J9027	21300008002020	Clofarabine	Clofarabine IV Soln 1 MG/ML	Yes	Yes
J9027	21300008002020	Clofarabine 1 MG/ML SOLN	Clofarabine IV Soln 1 MG/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9027	21300008002020	Clolar	Clofarabine IV Soln 1 MG/ML	Yes	Yes
90399	19100065002020	CNJ-016	Vaccinia Immune Globulin (Human) IV Soln 50,000 UNIT/VIAL	Yes	No
C9143 C9046	42230020102010	Cocaine HCl	Cocaine HCl Nasal Soln 40 MG/ML (4%)	Yes	Yes
J0770	16100004202132	Colistimethate Sodium (CBA)	Colistimethate Sod For Inj 150 MG (Colistin Base Activity)	Yes	Yes
J0770	16100004202132	Colistimethate Sodium (CBA) 150 MG SOLR	Colistimethate Sod For Inj 150 MG (Colistin Base Activity)	Yes	Yes
J9286	21352035002040	Columvi	Glofitamab-gxbm IV Soln 10 MG/10ML (1 MG/ML)	Yes	Yes
J9286	21352035002020	Columvi	Glofitamab-gxbm IV Soln 2.5 MG/2.5ML (1 MG/ML)	Yes	Yes
J9286	21352035002040	Columvi 10 MG/10ML SOLN	Glofitamab-gxbm IV Soln 10 MG/10ML (1 MG/ML)	Yes	Yes
J9286	21352035002020	Columvi 2.5 MG/2.5ML SOLN	Glofitamab-gxbm IV Soln 2.5 MG/2.5ML (1 MG/ML)	Yes	Yes
J0770	16100004202132	Coly-Mycin M	Colistimethate Sod For Inj 150 MG (Colistin Base Activity)	Yes	Yes
J0138	66109902302020	Combogesic	Ibuprofen-Acetaminophen IV Soln 300-1000 MG/100ML	Yes	Yes
J0138	66109902302020	Combogesic 1000-300 MG/100ML SOLN	Ibuprofen-Acetaminophen IV Soln 300-1000 MG/100ML	Yes	Yes
Q9961	94402050102005	Conray	Iothalamate Meglumine Inj 60%	Yes	No
J3490	36402030102020	Corlopam	Fenoldopam Mesylate IV Inj 10 MG/ML (Base Equiv)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	36402030102025	Corlopam	Fenoldopam Mesylate IV Inj 20 MG/2ML (Base Equiv)	Yes	No
J0802	3030001000E420	Cortrophin Gel	Corticotropin Subcutaneous Gel Prefilled Syr 40 Unit/0.5ML	Yes	No
J0802	3030001000E430	Cortrophin Gel	Corticotropin Subcutaneous Gel Prefilled Syringe 80 Unit/ML	Yes	No
J0834	94200037002105	Cortrosyn	Cosyntropin For Inj 0.25 MG	Yes	Yes
J0834	94200037002105	Cortrosyn 0.25 MG SOLR	Cosyntropin For Inj 0.25 MG	Yes	Yes
J1742	35400050102020	Corvert	Ibutilide Fumarate Inj 1 MG/10ML	Yes	Yes
J1742	35400050102020	Corvert 1 MG/10ML SOLN	Ibutilide Fumarate Inj 1 MG/10ML	Yes	Yes
J1448	21756570202120	Cosela	Trilaciclib Dihydrochloride For IV Soln 300 MG	Yes	Yes
J1448	21756570202120	Cosela 300 MG SOLR	Trilaciclib Dihydrochloride For IV Soln 300 MG	Yes	Yes
J3247	90250575002050	Cosentyx	Secukinumab IV Soln 125 MG/5ML	Yes	Yes
J3247	90250575002050	Cosentyx 125 MG/5ML SOLN	Secukinumab IV Soln 125 MG/5ML	Yes	Yes
J9120	21200020002105	Cosmegen	Dactinomycin For Inj 0.5 MG	Yes	Yes
J0834	94200037002105	Cosyntropin	Cosyntropin For Inj 0.25 MG	Yes	Yes
J1833	11407030112130	Cresemba	Isavuconazonium Sulfate For IV Soln 372 MG	Yes	No
J0840	19200021002120	CroFab	Crotalidae Polyvalent Immune Fab (Ovine) For IV Infusion	Yes	Yes
J0840	19200021002120	CroFab SOLR	Crotalidae Polyvalent Immune Fab (Ovine) For IV Infusion	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0584	30909510602010	Crysvita	Burosumab-twza Inj 10 MG/ML	Yes	Yes
J0584	30909510602020	Crysvita	Burosumab-twza Inj 20 MG/ML	Yes	Yes
J0584	30909510602030	Crysvita	Burosumab-twza Inj 30 MG/ML	Yes	Yes
J0584	30909510602010	Crysvita 10 MG/ML SOLN	Burosumab-twza Inj 10 MG/ML	Yes	Yes
J0584	30909510602020	Crysvita 20 MG/ML SOLN	Burosumab-twza Inj 20 MG/ML	Yes	Yes
J0584	30909510602030	Crysvita 30 MG/ML SOLN	Burosumab-twza Inj 30 MG/ML	Yes	Yes
J0877 J0878 J0873 J0872	16270030002140	Cubicin RF	Daptomycin For IV Soln 500 MG	Yes	No
J3490	79900010102010	Cupric Chloride	Cupric Chloride Inj 0.4 MG/ML (Elemental)	Yes	Yes
J3490	79900010102010	Cupric Chloride 0.4 MG/ML SOLN	Cupric Chloride Inj 0.4 MG/ML (Elemental)	Yes	Yes
90284 J1551	19100020572021	Cutaquig	Immune Globulin (Human)-hipp Subcutaneous Inj 1 GM/6ML	Yes	No
90284 J1551	19100020572025	Cutaquig	Immune Globulin (Human)-hipp Subcutaneous Inj 1.65 GM/10ML	Yes	No
90284 J1551	19100020572030	Cutaquig	Immune Globulin (Human)-hipp Subcutaneous Inj 2 GM/12ML	Yes	No
90284 J1551	19100020572035	Cutaquig	Immune Globulin (Human)-hipp Subcutaneous Inj 3.3 GM/20ML	Yes	No
90284 J1551	19100020572040	Cutaquig	Immune Globulin (Human)-hipp Subcutaneous Inj 4 GM/24ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
90284 J1551	19100020572055	Cutaquig	Immune Globulin (Human)-hipp Subcutaneous Inj 8 GM/48ML	Yes	No
90284 J1555	19100020202062	Cuvitru	Immune Globulin (Human) Subcutaneous Inj 8 GM/40ML	Yes	No
90284 J1555 J1559	19100020202050	Cuvitru	Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML	Yes	No
90284 J1555 J1559	19100020202065	Cuvitru	Immune Globulin (Human) Subcutaneous Inj 10 GM/50ML	Yes	No
90284 J1555 J1559	19100020202054	Cuvitru	Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML	Yes	No
90284 J1555 J1559	19100020202058	Cuvitru	Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML	Yes	No
J3424	93000047002110	Cyanokit	Hydroxocobalamin (Antidote) For IV Soln 5 GM	Yes	No
J9072	21101020002075	cycloPHOSphamide	Cyclophosphamide IV Soln 1 GM/2ML (500 MG/ML)	Yes	No
J9072	21101020002080	cycloPHOSphamide	Cyclophosphamide IV Soln 2 GM/4ML (500 MG/ML)	Yes	No
J9072	21101020002070	cycloPHOSphamide	Cyclophosphamide IV Soln 500 MG/ML	Yes	No
J9073 J9071	21101020002049	cycloPHOSphamide	Cyclophosphamide IV Soln 2 GM/10ML (200 MG/ML)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9074	21101020002010	cycloPHOSphamide	Cyclophosphamide IV Soln 1000 MG/10ML (100 MG/ML)	Yes	No
J9074	21101020002015	cycloPHOSphamide	Cyclophosphamide IV Soln 2000 MG/20ML (100 MG/ML)	Yes	No
J9074	21101020002005	cycloPHOSphamide	Cyclophosphamide IV Soln 500 MG/5ML (100 MG/ML)	Yes	No
J9075	21101020002125	cycloPHOSphamide	Cyclophosphamide For Inj 1 GM	Yes	No
J9075	21101020002130	cycloPHOSphamide	Cyclophosphamide For Inj 2 GM	Yes	No
J9075	21101020002120	cycloPHOSphamide	Cyclophosphamide For Inj 500 MG	Yes	No
J9076 J9073 J9071	21101020002030	cycloPHOSphamide	Cyclophosphamide IV Soln 1 GM/5ML (200 MG/ML)	Yes	No
J9076 J9073 J9071	21101020002020	cycloPHOSphamide	Cyclophosphamide IV Soln 500 MG/2.5ML (200 MG/ML)	Yes	No
J7516	99402020002005	cycloSPORINE	Cyclosporine IV Soln 50 MG/ML	Yes	No
J3490	84100040002025	Cyklokapron	Tranexamic Acid IV Soln 1000 MG/10ML (100 MG/ML)	Yes	No
J9308	21335070002020	Cyamza	Ramucirumab IV Soln 100 MG/10ML (For Infusion)	Yes	Yes
J9308	21335070002040	Cyamza	Ramucirumab IV Soln 500 MG/50ML (For Infusion)	Yes	Yes
J9308	21335070002020	Cyamza 100 MG/10ML SOLN	Ramucirumab IV Soln 100 MG/10ML (For Infusion)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9308	21335070002040	Cyramza 500 MG/50ML SOLN	Ramucirumab IV Soln 500 MG/50ML (For Infusion)	Yes	Yes
Q9958	94402050102001	Cysto-Conray II	Iothalamate Meglumine Inj 17.2%	Yes	Yes
Q9958	94402050102001	Cysto-Conray II 17.2 % SOLN	Iothalamate Meglumine Inj 17.2%	Yes	Yes
Q9958	94402015102011	Cystografin	Diatrizoate Meglumine Urethral Soln 30%	Yes	Yes
Q9958	94402015102011	Cystografin 30 % SOLN	Diatrizoate Meglumine Urethral Soln 30%	Yes	Yes
Q9958	94402015102005	Cystografin-Dilute	Diatrizoate Meglumine Inj 18%	Yes	Yes
Q9958	94402015102005	Cystografin-Dilute 18 % SOLN	Diatrizoate Meglumine Inj 18%	Yes	Yes
A9603	94200070202020	Cytalux	Pafolacianine Sodium IV Soln 3.2 MG/1.6ML	Yes	Yes
A9603	94200070202020	Cytalux 3.2 MG/1.6ML SOLN	Pafolacianine Sodium IV Soln 3.2 MG/1.6ML	Yes	Yes
J9100	21300010002010	Cytarabine	Cytarabine Inj 20 MG/ML	Yes	Yes
J9100	21300010002040	Cytarabine (PF)	Cytarabine Inj PF 100 MG/ML	Yes	Yes
J9100	21300010002011	Cytarabine (PF)	Cytarabine Inj PF 20 MG/ML	Yes	Yes
J9100	21300010002040	Cytarabine (PF) 100 MG/ML SOLN	Cytarabine Inj PF 100 MG/ML	Yes	Yes
J9100	21300010002011	Cytarabine (PF) 20 MG/ML SOLN	Cytarabine Inj PF 20 MG/ML	Yes	Yes
J9100	21300010002010	Cytarabine 20 MG/ML SOLN	Cytarabine Inj 20 MG/ML	Yes	Yes
90291 J0850	19100005002020	Cytogam	Cytomegalovirus Immune Globulin (Human) IV Soln 50 MG/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9130	21700020002105	Dacarbazine	Dacarbazine For Inj 100 MG	Yes	Yes
J9130	21700020002110	Dacarbazine	Dacarbazine For Inj 200 MG	Yes	Yes
J9130	21700020002105	Dacarbazine 100 MG SOLR	Dacarbazine For Inj 100 MG	Yes	Yes
J9130	21700020002110	Dacarbazine 200 MG SOLR	Dacarbazine For Inj 200 MG	Yes	Yes
J9120	21200020002105	DACTINomycin	Dactinomycin For Inj 0.5 MG	Yes	Yes
J9120	21200020002105	DACTINomycin 0.5 MG SOLR	Dactinomycin For Inj 0.5 MG	Yes	Yes
J0875	16280030102130	Dalvance	Dalbavancin HCl For IV Soln 500 MG (Base Equivalent)	Yes	Yes
J0875	16280030102130	Dalvance 500 MG SOLR	Dalbavancin HCl For IV Soln 500 MG (Base Equivalent)	Yes	Yes
J3490	75200010102105	Dantrium	Dantrolene Sodium For IV Soln 20 MG	Yes	No
J3490	75200010102105	Dantrolene Sodium	Dantrolene Sodium For IV Soln 20 MG	Yes	No
J9348	21356050302020	Danyelza	Naxitamab-gqgk IV Soln 40 MG/10ML (4 MG/ML)	Yes	Yes
J9348	21356050302020	Danyelza 40 MG/10ML SOLN	Naxitamab-gqgk IV Soln 40 MG/10ML (4 MG/ML)	Yes	Yes
J0877 J0878 J0873 J0872	16270030002130	DAPTOmycin	Daptomycin For IV Soln 350 MG	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
J0877 J0878 J0873 J0872	16270030002140	DAPTOmycin	Daptomycin For IV Soln 500 MG	Yes	No
J0874	16270030102035	DAPTOmycin-Sodium Chloride	Daptomycin-NaCl IV Solution 1000 MG/100ML-0.9%	Yes	Yes
J0874	16270030102010	DAPTOmycin-Sodium Chloride	Daptomycin-NaCl IV Solution 350 MG/50ML-0.9%	Yes	Yes
J0874	16270030102015	DAPTOmycin-Sodium Chloride	Daptomycin-NaCl IV Solution 500 MG/50ML-0.9%	Yes	Yes
J0874	16270030102025	DAPTOmycin-Sodium Chloride	Daptomycin-NaCl IV Solution 700 MG/100ML-0.9%	Yes	Yes
J0874	16270030102035	DAPTOmycin-Sodium Chloride 1000-0.9 MG/100ML-% SOLN	Daptomycin-NaCl IV Solution 1000 MG/100ML-0.9%	Yes	Yes
J0874	16270030102010	DAPTOmycin-Sodium Chloride 350-0.9 MG/50ML-% SOLN	Daptomycin-NaCl IV Solution 350 MG/50ML-0.9%	Yes	Yes
J0874	16270030102015	DAPTOmycin-Sodium Chloride 500-0.9 MG/50ML-% SOLN	Daptomycin-NaCl IV Solution 500 MG/50ML-0.9%	Yes	Yes
J0874	16270030102025	DAPTOmycin-Sodium Chloride 700-0.9 MG/100ML-% SOLN	Daptomycin-NaCl IV Solution 700 MG/100ML-0.9%	Yes	Yes
J9145	21354027002020	Darzalex	Daratumumab IV Soln 100 MG/5ML	Yes	Yes
J9145	21354027002030	Darzalex	Daratumumab IV Soln 400 MG/20ML	Yes	Yes
J9145	21354027002020	Darzalex 100 MG/5ML SOLN	Daratumumab IV Soln 100 MG/5ML	Yes	Yes
J9145	21354027002030	Darzalex 400 MG/20ML SOLN	Daratumumab IV Soln 400 MG/20ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9144	21990002152020	Darzalex Faspro	Daratumumab-Hyaluronidase-fihj Inj 1800-30000 MG-Unit/15ML	Yes	Yes
J9144	21990002152020	Darzalex Faspro 1800-30000 MG-UT/15ML SOLN	Daratumumab-Hyaluronidase-fihj Inj 1800-30000 MG-Unit/15ML	Yes	Yes
C9399 J9999	21551020202120	Datroway	Datopotamab Deruxtecan-dlnk For IV Soln 100 MG	Yes	Yes
C9399 J9999	21551020202120	Datroway 100 MG SOLR	Datopotamab Deruxtecan-dlnk For IV Soln 100 MG	Yes	Yes
A9584	94352540102020	DaTscan	Ioflupane I 123 IV Soln 185 MBq/2.5ML (2 mCi/ML)	Yes	No
J9150	21200030102025	DAUNOrubicin HCl	Daunorubicin HCl IV Soln 20 MG/4ML (Base Equiv)	Yes	No
J9150	21200030102035	DAUNOrubicin HCl	Daunorubicin HCl IV Soln 50 MG/10ML (Base Equiv)	Yes	No
J0589	90890045402140	Daxxify	DaxibotulinumtoxinA-lanm (Glabellar Lines) For Inj 100 Unit	Yes	No
J0894 J0893	21300015002120	Decitabine	Decitabine For Inj 50 MG	Yes	No
J0911	83409902602020	Defencath	Heparin-Taurolidine Lock Soln 1000 Unit/ML-13.5 MG/ML	Yes	No
J0895	93000020102130	Deferoxamine Mesylate	Deferoxamine Mesylate For Inj 2 GM	Yes	No
J0895	93000020102110	Deferoxamine Mesylate	Deferoxamine Mesylate For Inj 500 MG	Yes	No
Q9957	94500075301820	Definity	Perflutren Lipid Microsphere IV Susp 6.52 MG/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
Q9957	94500075301820	Definity RT	Perflutren Lipid Microsphere IV Susp 6.52 MG/ML	Yes	No
J3490	85650030102020	Defitelio	Defibrotide Sodium IV Soln 200 MG/2.5ML (80 MG/ML)	Yes	No
L8604	5690990240E420	Deflux	Dextranomer-Hyaluronic Acid Gel Pref Syringe 50-15 MG/ML	Yes	No
J2175	65100045102030	Demerol	Meperidine HCl Inj 100 MG/ML	Yes	Yes
J2175	65100045102010	Demerol	Meperidine HCl Inj 25 MG/ML	Yes	Yes
J2175	65100045102015	Demerol	Meperidine HCl Inj 50 MG/ML	Yes	Yes
J2175	65100045102020	Demerol	Meperidine HCl Inj 75 MG/ML	Yes	Yes
J2175	65100045102030	Demerol 100 MG/ML SOLN	Meperidine HCl Inj 100 MG/ML	Yes	Yes
J2175	65100045102010	Demerol 25 MG/ML SOLN	Meperidine HCl Inj 25 MG/ML	Yes	Yes
J2175	65100045102015	Demerol 50 MG/ML SOLN	Meperidine HCl Inj 50 MG/ML	Yes	Yes
J2175	65100045102020	Demerol 75 MG/ML SOLN	Meperidine HCl Inj 75 MG/ML	Yes	Yes
90587	17100003101920	Dengvaxia	Dengue Virus Vaccine Live Tetravalent For Subcutaneous Susp	Yes	No
J1010	22100030101805	DEPO-Medrol	Methylprednisolone Acetate Inj Susp 20 MG/ML	Yes	No
J1010	22100030101810	DEPO-Medrol	Methylprednisolone Acetate Inj Susp 40 MG/ML	Yes	No
J1010	22100030101815	DEPO-Medrol	Methylprednisolone Acetate Inj Susp 80 MG/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0895	93000020102110	Desferal	Deferoxamine Mesylate For Inj 500 MG	Yes	No
J1100	2210002020E512	dexAMETHasone Sod Phos +RFID	Dexamethasone Sodium Phosphate Inj Soln Pref Syr 4 MG/ML	Yes	No
J1100	2210002020E515	dexAMETHasone Sod Phosphate PF	Dexamethasone Sod Phos Inj Sol Pref Syr 10 MG/ML (PF)	Yes	No
J1100	22100020202011	dexAMETHasone Sod Phosphate PF	Dexamethasone Sod Phosphate Preservative Free Inj 10 MG/ML	Yes	No
J1100	22100020202010	dexAMETHasone Sodium Phosphate	Dexamethasone Sodium Phosphate Inj 10 MG/ML	Yes	No
J1100	22100020202060	dexAMETHasone Sodium Phosphate	Dexamethasone Sodium Phosphate Inj 100 MG/10ML	Yes	No
J1100	22100020202045	dexAMETHasone Sodium Phosphate	Dexamethasone Sodium Phosphate Inj 120 MG/30ML	Yes	No
J1100	22100020202040	dexAMETHasone Sodium Phosphate	Dexamethasone Sodium Phosphate Inj 20 MG/5ML	Yes	No
J1100	22100020202005	dexAMETHasone Sodium Phosphate	Dexamethasone Sodium Phosphate Inj 4 MG/ML	Yes	No
J1100	2210002020E512	dexAMETHasone Sodium Phosphate	Dexamethasone Sodium Phosphate Inj Soln Pref Syr 4 MG/ML	Yes	No
J3490	60206030102040	dexmedeTOMIDine HCl	Dexmedetomidine HCl IV Soln 1000 MCG/10ML	Yes	No
J3490	60206030102020	dexmedeTOMIDine HCl	Dexmedetomidine HCl IV Soln 200 MCG/2ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	60206030102030	dexmedeTOMIDine HCl	Dexmedetomidine HCl IV Soln 400 MCG/4ML	Yes	No
J3490	60206030202020	dexmedeTOMIDine HCl in NaCl	Dexmedetomidine HCl in NaCl 0.9% IV Soln 200 MCG/50ML	Yes	Yes
J3490	60206030202040	dexmedeTOMIDine HCl in NaCl	Dexmedetomidine HCl in NaCl 0.9% IV Soln 400 MCG/100ML	Yes	Yes
J3490	60206030202010	dexmedeTOMIDine HCl in NaCl	Dexmedetomidine HCl in NaCl 0.9% IV Soln 80 MCG/20ML	Yes	No
J3490	60206030202040	dexmedeTOMIDine HCl in NaCl 400 MCG/100ML SOLN	Dexmedetomidine HCl in NaCl 0.9% IV Soln 400 MCG/100ML	Yes	Yes
J3490	60206030152020	dexmedeTOMIDine HCl-Dextrose	Dexmedetomidine HCl-Dextrose IV Soln 200 MCG/50ML-5%	Yes	No
J3490	60206030152040	dexmedeTOMIDine HCl-Dextrose	Dexmedetomidine HCl-Dextrose IV Soln 400 MCG/100ML-5%	Yes	No
J1190	21754040102120	Dexrazoxane	Dexrazoxane HCl For Inj 250 MG (Base Equivalent)	Yes	Yes
J1190	21754040102120	Dexrazoxane HCl	Dexrazoxane HCl For Inj 250 MG (Base Equivalent)	Yes	Yes
J1190	21754040102140	Dexrazoxane HCl	Dexrazoxane HCl For Inj 500 MG (Base Equivalent)	Yes	Yes
J1190	21754040102120	Dexrazoxane HCl 250 MG SOLR	Dexrazoxane HCl For Inj 250 MG (Base Equivalent)	Yes	Yes
J1190	21754040102140	Dexrazoxane HCl 500 MG SOLR	Dexrazoxane HCl For Inj 500 MG (Base Equivalent)	Yes	Yes
J1096	86300010009940	Dextenza	Dexamethasone (Ophth) Insert 0.4 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1096	86300010009940	Dextenza 0.4 MG INST	Dexamethasone (Ophth) Insert 0.4 MG	Yes	Yes
J3490	80100020002020	Dextrose	Dextrose Inj 10%	Yes	No
J3490	80100020002025	Dextrose	Dextrose Inj 20%	Yes	No
J3490	80100020002030	Dextrose	Dextrose Inj 25%	Yes	No
J3490	80100020002035	Dextrose	Dextrose Inj 30%	Yes	No
J3490	80100020002045	Dextrose	Dextrose Inj 40%	Yes	No
J3490	80100020002060	Dextrose	Dextrose Inj 70%	Yes	No
J3490 J7999	80100020002050	Dextrose	Dextrose Inj 50%	Yes	No
J7070 J7060	80100020002015	Dextrose	Dextrose Inj 5%	Yes	Yes
J7070 J7060	80100020002015	Dextrose 5 % SOLN	Dextrose Inj 5%	Yes	Yes
J3490	79993002352010	Dextrose 5%/Electrolyte #48	*Electrolyte-48 in D5W Soln***	Yes	No
J7121	79993002302020	Dextrose in Lactated Ringers	Dextrose 5% in Lactated Ringers	Yes	Yes
J7121	79993002302020	Dextrose in Lactated Ringers 5 % SOLN	Dextrose 5% in Lactated Ringers	Yes	Yes
J3490	79993002202020	Dextrose-Sodium Chloride	Dextrose 5% w/ Sodium Chloride 0.2%	Yes	No
J3490	79993002202022	Dextrose-Sodium Chloride	Dextrose 5% w/ Sodium Chloride 0.225%	Yes	No
J3490	79993002202024	Dextrose-Sodium Chloride	Dextrose 5% w/ Sodium Chloride 0.3%	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	79993002202025	Dextrose-Sodium Chloride	Dextrose 5% w/ Sodium Chloride 0.33%	Yes	No
J7042	79993002202035	Dextrose-Sodium Chloride	Dextrose 5% w/ Sodium Chloride 0.9%	Yes	Yes
S5010	79993002202030	Dextrose-Sodium Chloride	Dextrose 5% w/ Sodium Chloride 0.45%	Yes	No
J7042	79993002202035	Dextrose-Sodium Chloride 5-0.9 % SOLN	Dextrose 5% w/ Sodium Chloride 0.9%	Yes	Yes
Q9963	94402015302050	Diatrizoate Meglumine & Sodium	Diatrizoate Meglumine & Sodium Oral Soln 66-10%	Yes	No
J3360	5710004000D520	diazePAM	Diazepam IM Solution Auto-inj 10 MG/2ML	Yes	Yes
J3360	57100040002010	diazePAM	Diazepam Inj 5 MG/ML	Yes	Yes
J3360	5710004000D520	diazePAM 10 MG/2ML SOAJ	Diazepam IM Solution Auto-inj 10 MG/2ML	Yes	Yes
J3360	57100040002010	diazePAM 5 MG/ML SOLN	Diazepam Inj 5 MG/ML	Yes	Yes
J0500	49103010102005	Dicyclomine HCl	Dicyclomine HCl Inj 10 MG/ML	Yes	No
J1162	93000025102120	DigiFab	Digoxin Immune Fab For Inj 40 MG	Yes	Yes
J1162	93000025102120	DigiFab 40 MG SOLR	Digoxin Immune Fab For Inj 40 MG	Yes	Yes
J1160	31200010002010	Digoxin	Digoxin Inj 0.25 MG/ML	Yes	Yes
J1160	31200010002010	Digoxin 0.25 MG/ML SOLN	Digoxin Inj 0.25 MG/ML	Yes	Yes
J1171	65100035102002	Dilaudid	Hydromorphone HCl Inj 0.2 MG/ML	Yes	No
J1171	65100035102005	Dilaudid	Hydromorphone HCl Inj 1 MG/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1171	65100035102010	Dilaudid	Hydromorphone HCl Inj 2 MG/ML	Yes	No
J3490	34000010102140	diltIAZem HCl	Diltiazem HCl IV For Soln 100 MG	Yes	No
J3490	34000010102040	diltIAZem HCl	Diltiazem HCl IV Soln 125 MG/25ML (5 MG/ML)	Yes	No
J3490	34000010102025	diltIAZem HCl	Diltiazem HCl IV Soln 25 MG/5ML (5 MG/ML)	Yes	No
J3490	34000010102030	diltIAZem HCl	Diltiazem HCl IV Soln 50 MG/10ML (5 MG/ML)	Yes	No
S0155	98401006002020	Diluent for Treprostinil	Glycine Diluent for Injection	Yes	No
J1240	50200030002005	dimenhyDRINATE	Dimenhydrinate Inj 50 MG/ML	Yes	No
J1200	41200030102010	diphenhydrAMINE HCl	Diphenhydramine HCl Inj 50 MG/ML	Yes	No
J2704	70400050001640	Diprivan	Propofol IV Emul 100 MG/10ML (10 MG/ML)	Yes	Yes
J2704	70400050001660	Diprivan	Propofol IV Emul 1000 MG/100ML (10 MG/ML)	Yes	Yes
J2704	70400050001652	Diprivan	Propofol IV Emul 200 MG/20ML (10 MG/ML)	Yes	Yes
J2704	70400050001656	Diprivan	Propofol IV Emul 500 MG/50ML (10 MG/ML)	Yes	Yes
J2704	70400050001640	Diprivan 100 MG/10ML EMUL	Propofol IV Emul 100 MG/10ML (10 MG/ML)	Yes	Yes
J1245	94200039002020	Dipyridamole	Dipyridamole IV Soln 5 MG/ML	Yes	Yes
J1245	94200039002020	Dipyridamole 5 MG/ML SOLN	Dipyridamole IV Soln 5 MG/ML	Yes	Yes
J1250	31350015102005	DOBUTamine HCl	Dobutamine HCl Inj 12.5 MG/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1250	31350015102005	DOBUtamine HCl 12.5 MG/ML SOLN	Dobutamine HCl Inj 12.5 MG/ML	Yes	Yes
J1250	31350015112010	DOBUtamine-Dextrose	Dobutamine in Dextrose 5% Inj 1 MG/ML	Yes	Yes
J1250	31350015112020	DOBUtamine-Dextrose	Dobutamine in Dextrose 5% Inj 2 MG/ML	Yes	Yes
J1250	31350015112040	DOBUtamine-Dextrose	Dobutamine in Dextrose 5% Inj 4 MG/ML	Yes	Yes
J1250	31350015112010	DOBUtamine-Dextrose 1-5 MG/ML-% SOLN	Dobutamine in Dextrose 5% Inj 1 MG/ML	Yes	Yes
J1250	31350015112020	DOBUtamine-Dextrose 2-5 MG/ML-% SOLN	Dobutamine in Dextrose 5% Inj 2 MG/ML	Yes	Yes
J1250	31350015112040	DOBUtamine-Dextrose 4-5 MG/ML-% SOLN	Dobutamine in Dextrose 5% Inj 4 MG/ML	Yes	Yes
J9171	21500005001317	DOCEtaxel	Docetaxel For Inj Conc 160 MG/8ML (20 MG/ML)	Yes	Yes
J9171	21500005001310	DOCEtaxel	Docetaxel For Inj Conc 20 MG/ML	Yes	Yes
J9171	21500005001315	DOCEtaxel	Docetaxel For Inj Conc 80 MG/4ML (20 MG/ML)	Yes	Yes
J9171 J9172	21500005002050	DOCEtaxel	Docetaxel Soln for IV Infusion 160 MG/16ML	Yes	Yes
J9171 J9172	21500005002030	DOCEtaxel	Docetaxel Soln for IV Infusion 20 MG/2ML	Yes	Yes
J9171 J9172	21500005002040	DOCEtaxel	Docetaxel Soln for IV Infusion 80 MG/8ML	Yes	Yes
J9171 J9172	21500005002050	DOCEtaxel 160 MG/16ML SOLN	Docetaxel Soln for IV Infusion 160 MG/16ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9171	21500005001317	DOCEtaxel 160 MG/8ML CONC	Docetaxel For Inj Conc 160 MG/8ML (20 MG/ML)	Yes	Yes
J9171 J9172	21500005002030	DOCEtaxel 20 MG/2ML SOLN	Docetaxel Soln for IV Infusion 20 MG/2ML	Yes	Yes
J9171	21500005001310	DOCEtaxel 20 MG/ML CONC	Docetaxel For Inj Conc 20 MG/ML	Yes	Yes
J9171	21500005001315	DOCEtaxel 80 MG/4ML CONC	Docetaxel For Inj Conc 80 MG/4ML (20 MG/ML)	Yes	Yes
J9171 J9172	21500005002040	DOCEtaxel 80 MG/8ML SOLN	Docetaxel Soln for IV Infusion 80 MG/8ML	Yes	Yes
J9171 J9172	21500005002050	Docivyx	Docetaxel Soln for IV Infusion 160 MG/16ML	Yes	Yes
J9171 J9172	21500005002030	Docivyx	Docetaxel Soln for IV Infusion 20 MG/2ML	Yes	Yes
J9171 J9172	21500005002040	Docivyx	Docetaxel Soln for IV Infusion 80 MG/8ML	Yes	Yes
J1265	31350020102010	DOPamine HCl	Dopamine HCl Inj 40 MG/ML	Yes	Yes
J1265	31350020102010	DOPamine HCl 40 MG/ML SOLN	Dopamine HCl Inj 40 MG/ML	Yes	Yes
J1265	31350020112010	DOPamine-Dextrose	Dopamine in Dextrose 5% Inj 0.8 MG/ML	Yes	Yes
J1265	31350020112020	DOPamine-Dextrose	Dopamine in Dextrose 5% Inj 1.6 MG/ML	Yes	Yes
J1265	31350020112030	DOPamine-Dextrose	Dopamine in Dextrose 5% Inj 3.2 MG/ML	Yes	Yes
J1265	31350020112010	DOPamine-Dextrose 0.8-5 MG/ML-% SOLN	Dopamine in Dextrose 5% Inj 0.8 MG/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1265	31350020112020	DOPamine-Dextrose 1.6-5 MG/ML-% SOLN	Dopamine in Dextrose 5% Inj 1.6 MG/ML	Yes	Yes
J1265	31350020112030	DOPamine-Dextrose 3.2-5 MG/ML-% SOLN	Dopamine in Dextrose 5% Inj 3.2 MG/ML	Yes	Yes
J3490	61300020102005	Dopram	Doxapram HCl Inj 20 MG/ML	Yes	No
A9575	94500037102020	Dotarem	Gadoterate Meglumine IV Soln 10 MMOL/20ML (0.5 MMOL/ML)	Yes	Yes
A9575	94500037102006	Dotarem	Gadoterate Meglumine IV Soln 2.5 MMOL/5ML (0.5 MMOL/ML)	Yes	Yes
A9575	94500037102010	Dotarem	Gadoterate Meglumine IV Soln 5 MMOL/10ML (0.5 MMOL/ML)	Yes	Yes
A9575	94500037102040	Dotarem	Gadoterate Meglumine IV Soln 50 MMOL/100ML (0.5 MMOL/ML)	Yes	Yes
A9575	94500037102015	Dotarem	Gadoterate Meglumine IV Soln 7.5 MMOL/15ML (0.5 MMOL/ML)	Yes	Yes
A9575	9450003710E520	Dotarem	Gadoterate Meglumine IV Soln Prefilled Syringe 10 MMOL/20ML	Yes	Yes
A9575	9450003710E510	Dotarem	Gadoterate Meglumine IV Soln Prefilled Syringe 5 MMOL/10ML	Yes	Yes
A9575	9450003710E515	Dotarem	Gadoterate Meglumine IV Soln Prefilled Syringe 7.5 MMOL/15ML	Yes	Yes
A9575	9450003710E510	Dotarem 5 MMOL/10ML SOSY	Gadoterate Meglumine IV Soln Prefilled Syringe 5 MMOL/10ML	Yes	Yes
C9067	94354035302030	Dotatoc Ga 68	Gallium Ga 68 Dotatoc IV Soln 0.5-4 mCi/ML (18.5-148 MBq/ML)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1270	30905040002020	Doxercalciferol	Doxercalciferol Inj 4 MCG/2ML (2 MCG/ML)	Yes	No
Q2050	21200040401820	Doxil	Doxorubicin HCl Liposomal Susp (For IV Infusion) 2 MG/ML	Yes	No
J9000	21200040102105	DOXOrubicin HCl	Doxorubicin HCl For Inj 10 MG	Yes	Yes
J9000	21200040102115	DOXOrubicin HCl	Doxorubicin HCl For Inj 50 MG	Yes	Yes
J9000	21200040102010	DOXOrubicin HCl	Doxorubicin HCl Inj 2 MG/ML	Yes	Yes
J9000	21200040102105	DOXOrubicin HCl 10 MG SOLR	Doxorubicin HCl For Inj 10 MG	Yes	Yes
J9000	21200040102010	DOXOrubicin HCl 2 MG/ML SOLN	Doxorubicin HCl Inj 2 MG/ML	Yes	Yes
J9000	21200040102115	DOXOrubicin HCl 50 MG SOLR	Doxorubicin HCl For Inj 50 MG	Yes	Yes
Q2050	21200040401820	DOXOrubicin HCl Liposomal	Doxorubicin HCl Liposomal Susp (For IV Infusion) 2 MG/ML	Yes	No
J1271	4000020102105	Doxy 100	Doxycycline Hyclate For Inj 100 MG	Yes	No
J1271	4000020102105	Doxycycline Hyclate	Doxycycline Hyclate For Inj 100 MG	Yes	No
J1790	57200030002005	droPERidol	Droperidol Inj 2.5 MG/ML	Yes	No
C9399 J3490	65100090100740	Dsuvia	Sufentanil Citrate SL Tab 30 MCG (Base Equiv)	Yes	No
J2274	65100055102050	Duramorph	Morphine Sulfate Inj PF 0.5 MG/ML	Yes	No
J2274	65100055102054	Duramorph	Morphine Sulfate Inj PF 1 MG/ML	Yes	No
J7318	7580007010E420	Durolane	Sodium Hyaluronate Intra-articular Gel Pref Syr 60 MG/3ML	Yes	Yes
J7318	7580007010E420	Durolane 60 MG/3ML PRSY	Sodium Hyaluronate Intra-articular Gel Pref Syr 60 MG/3ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0586	74400020032115	Dysport	AbobotulinumtoxinA For IM Inj 300 Unit	Yes	No
J0586	74400020032120	Dysport	AbobotulinumtoxinA For IM Inj 500 Unit	Yes	No
J1301	74509030002010	Edaravone	Edaravone Inj 30 MG/100ML (0.3 MG/ML)	Yes	Yes
J1301	74509030002014	Edaravone	Edaravone Inj 60 MG/100ML (0.6 MG/ML)	Yes	No
J1301	74509030002010	Edaravone 30 MG/100ML SOLN	Edaravone Inj 30 MG/100ML (0.3 MG/ML)	Yes	Yes
J0600	93000040002020	Edetate Calcium Disodium	Edetate Calcium Disodium Inj 1 GM/5ML (200 MG/ML)	Yes	Yes
J0600	93000040002020	Edetate Calcium Disodium 1 GM/5ML SOLN	Edetate Calcium Disodium Inj 1 GM/5ML (200 MG/ML)	Yes	Yes
J9063	21355030202030	Elahere	Mirvetuximab Soravtansine-gynx IV Soln 100 MG/20ML	Yes	Yes
J9063	21355030202030	Elahere 100 MG/20ML SOLN	Mirvetuximab Soravtansine-gynx IV Soln 100 MG/20ML	Yes	Yes
J1743	30906850002020	Elaprase	Idursulfase Soln for IV Infusion 6 MG/3ML (2 MG/ML)	Yes	Yes
J1743	30906850002020	Elaprase 6 MG/3ML SOLN	Idursulfase Soln for IV Infusion 6 MG/3ML (2 MG/ML)	Yes	Yes
J3490	80303088102020	Elcys	Cysteine HCl Inj 50 MG/ML	Yes	No
J3060	82700080102120	ElELYso	Taliglucerase Alfa For Inj 200 Unit	Yes	Yes
J3060	82700080102120	ElELYso 200 UNIT SOLR	Taliglucerase Alfa For Inj 200 Unit	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1413	74600030406410	Elevidys 10.0-10.4 kg 10 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 10 x 10 ML Kit	No	Yes
J1413	74600030406411	Elevidys 10.5-11.4 kg 11 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 11 x 10 ML Kit	No	Yes
J1413	74600030406412	Elevidys 11.5-12.4 kg 12 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 12 x 10 ML Kit	No	Yes
J1413	74600030406413	Elevidys 12.5-13.4 kg 13 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 13 x 10 ML Kit	No	Yes
J1413	74600030406414	Elevidys 13.5-14.4 kg 14 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 14 x 10 ML Kit	No	Yes
J1413	74600030406415	Elevidys 14.5-15.4 kg 15 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 15 x 10 ML Kit	No	Yes
J1413	74600030406416	Elevidys 15.5-16.4 kg 16 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 16 x 10 ML Kit	No	Yes
J1413	74600030406417	Elevidys 16.5-17.4 kg 17 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 17 x 10 ML Kit	No	Yes
J1413	74600030406418	Elevidys 17.5-18.4 kg 18 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 18 x 10 ML Kit	No	Yes
J1413	74600030406419	Elevidys 18.5-19.4 kg 19 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 19 x 10 ML Kit	No	Yes
J1413	74600030406420	Elevidys 19.5-20.4 kg 20 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 20 x 10 ML Kit	No	Yes
J1413	74600030406421	Elevidys 20.5-21.4 kg 21 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 21 x 10 ML Kit	No	Yes
J1413	74600030406422	Elevidys 21.5-22.4 kg 22 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 22 x 10 ML Kit	No	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1413	74600030406423	Elevidys 22.5-23.4 kg 23 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 23 x 10 ML Kit	No	Yes
J1413	74600030406424	Elevidys 23.5-24.4 kg 24 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 24 x 10 ML Kit	No	Yes
J1413	74600030406425	Elevidys 24.5-25.4 kg 25 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 25 x 10 ML Kit	No	Yes
J1413	74600030406426	Elevidys 25.5-26.4 kg 26 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 26 x 10 ML Kit	No	Yes
J1413	74600030406427	Elevidys 26.5-27.4 kg 27 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 27 x 10 ML Kit	No	Yes
J1413	74600030406428	Elevidys 27.5-28.4 kg 28 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 28 x 10 ML Kit	No	Yes
J1413	74600030406429	Elevidys 28.5-29.4 kg 29 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 29 x 10 ML Kit	No	Yes
J1413	74600030406430	Elevidys 29.5-30.4 kg 30 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 30 x 10 ML Kit	No	Yes
J1413	74600030406431	Elevidys 30.5-31.4 kg 31 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 31 x 10 ML Kit	No	Yes
J1413	74600030406432	Elevidys 31.5-32.4 kg 32 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 32 x 10 ML Kit	No	Yes
J1413	74600030406433	Elevidys 32.5-33.4 kg 33 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 33 x 10 ML Kit	No	Yes
J1413	74600030406434	Elevidys 33.5-34.4 kg 34 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 34 x 10 ML Kit	No	Yes
J1413	74600030406435	Elevidys 34.5-35.4 kg 35 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 35 x 10 ML Kit	No	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1413	74600030406436	Elevidys 35.5-36.4 kg 36 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 36 x 10 ML Kit	No	Yes
J1413	74600030406437	Elevidys 36.5-37.4 kg 37 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 37 x 10 ML Kit	No	Yes
J1413	74600030406438	Elevidys 37.5-38.4 kg 38 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 38 x 10 ML Kit	No	Yes
J1413	74600030406439	Elevidys 38.5-39.4 kg 39 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 39 x 10 ML Kit	No	Yes
J1413	74600030406440	Elevidys 39.5-40.4 kg 40 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 40 x 10 ML Kit	No	Yes
J1413	74600030406441	Elevidys 40.5-41.4 kg 41 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 41 x 10 ML Kit	No	Yes
J1413	74600030406442	Elevidys 41.5-42.4 kg 42 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 42 x 10 ML Kit	No	Yes
J1413	74600030406443	Elevidys 42.5-43.4 kg 43 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 43 x 10 ML Kit	No	Yes
J1413	74600030406444	Elevidys 43.5-44.4 kg 44 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 44 x 10 ML Kit	No	Yes
J1413	74600030406445	Elevidys 44.5-45.4 kg 45 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 45 x 10 ML Kit	No	Yes
J1413	74600030406446	Elevidys 45.5-46.4 kg 46 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 46 x 10 ML Kit	No	Yes
J1413	74600030406447	Elevidys 46.5-47.4 kg 47 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 47 x 10 ML Kit	No	Yes
J1413	74600030406448	Elevidys 47.5-48.4 kg 48 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 48 x 10 ML Kit	No	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1413	74600030406449	Elevidys 48.5-49.4 kg 49 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 49 x 10 ML Kit	No	Yes
J1413	74600030406450	Elevidys 49.5-50.4 kg 50 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 50 x 10 ML Kit	No	Yes
J1413	74600030406451	Elevidys 50.5-51.4 kg 51 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 51 x 10 ML Kit	No	Yes
J1413	74600030406452	Elevidys 51.5-52.4 kg 52 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 52 x 10 ML Kit	No	Yes
J1413	74600030406453	Elevidys 52.5-53.4 kg 53 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 53 x 10 ML Kit	No	Yes
J1413	74600030406454	Elevidys 53.5-54.4 kg 54 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 54 x 10 ML Kit	No	Yes
J1413	74600030406455	Elevidys 54.5-55.4 kg 55 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 55 x 10 ML Kit	No	Yes
J1413	74600030406456	Elevidys 55.5-56.4 kg 56 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 56 x 10 ML Kit	No	Yes
J1413	74600030406457	Elevidys 56.5-57.4 kg 57 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 57 x 10 ML Kit	No	Yes
J1413	74600030406458	Elevidys 57.5-58.4 kg 58 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 58 x 10 ML Kit	No	Yes
J1413	74600030406459	Elevidys 58.5-59.4 kg 59 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 59 x 10 ML Kit	No	Yes
J1413	74600030406460	Elevidys 59.5-60.4 kg 60 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 60 x 10 ML Kit	No	Yes
J1413	74600030406461	Elevidys 60.5-61.4 kg 61 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 61 x 10 ML Kit	No	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1413	74600030406462	Elevidys 61.5-62.4 kg 62 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 62 x 10 ML Kit	No	Yes
J1413	74600030406463	Elevidys 62.5-63.4 kg 63 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 63 x 10 ML Kit	No	Yes
J1413	74600030406464	Elevidys 63.5-64.4 kg 64 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 64 x 10 ML Kit	No	Yes
J1413	74600030406465	Elevidys 64.5-65.4 kg 65 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 65 x 10 ML Kit	No	Yes
J1413	74600030406466	Elevidys 65.5-66.4 kg 66 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 66 x 10 ML Kit	No	Yes
J1413	74600030406467	Elevidys 66.5-67.4 kg 67 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 67 x 10 ML Kit	No	Yes
J1413	74600030406468	Elevidys 67.5-68.4 kg 68 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 68 x 10 ML Kit	No	Yes
J1413	74600030406469	Elevidys 68.5-69.4 kg 69 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 69 x 10 ML Kit	No	Yes
J1413	74600030406470	Elevidys 69.5 kg plus 70 x 10 ML KIT	Delandistrogene Moxeparvovec-rokl IV Susp 70 x 10 ML Kit	No	Yes
J2508	30903660102020	Elfabrio	Pegunigalsidase alfa-iwxj IV Solution 20 MG/10 ML	Yes	Yes
J2508	30903660102005	Elfabrio	Pegunigalsidase alfa-iwxj IV Solution 5 MG/2.5 ML	Yes	No
J2508	30903660102020	Elfabrio 20 MG/10ML SOLN	Pegunigalsidase alfa-iwxj IV Solution 20 MG/10 ML	Yes	Yes
J2783	21764065002120	Elitek	Rasburicase For IV Soln 1.5 MG	Yes	Yes
J2783	21764065002140	Elitek	Rasburicase For IV Soln 7.5 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2783	21764065002120	Elitek 1.5 MG SOLR	Rasburicase For IV Soln 1.5 MG	Yes	Yes
J2783	21764065002140	Elitek 7.5 MG SOLR	Rasburicase For IV Soln 7.5 MG	Yes	Yes
J9178	21200042102045	Ellence	Epirubicin HCl IV Soln 200 MG/100ML (2 MG/ML)	Yes	Yes
J9178	21200042102030	Ellence	Epirubicin HCl IV Soln 50 MG/25ML (2 MG/ML)	Yes	Yes
J9178	21200042102045	Ellence 200 MG/100ML SOLN	Epirubicin HCl IV Soln 200 MG/100ML (2 MG/ML)	Yes	Yes
J9178	21200042102030	Ellence 50 MG/25ML SOLN	Epirubicin HCl IV Soln 50 MG/25ML (2 MG/ML)	Yes	Yes
J1323	21352028152020	Elrexio	Elranatamab-bcmm Subcutaneous Soln 44 MG/1.1ML	Yes	Yes
J1323	21352028152040	Elrexio	Elranatamab-bcmm Subcutaneous Soln 76 MG/1.9ML	Yes	Yes
J1323	21352028152020	Elrexio 44 MG/1.1ML SOLN	Elranatamab-bcmm Subcutaneous Soln 44 MG/1.1ML	Yes	Yes
J1323	21352028152040	Elrexio 76 MG/1.9ML SOLN	Elranatamab-bcmm Subcutaneous Soln 76 MG/1.9ML	Yes	Yes
A9573 A9579	94500032002020	Elucirem	Gadopiclemol IV Soln 0.5 MMOL/ML	Yes	No
J9269	21703080302020	Elzonris	Tagraxofusp-erzs IV Soln 1000 MCG/ML	Yes	Yes
J9269	21703080302020	Elzonris 1000 MCG/ML SOLN	Tagraxofusp-erzs IV Soln 1000 MCG/ML	Yes	Yes
C9399 J3490	16149902102120	Emblaveo SOLR	Aztreonam-Avibactam Sodium For Inj	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
J1453 J1456	50280035102130	Emend	Fosaprepitant Dimeglumine For IV Infusion 150 MG (Base Eq)	Yes	No
J3490	38000030102003	Emerphed	Ephedrine Sulfate IV Soln 5 MG/ML	Yes	No
J3490	3800003010E528	Emerphed	Ephedrine Sulfate Prefilled Syringe 50 MG/10ML (5 MG/ML)	Yes	No
J3490 J7999	3800003010E515	Emerphed	Ephedrine Sulfate Prefilled Syringe 25 MG/5ML (5 MG/ML)	Yes	Yes
J9176	21359030002120	Empliciti	Elotuzumab For IV Soln 300 MG	Yes	Yes
J9176	21359030002130	Empliciti	Elotuzumab For IV Soln 400 MG	Yes	Yes
J9176	21359030002120	Empliciti 300 MG SOLR	Elotuzumab For IV Soln 300 MG	Yes	Yes
J9176	21359030002130	Empliciti 400 MG SOLR	Elotuzumab For IV Soln 400 MG	Yes	Yes
C9399 J9999	21355580602160	Emrelis 100 MG SOLR	Telisotuzumab Vedotin-tllv For IV Solution 100 MG	Yes	Yes
C9399 J9999	21355580602120	Emrelis 20 MG SOLR	Telisotuzumab Vedotin-tllv For IV Solution 20 MG	Yes	Yes
J3490	36100025102025	Enalaprilat	Enalaprilat IV Soln 1.25 MG/ML	Yes	No
J9358	21355070552120	Enhertu	Fam-Trastuzumab Deruxtecan-nxki For IV Soln 100 MG	Yes	No
J1302	85803085302050	Enjaymo	Sutimlimab-jome IV Soln 1100 MG/22ML (50 MG/ML)	Yes	Yes
J1302	85803085302050	Enjaymo 1100 MG/22ML SOLN	Sutimlimab-jome IV Soln 1100 MG/22ML (50 MG/ML)	Yes	Yes
J3380	52503080002120	Entyvio	Vedolizumab For IV Solution 300 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3380	52503080002120	Entyvio 300 MG SOLR	Vedolizumab For IV Solution 300 MG	Yes	Yes
A9581	94500044102020	Eovist	Gadoxetate Disodium IV Soln 0.25 MMOL/ML (181.43 MG/ML)	Yes	Yes
A9581	94500044102020	Eovist 0.25 MMOL/ML SOLN	Gadoxetate Disodium IV Soln 0.25 MMOL/ML (181.43 MG/ML)	Yes	Yes
	3800003010E528	ePHEDrine Sulfate (Pressors) 50 MG/10 ML SOLN PRSYR	Ephedrine Sulfate Prefilled Syringe 50 MG/10ML (5 MG/ML)	Yes	Yes
J3490	38000030102003	ePHEDrine Sulfate (Pressors)	Ephedrine Sulfate IV Soln 5 MG/ML	Yes	No
J3490	38000030102015	ePHEDrine Sulfate (Pressors)	Ephedrine Sulfate IV Soln 50 MG/ML	Yes	No
J3490 J7999	3800003010E515	ePHEDrine Sulfate (Pressors)	Ephedrine Sulfate Prefilled Syringe 25 MG/5ML (5 MG/ML)	Yes	Yes
J3490 J7999	3800003010E515	ePHEDrine Sulfate (Pressors) 25 MG/5ML SOLN PRSYR	Ephedrine Sulfate Prefilled Syringe 25 MG/5ML (5 MG/ML)	Yes	Yes
C9399 J3590	20100031352035	Epicoccum Nigrum	Epicoccum Inj 1:10 (27000 PNU/ML)	Yes	No
J0171	3800003200E519	EPINEPHrine	Epinephrine IV Soln Prefilled Syringe 1 MG/10ML (0.1 MG/ML)	Yes	No
J0171 J0173	38000032002040	EPINEPHrine	Epinephrine Inj 1 MG/ML	Yes	No
J0171	38900040002030	EPINEPHrine (Anaphylaxis)	Epinephrine Inj 1 MG/ML (1:1000)	Yes	No
J0171	38900040002060	EPINEPHrine (Anaphylaxis)	Epinephrine Inj 30 MG/30ML (1 MG/ML) (1:1000)	Yes	No
J0171 J0173	38000032002042	EPINEPHrine PF	Epinephrine PF Inj 1 MG/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9321	21352031202020	Epkinly	Epcoritamab-bysp Subcutaneous Soln 4 MG/0.8ML	Yes	Yes
J9321	21352031202040	Epkinly	Epcoritamab-bysp Subcutaneous Soln 48 MG/0.8ML	Yes	Yes
J9321	21352031202020	Epkinly 4 MG/0.8ML SOLN	Epcoritamab-bysp Subcutaneous Soln 4 MG/0.8ML	Yes	Yes
J9321	21352031202040	Epkinly 48 MG/0.8ML SOLN	Epcoritamab-bysp Subcutaneous Soln 48 MG/0.8ML	Yes	Yes
J1325	40170040102110	Epoprostenol Sodium	Epoprostenol Sodium For Inj 0.5 MG	Yes	No
J1325	40170040102130	Epoprostenol Sodium	Epoprostenol Sodium For Inj 1.5 MG	Yes	No
J1327	85153030002025	Eptifibatide	Eptifibatide IV Soln 20 MG/10ML (2 MG/ML)	Yes	No
J1327	85153030002030	Eptifibatide	Eptifibatide IV Soln 200 MG/100ML (2 MG/ML)	Yes	No
J1327	85153030002010	Eptifibatide	Eptifibatide IV Soln 75 MG/100ML (0.75 MG/ML)	Yes	No
Q5151	85805050022020	Epysqli	Eculizumab-aagh IV Soln 300 MG/30ML (10 MG/ML)(For Infusion)	Yes	No
J0348	11500010002130	Eraxis	Anidulafungin For IV Soln 100 MG	Yes	Yes
J0348	11500010002120	Eraxis	Anidulafungin For IV Soln 50 MG	Yes	Yes
J0348	11500010002130	Eraxis 100 MG SOLR	Anidulafungin For IV Soln 100 MG	Yes	Yes
J0348	11500010002120	Eraxis 50 MG SOLR	Anidulafungin For IV Soln 50 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9055	21360015002020	Erbitux	Cetuximab IV Soln 100 MG/50ML (2 MG/ML)	Yes	Yes
J9055	21360015002025	Erbitux	Cetuximab IV Soln 200 MG/100ML (2 MG/ML)	Yes	Yes
J9055	21360015002020	Erbitux 100 MG/50ML SOLN	Cetuximab IV Soln 100 MG/50ML (2 MG/ML)	Yes	Yes
J9055	21360015002025	Erbitux 200 MG/100ML SOLN	Cetuximab IV Soln 200 MG/100ML (2 MG/ML)	Yes	Yes
J9179	21500009202020	eriBULin Mesylate	Eribulin Mesylate Inj 1 MG/2ML (0.5 MG/ML)	Yes	Yes
J9179	21500009202020	eriBULin Mesylate 1 MG/2ML SOLN	Eribulin Mesylate Inj 1 MG/2ML (0.5 MG/ML)	Yes	Yes
J1335	16150030102130	Ertapenem Sodium	Ertapenem Sodium For Inj 1 GM (Base Equivalent)	Yes	No
90758	17100004001800	Ervebo	Ebola Zaire Virus Vaccine Live IM Susp	Yes	No
J1364	3100050502105	Erythrocin Lactobionate	Erythromycin Lactobionate For Inj 500 MG	Yes	Yes
J1364	3100050502105	Erythrocin Lactobionate 500 MG SOLR	Erythromycin Lactobionate For Inj 500 MG	Yes	Yes
J1364	3100050502105	Erythromycin Lactobionate	Erythromycin Lactobionate For Inj 500 MG	Yes	Yes
J1805	33200025102015	Esmolol HCl	Esmolol HCl Inj 100 MG/10ML	Yes	No
J1806	33200025102040	Esmolol HCl	Esmolol HCl Inj 2000 MG/100ML (20 MG/ML)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1806	33200025102030	Esmolol HCl	Esmolol HCl Inj 2500 MG/250ML (10 MG/ML)	Yes	No
J1805	33200025112030	Esmolol HCl-Sodium Chloride	Esmolol HCl-Sodium Chloride IV Soln 2000 MG/100ML	Yes	Yes
J1805	33200025112020	Esmolol HCl-Sodium Chloride	Esmolol HCl-Sodium Chloride IV Soln 2500 MG/250ML	Yes	Yes
J1805	33200025112030	Esmolol HCl-Sodium Chloride 2000 MG/100ML SOLN	Esmolol HCl-Sodium Chloride IV Soln 2000 MG/100ML	Yes	Yes
J1805	33200025112020	Esmolol HCl-Sodium Chloride 2500 MG/250ML SOLN	Esmolol HCl-Sodium Chloride IV Soln 2500 MG/250ML	Yes	Yes
C9399 J3490	49270025202140	Esomeprazole Sodium	Esomeprazole Sodium For Intravenous Soln 40 MG (Base Equiv)	Yes	No
J3490	37200020102105	Ethacrynate Sodium	Ethacrynate Sodium For Inj 50 MG	Yes	No
J1430	99650015002010	Ethamolin	Ethanolamine Oleate Inj 5%	Yes	No
J0207	21758010002120	Ethyol	Amifostine For Inj 500 MG	Yes	No
J3490	70400010002020	Etomidate	Etomidate IV Soln 2 MG/ML	Yes	No
J9181	21500010602120	Etopophos	Etoposide Phosphate IV For Inj 100 MG (Base Equivalent)	Yes	Yes
J9181	21500010602120	Etopophos 100 MG SOLR	Etoposide Phosphate IV For Inj 100 MG (Base Equivalent)	Yes	Yes
J9181	21500010002040	Etoposide	Etoposide Inj 1 GM/50ML (20 MG/ML)	Yes	Yes
J9181	21500010002025	Etoposide	Etoposide Inj 100 MG/5ML (20 MG/ML)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9181	21500010002030	Etoposide	Etoposide Inj 500 MG/25ML (20 MG/ML)	Yes	Yes
J9181	21500010002040	Etoposide 1 GM/50ML SOLN	Etoposide Inj 1 GM/50ML (20 MG/ML)	Yes	Yes
J9181	21500010002025	Etoposide 100 MG/5ML SOLN	Etoposide Inj 100 MG/5ML (20 MG/ML)	Yes	Yes
J9181	21500010002030	Etoposide 500 MG/25ML SOLN	Etoposide Inj 500 MG/25ML (20 MG/ML)	Yes	Yes
J7323 J7331 J7321 J7332	7580007010E520	Euflexxa	Sodium Hyaluronate Intra-articular Soln Pref Syr 20 MG/2ML	Yes	Yes
J3111	3004486010E520	Evenity	Romosozumab-aqqg Inj Soln Prefilled Syringe 105 MG/1.17ML	Yes	Yes
J3111	3004486010E520	Evenity 105 MG/1.17ML SOSY	Romosozumab-aqqg Inj Soln Prefilled Syringe 105 MG/1.17ML	Yes	Yes
J1305	39392030202040	Evkeeza	Evinacumab-dgnb IV Soln 1200 MG/8ML (150 MG/ML)	Yes	Yes
J1305	39392030202020	Evkeeza	Evinacumab-dgnb IV Soln 345 MG/2.3ML (150 MG/ML)	Yes	Yes
J1305	39392030202040	Evkeeza 1200 MG/8ML SOLN	Evinacumab-dgnb IV Soln 1200 MG/8ML (150 MG/ML)	Yes	Yes
J1305	39392030202020	Evkeeza 345 MG/2.3ML SOLN	Evinacumab-dgnb IV Soln 345 MG/2.3ML (150 MG/ML)	Yes	Yes
J9246	21101040102115	Evomela	Melphalan HCl For Inj 50 MG (Propylene Glycol (PG) Free)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9246	21101040102115	Evomela 50 MG SOLR	Melphalan HCl For Inj 50 MG (Propylene Glycol (PG) Free)	Yes	Yes
S4024	94500005103920	ExEm	Air Polymer-Type A Intrauterine Foam 10 ML	Yes	No
J1428	74600035002020	Exondys 51 100 MG/2ML SOLN	Eteplirsen IV Soln 100 MG/2ML (50 MG/ML)	No	Yes
J1428	74600035002040	Exondys 51 500 MG/10ML SOLN	Eteplirsen IV Soln 500 MG/10ML (50 MG/ML)	No	Yes
J0666	69100010151820	Exparel	Bupivacaine Liposome Inj 1.3% (13.3 MG/ML)	Yes	Yes
J0666	69100010151820	Exparel 1.3 % SUSP	Bupivacaine Liposome Inj 1.3% (13.3 MG/ML)	Yes	Yes
A9698	94401010101923	E-Z-HD	Barium Sulfate For Susp 98%	Yes	No
A9698	94401010101921	E-Z-Paque	Barium Sulfate For Susp 96%	Yes	No
J0180	30903610102120	Fabrazyme	Agalsidase beta For IV Soln 35 MG	Yes	Yes
J0180	30903610102110	Fabrazyme	Agalsidase beta For IV Soln 5 MG	Yes	Yes
J0180	30903610102120	Fabrazyme 35 MG SOLR	Agalsidase beta For IV Soln 35 MG	Yes	Yes
J0180	30903610102110	Fabrazyme 5 MG SOLR	Agalsidase beta For IV Soln 5 MG	Yes	Yes
J1308	49200030002030	Famotidine	Famotidine Inj 200 MG/20ML	Yes	No
J1308	49200030002020	Famotidine	Famotidine Inj 40 MG/4ML	Yes	No
J1308	49200030002017	Famotidine (PF)	Famotidine Preservative Free Inj 20 MG/2ML	Yes	No
J1308	49200030112020	Famotidine Premixed	Famotidine in NaCl 0.9% IV Soln 20 MG/50ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0517	4460402000E515	Fasenra	Benralizumab Subcutaneous Soln Prefilled Syringe 10 MG/0.5ML	Yes	No
J0517	4460402000E520	Fasenra	Benralizumab Subcutaneous Soln Prefilled Syringe 30 MG/ML	Yes	No
J9395 J9393 J9394	2140353000E530	Faslodex	Fulvestrant Inj Soln Pref Syr 250 MG/5ML	Yes	Yes
J1951	30080050256450	Fensolvi (6 Month)	Leuprolide Acet (6 Month) For Inj Pediatric Kit 45 MG	Yes	Yes
J1951	30080050256450	Fensolvi (6 Month) 45 MG KIT	Leuprolide Acet (6 Month) For Inj Pediatric Kit 45 MG	Yes	Yes
J3010	6510002510E514	fentaNYL Citrate	Fentanyl Citrate Soln Prefilled Syringe 100 MCG/2ML	Yes	Yes
J3010	65100025102012	fentaNYL Citrate (PF)	Fentanyl Citrate Preservative Free (PF) Inj 100 MCG/2ML	Yes	Yes
J3010	65100025102037	fentaNYL Citrate (PF)	Fentanyl Citrate Preservative Free (PF) Inj 1000 MCG/20ML	Yes	Yes
J3010	65100025102022	fentaNYL Citrate (PF)	Fentanyl Citrate Preservative Free (PF) Inj 250 MCG/5ML	Yes	Yes
J3010	65100025102042	fentaNYL Citrate (PF)	Fentanyl Citrate Preservative Free (PF) Inj 2500 MCG/50ML	Yes	Yes
J3010	65100025102007	fentaNYL Citrate (PF)	Fentanyl Citrate Preservative Free (PF) Inj 50 MCG/ML	Yes	Yes
J3010	65100025102032	fentaNYL Citrate (PF)	Fentanyl Citrate Preservative Free (PF) Inj 500 MCG/10ML	Yes	Yes
J3010	65100025102012	fentaNYL Citrate (PF) 100 MCG/2ML SOLN	Fentanyl Citrate Preservative Free (PF) Inj 100 MCG/2ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3010	65100025102037	fentaNYL Citrate (PF) 1000 MCG/20ML SOLN	Fentanyl Citrate Preservative Free (PF) Inj 1000 MCG/20ML	Yes	Yes
J3010	65100025102022	fentaNYL Citrate (PF) 250 MCG/5ML SOLN	Fentanyl Citrate Preservative Free (PF) Inj 250 MCG/5ML	Yes	Yes
J3010	65100025102042	fentaNYL Citrate (PF) 2500 MCG/50ML SOLN	Fentanyl Citrate Preservative Free (PF) Inj 2500 MCG/50ML	Yes	Yes
J3010	65100025102007	fentaNYL Citrate (PF) 50 MCG/ML SOLN	Fentanyl Citrate Preservative Free (PF) Inj 50 MCG/ML	Yes	Yes
J3010	65100025102032	fentaNYL Citrate (PF) 500 MCG/10ML SOLN	Fentanyl Citrate Preservative Free (PF) Inj 500 MCG/10ML	Yes	Yes
J3010	6510002510E514	fentaNYL Citrate 100 MCG/2ML SOSY	Fentanyl Citrate Soln Prefilled Syringe 100 MCG/2ML	Yes	Yes
J3010	6510002510E513	fentaNYL Citrate PF	Fentanyl Citrate PF Soln Prefilled Syringe 25 MCG/0.5ML	Yes	No
J3010	6510002510E511	fentaNYL Citrate PF	Fentanyl Citrate PF Soln Prefilled Syringe 50 MCG/ML	Yes	Yes
J3010	6510002510E511	fentaNYL Citrate PF 50 MCG/ML SOSY	Fentanyl Citrate PF Soln Prefilled Syringe 50 MCG/ML	Yes	Yes
Q0138 Q0139	82300068002020	Feraheme	Ferumoxytol Inj 510 MG/17ML (30 MG/ML) (Elemental Fe)	Yes	Yes
J2916	82300085102020	Ferrlecit	Sod Ferric Gluc Cmplx in Sucrose IV Soln 12.5 MG/ML (Fe Eq)	Yes	No
Q0138 Q0139	82300068002020	Ferumoxytol	Ferumoxytol Inj 510 MG/17ML (30 MG/ML) (Elemental Fe)	Yes	Yes
Q0138 Q0139	82300068002020	Ferumoxytol 510 MG/17ML SOLN	Ferumoxytol Inj 510 MG/17ML (30 MG/ML) (Elemental Fe)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0699	2800020702120	Fetroja	Cefiderocol Sulfate Tosylate For IV Soln 1 GM	Yes	Yes
J0699	2800020702120	Fetroja 1 GM SOLR	Cefiderocol Sulfate Tosylate For IV Soln 1 GM	Yes	Yes
J9155	21405525102120	Firmagon	Degarelix Acetate For Inj 80 MG (Base Equiv)	Yes	Yes
J9155	21405525102131	Firmagon (240 MG Dose)	Degarelix Acetate For Inj 120 MG/VIAL (240 MG Dose)	Yes	Yes
J9155	21405525102131	Firmagon (240 MG Dose) 120 MG/VIAL SOLR	Degarelix Acetate For Inj 120 MG/VIAL (240 MG Dose)	Yes	Yes
J9155	21405525102120	Firmagon 80 MG SOLR	Degarelix Acetate For Inj 80 MG (Base Equiv)	Yes	Yes
90283 J1568 J1459 J1572 J1557	19100020102076	Flebogamma DIF	Immune Globulin (Human) IV Soln 20 GM/200ML	Yes	No
90283 J1568 J1459 J1572 J1557 J1556	19100020102072	Flebogamma DIF	Immune Globulin (Human) IV Soln 10 GM/100ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
90283 J1568 J1459 J1572 J1557 J1556	19100020102068	Flebogamma DIF	Immune Globulin (Human) IV Soln 5 GM/50ML	Yes	No
90283 J1568 J1572	19100020102034	Flebogamma DIF	Immune Globulin (Human) IV Soln 2.5 GM/50ML	Yes	No
90283 J1568 J1572 J1557	19100020102042	Flebogamma DIF	Immune Globulin (Human) IV Soln 10 GM/200ML	Yes	No
90283 J1568 J1572 J1557	19100020102038	Flebogamma DIF	Immune Globulin (Human) IV Soln 5 GM/100ML	Yes	No
90283 J1572 J1557	19100020102044	Flebogamma DIF	Immune Globulin (Human) IV Soln 20 GM/400ML	Yes	No
J1325	40170040102110	Flolan	Epoprostenol Sodium For Inj 0.5 MG	Yes	No
J1325	40170040102130	Flolan	Epoprostenol Sodium For Inj 1.5 MG	Yes	No
J9200	21300020002105	Floxuridine	Floxuridine For Inj 0.5 GM	Yes	Yes
J9200	21300020002105	Floxuridine 0.5 GM SOLR	Floxuridine For Inj 0.5 GM	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1450	11407015012010	Fluconazole in Sodium Chloride	Fluconazole in NaCl 0.9% Inj 200 MG/100ML	Yes	No
J1450	11407015012020	Fluconazole in Sodium Chloride	Fluconazole in NaCl 0.9% Inj 400 MG/200ML	Yes	No
J9185	21300025102120	Fludarabine Phosphate	Fludarabine Phosphate For Inj 50 MG	Yes	No
J9185	21300025102020	Fludarabine Phosphate	Fludarabine Phosphate Inj 25 MG/ML	Yes	No
A9552 A9609	94359020002035	Fludeoxyglucose F 18	Fludeoxyglucose F 18 IV Inj 20-200 mCi/ML	Yes	No
A9552 A9609	94359020002045	Fludeoxyglucose F 18	Fludeoxyglucose F 18 IV Inj 20-300 mCi/ML	Yes	No
A9552 A9609	94359020002055	Fludeoxyglucose F 18	Fludeoxyglucose F 18 IV Inj 20-500 mCi/ML	Yes	No
J3490	93200040002025	Flumazenil	Flumazenil IV Soln 0.5 MG/5ML (0.1 MG/ML)	Yes	No
J3490	93200040002030	Flumazenil	Flumazenil IV Soln 1 MG/10ML (0.1 MG/ML)	Yes	No
J3490	86806010202010	Fluorescein	Fluorescein Sodium IV Soln 10%	Yes	Yes
J3490	86806010202010	Fluorescein 10 % SOLN	Fluorescein Sodium IV Soln 10%	Yes	Yes
J3490	86806010202015	Fluorescein Sodium	Fluorescein Sodium IV Soln 25%	Yes	No
J3490	86806010222015	Fluorescein Sodium/Benoxinate	Fluorescein w/ Benoxinate Ophth Soln 0.3-0.4%	Yes	No
J3490	86806010202010	Fluorescein	Fluorescein Sodium IV Soln 10%	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
A9602	94352532002040	Fluorodopa F 18	Fluorodopa F 18 IV Soln 37-1480 MBq/ML (1-40 mCi/ML)	Yes	No
J9190	21300030002025	Fluorouracil	Fluorouracil IV Soln 1 GM/20ML (50 MG/ML)	Yes	No
J9190	21300030002030	Fluorouracil	Fluorouracil IV Soln 2.5 GM/50ML (50 MG/ML)	Yes	No
J9190	21300030002035	Fluorouracil	Fluorouracil IV Soln 5 GM/100ML (50 MG/ML)	Yes	No
J9190	21300030002020	Fluorouracil	Fluorouracil IV Soln 500 MG/10ML (50 MG/ML)	Yes	No
J2680	59200025302005	fluPHENAZine Decanoate	Fluphenazine Decanoate Inj 25 MG/ML	Yes	Yes
J2680	59200025302005	fluPHENAZine Decanoate 25 MG/ML SOLN	Fluphenazine Decanoate Inj 25 MG/ML	Yes	Yes
J2679	59200025102005	fluPHENAZine HCl	Fluphenazine HCl Inj 2.5 MG/ML	Yes	No
A9611	94353020002020	Flyrcado	Flurpiridaz F 18 IV Soln 5-55 mCi/mL (190-2,050 MBq/mL)	Yes	No
J1434	50280035102020	Focinvez	Fosaprepitant Dimeglumine IV Soln 150 MG/50ML (3 MG/ML)	Yes	No
J1808	82200010002005	Folic Acid	Folic Acid Inj 5 MG/ML	Yes	No
J9307	21300054002020	Folotyn	Pralatrexate IV Inj 20 MG/ML	Yes	Yes
J9307	21300054002025	Folotyn	Pralatrexate IV Inj 40 MG/2ML	Yes	Yes
J9307	21300054002020	Folotyn 20 MG/ML SOLN	Pralatrexate IV Inj 20 MG/ML	Yes	Yes
J9307	21300054002025	Folotyn 40 MG/2ML SOLN	Pralatrexate IV Inj 40 MG/2ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1451	93000045002010	Fomepizole	Fomepizole Inj 1 GM/ML (For IV Infusion)	Yes	Yes
J1451	93000045002010	Fomepizole 1.5 GM/1.5ML SOLN	Fomepizole Inj 1 GM/ML (For IV Infusion)	Yes	Yes
J7699	70200030002000	Forane	Isoflurane Inhal Soln	Yes	No
J1453 J1456	50280035102130	Fosaprepitant Dimeglumine	Fosaprepitant Dimeglumine For IV Infusion 150 MG (Base Eq)	Yes	No
J1455	12200020102030	Foscarnet Sodium	Foscarnet Sodium Inj 6000 MG/250ML (24 MG/ML)	Yes	Yes
J1455	12200020102030	Foscarnet Sodium 6000 MG/250ML SOLN	Foscarnet Sodium Inj 6000 MG/250ML (24 MG/ML)	Yes	Yes
J1455	12200020102030	Foscavir	Foscarnet Sodium Inj 6000 MG/250ML (24 MG/ML)	Yes	Yes
Q2009 S0078	72200013102024	Fosphenytoin Sodium	Fosphenytoin Sodium Inj 100 MG/2ML (Phenytoin Equiv)	Yes	No
Q2009 S0078	72200013102028	Fosphenytoin Sodium	Fosphenytoin Sodium Inj 500 MG/10ML (Phenytoin Equiv)	Yes	No
J9072	21101020002075	Frindovyx	Cyclophosphamide IV Soln 1 GM/2ML (500 MG/ML)	Yes	Yes
J9072	21101020002080	Frindovyx	Cyclophosphamide IV Soln 2 GM/4ML (500 MG/ML)	Yes	Yes
J9072	21101020002070	Frindovyx	Cyclophosphamide IV Soln 500 MG/ML	Yes	Yes
J9395 J9393 J9394	2140353000E530	Fulvestrant	Fulvestrant Inj Soln Pref Syr 250 MG/5ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9395 J9393 J9394	2140353000E530	Fulvestrant 250 MG/5ML SOSY	Fulvestrant Inj Soln Pref Syr 250 MG/5ML	Yes	Yes
J1938	37200030002005	Furosemide	Furosemide Inj 10 MG/ML	Yes	No
J9331	21532560201920	Fyarro	Sirolimus Protein-Bound Particles For IV Susp 100 MG	Yes	Yes
J9331	21532560201920	Fyarro 100 MG SUSR	Sirolimus Protein-Bound Particles For IV Susp 100 MG	Yes	Yes
A9585	94500020002020	Gadavist	Gadobutrol Inj 1 MMOL/ML (604.72 MG/ML)	Yes	No
A9585	9450002000E530	Gadavist	Gadobutrol IV Soln Pref Syr 10 MMOL/10ML	Yes	No
A9585	9450002000E540	Gadavist	Gadobutrol IV Soln Pref Syr 15 MMOL/15ML	Yes	No
A9585	9450002000E517	Gadavist	Gadobutrol IV Soln Pref Syr 7.5 MMOL/7.5ML	Yes	No
A9585	94500020002020	Gadobutrol	Gadobutrol Inj 1 MMOL/ML (604.72 MG/ML)	Yes	No
A9575	94500037102020	Gadoterate Meglumine	Gadoterate Meglumine IV Soln 10 MMOL/20ML (0.5 MMOL/ML)	Yes	Yes
A9575	94500037102006	Gadoterate Meglumine	Gadoterate Meglumine IV Soln 2.5 MMOL/5ML (0.5 MMOL/ML)	Yes	Yes
A9575	94500037102010	Gadoterate Meglumine	Gadoterate Meglumine IV Soln 5 MMOL/10ML (0.5 MMOL/ML)	Yes	Yes
A9575	94500037102040	Gadoterate Meglumine	Gadoterate Meglumine IV Soln 50 MMOL/100ML (0.5 MMOL/ML)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
A9575	94500037102015	Gadoterate Meglumine	Gadoterate Meglumine IV Soln 7.5 MMOL/15ML (0.5 MMOL/ML)	Yes	Yes
A9593 A9594	94356530302020	Gallium Ga 68 Gozetotide	Gallium Ga 68 Gozetotide (PSMA-11) IV Soln 0.5-5 mCi/ML	Yes	No
90281 J1460 J1560	19100020002200	GamaSTAN	Immune Globulin (Human) IM Inj	Yes	No
J9210	99405035402020	Gamifant	Emapalumab-Izsg IV Soln 10 MG/2ML	Yes	No
J9210	99405035402060	Gamifant	Emapalumab-Izsg IV Soln 100 MG/20ML	Yes	No
J9210	99405035402040	Gamifant	Emapalumab-Izsg IV Soln 50 MG/10ML	Yes	No
90283 J1566	19100020102130	Gammagard S/D Less IgA	Immune Globulin (Human) IV For Soln 10 GM	Yes	No
90283 J1566	19100020102120	Gammagard S/D Less IgA	Immune Globulin (Human) IV For Soln 5 GM	Yes	No
90283 J1568 J1459 J1572 J1557	19100020102076	Gammaplex	Immune Globulin (Human) IV Soln 20 GM/200ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
90283 J1568 J1459 J1572 J1557 J1556	19100020102072	Gammaplex	Immune Globulin (Human) IV Soln 10 GM/100ML	Yes	No
90283 J1568 J1459 J1572 J1557 J1556	19100020102068	Gammaplex	Immune Globulin (Human) IV Soln 5 GM/50ML	Yes	No
90283 J1568 J1572 J1557	19100020102042	Gammaplex	Immune Globulin (Human) IV Soln 10 GM/200ML	Yes	No
90283 J1568 J1572 J1557	19100020102038	Gammaplex	Immune Globulin (Human) IV Soln 5 GM/100ML	Yes	No
90283 J1572 J1557	19100020102044	Gammaplex	Immune Globulin (Human) IV Soln 20 GM/400ML	Yes	No
J1570 J1574	12200030002030	Ganciclovir	Ganciclovir IV Soln 500 MG/250ML	Yes	Yes
J1570 J1574	12200030002030	Ganciclovir 500 MG/250ML SOLN	Ganciclovir IV Soln 500 MG/250ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1570	12200030102110	Ganciclovir Sodium	Ganciclovir Sodium For Inj 500 MG	Yes	Yes
J1570	12200030102030	Ganciclovir Sodium	Ganciclovir Sodium IV Soln 500 MG/10ML (50 MG/ML) (Base Eq)	Yes	Yes
J1570	12200030102110	Ganciclovir Sodium 500 MG SOLR	Ganciclovir Sodium For Inj 500 MG	Yes	Yes
J1570	12200030102030	Ganciclovir Sodium 500 MG/10ML SOLN	Ganciclovir Sodium IV Soln 500 MG/10ML (50 MG/ML) (Base Eq)	Yes	Yes
Q9963	94402015302050	Gastrografin	Diatrizoate Meglumine & Sodium Oral Soln 66-10%	Yes	No
J9301	21351843002025	Gazyva	Obinutuzumab Soln for IV Infusion 1000 MG/40ML (25 MG/ML)	Yes	Yes
J9301	21351843002025	Gazyva 1000 MG/40ML SOLN	Obinutuzumab Soln for IV Infusion 1000 MG/40ML (25 MG/ML)	Yes	Yes
J7326	7580002000E420	Gel-One	Cross-Linked Hyaluronate Gel Prefilled Syringe 30 MG/3ML	Yes	Yes
J7326	7580002000E420	Gel-One 30 MG/3ML PRSY	Cross-Linked Hyaluronate Gel Prefilled Syringe 30 MG/3ML	Yes	Yes
J7328	7580007010E517	Gelsyn-3	Sodium Hyaluronate Intra-articular Soln Pref Syr 16.8 MG/2ML	Yes	Yes
J7328	7580007010E517	Gelsyn-3 16.8 MG/2ML SOSY	Sodium Hyaluronate Intra-articular Soln Pref Syr 16.8 MG/2ML	Yes	Yes
J9196 J9201	21300034102077	Gemcitabine HCl	Gemcitabine HCl Inj 1 GM/10ML (100 MG/ML) (Base Equiv)	Yes	Yes
J9196 J9201	21300034102080	Gemcitabine HCl	Gemcitabine HCl Inj 1.5 GM/15ML (100 MG/ML) (Base Equiv)	Yes	Yes
J9196 J9201	21300034102083	Gemcitabine HCl	Gemcitabine HCl Inj 2 GM/20ML (100 MG/ML) (Base Equiv)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9196 J9201	21300034102073	Gemcitabine HCl	Gemcitabine HCl Inj 200 MG/2ML (100 MG/ML) (Base Equiv)	Yes	Yes
J9201	21300034102140	Gemcitabine HCl	Gemcitabine HCl For Inj 1 GM	Yes	Yes
J9201	21300034102160	Gemcitabine HCl	Gemcitabine HCl For Inj 2 GM	Yes	Yes
J9201	21300034102110	Gemcitabine HCl	Gemcitabine HCl For Inj 200 MG	Yes	Yes
J9201	21300034102040	Gemcitabine HCl	Gemcitabine HCl Inj 1 GM/26.3ML (38 MG/ML) (Base Equiv)	Yes	Yes
J9201	21300034102060	Gemcitabine HCl	Gemcitabine HCl Inj 2 GM/52.6ML (38 MG/ML) (Base Equiv)	Yes	Yes
J9201	21300034102020	Gemcitabine HCl	Gemcitabine HCl Inj 200 MG/5.26ML (38 MG/ML) (Base Equiv)	Yes	Yes
J9201	21300034102140	Gemcitabine HCl 1 GM SOLR	Gemcitabine HCl For Inj 1 GM	Yes	Yes
J9196 J9201	21300034102077	Gemcitabine HCl 1 GM/10ML SOLN	Gemcitabine HCl Inj 1 GM/10ML (100 MG/ML) (Base Equiv)	Yes	Yes
J9201	21300034102040	Gemcitabine HCl 1 GM/26.3ML SOLN	Gemcitabine HCl Inj 1 GM/26.3ML (38 MG/ML) (Base Equiv)	Yes	Yes
J9196 J9201	21300034102080	Gemcitabine HCl 1.5 GM/15ML SOLN	Gemcitabine HCl Inj 1.5 GM/15ML (100 MG/ML) (Base Equiv)	Yes	Yes
J9201	21300034102160	Gemcitabine HCl 2 GM SOLR	Gemcitabine HCl For Inj 2 GM	Yes	Yes
J9196 J9201	21300034102083	Gemcitabine HCl 2 GM/20ML SOLN	Gemcitabine HCl Inj 2 GM/20ML (100 MG/ML) (Base Equiv)	Yes	Yes
J9201	21300034102060	Gemcitabine HCl 2 GM/52.6ML SOLN	Gemcitabine HCl Inj 2 GM/52.6ML (38 MG/ML) (Base Equiv)	Yes	Yes
J9201	21300034102110	Gemcitabine HCl 200 MG SOLR	Gemcitabine HCl For Inj 200 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
J9196 J9201	21300034102073	Gemcitabine HCl 200 MG/2ML SOLN	Gemcitabine HCl Inj 200 MG/2ML (100 MG/ML) (Base Equiv)	Yes	Yes
J9201	21300034102020	Gemcitabine HCl 200 MG/5.26ML SOLN	Gemcitabine HCl Inj 200 MG/5.26ML (38 MG/ML) (Base Equiv)	Yes	Yes
J1580	7000020112008	Gentamicin in Saline	Gentamicin in Saline Inj 0.8 MG/ML	Yes	Yes
J1580	7000020112015	Gentamicin in Saline	Gentamicin in Saline Inj 1 MG/ML	Yes	Yes
J1580	7000020112025	Gentamicin in Saline	Gentamicin in Saline Inj 1.2 MG/ML	Yes	Yes
J1580	7000020112045	Gentamicin in Saline	Gentamicin in Saline Inj 1.6 MG/ML	Yes	Yes
J1580	7000020112065	Gentamicin in Saline	Gentamicin in Saline Inj 2 MG/ML	Yes	Yes
J1580	7000020112008	Gentamicin in Saline 0.8-0.9 MG/ML-% SOLN	Gentamicin in Saline Inj 0.8 MG/ML	Yes	Yes
J1580	7000020112025	Gentamicin in Saline 1.2-0.9 MG/ML-% SOLN	Gentamicin in Saline Inj 1.2 MG/ML	Yes	Yes
J1580	7000020112045	Gentamicin in Saline 1.6-0.9 MG/ML-% SOLN	Gentamicin in Saline Inj 1.6 MG/ML	Yes	Yes
J1580	7000020112015	Gentamicin in Saline 1-0.9 MG/ML-% SOLN	Gentamicin in Saline Inj 1 MG/ML	Yes	Yes
J1580	7000020112065	Gentamicin in Saline 2-0.9 MG/ML-% SOLN	Gentamicin in Saline Inj 2 MG/ML	Yes	Yes
J1580	7000020102035	Gentamicin Sulfate	Gentamicin Sulfate Inj 10 MG/ML	Yes	Yes
J1580	7000020102045	Gentamicin Sulfate	Gentamicin Sulfate Inj 40 MG/ML	Yes	Yes
J1580	7000020102035	Gentamicin Sulfate 10 MG/ML SOLN	Gentamicin Sulfate Inj 10 MG/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1580	7000020102045	Gentamicin Sulfate 40 MG/ML SOLN	Gentamicin Sulfate Inj 40 MG/ML	Yes	Yes
J7321 J7320 J7329	7580007010E525	GenVisc 850	Sodium Hyaluronate Intra-articular Soln Pref Syr 25 MG/2.5ML	Yes	Yes
J3486	59400085202120	Geodon	Ziprasidone Mesylate For Inj 20 MG (Base Equivalent)	Yes	No
C9399 J3490	38000007102005	Giapreza	Angiotensin II Acetate IV Soln 0.5 MG/ML (Base Equivalent)	Yes	Yes
C9399 J3490	38000007102020	Giapreza	Angiotensin II Acetate IV Soln 2.5 MG/ML (Base Equivalent)	Yes	No
C9399 J3490	38000007102005	Giapreza 0.5 MG/ML SOLN	Angiotensin II Acetate IV Soln 0.5 MG/ML (Base Equivalent)	Yes	Yes
J0223	85080025202020	Givlaari	Givosiran Sodium Subcutaneous Soln 189 MG/ML	Yes	Yes
J0223	85080025202020	Givlaari 189 MG/ML SOLN	Givosiran Sodium Subcutaneous Soln 189 MG/ML	Yes	Yes
A9698	94200009102110	Gleolan	Aminolevulinic Acid HCl For Oral Solution 1.5 GM (30 MG/ML)	Yes	No
J1610	94200041152110	GlucaGen Diagnostic	Glucagon HCl (rDNA) Diagnostic For Inj 1 MG (Base Equiv)	Yes	No
J1610 J1611	94200041052110	Glucagon HCl (Diagnostic)	Glucagon HCl Diagnostic For Inj 1 MG (Base Equiv)	Yes	No
J1596	49102030002010	Glycopyrrolate	Glycopyrrolate Inj 0.2 MG/ML	Yes	No
J1596	49102030002012	Glycopyrrolate	Glycopyrrolate Inj 0.4 MG/2ML (0.2 MG/ML)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1596	49102030002013	Glycopyrrolate	Glycopyrrolate Inj 1 MG/5ML (0.2 MG/ML)	Yes	No
J1596	49102030002014	Glycopyrrolate	Glycopyrrolate Inj 4 MG/20ML (0.2 MG/ML)	Yes	No
J1596	4910203000E508	Glycopyrrolate PF	Glycopyrrolate Inj PF Soln Pref Syr 0.4 MG/2ML (0.2 MG/ML)	Yes	No
J1596	4910203000E504	Glycopyrrolate PF	Glycopyrrolate Inj PF Soln Prefilled Syringe 0.2 MG/ML	Yes	No
J1597 J1598	4910203000E516	Glycopyrrolate PF	Glycopyrrolate Inj PF Soln Pref Syr 0.6 MG/3ML (0.2 MG/ML)	Yes	No
J1596	4910203000E508	Glycopyrrolate PF +RFID	Glycopyrrolate Inj PF Soln Pref Syr 0.4 MG/2ML (0.2 MG/ML)	Yes	No
J3490	9085006010E420	Glydo	Lidocaine HCl Urethral/Mucosal Gel Prefilled Syringe 2%	Yes	No
J1597	49102030002009	Glyrx-PF	Glycopyrrolate Inj PF 0.2 MG/ML	Yes	No
J1597	49102030002016	Glyrx-PF	Glycopyrrolate Inj PF 0.4 MG/2ML (0.2 MG/ML)	Yes	No
J1597	4910203000E544	Glyrx-PF	Glycopyrrolate Inj PF Soln Pref Syr 1 MG/5ML (0.2 MG/ML)	Yes	No
J1597 J1598	4910203000E516	Glyrx-PF	Glycopyrrolate Inj PF Soln Pref Syr 0.6 MG/3ML (0.2 MG/ML)	Yes	No
	85805280002030	Gohibic 200 MG/20ML SOLN	Vilobelimab IV Soln 200 MG/20ML (10 MG/ML)	No	Yes
C9143 C9046	42230020102010	Goprelto	Cocaine HCl Nasal Soln 40 MG/ML (4%)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
C9399 J9999	21100060002110	Grafapex	Treosulfan For Inj 1 GM	Yes	No
C9399 J9999	21100060002140	Grafapex	Treosulfan For Inj 5 GM	Yes	No
C9399 J9999	21100060002110	Grafapex 1 GM SOLR	Treosulfan For Inj 1 GM	Yes	Yes
C9399 J9999	21100060002140	Grafapex 5 GM SOLR	Treosulfan For Inj 5 GM	Yes	Yes
J1626	50250035102010	Granisetron HCl	Granisetron HCl Inj 1 MG/ML	Yes	No
J1626	50250035102015	Granisetron HCl	Granisetron HCl Inj 4 MG/4ML (1 MG/ML)	Yes	No
J9179	21500009202020	Halaven	Eribulin Mesylate Inj 1 MG/2ML (0.5 MG/ML)	Yes	Yes
J1631	59100010302020	Haldol Decanoate	Haloperidol Decanoate IM Soln 100 MG/ML	Yes	No
J1631	59100010302010	Haldol Decanoate	Haloperidol Decanoate IM Soln 50 MG/ML	Yes	No
J1631	59100010302020	Haloperidol Decanoate	Haloperidol Decanoate IM Soln 100 MG/ML	Yes	No
J1631	59100010302010	Haloperidol Decanoate	Haloperidol Decanoate IM Soln 50 MG/ML	Yes	No
J1630	59100010202005	Haloperidol Lactate	Haloperidol Lactate Inj 5 MG/ML	Yes	No
J1270	30905040002020	Hectorol	Doxercalciferol Inj 4 MCG/2ML (2 MCG/ML)	Yes	No
J3490	29201010102020	Hemabate	Carboprost Tromethamine IM Soln 250 MCG/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1411	8510253025C610	Hemgenix	Etranacogene Dezaparovec-drlb IV Susp 10 x 10 ML Pack	Yes	Yes
J1411	8510253025C611	Hemgenix	Etranacogene Dezaparovec-drlb IV Susp 11 x 10 ML Pack	Yes	Yes
J1411	8510253025C612	Hemgenix	Etranacogene Dezaparovec-drlb IV Susp 12 x 10 ML Pack	Yes	Yes
J1411	8510253025C613	Hemgenix	Etranacogene Dezaparovec-drlb IV Susp 13 x 10 ML Pack	Yes	Yes
J1411	8510253025C614	Hemgenix	Etranacogene Dezaparovec-drlb IV Susp 14 x 10 ML Pack	Yes	Yes
J1411	8510253025C615	Hemgenix	Etranacogene Dezaparovec-drlb IV Susp 15 x 10 ML Pack	Yes	Yes
J1411	8510253025C616	Hemgenix	Etranacogene Dezaparovec-drlb IV Susp 16 x 10 ML Pack	Yes	Yes
J1411	8510253025C617	Hemgenix	Etranacogene Dezaparovec-drlb IV Susp 17 x 10 ML Pack	Yes	Yes
J1411	8510253025C618	Hemgenix	Etranacogene Dezaparovec-drlb IV Susp 18 x 10 ML Pack	Yes	Yes
J1411	8510253025C619	Hemgenix	Etranacogene Dezaparovec-drlb IV Susp 19 x 10 ML Pack	Yes	Yes
J1411	8510253025C620	Hemgenix	Etranacogene Dezaparovec-drlb IV Susp 20 x 10 ML Pack	Yes	Yes
J1411	8510253025C621	Hemgenix	Etranacogene Dezaparovec-drlb IV Susp 21 x 10 ML Pack	Yes	Yes
J1411	8510253025C622	Hemgenix	Etranacogene Dezaparovec-drlb IV Susp 22 x 10 ML Pack	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1411	8510253025C623	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 23 x 10 ML Pack	Yes	Yes
J1411	8510253025C624	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 24 x 10 ML Pack	Yes	Yes
J1411	8510253025C625	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 25 x 10 ML Pack	Yes	Yes
J1411	8510253025C626	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 26 x 10 ML Pack	Yes	Yes
J1411	8510253025C627	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 27 x 10 ML Pack	Yes	Yes
J1411	8510253025C628	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 28 x 10 ML Pack	Yes	Yes
J1411	8510253025C629	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 29 x 10 ML Pack	Yes	Yes
J1411	8510253025C630	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 30 x 10 ML Pack	Yes	Yes
J1411	8510253025C631	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 31 x 10 ML Pack	Yes	Yes
J1411	8510253025C632	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 32 x 10 ML Pack	Yes	Yes
J1411	8510253025C633	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 33 x 10 ML Pack	Yes	Yes
J1411	8510253025C634	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 34 x 10 ML Pack	Yes	Yes
J1411	8510253025C635	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 35 x 10 ML Pack	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1411	8510253025C636	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 36 x 10 ML Pack	Yes	Yes
J1411	8510253025C637	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 37 x 10 ML Pack	Yes	Yes
J1411	8510253025C638	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 38 x 10 ML Pack	Yes	Yes
J1411	8510253025C639	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 39 x 10 ML Pack	Yes	Yes
J1411	8510253025C640	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 40 x 10 ML Pack	Yes	Yes
J1411	8510253025C641	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 41 x 10 ML Pack	Yes	Yes
J1411	8510253025C642	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 42 x 10 ML Pack	Yes	Yes
J1411	8510253025C643	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 43 x 10 ML Pack	Yes	Yes
J1411	8510253025C644	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 44 x 10 ML Pack	Yes	Yes
J1411	8510253025C645	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 45 x 10 ML Pack	Yes	Yes
J1411	8510253025C646	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 46 x 10 ML Pack	Yes	Yes
J1411	8510253025C647	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 47 x 10 ML Pack	Yes	Yes
J1411	8510253025C648	Hemgenix	Etranacogene Dezaparvovec-drlb IV Susp 48 x 10 ML Pack	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1411	8510253025C610	Hemgenix 10 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 10 x 10 ML Pack	Yes	Yes
J1411	8510253025C611	Hemgenix 11 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 11 x 10 ML Pack	Yes	Yes
J1411	8510253025C612	Hemgenix 12 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 12 x 10 ML Pack	Yes	Yes
J1411	8510253025C613	Hemgenix 13 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 13 x 10 ML Pack	Yes	Yes
J1411	8510253025C614	Hemgenix 14 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 14 x 10 ML Pack	Yes	Yes
J1411	8510253025C615	Hemgenix 15 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 15 x 10 ML Pack	Yes	Yes
J1411	8510253025C616	Hemgenix 16 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 16 x 10 ML Pack	Yes	Yes
J1411	8510253025C617	Hemgenix 17 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 17 x 10 ML Pack	Yes	Yes
J1411	8510253025C618	Hemgenix 18 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 18 x 10 ML Pack	Yes	Yes
J1411	8510253025C619	Hemgenix 19 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 19 x 10 ML Pack	Yes	Yes
J1411	8510253025C620	Hemgenix 20 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 20 x 10 ML Pack	Yes	Yes
J1411	8510253025C621	Hemgenix 21 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 21 x 10 ML Pack	Yes	Yes
J1411	8510253025C622	Hemgenix 22 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 22 x 10 ML Pack	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1411	8510253025C623	Hemgenix 23 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 23 x 10 ML Pack	Yes	Yes
J1411	8510253025C624	Hemgenix 24 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 24 x 10 ML Pack	Yes	Yes
J1411	8510253025C625	Hemgenix 25 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 25 x 10 ML Pack	Yes	Yes
J1411	8510253025C626	Hemgenix 26 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 26 x 10 ML Pack	Yes	Yes
J1411	8510253025C627	Hemgenix 27 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 27 x 10 ML Pack	Yes	Yes
J1411	8510253025C628	Hemgenix 28 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 28 x 10 ML Pack	Yes	Yes
J1411	8510253025C629	Hemgenix 29 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 29 x 10 ML Pack	Yes	Yes
J1411	8510253025C630	Hemgenix 30 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 30 x 10 ML Pack	Yes	Yes
J1411	8510253025C631	Hemgenix 31 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 31 x 10 ML Pack	Yes	Yes
J1411	8510253025C632	Hemgenix 32 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 32 x 10 ML Pack	Yes	Yes
J1411	8510253025C633	Hemgenix 33 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 33 x 10 ML Pack	Yes	Yes
J1411	8510253025C634	Hemgenix 34 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 34 x 10 ML Pack	Yes	Yes
J1411	8510253025C635	Hemgenix 35 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 35 x 10 ML Pack	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1411	8510253025C636	Hemgenix 36 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 36 x 10 ML Pack	Yes	Yes
J1411	8510253025C637	Hemgenix 37 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 37 x 10 ML Pack	Yes	Yes
J1411	8510253025C638	Hemgenix 38 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 38 x 10 ML Pack	Yes	Yes
J1411	8510253025C639	Hemgenix 39 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 39 x 10 ML Pack	Yes	Yes
J1411	8510253025C640	Hemgenix 40 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 40 x 10 ML Pack	Yes	Yes
J1411	8510253025C641	Hemgenix 41 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 41 x 10 ML Pack	Yes	Yes
J1411	8510253025C642	Hemgenix 42 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 42 x 10 ML Pack	Yes	Yes
J1411	8510253025C643	Hemgenix 43 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 43 x 10 ML Pack	Yes	Yes
J1411	8510253025C644	Hemgenix 44 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 44 x 10 ML Pack	Yes	Yes
J1411	8510253025C645	Hemgenix 45 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 45 x 10 ML Pack	Yes	Yes
J1411	8510253025C646	Hemgenix 46 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 46 x 10 ML Pack	Yes	Yes
J1411	8510253025C647	Hemgenix 47 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 47 x 10 ML Pack	Yes	Yes
J1411	8510253025C648	Hemgenix 48 x 10 ML SUPK	Etranacogene Dezaparvovec-drlb IV Susp 48 x 10 ML Pack	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1571 J1573	19100010002028	HepaGam B	Hepatitis B Immune Globulin (Human) Inj Soln 312 Unit/ML	Yes	No
J1644	83100020222070	Heparin (Porcine) in NaCl	Heparin Sod (Porcine) in NaCl IV Soln 12500 Unit/250ML-0.45%	Yes	No
J1644	83100020222065	Heparin (Porcine) in NaCl	Heparin Sod (Porcine) in NaCl IV Soln 25000 Unit/250ML-0.45%	Yes	No
J1644	83100020222068	Heparin (Porcine) in NaCl	Heparin Sod (Porcine) in NaCl IV Soln 25000 Unit/500ML-0.45%	Yes	No
J1644	83100020222033	Heparin (Porcine) in NaCl	Heparin Sod (Porcine)-NaCl IV Soln 1000 Unit/500ML-0.9%	Yes	No
J1644	83100020222037	Heparin (Porcine) in NaCl	Heparin Sod (Porcine)-NaCl IV Soln 2000 Unit/L-0.9%	Yes	No
J1642	83100020302006	Heparin Na (Pork) Lock Flush PF	Heparin Sodium (Porcine) Lock Flush PF IV Soln 1 Unit/ML	Yes	No
J1642	83100020302021	Heparin Na (Pork) Lock Flush PF	Heparin Sodium (Porcine) Lock Flush PF IV Soln 10 Unit/ML	Yes	No
J1642	83100020302031	Heparin Na (Pork) Lock Flush PF	Heparin Sodium (Porcine) Lock Flush PF IV Soln 100 Unit/ML	Yes	No
J1644	83100020252020	Heparin Sod (Porcine) in D5W	Heparin Sodium (Porcine) 100 Unit/ML in D5W	Yes	No
J1644	83100020252005	Heparin Sod (Porcine) in D5W	Heparin Sodium (Porcine)-Dextrose IV Sol 20000 Unit/500ML-5%	Yes	No
J1644	83100020252037	Heparin Sod (Porcine) in D5W	Heparin Sodium (Porcine)-Dextrose IV Sol 25000 Unit/500ML-5%	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1642	83100020302020	Heparin Sod (Pork) Lock Flush	Heparin Sodium (Porcine) Lock Flush IV Soln 10 Unit/ML	Yes	No
J1642	83100020302030	Heparin Sod (Pork) Lock Flush	Heparin Sodium (Porcine) Lock Flush IV Soln 100 Unit/ML	Yes	No
J1644	8310002020E507	Heparin Sodium (Porcine)	Heparin Sodium (Porcine) Inj Soln Pref Syr 5000 Unit/0.5ML	Yes	No
J9355	21170070002110	Herceptin	Trastuzumab For IV Soln 150 MG	Yes	Yes
J9355	21170070002110	Herceptin 150 MG SOLR	Trastuzumab For IV Soln 150 MG	Yes	Yes
J9356	21990002722020	Herceptin Hylecta	Trastuzumab-Hyaluronidase-oysk Inj 600-10000 MG-Unit/5ML	Yes	Yes
J9356	21990002722020	Herceptin Hylecta 600-10000 MG-UNT/5ML SOLN	Trastuzumab-Hyaluronidase-oysk Inj 600-10000 MG-Unit/5ML	Yes	Yes
Q5146	21170070402150	Hercessi	Trastuzumab-strf For IV Soln 150 MG	Yes	No
Q5146	21170070402160	Hercessi	Trastuzumab-strf For IV Soln 420 MG	Yes	No
Q5113	21170070602110	Herzuma	Trastuzumab-pkrb For IV Soln 150 MG	Yes	Yes
Q5113	21170070602120	Herzuma	Trastuzumab-pkrb For IV Soln 420 MG	Yes	Yes
Q5113	21170070602110	Herzuma 150 MG SOLR	Trastuzumab-pkrb For IV Soln 150 MG	Yes	Yes
Q5113	21170070602120	Herzuma 420 MG SOLR	Trastuzumab-pkrb For IV Soln 420 MG	Yes	Yes
J3490	85300010202020	Hespan	Hetastarch (HES /0.7 or /0.75) 6% in NaCl 0.9% IV Soln	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	85300010202020	Hetastarch-NaCl	Hetastarch (HES /0.7 or /0.75) 6% in NaCl 0.9% IV Soln	Yes	No
J3490	85300010402020	Hextend	Hetastarch (HES /0.7 or /0.75) 6% in Electrolytes IV Soln	Yes	No
J7321	75800070102024	Hyalgan	Sodium Hyaluronate Intra-articular Inj 20 MG/2ML	Yes	Yes
J7323 J7331 J7321 J7332	7580007010E520	Hyalgan	Sodium Hyaluronate Intra-articular Soln Pref Syr 20 MG/2ML	Yes	Yes
J7321	75800070102024	Hyalgan 20 MG/2ML SOLN	Sodium Hyaluronate Intra-articular Inj 20 MG/2ML	Yes	Yes
J9351	21550080102120	Hycamtin	Topotecan HCl For Inj 4 MG (Base Equiv)	Yes	Yes
C9399 J3490	90971501452020	Hyclodex	Hypochlorous Acid Soln 0.012%	Yes	No
J0360	36400010102005	hydrALAZINE HCl	Hydralazine HCl Inj 20 MG/ML	Yes	Yes
J0360	36400010102005	hydrALAZINE HCl 20 MG/ML SOLN	Hydralazine HCl Inj 20 MG/ML	Yes	Yes
J1720	22100025402150	Hydrocortisone Sod Suc (PF)	Hydrocortisone Sodium Succinate PF For Inj 100 MG	Yes	No
C9399 J3490 J7999	65100035102001	HYDROmorphine HCl	Hydromorphone HCl Inj 0.5 MG/ML	Yes	No
J1171	65100035102002	HYDROmorphine HCl	Hydromorphone HCl Inj 0.2 MG/ML	Yes	No
J1171	65100035102005	HYDROmorphine HCl	Hydromorphone HCl Inj 1 MG/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1171	65100035102010	HYDROmorphine HCl	Hydromorphone HCl Inj 2 MG/ML	Yes	No
J1171	65100035102020	HYDROmorphine HCl	Hydromorphone HCl Inj 4 MG/ML	Yes	No
J1171	65100035102007	HYDROmorphine HCl PF	Hydromorphone HCl Preservative Free (PF) Inj 1 MG/ML	Yes	No
J1171	65100035102012	HYDROmorphine HCl PF	Hydromorphone HCl Preservative Free (PF) Inj 2 MG/ML	Yes	No
J1171	65100035102022	HYDROmorphine HCl PF	Hydromorphone HCl Preservative Free (PF) Inj 4 MG/ML	Yes	No
J1171 S0092	65100035102027	HYDROmorphine HCl PF	Hydromorphone HCl Preservative Free (PF) Inj 10 MG/ML	Yes	No
J1729	21404007202020	HYDROXYprogesterone Caproate	Hydroxyprogesterone Caproate IM in Oil 1.25 GM/5ML	Yes	No
J3410	57200040102005	hydrOXYzine HCl	Hydroxyzine HCl IM Soln 25 MG/ML	Yes	No
J3410	57200040102010	hydrOXYzine HCl	Hydroxyzine HCl IM Soln 50 MG/ML	Yes	No
A6248	90944045304040	HyGel	Hyaluronate Sodium Gel 2.5%	Yes	No
J3473	99350040102020	Hylanex	Hyaluronidase Human Inj 150 Unit/ML	Yes	Yes
J3473	99350040102020	Hylanex 150 UNIT/ML SOLN	Hyaluronidase Human Inj 150 Unit/ML	Yes	Yes
J7322	7580006000E515	Hymovis	Hyaluronan Intra-articular Soln Prefilled Syringe 24 MG/3ML	Yes	Yes
J7322	7580006000E515	Hymovis 24 MG/3ML SOSY	Hyaluronan Intra-articular Soln Prefilled Syringe 24 MG/3ML	Yes	Yes
90371	1910001000E510	HyperHEP B	Hepatitis B Immun Glob (Human) IM Soln Pref Syr 110 Ut/0.5ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
90371	1910001000E525	HyperHEP B	Hepatitis B Immun Glob (Human) IM Soln Pref Syr 220 Unit/ML	Yes	No
90371	19100010002022	HyperHEP B	Hepatitis B Immune Globulin (Human) IM Soln 220 Unit/ML	Yes	No
90375	19100045002040	HyperRAB	Rabies Immune Globulin (Human) Inj 1500 Unt/5ML (300 Unt/ML)	Yes	No
90375	19100045002030	HyperRAB	Rabies Immune Globulin (Human) Inj 300 Unit/ML	Yes	No
90375	19100045002035	HyperRAB	Rabies Immune Globulin (Human) Inj 900 Unt/3ML (300 Unt/ML)	Yes	No
90384 J2790	1910005000E540	HyperRHO S/D	Rho D Immune Globulin IM Soln Pref Syr 1500 Unit (300MCG)	Yes	No
90385 J2788	1910005000E520	HyperRHO S/D	Rho D Immune Globulin IM Soln Pref Syr 250 Unit (50 MCG)	Yes	No
90389 J1670	1910006000E520	HyperTET	Tetanus Immune Globulin (Human) IM Soln Pref Syr 250 Unit/ML	Yes	Yes
90389 J1670	1910006000E520	HyperTET 250 UNIT/ML SOSY	Tetanus Immune Globulin (Human) IM Soln Pref Syr 250 Unit/ML	Yes	Yes
C9399 J3490	90971501452020	HypoCyn	Hypochlorous Acid Soln 0.012%	Yes	No
J1575	19990002356430	Hyqvia	Immun Glob Inj 10 GM/100ML-Hyaluron Inj 800 Unt/5 ML Kit	Yes	No
J1575	19990002356420	Hyqvia	Immun Glob Inj 2.5 GM/25ML-Hyaluron Inj 200 Unt/1.25 ML Kit	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1575	19990002356440	Hyqvia	Immun Glob Inj 20 GM/200ML-Hyaluron Inj 1600 Unt/10 ML Kit	Yes	No
J1575	19990002356450	Hyqvia	Immun Glob Inj 30 GM/300ML-Hyaluron Inj 2400 Unt/15 ML Kit	Yes	No
J1575	19990002356425	Hyqvia	Immun Glob Inj 5 GM/50ML-Hyaluron Inj 400 Unt/2.5 ML Kit	Yes	No
J1740	30042048102030	Ibandronate Sodium	Ibandronate Sodium IV Soln 3 MG/3ML (Base Equivalent)	Yes	No
J3490	66100020402010	Ibuprofen Lysine	Ibuprofen Lysine IV Soln 10 MG/ML (Base Equivalent)	Yes	No
J1742	35400050102020	Ibutilide Fumarate	Ibutilide Fumarate Inj 1 MG/10ML	Yes	Yes
J3490	94200055002115	IC Green	Indocyanine Green For IV Soln 25 MG	Yes	No
J9211	21200045102030	Idamycin PFS	Idarubicin HCl IV Inj 10 MG/10ML (1 MG/ML)	Yes	Yes
J9211	21200045102035	Idamycin PFS	Idarubicin HCl IV Inj 20 MG/20ML (1 MG/ML)	Yes	Yes
J9211	21200045102025	Idamycin PFS	Idarubicin HCl IV Inj 5 MG/5ML (1 MG/ML)	Yes	Yes
J9211	21200045102030	IDArubicin HCl	Idarubicin HCl IV Inj 10 MG/10ML (1 MG/ML)	Yes	Yes
J9211	21200045102035	IDArubicin HCl	Idarubicin HCl IV Inj 20 MG/20ML (1 MG/ML)	Yes	Yes
J9211	21200045102025	IDArubicin HCl	Idarubicin HCl IV Inj 5 MG/5ML (1 MG/ML)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9211	21200045102030	IDArubicin HCl 10 MG/10ML SOLN	Idarubicin HCl IV Inj 10 MG/10ML (1 MG/ML)	Yes	Yes
J9211	21200045102035	IDArubicin HCl 20 MG/20ML SOLN	Idarubicin HCl IV Inj 20 MG/20ML (1 MG/ML)	Yes	Yes
J9211	21200045102025	IDArubicin HCl 5 MG/5ML SOLN	Idarubicin HCl IV Inj 5 MG/5ML (1 MG/ML)	Yes	Yes
J9208	21101025002110	Ifex	Ifosfamide For Inj 1 GM	Yes	Yes
J9208	21101025002130	Ifex	Ifosfamide For Inj 3 GM	Yes	Yes
J9208	21101025002110	Ifex 1 GM SOLR	Ifosfamide For Inj 1 GM	Yes	Yes
J9208	21101025002130	Ifex 3 GM SOLR	Ifosfamide For Inj 3 GM	Yes	Yes
J9208	21101025002110	Ifosfamide	Ifosfamide For Inj 1 GM	Yes	Yes
J9208	21101025002130	Ifosfamide	Ifosfamide For Inj 3 GM	Yes	Yes
J9208	21101025002025	Ifosfamide	Ifosfamide IV Inj 1 GM/20ML (50 MG/ML)	Yes	Yes
J9208	21101025002030	Ifosfamide	Ifosfamide IV Inj 3 GM/60ML (50 MG/ML)	Yes	Yes
J9208	21101025002025	Ifosfamide 1 GM/20ML SOLN	Ifosfamide IV Inj 1 GM/20ML (50 MG/ML)	Yes	Yes
J9208	21101025002030	Ifosfamide 3 GM/60ML SOLN	Ifosfamide IV Inj 3 GM/60ML (50 MG/ML)	Yes	Yes
J1105	60206030108220	Igalmi	Dexmedetomidine HCl Film 120 MCG	Yes	No
J1105	60206030108230	Igalmi	Dexmedetomidine HCl Film 180 MCG	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2403	86750012104020	Iheezo	Chloroprocaine HCl Ophth Gel 3%	Yes	Yes
J2403	86750012104020	Iheezo 3 % GEL	Chloroprocaine HCl Ophth Gel 3%	Yes	Yes
J0638	66460020002015	Ilaris	Canakinumab Subcutaneous Inj 150 MG/ML	Yes	No
A9800 A9596	94356530306420	Illuccix Configuration A	Gallium Ga 68 Gozetotide (PSMA-11) IV For Soln Kit 25 MCG	Yes	No
A9800 A9596	94356530306420	Illuccix Configuration B	Gallium Ga 68 Gozetotide (PSMA-11) IV For Soln Kit 25 MCG	Yes	No
J3245	9025058010E520	Ilumya	Tildrakizumab-asmn Subcutaneous Soln Pref Syringe 100 MG/ML	Yes	Yes
J3245	9025058010E520	Ilumya 100 MG/ML SOSY	Tildrakizumab-asmn Subcutaneous Soln Pref Syringe 100 MG/ML	Yes	Yes
C9399 J3490	99398255012050	Imaavy 1200 MG/6.5ML SOLN	Nipocalimab-aahu IV Soln 1200 MG/6.5ML	Yes	Yes
J9026	21352078202120	Imdelltra	Tarlatamab-dlle For IV Infusion 1 MG	Yes	Yes
J9026	21352078202130	Imdelltra	Tarlatamab-dlle For IV Infusion 10 MG	Yes	Yes
J9026	21352078202120	Imdelltra 1 MG SOLR	Tarlatamab-dlle For IV Infusion 1 MG	Yes	Yes
J9026	21352078202130	Imdelltra 10 MG SOLR	Tarlatamab-dlle For IV Infusion 10 MG	Yes	Yes
J9173	21358229002020	Imfinzi	Durvalumab Soln for IV Infusion 120 MG/2.4ML (50 MG/ML)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9173	21358229002030	Imfinzi	Durvalumab Soln for IV Infusion 500 MG/10ML (50 MG/ML)	Yes	Yes
J9173	21358229002020	Imfinzi 120 MG/2.4ML SOLN	Durvalumab Soln for IV Infusion 120 MG/2.4ML (50 MG/ML)	Yes	Yes
J9173	21358229002030	Imfinzi 500 MG/10ML SOLN	Durvalumab Soln for IV Infusion 500 MG/10ML (50 MG/ML)	Yes	Yes
J0743	16159902402110	Imipenem-Cilastatin	Imipenem-Cilastatin Intravenous For Soln 250 MG	Yes	No
J0743	16159902402120	Imipenem-Cilastatin	Imipenem-Cilastatin Intravenous For Soln 500 MG	Yes	No
J9347	21355280102020	Imjudo	Tremelimumab-actl Soln for IV Infusion 25 MG/1.25ML	Yes	Yes
J9347	21355280102040	Imjudo	Tremelimumab-actl Soln for IV Infusion 300 MG/15ML	Yes	Yes
J9347	21355280102020	Imjudo 25 MG/1.25ML SOLN	Tremelimumab-actl Soln for IV Infusion 25 MG/1.25ML	Yes	Yes
J9347	21355280102040	Imjudo 300 MG/15ML SOLN	Tremelimumab-actl Soln for IV Infusion 300 MG/15ML	Yes	Yes
J2373	38000095102002	Immphentiv	Phenylephrine HCl IV Soln 0.5 MG/5ML (100 MCG/ML)	Yes	Yes
J2373	38000095102008	Immphentiv	Phenylephrine HCl IV Soln 1 MG/10ML (100 MCG/ML)	Yes	Yes
J2373	38000095102002	Immphentiv 0.5 MG/5ML SOLN	Phenylephrine HCl IV Soln 0.5 MG/5ML (100 MCG/ML)	Yes	Yes
90376 90377	19100045002010	Imogam Rabies-HT	Rabies Immune Globulin (Human) Inj 300 Unit/2ML (150 Unt/ML)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
Q5098	52504070812020	Imuldosa 130 MG/26ML SOLN	Imuldosa 130 MG/26ML SOLN	Yes	Yes
A9547 A9570 A9571	94355040402040	Indium In 111 Oxyquinoline	Indium In-111 Oxyquinoline IV Soln 1 mCi/ML	Yes	No
J3490	94200055002115	Indocyanine Green	Indocyanine Green For IV Soln 25 MG	Yes	No
J3490	66100030102105	Indomethacin Sodium	Indomethacin Sodium IV For Soln 1 MG	Yes	No
J1750	82300040002010	Infed	Iron Dextran Inj 50 MG/ML (Elemental Iron)	Yes	Yes
J1750	82300040002010	Infed 50 MG/ML SOLN	Iron Dextran Inj 50 MG/ML (Elemental Iron)	Yes	Yes
Q5103	52505040202120	Inflectra	Infliximab-dyyb For IV Inj 100 MG	Yes	No
J1745	52505040002120	inFLIXimab	Infliximab For IV Inj 100 MG	Yes	No
J9198	21300034112020	Infugem	Gemcitabine HCl-NaCl IV Soln 1200 MG/120ML-0.9%	Yes	Yes
J9198	21300034112024	Infugem	Gemcitabine HCl-NaCl IV Soln 1300 MG/130ML-0.9%	Yes	Yes
J9198	21300034112028	Infugem	Gemcitabine HCl-NaCl IV Soln 1400 MG/140ML-0.9%	Yes	Yes
J9198	21300034112032	Infugem	Gemcitabine HCl-NaCl IV Soln 1500 MG/150ML-0.9%	Yes	Yes
J9198	21300034112036	Infugem	Gemcitabine HCl-NaCl IV Soln 1600 MG/160ML-0.9%	Yes	Yes
J9198	21300034112040	Infugem	Gemcitabine HCl-NaCl IV Soln 1700 MG/170ML-0.9%	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9198	21300034112044	Infugem	Gemcitabine HCl-NaCl IV Soln 1800 MG/180ML-0.9%	Yes	Yes
J9198	21300034112048	Infugem	Gemcitabine HCl-NaCl IV Soln 1900 MG/190ML-0.9%	Yes	Yes
J9198	21300034112052	Infugem	Gemcitabine HCl-NaCl IV Soln 2000 MG/200ML-0.9%	Yes	Yes
J9198	21300034112056	Infugem	Gemcitabine HCl-NaCl IV Soln 2200 MG/220ML-0.9%	Yes	Yes
J9198	21300034112020	Infugem 1200-0.9 MG/120ML-% SOLN	Gemcitabine HCl-NaCl IV Soln 1200 MG/120ML-0.9%	Yes	Yes
J9198	21300034112024	Infugem 1300-0.9 MG/130ML-% SOLN	Gemcitabine HCl-NaCl IV Soln 1300 MG/130ML-0.9%	Yes	Yes
J9198	21300034112028	Infugem 1400-0.9 MG/140ML-% SOLN	Gemcitabine HCl-NaCl IV Soln 1400 MG/140ML-0.9%	Yes	Yes
J9198	21300034112032	Infugem 1500-0.9 MG/150ML-% SOLN	Gemcitabine HCl-NaCl IV Soln 1500 MG/150ML-0.9%	Yes	Yes
J9198	21300034112036	Infugem 1600-0.9 MG/160ML-% SOLN	Gemcitabine HCl-NaCl IV Soln 1600 MG/160ML-0.9%	Yes	Yes
J9198	21300034112040	Infugem 1700-0.9 MG/170ML-% SOLN	Gemcitabine HCl-NaCl IV Soln 1700 MG/170ML-0.9%	Yes	Yes
J9198	21300034112044	Infugem 1800-0.9 MG/180ML-% SOLN	Gemcitabine HCl-NaCl IV Soln 1800 MG/180ML-0.9%	Yes	Yes
J9198	21300034112048	Infugem 1900-0.9 MG/190ML-% SOLN	Gemcitabine HCl-NaCl IV Soln 1900 MG/190ML-0.9%	Yes	Yes
J9198	21300034112052	Infugem 2000-0.9 MG/200ML-% SOLN	Gemcitabine HCl-NaCl IV Soln 2000 MG/200ML-0.9%	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9198	21300034112056	Infugem 2200-0.9 MG/220ML-% SOLN	Gemcitabine HCl-NaCl IV Soln 2200 MG/220ML-0.9%	Yes	Yes
J2274	65100055302020	Infumorph 200	Morphine Sulf For Microinfusion PF Inj 200 MG/20ML (10MG/ML)	Yes	No
J2274	65100055302040	Infumorph 500	Morphine Sulf For Microinfusion PF Inj 500 MG/20ML (25MG/ML)	Yes	No
J3490	78200000002020	Infuvite Adult	*Multiple Vitamin IV Soln**	Yes	No
J3490	78410000002050	Infuvite Pediatric	*Pediatric Multiple Vitamins IV Soln**	Yes	No
J1439	82300062002020	Injectafer	Ferric Carboxymaltose IV Soln 100 MG/2ML (Fe Equivalent)	Yes	Yes
J1439	82300062002030	Injectafer	Ferric Carboxymaltose IV Soln 750 MG/15ML (Fe Equivalent)	Yes	Yes
J1439	82300062002020	Injectafer 100 MG/2ML SOLN	Ferric Carboxymaltose IV Soln 100 MG/2ML (Fe Equivalent)	Yes	Yes
J1439	82300062002030	Injectafer 750 MG/15ML SOLN	Ferric Carboxymaltose IV Soln 750 MG/15ML (Fe Equivalent)	Yes	Yes
J1335	16150030102130	INVanz	Ertapenem Sodium For Inj 1 GM (Base Equivalent)	Yes	No
J2427	5907005010E670	Invega Hafyera	Paliperidone Palmitate ER Susp Pref Syr 1,092 MG/3.5ML	Yes	No
J2427	5907005010E675	Invega Hafyera	Paliperidone Palmitate ER Susp Pref Syr 1,560 MG/5ML	Yes	No
J2426 J2428	5907005010E632	Invega Sustenna	Paliperidone Palmitate ER Susp Pref Syr 117 MG/0.75ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2426 J2428	5907005010E635	Invega Sustenna	Paliperidone Palmitate ER Susp Pref Syr 156 MG/ML	Yes	No
J2426 J2428	5907005010E638	Invega Sustenna	Paliperidone Palmitate ER Susp Pref Syr 234 MG/1.5ML	Yes	No
J2426 J2428	5907005010E626	Invega Sustenna	Paliperidone Palmitate ER Susp Pref Syr 39 MG/0.25ML	Yes	No
J2426 J2428	5907005010E629	Invega Sustenna	Paliperidone Palmitate ER Susp Pref Syr 78 MG/0.5ML	Yes	No
J2427	5907005010E643	Invega Trinza	Paliperidone Palmitate ER Susp Pref Syr 273 MG/0.88ML	Yes	No
J2427	5907005010E647	Invega Trinza	Paliperidone Palmitate ER Susp Pref Syr 410 MG/1.32ML	Yes	No
J2427	5907005010E651	Invega Trinza	Paliperidone Palmitate ER Susp Pref Syr 546 MG/1.75ML	Yes	No
J2427	5907005010E655	Invega Trinza	Paliperidone Palmitate ER Susp Pref Syr 819 MG/2.63ML	Yes	No
Q9966	94402041002025	Iodixanol	Iodixanol Inj 270 MG/ML (Iodine Equivalent)	Yes	No
Q9967	94402041002030	Iodixanol	Iodixanol Inj 320 MG/ML (Iodine Equivalent)	Yes	No
J3490	79993002782010	Ionosol-MB in D5W	*Electrolyte-MB in D5W Soln***	Yes	No
Q9966	94402047002041	lopamidol	lopamidol Inj 41%	Yes	No
Q9966	94402047002051	lopamidol	lopamidol Inj 51%	Yes	No
Q9966	94402047002042	lopamidol	lopamidol IV Soln 41%	Yes	No
Q9967	94402047002061	lopamidol	lopamidol Inj 61%	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
Q9967	94402047002062	Iopamidol	Iopamidol IV Soln 61%	Yes	No
Q9967	94402047002076	Iopamidol	Iopamidol IV Soln 76%	Yes	No
J9206	21550040102030	Irinotecan HCl	Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)	Yes	Yes
J9206	21550040102035	Irinotecan HCl	Irinotecan HCl Inj 300 MG/15ML (20 MG/ML)	Yes	Yes
J9206	21550040102025	Irinotecan HCl	Irinotecan HCl Inj 40 MG/2ML (20 MG/ML)	Yes	Yes
J9206	21550040102040	Irinotecan HCl	Irinotecan HCl Inj 500 MG/25ML (20 MG/ML)	Yes	Yes
J9206	21550040102035	Irinotecan HCl 300 MG/15ML SOLN	Irinotecan HCl Inj 300 MG/15ML (20 MG/ML)	Yes	Yes
J9206	21550040102040	Irinotecan HCl 500 MG/25ML SOLN	Irinotecan HCl Inj 500 MG/25ML (20 MG/ML)	Yes	Yes
J1756	82300048002020	Iron Sucrose 20 MG/ML SOLN	Iron Sucrose Inj 20 MG/ML (Fe Equiv)	Yes	Yes
J7699	70200030002000	Isoflurane	Isoflurane Inhal Soln	Yes	No
J3490	79993002832010	Isolyte-P in D5W	*Electrolyte-P in D5W Soln***	Yes	No
J3490	79992001852000	Isolyte-S	*Electrolyte-S Solution***	Yes	No
J3490	79992001872000	Isolyte-S pH 7.4	*Electrolyte-S (PH 7.4) Solution***	Yes	No
J3490	44201040102005	Isoproterenol HCl	Isoproterenol HCl Inj 0.2 MG/ML	Yes	Yes
J3490	44201040102005	Isoproterenol HCl 0.2 MG/ML SOLN	Isoproterenol HCl Inj 0.2 MG/ML	Yes	Yes
Q9968	94200061002020	Isosulfan Blue	Isosulfan Blue Subcutaneous Soln 1%	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
Q9966	94402047002042	Isovue-200	Iopamidol IV Soln 41%	Yes	No
Q9966	94402047002051	Isovue-250	Iopamidol Inj 51%	Yes	No
Q9967	94402047002062	Isovue-300	Iopamidol IV Soln 61%	Yes	No
Q9967	94402047002076	Isovue-370	Iopamidol IV Soln 76%	Yes	No
Q9966	94402047002041	Isovue-M 200	Iopamidol Inj 41%	Yes	No
Q9967	94402047002061	Isovue-M 300	Iopamidol Inj 61%	Yes	No
J9319	21531560002120	Istodax	Romidepsin For IV Inj 10 MG	Yes	Yes
C9399 J9999	21101040102020	Ivra	Melphalan HCl IV Soln 90 MG/ML (Base Equiv)	Yes	No
C9399 J9999	21101040102020	Ivra 90MG/ ML SOLN	Melphalan HCl IV Soln 90 MG/ML (Base Equiv)	Yes	Yes
90589	17100001502130	Ixchiq	Chikungunya Virus Vaccine Live For IM Solution	Yes	No
J9207	21500011002120	Ixempra Kit	Ixabepilone For IV Infusion 15 MG	Yes	No
J9207	21500011002140	Ixempra Kit	Ixabepilone For IV Infusion 45 MG	Yes	No
90738	17100025101800	Ixiaro	Japanese Encephalitis Vaccine Inactivated Adsorbed Inj	Yes	No
J9281	21200050002160	Jelmyto	Mitomycin For Pyelocalyceal Soln 40 MG	Yes	Yes
J9281	21200050002160	Jelmyto 80 (2 x 40) MG SOLR	Mitomycin For Pyelocalyceal Soln 40 MG	Yes	Yes
J9272	21357928302020	Jemperli	Dostarlimab-gxly IV Soln 500 MG/10ML (50 MG/ML)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9272	21357928302020	Jemperli 500 MG/10ML SOLN	Dostarlimab-gxly IV Soln 500 MG/10ML (50 MG/ML)	Yes	Yes
J0889	82402520000310	Jesduvroq	Daprodustat Tab 1 MG	Yes	No
J0889	82402520000315	Jesduvroq	Daprodustat Tab 2 MG	Yes	No
J0889	82402520000320	Jesduvroq	Daprodustat Tab 4 MG	Yes	No
J0889	82402520000325	Jesduvroq	Daprodustat Tab 6 MG	Yes	No
J0889	82402520000330	Jesduvroq	Daprodustat Tab 8 MG	Yes	No
C9399 J3590	90890023802120	Jeuveau	PrabotulinumtoxinA-xvfs (Cosmetic) For Inj 100 Unit	Yes	No
J9043	21500003002020	Jevtana	Cabazitaxel Inj 60 MG/1.5ML (For IV Infusion)	Yes	Yes
J9043	21500003002020	Jevtana 60 MG/1.5ML SOLN	Cabazitaxel Inj 60 MG/1.5ML (For IV Infusion)	Yes	Yes
C9399 J9999	21335020552020	Jobevne 100 MG/4ML SOLN	Bevacizumab-nwgd IV Soln 100 MG/4ML (For Infusion)	Yes	Yes
C9399 J9999	21335020552040	Jobevne 400 MG/16ML SOLN	Bevacizumab-nwgd IV Soln 400 MG/16ML (For Infusion)	Yes	Yes
B4189 B4193 B4197	80451010001627	Kabiven	*Amino Ac 3.3%-Dext 10.8%-Lipid 3.9%-Electrolytes IV Emul***	Yes	No
J9354	21355070302120	Kadcyla	Ado-Trastuzumab Emtansine For IV Soln 100 MG	Yes	Yes
J9354	21355070302130	Kadcyla	Ado-Trastuzumab Emtansine For IV Soln 160 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9354	21355070302120	Kadcyla 100 MG SOLR	Ado-Trastuzumab Emtansine For IV Soln 100 MG	Yes	Yes
J9354	21355070302130	Kadcyla 160 MG SOLR	Ado-Trastuzumab Emtansine For IV Soln 160 MG	Yes	Yes
J1290	85840030002020	Kalbitor	Ecaltantide Inj 10 MG/ML	Yes	No
Q5117	21170070142110	Kanjinti	Trastuzumab-anns For IV Soln 150 MG	Yes	Yes
Q5117	21170070142121	Kanjinti	Trastuzumab-anns For IV Soln 420 MG	Yes	Yes
Q5117	21170070142110	Kanjinti 150 MG SOLR	Trastuzumab-anns For IV Soln 150 MG	Yes	Yes
Q5117	21170070142121	Kanjinti 420 MG SOLR	Trastuzumab-anns For IV Soln 420 MG	Yes	Yes
J2840	30906360002020	Kanuma	Sebelipase Alfa IV Soln 20 MG/10ML (2 MG/ML)	Yes	Yes
J2840	30906360002020	Kanuma 20 MG/10ML SOLN	Sebelipase Alfa IV Soln 20 MG/10ML (2 MG/ML)	Yes	Yes
J7168	85100060106430	Kcentra	Prothrombin Complex Conc Human For Inj Kit 1000 Unit	Yes	Yes
J7168	85100060106420	Kcentra	Prothrombin Complex Conc Human For Inj Kit 500 Unit	Yes	Yes
J7168	85100060106430	Kcentra 1000 UNIT KIT	Prothrombin Complex Conc Human For Inj Kit 1000 Unit	Yes	Yes
J7168	85100060106420	Kcentra 500 UNIT KIT	Prothrombin Complex Conc Human For Inj Kit 500 Unit	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	79992002102016	KCl (0.149%) in NaCl	KCl 20 MEQ/L (0.149%) in NaCl 0.45% Inj	Yes	No
J3490	79992002102021	KCl (0.149%) in NaCl	KCl 20 MEQ/L (0.149%) in NaCl 0.9% Inj	Yes	No
J3490	79992002102031	KCl (0.298%) in NaCl	KCl 40 MEQ/L (0.298%) in NaCl 0.9% Inj	Yes	No
J3490	79993003102015	KCl in Dextrose-NaCl	KCl 10 MEQ/L (0.075%) in Dextrose 5% & NaCl 0.45% Inj	Yes	No
J3490	79993003102020	KCl in Dextrose-NaCl	KCl 20 MEQ/L (0.15%) in Dextrose 5% & NaCl 0.2% Inj	Yes	No
J3490	79993003102022	KCl in Dextrose-NaCl	KCl 20 MEQ/L (0.15%) in Dextrose 5% & NaCl 0.225% Inj	Yes	No
J3490	79993003102025	KCl in Dextrose-NaCl	KCl 20 MEQ/L (0.15%) in Dextrose 5% & NaCl 0.45% Inj	Yes	No
J3490	79993003102027	KCl in Dextrose-NaCl	KCl 20 MEQ/L (0.15%) in Dextrose 5% & NaCl 0.9% Inj	Yes	No
J3490	79993003102038	KCl in Dextrose-NaCl	KCl 30 MEQ/L (0.224%) in Dextrose 5% & NaCl 0.45% Inj	Yes	No
J3490	79993003102050	KCl in Dextrose-NaCl	KCl 40 MEQ/L (0.3%) in Dextrose 5% & NaCl 0.45% Inj	Yes	No
J3490	79993003102055	KCl in Dextrose-NaCl	KCl 40 MEQ/L (0.3%) in Dextrose 5% & NaCl 0.9% Inj	Yes	No
J3490	79993003252010	KCl-Lactated Ringers-D5W	Potassium Chloride 20 MEQ/L (0.15%) in D5W Lactated Ringers	Yes	No
C9399 J3590	30902545101820	Kebilidi 280000000000 VG/0.5ML SUSPENSION	Eladocagene Exuparvovec-tneq Inj Susp 280000000000 VG/0.5ML	No	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
90376 90377	19100045002010	Kedrab	Rabies Immune Globulin (Human) Inj 300 Unit/2ML (150 Unt/ML)	Yes	No
90377	19100045002020	Kedrab	Rabies Immune Globulin (Human) Inj 1500 Unt/10ML (150 Unt/ML)	Yes	No
J3301	22100050101805	Kenalog-10	Triamcinolone Acetonide Inj Susp 10 MG/ML	Yes	No
J3301	22100050101810	Kenalog-40	Triamcinolone Acetonide Inj Susp 40 MG/ML	Yes	No
J3301	22100050101835	Kenalog-80	Triamcinolone Acetonide Inj Susp 80 MG/ML	Yes	No
C9460	85158425202120	Kengreal	Cangrelor Tetrasodium For IV Soln 50 MG	Yes	Yes
C9460	85158425202120	Kengreal 50 MG SOLR	Cangrelor Tetrasodium For IV Soln 50 MG	Yes	Yes
J2425	21765060002115	Kepivance	Palifermin For IV Inj 5.16 MG	Yes	Yes
J2425	21765060002120	Kepivance	Palifermin For IV Inj 6.25 MG	Yes	Yes
J2425	21765060002115	Kepivance 5.16 MG SOLR	Palifermin For IV Inj 5.16 MG	Yes	Yes
J2425	21765060002120	Kepivance 6.25 MG SOLR	Palifermin For IV Inj 6.25 MG	Yes	Yes
J1953	72600043002060	Keppra	Levetiracetam Inj 500 MG/5ML (100 MG/ML)	Yes	Yes
J3490	70400020102005	Ketalar	Ketamine HCl Inj 10 MG/ML	Yes	No
J3490	70400020102015	Ketalar	Ketamine HCl Inj 100 MG/ML	Yes	No
J3490	70400020102010	Ketalar	Ketamine HCl Inj 50 MG/ML	Yes	No
J3490	70400020102005	Ketamine HCl	Ketamine HCl Inj 10 MG/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	70400020102015	Ketamine HCl	Ketamine HCl Inj 100 MG/ML	Yes	No
J3490	70400020102010	Ketamine HCl	Ketamine HCl Inj 50 MG/ML	Yes	No
J1885	66100037102071	Ketorolac Tromethamine	Ketorolac Tromethamine IM Inj 60 MG/2ML (30 MG/ML)	Yes	No
J1885	66100037102015	Ketorolac Tromethamine	Ketorolac Tromethamine Inj 15 MG/ML	Yes	No
J1885	66100037102030	Ketorolac Tromethamine	Ketorolac Tromethamine Inj 30 MG/ML	Yes	No
J9271	21357953002030	Keytruda	Pembrolizumab IV Soln 100 MG/4ML (25 MG/ML)	Yes	Yes
J9271	21357953002030	Keytruda 100 MG/4ML SOLN	Pembrolizumab IV Soln 100 MG/4ML (25 MG/ML)	Yes	Yes
J0642	21755050002120	Khazory	Levoleucovorin For IV Soln 175 MG	Yes	Yes
J0642	21755050002130	Khazory	Levoleucovorin For IV Soln 300 MG	Yes	Yes
J0642	21755050002120	Khazory 175 MG SOLR	Levoleucovorin For IV Soln 175 MG	Yes	Yes
J0642	21755050002130	Khazory 300 MG SOLR	Levoleucovorin For IV Soln 300 MG	Yes	Yes
J9274	21352080602020	Kimtrak	Tebentafusp-tebn IV Soln 100 MCG/0.5ML	Yes	Yes
J9274	21352080602020	Kimtrak 100 MCG/0.5ML SOLN	Tebentafusp-tebn IV Soln 100 MCG/0.5ML	Yes	Yes
J2406	16280050202140	Kimysa	Oritavancin Diphosphate For IV Soln 1200 MG	Yes	Yes
J2406	16280050202140	Kimysa 1200 MG SOLR	Oritavancin Diphosphate For IV Soln 1200 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2805	94200085002105	Kinevac	Sincalide For Inj 5 MCG	Yes	Yes
J0175	62050522012002	Kisunla	Donanemab-azbt IV Soln 350 MG/20ML (17.5 MG/ML)	Yes	No
J0879	99690020102020	Korsuva	Difelikefalin Acetate 65 MCG/1.3ML (50 MCG/ML)	Yes	Yes
J0879	99690020102020	Korsuva 65 MCG/1.3ML SOLN	Difelikefalin Acetate 65 MCG/1.3ML (50 MCG/ML)	Yes	Yes
J2507	68000050002020	Krystexxa	Pegloticase Inj 8 MG/ML (For IV Infusion)	Yes	Yes
J2507	68000050002020	Krystexxa 8 MG/ML SOLN	Pegloticase Inj 8 MG/ML (For IV Infusion)	Yes	Yes
J7296	25200050005313	Kyleena	Levonorgestrel Releasing IUD 17.5 MCG/DAY (19.5 MG Total)	No	Yes
Q2042	21651075001820	Kymriah	Tisagenlecleucel IV Susp 250,000,000 CELLS	Yes	Yes
Q2042	21651075001830	Kymriah	Tisagenlecleucel IV Susp 600,000,000 CELLS	Yes	Yes
Q2042	21651075001820	Kymriah 250000000 CELLS SUSP	Tisagenlecleucel IV Susp 250,000,000 CELLS	Yes	Yes
Q2042	21651075001830	Kymriah 600000000 CELLS SUSP	Tisagenlecleucel IV Susp 600,000,000 CELLS	Yes	Yes
J9047	21536025002105	Kyprolis	Carfilzomib For Inj 10 MG	Yes	Yes
J9047	21536025002110	Kyprolis	Carfilzomib For Inj 30 MG	Yes	Yes
J9047	21536025002120	Kyprolis	Carfilzomib For Inj 60 MG	Yes	Yes
J9047	21536025002105	Kyprolis 10 MG SOLR	Carfilzomib For Inj 10 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9047	21536025002110	Kyprolis 30 MG SOLR	Carfilzomib For Inj 30 MG	Yes	Yes
J9047	21536025002120	Kyprolis 60 MG SOLR	Carfilzomib For Inj 60 MG	Yes	Yes
C9399 J9999	21100015002041	Kyxata 500 MG/50ML SOLN	Carboplatin IV Soln 500 MG/50ML	Yes	Yes
C9399 J9999	21100015002031	Kyxata 80 MG/8ML SOLN	Carboplatin IV Soln 80 MG/8ML	Yes	Yes
J1920	33300010102005	Labetalol HCl	Labetalol HCl IV Soln 5 MG/ML	Yes	Yes
J1921	3330001010E510	Labetalol HCl	Labetalol HCl IV Soln Prefilled Syringe 10 MG/2ML (5 MG/ML)	Yes	No
J1920	33300010102005	Labetalol HCl 5 MG/ML SOLN	Labetalol HCl IV Soln 5 MG/ML	Yes	Yes
J1921	33300010302030	Labetalol HCl-Dextrose	Labetalol HCl-Dextrose IV Soln 200 MG/200ML-5%	Yes	No
J1921	33300010502006	Labetalol HCl-Sodium Chloride	Labetalol HCl-Sodium Chloride IV Soln 100 MG/100ML-0.72%	Yes	No
J1921	33300010502008	Labetalol HCl-Sodium Chloride	Labetalol HCl-Sodium Chloride IV Soln 200 MG/200ML-0.72%	Yes	No
J1921	33300010502010	Labetalol HCl-Sodium Chloride	Labetalol HCl-Sodium Chloride IV Soln 300 MG/300ML-0.72%	Yes	No
C9254	72600036002020	Lacosamide	Lacosamide IV Inj 200 MG/20ML (10 MG/ML)	Yes	Yes
C9254	72600036002020	Lacosamide 200 MG/20ML SOLN	Lacosamide IV Inj 200 MG/20ML (10 MG/ML)	Yes	Yes
J3490	99750015002000	Lactated Ringers	Lactated Ringer's for Irrigation	Yes	Yes
J7120	79992001202010	Lactated Ringers	Lactated Ringer's Solution	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	99750015002000	Lactated Ringers SOLN	Lactated Ringer's for Irrigation	Yes	Yes
J7120	79992001202010	Lactated Ringers SOLN	Lactated Ringer's Solution	Yes	Yes
J0217	30902380702120	Lamzede	Velmanase Alfa-tycv For IV Soln 10 MG	Yes	Yes
J0217	30902380702120	Lamzede 10 MG SOLR	Velmanase Alfa-tycv For IV Soln 10 MG	Yes	Yes
J1160	31200010002010	Lanoxin	Digoxin Inj 0.25 MG/ML	Yes	Yes
J1160	31200010002005	Lanoxin Pediatric	Digoxin Inj 0.1 MG/ML	Yes	Yes
J1160	31200010002005	Lanoxin Pediatric 0.1 MG/ML SOLN	Digoxin Inj 0.1 MG/ML	Yes	Yes
J1930 J1932	30170050102040	Lanreotide Acetate	Lanreotide Acetate Extended Release Inj 120 MG/0.5ML	Yes	No
C9399 J3590	27160820301820	Lantidra	Donislecel-jujn IV Susp	Yes	Yes
C9399 J3590	27160820301820	Lantidra SUSP	Donislecel-jujn IV Susp	Yes	Yes
J0202	62405010002020	Lemtrada	Alemtuzumab IV Inj 12 MG/1.2ML (10 MG/ML)	Yes	Yes
J0202	62405010002020	Lemtrada 12 MG/1.2ML SOLN	Alemtuzumab IV Inj 12 MG/1.2ML (10 MG/ML)	Yes	Yes
C9399 J3590	62255010101820	Lenmeldy	Atidarsagene Autotemcel IV Susp	Yes	No
J0174	62050545302020	Leqembi 200 MG/2ML SOLN	Lecanemab-irmb IV Soln 200 MG/2ML (100 MG/ML)	No	Yes
J0174	62050545302040	Leqembi 500 MG/5ML SOLN	Lecanemab-irmb IV Soln 500 MG/5ML (100 MG/ML)	No	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1306	3935604040E520	Leqvio	Inclisiran Sodium Subcutaneous Soln Pref Syr 284 MG/1.5ML	Yes	Yes
J1306	3935604040E520	Leqvio 284 MG/1.5ML SOSY	Inclisiran Sodium Subcutaneous Soln Pref Syr 284 MG/1.5ML	Yes	Yes
A9512	94359070476420	LEU Technelite	Technetium Tc 99m Na Per technetate for Soln Kit	Yes	No
J0640	21755040102130	Leucovorin Calcium	Leucovorin Calcium For Inj 100 MG	Yes	No
J0640	21755040102150	Leucovorin Calcium	Leucovorin Calcium For Inj 200 MG	Yes	No
J0640	21755040102160	Leucovorin Calcium	Leucovorin Calcium For Inj 350 MG	Yes	No
J0640	21755040102120	Leucovorin Calcium	Leucovorin Calcium For Inj 50 MG	Yes	No
J0640	21755040102170	Leucovorin Calcium	Leucovorin Calcium For Inj 500 MG	Yes	No
J0640	21755040102040	Leucovorin Calcium	Leucovorin Calcium Inj 100 MG/10ML (10 MG/ML)	Yes	No
J0640	21755040102056	Leucovorin Calcium	Leucovorin Calcium Inj 500 MG/50ML (10 MG/ML)	Yes	No
J1953	72600043002060	levETIRAcetam	Levetiracetam Inj 500 MG/5ML (100 MG/ML)	Yes	Yes
J1953	72600043002060	levETIRAcetam 500 MG/5ML SOLN	Levetiracetam Inj 500 MG/5ML (100 MG/ML)	Yes	Yes
J1953	72600043052030	levETIRAcetam in NaCl	Levetiracetam in Sodium Chloride IV Soln 1000 MG/100ML	Yes	No
J1953	72600043052040	levETIRAcetam in NaCl	Levetiracetam in Sodium Chloride IV Soln 1500 MG/100ML	Yes	No
J1953	72600043052015	levETIRAcetam in NaCl	Levetiracetam in Sodium Chloride IV Soln 250 MG/50ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1953	72600043052020	levETIRAcetam in NaCl	Levetiracetam in Sodium Chloride IV Soln 500 MG/100ML	Yes	No
J1955	30903045102060	levOCARNitine	Levocarnitine Inj 200 MG/ML	Yes	No
J1956	5000034002020	levoFLOXacin	Levofloxacin IV Soln 25 MG/ML	Yes	No
J1956	5000034112024	levoFLOXacin in D5W	Levofloxacin in D5W IV Soln 250 MG/50ML	Yes	No
J1956	5000034112028	levoFLOXacin in D5W	Levofloxacin in D5W IV Soln 500 MG/100ML	Yes	No
J1956	5000034112032	levoFLOXacin in D5W	Levofloxacin in D5W IV Soln 750 MG/150ML	Yes	No
J0641	21755050102120	LEVOleucovorin Calcium	Levoleucovorin Calcium For IV Inj 50 MG (Base Equiv)	Yes	Yes
J0641	21755050102120	LEVOleucovorin Calcium 50 MG SOLR	Levoleucovorin Calcium For IV Inj 50 MG (Base Equiv)	Yes	Yes
J0641	21755050102021	LEVOleucovorin Calcium PF	Levoleucovorin Calcium IV Soln PF 175 MG/17.5ML (Base Equiv)	Yes	Yes
J0641	21755050102030	LEVOleucovorin Calcium PF	Levoleucovorin Calcium IV Soln PF 250 MG/25ML (Base Equiv)	Yes	Yes
J0641	21755050102021	LEVOleucovorin Calcium PF 175 MG/17.5ML SOLN	Levoleucovorin Calcium IV Soln PF 175 MG/17.5ML (Base Equiv)	Yes	Yes
J0641	21755050102030	LEVOleucovorin Calcium PF 250 MG/25ML SOLN	Levoleucovorin Calcium IV Soln PF 250 MG/25ML (Base Equiv)	Yes	Yes
J3490 J7999	38000090102010	Levophed	Norepinephrine Bitartrate IV Soln 1 MG/ML (Base Equivalent)	Yes	No
J0650	28100010102103	Levothyroxine Sodium	Levothyroxine Sodium For IV Inj 100 MCG	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0650	28100010102107	Levothyroxine Sodium	Levothyroxine Sodium For IV Inj 200 MCG	Yes	No
J0650	28100010102112	Levothyroxine Sodium	Levothyroxine Sodium For IV Inj 500 MCG	Yes	No
J0651	28100010102084	Levothyroxine Sodium	Levothyroxine Sodium IV Soln 100 MCG/5ML (20 MCG/ML)	Yes	No
J0651	28100010102088	Levothyroxine Sodium	Levothyroxine Sodium IV Soln 200 MCG/5ML (40 MCG/ML)	Yes	No
J0651	28100010102096	Levothyroxine Sodium	Levothyroxine Sodium IV Soln 500 MCG/5ML (100 MCG/ML)	Yes	No
J0652	28100010102094	Levothyroxine Sodium	Levothyroxine Sodium IV Soln 100 MCG/ML	Yes	No
J1980	49101030102010	Levsin 0.5 MG/ML SOLN	Hyoscyamine Sulfate Inj 0.5 MG/ML	No	Yes
J7308	90375015102120	Levulan Kerastick	Aminolevulinic Acid HCl For Soln 20% (Stick Applicator)	Yes	Yes
J7308	90375015102120	Levulan Kerastick 20 % SOLR	Aminolevulinic Acid HCl For Soln 20% (Stick Applicator)	Yes	Yes
J2785	94200079002020	Lexiscan	Regadenoson IV Inj 0.4 MG/5ML (0.08 MG/ML)	Yes	Yes
J9119	21357923402030	Libtayo	Cemiplimab-rwlc IV Soln 350 MG/7ML (50 MG/ML)	Yes	Yes
J9119	21357923402030	Libtayo 350 MG/7ML SOLN	Cemiplimab-rwlc IV Soln 350 MG/7ML (50 MG/ML)	Yes	Yes
J2003	69100040102005	Lidocaine HCl	Lidocaine HCl Local Inj 0.5%	Yes	No
J2003	69100040102010	Lidocaine HCl	Lidocaine HCl Local Inj 1%	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2003	69100040102020	Lidocaine HCl	Lidocaine HCl Local Inj 2%	Yes	No
J2003	3520002010E530	Lidocaine HCl (Cardiac)	Lidocaine HCl (Cardiac) IV Soln Pref Syr 100 MG/5ML (2%)	Yes	No
J2003	3520002010E520	Lidocaine HCl (Cardiac)	Lidocaine HCl (Cardiac) IV Soln Pref Syr 50 MG/5ML (1%)	Yes	No
J2003	35200020102035	Lidocaine HCl (Cardiac) PF	Lidocaine HCl (Cardiac) IV PF Soln 100 MG/5ML (2%)	Yes	No
J2003	3520002010E522	Lidocaine HCl (Cardiac) PF	Lidocaine HCl (Cardiac) IV PF Soln Pref Syr 50 MG/5ML (1%)	Yes	No
J2003	3520002010E532	Lidocaine HCl (Cardiac) PF	Lidocaine HCl (Cardiac) IV PF Soln Pref Syr 100 MG/5ML (2%)	Yes	No
J2003	69100040102006	Lidocaine HCl (PF)	Lidocaine HCl Local Preservative Free (PF) Inj 0.5%	Yes	No
J2003	69100040102011	Lidocaine HCl (PF)	Lidocaine HCl Local Preservative Free (PF) Inj 1%	Yes	Yes
J2003	69100040102016	Lidocaine HCl (PF)	Lidocaine HCl Local Preservative Free (PF) Inj 1.5%	Yes	No
J2003	69100040102021	Lidocaine HCl (PF)	Lidocaine HCl Local Preservative Free (PF) Inj 2%	Yes	Yes
J2003	69100040102026	Lidocaine HCl (PF)	Lidocaine HCl Local Preservative Free (PF) Inj 4%	Yes	No
J2003	69100040102011	Lidocaine HCl (PF) 1 % SOLN	Lidocaine HCl Local Preservative Free (PF) Inj 1%	Yes	Yes
J2003	69100040102021	Lidocaine HCl (PF) 2 % SOLN	Lidocaine HCl Local Preservative Free (PF) Inj 2%	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	90850060104006	Lidocaine HCl Urethral/Mucosal	Lidocaine HCl Urethral/Mucosal Gel 2%	Yes	No
J3490	9085006010E420	Lidocaine HCl Urethral/Mucosal	Lidocaine HCl Urethral/Mucosal Gel Prefilled Syringe 2%	Yes	No
J2002	35200020112020	Lidocaine in D5W	Lidocaine IV Infusion in D5W Inj 4 MG/ML	Yes	Yes
J2002	35200020112030	Lidocaine in D5W	Lidocaine IV Infusion in D5W Inj 8 MG/ML	Yes	Yes
J2002	35200020112020	Lidocaine in D5W 4-5 MG/ML-% SOLN	Lidocaine IV Infusion in D5W Inj 4 MG/ML	Yes	Yes
J2002	35200020112030	Lidocaine in D5W 8-5 MG/ML-% SOLN	Lidocaine IV Infusion in D5W Inj 8 MG/ML	Yes	Yes
J2004	69991002402005	Lidocaine-EPINEPHrine	Lidocaine Inj 0.5% w/ Epinephrine-1:200000	Yes	No
J2004	69991002402011	Lidocaine-EPINEPHrine	Lidocaine Inj 1% w/ Epinephrine-1:100000	Yes	No
J2004	69991002402022	Lidocaine-EPINEPHrine	Lidocaine Inj 2% w/ Epinephrine-1:100000	Yes	Yes
J2004	69991002402016	Lidocaine-EPINEPHrine (PF)	Lidocaine Inj 1.5% w/ Epinephrine-1:200000 (PF)	Yes	No
J2004	69991002402020	Lidocaine-EPINEPHrine (PF)	Lidocaine Inj 2% w/ Epinephrine-1:200000 (PF)	Yes	No
J7297	25200050005318	Liletta (52 MG)	Levonorgestrel IUD 20.1 MCG/DAY (Initial) (52 MG Total)	No	Yes
J2010	16220010102005	Lincocin	Lincomycin HCl Inj 300 MG/ML	Yes	Yes
J2010	16220010102005	Lincomycin HCl	Lincomycin HCl Inj 300 MG/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2010	16220010102005	Lincomycin HCl 300 MG/ML SOLN	Lincomycin HCl Inj 300 MG/ML	Yes	Yes
J2020	16230040002040	Linezolid	Linezolid IV Soln 600 MG/300ML (2 MG/ML)	Yes	No
J2020 J2021	16230040102040	Linezolid in Sodium Chloride	Linezolid in Sodium Chloride IV Soln 600 MG/300ML-0.9%	Yes	No
J3490	28100020102020	Liothyronine Sodium	Liothyronine Sodium IV Soln 10 MCG/ML	Yes	No
A9698	94402025001720	Lipiodol	Ethiodized Inj Oil 480 MG/ML (Iodine Equivalent)	Yes	No
A9698	94401010101842	Liquid E-Z-Paque	Barium Sulfate Susp 60%	Yes	No
J7100	85300020102010	LMD in D5W	Dextran 40 Inj 10% in D5W	Yes	Yes
J7100	85300020102010	LMD in D5W 10-5 % SOLN	Dextran 40 Inj 10% in D5W	Yes	Yes
J7100	85300020202010	LMD in NaCl	Dextran 40 Inj 10% in Saline	Yes	Yes
J7100	85300020202010	LMD in NaCl 10-0.9 % SOLN	Dextran 40 Inj 10% in Saline	Yes	Yes
A9800 A9596	94356530306420	Locametz	Gallium Ga 68 Gozetotide (PSMA-11) IV For Soln Kit 25 MCG	Yes	No
J3263	21357970722020	Loqtorzi	Toripalimab-tpzi IV Soln 240 MG/6ML (40 MG/ML)	Yes	Yes
J3263	21357970722020	Loqtorzi 240 MG/6ML SOLN	Toripalimab-tpzi IV Soln 240 MG/6ML (40 MG/ML)	Yes	Yes
J2060	57100060002005	LORazepam	Lorazepam Inj 2 MG/ML	Yes	No
J2060	57100060002010	LORazepam	Lorazepam Inj 4 MG/ML	Yes	No
Q9950	94500085501920	Lumason	Sulfur Hexafluoride Lipid-Type A Micros For Susp 60.7-25 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
Q9950	94500085501920	Lumason 60.7-25 MG SUSR	Sulfur Hexafluoride Lipid-Type A Micros For Susp 60.7-25 MG	Yes	Yes
A9615	94200071102120	Lumisight	Pegulicianine Acetate for IV Inj 39 MG	Yes	No
J0221	30907715002120	Lumizyme	Alglucosidase Alfa For IV Soln 50 MG	Yes	Yes
J0221	30907715002120	Lumizyme 50 MG SOLR	Alglucosidase Alfa For IV Soln 50 MG	Yes	Yes
J9313	21352236502120	Lumoxiti	Moxetumomab Pasudotox-tdfk For IV Soln 1 MG	Yes	Yes
J9313	21352236502120	Lumoxiti 1 MG SOLR	Moxetumomab Pasudotox-tdfk For IV Soln 1 MG	Yes	Yes
J9350	21352050102020	Lunsumio	Mosunetuzumab-axgb IV Soln 1 MG/ML	Yes	Yes
J9350	21352050102040	Lunsumio	Mosunetuzumab-axgb IV Soln 30 MG/30ML (1 MG/ML)	Yes	Yes
J9350	21352050102020	Lunsumio 1 MG/ML SOLN	Mosunetuzumab-axgb IV Soln 1 MG/ML	Yes	Yes
J9350	21352050102040	Lunsumio 30 MG/30ML SOLN	Mosunetuzumab-axgb IV Soln 30 MG/30ML (1 MG/ML)	Yes	Yes
A9513	21600045202020	Lutathera	Lutetium Lu 177 Dotatate IV Soln 370 MBq/ML (10 mCi/ML)	Yes	Yes
A9513	21600045202020	Lutathera 370 MBQ/ML SOLN	Lutetium Lu 177 Dotatate IV Soln 370 MBq/ML (10 mCi/ML)	Yes	Yes
J3394	82804050101820	Lyfgenia	Lovotibeglogene Autotemcel IV Susp	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3394	82804050101820	Lyfgenia SUSP	Lovotibeglogene Autotemcel IV Susp	Yes	Yes
A9520	94355580806420	Lymphoseek	Technetium Tc 99m Tilmanocept For Inj Kit	Yes	No
C9399 J9999	21352045002040	Lynozytic 200 MG/10ML SOLN	Lynozytic 200 MG/10ML SOLN	Yes	Yes
C9399 J9999	21352045002020	Lynozytic 5 MG/2.5ML SOLN	Lynozytic 5 MG/2.5ML SOLN	Yes	Yes
J7330	75840015209100	MACI	*Autologous Cultured Chondrocyte on Collagen Membrane Sheet*	Yes	Yes
J7330	75840015209100	MACI SHEE	*Autologous Cultured Chondrocyte on Collagen Membrane Sheet*	Yes	Yes
J8499	94200062103020	Macrilen	Macimorelin Acetate Pack for Oral Soln 60 MG (Base Equiv)	Yes	No
J3475	79400010402020	Magnesium Sulfate	Magnesium Sulfate Inj 50%	Yes	Yes
J3475	79400010402040	Magnesium Sulfate	Magnesium Sulfate IV Soln 2 GM/50ML (40 MG/ML)	Yes	Yes
J3475	79400010402050	Magnesium Sulfate	Magnesium Sulfate IV Soln 20 GM/500ML (40 MG/ML)	Yes	Yes
J3475	79400010402045	Magnesium Sulfate	Magnesium Sulfate IV Soln 4 GM/100ML (40 MG/ML)	Yes	Yes
J3475	79400010402065	Magnesium Sulfate	Magnesium Sulfate IV Soln 4 GM/50ML (80 MG/ML)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3475	79400010402055	Magnesium Sulfate	Magnesium Sulfate IV Soln 40 GM/1000ML (40 MG/ML)	Yes	Yes
J3475	79400010402040	Magnesium Sulfate 2 GM/50ML SOLN	Magnesium Sulfate IV Soln 2 GM/50ML (40 MG/ML)	Yes	Yes
J3475	79400010402050	Magnesium Sulfate 20 GM/500ML SOLN	Magnesium Sulfate IV Soln 20 GM/500ML (40 MG/ML)	Yes	Yes
J3475	79400010402045	Magnesium Sulfate 4 GM/100ML SOLN	Magnesium Sulfate IV Soln 4 GM/100ML (40 MG/ML)	Yes	Yes
J3475	79400010402065	Magnesium Sulfate 4 GM/50ML SOLN	Magnesium Sulfate IV Soln 4 GM/50ML (80 MG/ML)	Yes	Yes
J3475	79400010402055	Magnesium Sulfate 40 GM/1000ML SOLN	Magnesium Sulfate IV Soln 40 GM/1000ML (40 MG/ML)	Yes	Yes
J3475	79400010402020	Magnesium Sulfate 50 % SOLN	Magnesium Sulfate Inj 50%	Yes	Yes
J3475	79400010412032	Magnesium Sulfate in D5W	Magnesium Sulfate in Dextrose 5% IV Soln 1 GM/100ML	Yes	Yes
J3475	79400010412032	Magnesium Sulfate in D5W 1-5 GM/100ML-% SOLN	Magnesium Sulfate in Dextrose 5% IV Soln 1 GM/100ML	Yes	Yes
J3490	79500010102010	Manganese Chloride	Manganese Chloride Inj 0.1 MG/ML	Yes	No
J2150	37400030002025	Mannitol	Mannitol IV Soln 25%	Yes	Yes
J3490	37400030002020	Mannitol	Mannitol IV Soln 20%	Yes	No
J2150	37400030002025	Mannitol 25 % SOLN	Mannitol IV Soln 25%	Yes	Yes
J0665	69100010102005	Marcaine	Bupivacaine HCl Inj 0.25%	Yes	Yes
J0665	69100010102010	Marcaine	Bupivacaine HCl Inj 0.5%	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0665	69100010102018	Marcaine	Bupivacaine HCl Preservative Free (PF) Inj 0.75%	Yes	Yes
J0665	69100010102005	Marcaine 0.25 % SOLN	Bupivacaine HCl Inj 0.25%	Yes	Yes
J0665	69100010102007	Marcaine Preservative Free	Bupivacaine HCl Preservative Free (PF) Inj 0.25%	Yes	Yes
J0665	69100010102012	Marcaine Preservative Free	Bupivacaine HCl Preservative Free (PF) Inj 0.5%	Yes	Yes
J0665	69100010102007	Marcaine Preservative Free 0.25 % SOLN	Bupivacaine HCl Preservative Free (PF) Inj 0.25%	Yes	Yes
J0665	69100010102012	Marcaine Preservative Free 0.5 % SOLN	Bupivacaine HCl Preservative Free (PF) Inj 0.5%	Yes	Yes
J3490	69991002102010	Marcaine/Epinephrine	Bupivacaine Inj 0.25% w/ Epinephrine 1:200000	Yes	No
J3490	69991002102015	Marcaine/Epinephrine	Bupivacaine Inj 0.5% w/ Epinephrine 1:200000	Yes	No
J3490	69991002102012	Marcaine/Epinephrine PF	Bupivacaine Inj 0.25% w/ Epinephrine 1:200000 (PF)	Yes	No
J3490	69991002102017	Marcaine/Epinephrine PF	Bupivacaine Inj 0.5% w/ Epinephrine 1:200000 (PF)	Yes	No
J9353	21170034202020	Margenza	Margetuximab-cmkb IV Soln 250 MG/10ML (25 MG/ML)	Yes	Yes
J9353	21170034202020	Margenza 250 MG/10ML SOLN	Margetuximab-cmkb IV Soln 250 MG/10ML (25 MG/ML)	Yes	Yes
J1100	22100020206420	MAS Care-Pak	*Dexamethasone Sodium Phosphate PF Inj 10 MG/ML Kit***	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9245	21101040102110	Melphalan HCl	Melphalan HCl For Inj 50 MG (Base Equiv)	Yes	No
J2175	65100045102030	Meperidine HCl	Meperidine HCl Inj 100 MG/ML	Yes	Yes
J2175	65100045102010	Meperidine HCl	Meperidine HCl Inj 25 MG/ML	Yes	Yes
J2175	65100045102015	Meperidine HCl	Meperidine HCl Inj 50 MG/ML	Yes	Yes
J3397	30907680202020	Mepsevii	Vestronidase alfa-vjbk IV Soln 10 MG/5ML (2 MG/ML)	Yes	Yes
J3397	30907680202020	Mepsevii 10 MG/5ML SOLN	Vestronidase alfa-vjbk IV Soln 10 MG/5ML (2 MG/ML)	Yes	Yes
J2183	16150050002150	Meropenem	Meropenem IV For Soln 2 GM	Yes	Yes
J2185	16150050002140	Meropenem	Meropenem IV For Soln 1 GM	Yes	Yes
J2185	16150050002120	Meropenem	Meropenem IV For Soln 500 MG	Yes	Yes
J2185	16150050002140	Meropenem 1 GM SOLR	Meropenem IV For Soln 1 GM	Yes	Yes
J2183	16150050002150	Meropenem 2 GM SOLR	Meropenem IV For Soln 2 GM	Yes	Yes
J2185	16150050002120	Meropenem 500 MG SOLR	Meropenem IV For Soln 500 MG	Yes	Yes
J2184 J2185	16150050052130	Meropenem-Sodium Chloride	Meropenem & Sodium Chloride 0.9% For IV Soln 1 GM/50ML	Yes	Yes
J2184 J2185	16150050052120	Meropenem-Sodium Chloride	Meropenem & Sodium Chloride 0.9% For IV Soln 500 MG/50ML	Yes	Yes
J2184 J2185	16150050052130	Meropenem-Sodium Chloride 1 GM/50ML SOLR	Meropenem & Sodium Chloride 0.9% For IV Soln 1 GM/50ML	Yes	Yes
J2184 J2185	16150050052120	Meropenem-Sodium Chloride 500 MG/50ML SOLR	Meropenem & Sodium Chloride 0.9% For IV Soln 500 MG/50ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9209	21758050002010	Mesna	Mesna Inj 100 MG/ML	Yes	Yes
J9209	21758050002010	Mesnex	Mesna Inj 100 MG/ML	Yes	Yes
J9209	21758050002010	Mesnex 100 MG/ML SOLN	Mesna Inj 100 MG/ML	Yes	Yes
J1230	65100050102005	Methadone HCl	Methadone HCl Inj 10 MG/ML	Yes	No
J2800	75100070002010	Methocarbamol	Methocarbamol Inj 1000 MG/10ML	Yes	No
Q9968	93000050002030	Methylene Blue	Methylene Blue IV Soln 50 MG/10ML (5 MG/ML)	Yes	Yes
	93000050002007	Methylene Blue (Antidote) 1 % SOLN	Methylene Blue IV Soln 1%	No	Yes
J2210	29000020102005	Methylergonovine Maleate	Methylergonovine Maleate Inj 0.2 MG/ML	Yes	Yes
J2210	29000020102005	Methylergonovine Maleate 0.2 MG/ML SOLN	Methylergonovine Maleate Inj 0.2 MG/ML	Yes	Yes
J1010	22100030101810	methylPREDNISolone Acetate	Methylprednisolone Acetate Inj Susp 40 MG/ML	Yes	No
J1010	22100030101815	methylPREDNISolone Acetate	Methylprednisolone Acetate Inj Susp 80 MG/ML	Yes	No
J2919	22100030202120	methylPREDNISolone Sodium Succ	Methylprednisolone Sod Succ For Inj 1000 MG (Base Equiv)	Yes	No
J2919	22100030202110	methylPREDNISolone Sodium Succ	Methylprednisolone Sod Succ For Inj 125 MG (Base Equiv)	Yes	No
J2919	22100030202105	methylPREDNISolone Sodium Succ	Methylprednisolone Sod Succ For Inj 40 MG (Base Equiv)	Yes	No
J2919	22100030202115	methylPREDNISolone Sodium Succ	Methylprednisolone Sod Succ For Inj 500 MG (Base Equiv)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	33200030102005	Metoprolol Tartrate	Metoprolol Tartrate IV Soln 5 MG/5ML	Yes	No
J1836	16000035002030	metroNIDAZOLE	Metronidazole IV Soln 500 MG/100ML	Yes	No
J2248 J2247	11500050102130	Micafungin Sodium	Micafungin Sodium For IV Soln 100 MG	Yes	No
J2248 J2247	11500050102120	Micafungin Sodium	Micafungin Sodium For IV Soln 50 MG	Yes	No
J2246	11500050402030	Micafungin Sodium-NaCl	Micafungin in Sodium Chloride 0.9% IV Solution 100 MG/100ML	Yes	Yes
J2246	11500050402020	Micafungin Sodium-NaCl	Micafungin in Sodium Chloride 0.9% IV Solution 50 MG/50ML	Yes	Yes
J2246	11500050402030	Micafungin Sodium-NaCl 100-0.9 MG/100ML-% SOLN	Micafungin in Sodium Chloride 0.9% IV Solution 100 MG/100ML	Yes	Yes
J2246	11500050402020	Micafungin Sodium-NaCl 50-0.9 MG/50ML-% SOLN	Micafungin in Sodium Chloride 0.9% IV Solution 50 MG/50ML	Yes	Yes
90385 J2788	1910005000E520	MICRhoGAM Ultra-Filtered Plus	Rho D Immune Globulin IM Soln Pref Syr 250 Unit (50 MCG)	Yes	No
J2250	60201025102004	Midazolam HCl	Midazolam HCl Inj 10 MG/10ML (Base Equivalent)	Yes	Yes
J2250	60201025102010	Midazolam HCl	Midazolam HCl Inj 10 MG/2ML (Base Equivalent)	Yes	Yes
J2250	60201025102002	Midazolam HCl	Midazolam HCl Inj 2 MG/2ML (Base Equivalent)	Yes	Yes
J2250	60201025102025	Midazolam HCl	Midazolam HCl Inj 25 MG/5ML (Base Equivalent)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2250	60201025102003	Midazolam HCl	Midazolam HCl Inj 5 MG/5ML (Base Equivalent)	Yes	Yes
J2250	60201025102005	Midazolam HCl	Midazolam HCl Inj 5 MG/ML (Base Equivalent)	Yes	Yes
J2250	60201025102050	Midazolam HCl	Midazolam HCl Inj 50 MG/10ML (Base Equivalent)	Yes	Yes
J2250	60201025102011	Midazolam HCl (PF)	Midazolam HCl Inj PF 10 MG/2ML (Base Equivalent)	Yes	Yes
J2250	60201025102008	Midazolam HCl (PF)	Midazolam HCl Inj PF 2 MG/2ML (Base Equivalent)	Yes	Yes
J2250	60201025102009	Midazolam HCl (PF)	Midazolam HCl Inj PF 5 MG/5ML (Base Equivalent)	Yes	Yes
J2250	60201025102006	Midazolam HCl (PF)	Midazolam HCl Inj PF 5 MG/ML (Base Equivalent)	Yes	Yes
J2250	60201025102011	Midazolam HCl (PF) 10 MG/2ML SOLN	Midazolam HCl Inj PF 10 MG/2ML (Base Equivalent)	Yes	Yes
J2250	60201025102008	Midazolam HCl (PF) 2 MG/2ML SOLN	Midazolam HCl Inj PF 2 MG/2ML (Base Equivalent)	Yes	Yes
J2250	60201025102009	Midazolam HCl (PF) 5 MG/5ML SOLN	Midazolam HCl Inj PF 5 MG/5ML (Base Equivalent)	Yes	Yes
J2250	60201025102006	Midazolam HCl (PF) 5 MG/ML SOLN	Midazolam HCl Inj PF 5 MG/ML (Base Equivalent)	Yes	Yes
J2250	60201025102004	Midazolam HCl 10 MG/10ML SOLN	Midazolam HCl Inj 10 MG/10ML (Base Equivalent)	Yes	Yes
J2250	60201025102010	Midazolam HCl 10 MG/2ML SOLN	Midazolam HCl Inj 10 MG/2ML (Base Equivalent)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2250	60201025102002	Midazolam HCl 2 MG/2ML SOLN	Midazolam HCl Inj 2 MG/2ML (Base Equivalent)	Yes	Yes
J2250	60201025102025	Midazolam HCl 25 MG/5ML SOLN	Midazolam HCl Inj 25 MG/5ML (Base Equivalent)	Yes	Yes
J2250	60201025102003	Midazolam HCl 5 MG/5ML SOLN	Midazolam HCl Inj 5 MG/5ML (Base Equivalent)	Yes	Yes
J2250	60201025102005	Midazolam HCl 5 MG/ML SOLN	Midazolam HCl Inj 5 MG/ML (Base Equivalent)	Yes	Yes
J2250	60201025102050	Midazolam HCl 50 MG/10ML SOLN	Midazolam HCl Inj 50 MG/10ML (Base Equivalent)	Yes	Yes
J2250 J2251	60201025042008	Midazolam-Sodium Chloride	Midazolam 100 MG/100ML-Sodium Chloride 0.9% IV Soln	Yes	Yes
J2250 J2251	60201025042004	Midazolam-Sodium Chloride	Midazolam 50 MG/50ML-Sodium Chloride 0.9% IV Soln	Yes	Yes
J2252	60201025042030	Midazolam-Sodium Chloride (PF)	Midazolam 100 MG/100ML-Sodium Chloride 0.8% PF IV Solution	Yes	Yes
J2252	60201025042030	Midazolam-Sodium Chloride (PF) 100-0.8 MG/100ML-% SOLN	Midazolam 100 MG/100ML-Sodium Chloride 0.8% PF IV Solution	Yes	Yes
J2250 J2251	60201025042008	Midazolam-Sodium Chloride 100-0.9 MG/100ML-% SOLN	Midazolam 100 MG/100ML-Sodium Chloride 0.9% IV Soln	Yes	Yes
J2250 J2251	60201025042004	Midazolam-Sodium Chloride 50-0.9 MG/50ML-% SOLN	Midazolam 50 MG/50ML-Sodium Chloride 0.9% IV Soln	Yes	Yes
J2260	31350050102030	Milrinone Lactate	Milrinone Lactate IV Soln 10 MG/10ML (Base Equivalent)	Yes	Yes
J2260	31350050102040	Milrinone Lactate	Milrinone Lactate IV Soln 20 MG/20ML (Base Equivalent)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2260	31350050102050	Milrinone Lactate	Milrinone Lactate IV Soln 50 MG/50ML (Base Equivalent)	Yes	Yes
J2260	31350050102030	Milrinone Lactate 10 MG/10ML SOLN	Milrinone Lactate IV Soln 10 MG/10ML (Base Equivalent)	Yes	Yes
J2260	31350050102040	Milrinone Lactate 20 MG/20ML SOLN	Milrinone Lactate IV Soln 20 MG/20ML (Base Equivalent)	Yes	Yes
J2260	31350050102050	Milrinone Lactate 50 MG/50ML SOLN	Milrinone Lactate IV Soln 50 MG/50ML (Base Equivalent)	Yes	Yes
J2260	31350050112040	Milrinone Lactate in Dextrose	Milrinone Lactate in Dextrose 5% IV Soln 20 MG/100ML	Yes	Yes
J2260	31350050112060	Milrinone Lactate in Dextrose	Milrinone Lactate in Dextrose 5% IV Soln 40 MG/200ML	Yes	Yes
J2260	31350050112040	Milrinone Lactate in Dextrose 20-5 MG/100ML-% SOLN	Milrinone Lactate in Dextrose 5% IV Soln 20 MG/100ML	Yes	Yes
J2260	31350050112060	Milrinone Lactate in Dextrose 40-5 MG/200ML-% SOLN	Milrinone Lactate in Dextrose 5% IV Soln 40 MG/200ML	Yes	Yes
J2265	4000040102105	Minocin	Minocycline HCl IV For Soln 100 MG	Yes	No
J7298	25200050005320	Mirena (52 MG)	Levonorgestrel IUD 20 MCG/DAY (Initial) (52 MG Total)	No	Yes
J2274	65100055302020	Mitigo	Morphine Sulf For Microinfusion PF Inj 200 MG/20ML (10MG/ML)	Yes	No
J2274	65100055302040	Mitigo	Morphine Sulf For Microinfusion PF Inj 500 MG/20ML (25MG/ML)	Yes	No
J9280	21200050002110	mitoMYcin	Mitomycin For IV Soln 20 MG	Yes	No
J9280	21200050002120	mitoMYcin	Mitomycin For IV Soln 40 MG	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9280	21200050002105	mitoMYcin	Mitomycin For IV Soln 5 MG	Yes	No
J7315	86101085006420	Mitosol 0.2 MG KIT	Mitomycin For Ophth Soln Kit 0.2 MG	No	Yes
J9293	21200055001320	mitoXANTRONE HCl	Mitoxantrone HCl Inj Conc 20 MG/10ML (2 MG/ML)	Yes	No
J9293	21200055001325	mitoXANTRONE HCl	Mitoxantrone HCl Inj Conc 25 MG/12.5ML (2 MG/ML)	Yes	No
J9293	21200055001330	mitoXANTRONE HCl	Mitoxantrone HCl Inj Conc 30 MG/15ML (2 MG/ML)	Yes	No
J9349	21351467202120	Monjuvi	Tafasitamab-cxix For IV Soln 200 MG	Yes	Yes
J9349	21351467202120	Monjuvi 200 MG SOLR	Tafasitamab-cxix For IV Soln 200 MG	Yes	Yes
J1437	82300061002030	Monoferic	Ferric Derisomaltose (One Dose) IV Sol 1000 MG/10ML (Fe Eq)	Yes	Yes
J1437	82300061002030	Monoferic 1000 MG/10ML SOLN	Ferric Derisomaltose (One Dose) IV Sol 1000 MG/10ML (Fe Eq)	Yes	Yes
A4216	79750010102024	Monoject Flush Syringe	Sodium Chloride Flush IV Soln 0.9%	Yes	No
A4216	79750010102024	Monoject Sodium Chloride Flush	Sodium Chloride Flush IV Soln 0.9%	Yes	No
J7327	7580006000E530	Monovisc	Hyaluronan Intra-articular Soln Prefilled Syringe 88 MG/4ML	Yes	Yes
J7327	7580006000E530	Monovisc 88 MG/4ML SOSY	Hyaluronan Intra-articular Soln Prefilled Syringe 88 MG/4ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2270	65100055102032	Morphine Sulfate	Morphine Sulfate IV Soln 10 MG/ML	Yes	No
J2270	65100055102009	Morphine Sulfate	Morphine Sulfate IV Soln 4 MG/ML	Yes	No
J2270	65100055102014	Morphine Sulfate	Morphine Sulfate IV Soln 8 MG/ML	Yes	No
J2270 J2272	65100055102005	Morphine Sulfate	Morphine Sulfate Inj 2 MG/ML	Yes	No
J2270 J2272	65100055102010	Morphine Sulfate	Morphine Sulfate Inj 4 MG/ML	Yes	No
S0093	65100055102049	Morphine Sulfate	Morphine Sulfate IV Soln 50 MG/ML	Yes	No
J2270	65100055102060	Morphine Sulfate (PF)	Morphine Sulfate IV Soln PF 10 MG/ML	Yes	No
J2270	65100055102057	Morphine Sulfate (PF)	Morphine Sulfate IV Soln PF 2 MG/ML	Yes	No
J2270	65100055102058	Morphine Sulfate (PF)	Morphine Sulfate IV Soln PF 4 MG/ML	Yes	No
J2270	65100055102059	Morphine Sulfate (PF)	Morphine Sulfate IV Soln PF 8 MG/ML	Yes	No
J2270 J2272	65100055102052	Morphine Sulfate (PF)	Morphine Sulfate Inj PF 10 MG/ML	Yes	No
J2270 J2272	65100055102055	Morphine Sulfate (PF)	Morphine Sulfate Inj PF 2 MG/ML	Yes	No
J2270 J2272	65100055102011	Morphine Sulfate (PF)	Morphine Sulfate Inj PF 4 MG/ML	Yes	No
J2270 J2272	65100055102012	Morphine Sulfate (PF)	Morphine Sulfate Inj PF 5 MG/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2270 J2272	65100055102013	Morphine Sulfate (PF)	Morphine Sulfate Inj PF 8 MG/ML	Yes	No
J2274	65100055102050	Morphine Sulfate (PF)	Morphine Sulfate Inj PF 0.5 MG/ML	Yes	No
J2274	65100055102054	Morphine Sulfate (PF)	Morphine Sulfate Inj PF 1 MG/ML	Yes	No
J2280 J2281	5000037102020	Moxifloxacin HCl	Moxifloxacin HCl IV Solution 400 MG/250ML (Base Equiv)	Yes	No
J2280	5000037122020	Moxifloxacin HCl in NaCl	Moxifloxacin HCl 400 MG/250ML in Sodium Chloride 0.8% Inj	Yes	No
J2562	82502060002020	Mozobil	Plerixafor Subcutaneous Inj 24 MG/1.2ML (20 MG/ML)	Yes	No
C9399 J3590	20100031502017	Mucor	Mucor (Mucor Plumbeus) Inj 1:20	Yes	No
A9577 A9578	94500015102020	MultiHance	Gadobenate Dimeglumine IV Soln 529 MG/ML	Yes	Yes
A9577 A9578	94500015102020	MultiHance 529 MG/ML SOLN	Gadobenate Dimeglumine IV Soln 529 MG/ML	Yes	Yes
J3490	79992001502000	Multiple Electro Type 1 pH 5.5	*Electrolyte-148 Solution***	Yes	No
J3490	79992001602000	Multiple Electro Type 1 pH 7.4	*Electrolyte-A Solution***	Yes	No
J3490	79909904252010	Multrys	Trace Min (Cu-Mn-Se-Zn) Inj 60-3-6-1000 MCG/ML	Yes	No
J9280	21200050002110	Mutamycin	Mitomycin For IV Soln 20 MG	Yes	No
J9280	21200050002120	Mutamycin	Mitomycin For IV Soln 40 MG	Yes	No
J9280	21200050002105	Mutamycin	Mitomycin For IV Soln 5 MG	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
Q5107	21335020202025	Mvasi	Bevacizumab-awwb IV Soln 100 MG/4ML (For Infusion)	Yes	Yes
Q5107	21335020202030	Mvasi	Bevacizumab-awwb IV Soln 400 MG/16ML (For Infusion)	Yes	Yes
Q5107	21335020202025	Mvasi 100 MG/4ML SOLN	Bevacizumab-awwb IV Soln 100 MG/4ML (For Infusion)	Yes	Yes
Q5107	21335020202030	Mvasi 400 MG/16ML SOLN	Bevacizumab-awwb IV Soln 400 MG/16ML (For Infusion)	Yes	Yes
J2248 J2247	11500050102130	Mycamine	Micafungin Sodium For IV Soln 100 MG	Yes	No
J2248 J2247	11500050102120	Mycamine	Micafungin Sodium For IV Soln 50 MG	Yes	No
J7519	99403030202120	Mycophenolate Mofetil	Mycophenolate Mofetil HCl For IV Soln 500 MG (Base Equiv)	Yes	No
J7519	99403030202120	Mycophenolate Mofetil HCl	Mycophenolate Mofetil HCl For IV Soln 500 MG (Base Equiv)	Yes	No
J3490	86350050002010	Mydriacyl	Tropicamide Ophth Soln 1%	Yes	No
J9203	21353630202117	Mylotarg	Gemtuzumab Ozogamicin For IV Soln 4.5 MG	Yes	Yes
J9203	21353630202117	Mylotarg 4.5 MG SOLR	Gemtuzumab Ozogamicin For IV Soln 4.5 MG	Yes	Yes
J0587	74400020102022	Myobloc	RimabotulinumtoxinB IM Inj 10000 Unit/2ML	Yes	No
J0587	74400020102018	Myobloc	RimabotulinumtoxinB IM Inj 2500 Unit/0.5ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0587	74400020102020	Myobloc	RimabotulinumtoxinB IM Inj 5000 Unit/ML	Yes	No
A9502	94353080756400	Myoview	Technetium Tc 99m Tetrofosmin IV for Soln Kit	Yes	No
A9502	94353080756400	Myoview 30mL	Technetium Tc 99m Tetrofosmin IV for Soln Kit	Yes	No
C9399 J3590	27104010122020	Myxredlin	Insulin Regular (Human) in NaCl 0.9% IV Soln 100 Unit/100ML	Yes	No
J2916	82300085102020	Na Ferric Gluc Cplx in Sucrose	Sod Ferric Gluc Cmplx in Sucrose IV Soln 12.5 MG/ML (Fe Eq)	Yes	No
90371	19100010002026	Nabi-HB	Hepatitis B Immune Globulin (Human) IM Soln 312 Unit/ML	Yes	No
J2290	1300040102105	Nafcillin Sodium	Nafcillin Sodium For Inj 1 GM	Yes	No
J2290	1300040102115	Nafcillin Sodium	Nafcillin Sodium For Inj 2 GM	Yes	No
J2290	1300040102127	Nafcillin Sodium	Nafcillin Sodium For IV Soln 10 GM	Yes	No
J2290	1300040102118	Nafcillin Sodium	Nafcillin Sodium For IV Soln 2 GM	Yes	No
J2290	1300040112020	Nafcillin Sodium in Dextrose	Nafcillin Sodium in Dextrose Inj 1 GM/50ML	Yes	No
J2290	1300040112025	Nafcillin Sodium in Dextrose	Nafcillin Sodium in Dextrose Inj 2 GM/100ML	Yes	No
J1458	30907535002020	Naglazyme	Galsulfase Soln For IV Infusion 1 MG/ML	Yes	Yes
J1458	30907535002020	Naglazyme 1 MG/ML SOLN	Galsulfase Soln For IV Infusion 1 MG/ML	Yes	Yes
J2300	65200030102005	Nalbuphine HCl	Nalbuphine HCl Inj 10 MG/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2300	65200030102010	Nalbuphine HCl	Nalbuphine HCl Inj 20 MG/ML	Yes	Yes
J2300	65200030102005	Nalbuphine HCl 10 MG/ML SOLN	Nalbuphine HCl Inj 10 MG/ML	Yes	Yes
J2300	65200030102010	Nalbuphine HCl 20 MG/ML SOLN	Nalbuphine HCl Inj 20 MG/ML	Yes	Yes
J3490	93400018102040	Nalmefene HCl	Nalmefene HCl Inj 1 MG/ML (Base Equiv)	Yes	No
J2795	69100070102040	Naropin	Ropivacaine HCl Inj 10 MG/ML	Yes	Yes
J2795	69100070102008	Naropin	Ropivacaine HCl Inj 2 MG/ML	Yes	Yes
J2795	69100070102020	Naropin	Ropivacaine HCl Inj 5 MG/ML	Yes	Yes
J2795	69100070102030	Naropin	Ropivacaine HCl Inj 7.5 MG/ML	Yes	Yes
J9261	21300052002020	Nelarabine	Nelarabine IV Soln 5 MG/ML	Yes	Yes
J9261	21300052002020	Nelarabine 5 MG/ML SOLN	Nelarabine IV Soln 5 MG/ML	Yes	Yes
J2515	60100055102010	Nembutal	Pentobarbital Sodium Inj 50 MG/ML	Yes	No
J3490	56701002102000	Neomycin-Polymyxin B GU	Neomycin-Polymyxin B GU Irrigation Soln	Yes	No
J3490	66100020402010	NeoProfen	Ibuprofen Lysine IV Soln 10 MG/ML (Base Equivalent)	Yes	No
J2710	76000040202022	Neostigmine Methylsulfate	Neostigmine Methylsulfate IV Soln 10 MG/10 ML (1 MG/ML)	Yes	Yes
J2710	76000040202017	Neostigmine Methylsulfate	Neostigmine Methylsulfate IV Soln 5 MG/10 ML (0.5 MG/ML)	Yes	Yes
J2710	7600004020E510	Neostigmine Methylsulfate	Neostigmine Methylsulfate Soln Pref Syr 3 MG/3ML (1 MG/ML)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2710	76000040202022	Neostigmine Methylsulfate 10 MG/10ML SOLN	Neostigmine Methylsulfate IV Soln 10 MG/10 ML (1 MG/ML)	Yes	Yes
J2710	76000040202017	Neostigmine Methylsulfate 5 MG/10ML SOLN	Neostigmine Methylsulfate IV Soln 5 MG/10 ML (0.5 MG/ML)	Yes	Yes
J2710	76000040202022	Neostigmine Methylsulfate RFID	Neostigmine Methylsulfate IV Soln 10 MG/10 ML (1 MG/ML)	Yes	Yes
J2710	7600004020E510	Neostigmine Methylsulfate RFID	Neostigmine Methylsulfate Soln Pref Syr 3 MG/3ML (1 MG/ML)	Yes	No
J2401	69200040102005	Nesacaine	Chloroprocaine HCl Inj 1%	Yes	Yes
J2401	69200040102010	Nesacaine	Chloroprocaine HCl Inj 2%	Yes	Yes
J2401	69200040102005	Nesacaine 1 % SOLN	Chloroprocaine HCl Inj 1%	Yes	Yes
J2401	69200040102010	Nesacaine 2 % SOLN	Chloroprocaine HCl Inj 2%	Yes	Yes
J2401	69200040102012	Nesacaine-MPF	Chloroprocaine HCl Preservative Free (PF) Inj 2%	Yes	Yes
J2401	69200040102017	Nesacaine-MPF	Chloroprocaine HCl Preservative Free (PF) Inj 3%	Yes	Yes
Q9983	94352520002030	NeuraCeq	Florbetaben F 18 IV Soln 1.4-135 mCi/ML (50-5000 MBq/ML)	Yes	No
C9399 J3490	49270025202140	NexIUM I.V.	Esomeprazole Sodium For Intravenous Soln 40 MG (Base Equiv)	Yes	No
J7353	90700005054020	NexoBrid	Anacaulase-bcdb Gel 8.8%	Yes	Yes
J7353	90700005054020	NexoBrid 8.8 % GEL	Anacaulase-bcdb Gel 8.8%	Yes	Yes
J7307	25300005002320	Nexplanon	Etonogestrel Subdermal Implant 68 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0282 J0283	35400005112030	Nexterone	Amiodarone HCl in Dextrose 4.14% IV Soln 360 MG/200ML	Yes	Yes
J0282 J0283	35400005112020	Nexterone	Amiodarone HCl in Dextrose 4.21% IV Soln 150 MG/100ML	Yes	Yes
J0282 J0283	35400005112020	Nexterone 150-4.21 MG/100ML-% SOLN	Amiodarone HCl in Dextrose 4.21% IV Soln 150 MG/100ML	Yes	Yes
J0282 J0283	35400005112030	Nexterone 360-4.14 MG/200ML-% SOLN	Amiodarone HCl in Dextrose 4.14% IV Soln 360 MG/200ML	Yes	Yes
J0219	30907722552120	Nexviazyme	Avalglucosidase Alfa-ngpt For IV Soln 100 MG	Yes	Yes
J0219	30907722552120	Nexviazyme 100 MG SOLR	Avalglucosidase Alfa-ngpt For IV Soln 100 MG	Yes	Yes
J2404	34000018102020	niCARDipine HCl	Nicardipine HCl IV Soln 2.5 MG/ML	Yes	No
J2404	34000018142022	niCARDipine HCl in NaCl	Nicardipine HCl IV Soln 20 MG/200ML in Sodium Chloride 0.9%	Yes	No
J2404	34000018142042	niCARDipine HCl in NaCl	Nicardipine HCl IV Soln 40 MG/200ML in Sodium Chloride 0.9%	Yes	No
J9038	99392610102010	Niktimvo	Axatilimab-csfr IV Soln 22 MG/0.44ML	Yes	Yes
J9038	99392610102003	Niktimvo	Axatilimab-csfr IV Soln 9 MG/0.18ML	Yes	Yes
J3490	74200013102014	Nimbex	Cisatracurium Besylate (PF) IV Soln 10 MG/5ML (2 MG/ML)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	74200013102035	Nimbex	Cisatracurium Besylate (PF) IV Soln 200 MG/20ML (10 MG/ML)	Yes	Yes
J3490	74200013102016	Nimbex	Cisatracurium Besylate IV Soln 20 MG/10ML (2 MG/ML)	Yes	No
J9268	21700045002120	Nipent	Pentostatin For Inj 10 MG	Yes	Yes
J9268	21700045002120	Nipent 10 MG SOLR	Pentostatin For Inj 10 MG	Yes	Yes
C9399 J3490	36400040112015	Nipride RTU	Nitroprusside Sodium in NaCl 0.9% IV Soln 20 MG/100ML	Yes	No
C9399 J3490	36400040112020	Nipride RTU	Nitroprusside Sodium in NaCl 0.9% IV Soln 50 MG/100ML	Yes	No
J0211	93990002706430	Nithiodote	Na Nitrite Inj 300 MG/10ML &Na Thiosulf Inj 12.5 GM/50ML Kit	Yes	No
J2305	32100030002020	Nitroglycerin	Nitroglycerin IV Soln 5 MG/ML	Yes	No
J2305	32100030102010	Nitroglycerin in D5W	Nitroglycerin IV Soln 100 MCG/ML in D5W	Yes	No
J2305	32100030102020	Nitroglycerin in D5W	Nitroglycerin IV Soln 200 MCG/ML in D5W	Yes	No
J2305	32100030102030	Nitroglycerin in D5W	Nitroglycerin IV Soln 400 MCG/ML in D5W	Yes	No
J3490	36400040102020	Nitroprusside Sodium	Nitroprusside Sodium IV Soln 25 MG/ML	Yes	No
C9399 J3490	36400040112015	Nitroprusside Sodium-NaCl	Nitroprusside Sodium in NaCl 0.9% IV Soln 20 MG/100ML	Yes	No
C9399 J3490	36400040112020	Nitroprusside Sodium-NaCl	Nitroprusside Sodium in NaCl 0.9% IV Soln 50 MG/100ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490 J7999	38000090102010	Norepinephrine Bitartrate	Norepinephrine Bitartrate IV Soln 1 MG/ML (Base Equivalent)	Yes	No
J3490 J7999	38000090122040	Norepinephrine-Dextrose	Norepinephrine-Dextrose IV Solution 16 MG/250ML-5%	Yes	No
J3490 J7999	38000090122010	Norepinephrine-Dextrose	Norepinephrine-Dextrose IV Solution 4 MG/250ML-5%	Yes	No
J3490 J7999	38000090122020	Norepinephrine-Dextrose	Norepinephrine-Dextrose IV Solution 8 MG/250ML-5%	Yes	No
J3490 J7999	38000090112040	Norepinephrine-Sodium Chloride	Norepinephrine-NaCl IV Solution 16 MG/250ML-0.9%	Yes	No
J3490 J7999	38000090112010	Norepinephrine-Sodium Chloride	Norepinephrine-NaCl IV Solution 4 MG/250ML-0.9%	Yes	No
J3490 J7999	38000090112020	Norepinephrine-Sodium Chloride	Norepinephrine-NaCl IV Solution 8 MG/250ML-0.9%	Yes	No
A4216	79750010102024	Normal Saline Flush	Sodium Chloride Flush IV Soln 0.9%	Yes	No
J3490	79993002752010	Normosol-M in D5W	*Electrolyte-M in D5W Soln***	Yes	No
J3490	79992001752000	Normosol-R	*Electrolyte-R Solution***	Yes	No
J3490	79993002872010	Normosol-R in D5W	*Electrolyte-R in D5W Soln***	Yes	No
J7999	79992001772000	Normosol-R pH 7.4	*Electrolyte-R (PH 7.4) Solution***	Yes	No
J3490	11407060002020	Noxafil	Posaconazole IV Soln 300 MG/16.7ML (18 MG/ML)	Yes	Yes
J2802	82405060002110	Nplate	Romiplostim For Inj 125 MCG	Yes	Yes
J2802	82405060002120	Nplate	Romiplostim For Inj 250 MCG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2802	82405060002130	Nplate	Romiplostim For Inj 500 MCG	Yes	Yes
J2802	82405060002110	Nplate 125 MCG SOLR	Romiplostim For Inj 125 MCG	Yes	Yes
J2802	82405060002120	Nplate 250 MCG SOLR	Romiplostim For Inj 250 MCG	Yes	Yes
J2802	82405060002130	Nplate 500 MCG SOLR	Romiplostim For Inj 500 MCG	Yes	Yes
J2182	44604055002120	Nucala	Mepolizumab For Inj 100 MG	Yes	No
J0485	99408020002120	Nulojix	Belatacept For IV Infusion 250 MG	Yes	Yes
J0485	99408020002120	Nulojix 250 MG SOLR	Belatacept For IV Infusion 250 MG	Yes	Yes
C9143 C9046	42230020102010	Numbrino	Cocaine HCl Nasal Soln 40 MG/ML (4%)	Yes	Yes
C9143 C9046	42230020102010	Numbrino 40 MG/ML SOLN	Cocaine HCl Nasal Soln 40 MG/ML (4%)	Yes	Yes
J0121	4200050202120	Nuzyra	Omadacycline Tosylate IV For Soln 100 MG (Base Equivalent)	Yes	Yes
J0121	4200050202120	Nuzyra 100 MG SOLR	Omadacycline Tosylate IV For Soln 100 MG (Base Equivalent)	Yes	Yes
J2350	62405060002020	Ocrevus	Ocrelizumab Soln For IV Infusion 300 MG/10ML	Yes	Yes
J2350	62405060002020	Ocrevus 300 MG/10ML SOLN	Ocrelizumab Soln For IV Infusion 300 MG/10ML	Yes	Yes
90283 J1568	19100020102030	Octagam	Immune Globulin (Human) IV Soln 1 GM/20ML	Yes	No
90283 J1568	19100020102063	Octagam	Immune Globulin (Human) IV Soln 2 GM/20ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
90283 J1568	19100020102080	Octagam	Immune Globulin (Human) IV Soln 30 GM/300ML	Yes	No
90283 J1568 J1459 J1572 J1557	19100020102076	Octagam	Immune Globulin (Human) IV Soln 20 GM/200ML	Yes	No
90283 J1568 J1459 J1572 J1557 J1556	19100020102072	Octagam	Immune Globulin (Human) IV Soln 10 GM/100ML	Yes	No
90283 J1568 J1459 J1572 J1557 J1556	19100020102068	Octagam	Immune Globulin (Human) IV Soln 5 GM/50ML	Yes	No
90283 J1568 J1572	19100020102034	Octagam	Immune Globulin (Human) IV Soln 2.5 GM/50ML	Yes	No
90283 J1568 J1572 J1557	19100020102042	Octagam	Immune Globulin (Human) IV Soln 10 GM/200ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
90283 J1568 J1572 J1557	19100020102038	Octagam	Immune Globulin (Human) IV Soln 5 GM/100ML	Yes	No
J2353	30170070106420	Octreotide Acetate	Octreotide Acetate For IM Inj Kit 20 MG	Yes	Yes
J2353	30170070106430	Octreotide Acetate	Octreotide Acetate For IM Inj Kit 30 MG	Yes	Yes
J2353	30170070106420	Octreotide Acetate 20 MG KIT	Octreotide Acetate For IM Inj Kit 20 MG	Yes	Yes
Q5114	21170070302108	Ogivri	Trastuzumab-dkst For IV Soln 150 MG	Yes	Yes
Q5114	21170070302120	Ogivri	Trastuzumab-dkst For IV Soln 420 MG	Yes	Yes
Q5114	21170070302108	Ogivri 150 MG SOLR	Trastuzumab-dkst For IV Soln 150 MG	Yes	Yes
Q5114	21170070302120	Ogivri 420 MG SOLR	Trastuzumab-dkst For IV Soln 420 MG	Yes	Yes
J2359	59157060002120	OLANZapine	Olanzapine For IM Inj 10 MG	Yes	No
C9101	65100070202020	Olinvyk	Oliceridine Fumarate IV Soln 1 MG/ML	Yes	No
C9101	65100070202025	Olinvyk	Oliceridine Fumarate IV Soln 2 MG/2ML (1 MG/ML)	Yes	No
C9101	65100070202040	Olinvyk	Oliceridine Fumarate IV Soln 30 MG/30ML (1 MG/ML)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
C9399 J3590	21650850101820	Omisirge	Omidubicel-ONLY Suspension for IV Infusion	Yes	Yes
C9399 J3590	21650850101820	Omisirge SUSP	Omidubicel-ONLY Suspension for IV Infusion	Yes	Yes
A9698	94402042002063	Omnipaque	Iohexol Oral Soln 12 MG/ML	Yes	No
A9698	94402042002060	Omnipaque	Iohexol Oral Soln 9 MG/ML	Yes	No
Q9965	94402042002010	Omnipaque	Iohexol Inj 180 MG/ML	Yes	No
Q9965	94402042002005	Omnipaque	Iohexol IV Soln 140 MG/ML	Yes	No
Q9966	94402042002020	Omnipaque	Iohexol Inj 240 MG/ML	Yes	No
Q9967	94402042002030	Omnipaque	Iohexol Inj 300 MG/ML	Yes	No
Q9967	94402042002040	Omnipaque	Iohexol IV Soln 350 MG/ML	Yes	No
A9579	94500022002020	Omniscan	Gadodiamide IV Soln 287 MG/ML	Yes	No
J2267	52504050402030	OmvoH	Mirikizumab-mrkz IV Soln 300 MG/15ML (20 MG/ML)	Yes	Yes
J2267	52504050402030	OmvoH 300 MG/15ML SOLN	Mirikizumab-mrkz IV Soln 300 MG/15ML (20 MG/ML)	Yes	Yes
J9266	21250060002020	Oncaspar	Pegaspargase Inj 750 Unit/ML	Yes	Yes
J9266	21250060002020	Oncaspar 750 UNIT/ML SOLN	Pegaspargase Inj 750 Unit/ML	Yes	Yes
C1889	9770981000E400	Oncozene 100 micrometer (2 ML)	*Embolization Microspheres Prefilled Syringe***	Yes	No
C1889	9770981000E400	Oncozene 100 micrometer (3 ML)	*Embolization Microspheres Prefilled Syringe***	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
C1889	9770981000E400	Oncozene 40 micrometer (2 ML)	*Embolization Microspheres Prefilled Syringe***	Yes	No
C1889	9770981000E400	Oncozene 40 micrometer (3 ML)	*Embolization Microspheres Prefilled Syringe***	Yes	No
C1889	9770981000E400	Oncozene 75 micrometer (2 ML)	*Embolization Microspheres Prefilled Syringe***	Yes	No
C1889	9770981000E400	Oncozene 75 micrometer (3 ML)	*Embolization Microspheres Prefilled Syringe***	Yes	No
J2405	50250065052024	Ondansetron HCl	Ondansetron HCl Inj 4 MG/2ML (2 MG/ML)	Yes	No
J2405	50250065052030	Ondansetron HCl	Ondansetron HCl Inj 40 MG/20ML (2 MG/ML)	Yes	No
J2405	5025006505E520	Ondansetron HCl	Ondansetron HCl Inj Soln Pref Syr 4 MG/2ML	Yes	No
J2405	50250065052024	Ondansetron HCl +RFID	Ondansetron HCl Inj 4 MG/2ML (2 MG/ML)	Yes	No
J9205	21550040202220	Onivyde	Irinotecan HCl Liposome IV Inj 43 MG/10ML (4.3 MG/ML)	Yes	Yes
J9205	21550040202220	Onivyde 43 MG/10ML INJ	Irinotecan HCl Liposome IV Inj 43 MG/10ML (4.3 MG/ML)	Yes	Yes
J0222	62706060102020	Onpattro	Patisiran Sodium IV Soln 10 MG/5ML (2 MG/ML) (Base Equiv)	Yes	Yes
J0222	62706060102020	Onpattro 10 MG/5ML SOLN	Patisiran Sodium IV Soln 10 MG/5ML (2 MG/ML) (Base Equiv)	Yes	Yes
Q5112	21170070342120	Ontruzant	Trastuzumab-dttb For IV Soln 150 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
Q5112	21170070342140	Ontruzant	Trastuzumab-dttb For IV Soln 420 MG	Yes	Yes
Q5112	21170070342120	Ontruzant 150 MG SOLR	Trastuzumab-dttb For IV Soln 150 MG	Yes	Yes
Q5112	21170070342140	Ontruzant 420 MG SOLR	Trastuzumab-dttb For IV Soln 420 MG	Yes	Yes
J9299	21357941002030	Opdivo	Nivolumab IV Soln 100 MG/10ML	Yes	Yes
J9299	21357941002033	Opdivo	Nivolumab IV Soln 120 MG/12ML	Yes	Yes
J9299	21357941002050	Opdivo	Nivolumab IV Soln 240 MG/24ML	Yes	Yes
J9299	21357941002020	Opdivo	Nivolumab IV Soln 40 MG/4ML	Yes	Yes
J9299	21357941002030	Opdivo 100 MG/10ML SOLN	Nivolumab IV Soln 100 MG/10ML	Yes	Yes
J9299	21357941002033	Opdivo 120 MG/12ML SOLN	Nivolumab IV Soln 120 MG/12ML	Yes	Yes
J9299	21357941002050	Opdivo 240 MG/24ML SOLN	Nivolumab IV Soln 240 MG/24ML	Yes	Yes
J9299	21357941002020	Opdivo 40 MG/4ML SOLN	Nivolumab IV Soln 40 MG/4ML	Yes	Yes
C9399 J9999	21990002502020	Opdivo Qvantig 600-10000 MG-UT/5ML SOLUTION	Nivolumab-Hyaluronidase-nvhy Inj 600-10000 MG-UNIT/5ML	No	Yes
J9298	21993502502020	Opdualag	Nivolumab-Relatlimab-rmbw 240-80 MG/20ML	Yes	Yes
J9298	21993502502020	Opdualag 240-80 MG/20ML SOLN	Nivolumab-Relatlimab-rmbw 240-80 MG/20ML	Yes	Yes
Q9956	94500075401820	Optison	Perflutren Protein-Type A Microspheres IV Susp	Yes	No
J2407	16280050202120	Orbactiv	Oritavancin Diphosphate For IV Soln 400 MG (Base Equivalent)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2407	16280050202120	Orbactiv 400 MG SOLR	Oritavancin Diphosphate For IV Soln 400 MG (Base Equivalent)	Yes	Yes
J0129	66400010002120	Orencia	Abatacept For IV Soln 250 MG	Yes	No
J2360	75100080102005	Orphenadrine Citrate	Orphenadrine Citrate Inj 30 MG/ML	Yes	No
J7324	7580006000E520	OrthoVisc	Hyaluronan Intra-articular Soln Prefilled Syringe 30 MG/2ML	Yes	Yes
J7324	7580006000E520	OrthoVisc 30 MG/2ML SOSY	Hyaluronan Intra-articular Soln Prefilled Syringe 30 MG/2ML	Yes	Yes
C9399 J3590	30044530202030	Osenvelt 120 MG/1.7ML SOLN	Osenvelt 120 MG/1.7ML SOLN	Yes	Yes
J3490	37400030002010	Osmitol	Mannitol IV Soln 10%	Yes	No
J3490	37400030002015	Osmitol	Mannitol IV Soln 15%	Yes	No
J3490	37400030002020	Osmitol	Mannitol IV Soln 20%	Yes	No
Q9999	52504070802020	Otufi	Ustekinumab-aauz IV Soln 130 MG/26ML (5 MG/ML) (For IV Inf)	Yes	No
J2700	1300050102115	Oxacillin Sodium	Oxacillin Sodium For Inj 1 GM (Base Equivalent)	Yes	No
J2700	1300050102120	Oxacillin Sodium	Oxacillin Sodium For Inj 2 GM (Base Equivalent)	Yes	No
J2700	1300050102131	Oxacillin Sodium	Oxacillin Sodium For IV Soln 10 GM (Base Equivalent)	Yes	No
J2700	1300050112020	Oxacillin Sodium in Dextrose	Oxacillin Sodium in Dextrose Inj 1 GM/50ML	Yes	No
J2700	1300050112030	Oxacillin Sodium in Dextrose	Oxacillin Sodium in Dextrose Inj 2 GM/50ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9263	21100028002130	Oxaliplatin	Oxaliplatin For IV Inj 100 MG	Yes	Yes
J9263	21100028002120	Oxaliplatin	Oxaliplatin For IV Inj 50 MG	Yes	Yes
J9263	21100028002030	Oxaliplatin	Oxaliplatin IV Soln 100 MG/20ML	Yes	Yes
J9263	21100028002025	Oxaliplatin	Oxaliplatin IV Soln 50 MG/10ML	Yes	Yes
J9263	21100028002130	Oxaliplatin 100 MG SOLR	Oxaliplatin For IV Inj 100 MG	Yes	Yes
J9263	21100028002030	Oxaliplatin 100 MG/20ML SOLN	Oxaliplatin IV Soln 100 MG/20ML	Yes	Yes
J9263	21100028002120	Oxaliplatin 50 MG SOLR	Oxaliplatin For IV Inj 50 MG	Yes	Yes
J9263	21100028002025	Oxaliplatin 50 MG/10ML SOLN	Oxaliplatin IV Soln 50 MG/10ML	Yes	Yes
J0224	56626040202020	Oxlumo	Lumasiran Sodium Subcutaneous Soln 94.5 MG/0.5ML	Yes	Yes
J0224	56626040202020	Oxlumo 94.5 MG/0.5ML SOLN	Lumasiran Sodium Subcutaneous Soln 94.5 MG/0.5ML	Yes	Yes
J2590	29000030002005	Oxytocin	Oxytocin Inj 10 Unit/ML	Yes	No
	29000030152004	Oxytocin-Lactated Ringers 10 UNIT/500ML SOLN	Oxytocin-Lactated Ringers IV Soln 10 Unit/500ML	No	Yes
	29000030152020	Oxytocin-Lactated Ringers 20 UNIT/L SOLN	Oxytocin-Lactated Ringers IV Soln 20 Unit/1000ML	No	Yes
	29000030152030	Oxytocin-Lactated Ringers 30 UNIT/500ML SOLN	Oxytocin-Lactated Ringers IV Soln 30 Unit/500ML	No	Yes
J7999	29000030172020	Oxytocin-Sodium Chloride 20-0.9 UNIT/L-% SOLN	Oxytocin-Sodium Chloride 0.9% IV Soln 20 Unit/1000ML	No	Yes
	29000030172040	Oxytocin-Sodium Chloride 40-0.9 UNIT/L-% SOLN	Oxytocin-Sodium Chloride 0.9% IV Soln 40 Unit/1000ML	No	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9267	21500012001335	PACLitaxel	Paclitaxel IV Conc 100 MG/16.7ML (6 MG/ML)	Yes	No
J9267	21500012001340	PACLitaxel	Paclitaxel IV Conc 150 MG/25ML (6 MG/ML)	Yes	No
J9267	21500012001325	PACLitaxel	Paclitaxel IV Conc 30 MG/5ML (6 MG/ML)	Yes	No
J9267	21500012001350	PACLitaxel	Paclitaxel IV Conc 300 MG/50ML (6 MG/ML)	Yes	No
J9264	21500012201920	PACLitaxel Protein-Bound Part	Paclitaxel Protein-Bound Particles For IV Susp 100 MG	Yes	Yes
J9264	21500012201920	PACLitaxel Protein-Bound Part 100 MG SUSR	Paclitaxel Protein-Bound Particles For IV Susp 100 MG	Yes	Yes
J9177	21357026202120	Padcev	Enfortumab Vedotin-ejfv For IV Soln 20 MG	Yes	Yes
J9177	21357026202130	Padcev	Enfortumab Vedotin-ejfv For IV Soln 30 MG	Yes	Yes
J9177	21357026202120	Padcev 20 MG SOLR	Enfortumab Vedotin-ejfv For IV Soln 20 MG	Yes	Yes
J9177	21357026202130	Padcev 30 MG SOLR	Enfortumab Vedotin-ejfv For IV Soln 30 MG	Yes	Yes
J2469	50250070102030	Palonosetron HCl	Palonosetron HCl IV Soln 0.25 MG/2ML (Base Equivalent)	Yes	No
J2469	5025007010E520	Palonosetron HCl	Palonosetron HCl IV Soln Pref Syr 0.25 MG/5ML (Base Equiv)	Yes	No
J2469 J2468	50250070102020	Palonosetron HCl	Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2430	30042060102006	Pamidronate Disodium	Pamidronate Disodium IV Soln 3 MG/ML	Yes	No
J2430	30042060102009	Pamidronate Disodium	Pamidronate Disodium IV Soln 6 MG/ML	Yes	No
J2430	30042060102012	Pamidronate Disodium	Pamidronate Disodium IV Soln 9 MG/ML	Yes	No
J1640	85250010002120	Panhematin	Hemin For Inj 350 MG	Yes	Yes
J1640	85250010002120	Panhematin 350 MG SOLR	Hemin For Inj 350 MG	Yes	Yes
J2470 J2471	49270070102120	Pantoprazole Sodium	Pantoprazole Sodium For IV Soln 40 MG (Base Equiv)	Yes	No
J2472	49270070602020	Pantoprazole Sodium-NaCl	Pantoprazole Sodium in NaCl 0.9% IV Soln 40 MG/100ML	Yes	No
J2472	49270070602030	Pantoprazole Sodium-NaCl	Pantoprazole Sodium in NaCl 0.9% IV Soln 40 MG/50ML	Yes	No
J2472	49270070602040	Pantoprazole Sodium-NaCl	Pantoprazole Sodium in NaCl 0.9% IV Soln 80 MG/100ML	Yes	No
90283 J1576 J1599	19100020602020	Panzyga	Immune Globulin (Human)-ifas IV Soln 1 GM/10ML	Yes	No
90283 J1576 J1599	19100020602035	Panzyga	Immune Globulin (Human)-ifas IV Soln 10 GM/100ML	Yes	No
90283 J1576 J1599	19100020602025	Panzyga	Immune Globulin (Human)-ifas IV Soln 2.5 GM/25ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
90283 J1576 J1599	19100020602040	Panzyga	Immune Globulin (Human)-ifas IV Soln 20 GM/200ML	Yes	No
90283 J1576 J1599	19100020602045	Panzyga	Immune Globulin (Human)-ifas IV Soln 30 GM/300ML	Yes	No
90283 J1576 J1599	19100020602030	Panzyga	Immune Globulin (Human)-ifas IV Soln 5 GM/50ML	Yes	No
J2440	40100060102005	Papaverine HCl 30 MG/ML SOLN	Papaverine HCl Inj 30 MG/ML	No	Yes
J7300	25050010005320	Paragard Intrauterine Copper	*Copper IUD**	No	Yes
J9045	21100015002060	Paraplatin	Carboplatin IV Soln 1000 MG/100ML	Yes	Yes
J9045	21100015002040	Paraplatin	Carboplatin IV Soln 450 MG/45ML	Yes	Yes
J9045	21100015002045	Paraplatin	Carboplatin IV Soln 600 MG/60ML	Yes	Yes
J9045	21100015002060	Paraplatin 1000 MG/100ML SOLN	Carboplatin IV Soln 1000 MG/100ML	Yes	Yes
J2501	30905070002010	Paricalcitol	Paricalcitol IV Soln 2 MCG/ML	Yes	No
J2501	30905070002020	Paricalcitol	Paricalcitol IV Soln 5 MCG/ML	Yes	No
J0606	30905230102030	Parsabiv	Etelcalcetide HCl IV Solution 10 MG/2ML (Base Equiv)	Yes	Yes
J0606	30905230102010	Parsabiv	Etelcalcetide HCl IV Solution 2.5 MG/0.5ML (Base Equiv)	Yes	Yes
J0606	30905230102020	Parsabiv	Etelcalcetide HCl IV Solution 5 MG/ML (Base Equiv)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0606	30905230102030	Parsabiv 10 MG/2ML SOLN	Etelcalcetide HCl IV Solution 10 MG/2ML (Base Equiv)	Yes	Yes
J0606	30905230102010	Parsabiv 2.5 MG/0.5ML SOLN	Etelcalcetide HCl IV Solution 2.5 MG/0.5ML (Base Equiv)	Yes	Yes
J0606	30905230102020	Parsabiv 5 MG/ML SOLN	Etelcalcetide HCl IV Solution 5 MG/ML (Base Equiv)	Yes	Yes
J0208	21757375602020	Pedmark	Sodium Thiosulfate IV Soln 125 MG/ML (12.5%)	Yes	Yes
J0208	21757375602020	Pedmark 12.5 % SOLN	Sodium Thiosulfate IV Soln 125 MG/ML (12.5%)	Yes	Yes
J9305 J9314	21300053002040	PEMEtrexed	Pemetrexed IV Soln 1 GM/40ML	Yes	Yes
J9305 J9314	21300053002020	PEMEtrexed	Pemetrexed IV Soln 100 MG/4ML	Yes	Yes
J9305 J9314 J9304	21300053002030	PEMEtrexed	Pemetrexed IV Soln 500 MG/20ML	Yes	Yes
J9305 J9314	21300053002040	PEMEtrexed 1 GM/40ML SOLN	Pemetrexed IV Soln 1 GM/40ML	Yes	Yes
J9305 J9314	21300053002020	PEMEtrexed 100 MG/4ML SOLN	Pemetrexed IV Soln 100 MG/4ML	Yes	Yes
J9292	21300053082110	PEMEtrexed Dipotassium	Pemetrexed Dipotassium For IV Soln 100 MG (Base Equiv)	Yes	No
J9292	21300053082120	PEMEtrexed Dipotassium	Pemetrexed Dipotassium For IV Soln 500 MG (Base Equiv)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9294 J9305 J9296	21300053102040	PEMEtrexed Disodium	Pemetrexed Disodium IV Soln 1 GM/40ML (Base Equiv)	Yes	Yes
J9294 J9305 J9296	21300053102020	PEMEtrexed Disodium	Pemetrexed Disodium IV Soln 100 MG/4ML (Base Equiv)	Yes	Yes
J9294 J9305 J9296	21300053102030	PEMEtrexed Disodium	Pemetrexed Disodium IV Soln 500 MG/20ML (Base Equiv)	Yes	Yes
J9296 J9305	21300053102037	PEMEtrexed Disodium	Pemetrexed Disodium IV Soln 850 MG/34ML (Base Equiv)	Yes	Yes
J9305	21300053102110	PEMEtrexed Disodium	Pemetrexed Disodium For IV Soln 100 MG (Base Equiv)	Yes	Yes
J9305	21300053102140	PEMEtrexed Disodium	Pemetrexed Disodium For IV Soln 1000 MG (Base Equiv)	Yes	Yes
J9305	21300053102120	PEMEtrexed Disodium	Pemetrexed Disodium For IV Soln 500 MG (Base Equiv)	Yes	Yes
J9305	21300053102125	PEMEtrexed Disodium	Pemetrexed Disodium For IV Soln 750 MG (Base Equiv)	Yes	Yes
J9294 J9305 J9296	21300053102040	PEMEtrexed Disodium 1 GM/40ML SOLN	Pemetrexed Disodium IV Soln 1 GM/40ML (Base Equiv)	Yes	Yes
J9305	21300053102110	PEMEtrexed Disodium 100 MG SOLR	Pemetrexed Disodium For IV Soln 100 MG (Base Equiv)	Yes	Yes
J9294 J9305 J9296	21300053102020	PEMEtrexed Disodium 100 MG/4ML SOLN	Pemetrexed Disodium IV Soln 100 MG/4ML (Base Equiv)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9305	21300053102140	PEMEtrexed Disodium 1000 MG SOLR	Pemetrexed Disodium For IV Soln 1000 MG (Base Equiv)	Yes	Yes
J9305	21300053102120	PEMEtrexed Disodium 500 MG SOLR	Pemetrexed Disodium For IV Soln 500 MG (Base Equiv)	Yes	Yes
J9294 J9305 J9296	21300053102030	PEMEtrexed Disodium 500 MG/20ML SOLN	Pemetrexed Disodium IV Soln 500 MG/20ML (Base Equiv)	Yes	Yes
J9305	21300053102125	PEMEtrexed Disodium 750 MG SOLR	Pemetrexed Disodium For IV Soln 750 MG (Base Equiv)	Yes	Yes
J9296 J9305	21300053102037	PEMEtrexed Disodium 850 MG/34ML SOLN	Pemetrexed Disodium IV Soln 850 MG/34ML (Base Equiv)	Yes	Yes
J9294 J9305 J9323	21300053202110	PEMEtrexed Ditromethamine	Pemetrexed Ditromethamine For IV Soln 100 MG (Base Equiv)	Yes	Yes
J9294 J9305 J9323	21300053202120	PEMEtrexed Ditromethamine	Pemetrexed Ditromethamine For IV Soln 500 MG (Base Equiv)	Yes	Yes
J9294 J9305 J9323	21300053202110	PEMEtrexed Ditromethamine 100 MG SOLR	Pemetrexed Ditromethamine For IV Soln 100 MG (Base Equiv)	Yes	Yes
J9294 J9305 J9323	21300053202120	PEMEtrexed Ditromethamine 500 MG SOLR	Pemetrexed Ditromethamine For IV Soln 500 MG (Base Equiv)	Yes	Yes
J9305 J9314 J9304	21300053002030	Pemfexy	Pemetrexed IV Soln 500 MG/20ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9305 J9314 J9304	21300053002030	Pemfexy 500 MG/20ML SOLN	Pemetrexed IV Soln 500 MG/20ML	Yes	Yes
J9324	21300053102021	Pemrydi RTU	Pemetrexed Disodium IV Soln 100 MG/10ML (Base Equiv)	Yes	No
J9324	21300053102032	Pemrydi RTU	Pemetrexed Disodium IV Soln 500 MG/50ML (Base Equiv)	Yes	No
J2540	1100010112050	Penicillin G Pot in Dextrose	Penicillin G Potassium Inj 20000 Unit/ML in Dextrose	Yes	No
J2540	1100010112060	Penicillin G Pot in Dextrose	Penicillin G Potassium Inj 40000 Unit/ML in Dextrose	Yes	No
J2540	1100010112070	Penicillin G Pot in Dextrose	Penicillin G Potassium Inj 60000 Unit/ML in Dextrose	Yes	No
J2540	1100010102135	Penicillin G Potassium	Penicillin G Potassium For Inj 20000000 Unit	Yes	No
J2540	1100010102125	Penicillin G Potassium	Penicillin G Potassium For Inj 5000000 Unit	Yes	No
J2510	1100030001820	Penicillin G Procaine	Penicillin G Procaine Intramuscular Susp 600000 Unit/ML	Yes	Yes
J2510	1100030001820	Penicillin G Procaine 600000 UNIT/ML SUSP	Penicillin G Procaine Intramuscular Susp 600000 Unit/ML	Yes	Yes
J3490	1100010202105	Penicillin G Sodium	Penicillin G Sodium For Inj 5000000 Unit	Yes	No
C9399 J3590	20100031582035	Penicillium Notatum	Penicillium Notatum Inj 1:10 (31000 PNU/ML)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
C9399 J3590	20100031582018	Penicillium Notatum	Penicillium Notatum Inj 1:20	Yes	No
	94300044202022	Penicillium Notatum (Diagnost)	Penicillium notatum (Diagnostic) Inj Soln 1:20	Yes	Yes
S0080	16000045002130	Pentam	Pentamidine Isethionate For Inj Soln 300 MG	Yes	No
S0080	16000045002130	Pentamidine Isethionate	Pentamidine Isethionate For Inj Soln 300 MG	Yes	No
J2515	60100055102010	PENTObarbital Sodium	Pentobarbital Sodium Inj 50 MG/ML	Yes	No
J9306	21170054002020	Perjeta	Pertuzumab Soln for IV Infusion 420 MG/14ML (30 MG/ML)	Yes	Yes
J9306	21170054002020	Perjeta 420 MG/14ML SOLN	Pertuzumab Soln for IV Infusion 420 MG/14ML (30 MG/ML)	Yes	Yes
J2798	5907007000E430	Perseris	Risperidone Subcutaneous For ER Susp Prefilled Syr 120 MG	Yes	No
J2798	5907007000E420	Perseris	Risperidone Subcutaneous For ER Susp Prefilled Syr 90 MG	Yes	No
J2540	1100010102135	Pfizerpen	Penicillin G Potassium For Inj 20000000 Unit	Yes	No
J2540	1100010102125	Pfizerpen	Penicillin G Potassium For Inj 5000000 Unit	Yes	No
J2550	41400020102005	Phenergan	Promethazine HCl Inj 25 MG/ML	Yes	No
J2550	41400020102010	Phenergan	Promethazine HCl Inj 50 MG/ML	Yes	No
J2560	60100060102025	PHENObarbital Sodium	Phenobarbital Sodium Inj 130 MG/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2560	60100060102012	PHENobarbital Sodium	Phenobarbital Sodium Inj 65 MG/ML	Yes	No
J2760	36300020102105	Phentolamine Mesylate	Phentolamine Mesylate For Inj 5 MG	Yes	Yes
J2760	36300020102105	Phentolamine Mesylate 5 MG SOLR	Phentolamine Mesylate For Inj 5 MG	Yes	Yes
J3490	86350037102010	Phenylephrine HCl	Phenylephrine HCl Ophth Soln 2.5%	Yes	No
J2371	38000095102020	Phenylephrine HCl (Pressors)	Phenylephrine HCl IV Soln 10 MG/ML	Yes	Yes
J7999	38000095102007	Phenylephrine HCl (Pressors) 0.4 MG/10ML SOLN	Phenylephrine HCl IV Soln 0.4 MG/10ML (40 MCG/ML)	No	Yes
J7999	38000095102006	Phenylephrine HCl (Pressors) 0.8 MG/10ML SOLN	Phenylephrine HCl IV Soln 0.8 MG/10ML (80 MCG/ML)	No	Yes
J2371	38000095102020	Phenylephrine HCl (Pressors) 10 MG/ML SOLN	Phenylephrine HCl IV Soln 10 MG/ML	Yes	Yes
J2373	38000095102008	Phenylephrine HCl 1 MG/10ML SOLN	Phenylephrine HCl IV Soln 1 MG/10ML (100 MCG/ML)	Yes	Yes
J1165	72200030052005	Phenytoin Sodium	Phenytoin Sodium Inj 50 MG/ML	Yes	No
J9316	21990003552020	Phesgo	Pertuzumab-Trastuz-Hyaluron-zzxf Inj 60 MG-60 MG-2000 UNT/ML	Yes	Yes
J9316	21990003552030	Phesgo	Pertuzumab-Trastuz-Hyaluron-zzxf Inj 80 MG-40 MG-2000 UNT/ML	Yes	Yes
J9316	21990003552020	Phesgo 60-60-2000 MG-MG-U/ML SOLN	Pertuzumab-Trastuz-Hyaluron-zzxf Inj 60 MG-60 MG-2000 UNT/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9316	21990003552030	Phesgo 80-40-2000 MG-MG-U/ML SOLN	Pertuzumab-Trastuz-Hyaluron-zzxf Inj 80 MG-40 MG-2000 UNT/ML	Yes	Yes
J9600	21707070102140	Photofrin	Porfimer Sodium For Inj 75 MG	Yes	Yes
J9600	21707070102140	Photofrin 75 MG SOLR	Porfimer Sodium For Inj 75 MG	Yes	Yes
J2787	8679990240E530	Photrexa-Photrexa Viscous Kit	Riboflav 0.146% & Riboflav-Dextran 0.146-20% Op Sol Pref Syr	Yes	Yes
J2787	8679990240E530	Photrexa-Photrexa Viscous Kit 0.146 & 0.146-20 % SOSY	Riboflav 0.146% & Riboflav-Dextran 0.146-20% Op Sol Pref Syr	Yes	Yes
J3490	99750000002000	Physiolyte	*Irrigation Solution, Physiological**	Yes	No
J3490	99750000002000	Physiosol Irrigation	*Irrigation Solution, Physiological**	Yes	No
J3430	77204030002005	Phytonadione	Phytonadione Inj 1 MG/0.5ML (2 MG/ML)	Yes	No
J3430	77204030002010	Phytonadione	Phytonadione Inj 10 MG/ML	Yes	No
J2543	1990002702130	Piperacillin Sod-Tazobactam So	Piperacillin Sod-Tazobactam Na For Inj 3.375 GM (3-0.375 GM)	Yes	No
J2543	1990002702150	Piperacillin Sod-Tazobactam So	Piperacillin Sod-Tazobactam Sod For Inj 13.5 GM (12-1.5 GM)	Yes	No
J2543	1990002702120	Piperacillin Sod-Tazobactam So	Piperacillin Sod-Tazobactam Sod For Inj 2.25 GM (2-0.25 GM)	Yes	No
J2543	1990002702140	Piperacillin Sod-Tazobactam So	Piperacillin Sod-Tazobactam Sod For Inj 4.5 GM (4-0.5 GM)	Yes	No
J2543	1990002702170	Piperacillin Sod-Tazobactam So	Piperacillin Sod-Tazobactam Sod For Inj 40.5 GM (36-4.5 GM)	Yes	No
J2590	29000030002005	Pitocin	Oxytocin Inj 10 Unit/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	79992001502000	Plasma-Lyte 148	*Electrolyte-148 Solution***	Yes	No
J3490	79992001602000	Plasma-Lyte A	*Electrolyte-A Solution***	Yes	No
P9043 P9048	85400020002005	Plasmanate	Plasma Protein Fraction Inj 5%	Yes	No
B4199 B4189 B4193 B4197	80302010102060	Plenamine	*Amino Acid Infusion 15%***	Yes	No
J2562	82502060002020	Plerixafor	Plerixafor Subcutaneous Inj 24 MG/1.2ML (20 MG/ML)	Yes	No
A9607	21600045802020	Pluvicto	Lutetium Lu 177 Vipivotide Tetraxetan IV Soln 1000 MBq/ML	Yes	Yes
A9607	21600045802020	Pluvicto 1000 MBQ/ML SOLN	Lutetium Lu 177 Vipivotide Tetraxetan IV Soln 1000 MBq/ML	Yes	Yes
J9309	21354860302120	Polivy	Polatuzumab Vedotin-piiq For IV Solution 140 MG	Yes	Yes
J9309	21354860302110	Polivy	Polatuzumab Vedotin-piiq For IV Solution 30 MG	Yes	Yes
J9309	21354860302120	Polivy 140 MG SOLR	Polatuzumab Vedotin-piiq For IV Solution 140 MG	Yes	Yes
J9309	21354860302110	Polivy 30 MG SOLR	Polatuzumab Vedotin-piiq For IV Solution 30 MG	Yes	Yes
J0670	69100050102005	Polocaine	Mepivacaine HCl Inj 1%	Yes	Yes
J0670	69100050102015	Polocaine	Mepivacaine HCl Inj 2%	Yes	Yes
J0670	69100050102005	Polocaine 1 % SOLN	Mepivacaine HCl Inj 1%	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0670	69100050102015	Polocaine 2 % SOLN	Mepivacaine HCl Inj 2%	Yes	Yes
J0670	69100050102007	Polocaine-MPF	Mepivacaine HCl Preservative Free (PF) Inj 1%	Yes	Yes
J0670	69100050102012	Polocaine-MPF	Mepivacaine HCl Preservative Free (PF) Inj 1.5%	Yes	Yes
J0670	69100050102017	Polocaine-MPF	Mepivacaine HCl Preservative Free (PF) Inj 2%	Yes	Yes
J0670	69100050102007	Polocaine-MPF 1 % SOLN	Mepivacaine HCl Preservative Free (PF) Inj 1%	Yes	Yes
J0670	69100050102012	Polocaine-MPF 1.5 % SOLN	Mepivacaine HCl Preservative Free (PF) Inj 1.5%	Yes	Yes
J0670	69100050102017	Polocaine-MPF 2 % SOLN	Mepivacaine HCl Preservative Free (PF) Inj 2%	Yes	Yes
J3490	16100010102105	Polymyxin B Sulfate	Polymyxin B Sulfate For Inj 500000 Unit	Yes	No
J1203	30907730052120	Pombiliti	Cipaglucosidase Alfa-atga For IV Soln 105 MG	Yes	Yes
J1203	30907730052120	Pombiliti 105 MG SOLR	Cipaglucosidase Alfa-atga For IV Soln 105 MG	Yes	Yes
J9295	21360054002020	Portrazza	Necitumumab IV Soln 800 MG/50ML (16 MG/ML)	Yes	Yes
J9295	21360054002020	Portrazza 800 MG/50ML SOLN	Necitumumab IV Soln 800 MG/50ML (16 MG/ML)	Yes	Yes
J3490	11407060002020	Posaconazole	Posaconazole IV Soln 300 MG/16.7ML (18 MG/ML)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	11407060002020	Posaconazole 300 MG/16.7ML SOLN	Posaconazole IV Soln 300 MG/16.7ML (18 MG/ML)	Yes	Yes
J2469 J2468	50250070102020	Posfrea	Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent)	Yes	No
C9144	69100010002020	Posimir	Bupivacaine Infiltration Soln 660 MG/5ML (132 MG/ML)	Yes	No
A9608	94356534102030	Posluma	Flotufolastat F 18 Ga IV Soln 296-5846 MBq/ML (8-158 mCi/ML)	Yes	Yes
A9608	94356534102030	Posluma 296-5846 MBQ/ML SOLN	Flotufolastat F 18 Ga IV Soln 296-5846 MBq/ML (8-158 mCi/ML)	Yes	Yes
C9399 J3490 J7999	79700010002020	Potassium Acetate	Potassium Acetate Inj 2 mEq/ML	Yes	No
J3480	79700030002050	Potassium Chloride	Potassium Chloride Inj 10 mEq/100ML	Yes	No
J3480	79700030002055	Potassium Chloride	Potassium Chloride Inj 10 mEq/50ML	Yes	No
J3480	79700030002005	Potassium Chloride	Potassium Chloride Inj 2 mEq/ML	Yes	No
J3480	79700030002060	Potassium Chloride	Potassium Chloride Inj 20 mEq/100ML	Yes	No
J3480	79700030002070	Potassium Chloride	Potassium Chloride Inj 20 mEq/50ML	Yes	No
J3480	79700030002075	Potassium Chloride	Potassium Chloride Inj 40 mEq/100ML	Yes	No
J3490	79992002102015	Potassium Chloride in NaCl	KCl 20 MEQ/L (0.15%) in NaCl 0.45% Inj	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	79992002102020	Potassium Chloride in NaCl	KCl 20 MEQ/L (0.15%) in NaCl 0.9% Inj	Yes	No
J3490	79992002102030	Potassium Chloride in NaCl	KCl 40 MEQ/L (0.3%) in NaCl 0.9% Inj	Yes	No
J3490	79993002102020	Potassium Cl in Dextrose 5%	Potassium Chloride 20 MEQ/L (0.15%) in Dextrose 5% Inj	Yes	No
S5012	79993002102010	Potassium Cl in Dextrose 5%	Potassium Chloride 10 MEQ/L (0.075%) in Dextrose 5% Inj	Yes	No
J3490	79600010052020	Potassium Phosphates	Potassium Phosphates Inj 15 mM/5ML (Phos) 22 mEq/5ML (K)	Yes	No
J3490	79600010052040	Potassium Phosphates	Potassium Phosphates Inj 150 mM/50ML (Phos) 220 mEq/50ML (K)	Yes	No
J3490	79600010052030	Potassium Phosphates	Potassium Phosphates Inj 45 mM/15ML (Phos) 66 mEq/15ML (K)	Yes	No
J3490	79600010052030	Potassium Phosphates(66 mEq K)	Potassium Phosphates Inj 45 mM/15ML (Phos) 66 mEq/15ML (K)	Yes	No
J3490	79600010052033	Potassium Phosphates(71 mEq K)	Potassium Phosphates Inj 45 mM/15ML (Phos) 71 mEq/15ML (K)	Yes	No
J3490 J7999	79600010102025	Potassium Phosphates-NaCl	Potassium Phosphates-NaCl 0.9 % IV Soln 15 MMole/250ML	Yes	No
J3490	79600010102020	Potassium Phosphates-NaCl 15 MMOL/100ML SOLN	Potassium Phosphates-NaCl 0.9 % IV Soln 15 MMole/100ML	Yes	Yes
J7999	79600010102045	Potassium Phosphates-NaCl 30 MMOL/500ML SOLN	Potassium Phosphates-NaCl 0.9 % IV Soln 30 MMole/500ML	No	Yes
J9204	21351135202020	Poteligeo	Mogamulizumab-kpkc IV Soln 20 MG/5ML (4 MG/ML)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9204	21351135202020	Poteligeo 20 MG/5ML SOLN	Mogamulizumab-kpkc IV Soln 20 MG/5ML (4 MG/ML)	Yes	Yes
J9307	21300054002020	PRALatrexate	Pralatrexate IV Inj 20 MG/ML	Yes	Yes
J9307	21300054002025	PRALatrexate	Pralatrexate IV Inj 40 MG/2ML	Yes	Yes
C9399 J3590	93000048002020	Praxbind	Idarucizumab IV Soln 2.5 GM/50ML	Yes	No
J3490	60206030202060	Precedex	Dexmedetomidine HCl in NaCl 0.9% IV Soln 1000 MCG/250ML	Yes	Yes
J3490	60206030202020	Precedex	Dexmedetomidine HCl in NaCl 0.9% IV Soln 200 MCG/50ML	Yes	Yes
J3490	60206030202040	Precedex	Dexmedetomidine HCl in NaCl 0.9% IV Soln 400 MCG/100ML	Yes	Yes
J3490	60206030202010	Precedex	Dexmedetomidine HCl in NaCl 0.9% IV Soln 80 MCG/20ML	Yes	No
J3490	60206030102020	Precedex	Dexmedetomidine HCl IV Soln 200 MCG/2ML	Yes	No
J3490	60206030202060	Precedex 1000 MCG/250ML SOLN	Dexmedetomidine HCl in NaCl 0.9% IV Soln 1000 MCG/250ML	Yes	Yes
J3490	60206030202020	Precedex 200 MCG/50ML SOLN	Dexmedetomidine HCl in NaCl 0.9% IV Soln 200 MCG/50ML	Yes	Yes
J1410	24000015002110	Premarin	Estrogens, Conjugated For Inj 25 MG	Yes	Yes
J1410	24000015002110	Premarin 25 MG SOLR	Estrogens, Conjugated For Inj 25 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
B4189 B4199 B4193 B4197	80302010102040	Premasol	*Amino Acid Infusion 10%***	Yes	No
C9399 J3490	9399000255E520	Prevduo	Neostigmine Met-Glycopyrrolate IV Soln Pref Syr 3-0.6 MG/3ML	Yes	Yes
C9399 J3490	9399000255E520	Prevduo 3-0.6 MG/3ML SOSY	Neostigmine Met-Glycopyrrolate IV Soln Pref Syr 3-0.6 MG/3ML	Yes	Yes
C9399 J3490	12200045002020	Prevymis	Letermovir IV Soln 240 MG/12ML	Yes	No
C9399 J3490	12200045002040	Prevymis	Letermovir IV Soln 480 MG/24ML	Yes	No
J0743	16159902402120	Primaxin IV	Imipenem-Cilastatin Intravenous For Soln 500 MG	Yes	No
90283 J1459	19100020102090	Privigen	Immune Globulin (Human) IV Soln 40 GM/400ML	Yes	No
90283 J1568 J1459 J1572 J1557	19100020102076	Privigen	Immune Globulin (Human) IV Soln 20 GM/200ML	Yes	No
90283 J1568 J1459 J1572 J1557 J1556	19100020102072	Privigen	Immune Globulin (Human) IV Soln 10 GM/100ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
90283 J1568 J1459 J1572 J1557 J1556	19100020102068	Privigen	Immune Globulin (Human) IV Soln 5 GM/50ML	Yes	No
J2690	35100020102010	Procainamide HCl	Procainamide HCl Inj 100 MG/ML	Yes	No
J2690	35100020102020	Procainamide HCl	Procainamide HCl Inj 500 MG/ML	Yes	No
J0780	59200055202010	Prochlorperazine Edisylate	Prochlorperazine Edisylate Inj 10 MG/2ML	Yes	No
J7525	99404080002010	Prograf	Tacrolimus Inj 5 MG/ML	Yes	Yes
J7525	99404080002010	Prograf 5 MG/ML SOLN	Tacrolimus Inj 5 MG/ML	Yes	Yes
A9579 A9576	94500040002020	Prohance	Gadoteridol IV Soln 279.3 MG/ML (0.5 MMOL/ML)	Yes	Yes
A9579 A9576	94500040002020	Prohance 279.3 MG/ML SOLN	Gadoteridol IV Soln 279.3 MG/ML (0.5 MMOL/ML)	Yes	Yes
J0256	45100010102120	Prolastin-C	Alpha1-Proteinase Inhibitor (Human) For IV Soln 1000 MG	Yes	No
J0256	45100010102015	Prolastin-C	Alpha1-Proteinase Inhibitor (Human) Inj 1000 MG/20ML	Yes	No
J9015	21703020002120	Proleukin	Aldesleukin For IV Soln 22000000 Unit	Yes	No
J0897	3004453000E520	Prolia	Denosumab Inj Soln Prefilled Syringe 60 MG/ML	Yes	No
J2550	41400020102005	Promethazine HCl	Promethazine HCl Inj 25 MG/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2550	41400020102010	Promethazine HCl	Promethazine HCl Inj 50 MG/ML	Yes	No
J3490	86750020102005	Proparacaine HCl	Proparacaine HCl Ophth Soln 0.5%	Yes	No
J2704	70400050001660	Propofol	Propofol IV Emul 1000 MG/100ML (10 MG/ML)	Yes	Yes
J2704	70400050001652	Propofol	Propofol IV Emul 200 MG/20ML (10 MG/ML)	Yes	Yes
J2704	70400050001656	Propofol	Propofol IV Emul 500 MG/50ML (10 MG/ML)	Yes	Yes
J2704	70400050001660	Propofol 1000 MG/100ML EMUL	Propofol IV Emul 1000 MG/100ML (10 MG/ML)	Yes	Yes
J2704	70400050001652	Propofol 200 MG/20ML EMUL	Propofol IV Emul 200 MG/20ML (10 MG/ML)	Yes	Yes
J2704	70400050001656	Propofol 500 MG/50ML EMUL	Propofol IV Emul 500 MG/50ML (10 MG/ML)	Yes	Yes
J1800	33100040102005	Propranolol HCl	Propranolol HCl Inj 1 MG/ML	Yes	No
B4189 B4193 B4197 B4199	80302010102070	Prosol	*Amino Acid Infusion 20%***	Yes	No
J3490	40170008002005	Prostin VR	Alprostadil Inj 500 MCG/ML	Yes	No
A4802 J2720	85500010102005	Protamine Sulfate	Protamine Sulfate Inj 10 MG/ML	Yes	Yes
A4802 J2720	85500010102005	Protamine Sulfate 10 MG/ML SOLN	Protamine Sulfate Inj 10 MG/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
J2470 J2471	49270070102120	Protonix	Pantoprazole Sodium For IV Soln 40 MG (Base Equiv)	Yes	No
J2730	93000070102105	Protopam Chloride	Pralidoxime Chloride For IV Soln 1 GM	Yes	No
Q9968	93000050002030	ProvayBlue	Methylene Blue IV Soln 50 MG/10ML (5 MG/ML)	Yes	Yes
Q9968	93000050002030	ProvayBlue 50 MG/10ML SOLN	Methylene Blue IV Soln 50 MG/10ML (5 MG/ML)	Yes	Yes
Q2043	21651070001820	Provenge	Sipuleucel-T IV Susp 50,000,000 CELLS	Yes	Yes
Q2043	21651070001820	Provenge 50000000 CELLS SUSP	Sipuleucel-T IV Susp 50,000,000 CELLS	Yes	Yes
J7674	94200065102110	Provocholine	Methacholine Chloride Inhal For Soln 100 MG	Yes	Yes
J7999	94200065106400	Provocholine	*Methacholine Chloride Inhalation Soln Kit***	Yes	No
J7674	94200065102110	Provocholine 100 MG SOLR	Methacholine Chloride Inhal For Soln 100 MG	Yes	Yes
A9595	94356570002020	Pylarify	Piflufolastat F 18 IV Soln 1-80 mCi/ML (37-2960 MBq/ML)	Yes	Yes
A9595	9435657000E530	Pylarify	Piflufolastat F 18 IV Solution Prefilled Syringe 9 mCi	Yes	No
A9595	94356570002020	Pylarify 1-80 MCI/ML SOLN	Piflufolastat F 18 IV Soln 1-80 mCi/ML (37-2960 MBq/ML)	Yes	Yes
J3415	77105010002005	Pyridoxine HCl	Pyridoxine HCl Inj 100 MG/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
Q9997	52504070752020	Pyzchiva	Ustekinumab-ttwe IV Soln 130 MG/26ML (5 MG/ML) (For IV Inf)	Yes	No
J0330	74100010102005	Quelicin	Succinylcholine Chloride Inj 20 MG/ML	Yes	Yes
J7336	90850025306420	Qutenza	Capsaicin Patch 8% & Cleansing Gel Kit	Yes	No
J7336	90850025306420	Qutenza (2 Patch)	Capsaicin Patch 8% & Cleansing Gel Kit	Yes	No
J7336	90850025306420	Qutenza (4 Patch)	Capsaicin Patch 8% & Cleansing Gel Kit	Yes	No
J1201	41550020102060	Quzyttir	Cetirizine HCl IV Soln 10 MG/ML	Yes	Yes
J1201	41550020102060	Quzyttir 10 MG/ML SOLN	Cetirizine HCl IV Soln 10 MG/ML	Yes	Yes
J1301	74509030002010	Radicava	Edaravone Inj 30 MG/100ML (0.3 MG/ML)	Yes	Yes
J2547	12504065002020	Rapivab	Peramivir Inj 200 MG/20ML (10 MG/ML)	Yes	Yes
J2547	12504065002020	Rapivab 200 MG/20ML SOLN	Peramivir Inj 200 MG/20ML (10 MG/ML)	Yes	Yes
A9698	94401010101825	Readi-Cat 2	Barium Sulfate Susp 2%	Yes	No
J0896	82400540102120	Reblozyl	Luspatercept-aamt For Subcutaneous Inj 25 MG	Yes	No
J0896	82400540102140	Reblozyl	Luspatercept-aamt For Subcutaneous Inj 75 MG	Yes	No
J1440	52522010301820	Rebyota	Fecal Microbiota, Live-jslm Rectal Susp 150 ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0742	16159903402120	Recarbrio	Imipen-Cilastat-Relebact For IV Soln 1.25 GM (500-500-250MG)	Yes	Yes
J0742	16159903402120	Recarbrio 1.25 GM SOLR	Imipen-Cilastat-Relebact For IV Soln 1.25 GM (500-500-250MG)	Yes	Yes
J3489	30042090002020	Reclast	Zoledronic Acid IV Soln 5 MG/100ML	Yes	No
C9399 J3590	84200050102130	Recothrom	Thrombin (Recombinant) For Soln 20000 Unit	Yes	No
C9399 J3590	84200050102110	Recothrom	Thrombin (Recombinant) For Soln 5000 Unit	Yes	No
C9399 J3590	84200050102130	Recothrom Spray Kit	Thrombin (Recombinant) For Soln 20000 Unit	Yes	No
J2785	94200079002020	Regadenoson	Regadenoson IV Inj 0.4 MG/5ML (0.08 MG/ML)	Yes	Yes
J2785	94200079002020	Regadenoson 0.4 MG/5ML SOLN	Regadenoson IV Inj 0.4 MG/5ML (0.08 MG/ML)	Yes	Yes
J3490	76000050102010	Regonol	Pyridostigmine Bromide IV Soln 10 MG/2ML (5 MG/ML)	Yes	No
J0248	12700080002120	Remdesivir	Remdesivir for IV Soln 100 MG	Yes	Yes
J0248	12700080002120	Remdesivir 100 MG SOLR	Remdesivir for IV Soln 100 MG	Yes	Yes
J1745	52505040002120	Remicade	Infliximab For IV Inj 100 MG	Yes	No
J3490	65100087102110	Remifentanil HCl	Remifentanil HCl For IV Soln 1 MG	Yes	Yes
J3490	65100087102120	Remifentanil HCl	Remifentanil HCl For IV Soln 2 MG	Yes	Yes
J3490	65100087102150	Remifentanil HCl	Remifentanil HCl For IV Soln 5 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	65100087102110	Remifentanil HCl 1 MG SOLR	Remifentanil HCl For IV Soln 1 MG	Yes	Yes
J3490	65100087102120	Remifentanil HCl 2 MG SOLR	Remifentanil HCl For IV Soln 2 MG	Yes	Yes
J3490	65100087102150	Remifentanil HCl 5 MG SOLR	Remifentanil HCl For IV Soln 5 MG	Yes	Yes
J3285	40170080002070	Remodulin	Treprostinil Inj Soln 100 MG/20ML (5 MG/ML)	Yes	No
J3285	40170080002050	Remodulin	Treprostinil Inj Soln 20 MG/20ML (1 MG/ML)	Yes	No
J3285	40170080002080	Remodulin	Treprostinil Inj Soln 200 MG/20ML (10 MG/ML)	Yes	No
J3285	40170080002060	Remodulin	Treprostinil Inj Soln 50 MG/20ML (2.5 MG/ML)	Yes	No
Q2004	56700020002000	Renacidin	*Citric Acid-Gluconolactone-Magnesium Carbonate Soln**	Yes	No
Q5104	52505040102120	Renflexis	Infliximab-abda For IV Inj 100 MG	Yes	No
J2993	85601070006408	Retavase	Reteplase For IV Soln Kit 2 x 10 Unit (18.1 MG) (Full Kit)	Yes	Yes
J2993	85601070006408	Retavase 2 X 10 UNIT KIT	Reteplase For IV Soln Kit 2 x 10 Unit (18.1 MG) (Full Kit)	Yes	Yes
J2993	85601070006407	Retavase Half-Kit	Reteplase For IV Soln Kit 1 x 10 Unit (18.1 MG) (Half-Kit)	Yes	Yes
J2993	85601070006407	Retavase Half-Kit 1 X 10 UNIT KIT	Reteplase For IV Soln Kit 1 x 10 Unit (18.1 MG) (Half-Kit)	Yes	Yes
C9399 J3590	99040010002320	Rethymic	Allogeneic Processed Thymus Tissue-agdc IM Implant	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
C9399 J3590	99040010002320	Rethymic IMPL	Allogeneic Processed Thymus Tissue-agdc IM Implant	Yes	Yes
J3485	12108085002020	Retrovir	Zidovudine IV Soln 10 MG/ML	Yes	No
C9399 J3490 J7999	40143060102020	Revatio	Sildenafil Citrate IV Soln 10 MG/12.5ML (Base Equivalent)	Yes	No
J3490	75200010102105	Revonto	Dantrolene Sodium For IV Soln 20 MG	Yes	No
J3490	38000030052037	Rezipres	Ephedrine HCl IV Soln 47 MG/10ML (4.7 MG/ML)	Yes	Yes
J3490	38000030052037	Rezipres 47 MG/10ML SOLN	Ephedrine HCl IV Soln 47 MG/10ML (4.7 MG/ML)	Yes	Yes
J0349	11500070102120	Rezzayo	Rezafungin Acetate For IV Soln 200 MG (Base Equivalent)	Yes	Yes
J0349	11500070102120	Rezzayo 200 MG SOLR	Rezafungin Acetate For IV Soln 200 MG (Base Equivalent)	Yes	Yes
J3490	94200012102005	R-Gene 10	Arginine HCl Inj 10%	Yes	No
90384 J2790	1910005000E540	RhoGAM Ultra-Filtered Plus	Rho D Immune Globulin IM Soln Pref Syr 1500 Unit (300MCG)	Yes	No
J2791	1910005000E550	Rhophylac	Rho D Immune Globulin Sol Pref Syr 1500 Unt/2ML (300MCG/2ML)	Yes	No
Q5123	21351860142020	Riabni	Rituximab-arrx IV Soln 100 MG/10ML (10 MG/ML)	Yes	No
Q5123	21351860142040	Riabni	Rituximab-arrx IV Soln 500 MG/50ML (10 MG/ML)	Yes	No
J3490	12604075002120	Ribavirin	Ribavirin For Inhal Soln 6 GM	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2804	9000080002120	Rifadin	Rifampin For Inj 600 MG	Yes	No
J2804	9000080002120	rifAMPin	Rifampin For Inj 600 MG	Yes	No
J2794	5907007010G210	RisperDAL Consta	Risperidone Microspheres For IM Extended Rel Susp 12.5 MG	Yes	No
J2794	5907007010G220	RisperDAL Consta	Risperidone Microspheres For IM Extended Rel Susp 25 MG	Yes	No
J2794	5907007010G230	RisperDAL Consta	Risperidone Microspheres For IM Extended Rel Susp 37.5 MG	Yes	No
J2794	5907007010G240	RisperDAL Consta	Risperidone Microspheres For IM Extended Rel Susp 50 MG	Yes	No
J2794	5907007010G210	risperiDONE Microspheres ER	Risperidone Microspheres For IM Extended Rel Susp 12.5 MG	Yes	No
J2794	5907007010G220	risperiDONE Microspheres ER	Risperidone Microspheres For IM Extended Rel Susp 25 MG	Yes	No
J2794	5907007010G230	risperiDONE Microspheres ER	Risperidone Microspheres For IM Extended Rel Susp 37.5 MG	Yes	No
J2794	5907007010G240	risperiDONE Microspheres ER	Risperidone Microspheres For IM Extended Rel Susp 50 MG	Yes	No
J9312	21351860002020	Rituxan	Rituximab IV Soln 100 MG/10ML	Yes	No
J9312	21351860002040	Rituxan	Rituximab IV Soln 500 MG/50ML	Yes	No
J9311	21990002642020	Rituxan Hycela	Rituximab-Hyaluronidase Human Inj 1400-23400 MG-Unit/11.7ML	Yes	No
J9311	21990002642040	Rituxan Hycela	Rituximab-Hyaluronidase Human Inj 1600-26800 MG-Unit/13.4ML	Yes	No
J2800	75100070002010	Robaxin	Methocarbamol Inj 1000 MG/10ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1412	85102585601820	Roctavian	Valoctocogene Roxaparvovec-rvox IV Susp 20000000000000 VG/ML	Yes	Yes
J1412	85102585601820	Roctavian 20000000000000 VG/ML SUSP	Valoctocogene Roxaparvovec-rvox IV Susp 20000000000000 VG/ML	Yes	Yes
J3490	74200047102030	Rocuronium Bromide	Rocuronium Bromide IV Soln 100 MG/10ML (10 MG/ML)	Yes	Yes
J3490	74200047102020	Rocuronium Bromide	Rocuronium Bromide IV Soln 50 MG/5ML (10 MG/ML)	Yes	Yes
J3490	74200047102030	Rocuronium Bromide 100 MG/10ML SOLN	Rocuronium Bromide IV Soln 100 MG/10ML (10 MG/ML)	Yes	Yes
J3490	74200047102020	Rocuronium Bromide 50 MG/5ML SOLN	Rocuronium Bromide IV Soln 50 MG/5ML (10 MG/ML)	Yes	Yes
J1449	8240151880E520	Rolvedon	Eflapegrastim-xnst Soln Prefilled Syringe 13.2 MG/0.6ML	Yes	No
J9318	21531560002030	romiDEPsin	Romidepsin IV Soln 27.5 MG/5.5ML (5 MG/ML)	Yes	Yes
J9319	21531560002120	romiDEPsin	Romidepsin For IV Inj 10 MG	Yes	Yes
J9319	21531560002120	romiDEPsin 10 MG SOLR	Romidepsin For IV Inj 10 MG	Yes	Yes
J9318	21531560002030	romiDEPsin 27.5 MG/5.5ML SOLN	Romidepsin IV Soln 27.5 MG/5.5ML (5 MG/ML)	Yes	Yes
J2795	69100070102040	ROPivacaine HCl	Ropivacaine HCl Inj 10 MG/ML	Yes	Yes
J2795	69100070102008	ROPivacaine HCl	Ropivacaine HCl Inj 2 MG/ML	Yes	Yes
J2795	69100070102020	ROPivacaine HCl	Ropivacaine HCl Inj 5 MG/ML	Yes	Yes
J2795	69100070102030	ROPivacaine HCl	Ropivacaine HCl Inj 7.5 MG/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2795	69100070102040	ROPivacaine HCl 10 MG/ML SOLN	Ropivacaine HCl Inj 10 MG/ML	Yes	Yes
J2795	69100070102008	ROPivacaine HCl 2 MG/ML SOLN	Ropivacaine HCl Inj 2 MG/ML	Yes	Yes
J2795	69100070102020	ROPivacaine HCl 5 MG/ML SOLN	Ropivacaine HCl Inj 5 MG/ML	Yes	Yes
J2795	69100070102030	ROPivacaine HCl 7.5 MG/ML SOLN	Ropivacaine HCl Inj 7.5 MG/ML	Yes	Yes
Q5119	21351860602020	Ruxience	Rituximab-pvvr IV Soln 100 MG/10ML (10 MG/ML)	Yes	No
Q5119	21351860602040	Ruxience	Rituximab-pvvr IV Soln 500 MG/50ML (10 MG/ML)	Yes	No
J3490	75200010101920	Ryanodex	Dantrolene Sodium For IV Susp 250 MG	Yes	No
J9061	21359710802020	Rybrevant	Amivantamab-vmjw IV Soln 350 MG/7ML	Yes	Yes
J9061	21359710802020	Rybrevant 350 MG/7ML SOLN	Amivantamab-vmjw IV Soln 350 MG/7ML	Yes	Yes
J2801	5907007000G220	Rykindo	Risperidone For IM Extended Release Suspension 25 MG	Yes	No
J2801	5907007000G230	Rykindo	Risperidone For IM Extended Release Suspension 37.5 MG	Yes	No
J2801	5907007000G240	Rykindo	Risperidone For IM Extended Release Suspension 50 MG	Yes	No
J9021	21250010602020	Rylaze	Asparaginase Erwinia Chrys (Recomb)-rywn IM Soln 10 MG/0.5ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9021	21250010602020	Rylaze 10 MG/0.5ML SOLN	Asparaginase Erwinia Chrys (Recomb)-rywn IM Soln 10 MG/0.5ML	Yes	Yes
C9399 J3590	99393670726410	Ryoncil <12.5kg	Remestemcel-L-rknd 1 x 3.8 ML Susp for IV Infusion Kit	Yes	No
C9399 J3590	99393670726410	Ryoncil <12.5kg 1x 3.8 ML KIT	Remestemcel-L-rknd 1 x 3.8 ML Susp for IV Infusion Kit	Yes	Yes
C9399 J3590	99393670726412	Ryoncil 12.5kg to < 25kg 2 x 3.8ML KIT	Remestemcel-L-rknd 2 x 3.8 ML Susp for IV Infusion Kit	Yes	Yes
C9399 J3590	99393670726412	Ryoncil 12.5kg to <25kg	Remestemcel-L-rknd 2 x 3.8 ML Susp for IV Infusion Kit	Yes	No
C9399 J3590	99393670726414	Ryoncil 25kg to < 37.5kg 3 x 3.8ML KIT	Remestemcel-L-rknd 3 x 3.8 ML Susp for IV Infusion Kit	Yes	Yes
C9399 J3590	99393670726414	Ryoncil 25kg to <37.5kg	Remestemcel-L-rknd 3 x 3.8 ML Susp for IV Infusion Kit	Yes	No
C9399 J3590	99393670726416	Ryoncil 37.5kg to <50kg	Remestemcel-L-rknd 4 x 3.8 ML Susp for IV Infusion Kit	Yes	No
C9399 J3590	99393670726416	Ryoncil 37.5kg to <50kg 4 x 3.8 ML KIT	Remestemcel-L-rknd 4 x 3.8 ML Susp for IV Infusion Kit	Yes	Yes
C9399 J3590	99393670726418	Ryoncil 50 kg to 62.5kg 4 x 3.8 ML KIT	Remestemcel-L-rknd 5 x 3.8 ML Susp for IV Infusion Kit	Yes	Yes
C9399 J3590	99393670726418	Ryoncil 50kg to <62.5kg	Remestemcel-L-rknd 5 x 3.8 ML Susp for IV Infusion Kit	Yes	No
C9399 J3590	99393670726420	Ryoncil 62.5kg to <75kg	Remestemcel-L-rknd 6 x 3.8 ML Susp for IV Infusion Kit	Yes	No
C9399 J3590	99393670726420	Ryoncil 62.5kg to <75kg 6 x 3.8 ML KIT	Remestemcel-L-rknd 6 x 3.8 ML Susp for IV Infusion Kit	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
C9399 J3590	99393670726422	Ryoncil 75kg to <87.5kg	Remestemcel-L-rknd 7 x 3.8 ML Susp for IV Infusion Kit	Yes	No
C9399 J3590	99393670726422	Ryoncil 75kg to <87kg 7 x 3.8 ML KIT	Remestemcel-L-rknd 7 x 3.8 ML Susp for IV Infusion Kit	Yes	Yes
C9399 J3590	99393670726424	Ryoncil 87.5kg to <100kg	Remestemcel-L-rknd 8 x 3.8 ML Susp for IV Infusion Kit	Yes	No
C9399 J3590	99393670726424	Ryoncil 87.5kg to <100kg 8 x 3.8 ML KIT	Remestemcel-L-rknd 8 x 3.8 ML Susp for IV Infusion Kit	Yes	Yes
C9399 J3590	99393670726424	Ryoncil 87.5kg to <75kg 6 x 3.8 ML KIT	Remestemcel-L-rknd 8 x 3.8 ML Susp for IV Infusion Kit	Yes	Yes
J2998	85400050702120	Ryplazim	Plasminogen, Human-tvmh For IV Soln 68.8 MG	Yes	No
J9333	99398270552020	Rystiggo	Rozanolixizumab-noli Subcutaneous Soln 280 MG/2ML	Yes	Yes
J9333	99398270552030	Rystiggo	Rozanolixizumab-noli Subcutaneous Soln 420 MG/3ML	Yes	No
J9333	99398270552040	Rystiggo	Rozanolixizumab-noli Subcutaneous Soln 560 MG/4ML	Yes	No
J9333	99398270552060	Rystiggo	Rozanolixizumab-noli Subcutaneous Soln 840 MG/6ML	Yes	No
J9333	99398270552020	Rystiggo 280 MG/2ML SOLN	Rozanolixizumab-noli Subcutaneous Soln 280 MG/2ML	Yes	Yes
J0870	21535325602140	Rytelo	Imetelstat Sodium For IV Soln 188 MG	Yes	No
J0870	21535325602120	Rytelo	Imetelstat Sodium For IV Soln 47 MG	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
C9399 J3590	20100031802015	Saccharomyces Cerevisiae	Saccharomyces Cerevisiae Inj 1:20	Yes	No
J3490	98401040002010	Saline Bacteriostatic	*Bacteriostatic Sodium Chloride Inj Soln 0.9%***	Yes	No
A4216	79750010102024	Saline Flush	Sodium Chloride Flush IV Soln 0.9%	Yes	No
J7516	99402020002005	SandIMMUNE	Cyclosporine IV Soln 50 MG/ML	Yes	No
J2353	30170070106410	SandoSTATIN LAR Depot	Octreotide Acetate For IM Inj Kit 10 MG	Yes	Yes
J2353	30170070106420	SandoSTATIN LAR Depot	Octreotide Acetate For IM Inj Kit 20 MG	Yes	Yes
J2353	30170070106430	SandoSTATIN LAR Depot	Octreotide Acetate For IM Inj Kit 30 MG	Yes	Yes
J2353	30170070106410	SandoSTATIN LAR Depot 10 MG KIT	Octreotide Acetate For IM Inj Kit 10 MG	Yes	Yes
J2353	30170070106430	SandoSTATIN LAR Depot 30 MG KIT	Octreotide Acetate For IM Inj Kit 30 MG	Yes	Yes
J0491	99427010252020	Saphnelo	Anifrolumab-fnia IV Soln 300 MG/2ML	Yes	Yes
J0491	99427010252020	Saphnelo 300 MG/2ML SOLN	Anifrolumab-fnia IV Soln 300 MG/2ML	Yes	Yes
J9227	21354033202020	Sarclisa	Isatuximab-irfc IV Soln 100 MG/5ML	Yes	Yes
J9227	21354033202030	Sarclisa	Isatuximab-irfc IV Soln 500 MG/25ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9227	21354033202020	Sarclisa 100 MG/5ML SOLN	Isatuximab-irfc IV Soln 100 MG/5ML	Yes	Yes
J9227	21354033202030	Sarclisa 500 MG/25ML SOLN	Isatuximab-irfc IV Soln 500 MG/25ML	Yes	Yes
J7352	90922010102320	Scenesse	Afamelanotide Acetate Implant 16 MG	Yes	Yes
J7352	90922010102320	Scenesse 16 MG IMPL	Afamelanotide Acetate Implant 16 MG	Yes	Yes
J3490	79900040102003	Selenious Acid	Selenious Acid Inj 6 MCG/ML (Selenium Equiv)	Yes	No
J3490	79900040102015	Selenious Acid	Selenious Acid Inj 60 MCG/ML (Selenium Equiv)	Yes	No
J0665	69100010102005	Sensorcaine	Bupivacaine HCl Inj 0.25%	Yes	Yes
J0665	69100010102010	Sensorcaine	Bupivacaine HCl Inj 0.5%	Yes	Yes
J3490	69991002102010	Sensorcaine/EPINEPHrine	Bupivacaine Inj 0.25% w/ Epinephrine 1:200000	Yes	No
J3490	69991002102015	Sensorcaine/EPINEPHrine	Bupivacaine Inj 0.5% w/ Epinephrine 1:200000	Yes	No
J0665	69100010102007	Sensorcaine-MPF	Bupivacaine HCl Preservative Free (PF) Inj 0.25%	Yes	Yes
J0665	69100010102012	Sensorcaine-MPF	Bupivacaine HCl Preservative Free (PF) Inj 0.5%	Yes	Yes
J0665	69100010102018	Sensorcaine-MPF	Bupivacaine HCl Preservative Free (PF) Inj 0.75%	Yes	Yes
J3490	69991002102012	Sensorcaine-MPF/EPINEPHrine	Bupivacaine Inj 0.25% w/ Epinephrine 1:200000 (PF)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	69991002102017	Sensorcaine-MPF/EPINEPHrine	Bupivacaine Inj 0.5% w/ Epinephrine 1:200000 (PF)	Yes	No
J7699	70200070002000	Sevoflurane	Sevoflurane Inhal Soln	Yes	No
J2561	60100060102110	Sezaby	Phenobarbital Sodium For IV Soln 100 MG	Yes	Yes
J2561	60100060102110	Sezaby 100 MG SOLR	Phenobarbital Sodium For IV Soln 100 MG	Yes	Yes
J2502	3017007540G210	Signifor LAR	Pasireotide Pamoate For IM ER Susp 10 MG (Base Equiv)	Yes	Yes
J2502	3017007540G220	Signifor LAR	Pasireotide Pamoate For IM ER Susp 20 MG (Base Equiv)	Yes	Yes
J2502	3017007540G225	Signifor LAR	Pasireotide Pamoate For IM ER Susp 30 MG (Base Equiv)	Yes	Yes
J2502	3017007540G230	Signifor LAR	Pasireotide Pamoate For IM ER Susp 40 MG (Base Equiv)	Yes	Yes
J2502	3017007540G240	Signifor LAR	Pasireotide Pamoate For IM ER Susp 60 MG (Base Equiv)	Yes	Yes
J2502	3017007540G210	Signifor LAR 10 MG SRER	Pasireotide Pamoate For IM ER Susp 10 MG (Base Equiv)	Yes	Yes
J2502	3017007540G220	Signifor LAR 20 MG SRER	Pasireotide Pamoate For IM ER Susp 20 MG (Base Equiv)	Yes	Yes
J2502	3017007540G225	Signifor LAR 30 MG SRER	Pasireotide Pamoate For IM ER Susp 30 MG (Base Equiv)	Yes	Yes
J2502	3017007540G230	Signifor LAR 40 MG SRER	Pasireotide Pamoate For IM ER Susp 40 MG (Base Equiv)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2502	3017007540G240	Signifor LAR 60 MG SRER	Pasireotide Pamoate For IM ER Susp 60 MG (Base Equiv)	Yes	Yes
J3490	88502002804010	Silatrix	*Sucralfate-Malate Gel 10%***	Yes	No
C9399 J3490 J7999	40143060102020	Sildenafil Citrate	Sildenafil Citrate IV Soln 10 MG/12.5ML (Base Equivalent)	Yes	No
J1602	66270040002015	Simponi Aria	Golimumab IV Soln 50 MG/4ML	Yes	No
J0480	99405015002110	Simulect	Basiliximab For IV Soln 10 MG	Yes	Yes
J0480	99405015002120	Simulect	Basiliximab For IV Soln 20 MG	Yes	Yes
J0480	99405015002110	Simulect 10 MG SOLR	Basiliximab For IV Soln 10 MG	Yes	Yes
J0480	99405015002120	Simulect 20 MG SOLR	Basiliximab For IV Soln 20 MG	Yes	Yes
J2805	94200085002105	Sincalide	Sincalide For Inj 5 MCG	Yes	Yes
J2805	94200085002105	Sincalide 5 MCG SOLR	Sincalide For Inj 5 MCG	Yes	Yes
J7402	42200045102350	Sinuva	Mometasone Furoate Sinus Implant 1350 MCG	Yes	Yes
J7402	42200045102350	Sinuva 1350 MCG IMPL	Mometasone Furoate Sinus Implant 1350 MCG	Yes	Yes
J3090	16230070202120	Sivextro	Tedizolid Phosphate For IV Soln 200 MG	Yes	Yes
J3090	16230070202120	Sivextro 200 MG SOLR	Tedizolid Phosphate For IV Soln 200 MG	Yes	Yes
J7301	25200050005310	Skyla	Levonorgestrel Releasing IUD 14 MCG/DAY (13.5 MG Total)	No	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2327	52504060702020	Skyrizi	Risankizumab-rzaa IV Soln 600 MG/10ML (60 MG/ML)	Yes	No
C9399 J3590	62084020101820	Skysona	Elivaldogene Autotemcel IV Susp	Yes	Yes
C9399 J3590	62084020101820	Skysona SUSP	Elivaldogene Autotemcel IV Susp	Yes	Yes
J3490	30908050102060	Sod Benz-Sod Phenylacet	Sodium Benzoate & Sodium Phenylacetate IV Soln 10-10%	Yes	No
J3490	79050010002005	Sodium Acetate	Sodium Acetate Inj 2 mEq/ML	Yes	No
J3490	79050010002010	Sodium Acetate	Sodium Acetate Inj 4 mEq/ML	Yes	No
J3490	79050020002010	Sodium Bicarbonate	Sodium Bicarbonate IV Soln 4.2%	Yes	No
J3490	79050020002020	Sodium Bicarbonate	Sodium Bicarbonate IV Soln 7.5%	Yes	No
J3490 J7999	79050020002025	Sodium Bicarbonate	Sodium Bicarbonate IV Soln 8.4%	Yes	No
A4217 A4216	56700060002010	Sodium Chloride	Sodium Chloride Irrigation Soln 0.9%	Yes	No
J3490	79750010002010	Sodium Chloride	Sodium Chloride IV Soln 0.45%	Yes	No
J7030 J7040 J7050	79750010002021	Sodium Chloride	Sodium Chloride IV Soln 0.9%	Yes	Yes
J7131	79750010002050	Sodium Chloride	Sodium Chloride Inj 2.5 mEq/ML (14.6%)	Yes	No
J7131	79750010002030	Sodium Chloride	Sodium Chloride IV Soln 3%	Yes	No
J7131	79750010002045	Sodium Chloride	Sodium Chloride IV Soln 4 mEq/ML (23.4%)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J7131	79750010002040	Sodium Chloride	Sodium Chloride IV Soln 5%	Yes	No
A4216	79750010002018	Sodium Chloride (PF)	Sodium Chloride Preservative Free (PF) Inj 0.9%	Yes	No
J7030 J7040 J7050	79750010002021	Sodium Chloride 0.9 % SOLN	Sodium Chloride IV Soln 0.9%	Yes	Yes
J3490	98401040002010	Sodium Chloride Bacteriostatic	*Bacteriostatic Sodium Chloride Inj Soln 0.9%***	Yes	No
A4216	79750010102024	Sodium Chloride Flush	Sodium Chloride Flush IV Soln 0.9%	Yes	No
J1205	37600020102105	Sodium Diuril	Chlorothiazide Sodium For Inj 500 MG	Yes	Yes
J3490	37200020102105	Sodium Edecrin	Ethacrynate Sodium For Inj 50 MG	Yes	No
A9580	94358570002020	Sodium Fluoride F 18	Sodium Fluoride F 18 IV Soln 10-200 mCi/ML	Yes	No
A9509 A9516	94354058000120	Sodium Iodide I-123	Sodium Iodide I-123 Cap 3.7 MBq (100 Microcurie)	Yes	No
A9509 A9516	94354058000130	Sodium Iodide I-123	Sodium Iodide I-123 Cap 7.4 MBq (200 Microcurie)	Yes	No
J3490	36400040102020	Sodium Nitroprusside	Nitroprusside Sodium IV Soln 25 MG/ML	Yes	No
J3490	79600020102020	Sodium Phosphates	Sodium Phosphates Inj 15 mM/5ML (Phos) 20 mEq/5ML (Na)	Yes	No
J3490	79600020102040	Sodium Phosphates	Sodium Phosphates Inj 150 mM/50ML (Phos) 200 mEq/50ML (Na)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	79600020102030	Sodium Phosphates	Sodium Phosphates Inj 45 mM/15ML (Phos) 60 mEq/15ML (Na)	Yes	No
J3490	99650010002010	Sodium Tetradecyl Sulfate	Sodium Tetradecyl Sulfate Inj 3%	Yes	No
J0209	93000075002025	Sodium Thiosulfate	Sodium Thiosulfate IV Soln 250 MG/ML (25%)	Yes	No
J1299	85805050002020	Soliris	Ecuzumab IV Soln 300 MG/30ML (10 MG/ML) (For Infusion)	Yes	No
J1720	22100025402150	Solu-CORTEF	Hydrocortisone Sodium Succinate PF For Inj 100 MG	Yes	No
J1720	22100025402165	Solu-CORTEF	Hydrocortisone Sodium Succinate PF For Inj 1000 MG	Yes	No
J1720	22100025402155	Solu-CORTEF	Hydrocortisone Sodium Succinate PF For Inj 250 MG	Yes	No
J1720	22100025402161	Solu-CORTEF	Hydrocortisone Sodium Succinate PF For Inj 500 MG	Yes	No
J2919	22100030202120	SOLU-Medrol	Methylprednisolone Sod Succ For Inj 1000 MG (Base Equiv)	Yes	No
J2919	22100030202130	SOLU-Medrol	Methylprednisolone Sod Succ For Inj 2000 MG (Base Equiv)	Yes	No
J2919	22100030202115	SOLU-Medrol	Methylprednisolone Sod Succ For Inj 500 MG (Base Equiv)	Yes	No
J2919	22100030202121	SOLU-Medrol (PF)	Methylprednisolone Sod Succ For Inj PF 1000 MG (Base Equiv)	Yes	No
J2919	22100030202111	SOLU-Medrol (PF)	Methylprednisolone Sod Succ For Inj PF 125 MG (Base Equiv)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2919	22100030202106	SOLU-Medrol (PF)	Methylprednisolone Sod Succ For Inj PF 40 MG (Base Equiv)	Yes	No
J2919	22100030202116	SOLU-Medrol (PF)	Methylprednisolone Sod Succ For Inj PF 500 MG (Base Equiv)	Yes	No
J1930	30170050102025	Somatuline Depot	Lanreotide Acetate Extended Release Inj 60 MG/0.2ML	Yes	No
J1930	30170050102030	Somatuline Depot	Lanreotide Acetate Extended Release Inj 90 MG/0.3ML	Yes	No
J1930 J1932	30170050102040	Somatuline Depot	Lanreotide Acetate Extended Release Inj 120 MG/0.5ML	Yes	No
J7799	56700082002005	Sorbitol	Sorbitol Irrigation Soln 3%	Yes	No
J7799	56700084002020	Sorbitol-Mannitol	Sorbitol-Mannitol Irrigation Soln 2.7-0.54 GM/100ML	Yes	No
C9482	33100045102030	Sotalol HCl	Sotalol HCl Inj 150 MG/10ML (15 MG/ML)	Yes	Yes
C9482	33100045102030	Sotalol HCl 150 MG/10ML SOLN	Sotalol HCl Inj 150 MG/10ML (15 MG/ML)	Yes	Yes
J3490	99650010002005	Sotradecol	Sodium Tetradecyl Sulfate Inj 1%	Yes	No
J3490	99650010002010	Sotradecol	Sodium Tetradecyl Sulfate Inj 3%	Yes	No
J1747	90250577702050	Spevigo	Spesolimab-sbzo IV Soln 450 MG/7.5ML (60 MG/ML)	Yes	Yes
J1747	90250577702050	Spevigo 450 MG/7.5ML SOLN	Spesolimab-sbzo IV Soln 450 MG/7.5ML (60 MG/ML)	Yes	Yes
G2082 S0013	5811002010C520	Spravato (56 MG Dose)	Esketamine HCl Nasal Soln 28 MG/Device x 2 (56 MG Dose Pack)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
C9399 J3490	5811002010C520	Spravato (56 MG Dose) 28 MG/DEVICE SOPK	Esketamine HCl Nasal Soln 28 MG/Device x 2 (56 MG Dose Pack)	Yes	Yes
G2082 S0013	5811002010C530	Spravato (84 MG Dose)	Esketamine HCl Nasal Soln 28 MG/Device x 3 (84 MG Dose Pack)	Yes	No
C9399 J3490	5811002010C530	Spravato (84 MG Dose) 28 MG/DEVICE SOPK	Esketamine HCl Nasal Soln 28 MG/Device x 3 (84 MG Dose Pack)	Yes	Yes
J3490	94200055002116	Spy- MIS Kit	Indocyanine Green For Inj Soln 25 MG	Yes	No
J3490	94200055002116	SPY-PHI Kit	Indocyanine Green For Inj Soln 25 MG	Yes	No
90717	17100090001900	Stamaril	Yellow Fever Vaccine For Inj Suspension	Yes	No
J3358	52504070002020	Stelara	Ustekinumab IV Soln 130 MG/26ML (5 MG/ML) (For IV Infusion)	Yes	No
C9399 J3590	52504070782020	Steqeyma	#N/A	Yes	Yes
S0155	98401006002020	Sterile Diluent Flolan pH 12	Glycine Diluent for Injection	Yes	No
S0155	98401006002020	Sterile Diluent for Remodulin	Glycine Diluent for Injection	Yes	No
S0155	98401006002020	Sterile Diluent/Epoprostenol	Glycine Diluent for Injection	Yes	No
J3000	7000060102105	Streptomycin Sulfate	Streptomycin Sulfate For Inj 1 GM	Yes	No
A9600	21600070002010	Strontium Chloride Sr-89	Strontium-89 Chloride Inj 1 mCi/ML	Yes	Yes
A9600	21600070002010	Strontium Chloride Sr-89 1 MCI/ML SOLN	Strontium-89 Chloride Inj 1 mCi/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
Q9991	6520001000E520	Sublocade	Buprenorphine Extended Release Soln Pref Syr 100 MG/0.5ML	Yes	Yes
Q9992	6520001000E530	Sublocade	Buprenorphine Extended Release Soln Pref Syr 300 MG/1.5ML	Yes	Yes
Q9991	6520001000E520	Sublocade 100 MG/0.5ML SOSY	Buprenorphine Extended Release Soln Pref Syr 100 MG/0.5ML	Yes	Yes
Q9992	6520001000E530	Sublocade 300 MG/1.5ML SOSY	Buprenorphine Extended Release Soln Pref Syr 300 MG/1.5ML	Yes	Yes
J0330	74100010102005	Succinylcholine Chloride	Succinylcholine Chloride Inj 20 MG/ML	Yes	Yes
J0330	7410001010E519	Succinylcholine Chloride	Succinylcholine Cl Inj Sol Pref Syr 100 MG/5ML (20 MG/ML)	Yes	No
J0330	74100010102005	Succinylcholine Chloride 20 MG/ML SOLN	Succinylcholine Chloride Inj 20 MG/ML	Yes	Yes
J3490	65100090102015	SUFentanil Citrate	Sufentanil Citrate Inj 100 MCG/2ML (50 MCG/ML)	Yes	No
J3490	65100090102030	SUFentanil Citrate	Sufentanil Citrate Inj 250 MCG/5ML (50 MCG/ML)	Yes	No
J3490	65100090102010	SUFentanil Citrate	Sufentanil Citrate Inj 50 MCG/ML	Yes	No
C9399 J3490 J7999	9300007810E510	Sugammadex Sodium	Sugammadex Sodium IV Soln Prefilled Syringe 100 MG/ML	No	Yes
C9399 J3490	9300007810E535	Sugammadex Sodium 150 MG/3ML SOSY	Sugammadex Sodium IV Soln Prefilled Syringe 150 MG/3ML	Yes	Yes
C9399 J3490	9300007810E550	Sugammadex Sodium 50 MG/5ML SOSY	Sugammadex Sodium IV Soln Prefilled Syringe 50 MG/5ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2865	16990002302010	Sulfamethoxazole-Trimethoprim	Sulfamethoxazole-Trimethoprim IV Soln 400-80 MG/5ML	Yes	No
J1961	12101555202030	Sunlenca	Lenacapavir Sodium Subcutaneous Soln 463.5 MG/1.5ML	Yes	No
J7321 J7320 J7329	7580007010E525	Supartz FX	Sodium Hyaluronate Intra-articular Soln Pref Syr 25 MG/2.5ML	Yes	Yes
J7321 J7320 J7329	7580007010E525	Supartz FX 25 MG/2.5ML SOSY	Sodium Hyaluronate Intra-articular Soln Pref Syr 25 MG/2.5ML	Yes	Yes
J9226	30080045106450	Supprelin LA	Histrelin Acetate (CPP) Implant Kit 50 MG	Yes	Yes
J9226	30080045106450	Supprelin LA 50 MG KIT	Histrelin Acetate (CPP) Implant Kit 50 MG	Yes	Yes
J1627	5025003500E420	Sustol	Granisetron Extended Release Inj Prefilled Syr 10 MG/0.4ML	Yes	Yes
J1627	5025003500E420	Sustol 10 MG/0.4ML PRSY	Granisetron Extended Release Inj Prefilled Syr 10 MG/0.4ML	Yes	Yes
J2860	99473080002120	Sylvant	Siltuximab For IV Infusion 100 MG	Yes	Yes
J2860	99473080002140	Sylvant	Siltuximab For IV Infusion 400 MG	Yes	Yes
J2860	99473080002120	Sylvant 100 MG SOLR	Siltuximab For IV Infusion 100 MG	Yes	Yes
J2860	99473080002140	Sylvant 400 MG SOLR	Siltuximab For IV Infusion 400 MG	Yes	Yes
90378	19502060002020	Synagis	Palivizumab IM Soln 100 MG/ML	Yes	No
90378	19502060002015	Synagis	Palivizumab IM Soln 50 MG/0.5ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J7323 J7331 J7321 J7332	7580007010E520	SynoJoynt	Sodium Hyaluronate Intra-articular Soln Pref Syr 20 MG/2ML	Yes	Yes
J7325	7580004000E530	Synvisc	Hylan G-F 20 Intra-articular Soln Prefilled Syr 16 MG/2ML	Yes	Yes
J7325	7580004000E530	Synvisc 16 MG/2ML SOSY	Hylan G-F 20 Intra-articular Soln Prefilled Syr 16 MG/2ML	Yes	Yes
J7325	7580004000E560	Synvisc One	Hylan G-F 20 Intra-articular Soln Prefilled Syr 48 MG/6ML	Yes	Yes
J7325	7580004000E560	Synvisc One 48 MG/6ML SOSY	Hylan G-F 20 Intra-articular Soln Prefilled Syr 48 MG/6ML	Yes	Yes
A9698	94401010101834	Tagitol V	Barium Sulfate Susp 40%	Yes	No
J3055	21352076802020	Talvey	Talquetamab-tgvs Subcutaneous Soln 3 MG/1.5ML (2 MG/ML)	Yes	Yes
J3055	21352076802040	Talvey	Talquetamab-tgvs Subcutaneous Soln 40 MG/ML	Yes	Yes
J3055	21352076802020	Talvey 3 MG/1.5ML SOLN	Talquetamab-tgvs Subcutaneous Soln 3 MG/1.5ML (2 MG/ML)	Yes	Yes
J3055	21352076802040	Talvey 40 MG/ML SOLN	Talquetamab-tgvs Subcutaneous Soln 40 MG/ML	Yes	Yes
A9601	94352531002020	Tauvid	Flortaucipir F 18 IV Soln 300-1900 MBq/ML (8.1-51 mCi/ML)	Yes	No
A9601	94352531002030	Tauvid	Flortaucipir F 18 IV Soln 300-3700 MBq/ML (8.1-100 mCi/ML)	Yes	No
J0713	2300080002110	Tazicef	Ceftazidime For Inj 1 GM	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0713	2300080002112	Tazicef	Ceftazidime For IV Soln 1 GM	Yes	No
J0713	2300080002117	Tazicef	Ceftazidime For IV Soln 2 GM	Yes	No
J0713	2300080002122	Tazicef	Ceftazidime For IV Soln 6 GM	Yes	No
Q2053	21651020101810	Tecartus	Brexucabtagene Autoleucl IV Susp 100,000,000 CELLS	Yes	Yes
Q2053	21651020101820	Tecartus	Brexucabtagene Autoleucl IV Susp 200,000,000 CELLS	Yes	Yes
Q2053	21651020101810	Tecartus 100000000 CELLS SUSP	Brexucabtagene Autoleucl IV Susp 100,000,000 CELLS	Yes	Yes
Q2053	21651020101820	Tecartus 200000000 CELLS SUSP	Brexucabtagene Autoleucl IV Susp 200,000,000 CELLS	Yes	Yes
J9022	21358215002020	Tecentriq	Atezolizumab IV Soln 1200 MG/20ML	Yes	Yes
J9022	21358215002015	Tecentriq	Atezolizumab IV Soln 840 MG/14ML	Yes	Yes
J9022	21358215002020	Tecentriq 1200 MG/20ML SOLN	Atezolizumab IV Soln 1200 MG/20ML	Yes	Yes
J9022	21358215002015	Tecentriq 840 MG/14ML SOLN	Atezolizumab IV Soln 840 MG/14ML	Yes	Yes
J9024	21990002052020	Tecentriq Hybreza	Atezolizumab-Hyaluronidase-tqjs Inj 1875-30000 MG-UNIT/15ML	No	Yes
A9512	94359070476420	TechneLite	Technetium Tc 99m Na Pertechnetate for Soln Kit	Yes	No
A9541	94359070506410	Technet Tc 99m Sulfur Colloid	Technetium Tc 99m Sulfur Colloid Inj/Oral for Soln Kit	Yes	No
A9537	94354680456420	Technetium Tc 99m Mebrofenin	Technetium Tc 99m Mebrofenin IV for Soln Kit	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
A9503	94358580506400	Technetium Tc 99m Medronate	*Technetium Tc 99m Medronate IV for Soln Kit***	Yes	No
A9538	94359070406400	Technetium Tc 99m Pyrophos	Technetium Tc 99m Pyrophosphate IV for Soln Kit	Yes	No
A9500	94353080656400	Technetium Tc 99m Sestamibi	Technetium Tc 99m Sestamibi IV for Soln Kit	Yes	No
J9380	21352084202040	Tecvayli	Teclistamab-cqyv Subcutaneous Soln 153 MG/1.7ML (90 MG/ML)	Yes	Yes
J9380	21352084202020	Tecvayli	Teclistamab-cqyv Subcutaneous Soln 30 MG/3ML (10 MG/ML)	Yes	Yes
J9380	21352084202040	Tecvayli 153 MG/1.7ML SOLN	Teclistamab-cqyv Subcutaneous Soln 153 MG/1.7ML (90 MG/ML)	Yes	Yes
J9380	21352084202020	Tecvayli 30 MG/3ML SOLN	Teclistamab-cqyv Subcutaneous Soln 30 MG/3ML (10 MG/ML)	Yes	Yes
J0712	2500030102120	Teflaro	Ceftaroline Fosamil for IV Soln 400 MG	Yes	Yes
J0712	2500030102130	Teflaro	Ceftaroline Fosamil for IV Soln 600 MG	Yes	Yes
J0712	2500030102120	Teflaro 400 MG SOLR	Ceftaroline Fosamil for IV Soln 400 MG	Yes	Yes
J0712	2500030102130	Teflaro 600 MG SOLR	Ceftaroline Fosamil for IV Soln 600 MG	Yes	Yes
J8499	12700010001820	Tembexa	Brincidofovir Oral Susp 10 MG/ML	Yes	No
J8499	12700010000320	Tembexa	Brincidofovir Tab 100 MG	Yes	No
J9328	21104070002120	Temodar	Temozolomide For IV Soln 100 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9328	21104070002120	Temodar 100 MG SOLR	Temozolomide For IV Soln 100 MG	Yes	Yes
J9330	21532570002020	Temsirolimus	Temsirolimus Soln For IV Infusion 25 MG/ML	Yes	No
J9340	21100040002150	Tepadina	Thiotepa For Inj 100 MG	Yes	Yes
J9340	21100040002105	Tepadina	Thiotepa For Inj 15 MG	Yes	Yes
J9342	21100040052110	Tepadina 200 MG/200ML SOLR	Thiotepa & Sodium Chloride 0.9% For IV Soln 200 MG/200ML	Yes	Yes
J3241	30192070402120	Tepezza	Teprotumumab-trbw For IV Soln 500 MG	Yes	Yes
J3241	30192070402120	Tepezza 500 MG SOLR	Teprotumumab-trbw For IV Soln 500 MG	Yes	Yes
C9399 J3490	21100040002040	Tepylute 100 MG/10ML SOLN	Thiotepa For IV Soln 100 MG/10ML (10 MG/ML)	Yes	Yes
C9399 J3490	21100040002020	Tepylute 15 MG/1.5ML SOLN	Thiotepa For IV Soln 15 MG/1.5ML (10 MG/ML)	Yes	Yes
J3105	44201060202005	Terbutaline Sulfate	Terbutaline Sulfate Inj 1 MG/ML	Yes	Yes
J3105	44201060202005	Terbutaline Sulfate 1 MG/ML SOLN	Terbutaline Sulfate Inj 1 MG/ML	Yes	Yes
C9399 J3490	30201028102110	Terlivaz	Terlipressin Acetate For Inj 0.85 MG (Base Equiv)	Yes	Yes
C9399 J3490	30201028102110	Terlivaz 0.85 MG SOLR	Terlipressin Acetate For Inj 0.85 MG (Base Equiv)	Yes	Yes
J7699	70200030002000	Terrell	Isoflurane Inhal Soln	Yes	No
J9329	21357967002020	Tevimbra	Tislelizumab-jsgr IV Soln 100 MG/10ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2356	4460807525E520	Tezspire	Tezepelumab-ekko Subcutaneous Soln Pref Syr 210 MG/1.91ML	Yes	Yes
J2356	4460807525E520	Tezspire 210 MG/1.91ML SOSY	Tezepelumab-ekko Subcutaneous Soln Pref Syr 210 MG/1.91ML	Yes	Yes
J3490 J7999	79050040002010	Tham	Tromethamine IV Soln 30 mEq/100 ML (0.3 M)	Yes	No
J3411	77101010102005	Thiamine HCl	Thiamine HCl Inj 100 MG/ML	Yes	No
J9340	21100040002150	Thiotepa	Thiotepa For Inj 100 MG	Yes	Yes
J9340	21100040002105	Thiotepa	Thiotepa For Inj 15 MG	Yes	Yes
J9340	21100040002150	Thiotepa 100 MG SOLR	Thiotepa For Inj 100 MG	Yes	Yes
J9340	21100040002105	Thiotepa 15 MG SOLR	Thiotepa For Inj 15 MG	Yes	Yes
J7197	85400015102110	Thrombate III	Antithrombin III (Human) For Inj 500 Unit	Yes	Yes
J7197	85400015102110	Thrombate III 500 UNIT SOLR	Antithrombin III (Human) For Inj 500 Unit	Yes	Yes
J3590	84200050002120	Thrombin-JMI	Thrombin For Soln 20000 Unit	Yes	No
J3590	84200050002110	Thrombin-JMI	Thrombin For Soln 5000 Unit	Yes	No
J3590	84200050006420	Thrombin-JMI	Thrombin For Soln Kit 20000 Unit	Yes	No
J3590	84200050006410	Thrombin-JMI	Thrombin For Soln Kit 5000 Unit	Yes	No
J3590	84200050006410	Thrombin-JMI Epistaxis	Thrombin For Soln Kit 5000 Unit	Yes	No
J7511	99402540302120	Thymoglobulin	Anti-Thymocyte Globulin For IV Soln 25 MG (Lymphocyte IG)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J7511	99402540302120	Thymoglobulin 25 MG SOLR	Anti-Thymocyte Globulin For IV Soln 25 MG (Lymphocyte IG)	Yes	Yes
J3240	94200090102115	Thyrogen	Thyrotropin Alfa For Inj 0.9 MG	Yes	No
90626	1710008610E610	Ticovac	Tick-Borne Encephalit Vac Inact Susp Pref Syr 1.2 MCG/0.25ML	Yes	No
90627	1710008610E620	Ticovac	Tick-Borne Encephalit Vac Inact Susp Pref Syr 2.4 MCG/0.5ML	Yes	No
J3250	50200070102005	Tigan	Trimethobenzamide HCl Inj 100 MG/ML	Yes	Yes
J3250	50200070102005	Tigan 100 MG/ML SOLN	Trimethobenzamide HCl Inj 100 MG/ML	Yes	Yes
J3243 J3244	4350070002120	Tigecycline	Tigecycline For IV Soln 50 MG	Yes	Yes
J3243 J3244	4350070002120	Tigecycline 50 MG SOLR	Tigecycline For IV Soln 50 MG	Yes	Yes
J3246	85153060112015	Tirofiban HCl in NaCl	Tirofiban HCl in NaCl 0.9% IV Soln 12.5 MG/250ML (Base Eq)	Yes	Yes
J3246	85153060112010	Tirofiban HCl in NaCl	Tirofiban HCl in NaCl 0.9% IV Soln 5 MG/100ML (Base Equiv)	Yes	Yes
J3246	85153060112015	Tirofiban HCl in NaCl 12.5-0.9 MG/250ML-% SOLN	Tirofiban HCl in NaCl 0.9% IV Soln 12.5 MG/250ML (Base Eq)	Yes	Yes
J3246	85153060112010	Tirofiban HCl in NaCl 5-0.9 MG/100ML-% SOLN	Tirofiban HCl in NaCl 0.9% IV Soln 5 MG/100ML (Base Equiv)	Yes	Yes
J9273	21359280802120	Tivdak	Tisotumab Vedotin-tftv For IV Solution 40 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9273	21359280802120	Tivdak 40 MG SOLR	Tisotumab Vedotin-tftv For IV Solution 40 MG	Yes	Yes
J3101	85601075006420	TNKase	Tenecteplase For IV Soln Kit 50 MG	Yes	Yes
J3101	85601075006410	TNKase 25 MG KIT	Tenecteplase For IV Soln Kit 25 MG	Yes	Yes
J3101	85601075006420	TNKase 50 MG KIT	Tenecteplase For IV Soln Kit 50 MG	Yes	Yes
J3260	7000070102105	Tobramycin Sulfate	Tobramycin Sulfate For Inj 1.2 GM	Yes	Yes
J3260	7000070102038	Tobramycin Sulfate	Tobramycin Sulfate Inj 1.2 GM/30ML (40 MG/ML) (Base Equiv)	Yes	Yes
J3260	7000070102020	Tobramycin Sulfate	Tobramycin Sulfate Inj 10 MG/ML (Base Equivalent)	Yes	Yes
J3260	7000070102039	Tobramycin Sulfate	Tobramycin Sulfate Inj 2 GM/50ML (40 MG/ML) (Base Equiv)	Yes	Yes
J3260	7000070102034	Tobramycin Sulfate	Tobramycin Sulfate Inj 80 MG/2ML (40 MG/ML) (Base Equiv)	Yes	Yes
J3260	7000070102105	Tobramycin Sulfate 1.2 GM SOLR	Tobramycin Sulfate For Inj 1.2 GM	Yes	Yes
J3260	7000070102038	Tobramycin Sulfate 1.2 GM/30ML SOLN	Tobramycin Sulfate Inj 1.2 GM/30ML (40 MG/ML) (Base Equiv)	Yes	Yes
J3260	7000070102020	Tobramycin Sulfate 10 MG/ML SOLN	Tobramycin Sulfate Inj 10 MG/ML (Base Equivalent)	Yes	Yes
J3260	7000070102039	Tobramycin Sulfate 2 GM/50ML SOLN	Tobramycin Sulfate Inj 2 GM/50ML (40 MG/ML) (Base Equiv)	Yes	Yes
J3260	7000070102034	Tobramycin Sulfate 80 MG/2ML SOLN	Tobramycin Sulfate Inj 80 MG/2ML (40 MG/ML) (Base Equiv)	Yes	Yes
Q5133	66500070152035	Tofidence	Tocilizumab-bavi IV Inj 200 MG/10ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
Q5133	66500070152040	Tofidence	Tocilizumab-bavi IV Inj 400 MG/20ML	Yes	Yes
Q5133	66500070152030	Tofidence	Tocilizumab-bavi IV Inj 80 MG/4ML	Yes	Yes
Q5133	66500070152035	Tofidence 200 MG/10ML SOLN	Tocilizumab-bavi IV Inj 200 MG/10ML	Yes	Yes
Q5133	66500070152040	Tofidence 400 MG/20ML SOLN	Tocilizumab-bavi IV Inj 400 MG/20ML	Yes	Yes
Q5133	66500070152030	Tofidence 80 MG/4ML SOLN	Tocilizumab-bavi IV Inj 80 MG/4ML	Yes	Yes
J1100	22100020206420	TopiDex	*Dexamethasone Sodium Phosphate PF Inj 10 MG/ML Kit***	Yes	No
J9181	21500010002040	Toposar	Etoposide Inj 1 GM/50ML (20 MG/ML)	Yes	Yes
J9181	21500010002025	Toposar	Etoposide Inj 100 MG/5ML (20 MG/ML)	Yes	Yes
J9181	21500010002030	Toposar	Etoposide Inj 500 MG/25ML (20 MG/ML)	Yes	Yes
J9351	21550080102120	Topotecan HCl	Topotecan HCl For Inj 4 MG (Base Equiv)	Yes	Yes
J9351	21550080102020	Topotecan HCl	Topotecan HCl Inj 4 MG/4ML (Base Equiv) (For Infusion)	Yes	Yes
J9351	21550080102120	Topotecan HCl 4 MG SOLR	Topotecan HCl For Inj 4 MG (Base Equiv)	Yes	Yes
J9351	21550080102020	Topotecan HCl 4 MG/4ML SOLN	Topotecan HCl Inj 4 MG/4ML (Base Equiv) (For Infusion)	Yes	Yes
J9330	21532570002020	Torisel	Temsirolimus Soln For IV Infusion 25 MG/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	79992000001300	TPN Electrolytes	*Parenteral Electrolyte Conc***	Yes	No
C9399 J3490	12700090002030	Tpoxx	Tecovirimat IV Solution 200 MG/20ML	Yes	No
J8499	12700090000120	Tpoxx	Tecovirimat Cap 200 MG	Yes	No
J3490	79909904252020	Tralement	Trace Min (Cu-Mn-Se-Zn) Inj 300-55-60-3000 MCG/ML	Yes	No
J3490	84100040002025	Tranexamic Acid	Tranexamic Acid IV Soln 1000 MG/10ML (100 MG/ML)	Yes	No
J3490	84100040202030	Tranexamic Acid-NaCl	Tranexamic Acid-Sodium Chloride IV Soln 1000 MG/100ML-0.7%	Yes	No
B4189 B4199 B4193 B4197	80302010102040	Travasol	*Amino Acid Infusion 10%***	Yes	No
Q5116	21170070652110	Trazimera	Trastuzumab-qyyp For IV Soln 150 MG	Yes	Yes
Q5116	21170070652120	Trazimera	Trastuzumab-qyyp For IV Soln 420 MG	Yes	Yes
Q5116	21170070652110	Trazimera 150 MG SOLR	Trastuzumab-qyyp For IV Soln 150 MG	Yes	Yes
Q5116	21170070652120	Trazimera 420 MG SOLR	Trastuzumab-qyyp For IV Soln 420 MG	Yes	Yes
J9033	21100009102120	Treanda	Bendamustine HCl For IV Soln 100 MG	Yes	Yes
J9033	21100009102110	Treanda	Bendamustine HCl For IV Soln 25 MG	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3315	21405050201930	Trelstar Mixject	Triptorelin Pamoate For IM Susp 11.25 MG	Yes	Yes
J3315	21405050201940	Trelstar Mixject	Triptorelin Pamoate For IM Susp 22.5 MG	Yes	Yes
J3315	21405050201920	Trelstar Mixject	Triptorelin Pamoate For IM Susp 3.75 MG	Yes	Yes
J3315	21405050201930	Trelstar Mixject 11.25 MG SUSR	Triptorelin Pamoate For IM Susp 11.25 MG	Yes	Yes
J3315	21405050201940	Trelstar Mixject 22.5 MG SUSR	Triptorelin Pamoate For IM Susp 22.5 MG	Yes	Yes
J3315	21405050201920	Trelstar Mixject 3.75 MG SUSR	Triptorelin Pamoate For IM Susp 3.75 MG	Yes	Yes
J1628	52504025002030	Tremfya	Guselkumab IV Soln 200 MG/20ML (10 MG/ML)	Yes	No
J3285	40170080002070	Treprostinil	Treprostinil Inj Soln 100 MG/20ML (5 MG/ML)	Yes	No
J3285	40170080002050	Treprostinil	Treprostinil Inj Soln 20 MG/20ML (1 MG/ML)	Yes	No
J3285	40170080002080	Treprostinil	Treprostinil Inj Soln 200 MG/20ML (10 MG/ML)	Yes	No
J3285	40170080002060	Treprostinil	Treprostinil Inj Soln 50 MG/20ML (2.5 MG/ML)	Yes	No
J3301	22100050101810	Triamcinolone Acetonide	Triamcinolone Acetonide Inj Susp 40 MG/ML	Yes	No
J1445	82300064002010	Triferic AVNU	Ferric Pyrophosphate Citrate IV Soln 6.75 MG/4.5ML (Fe Eq)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1445	82300064002010	Triferic AVNU 6.75 MG/4.5ML SOLN	Ferric Pyrophosphate Citrate IV Soln 6.75 MG/4.5ML (Fe Eq)	Yes	Yes
J7323 J7331 J7321 J7332	7580007010E520	Triluron	Sodium Hyaluronate Intra-articular Soln Pref Syr 20 MG/2ML	Yes	Yes
J7323 J7331 J7321 J7332	7580007010E520	Triluron 20 MG/2ML SOSY	Sodium Hyaluronate Intra-articular Soln Pref Syr 20 MG/2ML	Yes	Yes
J3316	3008007040G240	Triptodur	Triptorelin Pamoate For IM ER Susp 22.5 MG (Base Equiv)	Yes	Yes
J3316	3008007040G240	Triptodur 22.5 MG SRER	Triptorelin Pamoate For IM ER Susp 22.5 MG (Base Equiv)	Yes	Yes
J9017	21700008102030	Trisenox	Arsenic Trioxide IV Soln 12 MG/6ML (2 MG/ML)	Yes	Yes
J9017	21700008102030	Trisenox 12 MG/6ML SOLN	Arsenic Trioxide IV Soln 12 MG/6ML (2 MG/ML)	Yes	Yes
J7321 J7320 J7329	7580007010E525	TriVisc	Sodium Hyaluronate Intra-articular Soln Pref Syr 25 MG/2.5ML	Yes	Yes
J9317	21551065402120	Trodelvy	Sacituzumab Govitecan-hziy For IV Soln 180 MG	Yes	Yes
J9317	21551065402120	Trodelvy 180 MG SOLR	Sacituzumab Govitecan-hziy For IV Soln 180 MG	Yes	Yes
J1746	12102240302020	Trogarzo	Ibalizumab-uiyk IV Soln 200 MG/1.33ML (150 MG/ML)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
J3490 J7999	79050040002010	Tromethamine	Tromethamine IV Soln 30 mEq/100 ML (0.3 M)	Yes	No
B4189 B4199 B4193 B4197	80302010102040	TrophAmine	*Amino Acid Infusion 10%***	Yes	No
J3490	86350050002005	Tropicamide	Tropicamide Ophth Soln 0.5%	Yes	No
J3490	86350050002010	Tropicamide	Tropicamide Ophth Soln 1%	Yes	No
Q5115	21351860102020	Truxima	Rituximab-abbs IV Soln 100 MG/10ML (10 MG/ML)	Yes	No
Q5115	21351860102040	Truxima	Rituximab-abbs IV Soln 500 MG/50ML (10 MG/ML)	Yes	No
Q5135	66500070172035	Tyenne	Tocilizumab-aazg IV Inj 200 MG/10ML	Yes	Yes
Q5135	66500070172040	Tyenne	Tocilizumab-aazg IV Inj 400 MG/20ML	Yes	Yes
Q5135	66500070172030	Tyenne	Tocilizumab-aazg IV Inj 80 MG/4ML	Yes	Yes
J3243 J3244	4350070002120	Tygacil	Tigecycline For IV Soln 50 MG	Yes	Yes
90691	17200080102020	Typhim VI	Typhoid VI Polysaccharide Intramuscular Vac Inj 25 MCG/0.5ML	Yes	No
90691	1720008010E512	Typhim VI	Typhoid VI Polysaccharide Vacc IM Soln Pref Syr 25 MCG/0.5ML	Yes	No
J2323	62405050001320	Tysabri	Natalizumab for IV Inj Conc 300 MG/15ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9381	27521065202020	Tzield	Teplizumab-mzwv IV Soln 2 MG/2ML (1 MG/ML)	Yes	Yes
J9381	27521065202020	Tzield 2 MG/2ML SOLN	Teplizumab-mzwv IV Soln 2 MG/2ML (1 MG/ML)	Yes	Yes
J7699	70200070002000	Ultane	Sevoflurane Inhal Soln	Yes	No
J3490	65100087102110	Ultiva	Remifentanil HCl For IV Soln 1 MG	Yes	Yes
J3490	65100087102120	Ultiva	Remifentanil HCl For IV Soln 2 MG	Yes	Yes
J3490	65100087102150	Ultiva	Remifentanil HCl For IV Soln 5 MG	Yes	Yes
J1303	85805080202060	Ultomiris	Ravulizumab-cwvz IV Soln 1100 MG/11ML (100 MG/ML)	Yes	No
J1303	85805080202045	Ultomiris	Ravulizumab-cwvz IV Soln 300 MG/3ML (100 MG/ML)	Yes	No
Q9967	94402049002030	Ultravist	Iopromide Inj 62% (300 MG I/ML)	Yes	No
Q9967	94402049002040	Ultravist	Iopromide Inj 77% (370 MG I/ML)	Yes	No
J0295	1990002252110	Unasyn	Ampicillin & Sulbactam Sodium For Inj 1.5 (1-0.5) GM	Yes	No
J0295	1990002252120	Unasyn	Ampicillin & Sulbactam Sodium For Inj 3 (2-1) GM	Yes	No
J0295	1990002252152	Unasyn	Ampicillin & Sulbactam Sodium For IV Soln 15 (10-5) GM	Yes	No
C9399 J9999	21356028002020	Unituxin	Dinutuximab IV Soln 17.5 MG/5ML (3.5 MG/ML)	Yes	No
J1823	99405040202020	Uplizna	Inebilizumab-cdon IV Soln 100 MG/10ML (10 MG/ML)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J1823	99405040202020	Uplizna 100 MG/10ML SOLN	Inebilizumab-cdon IV Soln 100 MG/10ML (10 MG/ML)	Yes	Yes
C9399 J3490	40120070002120	Uptravi	Selexipag For IV Soln 1800 MCG	Yes	No
J2799	5907007000E626	Uzedy	Risperidone Subcutaneous ER Susp Pref Syr 100 MG/0.28ML	Yes	No
J2799	5907007000E634	Uzedy	Risperidone Subcutaneous ER Susp Pref Syr 125 MG/0.35ML	Yes	No
J2799	5907007000E642	Uzedy	Risperidone Subcutaneous ER Susp Pref Syr 150 MG/0.42ML	Yes	No
J2799	5907007000E658	Uzedy	Risperidone Subcutaneous ER Susp Pref Syr 200 MG/0.56ML	Yes	No
J2799	5907007000E674	Uzedy	Risperidone Subcutaneous ER Susp Pref Syr 250 MG/0.7ML	Yes	No
J2799	5907007000E610	Uzedy	Risperidone Subcutaneous ER Susp Pref Syr 50 MG/0.14ML	Yes	No
J2799	5907007000E618	Uzedy	Risperidone Subcutaneous ER Susp Pref Syr 75 MG/0.21ML	Yes	No
J2186	16159902602120	Vabomere	Meropenem-Vaborbactam For IV Soln 2 GM (1-1 GM)	Yes	No
J3490	72500020102020	Valproate Sodium	Valproate Sodium Inj 100 MG/ML	Yes	No
J3370	16280080102120	Vancomycin HCl	Vancomycin HCl For IV Soln 1 GM (Base Equivalent)	Yes	No
J3370	16280080102130	Vancomycin HCl	Vancomycin HCl For IV Soln 10 GM (Base Equivalent)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3370	16280080102145	Vancomycin HCl	Vancomycin HCl For IV Soln 100 GM (Base Equivalent)	Yes	No
J3370	16280080102125	Vancomycin HCl	Vancomycin HCl For IV Soln 5 GM (Base Equivalent)	Yes	No
J3370	16280080102110	Vancomycin HCl	Vancomycin HCl For IV Soln 500 MG (Base Equivalent)	Yes	No
J3370 J3371	16280080102121	Vancomycin HCl	Vancomycin HCl For IV Soln 1.25 GM (Base Equivalent)	Yes	No
J3370 J3371	16280080102122	Vancomycin HCl	Vancomycin HCl For IV Soln 1.5 GM (Base Equivalent)	Yes	No
J3370 J3371	16280080102115	Vancomycin HCl	Vancomycin HCl For IV Soln 750 MG (Base Equivalent)	Yes	No
J3370 J3372	16280080102058	Vancomycin HCl	Vancomycin HCl IV Soln 1000 MG/200ML (Base Equivalent)	Yes	No
J3370 J3372	16280080102063	Vancomycin HCl	Vancomycin HCl IV Soln 1250 MG/250ML (Base Equivalent)	Yes	No
J3370 J3372	16280080102068	Vancomycin HCl	Vancomycin HCl IV Soln 1500 MG/300ML (Base Equivalent)	Yes	No
J3370 J3372	16280080102072	Vancomycin HCl	Vancomycin HCl IV Soln 1750 MG/350ML (Base Equivalent)	Yes	No
J3370 J3372	16280080102073	Vancomycin HCl	Vancomycin HCl IV Soln 2000 MG/400ML (Base Equivalent)	Yes	No
J3370 J3372	16280080102040	Vancomycin HCl	Vancomycin HCl IV Soln 500 MG/100ML (Base Equivalent)	Yes	No
J3370 J3372	16280080102053	Vancomycin HCl	Vancomycin HCl IV Soln 750 MG/150ML (Base Equivalent)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3371	16280080102123	Vancomycin HCl	Vancomycin HCl For IV Soln 1.75 GM (Base Equivalent)	Yes	No
J3371	16280080102124	Vancomycin HCl	Vancomycin HCl For IV Soln 2 GM (Base Equivalent)	Yes	No
J3370	16280080122040	Vancomycin HCl in Dextrose	Vancomycin HCl-Dextrose IV Soln 1 GM/200ML-5%	Yes	No
J3370	16280080122062	Vancomycin HCl in Dextrose	Vancomycin HCl-Dextrose IV Soln 1.5 GM/300ML-5%	Yes	No
J3370	16280080122020	Vancomycin HCl in Dextrose	Vancomycin HCl-Dextrose IV Soln 500 MG/100ML-5%	Yes	No
J3370	16280080122030	Vancomycin HCl in Dextrose	Vancomycin HCl-Dextrose IV Soln 750 MG/150ML-5%	Yes	No
J3370	16280080142036	Vancomycin HCl in NaCl	Vancomycin HCl-Sodium Chloride IV Soln 1 GM/200ML-0.9%	Yes	No
J3370	16280080142020	Vancomycin HCl in NaCl	Vancomycin HCl-Sodium Chloride IV Soln 500 MG/100ML-0.9%	Yes	No
J3370	16280080142024	Vancomycin HCl in NaCl	Vancomycin HCl-Sodium Chloride IV Soln 750 MG/150ML-0.9%	Yes	No
C9488	30452015222020	Vaprisol	Conivaptan HCl IV Soln 20 MG/100ML in Dextrose 5%	Yes	Yes
C9488	30452015222020	Vaprisol 20-5 MG/100ML-% SOLN	Conivaptan HCl IV Soln 20 MG/100ML in Dextrose 5%	Yes	Yes
A9698	94401010101834	Varibar Nectar	Barium Sulfate Susp 40%	Yes	No
A9698	94401010101907	Varibar Thin Liquid	Barium Sulfate For Susp 40%	Yes	No
C9399 J3490	99650018003920	Varithena	Polidocanol (Laureth-9) Inj Foam 180 MG/18ML (10 MG/ML) (1%)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
90396	19100070002015	Varizig	Varicella-Zoster Immune Glob (Human) IM Inj 125 Unit/1.2ML	Yes	No
J2599 J2598	30201030002015	Vasopressin	Vasopressin IV Soln 20 Unit/ML (For IV Infusion)	Yes	Yes
J2599 J2598	30201030002015	Vasopressin +RFID	Vasopressin IV Soln 20 Unit/ML (For IV Infusion)	Yes	Yes
J2599 J2598	30201030002015	Vasopressin 20 UNIT/ML SOLN	Vasopressin IV Soln 20 Unit/ML (For IV Infusion)	Yes	Yes
J2601	30201030202020	Vasopressin-Sodium Chloride	Vasopressin-Sodium Chloride IV Soln 20 Unit/100ML-0.9%	Yes	No
J2598	30201030152030	Vasopressin	Vasopressin-Dextrose IV Soln 20 Unit/100ML-5% (0.2Unit/ML)	Yes	No
J2598	30201030152036	Vasopressin	Vasopressin-Dextrose IV Soln 40 Unit/100ML-5% (0.4 Unit/ML)	Yes	No
J2599 J2598	30201030002015	Vasopressin	Vasopressin IV Soln 20 Unit/ML (For IV Infusion)	Yes	Yes
90625	17200020101910	Vaxchora	*Cholera Vaccine Live Attenuated For Oral Susp**	Yes	No
J2371	38000095102020	Vazculep	Phenylephrine HCl IV Soln 10 MG/ML	Yes	Yes
J9303	21360070002025	Vectibix	Panitumumab IV Soln 100 MG/5ML	Yes	Yes
J9303	21360070002035	Vectibix	Panitumumab IV Soln 400 MG/20ML	Yes	Yes
J9303	21360070002025	Vectibix 100 MG/5ML SOLN	Panitumumab IV Soln 100 MG/5ML	Yes	Yes
J9303	21360070002035	Vectibix 400 MG/20ML SOLN	Panitumumab IV Soln 400 MG/20ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3490	74200060102105	Vecuronium Bromide	Vecuronium Bromide For Inj 10 MG	Yes	No
J3490	74200060102120	Vecuronium Bromide	Vecuronium Bromide For Inj 20 MG	Yes	No
Q5129	21335020102025	Vegzelma	Bevacizumab-adcd IV Soln 100 MG/4ML (For Infusion)	Yes	Yes
Q5129	21335020102030	Vegzelma	Bevacizumab-adcd IV Soln 400 MG/16ML (For Infusion)	Yes	Yes
Q5129	21335020102025	Vegzelma 100 MG/4ML SOLN	Bevacizumab-adcd IV Soln 100 MG/4ML (For Infusion)	Yes	Yes
Q5129	21335020102030	Vegzelma 400 MG/16ML SOLN	Bevacizumab-adcd IV Soln 400 MG/16ML (For Infusion)	Yes	Yes
J0248	12700080002120	Veklury	Remdesivir for IV Soln 100 MG	Yes	Yes
J9041	21536015002120	Velcade	Bortezomib For Inj 3.5 MG	Yes	Yes
J1325	40170040102110	Veletri	Epoprostenol Sodium For Inj 0.5 MG	Yes	No
J1325	40170040102130	Veletri	Epoprostenol Sodium For Inj 1.5 MG	Yes	No
J1756	82300048002020	Venofer	Iron Sucrose Inj 20 MG/ML (Fe Equiv)	Yes	Yes
J1756	82300048002020	Venofer 20 MG/ML SOLN	Iron Sucrose Inj 20 MG/ML (Fe Equiv)	Yes	Yes
J9376	85805070152020	Veopoz	Pozelimab-bbfg Inj Soln 400 MG/2ML	Yes	No
J3490	34000030102005	Verapamil HCl	Verapamil HCl IV Soln 2.5 MG/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3465	11407080002120	Vfend IV	Voriconazole For Inj 200 MG	Yes	Yes
J3465	11407080002120	Vfend IV 200 MG SOLR	Voriconazole For Inj 200 MG	Yes	Yes
Q4309	90948010109167	VIA Matrix 10 CM X 11 CM SHEE	*Amniotic Membrane Allograft (Human) Sheet 10 CM X 11 CM***	Yes	Yes
Q4309	90948010109110	VIA Matrix 2 CM X 3 CM SHEE	*Amniotic Membrane Allograft (Human) Sheet 2 CM X 3 CM***	Yes	Yes
Q4309	90948010109120	VIA Matrix 4 CM X 4 CM SHEE	*Amniotic Membrane Allograft (Human) Sheet 4 CM X 4 CM***	Yes	Yes
Q4309	90948010109125	VIA Matrix 4 CM X 6 CM SHEE	*Amniotic Membrane Allograft (Human) Sheet 4 CM X 6 CM***	Yes	Yes
J3095	16280070102140	Vibativ	Telavancin HCl For IV Soln 750 MG (Base Equivalent)	Yes	Yes
J3095	16280070102140	Vibativ 750 MG SOLR	Telavancin HCl For IV Soln 750 MG (Base Equivalent)	Yes	Yes
J9025	21300003001920	Vidaza	Azacitidine For Inj 100 MG	Yes	Yes
J1427	74600080002020	Viltepso 250 MG/5ML SOLN	Viltolarsen IV Soln 250 MG/5ML (50 MG/ML)	No	Yes
J1322	30907030052020	Vimizim	Elosulfase Alfa Soln For IV Infusion 5 MG/5ML (1 MG/ML)	Yes	Yes
J1322	30907030052020	Vimizim 5 MG/5ML SOLN	Elosulfase Alfa Soln For IV Infusion 5 MG/5ML (1 MG/ML)	Yes	Yes
C9254	72600036002020	Vimpat	Lacosamide IV Inj 200 MG/20ML (10 MG/ML)	Yes	Yes
J9360	21500030102020	vinBLASTine Sulfate	Vinblastine Sulfate Inj 1 MG/ML	Yes	Yes
J9360	21500030102020	vinBLASTine Sulfate 1 MG/ML SOLN	Vinblastine Sulfate Inj 1 MG/ML	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9370	21500020102005	Vincasar PFS	Vincristine Sulfate IV Soln 1 MG/ML	Yes	Yes
J9370	21500020102005	Vincasar PFS 1 MG/ML SOLN	Vincristine Sulfate IV Soln 1 MG/ML	Yes	Yes
J9370	21500020102005	vinCRISTine Sulfate	Vincristine Sulfate IV Soln 1 MG/ML	Yes	Yes
J9390	21500050802020	Vinorelbine Tartrate	Vinorelbine Tartrate Inj 10 MG/ML (Base Equiv)	Yes	Yes
J9390	21500050802025	Vinorelbine Tartrate	Vinorelbine Tartrate Inj 50 MG/5ML (10 MG/ML) (Base Equiv)	Yes	Yes
J9390	21500050802020	Vinorelbine Tartrate 10 MG/ML SOLN	Vinorelbine Tartrate Inj 10 MG/ML (Base Equiv)	Yes	Yes
J9390	21500050802025	Vinorelbine Tartrate 50 MG/5ML SOLN	Vinorelbine Tartrate Inj 50 MG/5ML (10 MG/ML) (Base Equiv)	Yes	Yes
J7321 J7320 J7329	7580007010E525	Visco-3	Sodium Hyaluronate Intra-articular Soln Pref Syr 25 MG/2.5ML	Yes	Yes
Q9966	94402041002025	Visipaque	Iodixanol Inj 270 MG/ML (Iodine Equivalent)	Yes	No
Q9967	94402041002030	Visipaque	Iodixanol Inj 320 MG/ML (Iodine Equivalent)	Yes	No
C9399 J3590	8420990270F840	Vistaseal 10 ML PSKT	Vistaseal 10 ML PSKT	Yes	Yes
C9399 J3590	8420990270F820	Vistaseal 2 ML PSKT	Vistaseal 2 ML PSKT	Yes	Yes
C9399 J3590	8420990270F825	Vistaseal 4 ML PSKT	Vistaseal 4 ML PSKT	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3396	86700065002120	Visudyne	Verteporfin For IV Soln 15 MG (2 MG/ML)	Yes	Yes
J3396	86700065002120	Visudyne 15 MG SOLR	Verteporfin For IV Soln 15 MG (2 MG/ML)	Yes	Yes
J3430	77204030002005	Vitamin K1	Phytonadione Inj 1 MG/0.5ML (2 MG/ML)	Yes	No
J3430	77204030002010	Vitamin K1	Phytonadione Inj 10 MG/ML	Yes	No
J3471	99350040202020	Vitrase	Hyaluronidase Ovine Inj 200 Unit/ML	Yes	Yes
J3471	99350040202020	Vitrase 200 UNIT/ML SOLN	Hyaluronidase Ovine Inj 200 Unit/ML	Yes	Yes
J9036 J9056 J9034	21100009102005	Vivimusta	Bendamustine HCl IV Soln 100 MG/4ML (25 MG/ML)	Yes	Yes
J2315	93400030001920	Vivitrol	Naltrexone For IM Extended Release Susp 380 MG	Yes	No
Q9982	94352534002020	Vizamyl	Flutemetamol F 18 IV Soln 4.05 mCi/ML (150 MBq/ML)	Yes	No
C9293	21756030002120	Voraxaze	Glucarpidase For IV Inj 1000 UNIT	Yes	Yes
C9293	21756030002120	Voraxaze 1000 UNIT SOLR	Glucarpidase For IV Inj 1000 UNIT	Yes	Yes
J3465	11407080002120	Voriconazole	Voriconazole For Inj 200 MG	Yes	Yes
J3385	82700085102120	Vpriv	Velaglucerase Alfa For Inj 400 Unit	Yes	Yes
J3385	82700085102120	Vpriv 400 UNIT SOLR	Velaglucerase Alfa For Inj 400 Unit	Yes	Yes
A9573 A9579	94500032002020	Vueway	Gadopiclenol IV Soln 0.5 MMOL/ML	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3032	67702015202020	Vyepti	Eptinezumab-jjmr IV Soln 100 MG/ML	Yes	Yes
J3032	67702015202020	Vyepti 100 MG/ML SOLN	Eptinezumab-jjmr IV Soln 100 MG/ML	Yes	Yes
J3401	90944520204020	Vyjuvek	Beremagene geperpavec-svdt Gel 5,000,000,000 PFU/2.5ML	Yes	Yes
J3401	90944520204020	Vyjuvek 5000000000 PFU/2.5ML GEL	Beremagene geperpavec-svdt Gel 5,000,000,000 PFU/2.5ML	Yes	Yes
C9303	21355190052120	Vyloy	Zolbetuximab-clzb For IV Soln 100 MG	Yes	No
J1429	74600042002020	Vyondys 53 100 MG/2ML SOLN	Golodirsen IV Soln 100 MG/2ML (50 MG/ML)	No	Yes
J9332	99398225302020	Vyvgart	Efgartigimod alfa-fcab IV Soln 400 MG/20ML	Yes	Yes
J9332	99398225302020	Vyvgart 400 MG/20ML SOLN	Efgartigimod alfa-fcab IV Soln 400 MG/20ML	Yes	Yes
J9334	99399902152020	Vyvgart Hytrulo	Efgartigimod alf-Hyaluronidase-qvfc Sol 180-2000 MG-UNIT/ML	Yes	Yes
J9334	99399902152020	Vyvgart Hytrulo 180-2000 MG-UNIT/ML SOLN	Efgartigimod alf-Hyaluronidase-qvfc Sol 180-2000 MG-UNIT/ML	Yes	Yes
J9153	21990002201930	Vyxeos	Daunorubicin-Cytarabine Liposome For IV Inj 44-100 MG	Yes	Yes
J9153	21990002201930	Vyxeos 44-100 MG SUSR	Daunorubicin-Cytarabine Liposome For IV Inj 44-100 MG	Yes	Yes
Q5138	52504070032020	Wezlana	Ustekinumab-auub IV Soln 130 MG/26ML (5 MG/ML) (For IV Inf)	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
90386 J2792	19100050002060	WinRho SDF	Rho D Immune Globulin (Human) Inj 1500 Unit/1.3ML	Yes	No
90386 J2792	19100050002065	WinRho SDF	Rho D Immune Globulin (Human) Inj 15000 Unit/13ML	Yes	No
90386 J2792	19100050002050	WinRho SDF	Rho D Immune Globulin (Human) Inj 2500 Unit/2.2ML	Yes	No
90386 J2792	19100050002055	WinRho SDF	Rho D Immune Globulin (Human) Inj 5000 Unit/4.4ML	Yes	No
A6248	90944045304040	WoundGelHA Matrix	Hyaluronate Sodium Gel 2.5%	Yes	No
Q5136	30044530202030	Wyost 120 MG/1.7ML SOLN	Wyost 120 MG/1.7ML SOLN	Yes	Yes
C9399 J3490	16992502102120	Xacduro	Sulbactam Sodium-Durlobactam Sodium For IV Soln 1-1 GM	Yes	Yes
C9399 J3490	16992502102120	Xacduro 1-1 GM SOLR	Sulbactam Sodium-Durlobactam Sodium For IV Soln 1-1 GM	Yes	Yes
J0691	16240040102020	Xenleta	Lefamulin Acetate IV Soln 150 MG/15ML	Yes	Yes
J0691	16240040102020	Xenleta 150 MG/15ML SOLN	Lefamulin Acetate IV Soln 150 MG/15ML	Yes	Yes
A9610	94500096202630	Xenoview	Xenon Xe 129 Hyperpolarized Inhalation Gas 1%	Yes	Yes
A9610	94500096202630	Xenoview 1 % GAS	Xenon Xe 129 Hyperpolarized Inhalation Gas 1%	Yes	Yes
J0588	74400020202130	Xeomin	IncobotulinumtoxinA For IM Inj 100 Unit	Yes	No
J0588	74400020202140	Xeomin	IncobotulinumtoxinA For IM Inj 200 Unit	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0588	74400020202120	Xeomin	IncobotulinumtoxinA For IM Inj 50 Unit	Yes	No
J0122	4300030102140	Xerava	Eravacycline Dihydrochloride IV For Soln 100 MG (Base Equiv)	Yes	Yes
J0122	4300030102120	Xerava	Eravacycline Dihydrochloride IV For Soln 50 MG (Base Equiv)	Yes	Yes
J0122	4300030102140	Xerava 100 MG SOLR	Eravacycline Dihydrochloride IV For Soln 100 MG (Base Equiv)	Yes	Yes
J0122	4300030102120	Xerava 50 MG SOLR	Eravacycline Dihydrochloride IV For Soln 50 MG (Base Equiv)	Yes	Yes
J0897	30044530002030	Xgeva	Denosumab Inj 120 MG/1.7ML	Yes	No
J0775	99350035002120	Xiaflex	Collagenase Clostridium Histolyticum For Inj 0.9 MG	Yes	No
C9399 J3490	66100052002035	Xifirm 30 MG/ML SOLN	Xifirm 30 MG/ML SOLN	Yes	Yes
A9606	21600055002025	Xofigo	Radium Ra 223 Dichloride Inj 30 microcurie/ML (1100 kBq/ML)	Yes	Yes
A9606	21600055002025	Xofigo 30 MCCI/ML SOLN	Radium Ra 223 Dichloride Inj 30 microcurie/ML (1100 kBq/ML)	Yes	Yes
J2357	44603060002120	Xolair	Omalizumab For Inj 150 MG	Yes	No
J2003	69100040102005	Xylocaine	Lidocaine HCl Local Inj 0.5%	Yes	No
J2003	69100040102010	Xylocaine	Lidocaine HCl Local Inj 1%	Yes	No
J2003	69100040102020	Xylocaine	Lidocaine HCl Local Inj 2%	Yes	No
J2003	69100040102011	Xylocaine MPF +RFID	Lidocaine HCl Local Preservative Free (PF) Inj 1%	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2004	69991002402005	Xylocaine/EPINEPHrine	Lidocaine Inj 0.5% w/ Epinephrine-1:200000	Yes	No
J2004	69991002402011	Xylocaine/EPINEPHrine	Lidocaine Inj 1% w/ Epinephrine-1:100000	Yes	No
J2004	69991002402022	Xylocaine/EPINEPHrine	Lidocaine Inj 2% w/ Epinephrine-1:100000	Yes	Yes
J2004	69991002402022	Xylocaine/EPINEPHrine 2 %-1:100000 SOLN	Lidocaine Inj 2% w/ Epinephrine-1:100000	Yes	Yes
J2003	69100040102006	Xylocaine-MPF	Lidocaine HCl Local Preservative Free (PF) Inj 0.5%	Yes	No
J2003	69100040102011	Xylocaine-MPF	Lidocaine HCl Local Preservative Free (PF) Inj 1%	Yes	Yes
J2003	69100040102016	Xylocaine-MPF	Lidocaine HCl Local Preservative Free (PF) Inj 1.5%	Yes	No
J2003	69100040102021	Xylocaine-MPF	Lidocaine HCl Local Preservative Free (PF) Inj 2%	Yes	Yes
J2003	69100040102021	Xylocaine-MPF +RFID	Lidocaine HCl Local Preservative Free (PF) Inj 2%	Yes	Yes
J2004	69991002402009	Xylocaine-MPF/EPINEPHrine	Lidocaine Inj 1% w/ Epinephrine-1:200000 (PF)	Yes	No
J2004	69991002402016	Xylocaine-MPF/EPINEPHrine	Lidocaine Inj 1.5% w/ Epinephrine-1:200000 (PF)	Yes	No
J2004	69991002402020	Xylocaine-MPF/EPINEPHrine	Lidocaine Inj 2% w/ Epinephrine-1:200000 (PF)	Yes	No
J7354	90750010002007	Ycanth	Cantharidin Soln 0.7%	Yes	Yes
J7354	90750010002007	Ycanth 0.7 % SOLN	Cantharidin Soln 0.7%	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J9228	21355232002040	Yervoy	Ipilimumab Soln for IV Infusion 200 MG/40ML (5 MG/ML)	Yes	Yes
J9228	21355232002020	Yervoy	Ipilimumab Soln for IV Infusion 50 MG/10ML (5 MG/ML)	Yes	Yes
J9228	21355232002040	Yervoy 200 MG/40ML SOLN	Ipilimumab Soln for IV Infusion 200 MG/40ML (5 MG/ML)	Yes	Yes
J9228	21355232002020	Yervoy 50 MG/10ML SOLN	Ipilimumab Soln for IV Infusion 50 MG/10ML (5 MG/ML)	Yes	Yes
Q2041	21651010101820	Yescarta	Axicabtagene Ciloleucel IV Susp 200,000,000 CELLS	Yes	Yes
Q2041	21651010101820	Yescarta 200000000 CELLS SUSP	Axicabtagene Ciloleucel IV Susp 200,000,000 CELLS	Yes	Yes
C9399 J3590	52504070792020	Yesintek	Ustekinumab-kfce IV Soln 130 MG/26ML (5 MG/ML) (For IV Inf)	Yes	No
J9352	21107075002140	Yondelis	Trabectedin For Inj 1 MG	Yes	Yes
J9352	21107075002140	Yondelis 1 MG SOLR	Trabectedin For Inj 1 MG	Yes	Yes
J9400	21335010102020	Zaltrap	Ziv-Aflibercept IV Soln 100 MG/4ML (For Infusion)	Yes	Yes
J9400	21335010102030	Zaltrap	Ziv-Aflibercept IV Soln 200 MG/8ML (For Infusion)	Yes	Yes
J9400	21335010102020	Zaltrap 100 MG/4ML SOLN	Ziv-Aflibercept IV Soln 100 MG/4ML (For Infusion)	Yes	Yes
J9400	21335010102030	Zaltrap 200 MG/8ML SOLN	Ziv-Aflibercept IV Soln 200 MG/8ML (For Infusion)	Yes	Yes
J9320	21102030002105	Zanosar	Streptozocin For Inj 1 GM	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0256	45100010102120	Zemaira	Alpha1-Proteinase Inhibitor (Human) For IV Soln 1000 MG	Yes	No
J0256	45100010102140	Zemaira	Alpha1-Proteinase Inhibitor (Human) For IV Soln 4000 MG	Yes	No
J0256	45100010102150	Zemaira	Alpha1-Proteinase Inhibitor (Human) For IV Soln 5000 MG	Yes	No
J0291	7000054102030	Zemdri	Plazomicin Sulfate IV Soln 500 MG/10ML (50 MG/ML) (Base Eq)	Yes	Yes
J0291	7000054102030	Zemdri 500 MG/10ML SOLN	Plazomicin Sulfate IV Soln 500 MG/10ML (50 MG/ML) (Base Eq)	Yes	Yes
J2501	30905070002010	Zemplar	Paricalcitol IV Soln 2 MCG/ML	Yes	No
J2501	30905070002020	Zemplar	Paricalcitol IV Soln 5 MCG/ML	Yes	No
C9399 J3490	61252580002033	Zepbound	Tirzepatide (Weight Mngmt) Soln 10 MG/0.5ML	Yes	No
C9399 J3490	61252580002018	Zepbound	Tirzepatide (Weight Mngmt) Soln 2.5 MG/0.5ML	Yes	No
C9399 J3490	61252580002023	Zepbound	Tirzepatide (Weight Mngmt) Soln 5 MG/0.5ML	Yes	No
C9399 J3490	61252580002028	Zepbound	Tirzepatide (Weight Mngmt) Soln 7.5 MG/0.5ML	Yes	No
J9223	21100024002120	Zepzelca	Lurbinectedin For IV Soln 4 MG	Yes	Yes
J9223	21100024002120	Zepzelca 4 MG SOLR	Lurbinectedin For IV Soln 4 MG	Yes	Yes
J0695	2990002352120	Zerbaxa	Ceftolozane-Tazobactam For Inj 1.5 GM (1-0.5 GM)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J0695	2990002352120	Zerbaxa 1.5 (1-0.5) GM SOLR	Ceftolozane-Tazobactam For Inj 1.5 GM (1-0.5 GM)	Yes	Yes
A9543	21358035406420	Zevalin Y-90	Ibritumomab Tiuxetan for Yttrium-90 (Y-90) Kit 3.2 MG/2ML	Yes	Yes
A9543	21358035406420	Zevalin Y-90 3.2 MG/2ML KIT	Ibritumomab Tiuxetan for Yttrium-90 (Y-90) Kit 3.2 MG/2ML	Yes	Yes
C9302	21170090012120	Ziihera	Zanidatamab-hrii For IV Soln 300 MG	Yes	No
J3304	2210005010G230	Zilretta	Triamcinolone Acetonide Intra-articular Inj ER Susp 32 MG	Yes	Yes
J3304	2210005010G230	Zilretta 32 MG SRER	Triamcinolone Acetonide Intra-articular Inj ER Susp 32 MG	Yes	Yes
J3490	79800025002005	Zinc Chloride	Zinc Chloride Inj 1 MG/ML	Yes	No
J3490	79800010002005	Zinc Sulfate	Zinc Sulfate Inj 1 MG/ML	Yes	No
J3490	79800010002008	Zinc Sulfate	Zinc Sulfate Inj 3 MG/ML	Yes	No
J3490	79800010002015	Zinc Sulfate	Zinc Sulfate Inj 5 MG/ML	Yes	No
J0565	19503015002020	Zinplava	Bezlotoxumab IV Soln 1000 MG/40ML (25 MG/ML)	Yes	Yes
J0565	19503015002020	Zinplava 1000 MG/40ML SOLN	Bezlotoxumab IV Soln 1000 MG/40ML (25 MG/ML)	Yes	Yes
J3486	59400085202120	Ziprasidone Mesylate	Ziprasidone Mesylate For Inj 20 MG (Base Equivalent)	Yes	No
Q5118	21335020302025	Zirabev	Bevacizumab-bvzr IV Soln 100 MG/4ML (For Infusion)	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
Q5118	21335020302030	Zirabev	Bevacizumab-bvzr IV Soln 400 MG/16ML (For Infusion)	Yes	Yes
Q5118	21335020302025	Zirabev 100 MG/4ML SOLN	Bevacizumab-bvzr IV Soln 100 MG/4ML (For Infusion)	Yes	Yes
Q5118	21335020302030	Zirabev 400 MG/16ML SOLN	Bevacizumab-bvzr IV Soln 400 MG/16ML (For Infusion)	Yes	Yes
J0456	3400010002120	Zithromax	Azithromycin IV For Soln 500 MG	Yes	No
J9202	21405005102330	Zoladex	Goserelin Acetate Implant 10.8 MG	Yes	Yes
J9202	21405005102310	Zoladex	Goserelin Acetate Implant 3.6 MG	Yes	Yes
J9202	21405005102330	Zoladex 10.8 MG IMPL	Goserelin Acetate Implant 10.8 MG	Yes	Yes
J9202	21405005102310	Zoladex 3.6 MG IMPL	Goserelin Acetate Implant 3.6 MG	Yes	Yes
J3489	30042090001320	Zoledronic Acid	Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML	Yes	No
J3489	30042090002016	Zoledronic Acid	Zoledronic Acid IV Soln 4 MG/100ML	Yes	No
J3489	30042090002020	Zoledronic Acid	Zoledronic Acid IV Soln 5 MG/100ML	Yes	No
J3399	74704050106482	Zolgensma 20.6-21.0 kg	Onasemnogene Abeparvovec-xioi 14x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106482	Zolgensma 20.6-21.0 kg 14x8.3 ML KIT	Onasemnogene Abeparvovec-xioi 14x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106440	Zolgensma 10.1-10.5 kg	Onasemnogene Abeparvovec-xioi 7x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106440	Zolgensma 10.1-10.5 kg 7x8.3 ML KIT	Onasemnogene Abeparvovec-xioi 7x8.3 ML Susp Kit	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3399	74704050106442	Zolgensma 10.6-11.0 kg	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 6x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106442	Zolgensma 10.6-11.0 kg 2x5.5ML & 6x8.3ML KIT	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 6x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106444	Zolgensma 11.1-11.5 kg	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 7x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106444	Zolgensma 11.1-11.5 kg 1x5.5ML & 7x8.3ML KIT	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 7x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106446	Zolgensma 11.6-12.0 kg	Onasemnogene Abeparvovec-xioi 8x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106446	Zolgensma 11.6-12.0 kg 8x8.3 ML KIT	Onasemnogene Abeparvovec-xioi 8x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106448	Zolgensma 12.1-12.5 kg	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 7x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106448	Zolgensma 12.1-12.5 kg 2x5.5ML & 7x8.3ML KIT	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 7x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106450	Zolgensma 12.6-13.0 kg	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 8x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106450	Zolgensma 12.6-13.0 kg 1x5.5ML & 8x8.3ML KIT	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 8x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106452	Zolgensma 13.1-13.5 kg	Onasemnogene Abeparvovec-xioi 9x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106452	Zolgensma 13.1-13.5 kg 9x8.3 ML KIT	Onasemnogene Abeparvovec-xioi 9x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106454	Zolgensma 13.6-14.0 kg	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 8x8.3 ML Susp Kit	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3399	74704050106454	Zolgensma 13.6-14.0 kg 2x5.5ML & 8x8.3ML KIT	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 8x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106456	Zolgensma 14.1-14.5 kg	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 9x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106456	Zolgensma 14.1-14.5 kg 1x5.5ML & 9x8.3ML KIT	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 9x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106458	Zolgensma 14.6-15.0 kg	Onasemnogene Abeparvovec-xioi 10x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106458	Zolgensma 14.6-15.0 kg 10x8.3 ML KIT	Onasemnogene Abeparvovec-xioi 10x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106460	Zolgensma 15.1-15.5 kg	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 9x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106460	Zolgensma 15.1-15.5 kg 2x5.5ML & 9x8.3ML KIT	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 9x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106462	Zolgensma 15.6-16.0 kg	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 10x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106462	Zolgensma 15.6-16.0 kg 1x5.5ML & 10x8.3ML KIT	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 10x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106464	Zolgensma 16.1-16.5 kg	Onasemnogene Abeparvovec-xioi 11x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106464	Zolgensma 16.1-16.5 kg 11x8.3 ML KIT	Onasemnogene Abeparvovec-xioi 11x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106466	Zolgensma 16.6-17.0 kg	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 10x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106466	Zolgensma 16.6-17.0 kg 2x5.5ML & 10x8.3ML KIT	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 10x8.3 ML Susp Kit	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3399	74704050106468	Zolgensma 17.1-17.5 kg	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 11x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106468	Zolgensma 17.1-17.5 kg 1x5.5ML & 11x8.3ML KIT	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 11x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106470	Zolgensma 17.6-18.0 kg	Onasemnogene Abeparvovec-xioi 12x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106470	Zolgensma 17.6-18.0 kg 12x8.3 ML KIT	Onasemnogene Abeparvovec-xioi 12x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106472	Zolgensma 18.1-18.5 kg	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 11x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106472	Zolgensma 18.1-18.5 kg 2x5.5ML & 11x8.3ML KIT	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 11x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106474	Zolgensma 18.6-19.0 kg	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 12x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106474	Zolgensma 18.6-19.0 kg 1x5.5ML & 12x8.3ML KIT	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 12x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106476	Zolgensma 19.1-19.5 kg	Onasemnogene Abeparvovec-xioi 13x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106476	Zolgensma 19.1-19.5 kg 13x8.3 ML KIT	Onasemnogene Abeparvovec-xioi 13x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106478	Zolgensma 19.6-20.0 kg	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 12x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106478	Zolgensma 19.6-20.0 kg 2x5.5ML & 12x8.3ML KIT	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 12x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106410	Zolgensma 2.6-3.0 kg	Onasemnogene Abeparvovec-xioi 2x8.3 ML Susp Kit	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3399	74704050106410	Zolgensma 2.6-3.0 kg 2x8.3 ML KIT	Onasemnogene Abeparvovec-xioi 2x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106480	Zolgensma 20.1-20.5 kg	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 13x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106480	Zolgensma 20.1-20.5 kg 1x5.5ML & 13x8.3ML KIT	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 13x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106412	Zolgensma 3.1-3.5 kg	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 1x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106412	Zolgensma 3.1-3.5 kg 2x5.5ML & 1x8.3ML KIT	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 1x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106414	Zolgensma 3.6-4.0 kg	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 2x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106414	Zolgensma 3.6-4.0 kg 1x5.5ML & 2x8.3ML KIT	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 2x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106416	Zolgensma 4.1-4.5 kg	Onasemnogene Abeparvovec-xioi 3x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106416	Zolgensma 4.1-4.5 kg 3x8.3 ML KIT	Onasemnogene Abeparvovec-xioi 3x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106418	Zolgensma 4.6-5.0 kg	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 2x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106418	Zolgensma 4.6-5.0 kg 2x5.5ML & 2x8.3ML KIT	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 2x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106420	Zolgensma 5.1-5.5 kg	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 3x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106420	Zolgensma 5.1-5.5 kg 1x5.5ML & 3x8.3ML KIT	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 3x8.3 ML Susp Kit	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit					
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3399	74704050106422	Zolgensma 5.6-6.0 kg	Onasemnogene Abeparvovec-xioi 4x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106422	Zolgensma 5.6-6.0 kg 4x8.3 ML KIT	Onasemnogene Abeparvovec-xioi 4x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106424	Zolgensma 6.1-6.5 kg	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 3x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106424	Zolgensma 6.1-6.5 kg 2x5.5ML & 3x8.3ML KIT	Onasemnogene Abeparvovec-xioi 2x5.5 ML & 3x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106426	Zolgensma 6.6-7.0 kg	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 4x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106426	Zolgensma 6.6-7.0 kg 1x5.5ML & 4x8.3ML KIT	Onasemnogene Abeparvovec-xioi 1x5.5 ML & 4x8.3 ML Susp Kit	Yes	Yes
J3399	74704050106428	Zolgensma 7.1-7.5 kg	Onasemnogene Abeparvovec-xioi 5: Yes		Yes
J3399	74704050106428	Zolgensma 7.1-7.5 kg 5x8.3 ML KIT	Onasemnogene Abeparvovec-xioi 5: Yes		Yes
J3399	74704050106430	Zolgensma 7.6-8.0 kg	Onasemnogene Abeparvovec-xioi 2: Yes		Yes
J3399	74704050106430	Zolgensma 7.6-8.0 kg 2x5.5ML & 4x	Onasemnogene Abeparvovec-xioi 2: Yes		Yes
J3399	74704050106432	Zolgensma 8.1-8.5 kg	Onasemnogene Abeparvovec-xioi 1: Yes		Yes
J3399	74704050106432	Zolgensma 8.1-8.5 kg 1x5.5ML & 5x	Onasemnogene Abeparvovec-xioi 1: Yes		Yes
J3399	74704050106434	Zolgensma 8.6-9.0 kg	Onasemnogene Abeparvovec-xioi 6: Yes		Yes
J3399	74704050106434	Zolgensma 8.6-9.0 kg 6x8.3 ML KIT	Onasemnogene Abeparvovec-xioi 6: Yes		Yes
J3399	74704050106436	Zolgensma 9.1-9.5 kg	Onasemnogene Abeparvovec-xioi 2: Yes		Yes
J3399	74704050106436	Zolgensma 9.1-9.5 kg 2x5.5ML & 5x	Onasemnogene Abeparvovec-xioi 2: Yes		Yes
J3399	74704050106438	Zolgensma 9.6-10.0 kg	Onasemnogene Abeparvovec-xioi 1: Yes		Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J3399	74704050106438	Zolgensma 9.6-10.0 kg 1x5.5ML & 6	Onasemnogene Abeparvovec-xioi 1	Yes	Yes
J2543	01990002722030	Zosyn	Piperacillin Sod-Tazobactam Sod in	Yes	No
J2543	01990002722020	Zosyn	Piperacillin Sod-Tazobactam Sod in	Yes	No
J2543	01990002722025	Zosyn	Piperacillin Sod-Tazobactam Sod in	Yes	No
J1632	58060015002020	Zulresso	Brexanolone IV Soln 100 MG/20ML	Yes	Yes
J1632	58060015002020	Zulresso 100 MG/20ML SOLN	Brexanolone IV Soln 100 MG/20ML	Yes	Yes
C9399J9999	21200050002126	Zusduri 40 MG SOLR	Mitomycin For Intravesical Soln 2 x	Yes	Yes
J9359	21351640502120	Zynlonta	Loncastuximab Tesirine-lpyl For IV S	Yes	Yes
J9359	21351640502120	Zynlonta 10 MG SOLR	Loncastuximab Tesirine-lpyl For IV S	Yes	Yes
C9088	66109902102020	Zynrelef	Bupivacaine-Meloxicam Injection Ef	Yes	Yes
C9088	66109902102040	Zynrelef	Bupivacaine-Meloxicam Injection Ef	Yes	Yes
C9088	66109902102020	Zynrelef 200-6 MG/7ML SOLN	Bupivacaine-Meloxicam Injection Ef	Yes	Yes
C9088	66109902102040	Zynrelef 400-12 MG/14ML SOLN	Bupivacaine-Meloxicam Injection Ef	Yes	Yes
J3393	82372015101810	Zynteglo	Betibeglogene Autotemcel IV Susp	Yes	Yes
J3393	82372015101810	Zynteglo SUSP	Betibeglogene Autotemcel IV Susp	Yes	Yes
J9345	21357960202020	Zynyz	Retifanlimab-dlwr IV Soln 500 MG/2	Yes	Yes
J9345	21357960202020	Zynyz 500 MG/20ML SOLN	Retifanlimab-dlwr IV Soln 500 MG/2	Yes	Yes
J2359	59157060002120	ZyPREXA	Olanzapine For IM Inj 10 MG	Yes	No
J2358	59157060101950	ZyPREXA Relprevv	Olanzapine Pamoate For Extended I	Yes	No
J2358	59157060101960	ZyPREXA Relprevv	Olanzapine Pamoate For Extended I	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



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	Health Insurance Marketplace (HIM) Formulary	Group Value/Group Choice Formulary
				*Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	
J2358	59157060101970	ZyPREXA Relprevv	Olanzapine Pamoate For Extended Release	Yes	No
J2020	16230040002030	Zyvox	Linezolid IV Soln 200 MG/100ML (2	Yes	No
J2020	16230040002040	Zyvox	Linezolid IV Soln 600 MG/300ML (2	Yes	No

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

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.

Medications Directed to Medical Benefit						
HCPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J3490	40501020002020	Ablysinol SOLN	*Dehydrated Alcohol Intra-arterial Soln***	IA-Intra-arterial	Yes	Yes
J3490	40501020002020	Ablysinol SOLN	*Dehydrated Alcohol Intra-arterial Soln***	IA-Intra-arterial	Yes	Yes
J9029	21540050401820	Adstiladrin 300000000000 VP/ML SUSP	Nadofaragene Firadenov-vncg Intraves Susp 300000000000 VP/ML	IS-Intravesical	Yes	Yes
J9029	21540050401820	Adstiladrin 300000000000 VP/ML SUSP	Nadofaragene Firadenov-vncg Intraves Susp 300000000000 VP/ML	IS-Intravesical	Yes	Yes
J3490	8678003000E528	Amvisc 9.6 MG/0.8ML SOSY	Sodium Hyaluronate Intraocular Soln Pref Syr 9.6 MG/0.8ML	IO-Intraocular	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCPS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
C9169 J9028	21703055652020	Anktiva 400 MCG/0.4ML SOLN	Nogapendekin Alfa Inbak-pmln Intravesical Soln 400 MCG/0.4ML	IS-Intravesical	Yes	Yes
86580	94300070002010	Aplisol 5 UNIT/0.1ML SOLN	Tuberculin PPD Inj 5 Unit/0.1ML	ID-Intradermal	Yes	Yes
86580	94300070002010	Aplisol 5 UNIT/0.1ML SOLN	Tuberculin PPD Inj 5 Unit/0.1ML	ID-Intradermal	Yes	Yes
C9399 J3590	94300005202005	Aspergillus Fumigatus 1:20 SOLN	Aspergillus Fumigatus Inj 1:20	ID-Intradermal	Yes	Yes
C9399 J3590	94300006202020	Aureobasidium Pullulans 1:20 SOLN	Aureobasidium Pullulans Inj 1:20	ID-Intradermal	Yes	Yes
J0475	75100010002034	Baclofen 10 MG/20ML SOLN	Baclofen Intrathecal Inj 10 MG/20ML (500 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002034	Baclofen 10 MG/20ML SOLN	Baclofen Intrathecal Inj 10 MG/20ML (500 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002039	Baclofen 20000 MCG/20ML SOLN	Baclofen Intrathecal Inj 20 MG/20ML (1000 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002039	Baclofen 20000 MCG/20ML SOLN	Baclofen Intrathecal Inj 20 MG/20ML (1000 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002050	Baclofen 40 MG/20ML SOLN	Baclofen Intrathecal Inj 40 MG/20ML (2000 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002050	Baclofen 40 MG/20ML SOLN	Baclofen Intrathecal Inj 40 MG/20ML (2000 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002050	Baclofen 40000 MCG/20ML SOLN	Baclofen Intrathecal Inj 40 MG/20ML (2000 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002050	Baclofen 40000 MCG/20ML SOLN	Baclofen Intrathecal Inj 40 MG/20ML (2000 MCG/ML)	IT-Intrathecal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J0476	7510001000E520	Baclofen 50 MCG/ML SOSY	Baclofen Intrathecal Soln Prefilled Syringe 50 MCG/ML	IT-Intrathecal	Yes	Yes
#CALC!	46300003000900	Banatrof TF LIQD	*Fiber Liquid (Enteral)***	EN-Enteral	Yes	Yes
J0179	8665502520E525	Beovu 6 MG/0.05ML SOSY	Brolucizumab-dblI Intravitreal Soln Pref Syringe 6 MG/0.05ML	IZ-Intravitreal	Yes	Yes
J7999	8665502000E505	Bevacizumab 1.25 MG/0.05ML SOSY	Bevacizumab Intravitreal Soln Pref Syr 1.25 MG/0.05ML	IZ-Intravitreal	Yes	Yes
J7999	8665502000E505	Bevacizumab 1.25 MG/0.05ML SOSY	Bevacizumab Intravitreal Soln Pref Syr 1.25 MG/0.05ML	IZ-Intravitreal	Yes	Yes
J7999	8665502000E505	Bevacizumab 1.25 MG/0.05ML SOSY	Bevacizumab Intravitreal Soln Pref Syr 1.25 MG/0.05ML	IZ-Intravitreal	Yes	Yes
J7999	8665502000E505	Bevacizumab 1.25 MG/0.05ML SOSY	Bevacizumab Intravitreal Soln Pref Syr 1.25 MG/0.05ML	IZ-Intravitreal	Yes	Yes
J7999	8665502000E510	Bevacizumab 2 MG/0.08ML SOSY	Bevacizumab Intravitreal Soln Pref Syr 2 MG/0.08ML	IZ-Intravitreal	Yes	Yes
J7999	8665502000E510	Bevacizumab 2 MG/0.08ML SOSY	Bevacizumab Intravitreal Soln Pref Syr 2 MG/0.08ML	IZ-Intravitreal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J7999	8665502000E512	Bevacizumab 2.25 MG/0.09ML SOSY	Bevacizumab Intravitreal Soln Pref Syr 2.25 MG/0.09ML	IZ-Intravitreal	Yes	Yes
J7999	8665502000E515	Bevacizumab 2.5 MG/0.1ML SOSY	Bevacizumab Intravitreal Soln Pref Syr 2.5 MG/0.1ML	IZ-Intravitreal	Yes	Yes
J7999	8665502000E521	Bevacizumab 2.75 MG/0.11ML SOSY	Bevacizumab Intravitreal Soln Pref Syr 2.75 MG/0.11ML	IZ-Intravitreal	Yes	Yes
J7999	8665502000E525	Bevacizumab 3.25 MG/0.13ML SOSY	Bevacizumab Intravitreal Soln Pref Syr 3.25 MG/0.13ML	IZ-Intravitreal	Yes	Yes
#CALC!	8665502000E532	Bevacizumab 3.75 MG/0.15ML SOSY	Bevacizumab Intravitreal Soln Pref Syr 3.75 MG/0.15ML	IZ-Intravitreal	Yes	Yes
C9399 J3590	94300080202020	Botrytis Cinerea (Diagnostic) 1:20 SOLN	Botrytis Cinerea (Diagnostic) Inj 1:20	ID-Intradermal	Yes	Yes
C9014 J0567	30909020106420	Brineura 2 X 150 MG/5ML KIT	Cerliponase Alfa Intraventricular 2 x 150 MG/5ML Kit	VE-Intraventricular	Yes	Yes
J3490	86803010002000	BSS Plus SOLN	*Ophthalmic Irrigation Solution - Intraocular***	IO-Intraocular	Yes	Yes
J3490	86803010002000	BSS Plus SOLN	*Ophthalmic Irrigation Solution - Intraocular***	IO-Intraocular	Yes	Yes
J3490	86803010002000	BSS SOLN	*Ophthalmic Irrigation Solution - Intraocular***	IO-Intraocular	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J3490	86803010002000	BSS SOLN	*Ophthalmic Irrigation Solution - Intraocular***	IO-Intraocular	Yes	Yes
J3490	86803010002000	BSS SOLN	*Ophthalmic Irrigation Solution - Intraocular***	IO-Intraocular	Yes	Yes
J3490	86803010002000	BSS SOLN	*Ophthalmic Irrigation Solution - Intraocular***	IO-Intraocular	Yes	Yes
#CALC!	69100010122029	BUPIvacaine HCl-NaCl 0.125-0.9 % SOLN	Bupivacaine HCl-Sodium Chloride 0.9% Epidural Inj 0.125%	EP-Epidural	Yes	Yes
#CALC!	69100010122029	BUPIvacaine HCl-NaCl 0.125-0.9 % SOLN	Bupivacaine HCl-Sodium Chloride 0.9% Epidural Inj 0.125%	EP-Epidural	Yes	Yes
#CALC!	6910001012E520	BUPIvacaine HCl-NaCl 0.25-0.9 % SOSY	Bupivacaine HCl-NaCl Epidural Soln Prefilled Syr 0.25-0.9%	EP-Epidural	Yes	Yes
#CALC!	6910001012E520	BUPIvacaine HCl-NaCl 0.25-0.9 % SOSY	Bupivacaine HCl-NaCl Epidural Soln Prefilled Syr 0.25-0.9%	EP-Epidural	Yes	Yes
J3490	69100010112010	BUPIvacaine in Dextrose 0.75-8.25 % SOLN	Bupivacaine 0.75% in Dextrose Inj 8.25%	IT-Intrathecal	Yes	Yes
J3490	69100010112010	BUPIvacaine in Dextrose 0.75-8.25 % SOLN	Bupivacaine 0.75% in Dextrose Inj 8.25%	IT-Intrathecal	Yes	Yes
J3490	69100010112010	BUPIvacaine Spinal 0.75-8.25 % SOLN	Bupivacaine 0.75% in Dextrose Inj 8.25%	IT-Intrathecal	Yes	Yes
J3490	69100010112010	BUPIvacaine Spinal 0.75-8.25 % SOLN	Bupivacaine 0.75% in Dextrose Inj 8.25%	IT-Intrathecal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J7999	8675990220E530	Bup-Lido 0.375-2 % SOSY	Lidocaine HCl-Bupivacaine HCl Soln Pref Syr 2-0.375% (5 ML)	IO-Intraocular	Yes	Yes
Q5124	86655060502020	Byooviz 0.5 MG/0.05ML SOLN	Ranibizumab-nuna Intravitreal Inj 0.5 MG/0.05ML (10 MG/ML)	IZ-Intravitreal	Yes	Yes
Q5124	86655060502020	Byooviz 0.5 MG/0.05ML SOLN	Ranibizumab-nuna Intravitreal Inj 0.5 MG/0.05ML (10 MG/ML)	IZ-Intravitreal	Yes	Yes
J3590	94300008002000	Candida Albicans Skn Tst Antgn SOLN	Candida Albicans Skin Test Antigen	ID-Intradermal	Yes	Yes
J3590	94300008002000	Candin SOLN	Candida Albicans Skin Test Antigen	ID-Intradermal	Yes	Yes
J7999	40200010202000	Cardioplegia del Nido Formula SOLN	*Cardioplegic Soln w/ Lidocaine**	PF-Perfusion	Yes	Yes
J7999	40200010202000	Cardioplegia del Nido Formula SOLN	*Cardioplegic Soln w/ Lidocaine**	PF-Perfusion	Yes	Yes
J7999	40200010202000	Cardioplegia del Nido Formula SOLN	*Cardioplegic Soln w/ Lidocaine**	PF-Perfusion	Yes	Yes
J7999	40200010202000	Cardioplegia Ind Plas/HiK/Lido SOLN	*Cardioplegic Soln w/ Lidocaine**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegia Ind Plasma-Tromet SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegia Induction High K SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegia Induction High K SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J7999	40200010002000	Cardioplegia Induction High K SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegia Induction High K SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegia Induction High K SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegia Induction Low Dex SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegia Induction Non-Enr SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegia Main Low Dextrose SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegia Main Low Trometha SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegia Main Plasma-Trome SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegia Main Plasma-Trome SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegia Maintenance SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegia Reperfusate 4:1 SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegia Reperfusate 4:1 SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegic SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010002000	Cardioplegic SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J7999	40200010002000	Cardioplegic SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
J7999	40200010202000	Cardioplegic Soln w/ Lidocaine SOLN	*Cardioplegic Soln w/ Lidocaine**	PF-Perfusion	Yes	Yes
#CALC!	86780035002020	Cellugel 2 % SOLN	Hypromellose Intraocular Soln 2%	IO-Intraocular	Yes	Yes
Q5128	86655060302012	Cimerli 0.3 MG/0.05ML SOLN	Ranibizumab-eqrn Intravitreal Inj 0.3 MG/0.05ML (6 MG/ML)	IZ-Intravitreal	Yes	Yes
Q5128	86655060302012	Cimerli 0.3 MG/0.05ML SOLN	Ranibizumab-eqrn Intravitreal Inj 0.3 MG/0.05ML (6 MG/ML)	IZ-Intravitreal	Yes	Yes
Q5128	86655060302020	Cimerli 0.5 MG/0.05ML SOLN	Ranibizumab-eqrn Intravitreal Inj 0.5 MG/0.05ML (10 MG/ML)	IZ-Intravitreal	Yes	Yes
Q5128	86655060302020	Cimerli 0.5 MG/0.05ML SOLN	Ranibizumab-eqrn Intravitreal Inj 0.5 MG/0.05ML (10 MG/ML)	IZ-Intravitreal	Yes	Yes
C9399 J3590	20100031252015	Cladosporium Cladosporioides 1:20 SOLN	Cladosporium Cladosporioides Intradermal Inj 1:20	ID-Intradermal	Yes	Yes
J0735	64200011102020	cloNIDine HCl (Analgesia) 100 MCG/ML SOLN	Clonidine HCl Inj (For Epidural Infusion) 100 MCG/ML	EP-Epidural	Yes	Yes
J0735	64200011102020	cloNIDine HCl (Analgesia) 100 MCG/ML SOLN	Clonidine HCl Inj (For Epidural Infusion) 100 MCG/ML	EP-Epidural	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J0735	64200011102040	cloNIDine HCl (Analgesia) 500 MCG/ML SOLN	Clonidine HCl Inj (For Epidural Infusion) 500 MCG/ML	EP-Epidural	Yes	Yes
J0735	64200011102040	cloNIDine HCl (Analgesia) 500 MCG/ML SOLN	Clonidine HCl Inj (For Epidural Infusion) 500 MCG/ML	EP-Epidural	Yes	Yes
J2402	69200040102007	Clorotekal 50 MG/5ML SOLN	Chloroprocaine HCl Intrathecal Inj 50 MG/5ML (1%)	IT-Intrathecal	Yes	Yes
J2402	69200040102007	Clorotekal 50 MG/5ML SOLN	Chloroprocaine HCl Intrathecal Inj 50 MG/5ML (1%)	IT-Intrathecal	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Compleat Original Plant-Based LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Compleat Pedi Orig Plant-Based LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Compleat Pediatric Peptide 1.0 LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Compleat Peptide 1.0 LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
J3490 J3590	45000080111830	Curosurf 120 MG/1.5ML SUSP	Poractant Alfa Intratracheal Susp 120 MG/1.5ML	TR-Intratracheal	No	Yes
J3490 J3590	45000080111840	Curosurf 240 MG/3ML SUSP	Poractant Alfa Intratracheal Susp 240 MG/3ML	TR-Intratracheal	No	Yes
A9589 C9275	94200048102120	Cysview 100 MG SOLR	Hexaminolevulinate HCl For Soln 100 MG (85 MG Base Equiv)	IS-Intravesical	Yes	Yes
A4726 A4723 A4722 A4725 A4721	997000000002025	Delflex-LC/1.5% Dextrose 344 MOSM/L SOLN	*Peritoneal Dialysis Solutions 344 MOSM/L**	IP-Intraperitoneal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
A4726 A4723 A4722 A4725 A4721	99700000002025	Delflex-LC/1.5% Dextrose 344 MOSM/L SOLN	*Peritoneal Dialysis Solutions 344 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4722 A4725 A4721	99700000002025	Delflex-LC/1.5% Dextrose 344 MOSM/L SOLN	*Peritoneal Dialysis Solutions 344 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4722 A4725 A4721	99700000002025	Delflex-LC/1.5% Dextrose 344 MOSM/L SOLN	*Peritoneal Dialysis Solutions 344 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4722 A4725 A4721	99700000002025	Delflex-LC/1.5% Dextrose 344 MOSM/L SOLN	*Peritoneal Dialysis Solutions 344 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4722 A4723 A4725	99700000002038	Delflex-LC/2.5% Dextrose 394 MOSM/L SOLN	*Peritoneal Dialysis Solutions 394 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4722 A4723 A4725	99700000002038	Delflex-LC/2.5% Dextrose 394 MOSM/L SOLN	*Peritoneal Dialysis Solutions 394 MOSM/L **	IP-Intraperitoneal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
A4722 A4723 A4725	99700000002038	Delflex-LC/2.5% Dextrose 394 MOSM/L SOLN	*Peritoneal Dialysis Solutions 394 MOSM/L**	IP-Intraperitoneal	Yes	Yes
A4722 A4723 A4725	99700000002038	Delflex-LC/2.5% Dextrose 394 MOSM/L SOLN	*Peritoneal Dialysis Solutions 394 MOSM/L**	IP-Intraperitoneal	Yes	Yes
A4722 A4723 A4725	99700000002038	Delflex-LC/2.5% Dextrose 394 MOSM/L SOLN	*Peritoneal Dialysis Solutions 394 MOSM/L**	IP-Intraperitoneal	Yes	Yes
A4722 A4723 A4725	99700000002038	Delflex-LC/2.5% Dextrose 394 MOSM/L SOLN	*Peritoneal Dialysis Solutions 394 MOSM/L**	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4725	99700000002070	Delflex-LC/4.25% Dextrose 483 MOSM/L SOLN	*Peritoneal Dialysis Solutions 483 MOSM/L**	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4725	99700000002070	Delflex-LC/4.25% Dextrose 483 MOSM/L SOLN	*Peritoneal Dialysis Solutions 483 MOSM/L**	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4725	99700000002070	Delflex-LC/4.25% Dextrose 483 MOSM/L SOLN	*Peritoneal Dialysis Solutions 483 MOSM/L**	IP-Intraperitoneal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
A4721 A4722 A4723 A4725	99700000002070	Delflex-LC/4.25% Dextrose 483 MOSM/L SOLN	*Peritoneal Dialysis Solutions 483 MOSM/L**	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4725	99700000002070	Delflex-LC/4.25% Dextrose 483 MOSM/L SOLN	*Peritoneal Dialysis Solutions 483 MOSM/L**	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4725	99700000002070	Delflex-LC/4.25% Dextrose 483 MOSM/L SOLN	*Peritoneal Dialysis Solutions 483 MOSM/L**	IP-Intraperitoneal	Yes	Yes
#CALC!	99700000002031	Delflex-SM/1.5% Dextrose 347 MOSM/L SOLN	*Peritoneal Dialysis Solutions 347 MOSM/L**	IP-Intraperitoneal	Yes	Yes
#CALC!	99700000002044	Delflex-SM/2.5% Dextrose 398 MOSM/L SOLN	*Peritoneal Dialysis Solutions 398 MOSM/L**	IP-Intraperitoneal	Yes	Yes
J7999	87300015002025	Dex24 24 MG/ML SOLN	Dexamethasone Sodium Phos Intratympanic Soln 24 MG/ML	TP-Intratympanic	Yes	Yes
#CALC!	86309902832020	dexAMETHasone- Moxifloxacin 1-5 MG/ML SOLN	Dexamethasone-Moxifloxacin HCl Intraocular Soln 1-5 MG/ML	IO-Intraocular	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
#CALC!	86309902832020	dexAMETHasone-Moxifloxacin 1-5 MG/ML SOLN	Dexamethasone-Moxifloxacin HCl Intraocular Soln 1-5 MG/ML	IO-Intraocular	Yes	Yes
#CALC!	86309903242020	Dexameth-Moxiflox-Ketorolac 1-0.5-0.4 MG/ML SOLN	Dexamethason-Moxifloxacin-Ketorolac Inj Soln 1-0.5-0.4 MG/ML	IO-Intraocular	Yes	Yes
#CALC!	22100020202038	Dexonto 0.4% 20 MG/5ML SOLN	Dexamethasone Sodium Phosphate Iontophoresis Soln 20 MG/5ML	PH-Iontophoresis	Yes	Yes
#CALC!	22100020202038	Dexonto 0.4% 20 MG/5ML SOLN	Dexamethasone Sodium Phosphate Iontophoresis Soln 20 MG/5ML	PH-Iontophoresis	Yes	Yes
C9034 J1095	86300010001860	Dexycu 9 % SUSP	Dexamethasone Intraocular Susp 9%	IO-Intraocular	Yes	Yes
A4726 A4723 A4722 A4725 A4721	99700000002025	Dianeal Low Calcium/1.5% Dex 344 MOSM/L SOLN	*Peritoneal Dialysis Solutions 344 MOSM/L**	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4722 A4725 A4721	99700000002025	Dianeal Low Calcium/1.5% Dex 344 MOSM/L SOLN	*Peritoneal Dialysis Solutions 344 MOSM/L**	IP-Intraperitoneal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
A4726 A4723 A4722 A4725 A4721	99700000002025	Dianeal Low Calcium/1.5% Dex 344 MOSM/L SOLN	*Peritoneal Dialysis Solutions 344 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4722 A4725 A4721	99700000002025	Dianeal Low Calcium/1.5% Dex 344 MOSM/L SOLN	*Peritoneal Dialysis Solutions 344 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4722 A4725 A4721	99700000002025	Dianeal Low Calcium/1.5% Dex 344 MOSM/L SOLN	*Peritoneal Dialysis Solutions 344 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4722 A4725 A4721	99700000002025	Dianeal Low Calcium/1.5% Dex 344 MOSM/L SOLN	*Peritoneal Dialysis Solutions 344 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4722 A4725 A4721	99700000002025	Dianeal Low Calcium/1.5% Dex 344 MOSM/L SOLN	*Peritoneal Dialysis Solutions 344 MOSM/L **	IP-Intraperitoneal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
A4726 A4723 A4722 A4725 A4721	99700000002025	Dianeal Low Calcium/1.5% Dex 344 MOSM/L SOLN	*Peritoneal Dialysis Solutions 344 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4726 A4725	99700000002040	Dianeal Low Calcium/2.5% Dex 395 MOSM/L SOLN	*Peritoneal Dialysis Solutions 395 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4726 A4725	99700000002040	Dianeal Low Calcium/2.5% Dex 395 MOSM/L SOLN	*Peritoneal Dialysis Solutions 395 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4726 A4725	99700000002040	Dianeal Low Calcium/2.5% Dex 395 MOSM/L SOLN	*Peritoneal Dialysis Solutions 395 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4726 A4725	99700000002040	Dianeal Low Calcium/2.5% Dex 395 MOSM/L SOLN	*Peritoneal Dialysis Solutions 395 MOSM/L **	IP-Intraperitoneal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
A4721 A4722 A4723 A4725	99700000002070	Dianeal Low Calcium/4.25% Dex 483 MOSM/L SOLN	*Peritoneal Dialysis Solutions 483 MOSM/L**	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4725	99700000002070	Dianeal Low Calcium/4.25% Dex 483 MOSM/L SOLN	*Peritoneal Dialysis Solutions 483 MOSM/L**	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4725	99700000002070	Dianeal Low Calcium/4.25% Dex 483 MOSM/L SOLN	*Peritoneal Dialysis Solutions 483 MOSM/L**	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4725	99700000002070	Dianeal Low Calcium/4.25% Dex 483 MOSM/L SOLN	*Peritoneal Dialysis Solutions 483 MOSM/L**	IP-Intraperitoneal	Yes	Yes
A4723 A4721 A4722 A4725 A4726	99700000002029	Dianeal PD-2/1.5% Dextrose 346 MOSM/L SOLN	*Peritoneal Dialysis Solutions 346 MOSM/L**	IP-Intraperitoneal	Yes	Yes
A4723 A4721 A4722 A4725 A4726	99700000002029	Dianeal PD-2/1.5% Dextrose 346 MOSM/L SOLN	*Peritoneal Dialysis Solutions 346 MOSM/L**	IP-Intraperitoneal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
A4723 A4721 A4722 A4725 A4726	99700000002029	Dianeal PD-2/1.5% Dextrose 346 MOSM/L SOLN	*Peritoneal Dialysis Solutions 346 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4723 A4721 A4722 A4725 A4726	99700000002029	Dianeal PD-2/1.5% Dextrose 346 MOSM/L SOLN	*Peritoneal Dialysis Solutions 346 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4723 A4721 A4722 A4725 A4726	99700000002029	Dianeal PD-2/1.5% Dextrose 346 MOSM/L SOLN	*Peritoneal Dialysis Solutions 346 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4721 A4722 A4725	99700000002042	Dianeal PD-2/2.5% Dextrose 396 MOSM/L SOLN	*Peritoneal Dialysis Solutions 396 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4721 A4722 A4725	99700000002042	Dianeal PD-2/2.5% Dextrose 396 MOSM/L SOLN	*Peritoneal Dialysis Solutions 396 MOSM/L **	IP-Intraperitoneal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
A4726 A4723 A4721 A4722 A4725	99700000002042	Dianeal PD-2/2.5% Dextrose 396 MOSM/L SOLN	*Peritoneal Dialysis Solutions 396 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4721 A4722 A4725	99700000002042	Dianeal PD-2/2.5% Dextrose 396 MOSM/L SOLN	*Peritoneal Dialysis Solutions 396 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4721 A4722 A4725	99700000002042	Dianeal PD-2/2.5% Dextrose 396 MOSM/L SOLN	*Peritoneal Dialysis Solutions 396 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4721 A4722 A4725	99700000002073	Dianeal PD-2/4.25% Dextrose 485 MOSM/L SOLN	*Peritoneal Dialysis Solutions 485 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4721 A4722 A4725	99700000002073	Dianeal PD-2/4.25% Dextrose 485 MOSM/L SOLN	*Peritoneal Dialysis Solutions 485 MOSM/L **	IP-Intraperitoneal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
A4726 A4723 A4721 A4722 A4725	9970000002073	Dianeal PD-2/4.25% Dextrose 485 MOSM/L SOLN	*Peritoneal Dialysis Solutions 485 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4721 A4722 A4725	9970000002073	Dianeal PD-2/4.25% Dextrose 485 MOSM/L SOLN	*Peritoneal Dialysis Solutions 485 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4721 A4722 A4725	9970000002073	Dianeal PD-2/4.25% Dextrose 485 MOSM/L SOLN	*Peritoneal Dialysis Solutions 485 MOSM/L **	IP-Intraperitoneal	Yes	Yes
#CALC!	86789902702010	DisCoVisc 40-17 MG/ML SOLN	Na Chondroitin Sulfate-Na Hyaluronate Ophth Soln 40-17 MG/ML	IO-Intraocular	Yes	Yes
J7340	73209902101820	Duopa 4.63-20 MG/ML SUSP	Carbidopa-Levodopa Enteral Susp 4.63-20 MG/ML	EN-Enteral	No	Yes
J3490	86789902806420	DuoVisc 0.4-0.35 ML KIT	Na Hyaluron & Na Hyaluron- Na Chondroit Sul Op Kit 0.4- 0.35ML	IO-Intraocular	Yes	Yes
J3490	86789902806440	DuoVisc 0.55-0.5 ML KIT	Na Hyaluron & Na Hyaluron- Na Chondroit Sul Op Kit 0.55- 0.5ML	IO-Intraocular	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
#CALC!	86789902806460	DuoVisc 0.85-0.5 ML KIT	Na Hyaluron & Na Hyaluron-Na Chondroit Sul Op Kit 0.85-0.5ML	IO-Intraocular	Yes	Yes
J0735	64200011102020	Duraclon 100 MCG/ML SOLN	Clonidine HCl Inj (For Epidural Infusion) 100 MCG/ML	EP-Epidural	Yes	Yes
J7351	86330015002320	Durysta 10 MCG IMPL	Bimatoprost Intracameral Implant 10 MCG	IO-Intraocular	Yes	Yes
J9175	79993001002000	Elliotts B SOLN	*Intrathecal Electrolytes w/ Dextrose***	IT-Intrathecal	Yes	Yes
J9175	79993001002000	Elliotts B SOLN	*Intrathecal Electrolytes w/ Dextrose***	IT-Intrathecal	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Ensure Harvest 1.2 Cal LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
#CALC!	24000035008912	Estradiol 6 MG PLLT	Estradiol Implant Pellet 6 MG	IL-Implant	Yes	Yes
#CALC!	24000035008912	Estradiol 6 MG PLLT	Estradiol Implant Pellet 6 MG	IL-Implant	Yes	Yes
#CALC!	99700040102020	Extraneal 7.5 % SOLN	*Icodextrin-Electrolytes Solution 7.5%**	IP-Intraperitoneal	Yes	Yes
#CALC!	99700040102020	Extraneal 7.5 % SOLN	*Icodextrin-Electrolytes Solution 7.5%**	IP-Intraperitoneal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
#CALC!	99700040102020	Extraneal 7.5 % SOLN	*Icodextrin-Electrolytes Solution 7.5%**	IP-Intraperitoneal	Yes	Yes
#CALC!	99700040102020	Extraneal 7.5 % SOLN	*Icodextrin-Electrolytes Solution 7.5%**	IP-Intraperitoneal	Yes	Yes
J0178	86655010002020	Eylea 2 MG/0.05ML SOLN	Aflibercept Intravitreal Inj 2 MG/0.05ML (40 MG/ML)	IZ-Intravitreal	Yes	Yes
J0178	86655010002020	Eylea 2 MG/0.05ML SOLN	Aflibercept Intravitreal Inj 2 MG/0.05ML (40 MG/ML)	IZ-Intravitreal	Yes	Yes
J0178	8665501000E520	Eylea 2 MG/0.05ML SOSY	Aflibercept Intravitreal Soln Pref Syr 2 MG/0.05ML	IZ-Intravitreal	Yes	Yes
J0178	8665501000E520	Eylea 2 MG/0.05ML SOSY	Aflibercept Intravitreal Soln Pref Syr 2 MG/0.05ML	IZ-Intravitreal	Yes	Yes
C9161 J0177	86655010002080	Eylea HD 8 MG/0.07ML SOLN	Aflibercept Intravitreal Inj 8 MG/0.07ML (114.3 MG/ML)	IZ-Intravitreal	Yes	Yes
C9161 J0177	86655010002080	Eylea HD 8 MG/0.07ML SOLN	Aflibercept Intravitreal Inj 8 MG/0.07ML (114.3 MG/ML)	IZ-Intravitreal	Yes	Yes
J7999	65991502102020	fentaNYL Cit-BUPivacaine HCl 2-0.125 MCG/ML-% SOLN	Fentanyl Citrate 2 MCG/ML-Bupivacaine 0.125% Epidural Inj	EP-Epidural	Yes	Yes
J7999	6599150240E520	fentaNYL Citrate-ROPivacaine 0.1-0.15 MG/50ML-% SOSY	Fentanyl Cit 0.1 MG/50ML-Ropivacaine HCl 0.15% Soln Pref Syr	EP-Epidural	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J7999	6599150335E514	fentaNYL Cit-ROPIvacaine-NaCl 0.1-0.1-0.9 MG/50ML-% SOSY	Fentanyl Cit 0.1 MG/50ML-Ropiv 0.1%-NaCl 0.9% Sol Pref Syr	EP-Epidural	Yes	Yes
J7999	65991503352026	fentaNYL Cit-ROPIvacaine-NaCl 0.2-0.1-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503352026	fentaNYL Cit-ROPIvacaine-NaCl 0.2-0.1-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503352026	fentaNYL Cit-ROPIvacaine-NaCl 0.2-0.1-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503352026	fentaNYL Cit-ROPIvacaine-NaCl 0.2-0.1-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503352028	fentaNYL Cit-ROPIvacaine-NaCl 0.2-0.125-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Ropiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503352035	fentaNYL Cit-ROPIvacaine-NaCl 0.2-0.2-0.9 MG/100ML-% SOLN	Fentanyl Cit 0.2 MG/100ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503352035	fentaNYL Cit-ROPIvacaine-NaCl 0.2-0.2-0.9 MG/100ML-% SOLN	Fentanyl Cit 0.2 MG/100ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
#CALC!	65991503352035	fentaNYL Cit-ROPivacaine-NaCl 0.2-0.2-0.9 MG/100ML-% SOLN	Fentanyl Cit 0.2 MG/100ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503352035	fentaNYL Cit-ROPivacaine-NaCl 0.2-0.2-0.9 MG/100ML-% SOLN	Fentanyl Cit 0.2 MG/100ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503352035	fentaNYL Cit-ROPivacaine-NaCl 0.2-0.2-0.9 MG/100ML-% SOLN	Fentanyl Cit 0.2 MG/100ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503352035	fentaNYL Cit-ROPivacaine-NaCl 0.2-0.2-0.9 MG/100ML-% SOLN	Fentanyl Cit 0.2 MG/100ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503352035	fentaNYL Cit-ROPivacaine-NaCl 0.2-0.2-0.9 MG/100ML-% SOLN	Fentanyl Cit 0.2 MG/100ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503352035	fentaNYL Cit-ROPivacaine-NaCl 0.2-0.2-0.9 MG/100ML-% SOLN	Fentanyl Cit 0.2 MG/100ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503352035	fentaNYL Cit-ROPivacaine-NaCl 0.2-0.2-0.9 MG/100ML-% SOLN	Fentanyl Cit 0.2 MG/100ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503352035	fentaNYL Cit-ROPivacaine-NaCl 0.2-0.2-0.9 MG/100ML-% SOLN	Fentanyl Cit 0.2 MG/100ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J7999	65991503352037	fentaNYL Cit-ROPIvacaine-NaCl 0.3-0.2-0.9 MG/150ML-% SOLN	Fentanyl Cit 0.3 MG/150ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503352043	fentaNYL Cit-ROPIvacaine-NaCl 0.4-0.1-0.9 MG/200ML-% SOLN	Fentanyl Cit 0.4 MG/200ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503352043	fentaNYL Cit-ROPIvacaine-NaCl 0.4-0.1-0.9 MG/200ML-% SOLN	Fentanyl Cit 0.4 MG/200ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503352043	fentaNYL Cit-ROPIvacaine-NaCl 0.4-0.1-0.9 MG/200ML-% SOLN	Fentanyl Cit 0.4 MG/200ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503352043	fentaNYL Cit-ROPIvacaine-NaCl 0.4-0.1-0.9 MG/200ML-% SOLN	Fentanyl Cit 0.4 MG/200ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503352043	fentaNYL Cit-ROPIvacaine-NaCl 0.4-0.1-0.9 MG/200ML-% SOLN	Fentanyl Cit 0.4 MG/200ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503352043	fentaNYL Cit-ROPIvacaine-NaCl 0.4-0.1-0.9 MG/200ML-% SOLN	Fentanyl Cit 0.4 MG/200ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503352043	fentaNYL Cit-ROPIvacaine-NaCl 0.4-0.1-0.9 MG/200ML-% SOLN	Fentanyl Cit 0.4 MG/200ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J7999	65991503352043	fentaNYL Cit-ROPIvacaine-NaCl 0.4-0.1-0.9 MG/200ML-% SOLN	Fentanyl Cit 0.4 MG/200ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503352042	fentaNYL Cit-ROPIvacaine-NaCl 0.4-0.2-0.9 MG/200ML-% SOLN	Fentanyl Cit 0.4 MG/200ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503352042	fentaNYL Cit-ROPIvacaine-NaCl 0.4-0.2-0.9 MG/200ML-% SOLN	Fentanyl Cit 0.4 MG/200ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503352042	fentaNYL Cit-ROPIvacaine-NaCl 0.4-0.2-0.9 MG/200ML-% SOLN	Fentanyl Cit 0.4 MG/200ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503352039	fentaNYL Cit-ROPIvacaine-NaCl 0.5-0.2-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503352039	fentaNYL Cit-ROPIvacaine-NaCl 0.5-0.2-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503352039	fentaNYL Cit-ROPIvacaine-NaCl 0.5-0.2-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	6599150330E520	fentaNYL-BUPIvacaine-NaCl 0.1-0.125-0.9 MG/50ML-% SOSY	Fentanyl 0.1 MG/50ML-Bupiv 0.125%-NaCl 0.9% Epidural Syr	EP-Epidural	Yes	Yes
J7999	6599150330E520	fentaNYL-BUPIvacaine-NaCl 0.1-0.125-0.9 MG/50ML-% SOSY	Fentanyl 0.1 MG/50ML-Bupiv 0.125%-NaCl 0.9% Epidural Syr	EP-Epidural	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J7999	65991503302013	fentaNYL-BUPivacaine-NaCl 0.2-0.0625-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.0625%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302010	fentaNYL-BUPivacaine-NaCl 0.2-0.1-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302010	fentaNYL-BUPivacaine-NaCl 0.2-0.1-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302010	fentaNYL-BUPivacaine-NaCl 0.2-0.1-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302010	fentaNYL-BUPivacaine-NaCl 0.2-0.1-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302010	fentaNYL-BUPivacaine-NaCl 0.2-0.1-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302010	fentaNYL-BUPivacaine-NaCl 0.2-0.1-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302012	fentaNYL-BUPivacaine-NaCl 0.2-0.125-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302012	fentaNYL-BUPivacaine-NaCl 0.2-0.125-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J7999	65991503302012	fentaNYL-BUPivacaine-NaCl 0.2-0.125-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302012	fentaNYL-BUPivacaine-NaCl 0.2-0.125-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302012	fentaNYL-BUPivacaine-NaCl 0.2-0.125-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302012	fentaNYL-BUPivacaine-NaCl 0.2-0.125-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302012	fentaNYL-BUPivacaine-NaCl 0.2-0.125-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302012	fentaNYL-BUPivacaine-NaCl 0.2-0.125-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302038	fentaNYL-BUPivacaine-NaCl 0.5-0.04-0.9 MG/100ML-% SOLN	Fentanyl 0.5 MG/100ML-Bupiv 0.04%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302031	fentaNYL-BUPivacaine-NaCl 0.5-0.0625-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.0625%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302031	fentaNYL-BUPivacaine-NaCl 0.5-0.0625-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.0625%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J7999	65991503302031	fentaNYL-BUPivacaine-NaCl 0.5-0.0625-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.0625%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302031	fentaNYL-BUPivacaine-NaCl 0.5-0.0625-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.0625%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302031	fentaNYL-BUPivacaine-NaCl 0.5-0.0625-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.0625%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302027	fentaNYL-BUPivacaine-NaCl 0.5-0.075-0.9 MG/100ML-% SOLN	Fentanyl 0.5 MG/100ML-Bupiv 0.075%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503302033	fentaNYL-BUPivacaine-NaCl 0.5-0.1-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503302033	fentaNYL-BUPivacaine-NaCl 0.5-0.1-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503302033	fentaNYL-BUPivacaine-NaCl 0.5-0.1-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302029	fentaNYL-BUPivacaine-NaCl 0.5-0.125-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302029	fentaNYL-BUPivacaine-NaCl 0.5-0.125-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J7999	65991503302029	fentaNYL-BUPivacaine-NaCl 0.5-0.125-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302029	fentaNYL-BUPivacaine-NaCl 0.5-0.125-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302029	fentaNYL-BUPivacaine-NaCl 0.5-0.125-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302029	fentaNYL-BUPivacaine-NaCl 0.5-0.125-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302029	fentaNYL-BUPivacaine-NaCl 0.5-0.125-0.9 MG/250ML-% SOLN	Fentanyl 0.5 MG/250ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302037	fentaNYL-BUPivacaine-NaCl 0.8-0.1667-0.9 MG/200ML-% SOLN	Fentanyl 0.8 MG/200ML-Bupiv 0.1667%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503302037	fentaNYL-BUPivacaine-NaCl 0.8-0.1667-0.9 MG/200ML-% SOLN	Fentanyl 0.8 MG/200ML-Bupiv 0.1667%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
#CALC!	65991503302044	fentaNYL-BUPivacaine-NaCl 1-0.125-0.9 MG/250ML-% SOLN	Fentanyl 1 MG/250ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes
J7999	65991503352026	fentaNYL-ROPivacaine-NaCl 0.2-0.1-0.9 MG/100ML-% SOLN	Fentanyl 0.2 MG/100ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	EP-Epidural	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J0475	75100010002034	Gablofen 10000 MCG/20ML SOLN	Baclofen Intrathecal Inj 10 MG/20ML (500 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	7510001000E530	Gablofen 10000 MCG/20ML SOSY	Baclofen Intrathecal Soln Prefilled Syringe 10000 MCG/20ML	IT-Intrathecal	Yes	Yes
J0475	75100010002039	Gablofen 20000 MCG/20ML SOLN	Baclofen Intrathecal Inj 20 MG/20ML (1000 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	7510001000E540	Gablofen 20000 MCG/20ML SOSY	Baclofen Intrathecal Soln Prefilled Syringe 20000 MCG/20ML	IT-Intrathecal	Yes	Yes
J0475	75100010002050	Gablofen 40000 MCG/20ML SOLN	Baclofen Intrathecal Inj 40 MG/20ML (2000 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	7510001000E550	Gablofen 40000 MCG/20ML SOSY	Baclofen Intrathecal Soln Prefilled Syringe 40000 MCG/20ML	IT-Intrathecal	Yes	Yes
J0476	7510001000E520	Gablofen 50 MCG/ML SOSY	Baclofen Intrathecal Soln Prefilled Syringe 50 MCG/ML	IT-Intrathecal	Yes	Yes
J9999	21102010203120	Gliadel Wafer 7.7 MG WAFR	Carmustine in Polifeprosan Intracranial Implant Wafer 7.7 MG	IL-Implant	Yes	Yes
C9399 J3490	8678003000E535	Healon Duet PRO 1 & 3 % SOSY	Sodium Hyaluronate Intraocular Soln Prefilled Syr 1% & 3%	IO-Intraocular	Yes	Yes
C9399 J3490	8678003000E570	Healon GV PRO 15.3 MG/0.85ML SOSY	Sodium Hyaluronate Intraocular Soln Pref Syr 15.3 MG/0.85ML	IO-Intraocular	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J3490	8678003000E509	Healon PRO 5.5 MG/0.55ML SOSY	Sodium Hyaluronate Intraocular Soln Pref Syr 5.5 MG/0.55ML	IO-Intraocular	Yes	Yes
J3490	8678003000E509	Healon PRO 5.5 MG/0.55ML SOSY	Sodium Hyaluronate Intraocular Soln Pref Syr 5.5 MG/0.55ML	IO-Intraocular	Yes	Yes
J3490	8678003000E522	Healon PRO 8.5 MG/0.85ML SOSY	Sodium Hyaluronate Intraocular Soln Pref Syr 8.5 MG/0.85ML	IO-Intraocular	Yes	Yes
J3490	8678003000E522	Healon PRO 8.5 MG/0.85ML SOSY	Sodium Hyaluronate Intraocular Soln Pref Syr 8.5 MG/0.85ML	IO-Intraocular	Yes	Yes
J3490	8678003000E560	Healon5 PRO 13.8 MG/0.6ML SOSY	Sodium Hyaluronate Intraocular Soln Pref Syr 13.8 MG/0.6ML	IO-Intraocular	Yes	Yes
J3490	8678003000E560	Healon5 PRO 13.8 MG/0.6ML SOSY	Sodium Hyaluronate Intraocular Soln Pref Syr 13.8 MG/0.6ML	IO-Intraocular	Yes	Yes
J9248	21101040102112	Hepzato w/50mm Catheter 50 MG SOLR	Melphalan HCl For Intra-arterial Soln 50 MG (Base Equiv)	IA-Intra-arterial	Yes	Yes
J9248	21101040102112	Hepzato w/62mm Catheter 50 MG SOLR	Melphalan HCl For Intra-arterial Soln 50 MG (Base Equiv)	IA-Intra-arterial	Yes	Yes
#CALC!	94200050102005	Histatrol 0.275 MG/ML SOLN	Histamine Phosphate Inj 0.275 MG/ML (0.1 MG/ML Base Equiv)	ID-Intradermal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J7355	86330070002320	iDose TR 75 MCG IMPL	Travoprost Intracameral Implant 75 MCG	IO-Intraocular	Yes	Yes
C9450 J7313	86300017102305	Iluvien 0.19 MG IMPL	Fluocinolone Acetonide Intravitreal Implant 0.19 MG	IZ-Intravitreal	Yes	Yes
C9472 J9325	21574070401820	Imlygic 1000000 UNIT/ML SUSP	Talimogene Laherparepvec Intralesional Inj 1000000 Unit/ML	LS-Intralesional	Yes	Yes
C9472 J9325	21574070401840	Imlygic 100000000 UNIT/ML SUSP	Talimogene Laherparepvec Intralesional Inj 100000000 Unit/ML	LS-Intralesional	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Impact Peptide 1.5 LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Impact Peptide 1.5 LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Impact Peptide 1.5 LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Impact Peptide 1.5 LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
A9548	94354040702000	Indium In 111 DTPA SOLN	*Pentetate Indium Disodium In 111 Intrathecal Inj***	IT-Intrathecal	Yes	Yes
J3490 J3590	45000060111820	Infasurf 35-0.9 MG/ML-% SUSP	Calfactant in NaCl 0.9% Intratracheal Susp 35 MG/ML	TR-Intratracheal	No	Yes
J3490 J3590	45000060111820	Infasurf 35-0.9 MG/ML-% SUSP	Calfactant in NaCl 0.9% Intratracheal Susp 35 MG/ML	TR-Intratracheal	No	Yes
C9162 J2782	86456020102020	Izervay 2 MG/0.1ML SOLN	Avacincaptad Pegol Intravitreal Soln 2 MG/0.1ML (20 MG/ML)	IZ-Intravitreal	Yes	Yes
C9162 J2782	86456020102020	Izervay 2 MG/0.1ML SOLN	Avacincaptad Pegol Intravitreal Soln 2 MG/0.1ML (20 MG/ML)	IZ-Intravitreal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Kate Farms Glucose Support 1.2 LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Kate Farms Peptide 1.5 LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Kate Farms Peptide 1.5 LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Kate Farms Renal Support 1.8 LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Kate Farms Standard 1.4 LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
J7999	8675990220E532	Lidocaine HCl-Bupivacaine HCl 2-0.375 % (10 ML) SOSY	Lidocaine HCl-Bupivacaine HCl Soln Pref Syr 2-0.375% (10 ML)	IO-Intraocular	Yes	Yes
#CALC!	86759902302020	Lidocaine-EPINEPHrine 7.5-0.25 MG/ML SOLN	Lidocaine HCl-Epinephrine HCl Intraocular Sol 7.5-0.25 MG/ML	IO-Intraocular	Yes	Yes
J7999	86759902402020	Lidocaine-Phenylephrine 1-1.5 % SOLN	Lidocaine HCl-Phenylephrine HCl Intraocular Soln 1-1.5%	IO-Intraocular	Yes	Yes
J7999	86759902402020	Lidocaine-Phenylephrine 1-1.5 % SOLN	Lidocaine HCl-Phenylephrine HCl Intraocular Soln 1-1.5%	IO-Intraocular	Yes	Yes
J7999	86759902402020	Lidocaine-Phenylephrine 1-1.5 % SOLN	Lidocaine HCl-Phenylephrine HCl Intraocular Soln 1-1.5%	IO-Intraocular	Yes	Yes
#CALC!	8675990330E520	Lidocaine-Phenylephrine-BSS 1-1.5 % (1ML) SOSY	Lidocaine-Phenyleph-BSS Intraocular Pref Syr 1-1.5% (1 ML)	IO-Intraocular	Yes	Yes
J0476	75100010002020	Lioresal 0.05 MG/ML SOLN	Baclofen Intrathecal Inj 0.05 MG/ML (50 MCG/ML)	IT-Intrathecal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J0476	75100010002020	Lioresal 0.05 MG/ML SOLN	Baclofen Intrathecal Inj 0.05 MG/ML (50 MCG/ML)	IT-Intrathecal	Yes	Yes
J0476	75100010002020	Lioresal 0.05 MG/ML SOLN	Baclofen Intrathecal Inj 0.05 MG/ML (50 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002034	Lioresal 10 MG/20ML SOLN	Baclofen Intrathecal Inj 10 MG/20ML (500 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002034	Lioresal 10 MG/20ML SOLN	Baclofen Intrathecal Inj 10 MG/20ML (500 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002034	Lioresal 10 MG/20ML SOLN	Baclofen Intrathecal Inj 10 MG/20ML (500 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002034	Lioresal 10 MG/20ML SOLN	Baclofen Intrathecal Inj 10 MG/20ML (500 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002034	Lioresal 10 MG/20ML SOLN	Baclofen Intrathecal Inj 10 MG/20ML (500 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002034	Lioresal 10 MG/20ML SOLN	Baclofen Intrathecal Inj 10 MG/20ML (500 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002046	Lioresal 10 MG/5ML SOLN	Baclofen Intrathecal Inj 10 MG/5ML (2000 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002046	Lioresal 10 MG/5ML SOLN	Baclofen Intrathecal Inj 10 MG/5ML (2000 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002046	Lioresal 10 MG/5ML SOLN	Baclofen Intrathecal Inj 10 MG/5ML (2000 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002050	Lioresal 40 MG/20ML SOLN	Baclofen Intrathecal Inj 40 MG/20ML (2000 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002050	Lioresal 40 MG/20ML SOLN	Baclofen Intrathecal Inj 40 MG/20ML (2000 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002050	Lioresal 40 MG/20ML SOLN	Baclofen Intrathecal Inj 40 MG/20ML (2000 MCG/ML)	IT-Intrathecal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J0475	75100010002050	Lioresal 40 MG/20ML SOLN	Baclofen Intrathecal Inj 40 MG/20ML (2000 MCG/ML)	IT-Intrathecal	Yes	Yes
J0475	75100010002050	Lioresal 40 MG/20ML SOLN	Baclofen Intrathecal Inj 40 MG/20ML (2000 MCG/ML)	IT-Intrathecal	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Liquid Hope Peptide HP LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
J2778	86655060002012	Lucentis 0.3 MG/0.05ML SOLN	Ranibizumab Intravitreal Inj 0.3 MG/0.05ML (6 MG/ML)	IZ-Intravitreal	Yes	Yes
J2778	8665506000E510	Lucentis 0.3 MG/0.05ML SOSY	Ranibizumab Intravitreal Soln Pref Syr 0.3 MG/0.05ML	IZ-Intravitreal	Yes	Yes
J2778	8665506000E510	Lucentis 0.3 MG/0.05ML SOSY	Ranibizumab Intravitreal Soln Pref Syr 0.3 MG/0.05ML	IZ-Intravitreal	Yes	Yes
J2778	8665506000E520	Lucentis 0.5 MG/0.05ML SOSY	Ranibizumab Intravitreal Soln Pref Syr 0.5 MG/0.05ML	IZ-Intravitreal	Yes	Yes
J2778	8665506000E520	Lucentis 0.5 MG/0.05ML SOSY	Ranibizumab Intravitreal Soln Pref Syr 0.5 MG/0.05ML	IZ-Intravitreal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
C9032 J3398	86370070601810	Luxturna 5000000000000 VG/ML SUSP	Voretigene Neparvovec-rzyl 5000000000000 VG/ML Intraoc Susp	IO-Intraocular	Yes	Yes
C9032 J3398	86370070601810	Luxturna 5000000000000 VG/ML SUSP	Voretigene Neparvovec-rzyl 5000000000000 VG/ML Intraoc Susp	IO-Intraocular	Yes	Yes
J3490	69100010112010	Marcaine Spinal 0.75-8.25 % SOLN	Bupivacaine 0.75% in Dextrose Inj 8.25%	IT-Intrathecal	Yes	Yes
J3490	69100010112010	Marcaine Spinal 0.75-8.25 % SOLN	Bupivacaine 0.75% in Dextrose Inj 8.25%	IT-Intrathecal	Yes	Yes
J7999	40200010002000	Microplegia MSA-MSG SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
C9399 J3490	86501010102110	Miochol-E 20 MG SOLR	Acetylcholine Chloride Intraocular For Soln 20 MG (1:100)	IO-Intraocular	Yes	Yes
#CALC!	86501020002005	Miostat 0.01 % SOLN	Carbachol Intraocular Inj 0.01%	IO-Intraocular	Yes	Yes
#CALC!	8610108500E520	mitoMYcin 0.02 % SOSY	Mitomycin Intraocular Soln Pref Syringe 0.02% (0.2 MG/ML)	IO-Intraocular	Yes	Yes
J7999	8610108500E540	mitoMYcin 0.04 % SOSY	Mitomycin Intraocular Soln Pref Syringe 0.04% (0.4 MG/ML)	IO-Intraocular	Yes	Yes
J7999	2120005000E540	mitoMYcin 20 MG/40ML SOSY	Mitomycin Soln For Intravesical Instillation 20 MG/40ML	IS-Intravesical	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCPS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
#CALC!	94300036002010	Mosquito (Diagnostic) 1:100 SOLN	Mosquito (Diagnostic) Inj 1:100	ID-Intradermal	Yes	Yes
J7999	8610103810E550	Moxifloxacin HCl 0.16 % SOSY	Moxifloxacin HCl Intraocular Soln Pref Syr 0.16% (1.6 MG/ML)	IO-Intraocular	Yes	Yes
#CALC!	8610103810E520	Moxifloxacin HCl 0.3 MG/0.3ML SOSY	Moxifloxacin HCl Intraocular Pref Syr 0.3 MG/0.3ML (0.1%)	IO-Intraocular	Yes	Yes
J7999	86101038102050	Moxifloxacin HCl 1 MG/ML SOLN	Moxifloxacin HCl Intraocular Soln 1 MG/ML (Base Equiv)	IO-Intraocular	Yes	Yes
J7999	86101038102050	Moxifloxacin HCl 1 MG/ML SOLN	Moxifloxacin HCl Intraocular Soln 1 MG/ML (Base Equiv)	IO-Intraocular	Yes	Yes
J7999	86101038102060	Moxifloxacin HCl 5 MG/ML SOLN	Moxifloxacin HCl Intraocular Soln 5 MG/ML	IO-Intraocular	Yes	Yes
J7999	86101038102060	Moxifloxacin HCl 5 MG/ML SOLN	Moxifloxacin HCl Intraocular Soln 5 MG/ML	IO-Intraocular	Yes	Yes
J7999	86101038102060	Moxifloxacin HCl 5 MG/ML SOLN	Moxifloxacin HCl Intraocular Soln 5 MG/ML	IO-Intraocular	Yes	Yes
J7999	86109902292020	Moxifloxacin HCl-BSS 1 MG/ML SOLN	Moxifloxacin HCl in BSS Intravitreal Soln 1 MG/ML	IZ-Intravitreal	Yes	Yes
C9399 J3590	20100031502015	Mucor 1:20 SOLN	Mucor (Mucor Plumbeus) Intradermal Inj 1:20	ID-Intradermal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Nourish Peptide Berry Medley LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Nutren 1.5 LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Nutren 1.5 LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
J3490	8678003000E528	NuVisc 9.6 MG/0.8ML SOSY	Sodium Hyaluronate Intraocular Soln Pref Syr 9.6 MG/0.8ML	IO-Intraocular	Yes	Yes
C9447 J1097	86789902602020	Omidria 1-0.3 % SOLN	Phenylephrine-Ketorolac Intraocular Soln 1-0.3%	IO-Intraocular	Yes	Yes
C9447 J1097	86789902602020	Omidria 1-0.3 % SOLN	Phenylephrine-Ketorolac Intraocular Soln 1-0.3%	IO-Intraocular	Yes	Yes
C9447 J1097	86789902602020	Omidria 1-0.3 % SOLN	Phenylephrine-Ketorolac Intraocular Soln 1-0.3%	IO-Intraocular	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
C9447 J1097	86789902602020	Omidria 1-0.3 % SOLN	Phenylephrine-Ketorolac Intraocular Soln 1-0.3%	IO-Intraocular	Yes	Yes
J7342	87100012001830	Otiprio 6 % SUSP	Ciprofloxacin Intratympanic Susp 6% (60 MG/ML)	TP-Intratympanic	Yes	Yes
J7312	86300010002320	Ozurdex 0.7 MG IMPL	Dexamethasone Intravitreal Implant 0.7 MG	IZ-Intravitreal	Yes	Yes
Q5147	86655010142020	Pavblu 2 MG/0.05ML SOLN	Aflibercept-ayyh Intravitreal Inj 2 MG/0.05ML (40 MG/ML)	IZ-Intravitreal	Yes	Yes
Q5147	8665501014E520	Pavblu 2 MG/0.05ML SOSY	Aflibercept-ayyh Intravitreal Soln Pref Syr 2 MG/0.05ML	IZ-Intravitreal	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure 1.5 Cal/Fiber LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure 1.5 Cal/Fiber LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



**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	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure Enteral 1.0 Cal LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure Enteral 1.0 Cal LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure Enteral 1.0Cal/Fiber LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure Enteral 1.0Cal/Fiber LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



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

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure Enteral 1.0Cal/Fiber LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure Enteral 1.0Cal/Fiber LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure Enteral 1.0Cal/Fiber LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure Enteral 1.0Cal/Fiber LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



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

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure Harvest 1.0 Cal LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure Peptide 1.0 Cal LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure Peptide 1.0 Cal LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure Peptide 1.5 Cal LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

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	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	PediaSure Peptide 1.5 Cal LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
C9399 J3590	94300044202020	Penicillium Notatum (Diagnost) 1:20 SOLN	Penicillium Notatum (Diagnostic) Inj 1:20	ID-Intradermal	Yes	Yes
J7999	40200010002000	Plegisol SOLN	*Cardioplegic Soln**	PF-Perfusion	Yes	Yes
#CALC!	94200020002005	Pre-Pen 0.25 ML SOLN	Benzympenicilloyl Polylysine Inj 0.25 ML	ID-Intradermal	Yes	Yes
J2278	64154090102020	Prialt 100 MCG/ML SOLN	Ziconotide Acetate Intrathecal Inj 100 MCG/ML	IT-Intrathecal	Yes	Yes
J2278	64154090102010	Prialt 500 MCG/20ML SOLN	Ziconotide Acetate Intrathecal Inj 500 MCG/20ML (25 MCG/ML)	IT-Intrathecal	Yes	Yes
J2278	64154090102030	Prialt 500 MCG/5ML SOLN	Ziconotide Acetate Intrathecal Inj 500 MCG/5ML	IT-Intrathecal	Yes	Yes
B4155 B4104	80301010000920	ProSource TF Free LIQD	*Protein Liquid (Enteral)***	EN-Enteral	Yes	Yes
B4155 B4104	80301010000920	ProSource TF Free LIQD	*Protein Liquid (Enteral)***	EN-Enteral	Yes	Yes
B4155 B4104	80301010000920	ProSource TF20 ENfit Compatibl LIQD	*Protein Liquid (Enteral)***	EN-Enteral	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
B4155 B4104	80301010000920	ProSource TF20 ENfit Compatibl LIQD	*Protein Liquid (Enteral)***	EN-Enteral	Yes	Yes
J3490	8678003000E504	Provisc 4 MG/0.4ML SOSY	Sodium Hyaluronate Intraocular Soln Pref Syr 4 MG/0.4ML	IO-Intraocular	Yes	Yes
J3490	8678003000E509	Provisc 5.5 MG/0.55ML SOSY	Sodium Hyaluronate Intraocular Soln Pref Syr 5.5 MG/0.55ML	IO-Intraocular	Yes	Yes
J3490	8678003000E522	Provisc 8.5 MG/0.85ML SOSY	Sodium Hyaluronate Intraocular Soln Pref Syr 8.5 MG/0.85ML	IO-Intraocular	Yes	Yes
C9157 J1304	74504080002020	Qalsody 100 MG/15ML SOLN	Tofersen Intrathecal Soln 100 MG/15ML (6.7 MG/ML)	IT-Intrathecal	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Real Food Blends LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Real Food Blends LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



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	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Real Food Blends LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Real Food Blends LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Real Food Blends LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Real Food Blends LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



**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	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Real Food Blends LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Real Food Blends LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Real Food Blends LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Real Food Blends LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Real Food Blends LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
B4150 B4153 B4149 B4160 B4161 B4152	81200000000910	Real Food Blends Mini LIQD	*Nutritional Supplement Liquid (Enteral)**	EN-Enteral	Yes	Yes
J7999	6999100450E530	RECK 123-0.25-0.04- 15 MG/50ML SOSY	Ropiv-Epi-Clonid-Ketorolac Pref Syr 123-0.25-0.04-15 MG/50ML	PA-Periarticular	Yes	Yes
J7311	86300017102320	Retisert 0.59 MG IMPL	Fluocinolone Acetonide Intravitreal Implant 0.59 MG	IZ-Intravitreal	Yes	Yes
J1212	56500010002010	Rimso-50 50 % SOLN	Dimethyl Sulfoxide Soln 50%	IS-Intravesical	Yes	Yes
J7999	69100070102046	ROPivacaine HCl 0.2 % SOLN	Ropivacaine HCl Epidural Solution 0.2%	EP-Epidural	Yes	Yes
J7999	69100070102046	ROPivacaine HCl 0.2 % SOLN	Ropivacaine HCl Epidural Solution 0.2%	EP-Epidural	Yes	Yes
J7999	69100070102046	ROPivacaine HCl 0.2 % SOLN	Ropivacaine HCl Epidural Solution 0.2%	EP-Epidural	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J7999	69100070102046	ROPivacaine HCl 0.2 % SOLN	Ropivacaine HCl Epidural Solution 0.2%	EP-Epidural	Yes	Yes
#CALC!	69100070122020	ROPivacaine HCl-NaCl 0.15-0.9 % SOLN	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.15-0.9%	EP-Epidural	Yes	Yes
#CALC!	69100070122020	ROPivacaine HCl-NaCl 0.15-0.9 % SOLN	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.15-0.9%	EP-Epidural	Yes	Yes
#CALC!	69100070122025	ROPivacaine HCl-NaCl 0.2-0.9 % SOLN	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.2-0.9%	EP-Epidural	Yes	Yes
#CALC!	69100070122025	ROPivacaine HCl-NaCl 0.2-0.9 % SOLN	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.2-0.9%	EP-Epidural	Yes	Yes
#CALC!	69100070122025	ROPivacaine HCl-NaCl 0.2-0.9 % SOLN	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.2-0.9%	EP-Epidural	Yes	Yes
#CALC!	69100070122025	ROPivacaine HCl-NaCl 0.2-0.9 % SOLN	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.2-0.9%	EP-Epidural	Yes	Yes
#CALC!	69100070122025	ROPivacaine HCl-NaCl 0.2-0.9 % SOLN	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.2-0.9%	EP-Epidural	Yes	Yes
#CALC!	69100070122025	ROPivacaine HCl-NaCl 0.2-0.9 % SOLN	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.2-0.9%	EP-Epidural	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
#CALC!	69100070122025	ROPivacaine HCl-NaCl 0.2-0.9 % SOLN	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.2-0.9%	EP-Epidural	Yes	Yes
#CALC!	69100070122025	ROPivacaine HCl-NaCl 0.2-0.9 % SOLN	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.2-0.9%	EP-Epidural	Yes	Yes
J7999	6999100360E520	Ropiv-cloNIDine-Ketorolac 123-0.04-15 MG/50ML SOSY	Ropivacaine-Clonidine-Ketorolac Pref Syr 123-0.04-15 MG/50ML	PA-Periarticular	Yes	Yes
C9399 J3590	94300052202020	Saccharomyces Cerevisiae 1:20 SOLN	Saccharomyces Cerevisiae Inj Soln 1:20	ID-Intradermal	Yes	Yes
#CALC!	45500070003320	Sclerosol Intrapleural 4 GM AERP	Talc Intrapleural Aerosol Powder 4 GM (0.4 GM/SECOND)	PL-Intrapleural	Yes	Yes
#CALC!	94300009202020	Spherusol 127 MCG/0.1ML SOLN	Coccidioides Immitis Skin Test Antigen Soln 127 MCG/0.1ML	ID-Intradermal	Yes	Yes
C9489 J2326	74701050002020	Spinraza 12 MG/5ML SOLN	Nusinersen Intrathecal Soln 12 MG/5ML (2.4 MG/ML)	IT-Intrathecal	Yes	Yes
#CALC!	45500070001930	Sterile Talc Powder 5 GM SUSR	Talc Intrapleural Powder For Susp 5 GM	PL-Intrapleural	Yes	Yes
#CALC!	45500070002920	Steritalc 2 GM POWD	Talc Intrapleural Powder 2 GM	PL-Intrapleural	Yes	Yes
#CALC!	45500070002920	Steritalc 2 GM POWD	Talc Intrapleural Powder 2 GM	PL-Intrapleural	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
#CALC!	45500070002930	Steritalc 3 GM POWD	Talc Intrapleural Powder 3 GM	PL-Intrapleural	Yes	Yes
#CALC!	45500070002930	Steritalc 3 GM POWD	Talc Intrapleural Powder 3 GM	PL-Intrapleural	Yes	Yes
#CALC!	45500070002940	Steritalc 4 GM POWD	Talc Intrapleural Powder 4 GM	PL-Intrapleural	Yes	Yes
#CALC!	45500070002940	Steritalc 4 GM POWD	Talc Intrapleural Powder 4 GM	PL-Intrapleural	Yes	Yes
J3490 J3590	45000050111820	Survanta 25-0.9 MG/ML-% SUSP	Beractant in NaCl 0.9% Intratracheal Susp 25 MG/ML	TR-Intratracheal	No	Yes
J3490 J3590	45000050111820	Survanta 25-0.9 MG/ML-% SUSP	Beractant in NaCl 0.9% Intratracheal Susp 25 MG/ML	TR-Intratracheal	No	Yes
C9093 J2779	86655060002040	Susvimo (Implant 1st Fill) 10 MG/0.1ML SOLN	Ranibizumab Intravitreal (Implant 1st Fill) Inj 10 MG/0.1ML	IZ-Intravitreal	Yes	Yes
C9093 J2779	86655060002042	Susvimo (Implant Refill) 10 MG/0.1ML SOLN	Ranibizumab Intravitreal (Implant Refill) Inj 10 MG/0.1ML	IZ-Intravitreal	Yes	Yes
C1889	97604040002340	Susvimo Ocular Implant IMPL	*Ocular Implant - Intravitreal Reservoir**	IZ-Intravitreal	Yes	Yes
C1889	97604040002340	Susvimo Ocular Implant IMPL	*Ocular Implant - Intravitreal Reservoir**	IZ-Intravitreal	Yes	Yes
C9151 J2781	86454065002020	Syfovre 15 MG/0.1ML SOLN	Pegcetacoplan Intravitreal Soln 15 MG/0.1ML (150 MG/ML)	IZ-Intravitreal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
S0189	23100030008920	Testopel 75 MG PLLT	Testosterone Implant Pellets 75 MG	IL-Implant	Yes	Yes
S0189	23100030008920	Testopel 75 MG PLLT	Testosterone Implant Pellets 75 MG	IL-Implant	Yes	Yes
J7999	23100030008930	Testosterone 100 MG PLLT	Testosterone Implant Pellets 100 MG	IL-Implant	Yes	Yes
J7999	23100030008930	Testosterone 100 MG PLLT	Testosterone Implant Pellets 100 MG	IL-Implant	Yes	Yes
J7999	23100030008940	Testosterone 200 MG PLLT	Testosterone Implant Pellets 200 MG	IL-Implant	Yes	Yes
J7999	23100030008940	Testosterone 200 MG PLLT	Testosterone Implant Pellets 200 MG	IL-Implant	Yes	Yes
J7999	23100030008910	Testosterone 25 MG PLLT	Testosterone Implant Pellets 25 MG	IL-Implant	Yes	Yes
J7999	23100030008910	Testosterone 25 MG PLLT	Testosterone Implant Pellets 25 MG	IL-Implant	Yes	Yes
J7999	23100030008912	Testosterone 37.5 MG PLLT	Testosterone Implant Pellets 37.5 MG	IL-Implant	Yes	Yes
J7999	23100030008915	Testosterone 50 MG PLLT	Testosterone Implant Pellets 50 MG	IL-Implant	Yes	Yes
J7999	23100030008915	Testosterone 50 MG PLLT	Testosterone Implant Pellets 50 MG	IL-Implant	Yes	Yes
J7999	23100030008925	Testosterone 87.5 MG PLLT	Testosterone Implant Pellets 87.5 MG	IL-Implant	Yes	Yes
90586 J9030 J9031	21700013001930	Tice BCG 50 MG SUSR	BCG Live Intravesical For Susp 50 MG	IS-Intravesical	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
90586 J9030 J9031	21700013001930	Tice BCG 50 MG SUSR	BCG Live Intravesical For Susp 50 MG	IS-Intravesical	Yes	Yes
C9399 J3490	8678001000E520	TissueBlue 0.025 % SOSY	Brilliant Blue G Intraocular Soln Pref Syr 0.025%	IO-Intraocular	Yes	Yes
C9399 J3490	8678001000E520	TissueBlue 0.025 % SOSY	Brilliant Blue G Intraocular Soln Pref Syr 0.025%	IO-Intraocular	Yes	Yes
C9399 J3490	8678003000E534	TotalVisc 1 & 2.5 % SOSY	Sodium Hyaluronate Intraocular Soln Prefilled Syr 1% & 2.5%	IO-Intraocular	Yes	Yes
#CALC!	86309902811820	Triamcinolone-Moxifloxacin 15-1 MG/ML SUSP	Triamcinolone-Moxifloxacin HCl Intraocular Susp 15-1 MG/ML	IO-Intraocular	Yes	Yes
J3300	86300080101820	Triesence 40 MG/ML SUSP	Triamcinolone Acetonide Ophth Inj 40 MG/ML	IO-Intraocular	Yes	Yes
J3300	86300080101820	Triesence 40 MG/ML SUSP	Triamcinolone Acetonide Ophth Inj 40 MG/ML	IO-Intraocular	Yes	Yes
J3300	86300080101820	Triesence 40 MG/ML SUSP	Triamcinolone Acetonide Ophth Inj 40 MG/ML	IO-Intraocular	Yes	Yes
J1443 Q9976	82300064002020	Triferic 27.2 MG/5ML SOLN	Ferric Pyrophosphate Citrate Soln 27.2 MG/5ML (Fe Equiv)	HM-Hemodialysis	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J1443 Q9976	82300064002020	Triferic 27.2 MG/5ML SOLN	Ferric Pyrophosphate Citrate Soln 27.2 MG/5ML (Fe Equiv)	HM-Hemodialysis	Yes	Yes
J1444	82300064003020	Triferic 272 MG PACK	Ferric Pyrophosphate Citrate Pack 272 MG (Fe Equiv)	HM-Hemodialysis	Yes	Yes
J1444	82300064003020	Triferic 272 MG PACK	Ferric Pyrophosphate Citrate Pack 272 MG (Fe Equiv)	HM-Hemodialysis	Yes	Yes
#CALC!	86309902811820	TriMoxi+ 15-1 MG/ML SUSP	Triamcinolone-Moxifloxacin HCl Intraocular Susp 15-1 MG/ML	IO-Intraocular	Yes	Yes
86580	94300070002010	Tubersol 5 UNIT/0.1ML SOLN	Tuberculin PPD Inj 5 Unit/0.1ML	ID-Intradermal	Yes	Yes
86580	94300070002010	Tubersol 5 UNIT/0.1ML SOLN	Tuberculin PPD Inj 5 Unit/0.1ML	ID-Intradermal	Yes	Yes
86580	94300070002010	Tubersol 5 UNIT/0.1ML SOLN	Tuberculin PPD Inj 5 Unit/0.1ML	ID-Intradermal	Yes	Yes
86580	94300070002010	Tubersol 5 UNIT/0.1ML SOLN	Tuberculin PPD Inj 5 Unit/0.1ML	ID-Intradermal	Yes	Yes
A4723 A4721 A4722 A4725 A4726	99700000002029	UltraBag/Dianeal PD-2/1.5% Dex 346 MOSM/L SOLN	*Peritoneal Dialysis Solutions 346 MOSM/L**	IP-Intraperitoneal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
A4723 A4721 A4722 A4725 A4726	99700000002029	UltraBag/Dianeal PD-2/1.5% Dex 346 MOSM/L SOLN	*Peritoneal Dialysis Solutions 346 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4723 A4721 A4722 A4725 A4726	99700000002029	UltraBag/Dianeal PD-2/1.5% Dex 346 MOSM/L SOLN	*Peritoneal Dialysis Solutions 346 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4721 A4722 A4725	99700000002042	UltraBag/Dianeal PD-2/2.5% Dex 396 MOSM/L SOLN	*Peritoneal Dialysis Solutions 396 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4721 A4722 A4725	99700000002042	UltraBag/Dianeal PD-2/2.5% Dex 396 MOSM/L SOLN	*Peritoneal Dialysis Solutions 396 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4721 A4722 A4725	99700000002042	UltraBag/Dianeal PD-2/2.5% Dex 396 MOSM/L SOLN	*Peritoneal Dialysis Solutions 396 MOSM/L **	IP-Intraperitoneal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
A4726 A4723 A4721 A4722 A4725	99700000002073	UltraBag/Dianeal PD-2/4.25%Dex 485 MOSM/L SOLN	*Peritoneal Dialysis Solutions 485 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4721 A4722 A4725	99700000002073	UltraBag/Dianeal PD-2/4.25%Dex 485 MOSM/L SOLN	*Peritoneal Dialysis Solutions 485 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4726 A4723 A4721 A4722 A4725	99700000002073	UltraBag/Dianeal PD-2/4.25%Dex 485 MOSM/L SOLN	*Peritoneal Dialysis Solutions 485 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4726 A4725	99700000002040	UltraBag/Dianeal/2.5% Dextrose 395 MOSM/L SOLN	*Peritoneal Dialysis Solutions 395 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4726 A4725	99700000002040	UltraBag/Dianeal/2.5% Dextrose 395 MOSM/L SOLN	*Peritoneal Dialysis Solutions 395 MOSM/L **	IP-Intraperitoneal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HCPSC Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
A4721 A4722 A4723 A4726 A4725	99700000002040	UltraBag/Dianeal/2.5% Dextrose 395 MOSM/L SOLN	*Peritoneal Dialysis Solutions 395 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4726 A4725	99700000002040	UltraBag/Dianeal/2.5% Dextrose 395 MOSM/L SOLN	*Peritoneal Dialysis Solutions 395 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4725	99700000002070	UltraBag/Dianeal/4.25% Dex 483 MOSM/L SOLN	*Peritoneal Dialysis Solutions 483 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4725	99700000002070	UltraBag/Dianeal/4.25% Dex 483 MOSM/L SOLN	*Peritoneal Dialysis Solutions 483 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4725	99700000002070	UltraBag/Dianeal/4.25% Dex 483 MOSM/L SOLN	*Peritoneal Dialysis Solutions 483 MOSM/L **	IP-Intraperitoneal	Yes	Yes
A4721 A4722 A4723 A4725	99700000002070	UltraBag/Dianeal/4.25% Dex 483 MOSM/L SOLN	*Peritoneal Dialysis Solutions 483 MOSM/L **	IP-Intraperitoneal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Directed to Medical Benefit						
HPCS Code	GPI	Drug Name	Generic Name/Code Description	Route of Administration	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
C9097 J2777	86652522702020	Vabysmo 6 MG/0.05ML SOLN	Faricimab-svoa Intravitreal Inj 6 MG/0.05ML (120 MG/ML)	IZ-Intravitreal	Yes	Yes
J2777	8665252270E520	Vabysmo 6 MG/0.05ML SOSY	Faricimab-svoa Intravitreal Soln Pref Syr 6 MG/0.05ML	IZ-Intravitreal	Yes	Yes
J9357	21200080002020	Valrubicin 40 MG/ML SOLN	Valrubicin Soln For Intravesical Instillation 40 MG/ML	IS-Intravesical	Yes	Yes
J9357	21200080002020	Valrubicin 40 MG/ML SOLN	Valrubicin Soln For Intravesical Instillation 40 MG/ML	IS-Intravesical	Yes	Yes
J9357	21200080002020	Valstar 40 MG/ML SOLN	Valrubicin Soln For Intravesical Instillation 40 MG/ML	IS-Intravesical	Yes	Yes
J3490	8678990270E517	Viscoat 20-15 MG/0.5ML SOSY	Na Chondroit Sulf-Na Hyaluron Pref Syr 20-15 MG/0.5ML	IO-Intraocular	Yes	Yes
J3490	8678990270E524	Viscoat 30-22.5 MG/0.75ML SOSY	Na Chondroit Sulf-Na Hyaluron Pref Syr 30-22.5 MG/0.75ML	IO-Intraocular	Yes	Yes
#CALC!	8678008510E520	VisionBlue 0.06 % SOSY	Trypan Blue Intraocular Soln Pref Syr 0.06%	IO-Intraocular	Yes	Yes
C9089	69100010102320	Xaracoll 3 x 100 MG IMPL	Bupivacaine HCl Implant 3 x 100 MG (300 MG Dose)	IL-Implant	Yes	Yes
C9089	69100010102320	Xaracoll 3 x 100 MG IMPL	Bupivacaine HCl Implant 3 x 100 MG (300 MG Dose)	IL-Implant	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.



**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	Health Insurance Marketplace (HIM) Formulary *Yes = Medication is restricted to the medical benefit *No = Medication is available via pharmacy	Group Value/Group Choice Formulary
J3299	86300080101830	Xipere 40 MG/ML SUSP	Triamcinolone Acetonide Suprachoroidal Inj 40 MG/ML	IO-Intraocular	Yes	Yes
J7314	86300017102304	Yutiq 0.18 MG IMPL	Fluocinolone Acetonide Intravitreal Implant 0.18 MG	IZ-Intravitreal	Yes	Yes
J7314	86300017102304	Yutiq 0.18 MG IMPL	Fluocinolone Acetonide Intravitreal Implant 0.18 MG	IZ-Intravitreal	Yes	Yes
J3490	6910004010D720	Zingo 0.5 MG JTAJ	Lidocaine HCl Powder For Intradermal Jet-injector 0.5 MG	ID-Intradermal	Yes	Yes

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical 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		
HCPSC Code	Brand Name	Generic Name/Code Description
J2940	Somatrem	INJECTION, SOMATREM, 1 MG
Q5145 Q5132	Abrilada	Injection, adalimumab-afzb, biosimilar, 1mg
J0800 J0801	ACTHAR	INJECTION, CORTICOTROPIN, UP TO 40 UNITS
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)
J8600	ALKERAN	MELPHALAN; ORAL, 2 MG
J7294	ANNOVERA	SEGESTERONE ACETATE AND ETHINYL ESTRADIOL 0.15 MG, 0.013 MG PER 24 HOURS; YEARLY VAGINAL SYSTEM, EACH
Q3027 J1826	AVONEX	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE
J3355	BRAVELLE	INJECTION, UROFOLLITROPIN, 75 IU
J8650	CESAMET	NABILONE, ORAL, 1 MG
J0598	CINRYZE	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS
J0802	CORTICOTROPIN	INJECTION, CORTICOTROPIN, UP TO 40 UNITS
J8530	CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE; ORAL, 25 MG
Q5143	CYLTEZO	Injection, adalimumab-adbm, biosimilar, 1mg

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Restricted to Pharmacy Benefit		
HCPCS Code	Brand Name	Generic Name/Code Description
J0751	DESCOVY	Oral, emtricitabine 200mg and tenofovir alafenamide 25mg
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)
J7295	ETONOGESTREL-ETHINYL ESTRADIOL	ETHINYL ESTRADIOL AND ETONOGESTREL 0.015 MG, 0.12 MG PER 24 HOURS; MONTHLY VAGINAL RING, EACH
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)
J3110	FORTEO	INJECTION, TERIPARATIDE, 10 MCG
J1324	FUZEON	INJECTION, ENFUVIRTIDE, 1 MG
J2941	GENOTROPIN MINIQWICK	INJECTION, SOMATROPIN, 1 MG
J1595	GLATOPA	INJECTION, GLATIRAMER ACETATE, 20 MG
J0599	HAEGARDA	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), (HAEGARDA), 10 UNITS
Q5140	HULIO	Injection, adalimumab-fkjp, biosimilar, 1mg
J0139	HUMIRA	Injection, adalimumab, 1mg
J8705	HYCANTIN	TOPOTECAN, ORAL, 0.25 MG
Q5144	IDACIO	Injection, adalimumab-aacf, biosimilar, 1mg
Q5131	IDACIO	INJECTION, ADALIMUMAB-AACF, BIOSIMILAR, 20MG
J2170	INCRELEX	INJECTION, MECASERMIN, 1 MG
J9212	INFERGEN	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM
J8565	IRESSA	GEFITINIB, ORAL, 250 MG

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Restricted to Pharmacy Benefit		
HCPSC Code	Brand Name	Generic Name/Code Description
J8611	JYLVAMO	Oral, methotrexate, 2.5mg
J7509	MEDROL	METHYLPREDNISOLONE ORAL, PER 4 MG
J0630	MIACALCIN	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS
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)
J8510	MYLERAN	BUSULFAN; ORAL, 2 MG
J1202	OPFOLDA	Oral, miglustat capsules
Q9996	PYZCHIVA	Injection, ustekinumab-ttwe, biosimilar, 1mg
Q3028	REBIF	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE
J2212	RELISTOR	INJECTION, METHYLNALTREXONE, 0.1 MG
J9213	ROFERON-A	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS
Q9998	SELARSDI	Injection, ustekinumab-aekn, biosimilar, 1mg
Q5142	SIMLANDI	Injection, adalimumab-ryvk, biosimilar, 1mg
J3357	STELARA	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG
J9262	SYNRIBO	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG
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)
J8700	TEMODAR	TEMOZOLOMIDE, ORAL, 5 MG
J1628	TREMFYA	INJECTION, GUSELKUMAB, 1 MG
J8610	TREXALL; RHEUMATREX; XATMEP	METHOTREXATE; ORAL, 2.5 MG

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

Baylor Scott and White Health Plan Medications Restricted to Medical Benefit

Medications Restricted to Pharmacy Benefit		
HCPCS Code	Brand Name	Generic Name/Code Description
J0750	TRUVADA	Oral, emtricitabine 200mg and tenofovir disoproxil fumarate 300mg
J8560	VEPESID	ETOPOSIDE; ORAL, 50 MG
Q5137	WEZLANA SC	Injection, ustekinumab-auub, biosimilar, 1mg
J8612	XATMEP	Oral, methotrexate, 2.5mg
J8520	XELODA	CAPECITABINE, ORAL, 150 MG
J8521	XELODA	CAPECITABINE, ORAL, 500 MG
J7304	XULANE	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH
Q5141	YUFLYMA	Injection, adalimumab-aaty, biosimilar, 1mg
J1748	ZYMFENTRA	Injection, infliximab-dyyb, 10mg
J8522		Oral, capecitabine, 150mg
S4995		Smoking cessation gum
S4991		Nicotine patches, non-legend
S0197		Prenatal vitamins, 30-day supply
S4993		Contraceptive pills for birth control
S0187		Tamoxifen citrate, oral, 10 mg
S0170		Anastrozole, oral, 1 mg
J7174	Qfitlia	Injection, fitusiran, SC
J7172	Hypavzi	Injection, marstacimab-hncq, 0.5 mg

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.