Excluded Provider-Administered Pharmacy Products

The provider-administered drugs listed below are excluded from coverage under the medical benefit for Commercial and Marketplace members. Providers may reference the **Medical Policy Manual** or the **Provider-Administered Specialty Pharmacy Products list** to view covered products and corresponding prior authorization requirements, if applicable. This list only applies for members with Commercial or Marketplace coverage.

HCPCS Code	Drug Name
J1554	Asceniv
J1757	Avlayah

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