

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™