

Below is the list of Medical Drug J-codes that require pre-service review for Healthy U Medicaid. Please submit the Medical Utilization Management Review form (select Medical Pharmacy from the drop down), attach all necessary clinical documentation and submit to the U of U Health Plans Pharmacy Team by either fax to 801-213-1547 or by email: [uhealthplanspharmacyteam@hsc.utah.edu](mailto:uhealthplanspharmacyteam@hsc.utah.edu)

If you have questions or need assistance please call for: 801-213-4104; Toll Free 833-981-0212

CODE	DESCRIPTION	PA Status	Notes
0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Not Covered	
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Not Covered	
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Not Covered	
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Not Covered	
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	PA Required	
A9589	Instillation, Hexaminolevulinat Hydrochloride, 100 mg	PA Required	
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	PA Required	
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	PA Required	
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	PA Required	
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	PA Required	
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	PA Required	
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	PA Required	
B4185	Parenteral nutrition solution, per 10 grams lipids	PA Required	
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	PA Required	
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	PA Required	
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	PA Required	
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	PA Required	
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day	PA Required	
B4220	Parenteral nutrition supply kit; premix, per day	PA Required	
B4222	Parenteral nutrition supply kit; home mix, per day	PA Required	
B4224	Parenteral nutrition administration kit, per day	PA Required	

B5000	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-aminosyn-rf, nephramine, renamine-premix	PA Required	
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, hepatamine-premix	PA Required	
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-freamine-hbc-premix	PA Required	
B9004	Parenteral nutrition infusion pump, portable	Not Covered	
B9006	Parenteral nutrition infusion pump, stationary	PA Required	
B9999	Noc for parenteral supplies	PA Required	
C8957	Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump	PA Required	
C9031	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	Not covered	
C9035	Injection, Aripiprazole Lauroxil (Aristada Initio), 1 mg	Discontinued	
C9036	Injection, Patisiran, 0.1 mg	Discontinued	
C9037	Injection, Risperidone (Perseris), 0.5 mg	Discontinued	
C9038	Injection, Mogamulizumab-KPKC, 1 mg	Discontinued	
C9039	Injection, Plazomicin, 5 mg	Discontinued	
C9040	Injection, fremanezumab-vfrm, 1 mg	Discontinued	
C9041	Injection, coagulation Factor Xa (recombinant), inactivated (Andexxa), 10 mg	Not covered	
C9042	Injection, bendamustine HCl (Belrapzo), 1 mg	PA Required	
C9043	Injection, levoleucovorin, 1 mg	Discontinued	
C9044	Injection, cemiplimab-rwlc, 1 mg	Discontinued	
C9045	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Discontinued	
C9046	Cocaine hydrochloride nasal solution for topical administration, 1 mg	No PA Required	
C9113	Injection, pantoprazole sodium, per vial	PA required	
C9132	Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity	PA Required	
C9248	Injection, clevidipine butyrate, 1 mg	PA Required	
C9254	Injection, lacosamide, 1 mg	PA Required	
C9257	Injection, bevacizumab, 0.25 mg	No PA Required	
C9275	Injection, hexaminolevulinate hydrochloride, 100 mg, per study dose	Discontinued	
C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	PA Required	
C9290	Injection, bupivacaine liposome, 1 mg	No PA Required	

C9293	Injection, glucarpidase, 10 units	PA Required	
C9399	Unclassified drugs or biologicals	PA Required	Over \$500
C9408	Iodine I-131 Iobenguane, therapeutic, 1 millicurie	Not covered	
C9447	Injection, phenylephrine and ketorolac, 4 ml vial	Discontinued	
C9460	Injection, cangrelor, 1 mg	PA Required	
C9462	Injection, delafloxacin, 1 mg	Not covered	
C9463	Injection, aprepitant, 1 mg	Not Covered	
C9464	Injection, rolapitant, 0.5 mg	Discontinued	
C9465	Hyaluronan or derivative, Durolane, for intra-articular injection, per dose	Discontinued	
C9466	Injection, benralizumab, 1 mg	Discontinued	
C9467	Injection, rituximab and hyaluronidase, 10 mg	Discontinued	
C9468	Injection, factor ix (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 i.u.	Discontinued	
C9469	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Discontinued	
C9482	Injection, sotalol hydrochloride, 1 mg	Not covered	
C9488	Injection, conivaptan hydrochloride, 1 mg	PA Required	
C9492	Injection, durvalumab, 10 mg	Discontinued	
C9493	Injection, edaravone, 1 mg	Discontinued	
C9497	Loxapine, inhalation powder, 10 mg	Discontinued	
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	PA Required	
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	PA Required	
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	PA Required	
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	PA Required	
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	PA Required	
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	No PA Required	
E0791	Parenteral infusion pump, stationary, single or multi-channel	PA Required	
J0120	Injection, tetracycline, up to 250 mg	Not Covered	
J0121	Injection, omadacycline, 1 mg	PA Required	
J0122	Injection, eravacycline, 1 mg	PA Required	
J0129	Injection, abatacept, 10 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)	PA Required	PA Required for IV, SQ goes retail

J0130	Injection abciximab, 10 mg	No PA Required	
J0131	Injection, acetaminophen, 10 mg	No PA Required	
J0132	Injection, acetylcysteine, 100 mg	No PA Required	
J0133	Injection, acyclovir, 5 mg	No PA Required	
J0135	Injection, adalimumab, 20 mg	PA Required	
J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	No PA Required	
J0171	Injection, adrenalin, epinephrine, 0.1 mg	No PA Required	
J0178	Injection, aflibercept, 1 mg	PA Required	
J0179	Inj, brolocuzumab-dbl, 1 mg	PA Required	
J0180	Injection, agalsidase beta, 1 mg	PA Required	
J0185	Injection, aprepitant, 1 mg	No PA Required	
J0190	Injection, biperiden lactate, per 5 mg	Not Covered	
J0200	Injection, alatrofloxacin mesylate, 100 mg	Not Covered	
J0202	Injection, alemtuzumab, 1 mg	PA Required	
J0205	Injection, alglucerase, per 10 units	Not Covered	
J0207	Injection, amifostine, 500 mg	PA Required	
J0210	Injection, methyl dopate hcl, up to 250 mg	No PA Required	
J0215	Injection, alefacept, 0.5 mg	No PA Required	
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	PA Required	
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	PA Required	
J0222	Injection, patisiran, 0.1 mg	PA Required	
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	PA Required	
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	PA Required	
J0270	Injection, alprostadil, 1.25 mcg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	No PA Required	
J0275	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)	Not Covered	
J0278	Injection, amikacin sulfate, 100 mg	No PA Required	
J0280	Injection, aminophyllin, up to 250 mg	No PA Required	
J0282	Injection, amiodarone hydrochloride, 30 mg	No PA Required	
J0285	Injection, amphotericin b, 50 mg	No PA Required	
J0287	Injection, amphotericin b lipid complex, 10 mg	No PA Required	
J0288	Injection, amphotericin b cholesteryl sulfate complex, 10 mg	Not Covered	

J0289	Injection, amphotericin b liposome, 10 mg	No PA Required	
J0290	Injection, ampicillin sodium, 500 mg	No PA Required	
J0291	Injection, plazomicin, 5 mg	PA Required	
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	No PA Required	
J0300	Injection, amobarbital, up to 125 mg	No PA Required	
J0330	Injection, succinylcholine chloride, up to 20 mg	No PA Required	
J0348	Injection, anidulafungin, 1 mg	No PA Required	
J0350	Injection, anistreplase, per 30 units	Not Covered	
J0360	Injection, hydralazine hcl, up to 20 mg	No PA Required	
J0364	Injection, apomorphine hydrochloride, 1 mg	PA Required	
J0365	Injection, aprotonin, 10,000 kiu	No PA Required	
J0380	Injection, metaraminol bitartrate, per 10 mg	Not Covered	
J0390	Injection, chloroquine hydrochloride, up to 250 mg	Not Covered	
J0395	Injection, arbutamine hcl, 1 mg	Not Covered	
J0400	Injection, aripiprazole, intramuscular, 0.25 mg	Carve Out	Bill to Fee for Service Medicaid
J0401	Injection, aripiprazole, extended release, 1 mg	Carve Out	Bill to Fee for Service Medicaid
J0456	Injection, azithromycin, 500 mg	No PA Required	
J0461	Injection, atropine sulfate, 0.01 mg	No PA Required	
J0470	Injection, dimercaprol, per 100 mg	No PA Required	
J0475	Injection, baclofen, 10 mg	No PA Required	
J0476	Injection, baclofen, 50 mcg for intrathecal trial	No PA Required	
J0480	Injection, basiliximab, 20 mg	PA Required	
J0485	Injection, belatacept, 1 mg	Carve Out	Bill to Fee for Service Medicaid
J0490	Injection, belimumab, 10 mg	PA Required	
J0500	Injection, dicyclomine hcl, up to 20 mg	No PA Required	
J0515	Injection, benztropine mesylate, per 1 mg	No PA Required	
J0517	Injection, benralizumab, 1 mg	PA Required	
J0520	Injection, bethanechol chloride, myotonachol or urecholine, up to 5 mg	Not Covered	
J0558	Injection, penicillin g benzathine and penicillin g procaine, 100,000 units	No PA Required	
J0561	Injection, penicillin g benzathine, 100,000 units	No PA Required	
J0565	Injection, bezlotoxumab, 10 mg	PA Required	
J0567	Injection, Cerliponase alfa, 1 mg	PA Required	

J0570	Buprenorphine implant, 74.2 mg	Carve Out	Bill to Fee for Service Medicaid
J0571	Buprenorphine, oral, 1 mg	Carve Out	Bill to Fee for Service Medicaid
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	Carve Out	Bill to Fee for Service Medicaid
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	Carve Out	Bill to Fee for Service Medicaid
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	Carve Out	Bill to Fee for Service Medicaid
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	Carve Out	Bill to Fee for Service Medicaid
J0583	Injection, bivalirudin, 1 mg	No PA Required	
J0584	Injection, Burosumab-twza 1 mg	PA Required	
J0585	Injection, onabotulinumtoxina, 1 unit	No PA Required	Not covered for cosmetic use
J0586	Injection, abobotulinumtoxina, 5 units	No PA Required	Not covered for cosmetic use
J0587	Injection, rimabotulinumtoxina, 100 units	PA Required	
J0588	Injection, incobotulinumtoxin a, 1 unit	PA Required	
J0592	Injection, buprenorphine hydrochloride, 0.1 mg	Carve Out	Bill to Fee for Service Medicaid
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	PA Required	
J0594	Injection, busulfan, 1 mg	No PA Required	
J0595	Injection, butorphanol tartrate, 1 mg	No PA Required	
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	PA Required	
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	PA Required	
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	PA Required	
J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units	PA Required	
J0600	Injection, edetate calcium disodium, up to 1000 mg	No PA Required	
J0604	Cinacalcet, oral, 1 mg, (for esrd on dialysis)	Not Covered	
J0606	Injection, etelcalcetide, 0.1 mg	Not Covered	
J0610	Injection, calcium gluconate, per 10 ml	No PA Required	
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml	Not Covered	
J0630	Injection, calcitonin salmon, up to 400 units	No PA Required	
J0636	Injection, calcitriol, 0.1 mcg	No PA Required	
J0637	Injection, caspofungin acetate, 5 mg	PA Required	
J0638	Injection, canakinumab, 1 mg	PA Required	
J0640	Injection, leucovorin calcium, per 50 mg	No PA Required	
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	PA Required	
J0642	Injection, levoleucovorin (khapsory), 0.5 mg	PA Required	

J0670	Injection, mepivacaine hydrochloride, per 10 ml	No PA Required	
J0690	Injection, cefazolin sodium, 500 mg	No PA Required	
J0692	Injection, cefepime hydrochloride, 500 mg	No PA Required	
J0694	Injection, ceftiofloxacin sodium, 1 gm	No PA Required	
J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg	PA Required	
J0696	Injection, ceftriaxone sodium, per 250 mg	No PA Required	
J0697	Injection, sterile cefuroxime sodium, per 750 mg	No PA Required	
J0698	Injection, cefotaxime sodium, per gm	No PA Required	
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	No PA Required	
J0706	Injection, caffeine citrate, 5 mg	No PA Required	
J0710	Injection, cephalosporin sodium, up to 1 gm	Not Covered	
J0712	Injection, ceftaroline fosamil, 10 mg	PA Required	
J0713	Injection, ceftazidime, per 500 mg	No PA Required	
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	PA Required	
J0715	Injection, ceftizoxime sodium, per 500 mg	Not Covered	
J0716	Injection, centruroides immune f(ab)2, up to 120 milligrams	No PA Required	
J0717	Injection, certolizumab pegol, 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)	PA Required	
J0718	Injection, certolizumab pegol, 1 mg	Discontinued	
J0720	Injection, chloramphenicol sodium succinate, up to 1 gm	No PA Required	
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	Not Covered	
J0735	Injection, clonidine hydrochloride, 1 mg	No PA Required	
J0740	Injection, cidofovir, 375 mg	No PA Required	
J0743	Injection, cilastatin sodium; imipenem, per 250 mg	No PA Required	
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	No PA Required	
J0745	Injection, codeine phosphate, per 30 mg	Not Covered	
J0760	Injection, colchicine, per 1 mg	Discontinued	
J0770	Injection, colistimethate sodium, up to 150 mg	No PA Required	
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	PA Required	
J0780	Injection, prochlorperazine, up to 10 mg	No PA Required	
J0795	Injection, corticotropin ovine triflutate, 1 microgram	No PA Required	
J0800	Injection, corticotropin, up to 40 units	PA Required	
J0833	Injection, cosyntropin, not otherwise specified, 0.25 mg	Discontinued	

J0834	Injection, cosyntropin (cortrosyn), 0.25 mg	No PA Required	
J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram	Not Covered	
J0841	Injection, Crotalidae Immune F(AB') <sub>2</sub> (Equine), 120 mg	Not Covered	
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	PA Required	
J0875	Injection, dalbavancin, 5 mg	PA Required	
J0878	Injection, daptomycin, 1 mg	No PA Required	
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	PA Required	
J0882	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	No PA Required	
J0883	Injection, argatroban, 1 mg (for non-esrd use)	PA Required	
J0884	Injection, argatroban, 1 mg (for esrd on dialysis)	Not Covered	
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	PA Required	
J0886	Injection, epoetin alfa, 1000 units (for esrd on dialysis)	Discontinued	
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	Not Covered	
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	Not Covered	
J0890	Injection, peginesatide, 0.1 mg (for esrd on dialysis)	Not Covered	
J0894	Injection, decitabine, 1 mg	PA Required	
J0895	Injection, deferoxamine mesylate, 500 mg	No PA Required	
J0897	Injection, denosumab, 1 mg	PA Required	
J0900	Injection, testosterone enanthate and estradiol valerate, up to 1 cc	Discontinued	
J0945	Injection, brompheniramine maleate, per 10 mg	Not Covered	
J1000	Injection, depo-estradiol cypionate, up to 5 mg	No PA Required	
J1020	Injection, methylprednisolone acetate, 20 mg	No PA Required	
J1030	Injection, methylprednisolone acetate, 40 mg	No PA Required	
J1040	Injection, methylprednisolone acetate, 80 mg	No PA Required	
J1050	Injection, medroxyprogesterone acetate, 1 mg	No PA Required	
J1060	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml	Discontinued	
J1070	Injection, testosterone cypionate, up to 100 mg	Discontinued	
J1071	Injection, testosterone cypionate, 1 mg	No PA Required	
J1080	Injection, testosterone cypionate, 1 cc, 200 mg	Discontinued	
J1094	Injection, dexamethasone acetate, 1 mg	Not Covered	
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	PA Required	
J1097	phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	PA Required	



J1100	Injection, dexamethasone sodium phosphate, 1 mg	No PA Required	
J1110	Injection, dihydroergotamine mesylate, per 1 mg	No PA Required	
J1120	Injection, acetazolamide sodium, up to 500 mg	No PA Required	
J1130	Injection, diclofenac sodium, 0.5 mg	PA Required	
J1160	Injection, digoxin, up to 0.5 mg	No PA Required	
J1162	Injection, digoxin immune fab (ovine), per vial	No PA Required	
J1165	Injection, phenytoin sodium, per 50 mg	Carve Out	Bill to Fee for Service Medicaid
J1170	Injection, hydromorphone, up to 4 mg	No PA Required	
J1180	Injection, dyphylline, up to 500 mg	Not Covered	
J1190	Injection, dexrazoxane hydrochloride, per 250 mg	No PA Required	
J1200	Injection, diphenhydramine hcl, up to 50 mg	No PA Required	
J1205	Injection, chlorothiazide sodium, per 500 mg	No PA Required	
J1212	Injection, dmsol, dimethyl sulfoxide, 50%, 50 ml	Not Covered	
J1230	Injection, methadone hcl, up to 10 mg	No PA Required	
J1240	Injection, dimenhydrinate, up to 50 mg	No PA Required	
J1245	Injection, dipyridamole, per 10 mg	No PA Required	
J1250	Injection, dobutamine hydrochloride, per 250 mg	No PA Required	
J1260	Injection, dolasetron mesylate, 10 mg	No PA Required	
J1265	Injection, dopamine hcl, 40 mg	No PA Required	
J1267	Injection, doripenem, 10 mg	No PA Required	
J1270	Injection, doxercalciferol, 1 mcg	No PA Required	
J1290	Injection, ecallantide, 1 mg	PA Required	
J1300	Injection, eculizumab, 10 mg	PA Required	
J1301	Injection, Edaravone, 1 mg	PA Required	
J1303	Injection, ravulizumab-cwvz, 10 mg	PA Required	
J1320	Injection, amitriptyline hcl, up to 20 mg	Not Covered	
J1322	Injection, elosulfase alfa, 1mg	PA Required	
J1324	Injection, enfuvirtide, 1 mg	PA Required	
J1325	Injection, epoprostenol, 0.5 mg	No PA Required	
J1327	Injection, eptifibatide, 5 mg	No PA Required	
J1330	Injection, ergonovine maleate, up to 0.2 mg	Not Covered	
J1335	Injection, ertapenem sodium, 500 mg	No PA Required	

J1364	Injection, erythromycin lactobionate, per 500 mg	No PA Required	
J1380	Injection, estradiol valerate, up to 10 mg	No PA Required	
J1410	Injection, estrogen conjugated, per 25 mg	No PA Required	
J1428	Injection, eteplirsen, 10 mg	PA Required	
J1430	Injection, ethanolamine oleate, 100 mg	Not Covered	
J1435	Injection, estrone, per 1 mg	Not Covered	
J1436	Injection, etidronate disodium, per 300 mg	Not Covered	
J1438	Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	PA Required	
J1439	Injection, ferric carboxymaltose, 1 mg	PA Required	
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	PA Required	
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Not Covered	
J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	Not Covered	
J1446	Injection, tbo-filgrastim, 5 micrograms	Discontinued	
J1447	Injection, tbo-filgrastim, 1 microgram	PA Required	
J1450	Injection fluconazole, 200 mg	No PA Required	
J1451	Injection, fomepizole, 15 mg	No PA Required	
J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg	Not Covered	
J1453	Injection, fosaprepitant, 1 mg	No PA Required	
J1454	Injection, Fosnetupitant 235 mg and Palonosetron 0.25 mg	PA Required	
J1455	Injection, foscarnet sodium, per 1000 mg	Not Covered	
J1457	Injection, gallium nitrate, 1 mg	Not Covered	
J1458	Injection, galsulfase, 1 mg	PA Required	
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	PA Required	
J1460	Injection, gamma globulin, intramuscular, 1 cc	PA Required	
J1555	Injection, immune globulin (cuvitru), 100 mg	PA Required	
J1556	Injection, immune globulin (bivigam), 500 mg	PA Required	
J1557	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	PA Required	
J1559	Injection, immune globulin (hizentra), 100 mg	PA Required	
J1560	Injection, gamma globulin, intramuscular, over 10 cc	PA Required	
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	PA Required	
J1562	Injection, immune globulin (vivaglobin), 100 mg	Not Covered	
J1565	RESP SYNC VIR IMM GLOB 50MG IV	Not Covered	

J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	PA Required	
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	PA Required	
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	PA Required	
J1570	Injection, ganciclovir sodium, 500 mg	No PA Required	
J1571	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml	No PA Required	
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	PA Required	
J1573	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml	No PA Required	
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	PA Required	
J1580	Injection, garamycin, gentamicin, up to 80 mg	No PA Required	
J1590	Injection, gatifloxacin, 10 mg	Discontinued	
J1595	Injection, glatiramer acetate, 20 mg	PA Required	
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	PA Required	
J1600	Injection, gold sodium thiomalate, up to 50 mg	No PA Required	
J1602	Injection, golimumab, 1 mg, for intravenous use	PA Required	
J1610	Injection, glucagon hydrochloride, per 1 mg	No PA Required	
J1620	Injection, gonadorelin hydrochloride, per 100 mcg	Not Covered	
J1626	Injection, granisetron hydrochloride, 100 mcg	No PA Required	
J1627	Injection, granisetron, extended-release, 0.1 mg	PA Required	
J1628	Injection, Guselkumab, 1 mg	PA Required	
J1630	Injection, haloperidol, up to 5 mg	Carve Out	Bill to Fee for Service Medicaid
J1631	Injection, haloperidol decanoate, per 50 mg	Carve Out	Bill to Fee for Service Medicaid
J1640	Injection, hemin, 1 mg	PA Required	
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units	Not Covered	
J1644	Injection, heparin sodium, per 1000 units	No PA Required	
J1645	Injection, dalteparin sodium, per 2500 iu	No PA Required	
J1650	Injection, enoxaparin sodium, 10 mg	No PA Required	
J1652	Injection, fondaparinux sodium, 0.5 mg	No PA Required	
J1655	Injection, tinzaparin sodium, 1000 iu	Not Covered	
J1670	Injection, tetanus immune globulin, human, up to 250 units	No PA Required	
J1675	Injection, histrelin acetate, 10 micrograms	PA Required	
J1700	Injection, hydrocortisone acetate, up to 25 mg	Not Covered	

J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg	Not Covered	
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	No PA Required	
J1725	Injection, hydroxyprogesterone caproate, 1 mg	Not Covered	
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	Not Covered	Not Covered under medical, covered under retail pharmacy logic
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Not Covered	Not Covered under medical, covered under retail pharmacy logic
J1730	Injection, diazoxide, up to 300 mg	Not Covered	
J1740	Injection, ibandronate sodium, 1 mg	PA Required	
J1741	Injection, ibuprofen, 100 mg	No PA Required	
J1742	Injection, ibutilide fumarate, 1 mg	No PA Required	
J1743	Injection, idursulfase, 1 mg	PA Required	
J1744	Injection, icatibant, 1 mg	No PA Required	
J1745	Injection, infliximab, excludes biosimilar, 10 mg	PA Required	
J1746	Injection, lbalizumab-uiyk, 10 mg	PA Required	
J1750	Injection, iron dextran, 50 mg	PA Required	
J1756	Injection, iron sucrose, 1 mg	PA Required	
J1786	Injection, imiglucerase, 10 units	PA Required	
J1790	Injection, droperidol, up to 5 mg	No PA Required	
J1800	Injection, propranolol hcl, up to 1 mg	No PA Required	
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule	Not Covered	
J1815	Injection, insulin, per 5 units	No PA Required	
J1817	Insulin for administration through dme (i.e., insulin pump) per 50 units	PA Required	
J1826	Injection, interferon beta-1a, 30 mcg	PA Required	
J1830	Injection, interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	PA Required	
J1833	Injection, isavuconazonium, 1 mg	PA Required	
J1835	Injection, itraconazole, 50 mg	Not Covered	
J1840	Injection, kanamycin sulfate, up to 500 mg	No PA Required	
J1850	Injection, kanamycin sulfate, up to 75 mg	No PA Required	
J1885	Injection, ketorolac tromethamine, per 15 mg	No PA Required	
J1890	Injection, cephalothin sodium, up to 1 gram	Not Covered	
J1930	Injection, lanreotide, 1 mg	PA Required	

J1931	Injection, laronidase, 0.1 mg	PA Required	
J1940	Injection, furosemide, up to 20 mg	No PA Required	
J1942	Injection, aripiprazole lauroxil, 1 mg	Discontinued	
J1943	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	PA Required	
J1944	Injection, aripiprazole lauroxil, (aristada), 1 mg	PA Required	
J1945	Injection, lepirudin, 50 mg	Not Covered	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	PA Required	
J1953	Injection, levetiracetam, 10 mg	Carve Out	Bill to Fee for Service Medicaid
J1955	Injection, levocarnitine, per 1 gm	PA Required	
J1956	Injection, levofloxacin, 250 mg	No PA Required	
J1960	Injection, levorphanol tartrate, up to 2 mg	Not Covered	
J1980	Injection, hyoscyamine sulfate, up to 0.25 mg	No PA Required	
J1990	Injection, chlordiazepoxide hcl, up to 100 mg	Not Covered	
J2001	Injection, lidocaine hcl for intravenous infusion, 10 mg	No PA Required	
J2010	Injection, lincomycin hcl, up to 300 mg	No PA Required	
J2020	Injection, linezolid, 200 mg	PA Required	
J2060	Injection, lorazepam, 2 mg	Carve Out	Bill to Fee for Service Medicaid
J2062	Loxapine, inhalation powder, 10 mg	Not Covered	
J2150	Injection, mannitol, 25% in 50 ml	No PA Required	
J2170	Injection, mecasermin, 1 mg	PA Required	
J2175	Injection, meperidine hydrochloride, per 100 mg	No PA Required	
J2180	Injection, meperidine and promethazine hcl, up to 50 mg	Not Covered	
J2182	Injection, mepolizumab, 1 mg	PA Required	
J2185	Injection, meropenem, 100 mg	No PA Required	
J2210	Injection, methylergonovine maleate, up to 0.2 mg	No PA Required	
J2212	Injection, methylalantrexone, 0.1 mg	PA Required	
J2248	Injection, micafungin sodium, 1 mg	No PA Required	
J2250	Injection, midazolam hydrochloride, per 1 mg	No PA Required	
J2260	Injection, milrinone lactate, 5 mg	No PA Required	
J2265	Injection, minocycline hydrochloride, 1 mg	No PA Required	
J2270	Injection, morphine sulfate, up to 10 mg	No PA Required	
J2271	Injection, morphine sulfate, 100mg	Discontinued	

J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	No PA Required	
J2275	Injection, morphine sulfate (preservative-free sterile solution), per 10 mg	Discontinued	
J2278	Injection, ziconotide, 1 microgram	PA Required	
J2280	Injection, moxifloxacin, 100 mg	No PA Required	
J2300	Injection, nalbuphine hydrochloride, per 10 mg	No PA Required	
J2310	Injection, naloxone hydrochloride, per 1 mg	Carve Out	Bill to Fee for Service Medicaid
J2315	Injection, naltrexone, depot form, 1 mg	No PA Required	
J2320	Injection, nandrolone decanoate, up to 50 mg	Not Covered	
J2323	Injection, natalizumab, 1 mg	PA Required	
J2325	Injection, nesiritide, 0.1 mg	No PA Required	
J2326	Injection, nusinersen, 0.1 mg	PA Required	
J2350	Injection, ocrelizumab, 1 mg	PA Required	
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	PA Required	
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	No PA Required	
J2355	Injection, oprelvekin, 5 mg	No PA Required	
J2357	Injection, omalizumab, 5 mg	PA Required	
J2358	Injection, olanzapine, long-acting, 1 mg	Carve Out	Bill to Fee for Service Medicaid
J2360	Injection, orphenadrine citrate, up to 60 mg	No PA Required	
J2370	Injection, phenylephrine hcl, up to 1 ml	Not Covered	
J2400	Injection, chloroprocaine hydrochloride, per 30 ml	No PA Required	
J2405	Injection, ondansetron hydrochloride, per 1 mg	No PA Required	
J2407	Injection, oritavancin, 10 mg	PA Required	
J2410	Injection, oxymorphone hcl, up to 1 mg	No PA Required	
J2425	Injection, palifermin, 50 micrograms	PA Required	
J2426	Injection, paliperidone palmitate extended release, 1 mg	Carve Out	Bill to Fee for Service Medicaid
J2430	Injection, pamidronate disodium, per 30 mg	No PA Required	
J2440	Injection, papaverine hcl, up to 60 mg	No PA Required	
J2460	Injection, oxytetracycline hcl, up to 50 mg	Not Covered	
J2469	Injection, palonosetron hcl, 25 mcg	No PA Required	
J2501	Injection, paricalcitol, 1 mcg	No PA Required	
J2502	Injection, pasireotide long acting, 1 mg	PA Required	
J2503	Injection, pegaptanib sodium, 0.3 mg	PA Required	

J2504	Injection, pegademase bovine, 25 iu	PA Required	
J2505	Injection, pegfilgrastim, 6 mg	PA Required	
J2507	Injection, pegloticase, 1 mg	PA Required	
J2510	Injection, penicillin g procaine, aqueous, up to 600,000 units	No PA Required	
J2513	Injection, pentastarch, 10% solution, 100 ml	Not Covered	
J2515	Injection, pentobarbital sodium, per 50 mg	No PA Required	
J2540	Injection, penicillin g potassium, up to 600,000 units	No PA Required	
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	No PA Required	
J2545	Pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 300 mg	Not Covered	
J2547	Injection, peramivir, 1 mg	No PA Required	
J2550	Injection, promethazine hcl, up to 50 mg	No PA Required	
J2560	Injection, phenobarbital sodium, up to 120 mg	No PA Required	
J2562	Injection, plerixafor, 1 mg	PA Required	
J2590	Injection, oxytocin, up to 10 units	No PA Required	
J2597	Injection, desmopressin acetate, per 1 mcg	PA Required	
J2650	Injection, prednisolone acetate, up to 1 ml	Not Covered	
J2670	Injection, tolazoline hcl, up to 25 mg	Not Covered	
J2675	Injection, progesterone, per 50 mg	No PA Required	
J2680	Injection, fluphenazine decanoate, up to 25 mg	No PA Required	
J2690	Injection, procainamide hcl, up to 1 gm	No PA Required	
J2700	Injection, oxacillin sodium, up to 250 mg	No PA Required	
J2704	Injection, propofol, 10 mg	No PA Required	
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	No PA Required	
J2720	Injection, protamine sulfate, per 10 mg	No PA Required	
J2724	Injection, protein c concentrate, intravenous, human, 10 iu	PA Required	
J2725	Injection, protirelin, per 250 mcg	Not Covered	
J2730	Injection, pralidoxime chloride, up to 1 gm	No PA Required	
J2760	Injection, phentolamine mesylate, up to 5 mg	No PA Required	
J2765	Injection, metoclopramide hcl, up to 10 mg	No PA Required	
J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)	No PA Required	
J2778	Injection, ranibizumab, 0.1 mg	PA Required	
J2780	Injection, ranitidine hydrochloride, 25 mg	No PA Required	

J2783	Injection, rasburicase, 0.5 mg	PA Required	
J2785	Injection, regadenoson, 0.1 mg	No PA Required	
J2786	Injection, reslizumab, 1 mg	PA Required	
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	Not Covered	
J2788	Injection, rho d immune globulin, human, minidose, 50 micrograms (250 i.u.)	No PA Required	
J2790	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)	No PA Required	
J2791	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	No PA Required	
J2792	Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	No PA Required	
J2793	Injection, riloncept, 1 mg	PA Required	
J2794	Injection, risperidone (risperdal consta), 0.5 mg	No PA Required	
J2795	Injection, ropivacaine hydrochloride, 1 mg	No PA Required	
J2796	Injection, romiplostim, 10 micrograms	Carve Out	Bill to Fee for Service Medicaid
J2797	Injection, rolapitant, 0.5 mg	PA Required	
J2798	Injection, risperidone, (perseris), 0.5 mg	PA Required	
J2800	Injection, methocarbamol, up to 10 ml	No PA Required	
J2805	Injection, sincalide, 5 micrograms	Not Covered	
J2810	Injection, theophylline, per 40 mg	No PA Required	
J2820	Injection, sargramostim (gm-csf), 50 mcg	PA Required	
J2840	Injection, sebelipase alfa, 1 mg	PA Required	
J2850	Injection, secretin, synthetic, human, 1 microgram	No PA Required	
J2860	Injection, siltuximab, 10 mg	PA Required	
J2910	Injection, aurothioglucose, up to 50 mg	Not Covered	
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	PA Required	
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	No PA Required	
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	No PA Required	
J2940	Injection, somatrem, 1 mg	Not Covered	
J2941	Injection, somatropin, 1 mg	PA Required	
J2950	Injection, promazine hcl, up to 25 mg	Not Covered	
J2993	Injection, reteplase, 18.1 mg	Not Covered	
J2995	Injection, streptokinase, per 250,000 iu	Not Covered	



J2997	Injection, alteplase recombinant, 1 mg	No PA Required	
J3000	Injection, streptomycin, up to 1 gm	No PA Required	
J3010	Injection, fentanyl citrate, 0.1 mg	No PA Required	
J3030	Injection, sumatriptan succinate, 6 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)	No PA Required	
J3031	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)	PA Required	
J3060	Injection, taliglucerase alfa, 10 units	PA Required	
J3070	Injection, pentazocine, 30 mg	No PA Required	
J3090	Injection, tedizolid phosphate, 1 mg	PA Required	
J3095	Injection, telavancin, 10 mg	PA Required	
J3101	Injection, tenecteplase, 1 mg	No PA Required	
J3105	Injection, terbutaline sulfate, up to 1 mg	No PA Required	
J3110	Injection, teriparatide, 10 mcg	PA Required	
J3111	Injection, romosozumab-aqqg, 1 mg	PA Required	
J3120	Injection, testosterone enanthate, up to 100 mg	Discontinued	
J3121	Injection, testosterone enanthate, 1 mg	No PA Required	
J3130	Injection, testosterone enanthate, up to 200 mg	Discontinued	
J3140	Injection, testosterone suspension, up to 50 mg	Discontinued	
J3145	Injection, testosterone undecanoate, 1 mg	No PA Required	
J3150	Injection, testosterone propionate, up to 100 mg	Discontinued	
J3230	Injection, chlorpromazine hcl, up to 50 mg	No PA Required	
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	No PA Required	
J3243	Injection, tigecycline, 1 mg	PA Required	
J3245	Injection, Tildrakizumab, 1 mg	PA Required	
J3246	Injection, tirofiban hcl, 0.25 mg	No PA Required	
J3250	Injection, trimethobenzamide hcl, up to 200 mg	No PA Required	
J3260	Injection, tobramycin sulfate, up to 80 mg	No PA Required	
J3262	Injection, tocilizumab, 1 mg	PA Required	
J3265	Injection, tosemide, 10 mg/ml	Not Covered	
J3280	Injection, thiethylperazine maleate, up to 10 mg	Not Covered	
J3285	Injection, trestipinil, 1 mg	PA Required	
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	No PA Required	

J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	No PA Required	
J3302	Injection, triamcinolone diacetate, per 5 mg	Not Covered	
J3303	Injection, triamcinolone hexacetonide, per 5 mg	No PA Required	
J3304	Injection, Triamcinolone Acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	PA Required	
J3305	Injection, trimetrexate glucuronate, per 25 mg	No PA Required	
J3310	Injection, perphenazine, up to 5 mg	Not Covered	
J3315	Injection, triptorelin pamoate, 3.75 mg	PA Required	
J3316	Injection, Triptorelin, extended-release, 3.75 mg	Not Covered	
J3320	Injection, spectinomycin dihydrochloride, up to 2 gm	Not Covered	
J3350	Injection, urea, up to 40 gm	Not Covered	
J3355	Injection, urofollitropin, 75 IU	Not Covered	
J3357	Ustekinumab, for subcutaneous injection, 1 mg	PA Required	
J3358	Ustekinumab, for intravenous injection, 1 mg	PA Required	
J3360	Injection, diazepam, up to 5 mg	Carve Out	Bill to Fee for Service Medicaid
J3364	Injection, urokinase, 5000 iu vial	Not Covered	
J3365	Injection, iv, urokinase, 250,000 i.u. vial	Not Covered	
J3370	Injection, vancomycin hcl, 500 mg	No PA Required	
J3380	Injection, vedolizumab, 1 mg	PA Required	
J3385	Injection, velaglucerase alfa, 100 units	PA Required	
J3396	Injection, verteporfin, 0.1 mg	PA Required	
J3397	Injection, Vestronidase Alfa-VJBK, 1 mg	PA Required	
J3398	Injection, Voretigene Neparvovec-RZYL, 1 billion vector genomes	PA Required	
J3400	Injection, triflupromazine hcl, up to 20 mg	Not Covered	
J3410	Injection, hydroxyzine hcl, up to 25 mg	No PA Required	
J3411	Injection, thiamine hcl, 100 mg	No PA Required	
J3415	Injection, pyridoxine hcl, 100 mg	No PA Required	
J3420	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg	No PA Required	
J3430	Injection, phytonadione (vitamin k), per 1 mg	No PA Required	
J3465	Injection, voriconazole, 10 mg	No PA Required	
J3470	Injection, hyaluronidase, up to 150 units	No PA Required	
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)	No PA Required	
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 usp units	No PA Required	

J3473	Injection, hyaluronidase, recombinant, 1 usp unit	No PA Required	
J3475	Injection, magnesium sulfate, per 500 mg	No PA Required	
J3480	Injection, potassium chloride, per 2 meq	No PA Required	
J3485	Injection, zidovudine, 10 mg	No PA Required	
J3486	Injection, ziprasidone mesylate, 10 mg	No PA Required	
J3489	Injection, zoledronic acid, 1 mg	No PA Required	
J3490	Unclassified drugs	PA Required	Over \$500
J3520	Edetate disodium, per 150 mg	Not Covered	
J3530	Nasal vaccine inhalation	No PA Required	
J3535	Drug administered through a metered dose inhaler	Not Covered	
J3570	Laetrile, amygdalin, vitamin b17	Not Covered	
J3590	Unclassified biologics	PA Required	Over \$500
J3591	Unclassified drug or biological used for patient with ESRD on dialysis	Not Covered	
J7030	Infusion, normal saline solution , 1000 cc	No PA Required	
J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)	No PA Required	
J7042	5% dextrose/normal saline (500 ml = 1 unit)	No PA Required	
J7050	Infusion, normal saline solution, 250 cc	No PA Required	
J7060	5% dextrose/water (500 ml = 1 unit)	No PA Required	
J7070	Infusion, d5w, 1000 cc	No PA Required	
J7100	Infusion, dextran 40, 500 ml	No PA Required	
J7110	Infusion, dextran 75, 500 ml	Not Covered	
J7120	Ringers lactate infusion, up to 1000 cc	No PA Required	
J7121	5% dextrose in lactated ringers infusion, up to 1000 cc	No PA Required	
J7131	Hypertonic saline solution, 1 ml	No PA Required	
J7170	Injection, emicizumab-kxwh, 0.5 mg	PA Required	
J7175	Injection, factor x, (human), 1 i.u.	Carve Out	Bill to Fee for Service Medicaid
J7177	Injection, Human Fibrinogen Concentrate (Fibryga), 1 mg	Carve Out	Bill to Fee for Service Medicaid
J7178	Injection, human fibrinogen concentrate, 1 mg	Carve Out	Bill to Fee for Service Medicaid
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rho	Carve Out	Bill to Fee for Service Medicaid
J7180	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	Carve Out	Bill to Fee for Service Medicaid
J7181	Injection, factor xiii a-subunit, (recombinant), per iu	Carve Out	Bill to Fee for Service Medicaid
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	Carve Out	Bill to Fee for Service Medicaid

J7183	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0	Carve Out	Bill to Fee for Service Medicaid
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	Carve Out	Bill to Fee for Service Medicaid
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	Carve Out	Bill to Fee for Service Medicaid
J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rc0	Carve Out	Bill to Fee for Service Medicaid
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Carve Out	Bill to Fee for Service Medicaid
J7189	Factor viia (antihemophilic factor, recombinant), per 1 microgram	Carve Out	Bill to Fee for Service Medicaid
J7190	Factor viii (antihemophilic factor, human) per i.u.	Carve Out	Bill to Fee for Service Medicaid
J7191	Factor viii (antihemophilic factor (porcine)), per i.u.	Carve Out	Bill to Fee for Service Medicaid
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	Carve Out	Bill to Fee for Service Medicaid
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	Carve Out	Bill to Fee for Service Medicaid
J7194	Factor ix, complex, per i.u.	Carve Out	Bill to Fee for Service Medicaid
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	Carve Out	Bill to Fee for Service Medicaid
J7196	Injection, antithrombin recombinant, 50 i.u.	Carve Out	Bill to Fee for Service Medicaid
J7197	Antithrombin iii (human), per i.u.	Carve Out	Bill to Fee for Service Medicaid
J7198	Anti-inhibitor, per i.u.	Carve Out	Bill to Fee for Service Medicaid
J7199	Hemophilia clotting factor, not otherwise classified	Carve Out	Bill to Fee for Service Medicaid
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Carve Out	Bill to Fee for Service Medicaid
J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	Carve Out	Bill to Fee for Service Medicaid
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Carve Out	Bill to Fee for Service Medicaid
J7203	Injection, factor ix (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 i.u.	Carve Out	Bill to Fee for Service Medicaid
J7205	Injection, factor viii fc fusion protein (recombinant), per iu	Carve Out	Bill to Fee for Service Medicaid
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Carve Out	Bill to Fee for Service Medicaid
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Carve Out	Bill to Fee for Service Medicaid
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Carve Out	Bill to Fee for Service Medicaid
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	Carve Out	Bill to Fee for Service Medicaid
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (koyaltry), 1 i.u.	Carve Out	Bill to Fee for Service Medicaid
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg	No PA Required	
J7297	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg	No PA Required	
J7298	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg	No PA Required	
J7300	Intrauterine copper contraceptive	No PA Required	
J7301	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg	No PA Required	
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	Discontinued	

J7303	Contraceptive supply, hormone containing vaginal ring, each	No PA Required	
J7304	Contraceptive supply, hormone containing patch, each	Not Covered	
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	Not Covered	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	No PA Required	
J7308	Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)	Not Covered	
J7309	Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 gram	Not Covered	
J7310	Ganciclovir, 4.5 mg, long-acting implant	Not Covered	
J7311	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	PA Required	
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	No PA Required	
J7313	Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg	No PA Required	
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	PA Required	
J7315	Mitomycin, ophthalmic, 0.2 mg	No PA Required	
J7316	njection, ocriplasmin, 0.125 mg	PA Required	
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, per dose	Not Covered	
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Not Covered	
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Not Covered	
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Not Covered	
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Not Covered	
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Not Covered	
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Not Covered	
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Not Covered	
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Not Covered	
J7328	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg	Not Covered	
J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg	Not Covered	
J7330	Autologous cultured chondrocytes, implant	Not Covered	
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	Not Covered	
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Not Covered	
J7335	Capsaicin 8% patch, per 10 square centimeters	Discontinued	
J7336	Capsaicin 8% patch, per square centimeter	Not Covered	
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Not Covered	
J7342	Instillation, ciprofloxacin otic suspension, 6 mg	No PA Required	
J7345	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg New	Not Covered	

J7401	Mometasone furoate sinus implant, 10 micrograms	PA Required	
J7500	Azathioprine, oral, 50 mg	Carve Out	Bill to Fee for Service Medicaid
J7501	Azathioprine, parenteral, 100 mg	Carve Out	Bill to Fee for Service Medicaid
J7502	Cyclosporine, oral, 100 mg	Carve Out	Bill to Fee for Service Medicaid
J7503	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	Carve Out	Bill to Fee for Service Medicaid
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	PA Required	
J7505	Muromonab-cd3, parenteral, 5 mg	No PA Required	
J7506	Prednisone, oral, per 5 mg	Not Covered	
J7507	Tacrolimus, immediate release, oral, 1 mg	No PA Required	
J7508	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	No PA Required	
J7509	Methylprednisolone oral, per 4 mg	No PA Required	
J7510	Prednisolone oral, per 5 mg	No PA Required	
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	No PA Required	
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	No PA Required	
J7513	Daclizumab, parenteral, 25 mg	Not Covered	
J7515	Cyclosporine, oral, 25 mg	Carve Out	Bill to Fee for Service Medicaid
J7516	Cyclosporin, parenteral, 250 mg	Carve Out	Bill to Fee for Service Medicaid
J7517	Mycophenolate mofetil, oral, 250 mg	Carve Out	Bill to Fee for Service Medicaid
J7518	Mycophenolic acid, oral, 180 mg	Carve Out	Bill to Fee for Service Medicaid
J7520	Sirolimus, oral, 1 mg	Carve Out	Bill to Fee for Service Medicaid
J7525	Tacrolimus, parenteral, 5 mg	Carve Out	Bill to Fee for Service Medicaid
J7527	Everolimus, oral, 0.25 mg	Carve Out	Bill to Fee for Service Medicaid
J7599	Immunosuppressive drug, not otherwise classified	Carve Out	Bill to Fee for Service Medicaid
J7604	Acetylcysteine, inhalation solution, compounded product, administered through dme, unit dose form, per gram	Not Covered	
J7605	Arformoterol, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 15 micrograms	Not Covered	
J7606	Formoterol fumarate, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 20 micrograms	No PA Required	
J7607	Levalbuterol, inhalation solution, compounded product, administered through dme, concentrated form, 0.5 mg	Not Covered	
J7608	Acetylcysteine, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per gram	No PA Required	
J7609	Albuterol, inhalation solution, compounded product, administered through dme, unit dose, 1 mg	Not Covered	

J7610	Albuterol, inhalation solution, compounded product, administered through dme, concentrated form, 1 mg	Not Covered	
J7611	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 1 mg	Not Covered	
J7612	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 0.5 mg	Not Covered	
J7613	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 1 mg	No PA Required	
J7614	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 0.5 mg	Not Covered	
J7615	Levalbuterol, inhalation solution, compounded product, administered through dme, unit dose, 0.5 mg	Not Covered	
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, non-compounded, administered through dme	No PA Required	
J7622	Beclomethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Not Covered	
J7624	Betamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Not Covered	
J7626	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 0.5 mg	Not Covered	
J7627	Budesonide, inhalation solution, compounded product, administered through dme, unit dose form, up to 0.5 mg	Not Covered	
J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Not Covered	
J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Not Covered	
J7631	Cromolyn sodium, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	Not Covered	
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	Not Covered	
J7633	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 0.25 milligram	Not Covered	
J7634	Budesonide, inhalation solution, compounded product, administered through dme, concentrated form, per 0.25 milligram	Not Covered	
J7635	Atropine, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Not Covered	
J7636	Atropine, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Not Covered	
J7637	Dexamethasone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Not Covered	

J7638	Dexamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Not Covered	
J7639	Dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	PA Required	
J7640	Formoterol, inhalation solution, compounded product, administered through dme, unit dose form, 12 micrograms	Not Covered	
J7641	Flunisolide, inhalation solution, compounded product, administered through dme, unit dose, per milligram	Not Covered	
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Not Covered	
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Not Covered	
J7644	Ipratropium bromide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	No PA Required	
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Not Covered	
J7647	Isoetharine hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Not Covered	
J7648	Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	Not Covered	
J7649	Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Not Covered	
J7650	Isoetharine hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Not Covered	
J7657	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Not Covered	
J7658	Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	No PA Required	
J7659	Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	No PA Required	
J7660	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Not Covered	
J7665	Mannitol, administered through an inhaler, 5 mg	Not Covered	
J7667	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams	Not Covered	
J7668	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 10 milligrams	Not Covered	
J7669	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	No PA Required	



J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	Not Covered	
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	Not Covered	
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through dme, unit dose form, per 300 mg	Not Covered	
J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	PA Required	
J7680	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Not Covered	
J7681	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Not Covered	
J7682	Tobramycin, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams	PA Required	
J7683	Triamcinolone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Not Covered	
J7684	Triamcinolone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Not Covered	
J7685	Tobramycin, inhalation solution, compounded product, administered through dme, unit dose form, per 300 milligrams	Not Covered	
J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	Not Covered	
J7699	Noc drugs, inhalation solution administered through dme	Not Covered	
J7799	Noc drugs, other than inhalation drugs, administered through dme	PA Required	Over \$500
J7999	Compounded drug, not otherwise classified	Not Covered	
J8498	Antiemetic drug, rectal/suppository, not otherwise specified	Not Covered	
J8499	Prescription drug, oral, non chemotherapeutic, nos	Not Covered	Over \$500
J8501	Aprepitant, oral, 5 mg	No PA Required	
J8510	Busulfan; oral, 2 mg	Not Covered	
J8515	Cabergoline, oral, 0.25 mg	Not Covered	
J8520	Capecitabine, oral, 150 mg	No PA Required	
J8521	Capecitabine, oral, 500 mg	No PA Required	
J8530	Cyclophosphamide; oral, 25 mg	No PA Required	
J8540	Dexamethasone, oral, 0.25 mg	No PA Required	
J8560	Etoposide; oral, 50 mg	Not Covered	
J8562	Fludarabine phosphate, oral, 10 mg	Not Covered	
J8565	Gefitinib, oral, 250 mg	Not Covered	

J8597	Antiemetic drug, oral, not otherwise specified	No PA Required	
J8600	Melphalan; oral, 2 mg	No PA Required	
J8610	Methotrexate; oral, 2.5 mg	No PA Required	
J8650	Nabilone, oral, 1 mg	No PA Required	
J8655	Netupitant 300 mg and palonosetron 0.5 mg	PA Required	
J8670	Rolapitant, oral, 1 mg	No PA Required	
J8700	Temozolomide, oral, 5 mg	No PA Required	
J8705	Topotecan, oral, 0.25 mg	Not Covered	
J8999	Prescription drug, oral, chemotherapeutic, nos	PA Required	Over \$500
J9000	Injection, doxorubicin hydrochloride, 10 mg	No PA Required	
J9010	Injection, alemtuzumab, 10 mg	Discontinued	
J9015	Injection, aldesleukin, per single use vial	PA Required	
J9017	Injection, arsenic trioxide, 1 mg	PA Required	
J9019	Injection, asparaginase (erwinaze), 1,000 iu	PA Required	
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	PA Required	
J9022	Injection, atezolizumab, 10 mg	PA Required	
J9023	Injection, avelumab, 10 mg	PA Required	
J9025	Injection, azacitidine, 1 mg	PA Required	
J9027	Injection, clofarabine, 1 mg	PA Required	
J9030	BCG live intravesical instillation, 1 mg	PA Required	
J9031	Bcg (intravesical) per instillation	Discontinued	
J9032	Injection, belinostat, 10 mg	PA Required	
J9033	Injection, bendamustine hcl (treanda), 1 mg	PA Required	
J9034	Injection, bendamustine hcl (bendeka), 1 mg	PA Required	
J9035	Injection, bevacizumab, 10 mg	PA Required	
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	PA Required	
J9039	Injection, blinatumomab, 1 microgram	PA Required	
J9040	Injection, bleomycin sulfate, 15 units	No PA Required	

J9041	Injection, bortezomib, 0.1 mg	PA Required	
J9042	Injection, brentuximab vedotin, 1 mg	PA Required	
J9043	Injection, cabazitaxel, 1 mg	PA Required	
J9044	Injection, Bortezomib, not otherwise specified, 0.1 mg	PA Required	
J9045	Injection, carboplatin, 50 mg	No PA Required	
J9047	Injection, carfilzomib, 1 mg	PA Required	
J9050	Injection, carmustine, 100 mg	PA Required	
J9055	Injection, cetuximab, 10 mg	PA Required	
J9057	Injection, Copanlisib, 1 mg	PA Required	
J9060	Injection, cisplatin, powder or solution, 10 mg	No PA Required	
J9065	Injection, cladribine, per 1 mg	PA Required	
J9070	Cyclophosphamide, 100 mg	No PA Required	
J9098	Injection, cytarabine liposome, 10 mg	PA Required	
J9100	Injection, cytarabine, 100 mg	No PA Required	
J9118	Injection, calaspargase pegol-mknl, 10 units	Not Covered	
J9119	Injection, cemiplimab-rwlc, 1 mg	PA Required	
J9120	Injection, dactinomycin, 0.5 mg	PA Required	
J9130	Dacarbazine, 100 mg	No PA Required	
J9145	Injection, daratumumab, 10 mg	PA Required	
J9150	Injection, daunorubicin, 10 mg	No PA Required	
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	PA Required	
J9153	Injection, Liposomal, 1 mg Daunorubicin and 2.27 mg Cytarabine	PA Required	
J9155	Injection, degarelix, 1 mg	PA Required	
J9160	Injection, denileukin diftitox, 300 micrograms	Not Covered	
J9165	Injection, diethylstilbestrol diphosphate, 250 mg	Not Covered	
J9171	Injection, docetaxel, 1 mg	No PA Required	
J9173	Injection, durvalumab, 10 mg	PA Required	
J9175	Injection, elliotts' b solution, 1 ml	Not Covered	
J9176	Injection, elotuzumab, 1 mg	PA Required	
J9178	Injection, epirubicin hcl, 2 mg	No PA Required	
J9179	Injection, eribulin mesylate, 0.1 mg	PA Required	
J9181	Injection, etoposide, 10 mg	No PA Required	

J9185	Injection, fludarabine phosphate, 50 mg	No PA Required	
J9190	Injection, fluorouracil, 500 mg	No PA Required	
J9199	Injection, infugem, 200 mg	Not Covered	
J9200	Injection, floxuridine, 500 mg	PA Required	
J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	No PA Required	
J9202	Goserelin acetate implant, per 3.6 mg	PA Required	
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	PA Required	
J9204	Injection, mogamulizumab-kpkc, 1 mg	PA Required	
J9205	Injection, irinotecan liposome, 1 mg	PA Required	
J9206	Injection, irinotecan, 20 mg	No PA Required	
J9207	Injection, ixabepilone, 1 mg	PA Required	
J9208	Injection, ifosfamide, 1 gram	PA Required	
J9209	Injection, mesna, 200 mg	No PA Required	
J9210	Injection, emapalumab-lzsg, 1 mg	PA Required	
J9211	Injection, idarubicin hydrochloride, 5 mg	PA Required	
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram	Not Covered	
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Not Covered	
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	PA Required	
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	Not Covered	
J9216	Injection, interferon, gamma 1-b, 3 million units	PA Required	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	PA Required	
J9218	Leuprolide acetate, per 1 mg	PA Required	
J9219	Leuprolide acetate implant, 65 mg	Not Covered	
J9225	Histrelin implant (vantas), 50 mg	PA Required	
J9226	Histrelin implant (supprelin la), 50 mg	PA Required	
J9228	Injection, ipilimumab, 1 mg	PA Required	
J9229	Injection, Inotuzumab Ozogamicin, 0.1 mg	PA Required	
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	PA Required	
J9245	Injection, melphalan hydrochloride, 50 mg	PA Required	
J9250	Methotrexate sodium, 5 mg	No PA Required	
J9260	Methotrexate sodium, 50 mg	No PA Required	
J9261	Injection, nelarabine, 50 mg	PA Required	

J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	PA Required	
J9263	Injection, oxaliplatin, 0.5 mg	No PA Required	
J9264	Injection, paclitaxel protein-bound particles, 1 mg	PA Required	
J9265	Injection, paclitaxel, 30 mg	Discontinued	
J9266	Injection, pegaspargase, per single dose vial	PA Required	
J9267	Injection, paclitaxel, 1 mg	No PA Required	
J9268	Injection, pentostatin, 10 mg	PA Required	
J9269	Injection, tagraxofusp-erzs, 10 micrograms	PA Required	
J9270	Injection, plicamycin, 2.5 mg	Not Covered	
J9271	Injection, pembrolizumab, 1 mg	PA Required	
J9280	Injection, mitomycin, 5 mg	No PA Required	
J9285	Injection, olaratumab, 10 mg	PA Required	
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	PA Required	
J9295	Injection, necitumumab, 1 mg	PA Required	
J9299	Injection, nivolumab, 1 mg	PA Required	
J9300	Injection, gemtuzumab ozogamicin, 5 mg	Not Covered	
J9301	Injection, obinutuzumab, 10 mg	PA Required	
J9302	Injection, ofatumumab, 10 mg	PA Required	
J9303	Injection, panitumumab, 10 mg	PA Required	
J9305	Injection, pemetrexed, 10 mg	PA Required	
J9306	Injection, pertuzumab, 1 mg	PA Required	
J9307	Injection, pralatrexate, 1 mg	PA Required	
J9308	Injection, ramucirumab, 5 mg	PA Required	
J9309	Inj, polatuzumab vedotin 1mg	PA Required	
J9310	Injection, rituximab, 100 mg	Discontinued	
J9311	Injection, rituximab and hyaluronidase, 10 mg	PA Required	
J9312	Injection, Rituximab, 10 mg	PA Required	
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	PA Required	
J9315	Injection, romidepsin, 1 mg	PA Required	
J9320	Injection, streptozocin, 1 gram	PA Required	
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	PA Required	
J9328	Injection, temozolomide, 1 mg	PA Required	

J9330	Injection, temsirolimus, 1 mg	PA Required	
J9340	Injection, thiotepa, 15 mg	PA Required	
J9351	Injection, topotecan, 0.1 mg	PA Required	
J9352	Injection, trabectedin, 0.1 mg	PA Required	
J9354	Injection, ado-trastuzumab emtansine, 1 mg	PA Required	
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	PA Required	
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	PA Required	
J9357	Injection, valrubicin, intravesical, 200 mg	PA Required	
J9360	Injection, vinblastine sulfate, 1 mg	No PA Required	
J9370	Vincristine sulfate, 1 mg	No PA Required	
J9371	Injection, vincristine sulfate liposome, 1 mg	PA Required	
J9390	Injection, vinorelbine tartrate, 10 mg	No PA Required	
J9395	Injection, fulvestrant, 25 mg	No PA Required	
J9400	Injection, ziv-aflibercept, 1 mg	PA Required	
J9600	Injection, porfimer sodium, 75 mg	PA Required	
J9999	Not otherwise classified, antineoplastic drugs	PA Required	Over \$500
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	PA Required	
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	PA Required	
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gram	Not Covered	
Q0161	Chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Not Covered	
Q0162	Ondansetron 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Not Covered	
Q0163	Diphenhydramine hydrochloride, 50 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	No PA Required	
Q0164	Prochlorperazine maleate, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No PA Required	
Q0166	Granisetron hydrochloride, 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	Not Covered	

Q0167	Dronabinol, 2.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Not Covered	
Q0169	Promethazine hydrochloride, 12.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Not Covered	
Q0173	Trimethobenzamide hydrochloride, 250 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	No PA Required	
Q0174	Thiethylperazine maleate, 10 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Not Covered	
Q0175	Perphenazine, 4 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Not Covered	
Q0177	Hydroxyzine pamoate, 25 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Not Covered	
Q0180	Dolasetron mesylate, 100 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	Not Covered	
Q0181	Unspecified oral dosage form, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for a iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Not Covered	
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	Not Covered	
Q0511	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period	Not Covered	
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	Not Covered	
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	Not Covered	
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days	Not Covered	
Q0515	Injection, sermorelin acetate, 1 microgram	PA Required	
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent	No PA Required	
Q2017	Injection, teniposide, 50 mg	PA Required	
Q2028	Injection, sculptra, 0.5 mg	Not Covered	
Q2034	Influenza virus vaccine, split virus, for intramuscular use (agriflu)	Not Covered	
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (afluria)	No PA Required	

Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (flulaval)	No PA Required	
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluvirin)	No PA Required	
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluzone)	No PA Required	
Q2039	Influenza virus vaccine, not otherwise specified	No PA Required	
Q2040	Tisagenlecleucel, up to 250 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	PA Required	
Q2041	Axicabtagene Ciloleucel, up to 200 Million Autologous Anti-CD19 CAR T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Infusion	PA Required	
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Not Covered	
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	PA Required	
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	PA Required	
Q2052	Services, supplies and accessories used in the home under the medicare intravenous immune globulin (ivig) demonstration	Not Covered	
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	PA Required	
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	PA Required	
Q4074	Iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms	No PA Required	
Q4081	Injection, epoetin alfa, 100 units (for esrd on dialysis)	PA Required	
Q4082	Drug or biological, not otherwise classified, part b drug competitive acquisition program (cap)	Not Covered	
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Not Covered	
Q5102	Injection, infliximab, biosimilar, 10 mg	Not Covered	
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	PA Required	
<a href="#">Q5104</a>	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	PA Required	
<a href="#">Q5105</a>	Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units	Not Covered	
Q5106	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	No PA Required	
Q5107	Injection, Bevacizumab-AWWB, biosimilar, (MVASI), 10 mg	PA Required	
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	PA Required	
Q5109	Injection, Infliximab-QBTX, biosimilar, (IXIFI), 10 mg	Not Covered	
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (udenycya), 0.5 mg	PA Required	
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Not Covered	
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Not Covered	



Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Not Covered	
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Not Covered	
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Not Covered	
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	PA Required	
Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	Not Covered	
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	Not Covered	
Q9970	Injection, ferric carboxymaltose, 1mg	PA Required	
Q9972	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	PA Required	
Q9973	Injection, epoetin beta, 1 microgram, (non-esrd use)	PA Required	
Q9974	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	No PA Required	
Q9975	Injection, factor viii fc fusion protein (recombinant), per iu	PA Required	
Q9976	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	PA Required	
Q9977	Compounded drug, not otherwise classified	PA Required	
Q9978	Netupitant 300 mg and palonosetron 0.5 mg	PA Required	
Q9979	Injection, alemtuzumab, 1 mg	PA Required	
Q9980	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	PA Required	
Q9981	Rolapitant, oral, 1 mg	No PA Required	
Q9991	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	Carve Out	Bill to Fee for Service Medicaid
Q9992	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	Carve Out	Bill to Fee for Service Medicaid
Q9993	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Not Covered	
Q9995	Injection, emicizumab-kxwh, 0.5 mg	Not Covered	
S0012	Butorphanol tartrate, nasal spray, 25 mg	Not Covered	
S0014	Tacrine hydrochloride, 10 mg	Not Covered	
S0017	Injection, aminocaproic acid, 5 grams	No PA Required	
S0020	Injection, bupivacaine hydrochloride, 30 ml	No PA Required	
S0021	Injection, cefoperazone sodium, 1 gram	PA Required	
S0023	Injection, cimetidine hydrochloride, 300 mg	PA Required	
S0028	Injection, famotidine, 20 mg	No PA Required	
S0030	Injection, metronidazole, 500 mg	No PA Required	
S0032	Injection, nafcillin sodium, 2 grams	No PA Required	
S0034	Injection, ofloxacin, 400 mg	No PA Required	
S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml	No PA Required	

S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 grams	PA Required	
S0073	Injection, aztreonam, 500 mg	No PA Required	
S0074	Injection, cefotetan disodium, 500 mg	No PA Required	
S0077	Injection, clindamycin phosphate, 300 mg	No PA Required	
S0078	Injection, fosphenytoin sodium, 750 mg	Carve Out	
S0080	Injection, pentamidine isethionate, 300 mg	No PA Required	
S0081	Injection, piperacillin sodium, 500 mg	No PA Required	
S0088	Imatinib, 100 mg	Not Covered	
S0090	Sildenafil citrate, 25 mg	Not Covered	
S0091	Granisetron hydrochloride, 1 mg (for circumstances falling under the medicare statute, use q0166)	Not Covered	
S0092	Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump)	Not Covered	
S0093	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)	Not Covered	
S0104	Zidovudine, oral, 100 mg	Not Covered	
S0106	Bupropion hcl sustained release tablet, 150 mg, per bottle of 60 tablets	Not Covered	
S0108	Mercaptopurine, oral, 50 mg	Not Covered	
S0109	Methadone, oral, 5 mg	Not Covered	
S0117	Tretinoin, topical, 5 grams	Not Covered	
S0119	Ondansetron, oral, 4 mg (for circumstances falling under the medicare statute, use hcpcs q code)	Not Covered	
S0122	Injection, menotropins, 75 iu	Not Covered	
S0126	Injection, follitropin alfa, 75 iu	Not Covered	
S0128	Injection, follitropin beta, 75 iu	Not Covered	
S0132	Injection, ganirelix acetate, 250 mcg	Not Covered	
S0136	Clozapine, 25 mg	Not Covered	
S0137	Didanosine (ddi), 25 mg	Not Covered	
S0138	Finasteride, 5 mg	Not Covered	
S0139	Minoxidil, 10 mg	Not Covered	
S0140	Saquinavir, 200 mg	Not Covered	
S0142	Colistimethate sodium, inhalation solution administered through dme, concentrated form, per mg	Not Covered	
S0144	Injection, propofol, 10 mg	No PA Required	
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml	PA Required	
S0148	Injection, pegylated interferon alfa-2b, 10 mcg	PA Required	
S0155	Sterile dilutant for epoprostenol, 50 ml	Not Covered	

S0156	Exemestane, 25 mg	Not Covered	
S0157	Becaplermin gel 0.01%, 0.5 gm	PA Required	
S0160	Dextroamphetamine sulfate, 5 mg	Not Covered	
S0164	Injection, pantoprazole sodium, 40 mg	No PA Required	
S0166	Injection, olanzapine, 2.5 mg	Carve Out	
S0169	Calcitrol, 0.25 microgram	Not Covered	
S0170	Anastrozole, oral, 1 mg	Not Covered	
S0171	Injection, bumetanide, 0.5 mg	Not Covered	
S0172	Chlorambucil, oral, 2 mg	Not Covered	
S0174	Dolasetron mesylate, oral 50 mg (for circumstances falling under the medicare statute, use q0180)	Not Covered	
S0175	Flutamide, oral, 125 mg	Not Covered	
S0176	Hydroxyurea, oral, 500 mg	Not Covered	
S0177	Levamisole hydrochloride, oral, 50 mg	Not Covered	
S0178	Lomustine, oral, 10 mg	Not Covered	
S0179	Megestrol acetate, oral, 20 mg	Not Covered	
S0182	Procarbazine hydrochloride, oral, 50 mg	Not Covered	
S0183	Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the medicare statute, use q0164)	Not Covered	
S0187	Tamoxifen citrate, oral, 10 mg	Not Covered	
S0189	Testosterone pellet, 75mg	Not Covered	
S0190	Mifepristone, oral, 200 mg	PA Required	
S0191	Misoprostol, oral, 200 mcg	PA Required	
S0194	Dialysis/stress vitamin supplement, oral, 100 capsules	Not Covered	
S0195	Pneumococcal conjugate vaccine, polyvalent, intramuscular, for children from five years to nine years of age who have not previously received the vaccine	No PA Required	
S0197	Prenatal vitamins, 30-day supply	Not Covered	
S0415	Injection, pegylated interferon alfa-2a, 180 mcg per ml	PA Required	
S0888	Imatinib, 100 mg	Not Covered	
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code)	Not Covered	
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use cpt code)	Not Covered	
S4989	Contraceptive intrauterine device (e.g., progestacert iud), including implants and supplies	Not Covered	
S4990	Nicotine patches, legend	Not Covered	

S4991	Nicotine patches, non-legend	Not Covered	
S4993	Contraceptive pills for birth control	Not Covered	
S4995	Smoking cessation gum	Not Covered	
S5000	Prescription drug, generic	Not Covered	
S5001	Prescription drug, brand name	Not Covered	
S5010	5% dextrose and 0.45% normal saline, 1000 ml	No PA Required	
S5011	5% dextrose in lactated ringer's, 1000 ml	Not Covered	
S5012	5% dextrose with potassium chloride, 1000 ml	Not Covered	
S5013	5% dextrose with potassium chloride, 1000 ml	Not Covered	
S5014	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	Not Covered	
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	Not Covered	
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	Not Covered	
S5497	Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S5498	Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	Not Covered	
S5501	Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S5502	Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	Not Covered	
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or clotting	Not Covered	
S5518	Home infusion therapy, all supplies necessary for catheter repair	Not Covered	
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion	PA Required	
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	PA Required	
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing services only (no supplies or catheter included)	Not Covered	
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	Not Covered	
S5550	Insulin, rapid onset, 5 units	Not Covered	
S5551	Insulin, most rapid onset (lispro or aspart); 5 units	Not Covered	

S5552	Insulin, intermediate acting (nph or lente); 5 units	Not Covered	
S5553	Insulin, long acting; 5 units	Not Covered	
S5560	Insulin, long acting; 5 units	Not Covered	
S5561	Insulin delivery device, reusable pen; 3 ml size	Not Covered	
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	Not Covered	
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units	Not Covered	
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size	Not Covered	
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size	Not Covered	
S8490	Insulin syringes (100 syringes, any size)	PA Required	
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with s9326, s9327 or s9328)	Not Covered	
S9326	Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9327	Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with s9330 or s9331)	Not Covered	
S9330	Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9331	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	

S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	Not Covered	
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9363	Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9364	Home infusion therapy, total parenteral nutrition (tpn); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing	Not Covered	

	visits coded separately), per diem (do not use with home infusion codes s9365-s9368 using daily volume scales)		
S9365	Home infusion therapy, total parenteral nutrition (tpn); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Not Covered	
S9366	Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Not Covered	
S9367	Home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Not Covered	
S9368	Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Not Covered	
S9370	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)	Not Covered	
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes s9374-s9377 using daily volume scales)	Not Covered	
S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	

S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	Not Covered	
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	Not Covered	
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules s9497-s9504)	Not Covered	
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9529	Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient	Not Covered	
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, g-csf, gm-csf); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	Not Covered	



S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9560	Home injectable therapy; hormonal therapy (e.g.; leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Not Covered	
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	Not Covered	