

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

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	Not Covered	
	development of genetically modified autologous CAR-T cells, per day		
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for	Not Covered	
	transportation (eg, cryopreservation, storage)		
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, Hexaminolevulinate 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	PA Required	
	mix		
B4185	Parenteral nutrition solution, per 10 grams lipids	PA Required	
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace	PA Required	
	elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix		
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace	PA Required	
	elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix		
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace	PA Required	
	elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix		
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace	PA Required	
	elements and vitamins, including preparation, any strength, over 100 grams of protein - premix		
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	



Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-aminosyn-rf, nephramine, renamine-premix BS100 Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, hepatamine-premix Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, bepatic, hepatamine-premix 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 Parenteral nutrition infusion pump, portable Parenteral nutrition infusion Parequired Parequired Parequired Parequired Parequired Parequired Parequ			T T	
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elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-freamine-bbc-premix B9004 Parenteral nutrition infusion pump, portable B9095 Porenteral nutrition infusion pump, stationary B9999 Noc for parenteral supplies B9999 Noc for parenteral supplies B9999 Noc for parenteral supplies B9990 Noc for parenteral supplies PA Required PA Required PA Required PA Required PA Required B9990 Not covered B9990 Not covered B9990 Noc for parenteral supplies B9900 No		•		
greamine-hbc-premixNot Covered89004Parenteral nutrition infusion pump, portablePA Required89996Parenteral nutrition infusion pump, stationaryPA Required89999Noc for parenteral suppliesPA Required69971Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pumpPA Required60011Lutetium lu 177, dotatate, therapeutic, 1 millicurieNot covered60021Injection, Aripiprazole Lauroxil (Aristada Initio), 1 mgDiscontinued60032Injection, Risperidone (Perseris), 0.5 mgDiscontinued60033Injection, Risperidone (Perseris), 0.5 mgDiscontinued60034Injection, Plazomicin, 5 mgDiscontinued60035Injection, Plazomicin, 5 mgDiscontinued60040Injection, Feramezumab-vfrm, 1 mgDiscontinued60041Injection, coagulation Factor Xa (recombinant), inactivated (Andexxa), 10 mgNot covered60042Injection, bendamustine HCI (Belrapzo), 1 mgDiscontinued60043Injection, bendamustine HCI (Belrapzo), 1 mgDiscontinued60044Injection, cemiplimab-rwlc, 1 mgDiscontinued60045Injection, mosetumomab pasudotox-tdfk, 0.01 mgDiscontinued60046Injection, pantoprazole sodium, per vialPA Required6013Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activityPA Required60245Injection, bevacizumab, 0.25 mgPA Required60256Injection, bevacizumab, 0.25 mg<	B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace	PA Required	
Parenteral nutrition infusion pump, portable Parenteral nutrition infusion pump, stationary Pa Required				
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, Patsiran, 0.1 mg Discontinued C9037 Injection, Risperidone (Perseris), 0.5 mg Discontinued C9038 Injection, Mogamulizumab-KPKC, 1 mg Discontinued C9040 Injection, Plazomicin, 5 mg Discontinued C9041 Injection, Pator Xa (recombinant), inactivated (Andexxa), 10 mg Not covered C9042 Injection, bendamustine HCI (Belrapzo), 1 mg PA Required C9043 Injection, levoleucovorin, 1 mg Discontinued C9044 Injection, noxetumomab pasudotox-tdfk, 0.01 mg Discontinued C9045 Injection, moxetumomab pasudotox-tdfk, 0.01 mg Discontinued C9046 Cocaine hydrochloride nasal solution for topical administratio		•		
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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 C9131 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 C9255 Injection, bevacizumab, 0.25 mg No PA Required C9256 Injection, hexaminolevulinate hydrochloride, 100 mg, per study dose Discontinued C9285 Lidocaine 70 mg/tetracaine 70 mg, per patch P	C9036	Injection, Patisiran, 0.1 mg	Discontinued	
C9039Injection, Plazomicin, 5 mgDiscontinuedC9040Injection, fremanezumab-vfrm, 1 mgDiscontinuedC9041Injection, coagulation Factor Xa (recombinant), inactivated (Andexxa), 10 mgNot coveredC9042Injection, bendamustine HCl (Belrapzo), 1 mgPA RequiredC9043Injection, levoleucovorin, 1 mgDiscontinuedC9044Injection, cemiplimab-rwlc, 1 mgDiscontinuedC9045Injection, moxetumomab pasudotox-tdfk, 0.01 mgDiscontinuedC9046Cocaine hydrochloride nasal solution for topical administration, 1 mgNo PA RequiredC9113Injection, pantoprazole sodium, per vialPA requiredC9124Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activityPA RequiredC9248Injection, clevidipine butyrate, 1 mgPA RequiredC9254Injection, lacosamide, 1 mgPA RequiredC9255Injection, bevacizumab, 0.25 mgNo PA RequiredC9275Injection, hexaminolevulinate hydrochloride, 100 mg, per study doseDiscontinuedC9285Lidocaine 70 mg/tetracaine 70 mg, per patchPA Required	C9037	Injection, Risperidone (Perseris), 0.5 mg	Discontinued	
Discontinued Disc	C9038	Injection, Mogamulizumab-KPKC, 1 mg	Discontinued	
Injection, coagulation Factor Xa (recombinant), inactivated (Andexxa), 10 mg Not covered	C9039	Injection, Plazomicin, 5 mg	Discontinued	
C9042Injection, bendamustine HCl (Belrapzo), 1 mgPA RequiredC9043Injection, levoleucovorin, 1 mgDiscontinuedC9044Injection, cemiplimab-rwlc, 1 mgDiscontinuedC9045Injection, moxetumomab pasudotox-tdfk, 0.01 mgDiscontinuedC9046Cocaine hydrochloride nasal solution for topical administration, 1 mgNo PA RequiredC9113Injection, pantoprazole sodium, per vialPA requiredC9132Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activityPA RequiredC9248Injection, clevidipine butyrate, 1 mgPA RequiredC9254Injection, lacosamide, 1 mgPA RequiredC9257Injection, bevacizumab, 0.25 mgNo PA RequiredC9275Injection, hexaminolevulinate hydrochloride, 100 mg, per study doseDiscontinuedC9285Lidocaine 70 mg/tetracaine 70 mg, per patchPA Required	C9040	Injection, fremanezumab-vfrm, 1 mg	Discontinued	
Injection, levoleucovorin, 1 mg Discontinued	C9041	Injection, coagulation Factor Xa (recombinant), inactivated (Andexxa), 10 mg	Not covered	
Injection, cemiplimab-rwlc, 1 mg Discontinued	C9042	Injection, bendamustine HCl (Belrapzo), 1 mg	PA Required	
C9045 Injection, moxetumomab pasudotox-tdfk, 0.01 mg C9046 Cocaine hydrochloride nasal solution for topical administration, 1 mg No PA Required C9113 Injection, pantoprazole sodium, per vial PA required C912 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 C9285 Lidocaine 70 mg/tetracaine 70 mg, per patch PA Required PA Required PA Required	C9043	Injection, levoleucovorin, 1 mg	Discontinued	
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C9113 Injection, pantoprazole sodium, per vial C9132 Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity C9248 Injection, clevidipine butyrate, 1 mg C9254 Injection, lacosamide, 1 mg C9255 Injection, bevacizumab, 0.25 mg C9256 Injection, hexaminolevulinate hydrochloride, 100 mg, per study dose C9257 Lidocaine 70 mg/tetracaine 70 mg, per patch PA required PA Required PA Required No PA Required PA Required PA Required	C9045	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Discontinued	
C9132 Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity C9248 Injection, clevidipine butyrate, 1 mg C9254 Injection, lacosamide, 1 mg C9257 Injection, bevacizumab, 0.25 mg C9258 Injection, hexaminolevulinate hydrochloride, 100 mg, per study dose C9259 Lidocaine 70 mg/tetracaine 70 mg, per patch C9260 PA Required C9270 PA Required C9271 PA Required C9271 PA Required C9272 PA Required C9273 PA Required C9275 PA Required C9275 PA Required	C9046	Cocaine hydrochloride nasal solution for topical administration, 1 mg	No PA Required	
C9248 Injection, clevidipine butyrate, 1 mg C9254 Injection, lacosamide, 1 mg C9257 Injection, bevacizumab, 0.25 mg C9275 Injection, hexaminolevulinate hydrochloride, 100 mg, per study dose C9285 Lidocaine 70 mg/tetracaine 70 mg, per patch PA Required Discontinued PA Required	C9113	Injection, pantoprazole sodium, per vial	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	C9132	Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity	PA Required	
C9257 Injection, bevacizumab, 0.25 mg C9275 Injection, hexaminolevulinate hydrochloride, 100 mg, per study dose C9285 Lidocaine 70 mg/tetracaine 70 mg, per patch No PA Required Discontinued PA Required	C9248	Injection, clevidipine butyrate, 1 mg	PA Required	
C9275 Injection, hexaminolevulinate hydrochloride, 100 mg, per study dose C9285 Lidocaine 70 mg/tetracaine 70 mg, per patch PA Required	C9254	Injection, lacosamide, 1 mg	PA Required	
C9285 Lidocaine 70 mg/tetracaine 70 mg, per patch PA Required	C9257	Injection, bevacizumab, 0.25 mg	No PA Required	
	C9275	Injection, hexaminolevulinate hydrochloride, 100 mg, per study dose	Discontinued	
C9290 Injection, bupivacaine liposome, 1 mg No PA Required	C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	PA Required	
	C9290	Injection, bupivacaine liposome, 1 mg	No PA Required	



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C9293	Injection, glucarpidase, 10 units	PA Required	
C9399	Unclassified drugs or biologicals	PA Required	Over \$500
C9408	lodine I-131 lobenguane, 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, brolucizumab-dbll, 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, methyldopate 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



10200			
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, rimabotulinumtoxinb, 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 (khapzory), 0.5 mg	PA Required	



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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, cefoxitin 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, cephapirin 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, corticorelin 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
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J0834	Injection, cosyntropin (cortrosyn), 0.25 mg	No PA Required	
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J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram	Not Covered	
J0841	Injection, Crotalidae Immune F(AB')2 (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	



injection, dexamethasone sodium phosphate, 1 mg No PA Required Injection, acetazolamide sodium, up to 500 mg No PA Required Injection, acetazolamide sodium, up to 500 mg No PA Required Injection, diclorenae sodium, 0.5 mg No PA Required Injection, digoxini mumer fab (ovine), per vial No PA Required Injection, digoxini mumer fab (ovine), per vial No PA Required Injection, phyromorphone, up to 4 mg No PA Required Injection, phyromorphone, up to 4 mg No PA Required Injection, dipoxinimumer fab (ovine), per vial No PA Required Injection, dyphylline, up to 500 mg Not Covered Injection, department, up to 500 mg No PA Required Injection, diphenhydramine hcl, up to 500 mg No PA Required Injection, diphenhydramine hcl, up to 500 mg No PA Required Injection, diphenhydramine hcl, up to 500 mg No PA Required Injection, diphenhydramine hcl, up to 500 mg No PA Required Injection, diphenhydramine hcl, up to 500 mg No PA Required Injection, diphenhydramine hcl, up to 500 mg No PA Required Injection, diphenhydramine hcl, up to 500 mg No PA Required Injection, diphenhydramine hcl, up to 500 mg No PA Required Injection, diphenhydramine hcl, up to 500 mg No PA Required Injection, diphenhydramine hcl, up to 500 mg No PA Required Injection, diphenhydramine hcl, up to 500 mg No PA Required Injection, diphenhydramine hcl, up to 500 mg No PA Required Injection, diphenhydramine hcl, up to 500 mg No PA Required Injection, diphenhydramine hcl, up to 500 mg No PA Required Injection, doparine hdl, 40 mg No PA Required Injection, doparine hcl, 40 mg No PA Required Injection, doparine hcl, 40 mg No PA Required Injection, doparine hcl, 40 mg No PA Required Injection, evallamide, 1 mg PA Required Injection, evallamide, 1 mg PA Required Injection, evallamide, 1 mg PA Required Injection, enfuritide, 1 mg PA Required Injection, enfuritide, 1 mg No P	F		T	1
Injection, acetazolamide sodium, up to 500 mg Injection, diclofenac sodium, 0.5 mg Injection, digoxin, up to 0.5 mg Injection, penytoin sodium, per 50 mg Injection, phenytoin sodium, per 50 mg Injection, phenytoin sodium, per 50 mg Injection, dymormorphone, up to 4 mg Injection, dymormorphone, up to 4 mg Injection, dymormorphone, up to 50 mg Injection, disordination, per 10 mg Injection, disordination, disordination, per 50 mg Injection, disordination, disordination, per 50 mg Injection, disordination, evaluation, disordination, d	J1100	Injection, dexamethasone sodium phosphate, 1 mg	No PA Required	
Injection, diclofenac sodium, 0.5 mg Injection, digoxin immune fab (ovine), per vial Injection, digoxin immune fab (ovine), per vial Injection, digoxin immune fab (ovine), per vial Injection, phenytoin sodium, per 50 mg Injection, phenytoin sodium, per 50 mg Injection, hydromorphone, up to 4 mg Injection, hydromorphone, up to 4 mg Injection, dipyhylline, up to 500 mg Injection, devrazoxane hydrochloride, per 250 mg Injection, devrazoxane hydrochloride, per 250 mg Injection, diphenhydramine hcl, up to 50 mg Injection, diphenhydramine hcl, up to 10 mg Injection, diphenhydramine hcl, up to 10 mg Injection, dimenhydrinate, up to 50 mg Injection, dimenhydrinate, up to 50 mg Injection, diphenhydramine hcl, up to 10 mg Injection, diphenhydrinate, up to 50 mg Injection, doripenem, 10			•	
Injection, digoxin, up to 0.5 mg Injection, digoxin immune fab (owne), per vial Injection, phenytoin sodium, per 50 mg Injection, phenytoin sodium, per 50 mg Injection, hydromorphone, up to 4 mg Injection, dyphylline, up to 500 mg Injection, diphenhydramine hcl, up to 500 mg Injection, diphenhydramine, up to 500 mg Injection, diphenhydramine, up to 500 mg Injection, diphyldamole, per 10 mg Injection, dolavtamine hydrochloride, per 250 mg Injection, dolavtamine hydrochloride, per 250 mg Injection, dopamine hcl, 40 mg Injection, dopamine hcl, up to 50 mg Injection, eculizumab, 10 m	J1120	Injection, acetazolamide sodium, up to 500 mg	No PA Required	
Injection, digoxin immune fab (ovine), per vial No PA Required Injection, phenytoin sodium, per 50 mg No PA Required Injection, hydromorphone, up to 4 mg No PA Required No PA Required Injection, dyndromorphone, up to 4 mg No PA Required No PA Required Injection, devrazoxane hydrochloride, per 250 mg No PA Required Injection, devrazoxane hydrochloride, per 250 mg No PA Required Injection, diphenhydramine hol, up to 50 mg No PA Required Injection, diphenhydramine hol, up to 50 mg No PA Required Injection, dispending hold, up to 50 mg No PA Required Injection, dispending hold, up to 50 mg No PA Required Injection, dispending hold, up to 50 mg No PA Required Injection, dispending hydrochloride, per 250 mg No PA Required Injection, dispending hydrochloride, per 250 mg No PA Required Injection, dispending hydrochloride, per 250 mg No PA Required Injection, dobtamine hydrochloride, per 250 mg No PA Required Injection, dobtamine hydrochloride, per 250 mg No PA Required Injection, dopamine hol, 40 mg No PA Required Injection, dozenacliferol, 1 mag PA Required Injection, dozenacliferol, 1 mag PA Required Injection, dozenacliferol, 1 mag PA Required Injection, dozenacliferol, 1 mg PA Required Injection, ecaliantide, 1 mg PA Required Injection, ecaliantide, 1 mg PA Required Injection, ecaliantide, 1 mg PA Required Injection, amitripyline hol, up to 20 mg Not Covered Injection, epitifiatide, 5 mg No PA Required Injection, epitifiati	J1130	Injection, diclofenac sodium, 0.5 mg	PA Required	
Injection, phenytoin sodium, per 50 mg Injection, hydromorphone, up to 4 mg Injection, dypylline, up to 500 mg Injection, dyphylline, up to 500 mg Injection, dyphylline, up to 500 mg Injection, diphentydramine hcl, up to 50 mg Injection, diphentydramine hcl, up to 10 mg Injection, diphentydramice, up to 50 mg Injection, dimentydramole, per 10 mg Injection, diphentydramole, per 10 mg Injection, diphentydramole, per 10 mg Injection, diphentydramole, per 10 mg Injection, dobutamine hydrochloride, per 250 mg Injection, dobutamine hydrochloride, per 250 mg Injection, dobutamine hydrochloride, per 250 mg Injection, dopamine hcl, 40 mg Injection, dopamine hcl, 40 mg Injection, dopamine hcl, 40 mg Injection, dovercalciferol, 1 mcg Injection, ecallantide, 1 mg	J1160	Injection, digoxin, up to 0.5 mg	No PA Required	
Injection, hydromorphone, up to 4 mg	J1162	Injection, digoxin immune fab (ovine), per vial	No PA Required	
Injection, dyphylline, up to 500 mg	J1165	Injection, phenytoin sodium, per 50 mg	Carve Out	Bill to Fee for Service Medicaid
Injection, dexrazoxane hydrochloride, per 250 mg No PA Required	J1170	Injection, hydromorphone, up to 4 mg	No PA Required	
11200 Injection, diphenhydramine hcl, up to 50 mg No PA Required 11212 Injection, chlorothiazide sodium, per 500 mg No PA Required 11212 Injection, dmso, dimethyl sulfoxide, 50%, 50 ml Not Covered 11220 Injection, methadone hcl, up to 10 mg No PA Required 11240 Injection, dimenhydrinate, up to 50 mg No PA Required 11241 Injection, dipyridamole, per 10 mg No PA Required 11250 Injection, dobutamine hydrochloride, per 250 mg No PA Required 11260 Injection, dobustamine hydrochloride, per 250 mg No PA Required 11261 Injection, dopamine hcl, 40 mg No PA Required 11262 Injection, doripenem, 10 mg No PA Required 11263 Injection, doripenem, 10 mg No PA Required 11264 Injection, doxercalciferol, 1 mcg No PA Required 11270 Injection, ecallantide, 1 mg PA Required 11290 Injection, ecallantide, 1 mg PA Required 11301 Injection, Edaravone, 1 mg PA Required 11302 Injection, amitriptyline hcl, up to 20 mg Not Covered 11322 Injection, elosulfase alfa, 1 mg PA Required 11324 Injection, enfuritide, 1 mg PA Required 11325 Injection, enfuritide, 1 mg PA Required 11326 Injection, enfuritide, 1 mg PA Required 11327 Injection, enfuritide, 1 mg PA Required 11328 Injection, enfuritide, 1 mg PA Required 11329 Injection, enfuritide, 1 mg PA Required 11321 Injection, enfuritide, 1 mg PA Required 11322 Injection, epoprostenol, 0.5 mg No PA Required 11323 Injection, epoprostenol, 0.5 mg No PA Required 11329 Injection, epoprostenol, 0.5 mg No PA Required 11320 Injection, epoprostenol, 0.5 mg No PA Required 11321 Injection, epoprostenol, 0.5 mg No PA Required 11322 Injection, epoprostenol, 0.5 mg No PA Required	J1180	Injection, dyphylline, up to 500 mg	Not Covered	
Injection, chlorothiazide sodium, per 500 mg Injection, dmso, dimethyl sulfoxide, 50%, 50 ml Injection, methadone hcl, up to 10 mg Injection, dimenhydrinate, up to 50 mg Injection, dimenhydrinate, up to 50 mg Injection, dipyridamole, per 10 mg Injection, dipyridamole, per 10 mg Injection, dobutamine hydrochloride, per 250 mg Injection, dobutamine hydrochloride, per 250 mg Injection, dobutamine hydrochloride, per 250 mg Injection, dobateron mesylate, 10 mg Injection, dopamine hcl, 40 mg Injection, dopamine hcl, 40 mg Injection, dorjenem, 10 mg Injection, dorjenem, 10 mg Injection, doxercalciferol, 1 mcg Injection, ecallantide, 1 mg Injection, ecallantide, 1 mg Injection, ecallantide, 1 mg Injection, ecalvamone, 1 mg Injection, ravulizumab-cwvz, 10 mg Injection, ravulizumab-cwvz, 10 mg Injection, avulizumab-cwvz, 10 mg Injection, avulizumab-cwvz, 10 mg Injection, enviritjeline hcl, up to 20 mg Injection, epoprostenol, 0.5 mg Injection, egonovine maleate, up to 0.2 mg Injection, ergonovine maleate, up to 0.2 mg	J1190	Injection, dexrazoxane hydrochloride, per 250 mg	No PA Required	
J1212Injection, dmso, dimethyl sulfoxide, 50%, 50 mlNot CoveredJ1230Injection, methadone hcl, up to 10 mgNo PA RequiredJ1240Injection, dimenhydrinate, up to 50 mgNo PA RequiredJ1245Injection, dipyridamole, per 10 mgNo PA RequiredJ1250Injection, dobutamine hydrochloride, per 250 mgNo PA RequiredJ1260Injection, dobasetron mesylate, 10 mgNo PA RequiredJ1261Injection, dopamine hcl, 40 mgNo PA RequiredJ1262Injection, dopamine hcl, 40 mgNo PA RequiredJ1263Injection, doxercalciferol, 1 mcgNo PA RequiredJ1264Injection, ecallantide, 1 mgPA RequiredJ1270Injection, ecallantide, 1 mgPA RequiredJ1300Injection, ecalizumab, 10 mgPA RequiredJ1301Injection, Edaravone, 1 mgPA RequiredJ1302Injection, avulizumab-cwvz, 10 mgPA RequiredJ1322Injection, amitriptyline hcl, up to 20 mgNot CoveredJ1322Injection, enfuvirtide, 1 mgPA RequiredJ1323Injection, enfuvirtide, 1 mgPA RequiredJ1324Injection, enfuvirtide, 1 mgNo PA RequiredJ1325Injection, eporostenol, 0.5 mgNo PA RequiredJ1327Injection, eporostenol, 0.5 mgNo PA RequiredJ1330Injection, eponovine maleate, up to 0.2 mgNot Covered	J1200	Injection, diphenhydramine hcl, up to 50 mg	No PA Required	
Injection, methadone hcl, up to 10 mg No PA Required Injection, dimenhydrinate, up to 50 mg No PA Required Injection, dipyridamole, per 10 mg No PA Required Injection, dipyridamole, per 10 mg No PA Required Injection, dobutamine hydrochloride, per 250 mg No PA Required Injection, dolasetron mesylate, 10 mg No PA Required Injection, dopamine hcl, 40 mg No PA Required Injection, dorjpenem, 10 mg No PA Required Injection, doxercalciferol, 1 mcg No PA Required Injection, doxercalciferol, 1 mcg No PA Required Injection, ecallantide, 1 mg PA Required Injection, eculizumab, 10 mg PA Required Injection, eculizumab, 10 mg PA Required Injection, Edaravone, 1 mg PA Required Injection, availizumab-cwvz, 10 mg PA Required Injection, amitriptyline hcl, up to 20 mg Not Covered Injection, elosulfase alfa, 1 mg PA Required Injection, enfuvirtide, 1 mg PA Required Injection, epoprostenol, 0.5 mg No PA Required Injection, epoprostenol, 0.5 mg N	J1205	Injection, chlorothiazide sodium, per 500 mg	No PA Required	
Injection, dimenhydrinate, up to 50 mg No PA Required Injection, dipyridamole, per 10 mg No PA Required Injection, dobutamine hydrochloride, per 250 mg No PA Required Injection, dobutamine hydrochloride, per 250 mg No PA Required Injection, dolasetron mesylate, 10 mg No PA Required Injection, dopamine hcl, 40 mg No PA Required Injection, doripenem, 10 mg No PA Required Injection, doxrealciferol, 1 mcg No PA Required Injection, doxercalciferol, 1 mcg No PA Required Injection, ecaliantide, 1 mg PA Required Injection, ecaliantide, 1 mg PA Required Injection, eculizumab, 10 mg PA Required Injection, Edaravone, 1 mg PA Required Injection, ravulizumab-cwvz, 10 mg PA Required Injection, amitriptyline hcl, up to 20 mg Not Covered Injection, enfuvirtide, 1 mg PA Required Injection, epoprostenol, 0.5 mg No PA Required	J1212	Injection, dmso, dimethyl sulfoxide, 50%, 50 ml	Not Covered	
Ili245 Injection, dipyridamole, per 10 mg No PA Required Ili250 Injection, dobutamine hydrochloride, per 250 mg No PA Required Ili260 Injection, dolasetron mesylate, 10 mg No PA Required Ili261 Injection, dopamine hcl, 40 mg No PA Required Ili262 Injection, doripenem, 10 mg No PA Required Ili263 Injection, doxercalciferol, 1 mcg No PA Required Ili264 Injection, doxercalciferol, 1 mcg No PA Required Ili265 Injection, doxercalciferol, 1 mcg No PA Required Ili266 Injection, ecallantide, 1 mg PA Required Ili266 Injection, ecallantide, 1 mg PA Required Ili266 Injection, eculizumab, 10 mg PA Required Ili267 Injection, Edaravone, 1 mg PA Required Ili268 Injection, ravulizumab-cwvz, 10 mg PA Required Ili268 Injection, amitriptyline hcl, up to 20 mg Not Covered Ili268 Injection, elosulfase alfa, 1 mg PA Required Ili268 Injection, enfuvirtide, 1 mg PA Required Ili269 Injection, epoprostenol, 0.5 mg No PA Required Ili269 Ili269 Injection, epoprostenol, 0.5 mg No PA Required Ili269 Injection, epoprostenol, 0.5 mg No PA Required Ili269 Ili269 Injection, epoprostenol, 0.5 mg No PA Required Ili269 Ili26	J1230	Injection, methadone hcl, up to 10 mg	No PA Required	
J1250Injection, dobutamine hydrochloride, per 250 mgNo PA RequiredJ1260Injection, dolasetron mesylate, 10 mgNo PA RequiredJ1265Injection, dopamine hcl, 40 mgNo PA RequiredJ1267Injection, doripenem, 10 mgNo PA RequiredJ1270Injection, doxercalciferol, 1 mcgNo PA RequiredJ1290Injection, eculizumab, 10 mgPA RequiredJ1300Injection, eculizumab, 10 mgPA RequiredJ1301Injection, Edaravone, 1 mgPA RequiredJ1303Injection, ravulizumab-cwvz, 10 mgPA RequiredJ1320Injection, amitriptyline hcl, up to 20 mgNot CoveredJ1321Injection, elosulfase alfa, 1mgPA RequiredJ1322Injection, enfuvirtide, 1 mgPA RequiredJ1323Injection, epprostenol, 0.5 mgNo PA RequiredJ1324Injection, epprostenol, 0.5 mgNo PA RequiredJ1325Injection, eptifibatide, 5 mgNo PA RequiredJ1330Injection, ergonovine maleate, up to 0.2 mgNot Covered	J1240	Injection, dimenhydrinate, up to 50 mg	No PA Required	
Injection, dolasetron mesylate, 10 mg No PA Required Injection, dopamine hcl, 40 mg No PA Required Injection, doripenem, 10 mg No PA Required Injection, doxercalciferol, 1 mcg No PA Required Injection, ecaliantide, 1 mg PA Required Injection, eculizumab, 10 mg PA Required Injection, eculizumab, 10 mg PA Required Injection, Edaravone, 1 mg PA Required Injection, ravulizumab-cwvz, 10 mg PA Required Injection, amitriptyline hcl, up to 20 mg Not Covered Injection, elosulfase alfa, 1 mg PA Required Injection, enfuvirtide, 1 mg PA Required Injection, enfuvirtide, 1 mg PA Required Injection, enfuvirtide, 1 mg PA Required Injection, epoprostenol, 0.5 mg No PA Required Injection, epoprostenol, 0.5 mg No PA Required Injection, egonovine maleate, up to 0.2 mg Not Covered Injection, ergonovine maleate, up to 0.2 mg Not Covered Injection, ergonovine maleate, up to 0.2 mg Not Covered Injection, ergonovine maleate, up to 0.2 mg Not Covered Injection, ergonovine maleate, up to 0.2 mg Not Covered Injection, ergonovine maleate, up to 0.2 mg Not Covered Injection, ergonovine maleate, up to 0.2 mg Not Covered Injection, ergonovine maleate, up to 0.2 mg Not Covered Injection, ergonovine maleate, up to 0.2 mg Not Covered Injection, ergonovine maleate, up to 0.2 mg Not Covered Injection, ergonovine maleate, up to 0.2 mg Not Covered Injection, ergonovine maleate, up to 0.2 mg Not Covered	J1245	Injection, dipyridamole, per 10 mg	No PA Required	
Injection, dopamine hcl, 40 mg Injection, doripenem, 10 mg Injection, doxercalciferol, 1 mcg Injection, ecallantide, 1 mg Injection, ecallantide, 1 mg Injection, eculizumab, 10 mg Injection, eculizumab, 10 mg Injection, eculizumab, 10 mg Injection, Edaravone, 1 mg Injection, Edaravone, 1 mg Injection, ravulizumab-cwvz, 10 mg Injection, amitriptyline hcl, up to 20 mg Injection, elosulfase alfa, 1 mg Injection, efluvirtide, 1 mg Injection, enfuvirtide, 1 mg Injection, enfuvirtide, 1 mg Injection, enfuvirtide, 1 mg Injection, enfuvirtide, 1 mg Injection, epoprostenol, 0.5 mg Injection, epoprostenol, 0.5 mg Injection, ergonovine maleate, up to 0.2 mg Injection, dox PA Required Injection	J1250	Injection, dobutamine hydrochloride, per 250 mg	No PA Required	
Injection, doripenem, 10 mg Injection, doxercalciferol, 1 mcg Injection, doxercalciferol, 1 mcg Injection, ecallantide, 1 mg Injection, Edaravone, 1 mg Injection, ravulizumab-cwvz, 10 mg Injection, ravulizumab-cwvz, 10 mg Injection, amitriptyline hcl, up to 20 mg Injection, elosulfase alfa, 1 mg Injection, elosulfase alfa, 1 mg Injection, enfuvirtide, 1 mg Injection, enfuvirtide, 1 mg Injection, epoprostenol, 0.5 mg Injection, epoprostenol, epopros	J1260	Injection, dolasetron mesylate, 10 mg	No PA Required	
J1270Injection, doxercalciferol, 1 mcgNo PA RequiredJ1290Injection, ecallantide, 1 mgPA RequiredJ1300Injection, eculizumab, 10 mgPA RequiredJ1301Injection, Edaravone, 1 mgPA RequiredJ1303Injection, ravulizumab-cwvz, 10 mgPA RequiredJ1320Injection, amitriptyline hcl, up to 20 mgNot CoveredJ1322Injection, elosulfase alfa, 1mgPA RequiredJ1324Injection, enfuvirtide, 1 mgPA RequiredJ1325Injection, epoprostenol, 0.5 mgNo PA RequiredJ1327Injection, eptifibatide, 5 mgNo PA RequiredJ1330Injection, ergonovine maleate, up to 0.2 mgNot Covered	J1265	Injection, dopamine hcl, 40 mg	No PA Required	
Injection, ecallantide, 1 mg Injection, eculizumab, 10 mg Injection, Edaravone, 1 mg Injection, Edaravone, 1 mg Injection, ravulizumab-cwvz, 10 mg Injection, amitriptyline hcl, up to 20 mg Injection, elosulfase alfa, 1 mg Injection, enfuvirtide, 1 mg Injection, enfuvirtide, 1 mg Injection, epoprostenol, 0.5 mg Injection, epoprostenol, 0.5 mg Injection, epoprovine maleate, up to 0.2 mg Injection, ergonovine maleate, up to 0.2 mg Not Covered No PA Required	J1267	Injection, doripenem, 10 mg	No PA Required	
J1300 Injection, eculizumab, 10 mg 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, 1 mg 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 Not Covered Not Covered Not Covered	J1270	Injection, doxercalciferol, 1 mcg	No 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, 1 mg 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 Not Covered Not Covered	J1290	Injection, ecallantide, 1 mg	PA Required	
Injection, ravulizumab-cwvz, 10 mg Injection, amitriptyline hcl, up to 20 mg Injection, elosulfase alfa, 1mg Injection, enfuvirtide, 1 mg Injection, epoprostenol, 0.5 mg Injection, epoprostenol, 0.5 mg Injection, eptifibatide, 5 mg Injection, ergonovine maleate, up to 0.2 mg No PA Required	J1300	Injection, eculizumab, 10 mg	PA Required	
J1320 Injection, amitriptyline hcl, up to 20 mg J1321 Injection, elosulfase alfa, 1mg J1322 Injection, enfuvirtide, 1 mg J1324 Injection, enfuvirtide, 1 mg J1325 Injection, epoprostenol, 0.5 mg J1326 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	J1301	Injection, Edaravone, 1 mg	PA Required	
J1322Injection, elosulfase alfa, 1mgPA RequiredJ1324Injection, enfuvirtide, 1 mgPA RequiredJ1325Injection, epoprostenol, 0.5 mgNo PA RequiredJ1327Injection, eptifibatide, 5 mgNo PA RequiredJ1330Injection, ergonovine maleate, up to 0.2 mgNot Covered	J1303	Injection, ravulizumab-cwvz, 10 mg	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	J1320	Injection, amitriptyline hcl, up to 20 mg	Not Covered	
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	J1322	Injection, elosulfase alfa, 1mg	PA Required	
J1327 Injection, eptifibatide, 5 mg No PA Required Not Covered Not Covered	J1324	Injection, enfuvirtide, 1 mg	PA Required	
J1330 Injection, ergonovine maleate, up to 0.2 mg Not Covered	J1325	Injection, epoprostenol, 0.5 mg	No PA Required	
	J1327	Injection, eptifibatide, 5 mg	No PA Required	
J1335 Injection, ertapenem sodium, 500 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
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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 immuneglobulin	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	



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



J1931	Injection, laronidase, 0.1 mg	PA Required	
J1940	Injection, furosemide, up to 20 mg	No PA Required	
J1940	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, methylnaltrexone, 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	



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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	
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Injection, pegacemass both, 2 iu in perturbor, pegacemass both, 2 iu in perturbor, pegacemass both, 2 in perturbor, pegacemass both, 10% solution, peraction, peract	12504	1	DAD : I
12507 Injection, pegloticase, 1 mg	J2504	Injection, pegademase bovine, 25 iu	PA Required
Injection, penticilling procaine, aqueous, up to 600,000 units No PA Required			
12513 Injection, pentastarch, 10% solution, 100 ml Not Covered 12515 Injection, pentiobarbital sodium, per 50 mg No PA Required 12540 Injection, pentiolilin g potassium, up to 600,000 units No PA Required 12541 Injection, pipercallin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams) No PA Required 12542 Pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 300 mg No PA Required 12547 Injection, peramivir, 1 mg No PA Required 12550 Injection, peramivir, 1 mg No PA Required 12560 Injection, peramivir, 1 mg No PA Required 12561 Injection, peramivir, 1 mg No PA Required 12562 Injection, plenkafor, 1 mg PA Required 12563 Injection, plenkafor, 1 mg PA Required 12569 Injection, oxytocin, up to 10 units No PA Required 12569 Injection, dosmopressin acetate, per 1 mcg PA Required 12650 Injection, tolazoline hcl, up to 25 mg Not Covered 12670 Injection, tolazoline hcl, up to 25 mg Not Covered 12680 Injection, progesterone, per 50 mg No PA Required 12680 Injection, progesterone, per 50 mg No PA Required 12690 Injection, procainamide hcl, up to 1 gm No PA Required 12700 Injection, procainamide hcl, up to 1 gm No PA Required 12701 Injection, procainamide hcl, up to 1 gm No PA Required 12702 Injection, protaine methylsulfate, up to 0.5 mg No PA Required 12703 Injection, protaine methylsulfate, up to 0.5 mg No PA Required 12710 Injection, protaine methylsulfate, up to 0.5 mg No PA Required 12720 Injection, protein concentrate, intravenous, human, 10 iu PA Required 12721 Injection, protein methylsulfate, up to 1 mg No PA Required 12726 Injection, prolionime methylsulfate, up to 5 mg No PA Required 12726 Injection, prolionime methylsulfate, up to 5 mg No PA Required 127270 Injection, prolionime methylsulfate, up to 5 mg N	J2507	Injection, pegloticase, 1 mg	PA Required
12515 Injection, pentobarbital sodium, per 50 mg No PA Required 12540 Injection, pienticilling potassium, up to 600,000 units No PA Required 12541 Injection, pieperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams) No PA Required 12542 Injection, promethazine, inhalation solution, fda-approved final product, non-compounded, administered through dime, unit dose form, per 300 mg No PA Required 12547 Injection, promethazine hcl, up to 50 mg No PA Required 12550 Injection, promethazine hcl, up to 50 mg No PA Required 12560 Injection, phenobarbital sodium, up to 120 mg No PA Required 12561 Injection, promethazine hcl, up to 10 units PA Required 12592 Injection, oxytocin, up to 10 units No PA Required 12593 Injection, desmopressin acetate, per 1 mcg PA Required 12594 Injection, desmopressin acetate, up to 1 ml Not Covered 12675 Injection, prednisolone acetate, up to 1 ml Not Covered 12676 Injection, progenisore, per 50 mg Not ARequired 12680 Injection, progenisore, per 50 mg No PA Required 12690 Injection, progenisore, per 50 mg No PA Required 12700 Injection, oxicillin sodium, up to 25 mg No PA Required 12700 Injection, progenisore decanoate, up to 25 mg No PA Required 12701 Injection, progenisore decanoate, up to 25 mg No PA Required 12701 Injection, progenisore decanoate, up to 5 mg No PA Required 12702 Injection, protein methylsulfate, up to 0.5 mg No PA Required 12701 Injection, protein concentrate, intravenous, human, 10 iu PA Required 12724 Injection, protein concentrate, intravenous, human, 10 iu PA Required 12725 Injection, protein concentrate, intravenous, human, 10 iu PA Required 12726 Injection, protein concentrate, intravenous, human, 10 iu PA Required 127270 Injection, protein concentrate, intravenous, human, 10 iu PA Required 12765 Injection, protein concentrate, intravenous, human, 10	J2510	Injection, penicillin g procaine, aqueous, up to 600,000 units	No PA Required
12540 Injection, penicillin g potassium, up to 600,000 units No PA Required 12543 Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams) No PA Required 12545 Pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dime, unit dose form, per 300 mg No PA Required 12550 Injection, peramivir, 1 mg No PA Required 12560 Injection, penhobarbital sodium, up to 120 mg No PA Required 12562 Injection, pienkafor, 1 mg PA Required 12590 Injection, perhobarbital sodium, up to 10 units No PA Required 12590 Injection, oxytocin, up to 10 units No PA Required 12590 Injection, oxytocin, up to 10 units No PA Required 12650 Injection, perhalosione acetate, up to 1 ml Not Covered 12670 Injection, tolazoline hcl, up to 25 mg Not Covered 12671 Injection, progesterone, per 50 mg No PA Required 12680 Injection, progesterone, per 50 mg No PA Required 12690 Injection, procainamide hcl, up to 1 gm No PA Required 12700 Injection, procainamide hcl, up to 1 gm No PA Required 12700 Injection, prosignime methylsulfate, up to 0.5 mg No PA Required 12710 Injection, proteinin concentrate, intravenous, human, 10 iu PA Required 12721 Injection, proteinin concentrate, intravenous, human, 10 iu PA Required 12722 Injection, proteinin concentrate, intravenous, human, 10 iu PA Required 12723 Injection, proteinin concentrate, intravenous, human, 10 iu PA Required 12726 Injection, proteinin concentrate, intravenous, human, 10 iu PA Required 12727 Injection, proteinin concentrate, intravenous, human, 10 iu PA Required 12728 Injection, proteinin concentrate, intravenous, human, 10 iu PA Required 12760 Injection, proteinin concentrate, intravenous, human, 10 iu PA Required 12760 Injection, proteinin concentrate, intravenous human, 10 iu PA Required 12760 Injection, protein conc	J2513	Injection, pentastarch, 10% solution, 100 ml	Not Covered
12543 Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams) No PA Required 12549 Pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 300 mg No PA Required 12547 Injection, peramivir, 1 mg No PA Required 12550 Injection, peramivir, 1 mg No PA Required 12550 Injection, phenobarbital sodium, up to 120 mg No PA Required 12550 Injection, phenobarbital sodium, up to 120 mg No PA Required 12550 Injection, peramical production, up to 10 units No PA Required 12550 Injection, persensina acetate, up to 1 ml No PA Required 12550 Injection, desmopressin acetate, up to 1 ml Not Covered 12550 Injection, progesterone, per 50 mg Not Covered 12670 Injection, progesterone, per 50 mg Not PA Required 12671 Injection, progesterone, per 50 mg No PA Required 12680 Injection, procainamide hcl, up to 1 gm No PA Required 12700 Injection, oxcillin sodium, up to 250 mg No PA Required 12701 Injection, progofol, 10 mg No PA Required 12702 Injection, prostimine sulfate, per 10 mg No PA Required 12720 Injection, protamine sulfate, per 10 mg No PA Required 12724 Injection, protamine sulfate, per 10 mg No PA Required 12725 Injection, protein c concentrate, intravenous, human, 10 iu PA Required 12726 Injection, protein c soncentrate, intravenous, human, 10 iu PA Required 12721 Injection, protein c concentrate, intravenous, human, 10 iu PA Required 12726 Injection, protein c soncentrate, intravenous, human, 10 iu PA Required 12726 Injection, protein c soncentrate, intravenous, human, 10 iu PA Required 12726 Injection, protein c soncentrate, intravenous, human, 10 iu PA Required 12726 Injection, protein c soncentrate, intravenous, human, 10 iu PA Required 12726 Injection, protein c soncentrate, intravenous, human, 10 iu PA Required	J2515	Injection, pentobarbital sodium, per 50 mg	No PA Required
Pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dne, unit dose form, per 300 mg No PA Required 12550	J2540	Injection, penicillin g potassium, up to 600,000 units	No PA Required
administered through dme, unit dose form, per 300 mg 12540 Injection, peramivir, 1 mg No PA Required 12550 Injection, promethazine hcl, up to 50 mg No PA Required 12561 Injection, phenobarbital sodium, up to 120 mg No PA Required 12592 Injection, perixafor, 1 mg PA Required 12593 Injection, oxytocin, up to 10 units No PA Required 12596 Injection, desmopressin acetate, per 1 mcg PA Required 12650 Injection, prednisolone acetate, up to 1 ml Not Covered 12650 Injection, progesterone, per 50 mg No PA Required 12675 Injection, progesterone, per 50 mg No PA Required 12680 Injection, procainamide hcl, up to 1 gm No PA Required 12700 Injection, oxacillin sodium, up to 250 mg No PA Required 12700 Injection, propofol, 10 mg No PA Required 12710 Injection, propofol, 10 mg No PA Required 12720 Injection, propofol, 10 mg No PA Required 12720 Injection, propofol, 10 mg No PA Required 12720 Injection, protein c concentrate, intravenous, human, 10 iu PA Required 12725 Injection, protein c concentrate, intravenous, human, 10 iu PA Required 12726 Injection, proteinine methylsulfate, up to 1 gm No PA Required 12727 Injection, protein c prot	J2543	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	No PA Required
12547 Injection, peramivir, 1 mg	J2545		Not Covered
12550 Injection, promethazine hcl, up to 50 mg No PA Required 12560 Injection, phenobarbital sodium, up to 120 mg No PA Required 12562 Injection, plerixafor, 1 mg PA Required 12590 Injection, oxytocin, up to 10 units No PA Required 12591 Injection, desmopressin acetate, per 1 mcg PA Required 12592 Injection, desmopressin acetate, up to 1 ml Not Covered 12670 Injection, tolazoline hcl, up to 25 mg Not Covered 12671 Injection, progesterone, per 50 mg No PA Required 12680 Injection, progesterone, per 50 mg No PA Required 12690 Injection, procainamide hcl, up to 1 gm No PA Required 12700 Injection, oxacillin sodium, up to 250 mg No PA Required 12700 Injection, propofol, 10 mg No PA Required 12710 Injection, prostigmine methylsulfate, up to 0.5 mg No PA Required 12720 Injection, protamine sulfate, per 10 mg No PA Required 12721 Injection, protamine sulfate, per 10 mg No PA Required 12722 Injection, protierion concentrate, intravenous, human, 10 iu PA Required 12725 Injection, protierion, per 250 mcg Not Covered 12730 Injection, protierion, per 250 mcg No PA Required 12760 Injection, pentolamine mesylate, up to 5 mg No PA Required 12761 Injection, phentolamine mesylate, up to 5 mg No PA Required 12760 Injection, phentolamine mesylate, up to 5 mg No PA Required 12761 Injection, quinupristin/dalfopristin, 500 mg (150/350) No PA Required 127770 Injection, quinupristin/dalfopristin, 500 mg (150/350) No PA Required 12778 Injection, ranibizumab, 0.1 mg PA Required			
12560 Injection, phenobarbital sodium, up to 120 mg PA Required 12562 Injection, plerixafor, 1 mg PA Required 12590 Injection, oxytocin, up to 10 units No PA Required 12591 Injection, desmopressin acetate, per 1 mcg PA Required 12690 Injection, prednisolone acetate, up to 1 ml Not Covered 12670 Injection, prednisolone acetate, up to 1 ml Not Covered 12671 Injection, progesterone, per 50 mg No PA Required 12680 Injection, progesterone, per 50 mg No PA Required 12690 Injection, procainamide hol, up to 1 gm No PA Required 12700 Injection, procainamide hol, up to 1 gm No PA Required 12701 Injection, propofol, 10 mg No PA Required 12702 Injection, protainine sulfate, up to 0.5 mg No PA Required 12710 Injection, protamine sulfate, per 10 mg No PA Required 12720 Injection, protamine sulfate, per 10 mg No PA Required 12721 Injection, protierin concentrate, intravenous, human, 10 iu PA Required 12722 Injection, protierin, per 250 mcg Not Covered 12730 Injection, prolifolin, per 250 mcg No PA Required 12730 Injection, prolifolin, mensologramide hol, up to 1 gm No PA Required 12760 Injection, metoclopramide hol, up to 10 mg No PA Required 12760 Injection, metoclopramide hol, up to 10 mg No PA Required 12770 Injection, quinupristin/dalfopristin, 500 mg (150/350) No PA Required 12771 Injection, ranibizumab, 0.1 mg PA Required 12772 Injection, ranibizumab, 0.1 mg PA Required	J2547	Injection, peramivir, 1 mg	No PA Required
12562 Injection, plerixafor, 1 mg	J2550	Injection, promethazine hcl, up to 50 mg	No PA Required
12590 Injection, oxytocin, up to 10 units No PA Required 12597 Injection, desmopressin acetate, per 1 mcg PA Required 12650 Injection, prednisolone acetate, up to 1 ml Not Covered 12670 Injection, tolazoline hcl, up to 25 mg Not Covered 12675 Injection, progesterone, per 50 mg No PA Required 12680 Injection, fluphenazine decanoate, up to 25 mg No PA Required 12690 Injection, procainamide hcl, up to 1 gm No PA Required 12700 Injection, oxacillin sodium, up to 250 mg No PA Required 12701 Injection, propofol, 10 mg No PA Required 12710 Injection, neostigmine methylsulfate, up to 0.5 mg No PA Required 12721 Injection, protamine sulfate, per 10 mg No PA Required 12722 Injection, protein c concentrate, intravenous, human, 10 iu PA Required 12723 Injection, protirelin, per 250 mcg No PA Required 12724 Injection, prolidoxime chloride, up to 1 gm No PA Required 12725 Injection, prolidoxime chloride, up to 5 mg No PA Required 12730 Injection, phentolamine mesylate, up to 5 mg No PA Required 12760 Injection, metoclopramide hcl, up to 10 mg No PA Required 12770 Injection, quinupristin/dalfopristin, 500 mg (150/350) No PA Required 12778 Injection, ranibizumab, 0.1 mg PA Required	J2560	Injection, phenobarbital sodium, up to 120 mg	No PA Required
12597 Injection, desmopressin acetate, per 1 mcg	J2562	Injection, plerixafor, 1 mg	PA Required
12650 Injection, prednisolone acetate, up to 1 ml Not Covered 12670 Injection, tolazoline hcl, up to 25 mg No PA Required 12675 Injection, progesterone, per 50 mg No PA Required 12680 Injection, fluphenazine decanoate, up to 25 mg No PA Required 12690 Injection, procainamide hcl, up to 1 gm No PA Required 12700 Injection, oxacillin sodium, up to 250 mg No PA Required 12701 Injection, propofol, 10 mg No PA Required 12710 Injection, neostigmine methylsulfate, up to 0.5 mg No PA Required 12720 Injection, protamine sulfate, per 10 mg No PA Required 12721 Injection, protamine sulfate, per 10 mg No PA Required 12722 Injection, protein c concentrate, intravenous, human, 10 iu PA Required 12723 Injection, protirelin, per 250 mcg Not Covered 12730 Injection, pralidoxime chloride, up to 1 gm No PA Required 12760 Injection, phentolamine mesylate, up to 5 mg No PA Required 12761 Injection, metoclopramide hcl, up to 10 mg No PA Required 12770 Injection, quinupristin/dalfopristin, 500 mg (150/350) No PA Required 12778 Injection, ranibizumab, 0.1 mg PA Required	J2590	Injection, oxytocin, up to 10 units	No PA Required
12670 Injection, tolazoline hcl, up to 25 mg Not Covered 12675 Injection, progesterone, per 50 mg No PA Required 12680 Injection, fluphenazine decanoate, up to 25 mg No PA Required 12690 Injection, procainamide hcl, up to 1 gm No PA Required 12700 Injection, oxacillin sodium, up to 250 mg No PA Required 12701 Injection, propofol, 10 mg No PA Required 12710 Injection, neostigmine methylsulfate, up to 0.5 mg No PA Required 12720 Injection, protamine sulfate, per 10 mg No PA Required 12721 Injection, protamine sulfate, per 10 mg No PA Required 12722 Injection, protein c concentrate, intravenous, human, 10 iu PA Required 12725 Injection, protirelin, per 250 mcg Not Covered 12730 Injection, pralidoxime chloride, up to 1 gm No PA Required 12760 Injection, phentolamine mesylate, up to 5 mg No PA Required 12761 Injection, metoclopramide hcl, up to 10 mg No PA Required 12770 Injection, quinupristin/dalfopristin, 500 mg (150/350) No PA Required 12778 Injection, ranibizumab, 0.1 mg PA Required 12778 Injection, ranibizumab, 0.1 mg PA Required	J2597	Injection, desmopressin acetate, per 1 mcg	PA Required
12675 Injection, progesterone, per 50 mg No PA Required 12680 Injection, fluphenazine decanoate, up to 25 mg No PA Required 12690 Injection, procainamide hcl, up to 1 gm No PA Required 12700 Injection, oxacillin sodium, up to 250 mg No PA Required 12701 Injection, propofol, 10 mg No PA Required 12710 Injection, neostigmine methylsulfate, up to 0.5 mg No PA Required 12720 Injection, protamine sulfate, per 10 mg No PA Required 12721 Injection, protein c concentrate, intravenous, human, 10 iu PA Required 12722 Injection, protirelin, per 250 mcg Not Covered 12730 Injection, prolicion, prolicion, up to 1 gm No PA Required 12760 Injection, phentolamine mesylate, up to 5 mg No PA Required 12761 Injection, metoclopramide hcl, up to 10 mg No PA Required 12770 Injection, quinupristin/dalfopristin, 500 mg (150/350) No PA Required 12778 Injection, ranibizumab, 0.1 mg PA Required	J2650	Injection, prednisolone acetate, up to 1 ml	Not Covered
12680 Injection, fluphenazine decanoate, up to 25 mg No PA Required 12690 Injection, procainamide hcl, up to 1 gm No PA Required 12700 Injection, oxacillin sodium, up to 250 mg No PA Required 12704 Injection, propofol, 10 mg No PA Required 12710 Injection, neostigmine methylsulfate, up to 0.5 mg No PA Required 12720 Injection, protamine sulfate, per 10 mg No PA Required 12724 Injection, protein c concentrate, intravenous, human, 10 iu PA Required 12725 Injection, protirelin, per 250 mcg Not Covered 12730 Injection, pralidoxime chloride, up to 1 gm No PA Required 12760 Injection, phentolamine mesylate, up to 5 mg No PA Required 12761 Injection, metoclopramide hcl, up to 10 mg No PA Required 12770 Injection, quinupristin/dalfopristin, 500 mg (150/350) No PA Required 12778 Injection, ranibizumab, 0.1 mg PA Required	J2670	Injection, tolazoline hcl, up to 25 mg	Not Covered
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 J2721 Injection, protein c concentrate, intravenous, human, 10 iu PA Required J2722 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 J2761 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	J2675	Injection, progesterone, per 50 mg	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	J2680	Injection, fluphenazine decanoate, up to 25 mg	No PA Required
J2704 Injection, propofol, 10 mg 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 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	J2690	Injection, procainamide hcl, up to 1 gm	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	J2700	Injection, oxacillin sodium, up to 250 mg	No PA Required
J2720 Injection, protamine sulfate, per 10 mg 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	J2704	Injection, propofol, 10 mg	No PA Required
J2724 Injection, protein c concentrate, intravenous, human, 10 iu 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	J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	No 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	J2720	Injection, protamine sulfate, per 10 mg	No PA Required
J2730 Injection, pralidoxime chloride, up to 1 gm No PA Required PA Required PA Required	J2724	Injection, protein c concentrate, intravenous, human, 10 iu	PA Required
J2760 Injection, phentolamine mesylate, up to 5 mg No PA Required PA Required PA Required	J2725	Injection, protirelin, per 250 mcg	Not Covered
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	J2730	Injection, pralidoxime chloride, up to 1 gm	No PA Required
J2770Injection, quinupristin/dalfopristin, 500 mg (150/350)No PA RequiredJ2778Injection, ranibizumab, 0.1 mgPA Required	J2760	Injection, phentolamine mesylate, up to 5 mg	No PA Required
J2778 Injection, ranibizumab, 0.1 mg PA Required	J2765	Injection, metoclopramide hcl, up to 10 mg	No PA Required
	J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)	No PA Required
J2780 Injection, ranitidine hydrochloride, 25 mg No PA Required	J2778	Injection, ranibizumab, 0.1 mg	PA Required
	J2780	Injection, ranitidine hydrochloride, 25 mg	No PA Required



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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, rilonacept, 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		PA Required	
	Injection, rolapitant, 0.5 mg		
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		PA Required	
	Injection, siltuximab, 10 mg		
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	
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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	No PA Required
	under the direct supervision of a physician, not for use when drug is self administered)	
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, taliglucerace 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, torsemide, 10 mg/ml	Not Covered
J3280	Injection, thiethylperazine maleate, up to 10 mg	Not Covered
J3285	Injection, treprostinil, 1 mg	PA Required
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	No PA Required



12201	Injustical Asianasia alana asatanida wat athemaias anasified 10 mg	No DA Doguinod	1
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	



Injection, hyaluronidase, recombinant, 1 usp unit No PA Required No PA Required			1	T
Injection, potassium chloride, per 2 meq No PA Required No PA Required Injection, zidovudine, 10 mg No PA Required No PA Required Injection, zidovudine, 10 mg No PA Required N	J3473	Injection, hyaluronidase, recombinant, 1 usp unit	No PA Required	
Injection, zidovudine, 10 mg No PA Required Injection, zigorasidone mesylate, 10 mg No PA Required No PA Required Injection, zoledronic acid, 1 mg No PA Required				
Injection, ziprasidone mesylate, 10 mg No PA Required No PA Required Injection, zoledronic acid, 1 mg No PA Required No PA Required Over \$500	J3480	Injection, potassium chloride, per 2 meq	No PA Required	
Injection, zoledronic acid, 1 mg	J3485	Injection, zidovudine, 10 mg	No PA Required	
13490Unclassified drugsPA RequiredOver \$50013520Edetate disodium, per 150 mgNot Covered113530Nasal vaccine inhalationNot PA Required113535Drug administered through a metered dose inhalerNot Covered113537Laetrile, armygdalin, vitamin b17Not Covered113539Unclassified biologicsPA RequiredOver \$50013591Unclassified drug or biological used for patient with ESRD on dialysisNot Covered117030Infusion, normal saline solution, sterile (500 ml = 1 unit)No PA Required117040Infusion, normal saline solution, sterile (500 ml = 1 unit)No PA Required117050Infusion, normal saline solution, 250 ccNo PA Required1170605% dextrose/(normal saline solution, 250 ccNo PA Required117070Infusion, dos, 1000 ccNo PA Required117070Infusion, dos, 1000 ccNo PA Required117100Infusion, dextran 40, 500 mlNo PA Required117110Infusion, dextran 40, 500 mlNo PA Required117111Infusion, dextran 75, 500 mlNo PA Required117112Infusion, dextran 75, 500 mlNo PA Required117113Injection, emicizumab-kawh, 0.5 mgNo PA Required117114Injection, emicizumab-kawh, 0.5 mgPA Required117115Injection, Human Fibrinogen Concentrate, 1 mgCarve OutBill to Fee for Service Medicaid <tr< td=""><td>J3486</td><td>Injection, ziprasidone mesylate, 10 mg</td><td>No PA Required</td><td></td></tr<>	J3486	Injection, ziprasidone mesylate, 10 mg	No PA Required	
Bisson Sasa Vaccine inhalation Not Covered Sasan Not Covered Sasan Sasan Vaccine inhalation Not Pa Required Not Covered Sasan Vaccine inhalation Not Covered Sasan Not Covered Sasan Vaccine V	J3489	Injection, zoledronic acid, 1 mg	No PA Required	
Jasa Nasal vaccine inhalation No PA Required Not Covered Jasa	J3490	Unclassified drugs	PA Required	Over \$500
Jasa	J3520	Edetate disodium, per 150 mg	Not Covered	
Jash	J3530	Nasal vaccine inhalation	No PA Required	
Jaspa Unclassified biologics PA Required Over \$500 Jaspa Unclassified drug or biological used for patient with ESRD on dialysis Not Covered Jaspa Infusion, normal saline solution, 1000 cc No PA Required Jaspa Infusion, normal saline solution, sterile (500 ml = 1 unit) No PA Required Jaspa Sw dextrose/normal saline (500 ml = 1 unit) No PA Required Jaspa Infusion, normal saline solution, 250 cc No PA Required Jaspa Infusion, onemal saline solution, 250 cc No PA Required Jaspa Infusion, of Sw dextrose/normal saline (500 ml = 1 unit) No PA Required Jaspa Infusion, of Sw, 1000 cc No PA Required Jaspa Infusion, of Sw	J3535	Drug administered through a metered dose inhaler	Not Covered	
Unclassified drug or biological used for patient with ESRD on dialysis Not Covered	J3570	Laetrile, amygdalin, vitamin b17	Not Covered	
J7030Infusion, normal saline solution, 1000 ccNo PA RequiredJ7040Infusion, normal saline solution, sterile (500 ml = 1 unit)No PA RequiredJ70425% dextrose/normal saline (500 ml = 1 unit)No PA RequiredJ7050Infusion, normal saline solution, 250 ccNo PA RequiredJ70605% dextrose/water (500 ml = 1 unit)No PA RequiredJ7070Infusion, dsw, 1000 ccNo PA RequiredJ7100Infusion, dextran 40, 500 mlNo PA RequiredJ7110Infusion, dextran 75, 500 mlNot CoveredJ7120Ringers lactate infusion, up to 1000 ccNo PA RequiredJ71215% dextrose in lactated ringers infusion, up to 1000 ccNo PA RequiredJ7131Hypertonic saline solution, 1 mlNo PA RequiredJ7131Injection, emicizumab-kxwh, 0.5 mgPA RequiredJ7175Injection, factor x, (human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7177Injection, human fibrinogen Concentrate (Fibryga), 1 mgCarve OutBill to Fee for Service MedicaidJ7178Injection, human fibrinogen concentrate, 1 mgCarve OutBill to Fee for Service MedicaidJ7179Injection, cator xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7180Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7181Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service Medicaid	J3590	Unclassified biologics	PA Required	Over \$500
J7040Infusion, normal saline solution, sterile (500 ml = 1 unit)No PA RequiredJ70425% dextrose/normal saline (500 ml = 1 unit)No PA RequiredJ7050Infusion, normal saline solution, 250 ccNo PA RequiredJ70605% dextrose/water (500 ml = 1 unit)No PA RequiredJ7070Infusion, d5w, 1000 ccNo PA RequiredJ7100Infusion, dextran 40, 500 mlNo PA RequiredJ7110Infusion, dextran 75, 500 mlNot CoveredJ7120Ringers lactate infusion, up to 1000 ccNo PA RequiredJ71215% dextrose in lactated ringers infusion, up to 1000 ccNo PA RequiredJ7131Hypertonic saline solution, 1 mlNo PA RequiredJ7175Injection, emicizumab-kxwh, 0.5 mgPA RequiredJ7176Injection, factor x, (human, 1 i.u.Carve OutBill to Fee for Service MedicaidJ7177Injection, human fibrinogen Concentrate (Fibryga), 1 mgCarve OutBill to Fee for Service MedicaidJ7178Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rcoCarve OutBill to Fee for Service MedicaidJ7180Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7181Injection, factor xiii asubunit, (recombinant), per iuCarve OutBill to Fee for Service Medicaid	J3591	Unclassified drug or biological used for patient with ESRD on dialysis	Not Covered	
J70425% dextrose/normal saline (500 ml = 1 unit)No PA RequiredJ7050Infusion, normal saline solution, 250 ccNo PA RequiredJ70605% dextrose/water (500 ml = 1 unit)No PA RequiredJ7070Infusion, d5w, 1000 ccNo PA RequiredJ7100Infusion, dextran 40, 500 mlNo PA RequiredJ7110Infusion, dextran 75, 500 mlNot CoveredJ7120Ringers lactate infusion, up to 1000 ccNo PA RequiredJ71215% dextrose in lactated ringers infusion, up to 1000 ccNo PA RequiredJ7131Hypertonic saline solution, 1 mlNo PA RequiredJ7170Injection, emicizumab-kxwh, 0.5 mgPA RequiredJ7175Injection, factor x, (human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7177Injection, human Fibrinogen Concentrate (Fibryga), 1 mgCarve OutBill to Fee for Service MedicaidJ7178Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rcoCarve OutBill to Fee for Service MedicaidJ7180Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7181Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service Medicaid	J7030	Infusion, normal saline solution , 1000 cc	No PA Required	
J7050Infusion, normal saline solution, 250 ccNo PA RequiredJ70605% dextrose/water (500 ml = 1 unit)No PA RequiredJ7070Infusion, d5w, 1000 ccNo PA RequiredJ7100Infusion, dextran 40, 500 mlNo PA RequiredJ7110Infusion, dextran 75, 500 mlNot CoveredJ7120Ringers lactate infusion, up to 1000 ccNo PA RequiredJ71215% dextrose in lactated ringers infusion, up to 1000 ccNo PA RequiredJ7131Hypertonic saline solution, 1 mlNo PA RequiredJ7170Injection, emicizumab-kxwh, 0.5 mgPA RequiredJ7171Injection, factor x, (human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7171Injection, Human Fibrinogen Concentrate (Fibryga), 1 mgCarve OutBill to Fee for Service MedicaidJ7178Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rcoCarve OutBill to Fee for Service MedicaidJ7180Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7181Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service Medicaid	J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)	No PA Required	
J70605% dextrose/water (500 ml = 1 unit)No PA RequiredMo PA RequiredJ7070Infusion, d5w, 1000 ccNo PA RequiredMo PA RequiredJ7100Infusion, dextran 40, 500 mlNo PA RequiredMot CoveredJ7110Infusion, dextran 75, 500 mlNot CoveredMo PA RequiredJ7120Ringers lactate infusion, up to 1000 ccNo PA RequiredMo PA RequiredJ71215% dextrose in lactated ringers infusion, up to 1000 ccNo PA RequiredMo PA RequiredJ7131Hypertonic saline solution, 1 mlNo PA RequiredJ7170Injection, emicizumab-kxwh, 0.5 mgPA RequiredJ7171Injection, factor x, (human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7171Injection, Human Fibrinogen Concentrate (Fibryga), 1 mgCarve OutBill to Fee for Service MedicaidJ7178Injection, human fibrinogen concentrate, 1 mgCarve OutBill to Fee for Service MedicaidJ7180Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7181Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service Medicaid	J7042	5% dextrose/normal saline (500 ml = 1 unit)	No PA Required	
17070Infusion, d5w, 1000 ccNo PA RequiredMo PA RequiredJ7100Infusion, dextran 40, 500 mlNo PA RequiredMo PA RequiredJ7110Infusion, dextran 75, 500 mlNot CoveredMo PA RequiredJ7120Ringers lactate infusion, up to 1000 ccNo PA RequiredMo PA RequiredJ71215% dextrose in lactated ringers infusion, up to 1000 ccNo PA RequiredMo PA RequiredJ7131Hypertonic saline solution, 1 mlNo PA RequiredJ7170Injection, emicizumab-kxwh, 0.5 mgPA RequiredJ7171Injection, factor x, (human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7177Injection, Human Fibrinogen Concentrate (Fibryga), 1 mgCarve OutBill to Fee for Service MedicaidJ7178Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rcoCarve OutBill to Fee for Service MedicaidJ7180Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7181Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service Medicaid	J7050	Infusion, normal saline solution, 250 cc	No PA Required	
J7100Infusion, dextran 40, 500 mlNo PA RequiredMot CoveredJ7110Infusion, dextran 75, 500 mlNot CoveredMo PA RequiredJ7120Ringers lactate infusion, up to 1000 ccNo PA RequiredMo PA RequiredJ71215% dextrose in lactated ringers infusion, up to 1000 ccNo PA RequiredMo PA RequiredJ7131Hypertonic saline solution, 1 mlNo PA RequiredMo PA RequiredJ7170Injection, emicizumab-kxwh, 0.5 mgPA RequiredJ7171Injection, factor x, (human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7171Injection, Human Fibrinogen Concentrate (Fibryga), 1 mgCarve OutBill to Fee for Service MedicaidJ7178Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rcoCarve OutBill to Fee for Service MedicaidJ7180Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7181Injection, factor xiii a-subunit, (recombinant), per iuCarve OutBill to Fee for Service Medicaid	J7060	5% dextrose/water (500 ml = 1 unit)	No PA Required	
J7110Infusion, dextran 75, 500 mlNot CoveredJ7120Ringers lactate infusion, up to 1000 ccNo PA RequiredJ71215% dextrose in lactated ringers infusion, up to 1000 ccNo PA RequiredJ7131Hypertonic saline solution, 1 mlNo PA RequiredJ7170Injection, emicizumab-kxwh, 0.5 mgPA RequiredJ7175Injection, factor x, (human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7171Injection, Human Fibrinogen Concentrate (Fibryga), 1 mgCarve OutBill to Fee for Service MedicaidJ7178Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rcoCarve OutBill to Fee for Service MedicaidJ7180Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7181Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7181Injection, factor xiii a-subunit, (recombinant), per iuCarve OutBill to Fee for Service Medicaid	J7070	Infusion, d5w, 1000 cc	No PA Required	
Ringers lactate infusion, up to 1000 cc No PA Required Sw dextrose in lactated ringers infusion, up to 1000 cc No PA Required Sw dextrose in lactated ringers infusion, up to 1000 cc No PA Required Sw dextrose in lactated ringers infusion, up to 1000 cc No PA Required Sw PA Req	J7100	Infusion, dextran 40, 500 ml	No PA Required	
J7121 5% dextrose in lactated ringers infusion, up to 1000 cc 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. J7176 Injection, Human Fibrinogen Concentrate (Fibryga), 1 mg J7177 Injection, human fibrinogen concentrate, 1 mg J7178 Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco J7179 Injection, factor xiii (antihemophilic factor, human), 1 i.u. J7180 Injection, factor xiii a-subunit, (recombinant), per iu J7181 Injection, factor xiii a-subunit, (recombinant), per iu	J7110	Infusion, dextran 75, 500 ml	Not Covered	
J7131 Hypertonic saline solution, 1 ml No PA Required J7170 Injection, emicizumab-kxwh, 0.5 mg J7175 Injection, factor x, (human), 1 i.u. J7176 Injection, Human Fibrinogen Concentrate (Fibryga), 1 mg J7177 Injection, Human Fibrinogen Concentrate (Fibryga), 1 mg J7178 Injection, human fibrinogen concentrate, 1 mg J7179 Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco J7180 Injection, factor xiii (antihemophilic factor, human), 1 i.u. J7181 Injection, factor xiii a-subunit, (recombinant), per iu No PA Required Bill to Fee for Service Medicaid Bill to Fee for Service Medicaid Bill to Fee for Service Medicaid Carve Out Bill to Fee for Service Medicaid Bill to Fee for Service Medicaid	J7120	Ringers lactate infusion, up to 1000 cc	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:rco Carve Out Bill to Fee for Service Medicaid J7180 Injection, factor xiii (antihemophilic factor, human), 1 i.u. J7181 Injection, factor xiii a-subunit, (recombinant), per iu Carve Out Bill to Fee for Service Medicaid J7181 Carve Out Bill to Fee for Service Medicaid J7181 Carve Out Bill to Fee for Service Medicaid J7182 Carve Out Bill to Fee for Service Medicaid J7183 Carve Out Bill to Fee for Service Medicaid J7184 Carve Out Bill to Fee for Service Medicaid J7185 Carve Out Bill to Fee for Service Medicaid J7186 Carve Out Bill to Fee for Service Medicaid J7187 Carve Out Bill to Fee for Service Medicaid J7188 Carve Out Bill to Fee for Service Medicaid J7189 Carve Out Bill to Fee for Service Medicaid J7180 Carve Out Bill to Fee for Service Medicaid J7181 Carve Out Bill to Fee for Service Medicaid J7182 Carve Out Bill to Fee for Service Medicaid J7183 Carve Out Bill to Fee for Service Medicaid J7184 Carve Out Bill to Fee for Service Medicaid J7185 Carve Out Bill to Fee for Service Medicaid J7186 Carve Out Bill to Fee for Service Medicaid J7187 Carve Out Bill to Fee for Service Medicaid	J7121	5% dextrose in lactated ringers infusion, up to 1000 cc	No PA Required	
J7175 Injection, factor x, (human), 1 i.u. L7177 Injection, Human Fibrinogen Concentrate (Fibryga), 1 mg L7178 Injection, human fibrinogen concentrate, 1 mg L7179 Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco L7180 Injection, factor xiii (antihemophilic factor, human), 1 i.u. L7180 Injection, factor xiii a-subunit, (recombinant), per iu	J7131	Hypertonic saline solution, 1 ml	No PA Required	
J7177Injection, Human Fibrinogen Concentrate (Fibryga), 1 mgCarve OutBill to Fee for Service MedicaidJ7178Injection, human fibrinogen concentrate, 1 mgCarve OutBill to Fee for Service MedicaidJ7179Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rcoCarve OutBill to Fee for Service MedicaidJ7180Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7181Injection, factor xiii a-subunit, (recombinant), per iuCarve OutBill to Fee for Service Medicaid	J7170	Injection, emicizumab-kxwh, 0.5 mg	PA Required	
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:rco 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 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	J7175	Injection, factor x, (human), 1 i.u.	Carve Out	Bill to Fee for Service Medicaid
J7179Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rcoCarve OutBill to Fee for Service MedicaidJ7180Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7181Injection, factor xiii a-subunit, (recombinant), per iuCarve OutBill to Fee for Service Medicaid	J7177	Injection, Human Fibrinogen Concentrate (Fibryga), 1 mg	Carve Out	Bill to Fee for Service Medicaid
J7180Injection, factor xiii (antihemophilic factor, human), 1 i.u.Carve OutBill to Fee for Service MedicaidJ7181Injection, factor xiii a-subunit, (recombinant), per iuCarve OutBill to Fee for Service Medicaid	J7178	Injection, human fibrinogen concentrate, 1 mg	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	J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco	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
J7182 Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu 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:rco	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:rco	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), (kovaltry), 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	



Contraceptive supply, hormone containing patch, each Not Covered 17304 Contraceptive supply, hormone containing patch, each Not Covered 17307 Etonogestrel (contraceptive) implant system, including implants and supplies No PA Required 17308 Aminoelvulinic acid het for topical administration, 20%, single unit dosage form (354 mg) Not Covered 17309 Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 gram Not Covered 17310 Ganciclovir, 4.5 mg, long-acting implant Ganciclovir, 4.5 mg, long-acting implant Not Covered 17311 Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg No PA Required 17312 Injection, fluocinolone acetonide, intravitreal implant (luvien), 0.01 mg No PA Required 17313 Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg No PA Required 17315 Mitomycin, ophthalmic, 0.2 mg No PA Required 17316 Injection, coriplismin, 0.125 mg No PA Required 17317 Hyaluronan or derivative, Durolane, for intra-articular injection, per dose Not Covered 17320 Hyaluronan or derivative, pursive SSO, for intra-articular injection, 1 mg Not Covered 17321 Hyaluronan or derivative, pursive SSO, for intra-articular injection, per dose Not Covered 17322 Hyaluronan or derivative, pursive SSO, for intra-articular injection, 1 mg Not Covered 17323 Hyaluronan or derivative, pursive SSO, for intra-articular injection, 1 mg Not Covered 17324 Hyaluronan or derivative, velfexas, printra-articular injection, per dose Not Covered 17325 Hyaluronan or derivative, opticular injection, per dose Not Covered 17326 Hyaluronan or derivative, pursives or, for intra-articular injection, per dose Not Covered 17327 Hyaluronan or derivative, pursives, or, for intra-articular injection, per dose Not Covered 17328 Hyaluronan or derivative, pursives, for intra-articular injection, per dose Not Covered 17329 Hyaluronan or derivative, person, for intra-articular injection, per dose Not Covered 17320 Hyaluronan or derivative, person, for intra-articular in	J7303	Contraceptive supply, hormone containing vaginal ring, each	No PA Required	
Levonorgestrel (contraceptive) implant system, including implants and supplies Not Covered			· · · · · · · · · · · · · · · · · · ·	
Etonogestrel (contraceptive) implant system, including implant and supplies No PA Required				
Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg) Not Covered				
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 (retisert), 0.01 mg No PA Required J7313 Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg No PA Required J7314 Injection, fluocinolone acetonide, intravitreal implant (Vutiq), 0.01 mg No PA Required J7315 Mitomycin, ophthalmic, 0.2 mg No PA Required J7316 Mitomycin, ophthalmic, 0.2 mg No PA Required J7317 Mitomycin, ophthalmic, 0.2 mg No PA Required J7318 Hyaluronan or derivative, Durolane, for intra-articular injection, per dose Not Covered J7320 Hyaluronan or derivative, province Not Covered J7321 Hyaluronan or derivative, province Not Covered J7322 Hyaluronan or derivative, province Not Covered J7323 Hyaluronan or derivative, province Not Covered J7324 Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose Not Covered J7325 Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose Not Covered J7326 Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Not Covered J7327 Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Not Covered J7328 Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Not Covered J7329 Hyaluronan or derivative, gel-syn, for intra-articular injection, per dose Not Covered J7329 Hyaluronan or derivative, gel-syn, for intra-articular injection, per dose Not Covered J7329 Hyaluronan or derivative, friintra-articular injection, per dose Not Covered J7330 Not Covered Not Covered J7331 Hyaluronan or derivative, friintra-articular injection, 1 mg Not Covered J7332 Hyaluronan or derivative,			· · · · · · · · · · · · · · · · · · ·	
17310 Ganciclovir, 4.5 mg, long-acting implant Not Covered 17311 Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg PA Required 17312 Injection, dexamethasone, intravitreal implant, 0.1 mg No PA Required 17313 Injection, fluocinolone acetonide, intravitreal implant (liuvien), 0.01 mg No PA Required 17314 Injection, fluocinolone acetonide, intravitreal implant (Vutiq), 0.01 mg PA Required 17315 Mitomycin, ophthalmic, 0.2 mg No PA Required 17316 No PA Required 17317 No PA Required No PA Required 17318 Hyaluronan or derivative, Durolane, for intra-articular injection, per dose Not Covered 17320 Hyaluronan or derivitive, genvisc 850, for intra-articular injection, 1 mg Not Covered 17321 Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose Not Covered 17322 Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg Not Covered 17323 Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose Not Covered 17324 Hyaluronan or derivative, or synvisc-one, for intra-articular injection, 1 mg Not Covered 17325 Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg Not Covered 17326 Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Not Covered 17327 Hyaluronan or derivative, gel-syn, for intra-articular injection, per dose Not Covered 17328 Hyaluronan or derivative, privisc, for intra-articular injection, 1 mg Not Covered 17329 Hyaluronan or derivative, privisc, for intra-articular injection, 1 mg Not Covered 17331 Hyaluronan or derivative, frivisc, for intra-articular injection, 1 mg Not Covered 173331 Hyaluronan or derivative, frivisc, for intra-articular injection, 1 mg Not Covered 173340 Capsaicin 8% patch, per 10 square centimeter Not Covered 17345 Capsaicin 8% patch, per square centimeter Not		, , , , , , , , , , , , , , , , , , , ,		
Injection, fluocinolona acetonide, intravitreal implant (retisert), 0.01 mg	J7309	Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 gram	Not Covered	
17312 Injection, dexamethasone, intravitreal implant, 0.1 mg No PA Required 17313 Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg No PA Required 17314 Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg PA Required 17315 Mitomycin, ophthalmic, 0.2 mg No PA Required 17316 Mitomycin, ophthalmic, 0.2 mg No PA Required 17317 Mitomycin, ophthalmic, 0.2 mg PA Required 17318 Hyaluronan or derivative, Durolane, for intra-articular injection, per dose Not Covered 17320 Hyaluronan or derivitive, genvisc 850, for intra-articular injection, 1 mg Not Covered 17321 Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose Not Covered 17322 Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose Not Covered 17323 Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose Not Covered 17324 Hyaluronan or derivative, or intra-articular injection, per dose Not Covered 17325 Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg Not Covered 17326 Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Not Covered 17327 Hyaluronan or derivative, gel-syn, for intra-articular injection, per dose Not Covered 17328 Hyaluronan or derivative, gel-syn, for intra-articular injection, 1 mg Not Covered 17330 Autologous cultured chondrocytes, implant Not Covered 17331 Hyaluronan or derivative, trifuron, for intra-articular injection, 1 mg Not Covered 17332 Hyaluronan or derivative, trifuron, for intra-articular injection, 1 mg Not Covered 17333 Hyaluronan or derivative, trifuron, for intra-articular injection, 1 mg Not Covered 17334 Hyaluronan or derivative, trifuron, for intra-articular injection, 1 mg Not Covered 17334 Capsaicin 8% patch, per square centimeter Not Covered 17340 Carbidopa 5 mg/te	J7310	Ganciclovir, 4.5 mg, long-acting implant	Not Covered	
17313 Injection, fluocinolone acetonide, intravitreal implant (illuvien), 0.01 mg No PA Required 17314 Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg PA Required 17315 Mitomycin, ophthalmic, 0.2 mg No PA Required 17316 njection, ocriplasmin, 0.125 mg PA Required 17317 PA Required PA Required 17318 Hyaluronan or derivative, Durolane, for intra-articular injection, per dose Not Covered 17320 Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg Not Covered 17321 Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose Not Covered 17322 Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg Not Covered 17323 Hyaluronan or derivative, euflexas, for intra-articular injection, per dose Not Covered 17324 Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose Not Covered 17325 Hyaluronan or derivative, synvisc-one, for intra-articular injection, 1 mg Not Covered 17326 Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Not Covered 17327 Hyaluronan or derivative, monovisc, for intra-articular injection, per dose Not Covered 17328 Hyaluronan or derivative, monovisc, for intra-articular injection, 1 mg Not Covered 17330 Hyaluronan or derivative, for intra-articular injection, 1 mg Not Covered 17331 Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered 17332 Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered 17333 Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered 17334 Capsaicin 8% patch, per 10 square centimeters Discontinued 17334 Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml Not Covered 17342 Instillation, ciprofloxacin otic suspension, 6 mg	J7311	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	PA Required	
Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg PA Required I7315 Mitomycin, ophthalmic, 0.2 mg No PA Required I7316 njection, ocriplasmin, 0.125 mg PA Required I7318 Hyaluronan or derivative, Durolane, for intra-articular injection, per dose Not Covered I7320 Hyaluronan or derivative, egenvics 850, for intra-articular injection, 1 mg Not Covered I7321 Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose Not Covered I7322 Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg Not Covered I7323 Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose Not Covered I7324 Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose Not Covered I7325 Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg Not Covered I7326 Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Not Covered I7327 Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Not Covered I7328 Hyaluronan or derivative, gel-syn, for intra-articular injection, per dose Not Covered I7329 Hyaluronan or derivative, gel-syn, for intra-articular injection, 1 mg Not Covered I7329 Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg Not Covered I7330 Autologous cultured chondrocytes, implant Not Covered I7331 Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered I7332 Hyaluronan or derivative, per long enteral suspension, 10 ml Not Covered I7340 Capsaicin 8% patch, per 10 square centimeter Not Covered I7341 Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml Not Covered I7342 Instillation, ciprofloxacin otic suspension, 6 mg No PA Required	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	No PA Required	
Jin Mitomycin, ophthalmic, 0.2 mg	J7313	Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg	No PA Required	
J7316 njection, ocriplasmin, 0.125 mg	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	PA Required	
Hyaluronan or derivative, Durolane, for intra-articular injection, per dose Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, monovisc, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg Not Covered Hyaluronan or derivative, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, derivative, derivative, derivative, derivative, derivative, derivative, derivative, de	J7315	Mitomycin, ophthalmic, 0.2 mg	No PA Required	
Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, gel-syn, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, gel-syn, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg Not Covered Hyaluronan or derivative, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or d	J7316	njection, ocriplasmin, 0.125 mg	PA Required	
Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, monovisc, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg Not Covered Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, province derivative, province derivative, province derivative, province derivative, province deriva	J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, per dose	Not Covered	
Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Hyaluronan or derivative, monovisc, for intra-articular injection, per dose Hyaluronan or derivative, monovisc, for intra-articular injection, per dose Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg Not Covered Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Cover	J7320	Hyaluronan or derivitive, genvisc 850, for intra-articular injection, 1 mg	Not Covered	
Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, monovisc, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, gel-syn, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg Not Covered Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, page to synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, page to synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, page to synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, page to synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, page to synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, page to synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, page to synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, page to synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, page to synojoynt, for intra-articular injectio	J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Not Covered	
Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, gel-one, for intra-articular injection, per dose Hyaluronan or derivative, monovisc, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, monovisc, for intra-articular injection, per dose Not Covered Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg Not Covered Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg Not Covered Tyasa Capsaicin 8% patch, per 10 square centimeters Discontinued Tyasa Capsaicin 8% patch, per square centimeter Not Covered Irasa Not Pa Required	J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Not Covered	
J7325Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mgNot CoveredJ7326Hyaluronan or derivative, gel-one, for intra-articular injection, per doseNot CoveredJ7327Hyaluronan or derivative, monovisc, for intra-articular injection, per doseNot CoveredJ7328Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mgNot CoveredJ7329Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mgNot CoveredJ7330Autologous cultured chondrocytes, implantNot CoveredJ7331Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mgNot CoveredJ7332Hyaluronan or derivative, triluron, for intra-articular injection, 1 mgNot CoveredJ7335Capsaicin 8% patch, per 10 square centimetersDiscontinuedJ7336Capsaicin 8% patch, per square centimeterNot CoveredJ7340Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 mlNot CoveredJ7342Instillation, ciprofloxacin otic suspension, 6 mgNo PA Required	J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Not Covered	
17326 Hyaluronan or derivative, gel-one, for intra-articular injection, per dose 17327 Hyaluronan or derivative, monovisc, for intra-articular injection, per dose 17328 Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg 17329 Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg 17330 Autologous cultured chondrocytes, implant 17331 Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg 17332 Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg 17332 Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg 17335 Capsaicin 8% patch, per 10 square centimeters 17336 Capsaicin 8% patch, per square centimeter 17340 Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml 17342 Instillation, ciprofloxacin otic suspension, 6 mg No PA Required	J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Not Covered	
J7327Hyaluronan or derivative, monovisc, for intra-articular injection, per doseNot CoveredJ7328Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mgNot CoveredJ7329Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mgNot CoveredJ7330Autologous cultured chondrocytes, implantNot CoveredJ7331Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mgNot CoveredJ7332Hyaluronan or derivative, triluron, for intra-articular injection, 1 mgNot CoveredJ7335Capsaicin 8% patch, per 10 square centimetersDiscontinuedJ7336Capsaicin 8% patch, per square centimeterNot CoveredJ7340Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 mlNot CoveredJ7342Instillation, ciprofloxacin otic suspension, 6 mgNo PA Required	J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Not Covered	
J7328Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mgNot CoveredJ7329Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mgNot CoveredJ7330Autologous cultured chondrocytes, implantNot CoveredJ7331Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mgNot CoveredJ7332Hyaluronan or derivative, triluron, for intra-articular injection, 1 mgNot CoveredJ7335Capsaicin 8% patch, per 10 square centimetersDiscontinuedJ7336Capsaicin 8% patch, per square centimeterNot CoveredJ7340Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 mlNot CoveredJ7342Instillation, ciprofloxacin otic suspension, 6 mgNo PA Required	J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Not Covered	
J7329 Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg J7330 Autologous cultured chondrocytes, implant J7331 Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg J7332 Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg J7335 Capsaicin 8% patch, per 10 square centimeters J7336 Capsaicin 8% patch, per square centimeter J7340 Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml J7342 Instillation, ciprofloxacin otic suspension, 6 mg Not Covered Not Covered Not Covered	J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Not Covered	
J7330 Autologous cultured chondrocytes, implant J7331 Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg J7332 Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg J7335 Capsaicin 8% patch, per 10 square centimeters J7336 Capsaicin 8% patch, per square centimeter J7340 Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml J7342 Instillation, ciprofloxacin otic suspension, 6 mg Not Covered No PA Required	J7328	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg	Not Covered	
J7331 Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg 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	J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg	Not Covered	
J7332Hyaluronan or derivative, triluron, for intra-articular injection, 1 mgNot CoveredJ7335Capsaicin 8% patch, per 10 square centimetersDiscontinuedJ7336Capsaicin 8% patch, per square centimeterNot CoveredJ7340Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 mlNot CoveredJ7342Instillation, ciprofloxacin otic suspension, 6 mgNo PA Required	J7330	Autologous cultured chondrocytes, implant	Not Covered	
J7335Capsaicin 8% patch, per 10 square centimetersDiscontinuedJ7336Capsaicin 8% patch, per square centimeterNot CoveredJ7340Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 mlNot CoveredJ7342Instillation, ciprofloxacin otic suspension, 6 mgNo PA Required	J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	Not Covered	
J7336Capsaicin 8% patch, per square centimeterNot CoveredJ7340Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 mlNot CoveredJ7342Instillation, ciprofloxacin otic suspension, 6 mgNo PA Required	J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Not Covered	
J7340Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 mlNot CoveredJ7342Instillation, ciprofloxacin otic suspension, 6 mgNo PA Required	J7335	Capsaicin 8% patch, per 10 square centimeters	Discontinued	
J7342 Instillation, ciprofloxacin otic suspension, 6 mg No PA Required	J7336	Capsaicin 8% patch, per square centimeter	Not Covered	
, , , ,	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Not Covered	
J7345 Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg New 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	Bill to Fee for Service Medicald
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	<u> </u>	
		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	Not Covered	
	form, per milligram		
J7639	Dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered	PA Required	
	through dme, unit dose form, per milligram		
J7640	Formoterol, inhalation solution, compounded product, administered through dme, unit dose form,	Not Covered	
	12 micrograms		
J7641	Flunisolide, inhalation solution, compounded product, administered through dme, unit dose, per	Not Covered	
	milligram		
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through dme, concentrated	Not Covered	
	form, per milligram		
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose	Not Covered	
	form, per milligram		
J7644	Ipratropium bromide, inhalation solution, fda-approved final product, non-compounded,	No PA Required	
	administered through dme, unit dose form, per milligram		
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through dme, unit	Not Covered	
	dose form, per milligram		
J7647	Isoetharine hcl, inhalation solution, compounded product, administered through dme, concentrated	Not Covered	
	form, per milligram		
J7648	Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered	Not Covered	
	through dme, concentrated form, per milligram		
J7649	Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered	Not Covered	
	through dme, unit dose form, per milligram		
J7650	Isoetharine hcl, inhalation solution, compounded product, administered through dme, unit dose	Not Covered	
	form, per milligram		
J7657	Isoproterenol hcl, inhalation solution, compounded product, administered through dme,	Not Covered	
	concentrated form, per milligram		
J7658	Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered	No PA Required	
	through dme, concentrated form, per milligram		
J7659	Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered	No PA Required	
	through dme, unit dose form, per milligram		
J7660	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, unit dose	Not Covered	
	form, per milligram		
J7665	Mannitol, administered through an inhaler, 5 mg	Not Covered	
J7667	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10	Not Covered	
	milligrams		
J7668	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded,	Not Covered	
1	administered through dme, concentrated form, per 10 milligrams		
J7669	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded,	No PA Required	
	administered through dme, unit dose form, per 10 milligrams		
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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	
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J8705	Topotecan, oral, 0.25 mg	Not Covered	0 4500
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		Discontinued	
	Bcg (intravesical) per instillation		
J9032	Injection, belinostat, 10 mg	PA Required	
J9033	mjection) semiostat, 10 mg	PA Required	
33033	Injection, bendamustine hcl (treanda), 1 mg	17t Regulied	
10004			
J9034	Injection, bendamustine hcl (bendeka), 1 mg	PA Required	
	mjection, bendamustine no (bendeka), 1 mg		
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		No PA Required	
	Injection, bleomycin sulfate, 15 units		
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Injection, cortexomib, 0.1 mg	10044		
19043 Injection, cabazitaxel, 1 mg	J9041	Injection, bortezomib, 0.1 mg	PA Required
19044 Injection, Bortezomib, not otherwise specified, 0.1 mg		, , ,	· · · · · · · · · · · · · · · · · · ·
Joseph	J9043	Injection, cabazitaxel, 1 mg	PA Required
Jaction, carfilzomib, 1 mg	J9044	Injection, Bortezomib, not otherwise specified, 0.1 mg	PA Required
Joso Injection, carmustine, 100 mg	J9045	Injection, carboplatin, 50 mg	No PA Required
Joseph	J9047	Injection, carfilzomib, 1 mg	PA Required
Joseph	J9050	Injection, carmustine, 100 mg	PA Required
Joseph	J9055	Injection, cetuximab, 10 mg	PA Required
Job5 Injection, cladribine, per 1 mg	J9057	Injection, Copanlisib, 1 mg	PA Required
John	J9060	Injection, cisplatin, powder or solution, 10 mg	No PA Required
Joseph	J9065	Injection, cladribine, per 1 mg	PA Required
John Injection, cytarabine, 100 mg	J9070	Cyclophosphamide, 100 mg	No PA Required
Joint Join	J9098	Injection, cytarabine liposome, 10 mg	PA Required
Jaction, cemiplimab-rwlc, 1 mg	J9100	Injection, cytarabine, 100 mg	No PA Required
Jaction, dactinomycin, 0.5 mg	J9118	Injection, calaspargase pegol-mknl, 10 units	Not Covered
19130 Dacarbazine, 100 mg	J9119	Injection, cemiplimab-rwlc, 1 mg	PA Required
19145 Injection, daratumumab, 10 mg	J9120	Injection, dactinomycin, 0.5 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 difitiox, 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 J9177 Injection, epirubicin hcl, 2 mg No PA Required J9178 Injection, eribulin mesylate, 0.1 mg PA Required J9179 Injection, eribulin mesylate, 0.1 mg PA Required	J9130	Dacarbazine, 100 mg	No PA Required
J9151Injection, daunorubicin citrate, liposomal formulation, 10 mgPA RequiredJ9153Injection, Liposomal, 1 mg Daunorubicin and 2.27 mg CytarabinePA RequiredJ9155Injection, degarelix, 1 mgPA RequiredJ9160Injection, denileukin difitiox, 300 microgramsNot CoveredJ9165Injection, diethylstilbestrol diphosphate, 250 mgNot CoveredJ9171Injection, docetaxel, 1 mgNo PA RequiredJ9173Injection, durvalumab, 10 mgPA RequiredJ9175Injection, elliotts' b solution, 1 mlNot CoveredJ9176Injection, elotuzumab, 1 mgPA RequiredJ9178Injection, epirubicin hcl, 2 mgNo PA RequiredJ9179Injection, eribulin mesylate, 0.1 mgPA Required	J9145	Injection, daratumumab, 10 mg	PA Required
J9153 Injection, Liposomal, 1 mg Daunorubicin and 2.27 mg Cytarabine 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	J9150	Injection, daunorubicin, 10 mg	No PA Required
J9155 Injection, degarelix, 1 mg 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	J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	PA Required
J9160 Injection, denileukin diftitox, 300 micrograms Not Covered J9165 Injection, diethylstilbestrol diphosphate, 250 mg Not PA Required 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	J9153	Injection, Liposomal, 1 mg Daunorubicin and 2.27 mg Cytarabine	PA Required
J9165 Injection, diethylstilbestrol diphosphate, 250 mg 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	J9155	Injection, degarelix, 1 mg	PA Required
J9171 Injection, docetaxel, 1 mg 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	J9160	Injection, denileukin diftitox, 300 micrograms	Not Covered
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	J9165	Injection, diethylstilbestrol diphosphate, 250 mg	Not Covered
J9175Injection, elliotts' b solution, 1 mlNot CoveredJ9176Injection, elotuzumab, 1 mgPA RequiredJ9178Injection, epirubicin hcl, 2 mgNo PA RequiredJ9179Injection, eribulin mesylate, 0.1 mgPA Required	J9171	Injection, docetaxel, 1 mg	No PA Required
J9176Injection, elotuzumab, 1 mgPA RequiredJ9178Injection, epirubicin hcl, 2 mgNo PA RequiredJ9179Injection, eribulin mesylate, 0.1 mgPA Required	J9173	Injection, durvalumab, 10 mg	PA Required
J9178Injection, epirubicin hcl, 2 mgNo PA RequiredJ9179Injection, eribulin mesylate, 0.1 mgPA Required	J9175	Injection, elliotts' b solution, 1 ml	Not Covered
J9179 Injection, eribulin mesylate, 0.1 mg PA Required	J9176	Injection, elotuzumab, 1 mg	PA Required
	J9178	Injection, epirubicin hcl, 2 mg	No PA Required
J9181 Injection, etoposide, 10 mg No PA Required	J9179	Injection, eribulin mesylate, 0.1 mg	PA Required
	J9181	Injection, etoposide, 10 mg	No PA Required



10105	Injection fluderaking phoenhote 50 mg	No DA Doguirod
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
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Injection, pacetaxine mepesucinate, 0.01 mg No PA Required Nipoton, paclitaxel protein-bound particles, 1 mg No PA Required Nipoton, paclitaxel, 30 mg Discontinued Nipoton, paclitaxel, 30 mg Discontinued Nipoton, paclitaxel, 1 mg No PA Required			
Injection, paclitaxel protein-bound particles, 1 mg PA Required	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	PA Required
19265 Injection, paclitaxel, 30 mg			
19266 Injection, pegaspargase, per single dose vial PA Required 19267 Injection, pacitiaxel, 1 mg No PA Required 19268 Injection, pacitiaxel, 1 mg PA Required 19269 Injection, tagraxofusp-erzs, 10 micrograms PA Required 19270 Injection, picamycin, 2.5 mg Not Covered 19271 Injection, picamycin, 2.5 mg Not Covered 19272 Injection, picamycin, 2.5 mg Not PA Required 19280 Injection, mitomycin, 5 mg PA Required 19280 Injection, olaratumab, 10 mg PA Required 19282 Injection, olaratumab, 10 mg PA Required 19293 Injection, necitumumab, 1 mg PA Required 19299 Injection, necitumumab, 1 mg PA Required 19300 Injection, gemtuzumab ozogamicin, 5 mg Not Covered 19300 Injection, ofartumumab, 10 mg PA Required 19301 Injection, ofartumumab, 10 mg PA Required 19302 Injection, panitumumab, 10 mg PA Required 19303 Injection, panitumumab, 10 mg PA Required 19304 Injection, panitumumab, 10 mg PA Required 19305 Injection, pemterexed, 10 mg PA Required 19306 Injection, pralatrexate, 1 mg PA Required 19307 Injection, pralatrexate, 1 mg PA Required 19308 Injection, pralatrexate, 1 mg PA Required 19309 Injection, pralatrexate, 1 mg PA Required 19301 Injection, pralatrexate, 1 mg PA Required 19302 Injection, pranucrumab, 5 mg PA Required 19303 Injection, pranucrumab, 5 mg PA Required 19304 Injection, pranucrumab, 5 mg PA Required 19305 Injection, pranucrumab, 10 mg PA Required 19310 Injection, pranucrumab, 10 mg PA Required 19311 Injection, pranucrumab, 10 mg PA Required 19312 Injection, pranucrumab, 10 mg PA Required 19313 Injection, movetumomab pasudotox-tdfk, 0.01 mg PA Required 19326 Injection, totalima and hyaluronidase, 10 mg PA Required 19327 Injection, totalima and hyaluronidase, 10 mg PA Required 19328 Injection, totalima and hyaluronidase, 10 mg PA Required	J9264	Injection, paclitaxel protein-bound particles, 1 mg	PA Required
19267 Injection, paclitaxel, 1 mg	J9265	Injection, paclitaxel, 30 mg	Discontinued
J9268 Injection, pentostatin, 10 mg	J9266	Injection, pegaspargase, per single dose vial	PA Required
J9269 Injection, tagraxofusp-erzs, 10 micrograms PA Required J9270 Injection, pilcamycin, 2.5 mg Not Covered J9271 Injection, pembrolizumab, 1 mg PA Required J9280 Injection, mitomycin, 5 mg No PA Required J9282 Injection, oilaratumab, 1.0 mg PA Required J9293 Injection, mitoxantrone hydrochloride, per 5 mg PA Required J9295 Injection, nictiumumab, 1 mg PA Required J9296 Injection, nictiumumab, 1 mg PA Required J9297 Injection, nivolumab, 1 mg PA Required J9300 Injection, gemtzumab ozogamicin, 5 mg Not Covered J9301 Injection, obinutuzumab, 10 mg PA Required J9302 Injection, panitumumab, 10 mg PA Required J9303 Injection, panitumumab, 10 mg PA Required J9304 Injection, panitumumab, 10 mg PA Required J9305 Injection, pemterxeed, 10 mg PA Required J9306 Injection, penterxeate, 1 mg PA Required J9307 Injection, pralatrexate, 1 mg PA Required J9308 Injection, ramucirumab, 5 mg PA Required J9309 Injection, ramucirumab, 5 mg PA Required J9309 Injection, rituximab and hyaluronidase, 10 mg PA Required J9311 Injection, rituximab and hyaluronidase, 10 mg PA Required J9312 Injection, Rituximab, 10 mg PA Required J9313 Injection, movetumomab pasudotox-tdfk, 0.01 mg PA Required J9314 Injection, streptozocin, 1 gram PA Required J9325 Injection, talimogene laherparepvec, per 1 million plaque forming units PA Required J9325 Injection, talimogene laherparepvec, per 1 million plaque forming units PA Required J9325 Injection, talimogene laherparepvec, per 1 million plaque forming units PA Required J9325 Injection, talimogene laherparepvec, per 1 million plaque forming units PA Required J9325 Injection, talimogene laherparepvec, per 1 million plaque forming units PA Required	J9267	Injection, paclitaxel, 1 mg	No 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, mitomycin, 5 mg No PA Required J9295 Injection, mitoxantrone hydrochloride, per 5 mg PA Required J9295 Injection, necitumumab, 1 mg PA Required J9296 Injection, necitumumab, 1 mg PA Required J9297 Injection, pemtuzumab zogamicin, 5 mg PA Required J9308 Injection, gemtuzumab zogamicin, 5 mg Not Covered J9300 Injection, obinutzumab, 10 mg PA Required J9301 Injection, opinutzumab, 10 mg PA Required J9302 Injection, panitumumab, 10 mg PA Required J9303 Injection, pemetrexed, 10 mg PA Required J9304 Injection, pemetrexed, 10 mg PA Required J9305 Injection, periturumab, 1 mg PA Required J9306 Injection, praitatexate, 1 mg PA Required J9307 Injection, ramucirumab, 5 mg PA Required J9308 Injection, ramucirumab, 5 mg PA Required J9309 Inj, polatuzumab vedotin 1 mg PA Required J9310 Injection, rituximab, 10 mg PA Required J9311 Injection, rituximab and hyaluronidase, 10 mg PA Required J9312 Injection, movetumomab pasudotox-tdfk, 0.01 mg PA Required J9313 Injection, movetumomab pasudotox-tdfk, 0.01 mg PA Required J9314 Injection, streptozocin, 1 gram PA Required J9325 Injection, talimogene laherparepvec, per 1 million plaque forming units PA Required J9325 Injection, talimogene laherparepvec, per 1 million plaque forming units PA Required J9325 Injection, talimogene laherparepvec, per 1 million plaque forming units PA Required J9325 Injection, talimogene laherparepvec, per 1 million plaque forming units PA Required	J9268	Injection, pentostatin, 10 mg	PA Required
Jacob Injection, pembrolizumab, 1 mg	J9269	Injection, tagraxofusp-erzs, 10 micrograms	PA Required
Joection, mitomycin, 5 mg No PA Required Joection, olaratumab, 10 mg PA Required Joection, necitumumab, 1 mg PA Required Joection, obinutuzumab, 20 mg PA Required Joection, obinutuzumab, 10 mg PA Required Joection, ofatumumab, 10 mg PA Required Joection, pamitumumab, 10 mg PA Required Joection, pemetrexed, 10 mg PA Required Joection, pertuzumab, 1 mg PA Required Joection, pertuzumab, 1 mg PA Required Joection, pretuzumab, 1 mg PA Required Joection, pralatrexate, 1 mg PA Required Joection, ranucirumab, 5 mg PA Required Joection, ranucirumab, 5 mg PA Required Joection, rituximab vedotin 1 mg PA Required Joection, rituximab, 100 mg Discontinued Joection, rituximab, 100 mg PA Required Joection, rituximab, 100 mg PA Required Joection, rituximab, 10 mg PA Required Joection, rituximab and hyaluronidase, 10 mg PA Required Joection, rituximab and hyaluronidase, 10 mg PA Required Joection, rowetumomab pasudotox-tdfk, 0.01 mg PA Required Joection, rowetumomab pasudotox-tdfk, 0.01 mg PA Required Joection, rowetumomab pasudotox-tdfk, 0.01 mg PA Required Joection, streptozocin, 1 gram PA Required Joection, talimogene laherparepvec, per 1 million plaque forming units Joection, talimogene laherparepvec, per 1 million plaque forming units Joection, talimogene laherparepvec, per 1 million plaque forming units Joection, talimogene laherparepvec, per 1 million plaque forming units Joection, talimogene laherparepvec, per 1 million plaque forming units Joection, talimogene laherparepvec, per 1 million plaque forming units Joection, talimogene laherparepvec, per 1 million plaque forming uni	J9270	Injection, plicamycin, 2.5 mg	Not Covered
Jaction, olaratumab, 10 mg	J9271	Injection, pembrolizumab, 1 mg	PA Required
Jagestion, mitoxantrone hydrochloride, per 5 mg	J9280	Injection, mitomycin, 5 mg	No PA Required
Jaction, necitumumab, 1 mg	J9285	Injection, olaratumab, 10 mg	PA Required
Jaya Injection, nivolumab, 1 mg	J9293	Injection, mitoxantrone hydrochloride, per 5 mg	PA Required
Injection, gemtuzumab ozogamicin, 5 mg Injection, obinutuzumab, 10 mg Injection, ofatumumab, 10 mg Injection, ofatumumab, 10 mg Injection, panitumumab, 10 mg PA Required Injection, panitumumab, 10 mg PA Required Injection, pemetrexed, 10 mg PA Required Injection, pertuzumab, 1 mg PA Required Injection, pralatrexate, 1 mg PA Required Injection, ramucirumab, 5 mg PA Required Injection, ramucirumab, 5 mg PA Required Injection, rituximab vedotin 1 mg PA Required Injection, rituximab, 100 mg Injection, rituximab and hyaluronidase, 10 mg PA Required Injection, Rituximab, 10 mg PA Required Injection, Rituximab, 10 mg PA Required Injection, moxetumomab pasudotox-tdfk, 0.01 mg PA Required Injection, romidepsin, 1 mg PA Required Injection, streptozocin, 1 gram PA Required Injection, talimogene laherparepvec, per 1 million plaque forming units PA Required PA Required PA Required	J9295	Injection, necitumumab, 1 mg	PA Required
Jay	J9299	Injection, nivolumab, 1 mg	PA Required
Injection, ofatumumab, 10 mg Injection, panitumumab, 10 mg Injection, pemetrexed, 1 mg Injection, pralatrexate, 1 mg Injection, pralatrexate, 1 mg Injection, ramucirumab, 5 mg Injection, ramucirumab, 5 mg Injection, ramucirumab, 5 mg Injection, rituximab, 100 mg Injection, rituximab, 100 mg Injection, rituximab, 100 mg Injection, rituximab and hyaluronidase, 10 mg Injection, Rituximab, 10 mg Injection, Rituximab, 10 mg Injection, moxetumomab pasudotox-tdfk, 0.01 mg Injection, romidepsin, 1 mg Injection, streptozocin, 1 gram Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 million plaque forming units Injection, talimogene laherparepvec, per 1 mil	J9300	Injection, gemtuzumab ozogamicin, 5 mg	Not Covered
19303 Injection, panitumumab, 10 mg	J9301	Injection, obinutuzumab, 10 mg	PA Required
J9305 Injection, pemetrexed, 10 mg	J9302	Injection, ofatumumab, 10 mg	PA Required
J9306Injection, pertuzumab, 1 mgPA RequiredJ9307Injection, pralatrexate, 1 mgPA RequiredJ9308Injection, ramucirumab, 5 mgPA RequiredJ9309Inj, polatuzumab vedotin 1mgPA RequiredJ9310Injection, rituximab, 100 mgDiscontinuedJ9311Injection, rituximab and hyaluronidase, 10 mgPA RequiredJ9312Injection, Rituximab, 10 mgPA RequiredJ9313Injection, moxetumomab pasudotox-tdfk, 0.01 mgPA RequiredJ9315Injection, romidepsin, 1 mgPA RequiredJ9320Injection, streptozocin, 1 gramPA RequiredJ9325Injection, talimogene laherparepvec, per 1 million plaque forming unitsPA Required	J9303	Injection, panitumumab, 10 mg	PA Required
J9307 Injection, pralatrexate, 1 mg J9308 Injection, ramucirumab, 5 mg PA Required J9309 Inj, polatuzumab vedotin 1mg PA Required J9310 Injection, rituximab, 100 mg J9311 Injection, rituximab and hyaluronidase, 10 mg J9312 Injection, Rituximab, 10 mg PA Required J9313 Injection, moxetumomab pasudotox-tdfk, 0.01 mg J9315 Injection, romidepsin, 1 mg J9316 Injection, streptozocin, 1 gram J9320 Injection, streptozocin, 1 gram J9325 Injection, talimogene laherparepvec, per 1 million plaque forming units PA Required PA Required PA Required PA Required	J9305	Injection, pemetrexed, 10 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	J9306	Injection, pertuzumab, 1 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 PA Required	J9307	Injection, pralatrexate, 1 mg	PA Required
J9310 Injection, rituximab, 100 mg 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	J9308	Injection, ramucirumab, 5 mg	PA Required
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 J9320 Injection, talimogene laherparepvec, per 1 million plaque forming units PA Required PA Required PA Required	J9309	Inj, polatuzumab vedotin 1mg	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	J9310	Injection, rituximab, 100 mg	Discontinued
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	J9311	Injection, rituximab and hyaluronidase, 10 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	J9312	Injection, Rituximab, 10 mg	PA Required
J9320 Injection, streptozocin, 1 gram PA Required J9325 Injection, talimogene laherparepvec, per 1 million plaque forming units PA Required	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	PA Required
J9325 Injection, talimogene laherparepvec, per 1 million plaque forming units PA Required	J9315	Injection, romidepsin, 1 mg	PA Required
	J9320	Injection, streptozocin, 1 gram	PA Required
J9328 Injection, temozolomide, 1 mg PA Required	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	PA Required
	J9328	Injection, temozolomide, 1 mg	PA Required



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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	



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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	Not Covered	
	dosage regimen		
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	Not Covered	
	exceed a 48 hour dosage regimen		
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	



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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	No PA Required	
	intramuscular use (fluvirin)		
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	
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	PA Required	
Q5105	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, (udenyca), 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	



Not Covered Not Covered				1
Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Not Covered	
Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg Not Covered		Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Not Covered	
QS118 Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg Not Covered QS950 Injection, suffur hexafluoride lipid microspheres, per ml Not Covered QS970 Injection, ferric carboxymaltose, 1mg PA Required QS971 Injection, epoetin beta, 1 microgram, (for eard on dialysis) PA Required QS973 Injection, epoetin beta, 1 microgram, (for-eard on dialysis) PA Required QS974 Injection, epoetin beta, 1 microgram, (non-esrd use) PA Required QS975 Injection, peotetin beta, 1 microgram, (non-esrd use) PA Required QS976 Injection, peotetin beta, 1 microgram, (non-esrd use) PA Required QS977 Injection, pricity prophosphate citrate solution, 0.1 mg of iron PA Required QS977 Compounded drug, not otherwise classified PA Required QS978 Netupitant 300 mg and palonosetron 0.5 mg PA Required QS979 Injection, alemtuzumab, 1 mg PA Required QS980 Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg PA Required QS991 Injection, puprenorphine extended-release (sublocade), gest than or equal to 100 mg Carve Out Bill to Fee for Service Medicaid	Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Not Covered	
Q9950 Injection, sulfur hexafluoride lipid microspheres, per mi Not Covered Q9970 Injection, epricir carboxymaltose, 1mg PA Required Q9972 Injection, epoetin beta, 1 microgram, (for esrd on dialysis) PA Required Q9974 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 No PA Required Q9981 Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg Carve Out Bill to Fee for Service Medicaid Q9991 Injection, purpenorphine extended-release (sublocade), greater than 100 mg Carve Out Bill to Fee for Service Medicaid Q9991	Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	PA Required	
Injection, ferric carboxymaltose, 1mg PA Required	Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	Not Covered	
PA Required PA Required	Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	Not Covered	
Injection, epoetin beta, 1 microgram, (non-esrd use) PA Required	Q9970	Injection, ferric carboxymaltose, 1mg	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 Q9991 Injection, buprenorphine extended-release (sublocade), greater than 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 Q9992 Injection, emicizumab-kwwh, 0.5 mg Not Covered Not Covered Q9992 Injection, emicizumab-kwwh, 0.5 mg Not Covered	Q9972	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	PA Required	
Q9975 Injection, factor viii fc fusion protein (recombinant), per lu 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 Q9981 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, injection, injection, percentine extended-release (sublocade), greater than 100 mg Carve Out Bill to Fee for Service Medicaid Q9994 Injection, injection, injection, buprenorphine extended-release (sublocade), greater than 100 mg Not Covered Q9995 Injection, emiciaumab-kawh, 0.5 mg Not Covered S0012 Butorphanol tartrate, nasal spray, 2.5 mg Not Covered <td>Q9973</td> <td>Injection, epoetin beta, 1 microgram, (non-esrd use)</td> <td>PA Required</td> <td></td>	Q9973	Injection, epoetin beta, 1 microgram, (non-esrd use)	PA Required	
O9976 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 Q9993 Not Covered Not Covered S0012 Butorphanol tartrate, nasal spray, 25 mg Not Covered S0013 Tacrine hydrochloride, 10 mg Not PA Required S0014 Tacrine hydrochloride, 10 mg No PA Required S0020 Injection, eiperian, bupivicaine hydrochloride, 30 ml No PA Required S0021 Injection, cefoperazone sodium, 1 gram	Q9974	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	No PA Required	
09977Compounded drug, not otherwise classifiedPA Required09978Netupitant 300 mg and palonosetron 0.5 mgPA Required09979Injection, alemtuzumab, 1 mgPA Required09980Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mgPA Required09981Rolapitant, oral, 1 mgNo PA Required09992Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mgCarve OutBill to Fee for Service Medicaid09992Injection, buprenorphine extended-release (sublocade), greater than 100 mgCarve OutBill to Fee for Service Medicaid09993Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mgNot Covered09995Injection, emicizumab-kxwh, 0.5 mgNot Covered09012Butorphanol tartrate, nasal spray, 25 mgNot Covered09014Tacrine hydrochloride, 10 mgNot Covered09017Injection, aminocaproic acid, 5 gramsNo PA Required09020Injection, bupivicaine hydrochloride, 30 mlNo PA Required09021Injection, cefoperazone sodium, 1 gramPA Required09022Injection, cimetidine hydrochloride, 300 mgPA Required09033Injection, famotidine, 20 mgNo PA Required09034Injection, famotidine, 20 mgNo PA Required09035Injection, affolidine, 20 mgNo PA Required09036Injection, nafcillin sodium, 2 gramsNo PA Required09037Injection, ofloxacin, 400 mgNo PA Required	Q9975	Injection, factor viii fc fusion protein (recombinant), per iu	PA Required	
09978 Netupitant 300 mg and palonosetron 0.5 mg PA Required 09979 Injection, alemtuzumab, 1 mg PA Required 09980 Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg PA Required 09981 Rolapitant, oral, 1 mg No PA Required 09991 Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg Carve Out Bill to Fee for Service Medicaid 09992 Injection, buprenorphine extended-release (sublocade), greater than 100 mg Carve Out Bill to Fee for Service Medicaid 09993 Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg Not Covered 09995 Injection, emicizumab-kxwh, 0.5 mg Not Covered 09012 Butorphanol tartrate, nasal spray, 25 mg Not Covered 0014 Tacrine hydrochloride, 10 mg Not Covered 0017 Injection, aminocaproic acid, 5 grams No PA Required 0020 Injection, bupivicaine hydrochloride, 30 ml No PA Required 0021 Injection, cefoperazone sodium, 1 gram PA Required 0022 Injection, cimetidine hydrochloride, 300 mg No PA Required 0023 Injection, metronidazole, 500 mg <td< td=""><td>Q9976</td><td>Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron</td><td>PA Required</td><td></td></td<>	Q9976	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	PA Required	
O9979Injection, alemtuzumab, 1 mgPA RequiredO9980Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mgPA RequiredO9981Rolapitant, oral, 1 mgNo PA RequiredO9992Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mgCarve OutBill to Fee for Service MedicaidO9992Injection, buprenorphine extended-release (sublocade), greater than 100 mgCarve OutBill to Fee for Service MedicaidO9993Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mgNot CoveredO9995Injection, emicizumab-kxwh, 0.5 mgNot CoveredS0012Butorphanol tartrate, nasal spray, 25 mgNot CoveredS0013Tacrine hydrochloride, 10 mgNot CoveredS0014Tacrine hydrochloride, 10 mgNo PA RequiredS0015Injection, bupivicaine hydrochloride, 30 mlNo PA RequiredS0016Injection, bupivicaine hydrochloride, 30 mlNo PA RequiredS0017Injection, cefoperazone sodium, 1 gramPA RequiredS0028Injection, cimetidine hydrochloride, 300 mgPA RequiredS0029Injection, famotidine, 20 mgNo PA RequiredS0030Injection, metronidazole, 500 mgNo PA RequiredS0031Injection, nafcillin sodium, 2 gramsNo PA RequiredS0032Injection, ofloxacin, 400 mgNo PA Required	Q9977	Compounded drug, not otherwise classified	PA Required	
O9980 Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg PA Required O9981 Rolapitant, oral, 1 mg No PA Required O9992 Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg Carve Out Bill to Fee for Service Medicaid O9992 Injection, buprenorphine extended-release (sublocade), greater than 100 mg Carve Out Bill to Fee for Service Medicaid O9993 Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg Not Covered O9995 Injection, emicizumab-kxwh, 0.5 mg Not Covered S0012 Butorphanol tartrate, nasal spray, 25 mg Not Covered S0014 Tacrine hydrochloride, 10 mg Not PA Required S0014 Injection, aminocaproic acid, 5 grams No PA Required S0020 Injection, bupivicaine hydrochloride, 30 ml No PA Required S0021 Injection, cefoperazone sodium, 1 gram PA Required S0023 Injection, famotidine, 20 mg No PA Required S0024 Injection, metronidazole, 500 mg No PA Required S0030 Injection, nafcillin sodium, 2 grams No PA Required S0034 Injection, ofloxacin, 400 mg No	Q9978	Netupitant 300 mg and palonosetron 0.5 mg	PA Required	
Q9981Rolapitant, oral, 1 mgNo PA RequiredQ9991Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mgCarve OutBill to Fee for Service MedicaidQ9992Injection, buprenorphine extended-release (sublocade), greater than 100 mgCarve OutBill to Fee for Service MedicaidQ9993Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mgNot CoveredQ9995Injection, emicizumab-kxwh, 0.5 mgNot CoveredS0012Butorphanol tartrate, nasal spray, 25 mgNot CoveredS0014Tacrine hydrochloride, 10 mgNot CoveredS0017Injection, aminocaproic acid, 5 gramsNo PA RequiredS0020Injection, bupivicaine hydrochloride, 30 mlNo PA RequiredS0021Injection, cefoperazone sodium, 1 gramPA RequiredS0023Injection, cimetidine hydrochloride, 300 mgPA RequiredS0028Injection, famotidine, 20 mgNo PA RequiredS0030Injection, metronidazole, 500 mgNo PA RequiredS0032Injection, metronidazole, 500 mgNo PA RequiredS0034Injection, ofloxacin, 400 mgNo PA Required	Q9979	Injection, alemtuzumab, 1 mg	PA Required	
O9991Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mgCarve OutBill to Fee for Service MedicaidO9992Injection, buprenorphine extended-release (sublocade), greater than 100 mgCarve OutBill to Fee for Service MedicaidO9993Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mgNot CoveredO9995Injection, emicizumab-kxwh, 0.5 mgNot CoveredS0012Butorphanol tartrate, nasal spray, 25 mgNot CoveredS0014Tacrine hydrochloride, 10 mgNot CoveredS0017Injection, aminocaproic acid, 5 gramsNo PA RequiredS0020Injection, bupivicaine hydrochloride, 30 mlNo PA RequiredS0021Injection, cefoperazone sodium, 1 gramPA RequiredS0023Injection, cimetidine hydrochloride, 300 mgPA RequiredS0028Injection, famotidine, 20 mgNo PA RequiredS0030Injection, metronidazole, 500 mgNo PA RequiredS0032Injection, nafcillin sodium, 2 gramsNo PA RequiredS0034Injection, ofloxacin, 400 mgNo PA Required	Q9980	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	PA Required	
Q9992Injection, buprenorphine extended-release (sublocade), greater than 100 mgCarve OutBill to Fee for Service MedicaidQ9993Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mgNot CoveredQ9995Injection, emicizumab-kxwh, 0.5 mgNot CoveredS0012Butorphanol tartrate, nasal spray, 25 mgNot CoveredS0014Tacrine hydrochloride, 10 mgNot CoveredS0017Injection, aminocaproic acid, 5 gramsNo PA RequiredS0020Injection, bupivicaine hydrochloride, 30 mlNo PA RequiredS0021Injection, cefoperazone sodium, 1 gramPA RequiredS0023Injection, cimetidine hydrochloride, 300 mgPA RequiredS0028Injection, famotidine, 20 mgNo PA RequiredS0030Injection, metronidazole, 500 mgNo PA RequiredS0031Injection, nafcillin sodium, 2 gramsNo PA RequiredS0032Injection, ofloxacin, 400 mgNo PA Required	Q9981	Rolapitant, oral, 1 mg	No PA Required	
Q9993Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mgNot CoveredQ9995Injection, emicizumab-kxwh, 0.5 mgNot CoveredS0012Butorphanol tartrate, nasal spray, 25 mgNot CoveredS0014Tacrine hydrochloride, 10 mgNot CoveredS0017Injection, aminocaproic acid, 5 gramsNo PA RequiredS0020Injection, bupivicaine hydrochloride, 30 mlNo PA RequiredS0021Injection, cefoperazone sodium, 1 gramPA RequiredS0023Injection, cimetidine hydrochloride, 300 mgPA RequiredS0028Injection, famotidine, 20 mgNo PA RequiredS0030Injection, metronidazole, 500 mgNo PA RequiredS0031Injection, nafcillin sodium, 2 gramsNo PA RequiredS0032Injection, nafcillin sodium, 2 gramsNo PA RequiredS0033Injection, ofloxacin, 400 mgNo PA Required	Q9991	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	Carve Out	Bill to Fee for Service Medicaid
mgMot CoveredQ9995Injection, emicizumab-kxwh, 0.5 mgNot CoveredS0012Butorphanol tartrate, nasal spray, 25 mgNot CoveredS0014Tacrine hydrochloride, 10 mgNot CoveredS0017Injection, aminocaproic acid, 5 gramsNo PA RequiredS0020Injection, bupivicaine hydrochloride, 30 mlNo PA RequiredS0021Injection, cefoperazone sodium, 1 gramPA RequiredS0022Injection, cimetidine hydrochloride, 300 mgPA RequiredS0023Injection, famotidine, 20 mgNo PA RequiredS0030Injection, metronidazole, 500 mgNo PA RequiredS0031Injection, nafcillin sodium, 2 gramsNo PA RequiredS0032Injection, nafcillin sodium, 2 gramsNo PA RequiredS0033Injection, ofloxacin, 400 mgNo PA Required	Q9992	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	Carve Out	Bill to Fee for Service Medicaid
Q9995Injection, emicizumab-kxwh, 0.5 mgNot CoveredS0012Butorphanol tartrate, nasal spray, 25 mgNot CoveredS0014Tacrine hydrochloride, 10 mgNot CoveredS0017Injection, aminocaproic acid, 5 gramsNo PA RequiredS0020Injection, bupivicaine hydrochloride, 30 mlNo PA RequiredS0021Injection, cefoperazone sodium, 1 gramPA RequiredS0023Injection, cimetidine hydrochloride, 300 mgPA RequiredS0028Injection, famotidine, 20 mgNo PA RequiredS0030Injection, metronidazole, 500 mgNo PA RequiredS0031Injection, nafcillin sodium, 2 gramsNo PA RequiredS0032Injection, ofloxacin, 400 mgNo PA Required	Q9993	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1	Not Covered	
S0012Butorphanol tartrate, nasal spray, 25 mgNot CoveredS0014Tacrine hydrochloride, 10 mgNot CoveredS0017Injection, aminocaproic acid, 5 gramsNo PA RequiredS0020Injection, bupivicaine hydrochloride, 30 mlNo PA RequiredS0021Injection, cefoperazone sodium, 1 gramPA RequiredS0023Injection, cimetidine hydrochloride, 300 mgPA RequiredS0028Injection, famotidine, 20 mgNo PA RequiredS0030Injection, metronidazole, 500 mgNo PA RequiredS0031Injection, nafcillin sodium, 2 gramsNo PA RequiredS0032Injection, ofloxacin, 400 mgNo PA Required		-		
S0014 Tacrine hydrochloride, 10 mg Not Covered S0017 Injection, aminocaproic acid, 5 grams No PA Required S0020 Injection, bupivicaine 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 S0031 Injection, metronidazole, 500 mg No PA Required S0032 Injection, nafcillin sodium, 2 grams No PA Required S0033 Injection, ofloxacin, 400 mg No PA Required No PA Required No PA Required			Not Covered	
S0017 Injection, aminocaproic acid, 5 grams S0020 Injection, bupivicaine hydrochloride, 30 ml S0021 Injection, cefoperazone sodium, 1 gram S0023 Injection, cimetidine hydrochloride, 300 mg S0024 Injection, famotidine, 20 mg S0025 Injection, famotidine, 20 mg S0030 Injection, metronidazole, 500 mg No PA Required S0030 Injection, metronidazole, 500 mg No PA Required S0031 Injection, nafcillin sodium, 2 grams No PA Required S0032 Injection, nafcillin sodium, 2 grams No PA Required	S0012	Butorphanol tartrate, nasal spray, 25 mg	Not Covered	
S0020 Injection, bupivicaine hydrochloride, 30 ml S0021 Injection, cefoperazone sodium, 1 gram S0023 Injection, cimetidine hydrochloride, 300 mg S0028 Injection, famotidine, 20 mg S0030 Injection, metronidazole, 500 mg No PA Required S0030 Injection, metronidazole, 500 mg No PA Required S0031 Injection, nafcillin sodium, 2 grams No PA Required S0032 Injection, nafcillin sodium, 2 grams No PA Required No PA Required No PA Required No PA Required	S0014	Tacrine hydrochloride, 10 mg	Not Covered	
S0021Injection, cefoperazone sodium, 1 gramPA RequiredS0023Injection, cimetidine hydrochloride, 300 mgPA RequiredS0028Injection, famotidine, 20 mgNo PA RequiredS0030Injection, metronidazole, 500 mgNo PA RequiredS0032Injection, nafcillin sodium, 2 gramsNo PA RequiredS0034Injection, ofloxacin, 400 mgNo PA Required	S0017	Injection, aminocaproic acid, 5 grams	No PA Required	
S0023 Injection, cimetidine hydrochloride, 300 mg 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	S0020	Injection, bupivicaine hydrochloride, 30 ml	No PA Required	
S0028Injection, famotidine, 20 mgNo PA RequiredS0030Injection, metronidazole, 500 mgNo PA RequiredS0032Injection, nafcillin sodium, 2 gramsNo PA RequiredS0034Injection, ofloxacin, 400 mgNo PA Required	S0021	Injection, cefoperazone sodium, 1 gram	PA Required	
S0030Injection, metronidazole, 500 mgNo PA RequiredS0032Injection, nafcillin sodium, 2 gramsNo PA RequiredS0034Injection, ofloxacin, 400 mgNo PA Required	S0023	Injection, cimetidine hydrochloride, 300 mg	PA Required	
S0032 Injection, nafcillin sodium, 2 grams No PA Required S0034 Injection, ofloxacin, 400 mg No PA Required	S0028	Injection, famotidine, 20 mg	No PA Required	
S0034 Injection, ofloxacin, 400 mg No PA Required	S0030	Injection, metronidazole, 500 mg	No PA Required	
	S0032	Injection, nafcillin sodium, 2 grams	No PA Required	
S0039 Injection sulfamethoxazole and trimethonrim 10 ml	S0034	Injection, ofloxacin, 400 mg	No PA Required	
30035 Injection, sunametrioxazore and trimetrioprini, 10 mi	S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml	No PA Required	



S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 grams	PA Required	\neg
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 Not Covered	
		1	



CO1 E C	Francisco 25 mg	Not Coursed	
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	



Not Covered				
Smoking tessation gum Prescription drug, generic Prescription drug, generic Not Covered Prescription drug, brand name Not Covered Smoth Required Not Required Not Covered Smoth Regular Regu			Not Covered	
Prescription drug, generic Prescription drug, brand name Prescription drug, brand name Prescription drug, brand name Not Covered Prescription drug, brand name Not Covered South St. dextrose and 0.45% normal saline, 1000 ml Not Covered Prescription drug, generic Prescription drug, brand name Not Covered South St. dextrose in lactated ringer's, 1000 ml Not Covered South St. dextrose with potassium chloride, 1000 ml Not Covered South St. dextrose with potassium chloride, 1000 ml Not Covered South St. dextrose with potassium chloride, 1000 ml Not Covered South St. dextrose (7.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml Not Covered South St. dextrose (7.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml Not Covered Home infusion therapy, routine service of infusion device (e.g., pump maintenance) Not Covered Home infusion therapy, reapir of infusion device (e.g., pump repair) Not Covered Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drug sand nursing wists coded separately), per diem Not Covered South 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 (drug and nursing wists coded separately), per diem Not Covered South 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 (drug and nursing wists coded separately), per diem Not Covered Not Covered	S4993	Contraceptive pills for birth control	Not Covered	
Prescription drug, Irrand name Not Covered	S4995	Smoking cessation gum	Not Covered	
Sw dextrose and 0.45% normal saline, 1000 ml No PA Required	S5000	Prescription drug, generic	Not Covered	
Sw dextrose in lactated ringer's, 1000 ml Not Covered	S5001	Prescription drug, brand name	Not Covered	
Switz Swit	S5010	5% dextrose and 0.45% normal saline, 1000 ml	No PA Required	
55013 5% dextrose with potassium chloride, 1000 ml Not Covered 55014 5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml Not Covered 55035 Home infusion therapy, routine service of infusion device (e.g., pump maintenance) Not Covered 55036 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 55498 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 55501 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 55502 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 55502 Home infusion therapy, all supplies necessary for restor	S5011	5% dextrose in lactated ringer's, 1000 ml	Not Covered	
55014 5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml Not Covered 55035 Home infusion therapy, routine service of infusion device (e.g., pump maintenance) Not Covered 55036 Home infusion therapy, repair of infusion device (e.g., pump repair) Not Covered 55036 Home infusion therapy, repair of infusion device (e.g., pump repair) Not Covered 55036 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 55048 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 5504 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 5504 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 5504 Home infusion therapy, all supplies necessary for a restoration of catheter patency or declotting 5505 Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting 5506 Home infusion therapy, all supplies necessary for a peripherally inserted central venous catheter (picc) line insertion 5507 Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion 5508 Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing 5509 Home infusion therapy, insertion of peripherally inserted central ven	S5012	5% dextrose with potassium chloride, 1000 ml	Not Covered	
S5035 Home infusion therapy, routine service of infusion device (e.g., pump maintenance) Not Covered	S5013	5% dextrose with potassium chloride, 1000 ml	Not Covered	
S5036 Home infusion therapy, repair of infusion device (e.g., pump repair) Not Covered	S5014	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	Not Covered	
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 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 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 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) S5517 Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting Home infusion therapy, all supplies necessary for catheter repair Not Covered S5518 Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion S5521 Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion PA Required Work Covered S5522 Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing S5523 Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing S5524 Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included) S5525 Insulin, rapid onset, 5 units	S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	Not Covered	
services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem 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 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 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 S5502 Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting S5518 Home infusion therapy, all supplies necessary for catheter repair S5519 Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion S5520 Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion S5521 Home infusion therapy, insertion of peripherally inserted central venous catheter (picc) line insertion S5522 Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing services only (no supplies or catheter included) S5523 Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included) S5524 Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	Not Covered	
services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem 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 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) Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion PA Required Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing services only (no supplies or catheter included) Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included) Not Covered Insulin, rapid onset, 5 units	S5497	services, professional pharmacy services, care coordination, and all necessary supplies and equipment	Not Covered	
administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem 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) S5517 Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting Not Covered Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion S5521 Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion S5522 Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing services only (no supplies or catheter included) S5523 Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included) S5524 Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included) S5525 Insulin, rapid onset, 5 units	S5498	services, professional pharmacy services, care coordination and all necessary supplies and equipment,	Not Covered	
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) S5517 Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting Not Covered S5518 Home infusion therapy, all supplies necessary for catheter repair Not Covered Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion S5521 Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion PA Required Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing services only (no supplies or catheter included) Not Covered Not Covered Not Covered Not Covered Insulin, rapid onset, 5 units	S5501	administrative services, professional pharmacy services, care coordination, and all necessary supplies	Not Covered	
S5518 Home infusion therapy, all supplies necessary for catheter repair S5520 Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion S5521 Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion S5522 Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing services only (no supplies or catheter included) S5523 Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included) S5550 Insulin, rapid onset, 5 units Not Covered Not Covered Not Covered Not Covered Not Covered	S5502	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	Not Covered	
Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion PA Required Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing services only (no supplies or catheter included) Not Covered Catheter included) Not Covered	S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	Not Covered	
venous catheter (picc) line insertion 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) S5523 Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included) S550 Insulin, rapid onset, 5 units Not Covered Not Covered	S5518	Home infusion therapy, all supplies necessary for catheter repair	Not Covered	
S5522 Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing services only (no supplies or catheter included) S5523 Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included) S5550 Insulin, rapid onset, 5 units Not Covered	S5520	venous catheter (picc) line insertion	PA Required	
services only (no supplies or catheter included) S5523 Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included) S5550 Insulin, rapid onset, 5 units Not Covered	S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	PA Required	
catheter included) S5550 Insulin, rapid onset, 5 units Not Covered		services only (no supplies or catheter included)		
	S5523	catheter included)	Not Covered	
S5551 Insulin, most rapid onset (lispro or aspart); 5 units 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	



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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	
\$9353	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-spasmotic 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) 93365 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 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 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 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 line including standard tpn formula lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem line drugs standard tpn formula lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem line drugs and part professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem line drugs and interessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hoparin to maintain patency) line (do not use with vidration therapy, hydration therapy, hydration therapy, more than				T
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S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services,	Not Covered	
	professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits		
50070	coded separately), per diem		
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services,	Not Covered	
	professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs		
	and nursing visits coded separately), per diem		
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	Not Covered	
	services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded		
	separately), per diem		
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services,	Not Covered	
	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)		
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative	Not Covered	
	services, professional pharmacy services, care coordination, and all necessary supplies and equipment		
	(drugs and nursing visits coded separately), per diem		
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours;	Not Covered	
	administrative services, professional pharmacy services, care coordination, and all necessary supplies		
	and equipment (drugs and nursing visits coded separately), per diem		
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours;	Not Covered	
	administrative services, professional pharmacy services, care coordination, and all necessary supplies		
	and equipment (drugs and nursing visits coded separately), per diem		
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative	Not Covered	
	services, professional pharmacy services, care coordination, and all necessary supplies and equipment		
	(drugs and nursing visits coded separately), per diem		
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services,	Not Covered	
	professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs		
	and nursing visits coded separately), per diem		
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services,	Not Covered	
	professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs		
	and nursing visits coded separately), per diem		
S9529	Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled	Not Covered	
	nursing facility patient		
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, g-csf, gm-csf);	Not Covered	
	administrative services, professional pharmacy services, care coordination, and all necessary supplies		
	and equipment (drugs and nursing visits coded separately), per diem		
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care	Not Covered	
	coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits		
	coded separately), per diem		



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