

| HCPC/MOD | IN MCD | BRAND NAME | LONG DESCRIPTION | SHORT DESCRIPTION | Limits |
|----------|---|---|--|--|-------------------------|
| 90375 | No Auth. Required | HyperRab | Rabies Immune Globulin (Human) | Rabies Immune Globulin (Human) | |
| 90378 | Pharmacy Benefit | Synagis | Palivizumab | Synagis | Up to 5 treatments |
| 90380 | No Auth. Required | Beyfortus | Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use | | |
| 90381 | No Auth. Required | Beyfortus | Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use | | |
| 90480 | No Auth. Required | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose | | |
| 90675 | No Auth. Required | Imovax Rabavert | Rabies vaccine, for intramuscular use (Code price is per 1 mL) | Rabies vaccine, for intramuscular use | |
| 90678 | Not Covered | Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use | | | |
| 90679 | Not Covered | Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use | | | |
| 91304 | Bill directly to Fee for Service State Medicaid | Novavax | Novavax Covid-19 Vaccine, Adjuvanted (Aged 12 years and older) | SARSCO2 VAC 5MCG/0.5ML IM | |
| 91313 | Bill directly to Fee for Service State Medicaid | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use | | | |
| 91314 | Bill directly to Fee for Service State Medicaid | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use | | | |
| 91315 | Bill directly to Fee for Service State Medicaid | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | | | |
| 91316 | Not Covered | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosa | | | |
| 91317 | Not Covered | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage | | | |
| 91318 | No Auth. Required | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, | | | |
| 91319 | No Auth. Required | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, | | | |
| 91320 | No Auth. Required | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, | | | |
| 91321 | No Auth. Required | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use | | | |
| 91322 | No Auth. Required | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use | | | |
| 96380 | No Auth. Required | Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care profe | | | |
| 96381 | No Auth. Required | Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection | | | |
| 99501 | No Auth. Required | Postpartum Maternal Newborn Assessment Service | Postpartum Maternal Newborn Assessment Service | Postpartum Maternal Newborn Assessment Service | 4 Units Within 180 days |
| 99502 | No Auth. Required | Newborn Assessment | Newborn Assessment | Newborn Assessment | 4 Units Within 180 days |
| 99506 | Auth Required | Home Nursing Visit for Medication Administration | Home Nursing Visit for Medication Administration | Home Nursing Visit for Medication Administration | |
| 99600 | No Auth. Required | 17Alpha-hydroxyprogesterone Caproate (17P) Administration Nursing Service | 17Alpha-hydroxyprogesterone Caproate (17P) Administration Nursing Service | 17Alpha-hydroxyprogesterone Caproate (17P) Administration Nursing Service | |
| 99601 | No Auth. Required | Home infusion/specialty drug administration, per visit (up to 2 hours) | Home infusion/specialty drug administration, per visit (up to 2 hours) | Home infusion/specialty drug administration, per visit (up to 2 hours) | Up to 2 hours per day |
| 99602 | No Auth. Required | Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code 99601 for primary procedure) (Use 99602 in conjunction with 99601) | Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code 99601 for primary procedure) (Use 99602 in conjunction with 99601) | Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code 99601 for primary procedure) (Use 99602 in conjunction with 99601) | Up to 2 hours per day |
| 0054A[4] | Bill directly to Fee for Service State Medicaid | Pfizer | Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration - Booster | ADM SARSCV2 30MCG TRS-SUCR B | |
| 0064A[4] | Bill directly to Fee for Service State Medicaid | Moderna | Moderna Covid-19 Vaccine (Red Cap) (Low Dose) Administration - Booster | ADM SARSCO2 50MCG/0.25MLBST | |
| 0094A[4] | Bill directly to Fee for Service State Medicaid | Moderna | Moderna Covid-19 Vaccine (Aged 18 years and older) (Blue Cap with purple border) 50MCG/0.5ML Administration - Booster | ADM SARSCO2 50MCG/0.5 MLBST | |
| 0121A | Bill directly to Fee for Service State Medicaid | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; single dose | | | |
| 0141A | Bill directly to Fee for Service State Medicaid | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; first dose | | | |
| 0142A | Bill directly to Fee for Service State Medicaid | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; second dose | | | |

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| 0151A | Bill directly to Fee for Service State Medicaid | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; single dose | | |
| 0171A | Bill directly to Fee for Service State Medicaid | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose | | |
| 0172A | Bill directly to Fee for Service State Medicaid | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose | | |
| A4216 | No Auth. Required | Sterile water | Sterile water, saline, and/or dextrose, diluent/flush, 10 mL | Sterile water | |
| A4221 | No Auth. Required | | Supp non-insulin inf cath/wk | Supp non-insulin inf cath/wk | |
| A4222 | No Auth. Required | | Infusion supplies with pump | Infusion supplies with pump | |
| A4223 | No Auth. Required | | Infusion supplies w/o pump | Infusion supplies w/o pump | |
| A4224 | No Auth. Required | | Supply insulin inf cath/wk | Supply insulin inf cath/wk | |
| A4238 | Auth Required | Guardian | Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service | | |
| A4239 | Pharmacy Benefit | Freestyle Libre Dexcom | Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service | | |
| A9513 | Auth Required | Lutathera | Lutetium lu, dotatete, therapeutic, 1 millicurie | lutetium lu 177 | |
| A9606 | Auth Required | Xofigo | Radium Ra 223 dichloride | Xofigo | |
| A9276 | Auth Required | | Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply | | |
| A9277 | Auth Required | | Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system | | |
| A9278 | Auth Required | | Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system | | |
| B4148 | Auth Required | | Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | Enteral feed elastomer daily | |
| B4164 | No Auth. Required | | Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix | Parenteral 50% dextrose solu | |
| B4168 | No Auth. Required | | Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix | Parenteral sol amino acid 3. | |
| B4172 | No Auth. Required | | Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix | Parenteral sol amino acid 5. | |
| B4176 | No Auth. Required | | Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix | Parenteral sol amino acid 7- | |
| B4178 | No Auth. Required | | Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix | Parenteral sol amino acid > | |
| B4180 | No Auth. Required | | Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix | Parenteral sol carb > 50% | |
| B4185 | No Auth. Required | Clinolipid, Nutrilipid, Smolipid, Intralipid | Parenteral nutrition solution, not otherwise specified, 10 grams lipids | Pn soln nos 10 grams lipids | |
| B4187 | No Auth. Required | Omegaven | Omegaven, 10 grams lipids | Omegaven, 10 grams lipids | |
| B4189 | No Auth. Required | | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix | Parenteral sol amino acid & | |
| B4193 | No Auth. Required | | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix | Parenteral sol 52-73 gm prot | |
| B4197 | No Auth. Required | | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix | Parenteral sol 74-100 gm pro | |
| B4199 | No Auth. Required | | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix | Parenteral sol > 100gm prote | |
| B4216 | No Auth. Required | | Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day | Parenteral nutrition additiv | |
| B4220 | No Auth. Required | | Parenteral nutrition supply kit; premix, per day | Parenteral supply kit premix | |
| B4222 | Auth Required | | Parenteral nutrition supply kit; home mix, per day | Parenteral supply kit homemi | |
| B4224 | No Auth. Required | | Parenteral nutrition administration kit, per day | Parenteral administration ki | |
| B5000 | No Auth. 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 | Parenteral sol renal-amirosoy | |
| B5100 | No Auth. Required | | Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, hepatamine-premix | Parenteral solution hepatic | |
| B5200 | No Auth. Required | | 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 sol hepatic fream | |
| B9006 | Auth Required | | Parenteral nutrition infusion pump, stationary | Parenteral infus pump statio | |
| B9999 | Auth Required | | Noc for parenteral supplies | Parenteral supp not othrws c | |
| C9046 | Auth Required | Cocaine, Goprelto | Cocaine hydrochloride nasal solution for topical administration, 1 mg | Cocaine hcl nasal solution | |
| C9047 | Auth Required | Cablivi | Injection, caplacizumab-yhdp, 1 mg | Injection, caplacizumab-yhdp | |
| C9088 | Auth Required | Zynrelef | Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg | Instill, bupivac and meloxic | |
| C9089 | Not Covered | Xaracoll | Bupivacaine, collagen-matrix implant, 1 mg | Bupivacaine implant, 1 mg | |
| C9092 | No Auth. Required | Xipere | Injection, triamcinolone acetone, suprachoroidal (Xipere), 1 mg | | |
| C9095 | No Auth. Required | Kimtrak | Inj, tebentafusp-tebn, 1 mcg | | |
| C9143 | No Auth. Required | Cocaine hydrochloride nasal solution (Numbirino), 1 mg | | | |
| C9144 | Not Covered | Injection, bupivacaine (Posimir), 1 mg | | | |
| C9145 | Not Covered | Aponvie | Injection, aprepitant, (Aponvie), 1 mg | Inj, aponvie, 1 mg | |

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| C9248 | No Auth. Required | Cleviprex | Injection, clevidipine butyrate, 1 mg | Inj, clevidipine butyrate | |
| C9254 | No Auth. Required | Vimpat | Injection, lacosamide, 1 mg | Injection, lacosamide | |
| C9257 | Auth Required | Avastin | Injection, bevacizumab, 0.25 mg | Bevacizumab injection | |
| C9285 | No Auth. Required | Synera | Lidocaine 70 mg/tetracaine 70 mg, per patch | Patch, lidocaine/tetracaine | |
| C9290 | No Auth. Required | Exparel | Injection, bupivacaine liposome, 1 mg | Inj, bupivacaine liposome | |
| C9293 | No Auth. Required | Voraxaze | Injection, glucarpidase, 10 units | Injection, glucarpidase | |
| C9399 | Auth Required | Unclassified code | Unclassified drugs or biologicals | Unclassified drugs or biolog | |
| C9460 | No Auth. Required | Kengreal | Injection, cangrelor, 1 mg | Injection, cangrelor | |
| C9462 | Auth Required | Baxdela | Injection, delafloxacin, 1 mg | Injection, delafloxacin | |
| C9488 | Auth Required | Vaprisol | Injection, conivaptan hydrochloride, 1 mg | Conivaptan hcl | |
| E2102 | Auth Required | Guardian | Adjunctive, non-implanted continuous glucose monitor or receiver | | |
| E2103 | Pharmacy Benefit | Freestyle Libre Dexcom | Non-adjunctive, non-implanted continuous glucose monitor or receiver | | |
| G1028 | Not Covered | | Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addit | Take home supply 8mg per 0.1 | |
| J0121 | Auth Required | Nuzyra | Injection, omadacycline, 1 mg | Inj., omadacycline, 1 mg | |
| J0122 | Auth Required | Xerava | Injection, eravacycline, 1 mg | Inj., eravacycline, 1 mg | |
| J0129 | Auth Required | Orencia | 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) | Abatacept injection | Self-administered: 4 units per 28 days Infusion: 100 units per 28 days |
| J0131 | No Auth. Required | Ofirmev | Injection, acetaminophen, 10 mg | Acetaminophen injection | |
| J0132 | No Auth. Required | Mucormyst | Injection, acetylcysteine, 100 mg | Acetylcysteine injection | |
| J0133 | No Auth. Required | Zovirax | Injection, acyclovir, 5 mg | Acyclovir injection | |
| J0134 | No Auth. Required | Injection, acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg | | | |
| J0135 | Pharmacy Benefit | Humira | Injection, adalimumab, 20 mg | Adalimumab injection | 4 per 28 days |
| J0136 | No Auth. Required | Injection, acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg | | | |
| J0137 | No Auth. Required | | Injection, acetaminophen (Hikma) not therapeutically equivalent to J0131, 10 mg | Inj, acetaminophen (hikma) | |
| J0153 | No Auth. Required | Adenosine | Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds) | Adenosine inj 1mg | |
| J0171 | Auth Required | Epinephrine | Injection, adrenalin, epinephrine, 0.1 mg | Adrenalin epinephrine inject | |
| J0172 | Auth Required | Aduhelm | Injection, aducanumab-avwa, 2 mg | Inj, aducanumab-avwa, 2 mg | |
| J0173 | No Auth. Required | Injection, epinephrine (Belcher) not therapeutically equivalent to J0171, 0.1 mg | | | |
| J0174 | Auth Required | | Injection, lecanemab-irmb, 1 mg | Inj, lecanemab-irmb, 1 mg | |
| J0178 | Auth Required | Eylea | Injection, aflibercept, 1 mg | Aflibercept injection | |
| J0179 | Auth Required | Beovu | Injection, brotacizumab-dblb, 1 mg | Inj, brotacizumab-dblb, 1 mg | |
| J0180 | Auth Required | Fabrazyme | Injection, agalsidase beta, 1 mg | Agalsidase beta injection | |
| J0185 | Auth Required | Cinvanti | Injection, aprepitant, 1 mg | Inj., aprepitant, 1 mg | |
| J0202 | Auth Required | Lemtrada | Injection, alemtuzumab, 1 mg | Injection, alemtuzumab | |
| J0205 | Auth Required | | Injection, alglucerase, per 10 units | Alglucerase injection | |
| J0206 | No Auth. Required | | Injection, allopurinol sodium, 1 mg | Inj allopurinol sodium 1 mg | |
| J0207 | No Auth. Required | Ethylol | Injection, amifostine, 500 mg | Amifostine | |
| J0208 | Auth Required | | Injection, sodium thiosulfate, 100 mg | Inj sodium thiosulfate 100mg | |
| J0215 | Auth Required | | Injection, alefacept, 0.5 mg | Alefacept | |
| J0216 | No Auth. Required | | Injection, alfentanil HCl, 500 mcg | Inj, alfentanil hcl, 500mcg | |
| J0218 | Auth Required | Xenpozyme | Injection, olipudase alfa-rpcp, 1 mg | Inj olipudase alfa-rpcp 1mg | |
| J0219 | Auth Required | Nexvazyme | Injection, avalglucosidase alfa-ngpt, 4 mg | | |
| J0220 | Auth Required | | Injection, alglucosidase alfa, 10 mg, not otherwise specified | Alglucosidase alfa injection | |
| J0221 | Bill directly to Fee for Service State Medicaid | Lumizyme | Injection, alglucosidase alfa, (lumizyme), 10 mg | Lumizyme injection | |
| J0222 | Auth Required | Onpattro | Injection, patisiran, 0.1 mg | Inj., patisiran, 0.1 mg | |
| J0223 | Auth Required | Givlaari | Injection, givosiran, 0.5 mg | Inj givosiran 0.5 mg | |
| J0224 | Auth Required | Oxlumo | Injection, lumasiran, 0.5 mg | Inj. lumasiran, 0.5 mg | |
| J0225 | Auth Required | Injection, vutrisiran, 1 mg | | | |
| J0248 | No Auth. Required | Veklury | Injection, remdesivir, 1 mg | Inj. remdesivir, 1 mg | |
| J0256 | Auth Required | Aralast NP Prolastin-C | Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg | Alpha 1 proteinase inhibitor | 60mg/kg once weekly |
| J0257 | No Auth. Required | Glassia | Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg | Glassia injection | |
| J0270 | No Auth. Required | Edex | 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) | Alprostadil for injection | |
| J0275 | No Auth. Required | Muse | Alprostadil urethral suppository (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered) | Alprostadil urethral suppos | |
| J0278 | No Auth. Required | Amikacin | Injection, amikacin sulfate, 100 mg | Amikacin sulfate injection | |
| J0280 | No Auth. Required | Aminophylline | Injection, aminophyllin, up to 250 mg | Aminophyllin 250 mg inj | |
| J0282 | No Auth. Required | Amiodarone | Injection, amiodarone hydrochloride, 30 mg | Amiodarone hcl | |
| J0283 | No Auth. Required | Injection, amiodarone HCl (Nexterone), 30 mg | | | |
| J0285 | No Auth. Required | Amphotericin B | Injection, amphotericin b, 50 mg | Amphotericin b | |
| J0287 | No Auth. Required | Abelcet | Injection, amphotericin b lipid complex, 10 mg | Amphotericin b lipid complex | |
| J0289 | No Auth. Required | Ambisome | Injection, amphotericin b liposome, 10 mg | Amphotericin b liposome inj | |
| J0290 | No Auth. Required | Ampicillin | Injection, ampicillin sodium, 500 mg | Ampicillin 500 mg inj | |
| J0291 | No Auth. Required | Zemdri | Injection, plazomicin, 5 mg | Inj., plazomicin, 5 mg | |
| J0295 | No Auth. Required | Unasyn | Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm | Ampicillin sulbactam 1.5 gm | |
| J0300 | No Auth. Required | Amytal | Injection, amobarbital, up to 125 mg | Amobarbital 125 mg inj | |
| J0330 | No Auth. Required | Succinylcholine | Injection, succinylcholine chloride, up to 20 mg | Succinylcholine chloride inj | |
| J0348 | No Auth. Required | Eraxis | Injection, anidulafungin, 1 mg | Anidulafungin injection | |
| J0349 | Auth Required | Rezzayo | Injection, rezafungin, 1 mg | Inj, rezafungin, 1 mg | |
| J0360 | No Auth. Required | Aprisoline | Injection, hydralazine hcl, up to 20 mg | Hydralazine hcl injection | |
| J0364 | Auth Required | Apokyn | Injection, apomorphine hydrochloride, 1 mg | Apomorphine hydrochloride | |
| J0401 | No Auth. Required | Abilify Maintena | Injection, aripiprazole, extended release, 1 mg | Inj aripiprazole ext rel 1mg | |
| J0456 | No Auth. Required | Zithromax | Injection, azithromycin, 500 mg | Azithromycin | |
| J0457 | No Auth. Required | | Injection, aztreonam, 100 mg | Injection, aztreonam, 100 mg | |
| J0461 | No Auth. Required | Atropine | Injection, atropine sulfate, 0.01 mg | Atropine sulfate injection | |
| J0470 | No Auth. Required | Ban in Oil | Injection, dimercaprol, per 100 mg | Dimecaprol injection | |
| J0475 | No Auth. Required | Lioresal | Injection, baclofen, 10 mg | Baclofen 10 mg injection | |
| J0476 | No Auth. Required | Lioresal IT | Injection, baclofen, 50 mcg for intrathecal trial | Baclofen intrathecal trial | |
| J0480 | No Auth. Required | Simulect | Injection, basiliximab, 20 mg | Basiliximab | |
| J0485 | No Auth. Required | Nulojix | Injection, belatacept, 1 mg | Belatacept injection | |
| J0490 | Auth Required | Benlysta | Injection, belimumab, 10 mg | Belimumab injection | |
| J0491 | No Auth. Required | Saphnelo | Injection, anifrolumab-fnia, 1 mg | | |
| J0500 | No Auth. Required | Bentyl | Injection, dicyclomine hcl, up to 20 mg | Dicyclomine injection | |
| J0515 | No Auth. Required | Cogentin | Injection, benztropine mesylate, per 1 mg | Inj benztropine mesylate | |
| J0517 | Auth Required | Fasenra | Injection, benralizumab, 1 mg | Inj., benralizumab, 1 mg | |
| J0558 | No Auth. Required | Bicillin C-R | Injection, penicillin g benzathine and penicillin g procaine, 100,000 units | PenG benzathine/procaine inj | |

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| J0561 | No Auth. Required | Bicillin L-A | Injection, penicillin g benzathine, 100,000 units | Penicillin g benzathine inj | |
| J0565 | Auth Required | Zinplava | Injection, bezlotoxumab, 10 mg | Inj, bezlotoxumab, 10 mg | |
| J0567 | Auth Required | Brineura | Injection, cerliponase alfa, 1 mg | Inj., cerliponase alfa 1 mg | |
| J0570 | Auth Required | Probuphine | Buprenorphine implant, 74.2 mg | Buprenorphine implant 74.2mg | 1 unit for 6 months with a 6 month reauth only |
| J0571 | Pharmacy Benefit | Subutex | Buprenorphine, oral, 1 mg | Buprenorphine oral 1mg | |
| J0572 | Pharmacy Benefit | Suboxone | Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine | Bupren/nal up to 3mg bupreno | |
| J0573 | Pharmacy Benefit | Suboxone | Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine | Bupren/nal 3.1 to 6mg bupren | |
| J0574 | Pharmacy Benefit | Suboxone | Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine | Bupren/nal 6.1 to 10mg bupre | |
| J0575 | Pharmacy Benefit | Suboxone | Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine | Bupren/nal over 10mg bupreno | |
| J0583 | No Auth. Required | Angiomax | Injection, bivalirudin, 1 mg | Bivalirudin | |
| J0584 | Auth Required | Crysvita | Injection, burosumab-twza 1 mg | Injection, burosumab-twza 1m | |
| J0585 | Auth Required | Botox | Injection, onabotulinumtoxin a, 1 unit | Injection, onabotulinumtoxin a | |
| J0586 | Auth Required | Dysport | Injection, abobotulinumtoxin a, 5 units | Abobotulinumtoxin a | |
| J0587 | Auth Required | Myobloc | Injection, rimabotulinumtoxin b, 100 units | Inj, rimabotulinumtoxin b | |
| J0588 | Auth Required | Xeomin | Injection, incobotulinumtoxin a, 1 unit | Incobotulinumtoxin a | |
| J0591 | Auth Required | Kybella | Injection, deoxycholic acid, 1 mg | Inj deoxycholic acid, 1 mg | |
| J0592 | Auth Required | Buprenex | Injection, buprenorphine hydrochloride, 0.1 mg | Buprenorphine hydrochloride | |
| J0593 | Auth Required | Takzyro | 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) | Inj., lanadelumab-flyo, 1 mg | |
| J0594 | No Auth. Required | Busulfex | injection, busulfan, 1 mg | Busulfan injection | |
| J0595 | Auth Required | Stadol | Injection, butorphanol tartrate, 1 mg | Butorphanol tartrate 1 mg | |
| J0596 | Auth Required | Ruconest | Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units | Injection, ruconest | 56mL per 30 days |
| J0597 | Auth Required | Berinert | Injection, c-1 esterase inhibitor (human), berinert, 10 units | C-1 esterase, berinert | Adult: 50mL per 30 days Pediatric: 30mL per 30 days |
| J0598 | Auth Required | Cinryze | Injection, c-1 esterase inhibitor (human), cinryze, 10 units | C-1 esterase, cinryze | |
| J0599 | Auth Required | Haegarda | Injection, c-1 esterase inhibitor (human), (haegarda), 10 units | Inj., haegarda 10 units | |
| J0600 | No Auth. Required | Calcium Disodium Versenate | Injection, edetate calcium disodium, up to 1000 mg | Edetate calcium disodium inj | |
| J0604 | No Auth. Required | Sensipar | Cinacalcet, oral, 1 mg, (for esrd on dialysis) | Cinacalcet, esrd on dialysis | |
| J0606 | Auth Required | Parsabiv | Injection, etelcalcetide, 0.1 mg | Inj, etelcalcetide, 0.1 mg | |
| J0612 | Auth Required | | Injection, calcium gluconate (Fresenius Kabi), per 10 mg | Calcium glucon (fresenius) | |
| J0613 | Auth Required | | Injection, calcium gluconate (WG Critical Care), per 10 mg | Calcium glucon (wg critical) | |
| J0630 | Auth Required | Miacalcin | Injection, calcitonin salmon, up to 400 units | Calcitonin salmon injection | |
| J0636 | No Auth. Required | Calcitrol | Injection, calcitriol, 0.1 mcg | Inj calcitriol per 0.1 mcg | |
| J0637 | No Auth. Required | Cancidas | Injection, caspofungin acetate, 5 mg | Caspofungin acetate | |
| J0638 | Auth Required | Ilaris | Injection, canakinumab, 1 mg | Canakinumab injection | 2 units per 28 days |
| J0640 | No Auth. Required | Leucovorin Calcium | Injection, leucovorin calcium, per 50 mg | Leucovorin calcium injection | |
| J0641 | No Auth. Required | Fusilev | Injection, levoleucovorin, not otherwise specified, 0.5 mg | Inj levoleucovorin nos 0.5mg | |
| J0642 | Auth Required | Khazory | Injection, levoleucovorin (khazory), 0.5 mg | Injection, khazory, 0.5 mg | |
| J0665 | No Auth. Required | | Injection, bupivacaine, not otherwise specified, 0.5 mg | Inj, bupivacaine, nos, 0.5mg | |
| J0670 | No Auth. Required | Carbocaine | Injection, mepivacaine hydrochloride, per 10 ml | Inj mepivacaine hcl/10 ml | |
| J0689 | No Auth. Required | | Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg | | |
| J0690 | No Auth. Required | Kefzol | Injection, cefazolin sodium, 500 mg | Cefazolin sodium injection | |
| J0691 | Auth Required | Xenleta | Injection, lefamulin, 1 mg | Inj lefamulin 1 mg | |
| J0692 | No Auth. Required | Maxipime | Injection, cefepime hydrochloride, 500 mg | Cefepime hcl for injection | |
| J0694 | No Auth. Required | Cefoxitin | Injection, cefoxitin sodium, 1 gm | Cefoxitin sodium injection | |
| J0695 | No Auth. Required | Zerbaxa | Injection, ceftolozane 50 mg and tazobactam 25 mg | Inj ceftolozane tazobactam | |
| J0696 | No Auth. Required | Rocephin | Injection, ceftriaxone sodium, per 250 mg | Ceftriaxone sodium injection | |
| J0697 | No Auth. Required | Zinacef | Injection, sterile cefuroxime sodium, per 750 mg | Sterile cefuroxime injection | |
| J0698 | No Auth. Required | Claforan | Injection, cefotaxime sodium, per gm | Cefotaxime sodium injection | |
| J0699 | Auth Required | Fetroja | Injection, cefiderocol, 10 mg | Inj, cefiderocol, 10 mg | |
| J0701 | No Auth. Required | | Injection, cefepime HCl (Baxter), not therapeutically equivalent to Maxipime, 500 mg | | |
| J0702 | No Auth. Required | Celestone Soluspan | Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg | Betamethasone acet&sod phosp | |
| J0703 | No Auth. Required | | Injection, cefepime HCl (B. Braun), not therapeutically equivalent to Maxipime, 500 mg | | |
| J0706 | No Auth. Required | Cafcit | Injection, caffeine citrate, 5 mg | Caffeine citrate injection | |
| J0712 | No Auth. Required | Teflaro | Injection, ceftaroline fosamil, 10 mg | Ceftaroline fosamil inj | |
| J0713 | No Auth. Required | Fortaz Tazicef | Injection, ceftazidime, per 500 mg | Inj ceftazidime per 500 mg | |
| J0714 | Auth Required | Avycza | Injection, ceftazidime and avibactam, 0.5 g/0.125 g | Ceftazidime and avibactam | |
| J0716 | No Auth. Required | Anascorp | Injection, centrurroids immune f(ab)2, up to 120 milligrams | Centrurroids immune f(ab) | |
| J0717 | Auth Required | Cimzia | 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) | Certolizumab pegol inj 1mg | 1200 units per 28 days |
| J0720 | No Auth. Required | Chloramphenicol | Injection, chloramphenicol sodium succinate, up to 1 gm | Chloramphenicol sodium injec | |
| J0725 | Auth Required | Novarel Pregnyl | Injection, chorionic gonadotropin, per 1,000 usp units | Chorionic gonadotropin/1000u | |
| J0735 | No Auth. Required | Duraclon | Injection, clonidine hydrochloride, 1 mg | Clonidine hydrochloride | |
| J0736 | No Auth. Required | | Injection, clindamycin phosphate, 300 mg | Inj, clindamycin phosp 300mg | |
| J0737 | No Auth. Required | | Injection, clindamycin phosphate (Baxter), not therapeutically equivalent to J0736, 300 mg | Inj, clindamycin (baxter) | |
| J0739 | Auth Required | Apretude | Injection, cabotegravir, 1 mg | | |
| J0740 | No Auth. Required | Cidofovir | Injection, cidofovir, 375 mg | Cidofovir injection | |
| J0741 | Auth Required | Cabenuva | Injection, cabotegravir and rilpivirine, 2 mg/3 mg | Inj, cabote rilpivir 2mg 3mg | |
| J0742 | Auth Required | Recarbrio | Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg | Inj imip 4 cilas 4 releb 2mg | |
| J0743 | No Auth. Required | Timentin | Injection, cilastatin sodium; imipenem, per 250 mg | Cilastatin sodium injection | |
| J0744 | No Auth. Required | Cipro | Injection, ciprofloxacin for intravenous infusion, 200 mg | Ciprofloxacin iv | |
| J0770 | No Auth. Required | Coly-Mycin M | Injection, colistimethate sodium, up to 150 mg | Colistimethate sodium inj | |
| J0775 | Auth Required | Xiaflex | Injection, collagenase, clostridium histolyticum, 0.01 mg | Collagenase, clost hist inj | |
| J0780 | No Auth. Required | Compazine | Injection, prochlorperazine, up to 10 mg | Prochlorperazine injection | |
| J0791 | Bill directly to Fee for Service State Medicaid | Adakveo | Injection, crizanlizumab-tmca, 5 mg | Inj crizanlizumab-tmca 5mg | |
| J0795 | No Auth. Required | Acthrel | Injection, corticorelin ovine triflutate, 1 microgram | Corticorelin ovine trifluta | |
| J0801 | Auth Required | Acthar | Injection, corticotropin (Acthar Gel), up to 40 units | Inj. acthar gel to 40 units | |
| J0802 | Auth Required | Cortrophin | Injection, corticotropin (ANI), up to 40 units | Inj. (ani), up to 40 units | |
| J0834 | No Auth. Required | Cosyntropin | Injection, cosyntropin, 0.25 mg | Inj., cosyntropin, 0.25 mg | |
| J0840 | No Auth. Required | CroFab | Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram | Crotalidae poly immune fab | |
| J0841 | No Auth. Required | Anavip | Injection, crotalidae immune f(ab)2 (equine), 120 mg | Inj crotalidae im f(ab)2 eq | |
| J0850 | Auth Required | Cytogam | Injection, cytomegalovirus immune globulin intravenous (human), per vial | Cytomegalovirus imm iv /vial | |
| J0874 | No Auth. Required | | Injection, daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg | Inj, daptomycin (baxter) | |

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|-------|---|--|---|-------------------------------|--------------------------------------|
| J0875 | No Auth Required | Dalvance | Injection, dalbavancin, 5 mg | Injection, dalbavancin | |
| J0877 | No Auth. Required | Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg | | | |
| J0878 | No Auth. Required | Cubicin | Injection, daptomycin, 1 mg | Daptomycin injection | |
| J0879 | Not Covered | Korsuva | Injection, difelikefalin, 0.1 microgram, (for ESRD on dialysis) | | |
| J0881 | Auth Required | Aranesp | Injection, darbepoetin alfa, 1 microgram (non-esrd use) | Darbepoetin alfa, non-esrd | |
| J0882 | No Auth. Required | Aranesp | Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis) | Darbepoetin alfa, esrd use | |
| J0883 | No Auth. Required | Argatroban | Injection, argatroban, 1 mg (for non-esrd use) | Argatroban nonesrd use 1mg | |
| J0884 | No Auth. Required | Argatroban | Injection, argatroban, 1 mg (for esrd on dialysis) | Argatroban esrd dialysis 1mg | |
| J0885 | Auth Required | Epogen Procrit | Injection, epoetin alfa, (for non-esrd use), 1000 units | Epoetin alfa, non-esrd | |
| J0887 | Auth Required | Mircera | Injection, epoetin beta, 1 microgram, (for esrd on dialysis) | Epoetin beta esrd use | |
| J0888 | Auth Required | Mircera | Injection, epoetin beta, 1 microgram, (for non esrd use) | Epoetin beta non esrd | |
| J0889 | No Auth. Required | Jesduvroq | Daprodustat, oral, 1 mg, (for ESRD on dialysis) | Daprodustat oral 1mg esrd | |
| J0890 | Auth Required | | Injection, peginesatide, 0.1 mg (for esrd on dialysis) | Peginesatide injection | |
| J0891 | No Auth. Required | Injection, argatroban (Accord), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use) | | | |
| J0892 | No Auth. Required | Injection, argatroban (Accord), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis) | | | |
| J0893 | No Auth. Required | Injection, decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg | | | |
| J0894 | Auth Required | Dacogen | Injection, decitabine, 1 mg | Decitabine injection | |
| J0895 | Auth Required | Desferal | Injection, deferoxamine mesylate, 500 mg | Deferoxamine mesylate inj | |
| J0896 | Auth Required | Reblozyl | Injection, luspaterecept-aamt, 0.25 mg | Inj luspaterecept-aamt 0.25mg | |
| J0897 | Auth Required | Prolia Xgeva | Injection, denosumab, 1 mg | Denosumab injection | |
| J0898 | No Auth. Required | Injection, argatroban (AuroMedics), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use) | | | |
| J0899 | No Auth. Required | Injection, argatroban (AuroMedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis) | | | |
| J1000 | No Auth. Required | Depo-Estradiol | Injection, depo-estradiol cypionate, up to 5 mg | Depo-estradiol cypionate inj | |
| J1050 | No Auth. Required | Depo-Provera | Injection, medroxyprogesterone acetate, 1 mg | Medroxyprogesterone acetate | |
| J1071 | Auth Required | Depo-Testosterone | Injection, testosterone cypionate, 1 mg | Inj testosterone cypionate | |
| J1095 | Auth Required | Dexycu | Injection, dexamethasone 9 percent, intraocular, 1 microgram | Injection, dexamethasone 9% | |
| J1096 | Auth Required | Dextenza | Dexamethasone, lacrimal ophthalmic insert, 0.1 mg | Dexametha oph insert 0.1 mg | |
| J1097 | No Auth. Required | Omidria | Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml | Phenylep ketorolac oph soln | |
| J1100 | No Auth. Required | Decadron | Injection, dexamethasone sodium phosphate, 1 mg | Dexamethasone sodium phos | |
| J1110 | No Auth. Required | D.H.E. | Injection, dihydroergotamine mesylate, per 1 mg | Inj dihydroergotamine mesylt | |
| J1120 | No Auth. Required | Acetazolamide | Injection, acetazolamide sodium, up to 500 mg | Acetazolamid sodium injectio | |
| J1160 | No Auth. Required | Lanoxin | Injection, digoxin, up to 0.5 mg | Digoxin injection | |
| J1162 | No Auth. Required | Digifab | Injection, digoxin immune fab (ovine), per vial | Digoxin immune fab (ovine) | |
| J1165 | No Auth. Required | Dilantin | Injection, phenytoin sodium, per 50 mg | Phenytoin sodium injection | |
| J1170 | Auth Required | Dilaudid | Injection, hydromorphone, up to 4 mg | Hydromorphone injection | |
| J1190 | No Auth. Required | Zinecard | Injection, dexrazoxane hydrochloride, per 250 mg | Dexrazoxane hcl injection | |
| J1200 | No Auth. Required | Benadryl | Injection, diphenhydramine hcl, up to 50 mg | Diphenhydramine hcl injectio | |
| J1201 | Auth Required | Quztytir | Injection, cetirizine hydrochloride, 0.5 mg | Inj. cetirizine hcl 0.5mg | |
| J1205 | No Auth. Required | Diuril | Injection, chlorothiazide sodium, per 500 mg | Chlorothiazide sodium inj | |
| J1212 | No Auth. Required | Rimso-50 | Injection, dmsol, dimethyl sulfoxide, 50%, 50 ml | Dimethyl sulfoxide 50% 50 ml | |
| J1230 | Auth Required | Methadone | Injection, methadone hcl, up to 10 mg | Methadone injection | |
| J1240 | No Auth. Required | Dimenhydrinate | Injection, dimenhydrinate, up to 50 mg | Dimenhydrinate injection | |
| J1245 | No Auth. Required | Persantine | Injection, dipyridamole, per 10 mg | Dipyridamole injection | |
| J1250 | No Auth. Required | Dobutamine | Injection, dobutamine hydrochloride, per 250 mg | Inj dobutamine hcl/250 mg | |
| J1265 | No Auth. Required | Dopamine | Injection, dopamine hcl, 40 mg | Dopamine injection | |
| J1270 | No Auth. Required | Hecteryl | Injection, doxercalciferol, 1 mcg | Injection, doxercalciferol | |
| J1290 | Auth Required | Kalbitor | Injection, ecallantide, 1 mg | Ecallantide injection | 6 mL per fill (18 mL per 30 days) |
| J1300 | Auth Required | Soliris | Injection, eculizumab, 10 mg | Eculizumab injection | |
| J1301 | Auth Required | Radicava | Injection, edaravone, 1 mg | Injection, edaravone, 1 mg | |
| J1302 | Auth Required | Enjaymo | Injection, sutimlimab-jome, 10 mg | Inj, sutimlimab-jome, 10 mg | |
| J1303 | Auth Required | Ultomiris | Injection, ravulizumab-cwvz, 10 mg | Inj., ravulizumab-cwvz 10 mg | |
| J1305 | Auth Required | Evkeeza | Injection, evinacumab-dgnb, 5 mg | Inj, evinacumab-dgnb, 5mg | |
| J1306 | Auth Required | Leqvio | Injection, inclisiran, 1 mg | | |
| J1322 | Auth Required | Vimizim | Injection, elosulfase alfa, 1 mg | Elosulfase alfa, injection | |
| J1324 | Auth Required | Fuzeon | Injection, enfuvirtide, 1 mg | Enfuvirtide injection | |
| J1325 | Auth Required | Flolan Veletri | Injection, epoprostenol, 0.5 mg | Epoprostenol injection | |
| J1327 | No Auth. Required | Integrilin | Injection, eptifibatide, 5 mg | Eptifibatide injection | |
| J1335 | No Auth. Required | Invanz | Injection, ertapenem sodium, 500 mg | Ertapenem injection | |
| J1364 | No Auth. Required | Erythrocin Lactobionate | Injection, erythromycin lactobionate, per 500 mg | Erythro lactobionate /500 mg | |
| J1380 | No Auth. Required | Delestrogen | Injection, estradiol valerate, up to 10 mg | Estradiol valerate 10 mg inj | |
| J1410 | No Auth. Required | Premarin | Injection, estrogen conjugated, per 25 mg | Inj estrogen conjugate 25 mg | |
| J1411 | Bill directly to Fee for Service State Medicaid | Hemgenix | Injection, etranacogene dezaparvovec-drlb, per therapeutic dose | Inj, hemgenix, per tx dose | |
| J1426 | Bill directly to Fee for Service State Medicaid | Amondys 45 | Injection, casimersen, 10 mg | Injection, casimersen, 10 mg | |
| J1427 | Bill directly to Fee for Service State Medicaid | Viltepso | Injection, viltolarsen, 10 mg | Inj. viltolarsen | |
| J1428 | Bill directly to Fee for Service State Medicaid | Exondys | Injection, eteplirsen, 10 mg | Inj, eteplirsen, 10 mg | |
| J1429 | Bill directly to Fee for Service State Medicaid | Vyondys 53 | Injection, golodirsen, 10 mg | Inj golodirsen 10 mg | |
| J1430 | No Auth. Required | Ethamoln | Injection, ethanolamine oleate, 100 mg | Ethanolamine oleate 100 mg | |
| J1437 | Auth Required | Monoferric | Injection, ferric derisomaltose, 10 mg | Inj. fe derisomaltose 10 mg | |
| J1438 | Pharmacy Benefit | Enbrel | Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered) | Etanercept injection | 8 unts per 28 days |
| J1439 | Auth Required | Injectafer | Injection, ferric carboxymaltose, 1 mg | Inj ferric carboxymaltos 1mg | |
| J1440 | No Auth. Required | | Fecal microbiota, live - jslm, 1 ml | Fecal microbiota jslm 1 ml | |
| J1442 | Auth Required | Neupogen | Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram | Inj filgrastim excl biosimil | |
| J1443 | Auth Required | Triferic | Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron | Inj ferric pyrophosphate cit | |
| J1444 | Auth Required | Triferic | Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron | Fe pyro cit pow 0.1 mg iron | |
| J1445 | Auth Required | Triferic | Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron | Inj triferic avnu 0.1mg iron | |
| J1447 | Auth Required | Granix | Injection, tbo-filgrastim, 1 microgram | Inj tbo filgrastim 1 microg | |
| J1448 | Auth Required | Cosela | Injection, trilaciclib, 1 mg | Injection, trilaciclib, 1mg | |
| J1449 | Auth Required | Rolvedon | Injection, eflapegrastim-xnst, 0.1 mg | Inj eflapegrastim-xnst 0.1mg | |
| J1450 | No Auth. Required | Diflucan | Injection fluconazole, 200 mg | Fluconazole | |

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|-------|----------------------------------|---|---|------------------------------------|-------------------------|
| J1451 | No Auth. Required | Antizole | Injection, fomepizole, 15 mg | Fomepizole, 15 mg | |
| J1453 | Auth Required | Emend | Injection, fosaprepitant, 1 mg | Fosaprepitant injection | |
| J1454 | Auth Required | Akynzeo | Injection, fosnetupitant 235 mg and palonosetron 0.25 mg | Inj fosnetupitant, palonoset | |
| J1455 | No Auth. Required | Foscavir | Injection, foscarnet sodium, per 1000 mg | Foscarnet sodium injection | |
| J1456 | No Auth. Required | Injection, fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg | | | |
| J1458 | Auth Required | Naglazyme | Injection, galsulfase, 1 mg | Galsulfase injection | |
| J1459 | Auth Required | Privigen | Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg | Inj ivig privigen 500 mg | |
| J1460 | Auth Required | Gamastan | Injection, gamma globulin, intramuscular, 1 cc | Gamma globulin 1 cc inj | |
| J1551 | Auth Required | Cutaquig | Injection, immune globulin (cutaquig), 100 mg | | |
| J1554 | Auth Required | Asceniv | Injection, immune globulin (asceniv), 500 mg | Inj. asceniv | |
| J1555 | Auth Required | Cuvitru | Injection, immune globulin (cuvitru), 100 mg | Inj cuvitru, 100 mg | |
| J1556 | Auth Required | Bivigam | Injection, immune globulin (bivigam), 500 mg | Inj, imm glob bivigam, 500mg | |
| J1557 | Auth Required | Gammplex | Injection, immune globulin, (gammplex), intravenous, non-lyophilized (e.g., liquid), 500 mg | Gammplex injection | |
| J1558 | Auth Required | Xembify | Injection, immune globulin (xembify), 100 mg | Inj. xembify, 100 mg | |
| J1559 | Auth Required | Hizentra | Injection, immune globulin (hizentra), 100 mg | Hizentra injection | |
| J1560 | Auth Required | Gamastan | Injection, gamma globulin, intramuscular, over 10 cc | Gamma globulin > 10 cc inj | |
| J1561 | Auth Required | Gamunex-C Gammaked | Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg | Gamunex-c/gammaked | |
| J1562 | Auth Required | Vivaglobin | Injection, immune globulin (vivaglobin), 100 mg | Vivaglobin, inj | |
| J1566 | Auth Required | Carimune NF Panglobulin NF Gammagard S/D | Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg | Immune globulin, powder | |
| J1568 | Auth Required | Octagam | Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg | Octagam injection | |
| J1569 | Auth Required | Gammagard | Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg | Gammagard liquid injection | |
| J1570 | No Auth. Required | Cytovene | Injection, ganciclovir sodium, 500 mg | Ganciclovir sodium injection | |
| J1571 | Auth Required | Hepagam B | Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml | Hepagam b im injection | |
| J1572 | Auth Required | Flebogamma | Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg | Flebogamma injection | |
| J1573 | Auth Required | Hepagam B | Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml | Hepagam b intravenous, inj | |
| J1574 | No Auth. Required | Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg | | | |
| J1575 | Auth Required | Hyqvia | Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin | Hyqvia 100mg immunoglobulin | |
| J1576 | Auth Required | Panzyga | Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg | Inj, panzyga, 500 mg | |
| J1580 | No Auth. Required | Garamycin | Injection, garamycin, gentamicin, up to 80 mg | Garamycin gentamicin inj | |
| J1595 | Pharmacy Benefit | Glatopa | Injection, glatiramer acetate, 20 mg | Injection glatiramer acetate | |
| J1599 | Auth Required | Panzyga | Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg | Ivig non-lyophilized, nos | |
| J1602 | Auth Required | Simponi Aria | Injection, golimumab, 1 mg, for intravenous use | Golimumab for iv use 1mg | 120 units every 56 days |
| J1610 | Auth Required | Glucagen Hypokit | Injection, glucagon hydrochloride, per 1 mg | Glucagon hydrochloride/1 mg | |
| J1611 | Auth Required | Injection, glucagon HCl (Fresenius Kabi), not therapeutically equivalent to J1610, per 1 mg | | | |
| J1626 | Auth Required | Kytril | Injection, granisetron hydrochloride, 100 mcg | Granisetron hcl injection | |
| J1627 | Auth Required | Sustol | Injection, granisetron, extended-release, 0.1 mg | Inj, granisetron, xr, 0.1 mg | |
| J1628 | Auth Required | Tremfya | Injection, guselkumab, 1 mg | Inj., guselkumab, 1 mg | |
| J1630 | Auth Required | Haldol Decanoate | Injection, haloperidol, up to 5 mg | Haloperidol injection | |
| J1631 | Auth Required | Haldol Decanoate | Injection, haloperidol decanoate, per 50 mg | Haloperidol decanoate inj | |
| J1632 | Auth Required | Zulresso | Injection, brexanolone, 1 mg | Inj., brexanolone, 1 mg | |
| J1640 | No Auth. Required | Panhematin | Injection, hemin, 1 mg | Hemin, 1 mg | |
| J1642 | No Auth. Required | Heparin Lock Flush | Injection, heparin sodium, (heparin lock flush), per 10 units | Inj heparin sodium per 10 u | |
| J1643 | No Auth. Required | Injection, heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units | | | |
| J1644 | No Auth. Required | Heparin | Injection, heparin sodium, per 1000 units | Inj heparin sodium per 1000u | |
| J1645 | Auth Required | Fragmin | Injection, dalteparin sodium, per 2500 iu | Dalteparin sodium | |
| J1650 | No Auth. Required | Lovonox | Injection, enoxaparin sodium, 10 mg | Inj enoxaparin sodium | |
| J1652 | No Auth. Required | Arixtra | Injection, fondaparinux sodium, 0.5 mg | Fondaparinux sodium | |
| J1670 | No Auth. Required | Hypertet | Injection, tetanus immune globulin, human, up to 250 units | Tetanus immune globulin inj | |
| J1720 | No Auth. Required | Solu-Cortef | Injection, hydrocortisone sodium succinate, up to 100 mg | Hydrocortisone sodium succ i | |
| J1726 | Approval withdrawn by FDA 4/6/23 | Makena | Injection, hydroxyprogesterone caproate, (makena), 10 mg | Makena, 10 mg | |
| J1729 | Auth Required | Hydroxyprogesterone Caproate | Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg | Inj hydroxyprogst capoat nos | |
| J1729 | Auth Required | Hydroxyprogesterone Caproate | Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg | Inj hydroxyprogst capoat nos | |
| J1738 | Auth Required | Anjeso | Injection, meloxicam, 1 mg | Inj. meloxicam 1 mg | |
| J1740 | Auth Required | Boniva | Injection, ibandronate sodium, 1 mg | Ibandronate sodium injection | |
| J1741 | No Auth. Required | Caldolor | Injection, ibuprofen, 100 mg | Ibuprofen injection | |
| J1742 | No Auth. Required | Corvert | Injection, ibutilide fumarate, 1 mg | Ibutilide fumarate injection | |
| J1743 | Auth Required | Elaprase | Injection, idursulfase, 1 mg | Idursulfase injection | |
| J1744 | Auth Required | Firazyr | Injection, icatibant, 1 mg | Icatibant injection | 18mL per 30 days |
| J1745 | Auth Required | Remicade | Injection, infliximab, excludes biosimilar, 10 mg | Infliximab not biosimil 10mg | 5mg/kg every 8 weeks |
| J1746 | Auth Required | Trogarzo | Injection, ibalizumab-uiyk, 10 mg | Inj., ibalizumab-uiyk, 10 mg | |
| J1747 | Auth Required | Spevigo | Injection, spesolimab-sbzo, 1 mg | Inj, spesolimab-sbzo, 1 mg | |
| J1750 | No Auth Required | Infed | Injection, iron dextran, 50 mg | Inj iron dextran | |
| J1756 | No Auth Required | Venofer | Injection, iron sucrose, 1 mg | Iron sucrose injection | |
| J1786 | Auth Required | Cerezyme | Injection, imiglucerase, 10 units | Imglucerase injection | |
| J1790 | No Auth. Required | Inapsine | Injection, droperidol, up to 5 mg | Droperidol injection | |
| J1800 | No Auth. Required | Inderal | Injection, propranolol hcl, up to 1 mg | Propranolol injection | |
| J1805 | No Auth. Required | | Injection, esmolol HCl, 10 mg | Inj, esmolol hcl, 10mg | |
| J1806 | No Auth. Required | | Injection, esmolol HCl (WG Critical Care) not therapeutically equivalent to J1805, 10 mg | Inj esmolol hcl wg crit care | |
| J1811 | Auth Required | | Insulin (Fiasp) for administration through DME (i.e., insulin pump) per 50 units | Fiasp for insulin pump use | |
| J1812 | Auth Required | | Insulin (Fiasp), per 5 units | Inj. insulin (fiasp) | |
| J1813 | Auth Required | | Insulin (Lyumjev) for administration through DME (i.e., insulin pump) per 50 units | Lyumjev for insulin pump use | |
| J1814 | Auth Required | | Insulin (Lyumjev), per 5 units | Inj. insulin (lyumjev) | |
| J1815 | Pharmacy Benefit | Insulin | Injection, insulin, per 5 units | Insulin injection | |
| J1817 | Pharmacy Benefit | Insulin | Insulin for administration through dme (i.e., insulin pump) per 50 units | Insulin for insulin pump use | |
| J1823 | Auth Required | Uplizna | Inj. inebilizumab-cdon, 1 mg | Injection, inebilizumab-cdon, 1 mg | |
| J1826 | Pharmacy Benefit | Avonex | Injection, interferon beta-1a, 30 mcg | Interferon beta-1a inj | |
| J1830 | Auth Required | Betaseron | 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) | Interferon beta-1b / .25 mg | |
| J1833 | Pharmacy Benefit | Cresemba | Injection, isavuconazonium, 1 mg | Injection, isavuconazonium | |

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|-------|---|---|--|--------------------------------|---|
| J1836 | No Auth. Required | | Injection, metronidazole, 10 mg | Inj, metronidazole, 10 mg | |
| J1885 | No Auth. Required | Torodal | Injection, ketorolac tromethamine, per 15 mg | Ketorolac tromethamine inj | |
| J1920 | No Auth. Required | | Injection, labetalol HCl, 5 mg | Inj, labetalol hcl, 5mg | |
| J1921 | No Auth. Required | | Injection, labetalol HCl (Hikma) not therapeutically equivalent to J1820, 5 mg | Inj labetalol hcl hikma, 5mg | |
| J1930 | Auth Required | Somatuline Depot | Injection, lanreotide, 1 mg | Lanreotide injection | |
| J1931 | Auth Required | Aldurazyme | Injection, laronidase, 0.1 mg | Laronidase injection | |
| J1932 | Auth Required | Cipla | Injection, lanreotide, (cipla), 1 mg | Inj, lanreotide, (cipla) 1mg | |
| J1940 | No Auth. Required | Lasix | Injection, furosemide, up to 20 mg | Furosemide injection | |
| J1941 | No Auth. Required | | Injection, furosemide (Furoscix), 20 mg | Inj, furoscix, 20 mg | |
| J1943 | No Auth. Required | Aristada | Injection, aripiprazole lauroxil, (aristada initio), 1 mg | Inj., aristada initio, 1 mg | |
| J1944 | No Auth. Required | Aristada | Injection, aripiprazole lauroxil, (aristada), 1 mg | Aripiprazole lauroxil 1 mg | |
| J1950 | No Auth. Required | Lupron Depot | Injection, leuprolide acetate (for depot suspension), per 3.75 mg | Leuprolide acetate / 3.75 mg | Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyoma: every 84 days |
| J1951 | No Auth. Required | Fensolvi | Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg | Inj fensolvi 0.25 mg | |
| J1952 | No Auth. Required | | Leuprolide injectable, camcevi, 1 mg | Leuprolide inj, camcevi, 1mg | |
| J1953 | No Auth. Required | Keppra | Injection, levetiracetam, 10 mg | Levetiracetam injection | |
| J1954 | Not Covered | Injection, leuprolide acetate for depot suspension (Lutrate), 7.5 mg | | | |
| J1955 | No Auth. Required | Carnitor | Injection, levocarnitine, per 1 gm | Inj levocarnitine per 1 gm | |
| J1956 | No Auth. Required | Levaquin | Injection, levofloxacin, 250 mg | Levofloxacin injection | |
| J1961 | No Auth. Required | | Injection, lenacapavir, 1 mg | Inj, lenacapavir, 1 mg | |
| J1980 | No Auth. Required | Levsin | Injection, hyoscyamine sulfate, up to 0.25 mg | Hyoscyamine sulfate inj | |
| J2001 | No Auth. Required | Lidocaine | Injection, lidocaine hcl for intravenous infusion, 10 mg | Lidocaine injection | |
| J2010 | Auth Required | Lincocin | Injection, lincomycin hcl, up to 300 mg | Lincomycin injection | |
| J2020 | No Auth. Required | Zyvox | Injection, linezolid, 200 mg | Linezolid injection | |
| J2021 | No Auth. Required | Injection, linezolid (Hospira) not therapeutically equivalent to J2020, 200 mg | | | |
| J2060 | Auth Required | Ativan | Injection, lorazepam, 2 mg | Lorazepam injection | |
| J2062 | Auth Required | Adasuve | Loxapine for inhalation, 1 mg | Loxapine for inhalation 1 mg | |
| J2150 | No Auth. Required | Mannitol | Injection, mannitol, 25% in 50 ml | Mannitol injection | |
| J2170 | Auth Required | Increlex | Injection, mecasermin, 1 mg | Mecasermin injection | |
| J2175 | Auth Required | Demerol | Injection, meperidine hydrochloride, per 100 mg | Meperidine hydrochl /100 mg | |
| J2182 | Auth Required | Nucala | Injection, mepolizumab, 1 mg | Injection, mepolizumab, 1mg | |
| J2184 | No Auth. Required | Injection, meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg | | | |
| J2185 | No Auth. Required | Merrem | Injection, meropenem, 100 mg | Meropenem | |
| J2186 | No Auth. Required | Vabomere | Injection, meropenem and vaborbactam, 10mg/10mg (20mg) | Inj., meropenem, vaborbactam | |
| J2210 | No Auth. Required | Methergine | Injection, methylethergonovine maleate, up to 0.2 mg | Methylethergonovin maleate inj | |
| J2212 | Auth Required | Relistor | Injection, methylnaltrexone, 0.1 mg | Methylnaltrexone injection | |
| J2247 | No Auth. Required | Injection, micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg | | | |
| J2248 | No Auth. Required | Mycamine | Injection, micafungin sodium, 1 mg | Micafungin sodium injection | |
| J2249 | No Auth. Required | | Injection, remimazolam, 1 mg | Inj, remimazolam, 1 mg | |
| J2250 | No Auth. Required | Versed | Injection, midazolam hydrochloride, per 1 mg | Inj midazolam hydrochloride | |
| J2251 | No Auth. Required | Injection, midazolam HCl (WG Critical Care) not therapeutically equivalent to J2250, per 1 mg | | | |
| J2260 | No Auth. Required | Primacor | Injection, milrinone lactate, 5 mg | Inj milrinone lactate / 5 mg | |
| J2265 | No Auth. Required | Minocin | Injection, minocycline hydrochloride, 1 mg | Minocycline hydrochloride | |
| J2270 | Auth Required | Morphin | Injection, morphine sulfate, up to 10 mg | Morphine sulfate injection | |
| J2272 | Auth Required | Injection, morphine sulfate (Fresenius Kabi) not therapeutically equivalent to J2270, up to 10 mg | | | |
| J2274 | Auth Required | Duramorph | Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg | Inj morphine pf epid ithc | |
| J2278 | Auth Required | Prialt | Injection, ziconotide, 1 microgram | Ziconotide injection | |
| J2280 | No Auth. Required | Avelox | Injection, moxifloxacin, 100 mg | Inj, moxifloxacin 100 mg | |
| J2281 | No Auth. Required | Injection, moxifloxacin (Fresenius Kabi) not therapeutically equivalent to J2280, 100 mg | | | |
| J2300 | Auth Required | Nubain | Injection, nalbuphine hydrochloride, per 10 mg | Inj nalbuphine hydrochloride | |
| J2305 | No Auth. Required | | Injection, nitroglycerin, 5 mg | Inj, nitroglycerin, 5 mg | |
| J2310 | No Auth. Required | Narcan | Injection, naloxone hydrochloride, per 1 mg | Inj naloxone hydrochloride | |
| J2311 | No Auth. Required | Injection, naloxone HCl (Zimhi), 1 mg | | | |
| J2315 | No Auth. Required | Vivitrol | Injection, naltrexone, depot form, 1 mg | Naltrexone, depot form | |
| J2323 | Auth Required | Tysabri | Injection, natalizumab, 1 mg | Natalizumab injection | 300mg per 28 days |
| J2326 | Bill directly to Fee for Service State Medicaid | Spinraza | Injection, nusinersen, 0.1 mg | Inj, nusinersen, 0.1mg | 12mg (5mL) per treatment |
| J2327 | Auth Required | Skyrizi | Injection, risankizumab-rzaa, intravenous, 1 mg | | |
| J2329 | Auth Required | | Injection, ublituximab-xiyy, 1mg | Inj ublituximab-xiyy, 1 mg | |
| J2350 | Auth Required | Ocrevus | Injection, ocrelizumab, 1 mg | Injection, ocrelizumab, 1 mg | 600MG every 6 months |
| J2353 | Auth Required | Sandostatin LAR | Injection, octreotide, depot form for intramuscular injection, 1 mg | Octreotide injection, depot | |
| J2354 | Auth Required | Sandostatin | Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg | Octreotide inj, non-depot | |
| J2355 | Auth Required | Neumega | Injection, oprelvekin, 5 mg | Oprelvekin injection | |
| J2356 | Auth Required | Tezspire | Injection, tezepelumab-ekko, 1 mg | | |
| J2357 | Auth Required | Xolair | Injection, omalizumab, 5 mg | Omalizumab injection | |
| J2358 | Auth Required | Zyprexa Relprevv | Injection, olanzapine, long-acting, 1 mg | Olanzapine long-acting inj | |
| J2359 | No Auth. Required | Zyprexa | Injection, olanzapine, 0.5 mg | Inj. olanzapine, 0.5mg | |
| J2360 | No Auth. Required | Norflex | Injection, orphenadrine citrate, up to 60 mg | Orphenadrine injection | |
| J2371 | No Auth. Required | | Injection, phenylephrine HCl, 20 mcg | Inj phenylephrine hcl 20 mcg | |
| J2372 | No Auth. Required | | Injection, phenylephrine HCl (Biorphen), 20 mcg | Inj, biorphen, 20 micrograms | |
| J2401 | No Auth. Required | Injection, chlorprocaine HCl, per 1 mg | | | |
| J2402 | No Auth. Required | Injection, chlorprocaine HCl (Clorotekal), per 1 mg | | | |
| J2403 | Not Covered | Iheezo | Chlorprocaine HCl ophthalmic, 3% gel, 1 mg | Chlorprocaine opht gel, 1mg | |
| J2405 | No Auth. Required | Zofran | Injection, ondansetron hydrochloride, per 1 mg | Ondansetron hcl injection | |
| J2407 | Auth Required | Orbactiv | Injection, oritavancin, 10 mg | Injection, oritavancin | |
| J2425 | No Auth. Required | Kepivance | Injection, palifermin, 50 micrograms | Palifermin injection | |
| J2426 | No Auth. Required | Invega Sustenna | Injection, paliperidone palmitate extended release, 1 mg | Paliperidone palmitate inj | |
| J2427 | No Auth. Required | | Injection, paliperidone palmitate extended release (Invega Hafyera or Invega Trinza), 1 mg | Inj, invega hafyera/trinza | |
| J2430 | Auth Required | | Injection, pamidronate disodium, per 30 mg | Pamidronate disodium /30 mg | |
| J2440 | No Auth. Required | Papaverine | Injection, papaverine hcl, up to 60 mg | Papaverin hcl injection | |
| J2469 | Auth Required | Aloxi | Injection, palonosetron hcl, 25 mcg | Palonosetron hcl | |
| J2501 | No Auth. Required | Zemplar | Injection, paricalcitol, 1 mcg | Paricalcitol | |
| J2502 | Auth Required | Signifor LAR | Injection, pasireotide long acting, 1 mg | Inj, pasireotide long acting | |
| J2503 | Auth Required | Macugen | Injection, pegaptanib sodium, 0.3 mg | Pegaptanib sodium injection | |
| J2504 | Auth Required | | Injection, pegademase bovine, 25 iu | Pegademase bovine, 25 iu | |
| J2506 | No Auth. Required | Neulasta | Injection, pegfilgrastim, excludes biosimilar, 0.5 mg | | |

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|-------|-------------------|---|---|--------------------------------|------------------------|
| J2507 | Auth Required | Krystexxa | Injection, pegloticase, 1 mg | Pegloticase injection | |
| J2510 | No Auth. Required | Penicillin G Procaine | Injection, penicillin g procaine, aqueous, up to 600,000 units | Penicillin g procaine inj | |
| J2515 | No Auth. Required | Nembutal | Injection, pentobarbital sodium, per 50 mg | Pentobarbital sodium inj | |
| J2540 | No Auth. Required | Penicillin G Potassium | Injection, penicillin g potassium, up to 600,000 units | Penicillin g potassium inj | |
| J2543 | No Auth. Required | Zosyn | Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams) | Piperacillin/tazobactam | |
| J2545 | No Auth. Required | Nebupent | Pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 300 mg | Pentamidine non-comp unit | |
| J2547 | Auth Required | Rapivab | Injection, peramivir, 1 mg | Injection, peramivir | |
| J2550 | No Auth. Required | Phenergan | Injection, promethazine hcl, up to 50 mg | Promethazine hcl injection | |
| J2560 | No Auth. Required | Phenobarbital | Injection, phenobarbital sodium, up to 120 mg | Phenobarbital sodium inj | |
| J2561 | No Auth. Required | | Injection, phenobarbital sodium (Sezaby), 1 mg | Inj, sezaby, 1 mg | |
| J2562 | Auth Required | Mozobil | Injection, plerixafor, 1 mg | Plerixafor injection | |
| J2590 | No Auth. Required | Pitocin | Injection, oxytocin, up to 10 units | Oxytocin injection | |
| J2597 | No Auth. Required | DDAVP | Injection, desmopressin acetate, per 1 mcg | Inj desmopressin acetate | |
| J2598 | No Auth. Required | | Injection, vasopressin, 1 unit | Inj, vasopressin, 1 unit | |
| J2599 | No Auth. Required | | Injection, vasopressin (American Regent) not therapeutically equivalent to J2598, 1 unit | Inj vasopressin (am reg) 1 u | |
| J2675 | No Auth. Required | Progesterone | Injection, progesterone, per 50 mg | Inj progesterone per 50 mg | |
| J2680 | Auth Required | Prolixin | Injection, fluphenazine decanoate, up to 25 mg | Fluphenazine decanoate 25 mg | |
| J2690 | No Auth. Required | Procaïnamide | Injection, procainamide hcl, up to 1 gm | Procainamide hcl injection | |
| J2700 | No Auth. Required | Oxacillin | Injection, oxacillin sodium, up to 250 mg | Oxacillin sodium injecton | |
| J2704 | No Auth. Required | Diprivan | Injection, propofol, 10 mg | Inj, propofol, 10 mg | |
| J2710 | No Auth. Required | Bloxiverz | Injection, neostigmine methylsulfate, up to 0.5 mg | Neostigmine methylsulfate inj | |
| J2720 | No Auth. Required | Protamine | Injection, protamine sulfate, per 10 mg | Inj protamine sulfate/10 mg | |
| J2724 | Auth Required | Ceprothin | Injection, protein c concentrate, intravenous, human, 10 iu | Protein c concentrate | |
| J2730 | No Auth. Required | Protopam | Injection, pralidoxime chloride, up to 1 gm | Pralidoxime chloride inj | |
| J2760 | No Auth. Required | Regitine | Injection, phentolamine mesylate, up to 5 mg | Phentolamine mesylate inj | |
| J2765 | No Auth. Required | Reglan | Injection, metoclopramide hcl, up to 10 mg | Metoclopramide hcl injection | |
| J2770 | No Auth. Required | Synercid | Injection, quinupristin/dalfopristin, 500 mg (150/350) | Quinupristin/dalfopristin | |
| J2777 | Auth Required | Vabysmo | Inj, faricimab-svoa, 0.1 mg | | |
| J2778 | Auth Required | Lucentis | Injection, ranibizumab, 0.1 mg | Ranibizumab injection | |
| J2779 | Auth Required | Suvismo | Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg | | |
| J2781 | Auth Required | Syfovre | Injection, pegcetacoplan, intravitreal, 1 mg | Inj, pegcetacoplan, 1mg | |
| J2783 | No Auth. Required | Elitek | Injection, rasburicase, 0.5 mg | Rasburicase | |
| J2785 | No Auth. Required | Lexiscan | Injection, regadenoson, 0.1 mg | Regadenoson injection | |
| J2786 | Auth Required | Cinqair | Injection, reslizumab, 1 mg | Injection, reslizumab, 1mg | |
| J2787 | Auth Required | Photrexa | Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml | Riboflavin 5'phos oph<=3ml | |
| J2788 | No Auth. Required | HyperRho S/D, Michrogam Ultra-Filtered Plus | Injection, rho d immune globulin, human, minidose, 50 micrograms (250 i.u.) | Rho d immune globulin 50 mcg | |
| J2790 | No Auth. Required | HyperRho S/D, Rhogam Ultra-Filtered Plus | Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.) | Rho d immune globulin inj | |
| J2791 | No Auth. Required | Rhophylac | Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu | Rhophylac injection | |
| J2792 | No Auth. Required | WinRho | Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu | Rho(d) immune globulin h, sd | |
| J2793 | Auth Required | Arcalyst | Injection, riloncept, 1 mg | Riloncept injection | |
| J2794 | Auth Required | Risperdal Consta | Injection, risperidone (risperdal consta), 0.5 mg | Inj risperdal consta, 0.5 mg | |
| J2795 | No Auth. Required | Naropin | Injection, ropivacaine hydrochloride, 1 mg | Ropivacaine hcl injection | |
| J2796 | Auth Required | Nplate | Injection, romiplostim, 10 micrograms | Romiplostim injection | |
| J2797 | Auth Required | Varubi | Injection, rolapitant, 0.5 mg | Inj., rolapitant, 0.5 mg | |
| J2798 | Auth Required | Perseris | Injection, risperidone, (perseris), 0.5 mg | Inj., perseris, 0.5 mg | |
| J2800 | No Auth. Required | Robaxin | Injection, methocarbamol, up to 10 ml | Methocarbamol injection | |
| J2805 | No Auth. Required | Kinevac | Injection, sincalide, 5 micrograms | Sincalide injection | |
| J2806 | Not Covered | | Injection, sincalide (MAIA) not therapeutically equivalent to J2805, 5 mcg | Inj sincalide, maia, 5 mcg | |
| J2810 | No Auth. Required | Theophylline | Injection, theophylline, per 40 mg | Inj theophylline per 40 mg | |
| J2820 | Auth Required | Leukine | Injection, sargramostim (gm-csf), 50 mcg | Sargramostim injection | |
| J2840 | Auth Required | Kanuma | Injection, sebelipase alfa, 1 mg | Inj sebelipase alfa 1 mg | |
| J2850 | No Auth. Required | Chirhostim | Injection, secretin, synthetic, human, 1 microgram | Inj secretin synthetic human | |
| J2860 | Auth Required | Sylvant | Injection, siltuximab, 10 mg | Injection, siltuximab | |
| J2916 | No Auth Required | Ferrlecit | Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg | Na ferric gluconate complex | |
| J2941 | Pharmacy Benefit | Serostim | Injection, somatropin, 1 mg | Somatropin injection | |
| J2993 | No Auth. Required | Retavase | Injection, reteplase, 18.1 mg | Reteplase injection | |
| J2997 | No Auth. Required | Cathflo | Injection, alteplase recombinant, 1 mg | Alteplase recombinant | |
| J2998 | No Auth. Required | Ryplazim | Injection, plasminogen, human-tvmh, 1 mg | | |
| J3000 | No Auth. Required | Streptomycin | Injection, streptomycin, up to 1 gm | Streptomycin injection | |
| J3010 | No Auth. Required | Fentanyl | Injection, fentanyl citrate, 0.1 mg | Fentanyl citrate injection | |
| J3030 | No Auth. Required | Imitrex | Injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered) | Sumatriptan succinate / 6 mg | |
| J3031 | Auth Required | Ajovy | Injection, fremanezumab-vfrm, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | Inj., fremanezumab-vfrm 1 mg | |
| J3032 | Auth Required | Vyepti | Injection, eptinezumab-jjmr, 1 mg | Inj. eptinezumab-jjmr 1 mg | |
| J3060 | Auth Required | Ellyso | Injection, taliglucerase alfa, 10 units | Inj, taliglucerase alfa 10 u | |
| J3090 | Auth Required | Sivextro | Injection, tedizolid phosphate, 1 mg | Inj tedizolid phosphate | |
| J3095 | No Auth. Required | Vibativ | Injection, telavancin, 10 mg | Telavancin injection | |
| J3101 | No Auth. Required | Tnkase | Injection, tenecteplase, 1 mg | Tenecteplase injection | |
| J3105 | No Auth. Required | Brethine | Injection, terbutaline sulfate, up to 1 mg | Terbutaline sulfate inj | |
| J3110 | Auth Required | Forteo | Injection, teriparatide, 10 mcg | Teriparatide injection | |
| J3111 | Auth Required | Evenity | Injection, romosozumab-aqqg, 1 mg | Inj. romosozumab-aqqg 1 mg | |
| J3121 | No Auth. Required | Testosterone Enanthate | Injection, testosterone enanthate, 1 mg | Inj testosterone enanthate 1mg | |
| J3145 | No Auth. Required | Aveed | Injection, testosterone undecanoate, 1 mg | Testosterone undecanoate 1mg | |
| J3230 | Auth Required | Thorazine | Injection, chlorpromazine hcl, up to 50 mg | Chlorpromazine hcl injection | |
| J3240 | No Auth. Required | Thyrogen | Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial | Thyrotropin injection | |
| J3241 | Auth Required | Tepezza | Injection, teprotumumab-trbw, 10 mg | Inj. teprotumumab-trbw 10 mg | |
| J3243 | No Auth. Required | Tygacil | Injection, tigecycline, 1 mg | Tigecycline injection | |
| J3244 | No Auth. Required | | Injection, tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg | | |
| J3245 | Auth Required | Ilumya | Injection, tildrakizumab, 1 mg | Inj., tildrakizumab, 1 mg | |
| J3246 | No Auth. Required | Aggrastat | Injection, tirofiban hcl, 0.25 mg | Tirofiban hcl | |
| J3250 | No Auth. Required | Tigan | Injection, trimethobenzamide hcl, up to 200 mg | Trimethobenzamide hcl inj | |
| J3260 | No Auth. Required | Tobramycin | Injection, tobramycin sulfate, up to 80 mg | Tobramycin sulfate injection | |
| J3262 | Auth Required | Actemra | Injection, tocilizumab, 1 mg | Tocilizumab injection | 3200 units per 28 days |
| J3285 | Auth Required | Remodulin | Injection, treprostinil, 1 mg | Treprostinil injection | |
| J3299 | Auth Required | Xipere | Injection, triamcinolone acetonide (xipere), 1 mg | | |
| J3300 | No Auth. Required | Triescence | Injection, triamcinolone acetonide, preservative free, 1 mg | Triamcinolone a inj prs-free | |
| J3301 | No Auth. Required | Kenalog | Injection, triamcinolone acetonide, not otherwise specified, 10 mg | Triamcinolone acet inj nos | |

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|-------|---|--|--|------------------------------|--|
| J3304 | Auth Required | Zilretta | Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg | Inj triamcinolone ace xr 1mg | |
| J3315 | Auth Required | Trelstar | Injection, triptorelin pamoate, 3.75 mg | Triptorelin pamoate | |
| J3316 | Auth Required | Triptodur | Injection, triptorelin, extended-release, 3.75 mg | Inj., triptorelin xr 3.75 mg | |
| J3355 | Auth Required | | Injection, urofollitropin, 75 iu | Urofollitropin, 75 iu | |
| J3357 | Auth Required | Stelara | Ustekinumab, for subcutaneous injection, 1 mg | Ustekinumab sub cu inj, 1 mg | 90 units per 56 days after loading dose Subcutaneous Administration |
| J3358 | Auth Required | Stelara | Ustekinumab, for intravenous injection, 1 mg | Ustekinumab, iv inject, 1 mg | IV administration |
| J3360 | Auth Required | Valium | Injection, diazepam, up to 5 mg | Diazepam injection | |
| J3370 | No Auth. Required | Vancomycine | Injection, vancomycin hcl, 500 mg | Vancomycin hcl injection | |
| J3371 | No Auth. Required | Injection, vancomycin HCl (Mylan) not therapeutically equivalent to J3370, 500 mg | | | |
| J3372 | No Auth. Required | Injection, vancomycin HCl (Xellia) not therapeutically equivalent to J3370, 500 mg | | | |
| J3380 | Auth Required | Entyvio | Injection, vedolizumab, 1 mg | Injection, vedolizumab | 300mg per infusion |
| J3385 | Auth Required | Vpriv | Injection, velaglucerase alfa, 100 units | Velaglucerase alfa | |
| J3396 | Auth Required | Visudyne | Injection, verteporfin, 0.1 mg | Verteporfin injection | |
| J3397 | Auth Required | Mepsevii | Injection, vestronidase alfa-vjbc, 1 mg | Inj., vestronidase alfa-vjbc | |
| J3398 | Bill directly to Fee for Service State Medicaid | Luxturna | Injection, voretigene neparovec-rzyl, 1 billion vector genomes | Inj luxturna 1 billion vec g | |
| J3399 | Bill directly to Fee for Service State Medicaid | Zolgensma | Injection, onasemnogene abeparovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes | Inj onase abepar-xioi treat | |
| J3410 | No Auth. Required | Vistaril | Injection, hydroxyzine hcl, up to 25 mg | Hydroxyzine hcl injection | |
| J3411 | No Auth. Required | Thiamine | Injection, thiamine hcl, 100 mg | Thiamine hcl 100 mg | |
| J3415 | No Auth. Required | Pyridoxine | Injection, pyridoxine hcl, 100 mg | Pyridoxine hcl 100 mg | |
| J3420 | No Auth. Required | Cyanocobalamine | Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg | Vitamin b12 injection | |
| J3430 | No Auth. Required | Mephyton | Injection, phytonadione (vitamin k), per 1 mg | Vitamin k phytonadione inj | |
| J3465 | No Auth. Required | Vfend | Injection, voriconazole, 10 mg | Injection, voriconazole | |
| J3470 | No Auth. Required | Amphadase | Injection, hyaluronidase, up to 150 units | Hyaluronidase injection | |
| J3471 | No Auth. Required | Vitrase | Injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units) | Ovine, up to 999 usp units | |
| J3473 | No Auth. Required | Hylanex | Injection, hyaluronidase, recombinant, 1 usp unit | Hyaluronidase recombinant | |
| J3475 | No Auth. Required | Magnesium Sulfate | Injection, magnesium sulfate, per 500 mg | Inj magnesium sulfate | |
| J3480 | No Auth. Required | Potassium Chloride | Injection, potassium chloride, per 2 meq | Inj potassium chloride | |
| J3485 | No Auth. Required | Retrovir | Injection, zidovudine, 10 mg | Zidovudine | |
| J3486 | Auth Required | Geodan | Injection, ziprasidone mesylate, 10 mg | Ziprasidone mesylate | |
| J3489 | No Auth. Required | Reclast Zometa | Injection, zoledronic acid, 1 mg | Zoledronic acid 1mg | |
| J3490 | No Auth. Required | Unclassified code | Unclassified drugs | Drugs unclassified injection | |
| J3490 | Auth Required | Exparel | Exparel 1.3% Susp | Exparel | |
| J3535 | No Auth. Required | Unclassified code | Drug administered through a metered dose inhaler | Metered dose inhaler drug | |
| J3590 | Auth Required (Avastin (J3590) for EYE INJECTIONS ONLY is No PA Required) | Unclassified code | Unclassified biologics | Unclassified biologics | |
| J3590 | Auth Required | Zynteglo | betibeglogene autotemcel | | |
| J3590 | Auth Required | Skysona | elivaldogene autotemcel | | |
| J3590 | Auth Required | Casgevy | Exagamglogene autotemcel | Exagamglogene autotemcel | |
| J3590 | Auth Required | Lyfgenia | lovo-cel | lovo-cel | |
| J3591 | No Auth. Required | Unclassified code | Unclassified drug or biological used for esrd on dialysis | Esrd on dialysi drug/bio noc | |
| J7030 | No Auth. Required | Sodium Chloride 0.9% | Infusion, normal saline solution , 1000 cc | Normal saline solution infus | |
| J7040 | No Auth. Required | Sodium Chloride 0.9% | Infusion, normal saline solution, sterile (500 ml = 1 unit) | Normal saline solution infus | |
| J7042 | No Auth. Required | Dextrose Sodium Chloride 5%-0.9% | 5% dextrose/normal saline (500 ml = 1 unit) | 5% dextrose/normal saline | |
| J7050 | No Auth. Required | Sodium Chloride 0.9% | Infusion, normal saline solution, 250 cc | Normal saline solution infus | |
| J7060 | No Auth. Required | Dextrose 5% | 5% dextrose/water (500 ml = 1 unit) | 5% dextrose/water | |
| J7070 | No Auth. Required | Dextrose 5% | Infusion, d5w, 1000 cc | D5w infusion | |
| J7100 | No Auth. Required | LMD in D5W 10% | Infusion, dextran 40, 500 ml | Dextran 40 infusion | |
| J7120 | No Auth. Required | Lactated Ringers | Ringers lactate infusion, up to 1000 cc | Ringers lactate infusion | |
| J7121 | No Auth. Required | Dextrose in Lactated Ringers 5% | 5% dextrose in lactated ringers infusion, up to 1000 cc | 5% dextrose in lac ringers | |
| J7131 | No Auth. Required | Sodium Chloride | Hypertonic saline solution, 1 ml | Hypertonic saline sol | |
| J7168 | Bill directly to Fee for Service State Medicaid | Kcentra | Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity | Prothrombin complex kcentra | |
| J7169 | Bill directly to Fee for Service State Medicaid | Andexxa | Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg | Inj andexxa, 10 mg | |
| J7170 | Bill directly to Fee for Service State Medicaid | Hemlibra | Injection, emicizumab-kxwh, 0.5 mg | Inj., emicizumab-kxwh 0.5 mg | |
| J7175 | Bill directly to Fee for Service State Medicaid | Coagadex | Injection, factor x, (human), 1 i.u. | Inj, factor x, (human), 1iu | |
| J7177 | Bill directly to Fee for Service State Medicaid | Fibryga | Injection, human fibrinogen concentrate (fibryga), 1 mg | Inj., fibryga, 1 mg | |
| J7178 | Bill directly to Fee for Service State Medicaid | RiaStap | Injection, human fibrinogen concentrate, not otherwise specified, 1 mg | Inj human fibrinogen con nos | |
| J7179 | Bill directly to Fee for Service State Medicaid | Vonvendi | Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rho | Vonvendi inj 1 iu vwf:rho | |
| J7180 | Bill directly to Fee for Service State Medicaid | Corifact | Injection, factor xiii (antihemophilic factor, human), 1 i.u. | Factor xiii anti-hem factor | |
| J7181 | Bill directly to Fee for Service State Medicaid | Tretten | Injection, factor xiii a-subunit, (recombinant), per iu | Factor xiii recomb a-subunit | |
| J7182 | Bill directly to Fee for Service State Medicaid | Novoeight | Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu | Factor viii recomb novoeight | |
| J7183 | Bill directly to Fee for Service State Medicaid | Wilate | Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rho | Wilate injection | |
| J7185 | Bill directly to Fee for Service State Medicaid | Xyntha | Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u. | Xyntha inj | |
| J7186 | Bill directly to Fee for Service State Medicaid | Alphanate | Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u. | Antihemophilic viii/vwf comp | |
| J7187 | Bill directly to Fee for Service State Medicaid | Humate P | Injection, von willebrand factor complex (humate-p), per iu vwf:rho | Humate-p, inj | |
| J7188 | Bill directly to Fee for Service State Medicaid | Obizur | Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u. | Factor viii recomb obizur | |
| J7189 | Bill directly to Fee for Service State Medicaid | Novoseven | Factor viia (antihemophilic factor, recombinant), per 1 microgram | Factor viia | |
| J7190 | Bill directly to Fee for Service State Medicaid | Hemophil M Koate Monoclote | Factor viii (antihemophilic factor, human) per i.u. | Factor viii | |
| J7191 | Auth Required | | Factor viii (antihemophilic factor (porcine)), per i.u. | Factor viii (porcine) | |
| J7192 | Bill directly to Fee for Service State Medicaid | Advate Kogenate FS Recombinate | Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified | Factor viii recombinant nos | |
| J7193 | Bill directly to Fee for Service State Medicaid | Alphanine SD Mononine | Factor ix (antihemophilic factor, purified, non-recombinant) per i.u. | Factor ix non-recombinant | |
| J7194 | Bill directly to Fee for Service State Medicaid | Profilnine | Factor ix, complex, per i.u. | Factor ix complex | |
| J7195 | Bill directly to Fee for Service State Medicaid | Ixinity Benefix | Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified | Factor ix recombinant nos | |
| J7196 | Auth Required | Atryn | Injection, antithrombin recombinant, 50 i.u. | Antithrombin recombinant | |

| J7197 | Auth Required | Thrombate III | Antithrombin iii (human), per i.u. | Antithrombin iii injection | |
|-------|---|---------------------------|--|--|---|
| J7198 | Bill directly to Fee for Service State Medicaid | Feiba NF | Anti-inhibitor, per i.u. | Anti-inhibitor | |
| J7199 | Bill directly to Fee for Service State Medicaid | Unclassified code | Hemophilia clotting factor, not otherwise classified | Hemophilia clot factor noc | |
| J7200 | Bill directly to Fee for Service State Medicaid | Rixubis | Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu | Factor ix recombinan rixubis | |
| J7201 | Bill directly to Fee for Service State Medicaid | Alprolix | Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u. | Factor ix alprolix recomb | |
| J7202 | Bill directly to Fee for Service State Medicaid | Idelvion | Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u. | Factor ix idelvion inj | |
| J7203 | Bill directly to Fee for Service State Medicaid | Rebinyon | Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyon), 1 iu | Factor ix recomb gly rebinyon | |
| J7204 | Bill directly to Fee for Service State Medicaid | Esperocet | Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu | Inj recombin esperoct per iu | |
| J7205 | Bill directly to Fee for Service State Medicaid | Eloctate | Injection, factor viii fc fusion protein (recombinant), per iu | Factor viii fc fusion recomb | |
| J7207 | Bill directly to Fee for Service State Medicaid | Adynovate | Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u. | Factor viii pegylated recomb | |
| J7208 | Bill directly to Fee for Service State Medicaid | Jivi | Injection, factor viii, (antihemophilic factor, recombinant), pegylated-auc, (jivi), 1 i.u. | Inj. jivi 1 iu | |
| J7209 | Bill directly to Fee for Service State Medicaid | Nuwiq | Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u. | Factor viii nuwiq recomb 1iu | |
| J7210 | Bill directly to Fee for Service State Medicaid | Afstyla | Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u. | Inj, afstyla, 1 i.u. | |
| J7211 | Bill directly to Fee for Service State Medicaid | Kovaltry | Injection, factor viii, (antihemophilic factor, recombinant), (koyaltry), 1 i.u. | Inj, koyaltry, 1 i.u. | |
| J7212 | Bill directly to Fee for Service State Medicaid | Sevenfact | Factor viia recomb sevenfact | Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram | |
| J7213 | Bill directly to Fee for Service State Medicaid | | Injection, coagulation factor IX (recombinant), Ixinity, 1 IU | Inj, ixinity, 1 i.u. | |
| J7214 | Not Covered | Altuviio | Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviio), per Factor VIII IU | Altuviio per factor viii iu | |
| J7294 | Pharmacy Benefit | Annovera | Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea | Seg acet and eth estr yearly | |
| J7295 | Pharmacy Benefit | Nuvaring, EluRyng | Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea | Eth estr and eton monthly | |
| J7296 | No Auth. Required | Kyleena | Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg | Kyleena, 19.5 mg | |
| J7297 | No Auth. Required | Liletta | Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg | Liletta, 52 mg | |
| J7298 | No Auth. Required | Mirena | Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg | Mirena, 52 mg | |
| J7300 | No Auth. Required | Paragard | Intrauterine copper contraceptive | Intraut copper contraceptive | |
| J7301 | No Auth. Required | Skyla | Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg | Skyla, 13.5 mg | |
| J7304 | No Auth. Required | Xulane | Contraceptive supply, hormone containing patch, each | Contraceptive hormone patch | |
| J7307 | No Auth. Required | Nexplanon | Etonogestrel (contraceptive) implant system, including implant and supplies | Etonogestrel implant system | |
| J7308 | No Auth. Required | Levulan Kerastick | Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg) | Aminolevulinic acid hcl top | |
| J7311 | Auth Required | Retisert | Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg | Inj., retisert, 0.01 mg | |
| J7312 | Auth Required | Ozurdex | Injection, dexamethasone, intravitreal implant, 0.1 mg | Dexamethasone intra implant | |
| J7313 | Auth Required | Iluvien | Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg | Inj., iluvien, 0.01 mg | |
| J7314 | Auth Required | Yutiq | Injection, fluocinolone acetonide, intravitreal implant (yutiq), 0.01 mg | Inj., yutiq, 0.01 mg | |
| J7315 | No Auth. Required | Mitosol | Mitomycin, ophthalmic, 0.2 mg | Ophthalmic mitomycin | |
| J7316 | Auth Required | Jetrea | Injection, ocriplasmin, 0.125 mg | Inj, ocriplasmin, 0.125 mg | |
| J7318 | Auth Required | Durolane | Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg | Inj, durolane 1 mg | 1 Injection |
| J7320 | Auth Required | GenVisc | Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg | Genvisc 850, inj, 1mg | |
| J7321 | Auth Required | Hyalgan Supartz | Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose | Hyalgan supartz visco-3 dose | 5 injections |
| J7321 | Auth Required | Hyalgan, Supartz, Visco-3 | Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose | Hyalgan supartz visco-3 dose | 2 injections |
| J7322 | Auth Required | Hymovis | Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg | Hymovis injection 1 mg | |
| J7323 | Auth Required | Euflexxa | Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose | Euflexxa inj per dose | 3 injections |
| J7324 | Auth Required | Orthovisc | Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose | Orthovisc inj per dose | 4 injections |
| J7325 | Auth Required | Synvisc Synvisc-One | Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg | Synvisc or synvisc-one | Synvisc: 3 injections Synvisc-One: 1 injection |
| J7326 | Auth Required | Gel-One | Hyaluronan or derivative, gel-one, for intra-articular injection, per dose | Gel-one | 1 injection |
| J7327 | Auth Required | Monovisc | Hyaluronan or derivative, monovisc, for intra-articular injection, per dose | Monovisc inj per dose | 1 injection |
| J7328 | Auth Required | Gelsyn-3 | Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg | Gelsyn-3 injection 0.1 mg | 3 injections |
| J7329 | Auth Required | Trivisc | Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg | Inj, trivisc 1 mg | |
| J7330 | Auth Required | MACI | Autologous cultured chondrocytes, implant | Cultured chondrocytes implnt | |
| J7331 | Auth Required | Synjoynt | Hyaluronan or derivative, synjoynt, for intra-articular injection, 1 mg | Synjoynt, inj., 1 mg | |
| J7332 | Auth Required | Triluron | Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg | Inj., triluron, 1 mg | 3 injections |
| J7336 | Auth Required | Qutenza | Capsaicin 8% patch, per square centimeter | Capsaicin 8% patch | |
| J7340 | Auth Required | Duopa | Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml | Carbidopa levodopa ent 100ml | |
| J7342 | Auth Required | Otiprio | Instillation, ciprofloxacin otic suspension, 6 mg | Ciprofloxacin otic susp 6 mg | |
| J7345 | Auth Required | Ameluz | Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg | Aminolevulinic acid, 10% gel | |
| J7351 | Auth Required | Durysta | Injection, bimatoprost, intracameral implant, 1 microgram | Inj bimatoprost itc imp1mcg | |
| J7352 | Auth Required | Scenesse | Afamelanotide implant, 1 mg | Afamelanotide implant, 1 mg | |
| J7353 | Not Covered | Nexobrid | Anacaulase-bcdb, 8.8% gel, 1 gm | Anacaulase-bcdb 8.8% gel 1 g | |
| J7402 | Auth Required | Sinuva | Mometasone furoate sinus implant, (sinuva), 10 micrograms | Mometasone sinus sinuva | |
| J7500 | Pharmacy Benefit | Imuran | Azathioprine, oral, 50 mg | Azathioprine oral 50mg | |
| J7501 | No Auth. Required | Azathioprine | Azathioprine, parenteral, 100 mg | Azathioprine parenteral | |
| J7502 | Pharmacy Benefit | Neoral Sandimmune | Cyclosporine, oral, 100 mg | Cyclosporine oral 100 mg | |

| | | | | | |
|-------|-------------------|-----------------------|---|-------------------------------|--|
| J7503 | Pharmacy Benefit | Envarsus Rx | Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg | Tacrol envarsus ex rel oral | |
| J7504 | Auth Required | Atgam | Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg | Lymphocyte immune globulin | |
| J7507 | Pharmacy Benefit | Prograf | Tacrolimus, immediate release, oral, 1 mg | Tacrolimus imme rel oral 1mg | |
| J7508 | Pharmacy Benefit | Astagraf XL | Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg | Tacrol astagraf ex rel oral | |
| J7509 | Pharmacy Benefit | Medrol | Methylprednisolone oral, per 4 mg | Methylprednisolone oral | |
| J7510 | Pharmacy Benefit | Orapred PEDIAPRED | Prednisolone oral, per 5 mg | Prednisolone oral per 5 mg | |
| J7511 | No Auth. Required | Thymoglobulin | Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg | Antithymocyte globulin rabbit | |
| J7512 | Pharmacy Benefit | Prednisone | Prednisone, immediate release or delayed release, oral, 1 mg | Prednisone ir or dr oral 1mg | |
| J7515 | Pharmacy Benefit | Neoral Sandimmune | Cyclosporine, oral, 25 mg | Cyclosporine oral 25 mg | |
| J7516 | No Auth. Required | Sandimmune | Cyclosporin, parenteral, 250 mg | Cyclosporin parenteral 250mg | |
| J7517 | No Auth. Required | Cellcept | Mycophenolate mofetil, oral, 250 mg | Mycophenolate mofetil oral | |
| J7518 | Pharmacy Benefit | Myfortic | Mycophenolic acid, oral, 180 mg | Mycophenolic acid | |
| J7519 | No Auth. Required | Cellcept | Injection, mycophenolate mofetil, 10 mg | Inj. mycophenolate mofetil | |
| J7520 | Pharmacy Benefit | Rapamune | Sirolimus, oral, 1 mg | Sirolimus, oral | |
| J7525 | No Auth. Required | Prograf | Tacrolimus, parenteral, 5 mg | Tacrolimus injection | |
| J7527 | Pharmacy Benefit | Zortress | Everolimus, oral, 0.25 mg | Oral everolimus | |
| J7599 | No Auth. Required | Unclassified code | Immunosuppressive drug, not otherwise classified | Immunosuppressive drug noc | |
| J7604 | No Auth. Required | Compounded | Acetylcysteine, inhalation solution, compounded product, administered through dme, unit dose form, per gram | Acetylcysteine comp unit | |
| J7605 | Auth Required | Brovana | Arformoterol, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 15 micrograms | Arformoterol non-comp unit | |
| J7606 | Auth Required | Perforomist | Formoterol fumarate, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 20 micrograms | Formoterol fumarate, inh | |
| J7607 | No Auth. Required | Compounded | Levalbuterol, inhalation solution, compounded product, administered through dme, concentrated form, 0.5 mg | Levalbuterol comp con | |
| J7608 | No Auth. Required | Acetylcysteine | Acetylcysteine, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per gram | Acetylcysteine non-comp unit | |
| J7609 | No Auth. Required | Albuterol Sulfate | Albuterol, inhalation solution, compounded product, administered through dme, unit dose, 1 mg | Albuterol comp unit | |
| J7610 | No Auth. Required | Albuterol Sulfate | Albuterol, inhalation solution, compounded product, administered through dme, concentrated form, 1 mg | Albuterol comp con | |
| J7611 | No Auth. Required | Ventolin Proventil | Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 1 mg | Albuterol non-comp con | |
| J7612 | Auth Required | compounded | Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 0.5 mg | Levalbuterol non-comp con | |
| J7613 | No Auth. Required | Ventolin Proventil | Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 1 mg | Albuterol non-comp unit | |
| J7614 | Auth Required | Levalbuterol | Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 0.5 mg | Levalbuterol non-comp unit | |
| J7615 | No Auth. Required | Levalbuterol | Levalbuterol, inhalation solution, compounded product, administered through dme, unit dose, 0.5 mg | Levalbuterol comp unit | |
| J7620 | No Auth. Required | Ipratropium Albuterol | Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, non-compounded, administered through dme | Albuterol ipratrop non-comp | |
| J7622 | No Auth. Required | Beclomethasone | Beclomethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram | Beclomethasone comp unit | |
| J7624 | No Auth. Required | Compounded | Betamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram | Betamethasone comp unit | |
| J7626 | Auth Required | Pulmicort | Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 0.5 mg | Budesonide non-comp unit | |
| J7627 | No Auth. Required | Compounded | Budesonide, inhalation solution, compounded product, administered through dme, unit dose form, up to 0.5 mg | Budesonide comp unit | |
| J7628 | Auth Required | Compounded | Bitolterol mesylate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram | Bitolterol mesylate comp con | |
| J7629 | Auth Required | Compounded | Bitolterol mesylate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram | Bitolterol mesylate comp unit | |
| J7631 | No Auth. Required | Compounded | Cromolyn sodium, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams | Cromolyn sodium noncomp unit | |
| J7632 | Not Covered | Compounded | Cromolyn sodium, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams | Cromolyn sodium comp unit | |
| J7633 | No Auth. Required | Pulmicort | Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 0.25 milligram | Budesonide non-comp con | |
| J7634 | Not Covered | Compounded | Budesonide, inhalation solution, compounded product, administered through dme, concentrated form, per 0.25 milligram | Budesonide comp con | |
| J7635 | Not Covered | Compounded | Atropine, inhalation solution, compounded product, administered through dme, concentrated form, per milligram | Atropine comp con | |
| J7636 | Not Covered | Compounded | Atropine, inhalation solution, compounded product, administered through dme, unit dose form, per milligram | Atropine comp unit | |
| J7637 | Not Covered | Compounded | Dexamethasone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram | Dexamethasone comp con | |
| J7638 | Not Covered | Compounded | Dexamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram | Dexamethasone comp unit | |
| J7639 | Auth Required | Pulmozyme | Dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram | Dornase alfa non-comp unit | |
| J7640 | Not Covered | Compounded | Formoterol, inhalation solution, compounded product, administered through dme, unit dose form, 12 micrograms | Formoterol comp unit | |
| J7641 | Not Covered | Compounded | Flunisolide, inhalation solution, compounded product, administered through dme, unit dose, per milligram | Flunisolide comp unit | |
| J7642 | Not Covered | Compounded | Glycopyrrolate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram | Glycopyrrolate comp con | |
| J7643 | Not Covered | Compounded | Glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram | Glycopyrrolate comp unit | |

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|-------|-------------------|-------------------|---|-------------------------------|--|
| J7644 | No Auth. Required | | Ipratropium bromide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram | Ipratropium bromide non-comp | |
| J7645 | Not Covered | Atrovent | Ipratropium bromide, inhalation solution, compounded product, administered through dme, unit dose form, per milligram | Ipratropium bromide comp | |
| J7647 | Not Covered | Compounded | Isoetharine hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram | Isoetharine comp con | |
| J7648 | No Auth. Required | | Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram | Isoetharine non-comp con | |
| J7649 | No Auth. Required | | Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram | Isoetharine non-comp unit | |
| J7650 | Not Covered | Compounded | Isoetharine hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram | Isoetharine comp unit | |
| J7657 | Not Covered | Compounded | Isoproterenol hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram | Isoproterenol comp con | |
| J7658 | No Auth. Required | | Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram | Isoproterenol non-comp con | |
| J7659 | No Auth. Required | | Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram | Isoproterenol non-comp unit | |
| J7660 | Not Covered | Compounded | Isoproterenol hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram | Isoproterenol comp unit | |
| J7665 | No Auth. Required | Mannitol | Mannitol, administered through an inhaler, 5 mg | Mannitol for inhaler | |
| J7667 | Not Covered | Compounded | Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams | Metaproterenol comp con | |
| J7668 | No Auth. Required | Alupent | Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 10 milligrams | Metaproterenol non-comp con | |
| J7669 | No Auth. Required | Compounded | Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams | Metaproterenol non-comp unit | |
| J7670 | Not Covered | Compounded | Metaproterenol sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams | Metaproterenol comp unit | |
| J7674 | No Auth. Required | Provocholine | Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg | Methacholine chloride, neb | |
| J7676 | Not Covered | Pentam | Pentamidine isethionate, inhalation solution, compounded product, administered through dme, unit dose form, per 300 mg | Pentamidine comp unit dose | |
| J7677 | Auth Required | Yupelri | Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through dme, 1 microgram | Revefenacin inh non-com 1mcg | |
| J7680 | Not Covered | Compounded | Terbutaline sulfate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram | Terbutaline sulf comp con | |
| J7681 | Not Covered | Compounded | Terbutaline sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram | Terbutaline sulf comp unit | |
| J7682 | Auth Required | Tobi | Tobramycin, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams | Tobramycin non-comp unit | |
| J7683 | Not Covered | Compounded | Triamcinolone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram | Triamcinolone comp con | |
| J7684 | Not Covered | Compounded | Triamcinolone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram | Triamcinolone comp unit | |
| J7685 | Not Covered | Compounded | Tobramycin, inhalation solution, compounded product, administered through dme, unit dose form, per 300 milligrams | Tobramycin comp unit | |
| J7686 | Auth Required | Tyvaso | Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg | Treprostinil, non-comp unit | |
| J7699 | Auth Required | Unclassified code | Noc drugs, inhalation solution administered through dme | Inhalation solution for dme | |
| J7799 | No Auth. Required | Unclassified code | Noc drugs, other than inhalation drugs, administered through dme | Non-inhalation drug for dme | |
| J7999 | Not Covered | Unclassified code | Compounded drug, not otherwise classified | Compounded drug, noc | |
| J8498 | No Auth. Required | Unclassified code | Antiemetic drug, rectal/suppository, not otherwise specified | Antiemetic rectal/supp nos | |
| J8499 | Auth Required | Unclassified code | Prescription drug, oral, non chemotherapeutic, nos | Oral prescrip drug non chemo | |
| J8501 | Pharmacy Benefit | Emend | Aprepitant, oral, 5 mg | Oral aprepitant | |
| J8510 | Pharmacy Benefit | Myleran | Busulfan; oral, 2 mg | Oral busulfan | |
| J8515 | Pharmacy Benefit | Dostinex | Cabergoline, oral, 0.25 mg | Cabergoline, oral 0.25mg | |
| J8520 | Pharmacy Benefit | Xeloda | Capecitabine, oral, 150 mg | Capecitabine, oral, 150 mg | |
| J8521 | Pharmacy Benefit | Xeloda | Capecitabine, oral, 500 mg | Capecitabine, oral, 500 mg | |
| J8530 | Pharmacy Benefit | Cytosan | Cyclophosphamide; oral, 25 mg | Cyclophosphamide oral 25 mg | |
| J8540 | Pharmacy Benefit | Decadron | Dexamethasone, oral, 0.25 mg | Oral dexamethasone | |
| J8560 | Pharmacy Benefit | Vpesid | Etoposide; oral, 50 mg | Etoposide oral 50 mg | |
| J8565 | Pharmacy Benefit | Iressa | Gefitinib, oral, 250 mg | Gefitinib oral | |
| J8597 | Pharmacy Benefit | Unclassified code | Antiemetic drug, oral, not otherwise specified | Antiemetic drug oral nos | |
| J8600 | Pharmacy Benefit | Alkeran | Melphalan; oral, 2 mg | Melphalan oral 2 mg | |
| J8610 | Pharmacy Benefit | Rheumatrex | Methotrexate; oral, 2.5 mg | Methotrexate oral 2.5 mg | |
| J8650 | Auth Required | | Nabilone, oral, 1 mg | Nabilone oral | |
| J8655 | Pharmacy Benefit | Akynzeo | Netupitant 300 mg and palonosetron 0.5 mg, oral | Oral netupitant, palonosetron | |
| J8670 | No Auth. Required | Varubi | Rolapitant, oral, 1 mg | Varubi | |
| J8700 | Pharmacy Benefit | Temodar | Temozolomide, oral, 5 mg | Temozolomide | |
| J8705 | Pharmacy Benefit | Hycamtin | Topotecan, oral, 0.25 mg | Topotecan oral | |
| J8999 | Pharmacy Benefit | Unclassified code | Prescription drug, oral, chemotherapeutic, nos | Oral prescription drug chemo | |
| J9000 | No Auth. Required | Adriamycin | Injection, doxorubicin hydrochloride, 10 mg | Doxorubicin hcl injection | |
| J9015 | Auth Required | Proleukin | Injection, aldesleukin, per single use vial | Aldesleukin injection | |
| J9017 | No Auth. Required | Trisenox | Injection, arsenic trioxide, 1 mg | Arsenic trioxide injection | |
| J9019 | No Auth. Required | Erwinaze | Injection, asparaginase (erwinaze), 1,000 iu | Erwinaze injection | |
| J9021 | Auth Required | Rylaze | Injection, asparaginase, recombinant, (Rylaze), 0.1 mg | Inj, aspara, rylaze, 0.1 mg | |
| J9022 | Auth Required | Tecentriq | Injection, atezolizumab, 10 mg | Inj, atezolizumab, 10 mg | |
| J9023 | Auth Required | Bavencio | Injection, avelumab, 10 mg | Injection, avelumab, 10 mg | |
| J9025 | Auth Required | Vidaza | Injection, azacitidine, 1 mg | Azacitidine injection | |
| J9027 | No Auth. Required | Clolar | Injection, clofarabine, 1 mg | Clofarabine injection | |
| J9029 | Not Covered | | Injection, nadofaragene firadenovec-vncg, per therapeutic dose | Inj, adstiladrin, per tx dos | |
| J9030 | Auth Required | Tice BCG | Bcg live intravesical instillation, 1 mg | Bcg live intravesical 1mg | |

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|-------|-------------------|---|--|--|---|
| J9032 | Auth Required | Beleodaq | Injection, belinostat, 10 mg | Injection, belinostat, 10mg | |
| J9033 | No Auth. Required | Treanda | Injection, bendamustine hcl (treanda), 1 mg | Inj., treanda 1 mg | |
| J9034 | Auth Required | Bendeka | Injection, bendamustine hcl (bendeka), 1 mg | Inj., bendeka 1 mg | |
| J9035 | Auth Required | Avastin | Injection, bevacizumab, 10 mg | Bevacizumab injection | |
| J9036 | Auth Required | Belrapzo | Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg | Inj. belrapzo/bendamustine | |
| J9037 | Auth Required | Blenrep | Injection, belantamab mafodotin-blmf, 0.5 mg | Inj belantamab mafodot blmf | |
| J9039 | Auth Required | Blinicyto | Injection, blinatumomab, 1 microgram | Injection, blinatumomab | |
| J9040 | No Auth. Required | Bleomycin | Injection, bleomycin sulfate, 15 units | Bleomycin sulfate injection | |
| J9041 | No Auth. Required | Velcade | Injection, bortezomib (velcade), 0.1 mg | Inj., velcade 0.1 mg | |
| J9042 | Auth Required | Adcetris | Injection, brentuximab vedotin, 1 mg | Brentuximab vedotin inj | |
| J9043 | No Auth. Required | Jevtana | Injection, cabazitaxel, 1 mg | Cabazitaxel injection | |
| J9045 | No Auth. Required | Paraplatin | Injection, carboplatin, 50 mg | Carboplatin injection | |
| J9046 | No Auth. Required | Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg | | | |
| J9047 | Auth Required | Kyprolis | Injection, carfilzomib, 1 mg | Injection, carfilzomib, 1 mg | |
| J9048 | No Auth. Required | Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg | | | |
| J9049 | No Auth. Required | Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg | | | |
| J9050 | No Auth. Required | BICNU | Injection, carmustine, 100 mg | Carmustine injection | |
| J9051 | Auth Required | | Injection, bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg | Inj, bortezomib (maia) | |
| J9055 | Auth Required | Erbitux | Injection, cetuximab, 10 mg | Cetuximab injection | |
| J9056 | No Auth. Required | | Injection, bendamustine HCl (Vivimusta), 1 mg | Inj, bendamustine, 1 mg | |
| J9057 | Auth Required | Aliqopa | Injection, copanlisib, 1 mg | Inj., copanlisib, 1 mg | |
| J9058 | Not Covered | | Injection, bendamustine HCl (Apotex), 1 mg | Inj apotex/bendamustine 1 mg | |
| J9059 | No Auth. Required | | Injection, bendamustine HCl (Baxter), 1 mg | Inj bendamustine, baxter 1mg | |
| J9060 | No Auth. Required | Platinol | Injection, cisplatin, powder or solution, 10 mg | Cisplatin 10 mg injection | |
| J9061 | Auth Required | Rybrevent | Injection, amivantamab-vmjw, 2 mg | Inj, amivantamab-vmjw | |
| J9063 | No Auth. Required | | Injection, mirvetuximab soravtansine-gynx, 1 mg | Inj, elahere, 1 mg | |
| J9064 | Auth Required | | Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg | Inj, cabazitaxel (sandoz) | |
| J9065 | No Auth. Required | Mavenclad | Injection, cladribine, per 1 mg | Inj cladribine per 1 mg | |
| J9071 | No Auth. Required | cyclophosphamide | Injection, cyclophosphamide, (AuroMedics), 5 mg | | |
| J9100 | No Auth. Required | Cytosar | Injection, cytarabine, 100 mg | Cytarabine hcl 100 mg inj | |
| J9118 | Auth Required | Asparlas | Injection, calaspargase pegol-mknl, 10 units | Inj. calaspargase pegol-mknl | |
| J9119 | Auth Required | Libtayo | Injection, cemiplimab-rwlc, 1 mg | Inj., cemiplimab-rwlc, 1 mg | |
| J9120 | No Auth. Required | Cosmegen | Injection, dactinomycin, 0.5 mg | Dactinomycin injection | |
| J9130 | No Auth. Required | DTIC-Dome | Dacarbazine, 100 mg | Dacarbazine 100 mg inj | |
| J9144 | Auth Required | Darzalex | Daratumumab, hyaluronidase | Injection, daratumumab, 10 mg and hyaluronidase-fihj | |
| J9145 | Auth Required | Darzalex | Injection, daratumumab, 10 mg | Injection, daratumumab 10 mg | |
| J9150 | No Auth. Required | Daunorubicin | Injection, daunorubicin, 10 mg | Daunorubicin injection | |
| J9153 | Auth Required | Vyxeos | Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine | Inj daunorubicin, cytarabine | |
| J9155 | Auth Required | Firmagon | Injection, degarelix, 1 mg | Degarelix injection | |
| J9165 | No Auth. Required | Not available in the US | Injection, diethylstilbestrol diphosphate, 250 mg | Diethylstilbestrol injection | |
| J9171 | No Auth. Required | Taxotere | Injection, docetaxel, 1 mg | Docetaxel injection | |
| J9173 | Auth Required | Imfinzi | Injection, durvalumab, 10 mg | Inj., durvalumab, 10 mg | |
| J9175 | No Auth. Required | Elliotts B Solution | Injection, elliotts' b solution, 1 ml | Elliotts b solution per ml | |
| J9176 | Auth Required | Empliciti | Injection, elotuzumab, 1 mg | Injection, elotuzumab, 1mg | |
| J9177 | Auth Required | Padvec | Injection, enfortumab vedotin-efjv, 0.25 mg | Inj enfort vedo-efjv 0.25mg | |
| J9178 | No Auth. Required | Ellence | Injection, epirubicin hcl, 2 mg | Inj, epirubicin hcl, 2 mg | |
| J9179 | No Auth. Required | Halaven | Injection, eribulin mesylate, 0.1 mg | Eribulin mesylate injection | |
| J9181 | No Auth. Required | Etopophos | Injection, etoposide, 10 mg | Etoposide injection | |
| J9185 | No Auth. Required | Fludara | Injection, fludarabine phosphate, 50 mg | Fludarabine phosphate inj | |
| J9190 | No Auth. Required | Adrucil | Injection, fluorouracil, 500 mg | Fluorouracil injection | |
| J9196 | Auth Required | | Injection, gemcitabine hydrochloride (Accord), not therapeutically equivalent to J9201, 200 mg | Inj gemcitabine hcl (accord) | |
| J9198 | Auth Required | Infugem | Injection, gemcitabine hydrochloride, (infugem), 100 mg | Inj. infugem, 100 mg | |
| J9200 | No Auth. Required | FUDR | Injection, floxuridine, 500 mg | Floxuridine injection | |
| J9201 | No Auth. Required | Gemzar | Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg | In gemcitabine hcl nos 200mg | |
| J9202 | Auth Required | Zoladex | Goserelin acetate implant, per 3.6 mg | Goserelin acetate implant | |
| J9203 | Auth Required | Mylotarg | Injection, gemtuzumab ozogamicin, 0.1 mg | Gemtuzumab ozogamicin 0.1 mg | |
| J9204 | Auth Required | Poteligeo | Injection, mogamulizumab-kpkc, 1 mg | Inj mogamulizumab-kpkc, 1 mg | |
| J9205 | Auth Required | Onivyde | Injection, irinotecan liposome, 1 mg | Inj irinotecan liposome 1 mg | |
| J9206 | No Auth. Required | Campptosar | Injection, irinotecan, 20 mg | Irinotecan injection | |
| J9207 | No Auth. Required | Ixemptra | Injection, ixabepilone, 1 mg | Ixabepilone injection | |
| J9208 | No Auth. Required | Ifex | Injection, ifosfamide, 1 gram | Ifosfamide injection | |
| J9209 | No Auth. Required | Mesnex | Injection, mesna, 200 mg | Mesna injection | |
| J9210 | Auth Required | Gamifant | Injection, emapalumab-lzsg, 1 mg | Inj., emapalumab-lzsg, 1 mg | |
| J9211 | No Auth. Required | Idamycin | Injection, idarubicin hydrochloride, 5 mg | Idarubicin hcl injection | |
| J9214 | Auth Required | Intron A | Injection, interferon, alfa-2b, recombinant, 1 million units | Interferon alfa-2b inj | |
| J9215 | Auth Required | Alferon N | Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu | Interferon alfa-n3 inj | |
| J9216 | Auth Required | Actimmune | Injection, interferon, gamma 1-b, 3 million units | Interferon gamma 1-b inj | |
| J9217 | No Auth. Required | Eligard | Leuprolide acetate (for subcutaneous inj kit), 7.5 mg | Leuprolide acetate suspension | Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyoma: every 84 days |
| J9217 | No Auth. Required | Eligard | Leuprolide acetate (for subcutaneous inj kit), 22.5 mg | Leuprolide acetate suspension | |
| J9217 | No Auth. Required | Eligard | Leuprolide acetate (for subcutaneous inj kit), 30 mg | Leuprolide acetate suspension | |
| J9217 | No Auth. Required | Eligard | Leuprolide acetate (for subcutaneous inj kit), 45 mg | Leuprolide acetate suspension | |
| J9217 | No Auth. Required | Lupron Depot | Leuprolide acetate (for depot suspension), 7.5 mg | Leuprolide acetate suspension | Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyoma: every 84 days |
| J9218 | No Auth. Required | Leuprolide | Leuprolide acetate, per 1 mg | Leuprolide acetate injection | Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyoma: every 84 days |
| J9223 | Auth Required | Zepzelca | Inj. lurbinctedin, 0.1 mg | Injection, lurbinctedin, 0.1 mg | |
| J9225 | Auth Required | Vantas | Histrelin implant (vantas), 50 mg | Vantas implant | |
| J9226 | Auth Required | Supprelin LA | Histrelin implant (supprelin la), 50 mg | Supprelin la implant | |
| J9227 | Auth Required | Sarclisa | Injection, isatuximab-irfc, 10 mg | Inj. isatuximab-irfc 10 mg | |
| J9228 | Auth Required | Yervoy | Injection, ipilimumab, 1 mg | Ipilimumab injection | |
| J9229 | Auth Required | Besponsa | Injection, inotuzumab ozogamicin, 0.1 mg | Inj inotuzumab ozogam 0.1 mg | |

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| J9230 | No Auth. Required | Mustargen | Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg | Mechlorethamine hcl inj | |
| J9245 | No Auth. Required | Alkeran | Injection, melphalan hydrochloride, 50 mg | Inj melphalan hydrochl 50 mg | |
| J9246 | Auth Required | Evomela | Injection, melphalan (evomela), 1 mg | Inj., evomela, 1 mg | |
| J9247 | Auth Required | Alkeran, Evomela | Injection, melphalan flufenamide, 1 mg | Inj, melphalan flufenami 1mg | |
| J9259 | Not Covered | | Injection, paclitaxel protein-bound particles (American Regent) not therapeutically equivalent to J9264, 1 mg | Paclitaxel (american regent) | |
| J9260 | No Auth. Required | Methotrexate | Methotrexate sodium, 50 mg | Methotrexate sodium inj | |
| J9261 | No Auth. Required | Arranon | Injection, nelarabine, 50 mg | Nelarabine injection | |
| J9262 | Auth Required | Synribo | Injection, omacetaxine mepesuccinate, 0.01 mg | Inj, omacetaxine mep, 0.01mg | |
| J9263 | No Auth. Required | Eloxatin | Injection, oxaliplatin, 0.5 mg | Oxaliplatin | |
| J9264 | No Auth. Required | Abraxane | Injection, paclitaxel protein-bound particles, 1 mg | Paclitaxel protein bound | |
| J9266 | Auth Required | Oncaspar | Injection, pegaspargase, per single dose vial | Pegaspargase injection | Dosing every 2 weeks; 1 billing unit= up to 3750IU |
| J9267 | No Auth. Required | Taxol | Injection, paclitaxel, 1 mg | Paclitaxel injection | |
| J9268 | No Auth. Required | Nipent | Injection, pentostatin, 10 mg | Pentostatin injection | |
| J9269 | Auth Required | Elzonris | Injection, tagraxofusp-erzs, 10 micrograms | Inj. tagraxofusp-erzs 10 mcg | |
| J9271 | Auth Required | Keytruda | Injection, pembrolizumab, 1 mg | Inj pembrolizumab | |
| J9272 | Auth Required | Jemperli | Injection, dostarlimab-gxly, 10 mg | Inj, dostarlimab-gxly, 10 mg | |
| J9273 | No Auth. Required | Tivdak | Injection, tisotumab vedotin-tftv, 1 mg | | |
| J9274 | Auth Required | Kimmtrak | Injection, tebentafusp-tebn, 1 microgram | Inj, tebentafusp-tebn, 1 mcg | |
| J9280 | No Auth. Required | Mutamycin | Injection, mitomycin, 5 mg | Mitomycin injection | |
| J9281 | Auth Required | Jemlyto | Mitomycin instillation | Mitomycin pyelocalyceal instillation, 1 mg | |
| J9285 | Auth Required | Lartruvo | Injection, olaratumab, 10 mg | Inj, olaratumab, 10 mg | |
| J9293 | Auth Required | Novantrone | Injection, mitoxantrone hydrochloride, per 5 mg | Mitoxantrone hydrochl / 5 mg | |
| J9294 | Auth Required | | Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg | Inj pemetrexed, hospira 10mg | |
| J9295 | Auth Required | Portrazza | Injection, necitumumab, 1 mg | Injection, necitumumab, 1 mg | |
| J9296 | Auth Required | | Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg | Inj pemetrexed (accord) 10mg | |
| J9297 | Auth Required | | Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg | Inj pemetrexed (sandoz) 10mg | |
| J9298 | Auth Required | Opdualag | Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg | Inj nivolumab relatlimab 3mg/1mg | |
| J9299 | Auth Required | Opdivo | Injection, nivolumab, 1 mg | Injection, nivolumab | |
| J9301 | Auth Required | Gazyva | Injection, obinutuzumab, 10 mg | Obinutuzumab inj | |
| J9302 | Auth Required | Arzerra | Injection, ofatumumab, 10 mg | Ofatumumab injection | |
| J9303 | No Auth. Required | Vectibix | Injection, panitumumab, 10 mg | Panitumumab injection | |
| J9304 | Auth Required | Pemfexy | Injection, pemetrexed (pemfexy), 10 mg | Inj. pemetrexed, 10 mg | |
| J9305 | No Auth. Required | Alimta | Injection, pemetrexed, 10 mg | Pemetrexed injection | |
| J9306 | Auth Required | Perjeta | Injection, pertuzumab, 1 mg | Injection, pertuzumab, 1 mg | |
| J9307 | No Auth. Required | Folotylin | Injection, pralatrexate, 1 mg | Pralatrexate injection | |
| J9308 | Auth Required | Cyramza | Injection, ramucirumab, 5 mg | Injection, ramucirumab | |
| J9309 | Auth Required | Polivy | Injection, polatuzumab vedotin-piqi, 1 mg | Inj, polatuzumab vedotin 1mg | |
| J9311 | Auth Required | Rituxan Hycela | Injection, rituximab 10 mg and hyaluronidase | Inj rituximab, hyaluronidase | Hycela is only covered for the oncology diagnoses. |
| J9312 | Auth Required | Rituxan | Injection, rituximab, 10 mg | Inj., rituximab, 10 mg | |
| J9313 | Auth Required | Lumoxiti | Injection, moxetumomab pasudotox-tdfk, 0.01 mg | Inj., lumoxiti, 0.01 mg | |
| J9314 | No Auth. Required | | Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg | | |
| J9316 | Auth Required | Phsego | Pertuzu, trastuzu, 10 mg | Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg | |
| J9317 | Auth Required | Trodelyv | Sacituzumab govitecan-hziy | Injection, sacituzumab govitecan-hziy, 2.5 mg | |
| J9318 | Auth Required | Istodax | Injection, romidepsin, nonlyophilized, 0.1 mg | Inj romidepsin non-lyo 0.1mg | |
| J9319 | Auth Required | Istodax | Injection, romidepsin, lyophilized, 0.1 mg | Inj romidepsin lyophil 0.1mg | |
| J9320 | No Auth. Required | Zanosar | Injection, streptozocin, 1 gram | Streptozocin injection | |
| J9321 | Auth Required | Epkinly | Injection, pemetrexed (Sandoz) not therapeutically equivalent to J9305, 10 mg | #N/A | |
| J9322 | No Auth. Required | | Injection, pemetrexed (BluePoint) not therapeutically equivalent to J9305, 10 mg | Inj pemetrexed (bluepoint) | |
| J9323 | No Auth. Required | | Injection, pemetrexed (Hospira) not therapeutically equivalent to J9305, 10 mg | Inj pemetrexed ditromethamin | |
| J9325 | Auth Required | Imlygic | Injection, talimogene laherparepvec, per 1 million plaque forming units | Inj talimogene laherparepvec | |
| J9328 | Auth Required | Temodar | Injection, temozolomide, 1 mg | Temozolomide injection | |
| J9330 | Auth Required | Torisel | Injection, temsirolimus, 1 mg | Temsirolimus injection | |
| J9331 | No Auth. Required | Fyarro | Injection, sirolimus protein-bound particles, 1 mg | | |
| J9332 | No Auth. Required | Vyvgart | Injection, efgartigimod alfa-fcab, 2mg | | |
| J9340 | No Auth. Required | Tepadina | Injection, thiotepa, 15 mg | Thiotepa injection | |
| J9345 | Auth Required | Zynyz | Injection, retifanlimab-dlwr, 1 mg | Inj, retifanlimab-dlwr, 1 mg | |
| J9347 | No Auth. Required | | Injection, tremelimumab-actl, 1 mg | Inj, tremelimumab-actl, 1 mg | |
| J9348 | Auth Required | Danyelza | Injection, naxitamab-gqgk, 1 mg | Inj. naxitamab-gqgk, 1 mg | |
| J9349 | Auth Required | Monjuvi | Injection, tafasitamab-cxix, 2 mg | Inj., tafasitamab-cxix | |
| J9350 | No Auth. Required | | INJ MOSUNETUZUMAB-AXGB, 1 MG | Inj mosunetuzumab-axgb, 1 mg | |
| J9351 | No Auth. Required | Hycamtin | Injection, topotecan, 0.1 mg | Topotecan injection | |
| J9352 | Auth Required | Yondelis | Injection, trabectedin, 0.1 mg | Injection trabectedin 0.1mg | |
| J9353 | Auth Required | Margenza | Injection, margetuximab-cmkb, 5 mg | Inj. margetuximab-cmkb, 5 mg | |
| J9354 | Auth Required | Kadcyla | Injection, ado-trastuzumab emtansine, 1 mg | Inj, ado-trastuzumab emt 1mg | |
| J9355 | Auth Required | Herceptin | Injection, trastuzumab, excludes biosimilar, 10 mg | Inj trastuzumab excl biosimi | |
| J9356 | Auth Required | Herceptin Hylecta | Injection, trastuzumab, 10 mg and hyaluronidase-oysk | Inj. herceptin hylecta, 10mg | |
| J9357 | No Auth. Required | Valstar | Injection, valrubicin, intravesical, 200 mg | Valrubicin injection | |
| J9358 | Auth Required | Enhertu | Injection, fam-trastuzumab deruxtecan-nxki, 1 mg | Inj fam-trastu deru-nxki 1mg | |
| J9359 | No Auth. Required | Zynlonta | Injection, loncastuximab tesirine-lpyl, 0.075 mg | | |
| J9360 | No Auth. Required | Velban | Injection, vinblastine sulfate, 1 mg | Vinblastine sulfate inj | |
| J9370 | No Auth. Required | Vincasar PFS | Vincristine sulfate, 1 mg | Vincristine sulfate 1 mg inj | |
| J9380 | No Auth. Required | Tecvayli | Injection, teclistamab-cqyv, 0.5 mg | Inj teclistamab cqyv 0.5 mg | |
| J9381 | Auth Required | | Injection, teplizumab-mzwv, 5 mcg | Inj teplizumab mzwv 5 mcg | |
| J9390 | No Auth. Required | Navelbine | Injection, vinorelbine tartrate, 10 mg | Vinorelbine tartrate inj | |
| J9393 | No Auth. Required | | Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg | | |
| J9394 | No Auth. Required | | Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg | | |
| J9395 | No Auth. Required | Faslodex | Injection, fulvestrant, 25 mg | Injection, fulvestrant | |
| J9400 | Auth Required | Zaltrap | Injection, ziv-aflibercept, 1 mg | Inj, ziv-aflibercept, 1mg | |
| J9600 | No Auth. Required | Photofrin | Injection, porfimer sodium, 75 mg | Porfimer sodium injection | |
| J9999 | Auth Required | Unclassified code | Not otherwise classified, antineoplastic drugs | Chemotherapy drug | |
| M0201 | Bill directly to Fee for Service State Medicaid | Home vaccine admin | Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home | Covid-19 vaccine home admin | |

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|-------|-------------------|-------------|---|------------------------------|--|
| M0220 | No Auth. Required | AstraZeneca | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring | Tixagev and cilgav inj | |
| M0221 | No Auth. Required | AstraZeneca | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency | Tixagev and cilgav inj hm | |
| M0222 | No Auth. Required | | Intravenous injection, bebtelovimab, includes injection and post administration monitoring | | |
| M0222 | No Auth. Required | Eli Lilly | Intravenous injection, bebtelovimab, includes injection and post administration monitoring | Bebtelovimab injection | |
| M0223 | No Auth. Required | | Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made prov | | |
| M0223 | No Auth. Required | Eli Lilly | Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency | Bebtelovimab injection home | |
| M0249 | No Auth. Required | Genentech | Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose | Adm Tocilizu COVID-19 1st | |
| M0250 | No Auth. Required | Genentech | Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose | Adm Tocilizu COVID-19 2nd | |
| P9012 | No Auth. Required | | Cryoprecipitate, each unit | Cryoprecipitate each unit | |
| P9041 | No Auth. Required | | Infusion, albumin (human), 5%, 50 ml | Albumin (human),5%, 50ml | |
| P9043 | No Auth. Required | | Infusion, plasma protein fraction (human), 5%, 50 ml | Plasma protein fract,5%,50ml | |
| P9045 | No Auth. Required | | Infusion, albumin (human), 5%, 250 ml | Albumin (human), 5%, 250 ml | |
| P9046 | No Auth. Required | | Infusion, albumin (human), 25%, 20 ml | Albumin (human), 25%, 20 ml | |
| P9047 | No Auth. Required | | Infusion, albumin (human), 25%, 50 ml | Albumin (human), 25%, 50ml | |
| P9048 | No Auth. Required | | Infusion, plasma protein fraction (human), 5%, 250 ml | Plasmaprotein fract,5%,250ml | |
| P9050 | No Auth. Required | | Granulocytes, pheresis, each unit | Granulocytes, pheresis unit | |
| Q0112 | No Auth. Required | | All potassium hydroxide (koh) preparations | Potassium hydroxide preps | |
| Q0138 | Auth Required | Feraheme | Injection, ferumoxyl, for treatment of iron deficiency anemia, 1 mg (non-esrd use) | Ferumoxyl, non-esrd | |
| Q0139 | Auth Required | Feraheme | Injection, ferumoxyl, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis) | Ferumoxyl, esrd use | |
| Q0161 | No Auth. Required | Thorazine | 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 | Chlorpromazine hcl 5mg oral | |
| Q0162 | No Auth. Required | Zofran | 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 | Ondansetron oral | |
| Q0163 | No Auth. Required | Benadryl | 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 | Diphenhydramine hcl 50mg | |
| Q0164 | No Auth. Required | Compazine | 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 | Prochlorperazine maleate 5mg | |
| Q0166 | No Auth. Required | Kytril | 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 | Granisetron hcl 1 mg oral | |
| Q0167 | Auth Required | Inapsine | Dronabinol, 2.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen | Dronabinol 2.5mg oral | |
| Q0169 | No Auth. Required | Phenergan | Promethazine hydrochloride, 12.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen | Promethazine hcl 12.5mg oral | |
| Q0175 | No Auth. Required | Trilafon | 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 | Perphenazine 4mg oral | |
| Q0177 | No Auth. Required | Vistaril | 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 | Hydroxyzine pamoate 25mg | |

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| Q0180 | Auth Required | Anzemet | 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 | Dolasetron mesylate oral | |
| Q0181 | No Auth. Required | | 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 | Unspecified oral anti-emetic | |
| Q0220 | No Auth. Required | AstraZeneca | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg | Tixagev and cilgav, 300mg | |
| Q0221 | No Auth. Required | Cilgavimab, Tixagevimab, Evusheld | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) w | | |
| Q0221 | No Auth. Required | AstraZeneca | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg | Tixagev and cilgav, 600mg | |
| Q0222 | No Auth. Required | | Injection, bebtelovimab, 175 mg | | |
| Q0222 | No Auth. Required | Eli Lilly | Injection, bebtelovimab, 175 mg | Bebtelovimab 175 mg | |
| Q0249 | No Auth. Required | Genentech | Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg | Tocilizumab for COVID-19 | |
| Q0510 | No Auth. Required | | Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant | Dispens fee immunosuppressive | |
| Q0511 | No Auth. Required | | Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period | Sup fee antiem,antica,immuno | |
| Q0513 | No Auth. Required | | Pharmacy dispensing fee for inhalation drug(s); per 30 days | Disp fee inhal drugs/30 days | |
| Q0514 | No Auth. Required | | Pharmacy dispensing fee for inhalation drug(s); per 90 days | Disp fee inhal drugs/90 days | |
| Q2009 | No Auth. Required | Cerebyx | Injection, fosphenytoin, 50 mg phenytoin equivalent | Fosphenytoin inj pe | |
| Q2017 | Auth Required | Teniposide | Injection, teniposide, 50 mg | Teniposide, 50 mg | |
| Q2039 | No Auth. Required | | Influenza virus vaccine, not otherwise specified | Influenza virus vaccine, nos | |
| Q2041 | Bill directly to Fee for Service State Medicaid | Yescarta | Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Axicabtagene ciloleucel car+ | |
| Q2042 | Bill directly to Fee for Service State Medicaid | Kymriah | Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Tisagenlecleucel car-pos t | |
| Q2043 | Auth Required | Provenge | Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion | Sipuleucel-t auto cd54+ | |
| Q2050 | Auth Required | Doxil | Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg | Doxorubicin inj 10mg | |
| Q2053 | Bill directly to Fee for Service State Medicaid | Tecartus | Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Brexucabtagene car pos t | |
| Q2054 | Bill directly to Fee for Service State Medicaid | Breyanzi | Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Lisocabtagene mara car pos t | |
| Q2055 | Bill directly to Fee for Service State Medicaid | Abecma | Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, p | Idecabtagene vicleucel car | |
| Q2056 | Bill directly to Fee for Service State Medicaid | Carvykti | Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Ciltacabtagene car-pos t | |
| Q3027 | Auth Required | Avonex | Injection, interferon beta-1a, 1 mcg for intramuscular use | Inj beta interferon im 1 mcg | |
| Q3028 | Auth Required | Rebif | Injection, interferon beta-1a, 1 mcg for subcutaneous use | Inj beta interferon sq 1 mcg | |
| Q4074 | Auth Required | Ventavis | Iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms | Iloprost non-comp unit dose | |
| Q4081 | No Auth. Required | Epogen Procrit | Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use) | Epoetin alfa, 100 units esrd | |
| Q5101 | Auth Required | Zarxio | Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram | Injection, zarxio 1mcg | |
| Q5103 | Auth Required | Inflectra | Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg | Injection, inflectra 10mg | |
| Q5104 | Auth Required | Renflexis | Injection, infliximab-abda, biosimilar, (renflexis), 10 mg | Injection, renflexis 10mg | |
| Q5105 | Auth Required | Retacrit | Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units | Inj retacrit esrd on dialysi | |
| Q5106 | Auth Required | Retacrit | Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units | Inj retacrit non-esrd use | |
| Q5107 | Auth Required | Mvasi | Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg | Inj mvasi 10 mg | |
| Q5108 | Auth Required | Fulphila | Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg | Injection, fulphila 0.5mg | |
| Q5109 | Auth Required | Ixifi | Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg | Injection, ixifi, 10 mg | |
| Q5110 | Auth Required | Nivestym | Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram | Injection, Nivestym 1mcg | |
| Q5111 | Auth Required | Udenyca | Injection, pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg | Injection, udenyca 0.5 mg | |
| Q5112 | Auth Required | Ontruzant | Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg | Inj ontruzant 10 mg | |
| Q5113 | Auth Required | Herzuma | Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg | Inj herzuma 10 mg | |
| Q5114 | Auth Required | Ogivri | Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg | Inj ogivri 10 mg | |
| Q5115 | Auth Required | Truxima | Injection, rituximab-abbs, biosimilar, (truxima), 10 mg | Inj truxima 10 mg | |
| Q5116 | Auth Required | Trazimera | Injection, trastuzumab-anns, biosimilar, (kanjinti), 10mg | Inj, Trazimera 10mg | |
| Q5117 | Auth Required | Kanjinti | Injection, trastuzumab-anns, biosimilar, (trazimera), 10mg | Inj, Kanjinti, 10mg | |
| Q5118 | Auth Required | Zirabev | Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10mg | Inj, Zirabev, 10mg | |
| Q5119 | Auth Required | Ruxience | Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg | Inj ruxience, 10 mg | |
| Q5120 | Auth Required | Ziextenzo | Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg | Inj pegfilgrastim-bmez 0.5mg | |
| Q5121 | Auth Required | Avsola | Injection, infliximab-axxq, biosimilar, (avsola), 10 mg | Inj. avsola, 10 mg | |
| Q5122 | Auth Required | Nyvepria | Inj, nyvepria | Injection, pegfilgrastim-appgf, biosimilar, (nyvepria), 0.5 mg | |
| Q5123 | Auth Required | Riabni | Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg | Inj. riabni, 10 mg | |
| Q5124 | Not Covered | Byooviz | Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg | | |

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| Q5125 | Auth Required | Releuko | Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram | Inj, releuko 1 mcg | |
| Q5126 | No Auth. Required | Injection, bevacizumab-maly, biosimilar, (Allymsys), 10 mg | | | |
| Q5127 | Not Covered | Stimufend | Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg | Inj, stimufend, 0.5 mg | |
| Q5128 | Auth Required | Cimerli | Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg | Inj, cimerli, 0.1 mg | |
| Q5129 | No Auth. Required | Vegzelma | Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg | Inj, vegzelma, 10 mg | |
| Q5130 | Not Covered | Flynetra | Injection, pegfilgrastim-pbbk (Flynetra), biosimilar, 0.5 mg | Inj, flynetra, 0.5 mg | |
| Q5131 | Not Covered | | Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg | Inj, idacio, 20 mg | |
| Q9950 | No Auth. Required | Lumason | Injection, sulfur hexafluoride lipid microspheres, per ml | Inj sulf hexa lipid microsph | |
| Q9957 | No Auth. Required | Definity | Injection, perflutren lipid microspheres, per ml | Inj perflutren lip micros,ml | |
| Q9960 | No Auth. Required | Conray | High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml | Hocm 200-249mg/ml iodine,1ml | |
| Q9961 | No Auth. Required | Conray | High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml | Hocm 250-299mg/ml iodine,1ml | |
| Q9963 | No Auth. Required | Gastrografin | High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml | Hocm 350-399mg/ml iodine,1ml | |
| Q9965 | No Auth. Required | Omnipaque | Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml | Locm 100-199mg/ml iodine,1ml | |
| Q9966 | No Auth. Required | Optiray | Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml | Locm 200-299mg/ml iodine,1ml | |
| Q9967 | No Auth. Required | Optiray | Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml | Locm 300-399mg/ml iodine,1ml | |
| Q9968 | No Auth. Required | Methylene Blue Isosulfan Blue | Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg | Visualization adjunct | |
| Q9969 | No Auth. Required | | Tc-99m from non-highly enriched uranium source, full cost recovery add-on, per study dose | Non-heu tc-99m add-on/dose | |
| Q9991 | Auth Required | Sublocade | Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg | Buprenorph xr 100 mg or less | |
| Q9992 | Auth Required | Sublocade | Injection, buprenorphine extended-release (sublocade), greater than 100 mg | Buprenorphine xr over 100 mg | |
| S0012 | Not Covered per IN MCD Fee Schedule | Stadol Nasal | Butorphanol tartrate, nasal spray, 25 mg | Butorphanol tartrate, nasal | |
| S0013 | Not Covered per IN MCD Fee Schedule | Spravato | Esketamine, nasal spray | Esketamine, nasal spray, 1 mg | |
| S0017 | Not Covered per IN MCD Fee Schedule | Amicar | Injection, aminocaproic acid, 5 grams | Injection, aminocaproic acid | |
| S0028 | Not Covered per IN MCD Fee Schedule | Pepcid | Injection, famotidine, 20 mg | Injection, famotidine, 20 mg | |
| S0032 | Not Covered per IN MCD Fee Schedule | Nafcillin | Injection, nafcillin sodium, 2 grams | Injection, nafcillin sodium | |
| S0039 | Not Covered per IN MCD Fee Schedule | Septra | Injection, sulfamethoxazole and trimethoprim, 10 ml | Injection, sulfamethoxazole | |
| S0074 | Not Covered per IN MCD Fee Schedule | Cefotan | Injection, cefotetan disodium, 500 mg | Injection, cefotetan disodiu | |
| S0078 | Not Covered per IN MCD Fee Schedule | Cerebyx | Injection, fosphenytoin sodium, 750 mg | Injection, fosphenytoin sodi | |
| S0080 | Not Covered per IN MCD Fee Schedule | Pentam | Injection, pentamidine isethionate, 300 mg | Injection, pentamidine iseth | |
| S0088 | Not Covered per IN MCD Fee Schedule | Gleevec | Imatinib, 100 mg | Imatinib 100 mg | |
| S0090 | Not Covered per IN MCD Fee Schedule | Viagra | Sildenafil citrate, 25 mg | Sildenafil citrate, 25 mg | |
| S0091 | Not Covered per IN MCD Fee Schedule | Kytril | Granisetron hydrochloride, 1 mg (for circumstances falling under the medicare statute, use q0166) | Granisetron 1mg | |
| S0092 | Not Covered per IN MCD Fee Schedule | Dilaudid | Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump) | Hydromorphone 250 mg | |
| S0093 | Not Covered per IN MCD Fee Schedule | Morphine | Injection, morphine sulfate, 500 mg (loading dose for infusion pump) | Morphine 500 mg | |
| S0104 | Not Covered per IN MCD Fee Schedule | Retrovir | Zidovudine, oral, 100 mg | Zidovudine, oral, 100 mg | |
| S0106 | Not Covered per IN MCD Fee Schedule | Wellbutrin SR | Bupropion hcl sustained release tablet, 150 mg, per bottle of 60 tablets | Bupropion hcl sr 60 tablets | |
| S0108 | Not Covered per IN MCD Fee Schedule | Purixan | Mercaptopurine, oral, 50 mg | Mercaptopurine 50 mg | |
| S0109 | Not Covered per IN MCD Fee Schedule | Dolophine | Methadone, oral, 5 mg | Methadone oral 5mg | |
| S0117 | Not Covered per IN MCD Fee Schedule | Retin A | Tretinoin, topical, 5 grams | Tretinoin topical 5 g | |
| S0119 | Not Covered per IN MCD Fee Schedule | Zofran | Ondansetron, oral, 4 mg (for circumstances falling under the medicare statute, use hcpcs q code) | Ondansetron 4 mg | |
| S0122 | Not Covered per IN MCD Fee Schedule | Menopur | Injection, menotropins, 75 iu | Inj menotropins 75 iu | |
| S0126 | Not Covered per IN MCD Fee Schedule | Gonal F | Injection, follitropin alfa, 75 iu | Inj follitropin alfa 75 iu | |
| S0128 | Not Covered per IN MCD Fee Schedule | Follistim AQ | Injection, follitropin beta, 75 iu | Inj follitropin beta 75 iu | |
| S0132 | Not Covered per IN MCD Fee Schedule | Ganirelix Acetate | Injection, ganirelix acetate, 250 mcg | Inj ganirelix acetat 250 mcg | |
| S0136 | Not Covered per IN MCD Fee Schedule | Clozaril | Clozapine, 25 mg | Clozapine, 25 mg | |
| S0137 | Not Covered per IN MCD Fee Schedule | Videx EC | Didanosine (ddi), 25 mg | Didanosine, 25 mg | |
| S0138 | Not Covered per IN MCD Fee Schedule | Proscar | Finasteride, 5 mg | Finasteride, 5 mg | |
| S0139 | Not Covered per IN MCD Fee Schedule | Minoxidil | Minoxidil, 10 mg | Minoxidil, 10 mg | |
| S0145 | Not Covered per IN MCD Fee Schedule | Pegasys | Injection, pegylated interferon alfa-2a, 180 mcg per ml | Peg interferon alfa-2a/180 | |
| S0148 | Not Covered per IN MCD Fee Schedule | Peg-Intron | Injection, pegylated interferon alfa-2b, 10 mcg | Peg interferon alfa-2b/10 | |
| S0155 | See the IN MCD NPI Scode Exception List | Folan Diluent | Sterile dilutant for epoprostenol, 50 ml | Epoprostenol dilutant | |
| S0156 | Not Covered per IN MCD Fee Schedule | Aromasin | Exemestane, 25 mg | Exemestane, 25 mg | |
| S0157 | Not Covered per IN MCD Fee Schedule | Regranex | Becaplermin gel 0.01%, 0.5 gm | Becaplermin gel 1%, 0.5 gm | |
| S0160 | Not Covered per IN MCD Fee Schedule | Zenzedi | Dextroamphetamine sulfate, 5 mg | Dextroamphetamine | |
| S0169 | Not Covered per IN MCD Fee Schedule | Rocaltrol | Calcitrol, 0.25 microgram | Calcitrol | |
| S0170 | Not Covered per IN MCD Fee Schedule | Arimidex | Anastrozole, oral, 1 mg | Anastrozole 1 mg | |
| S0172 | Not Covered per IN MCD Fee Schedule | Leukeran | Chlorambucil, oral, 2 mg | Chlorambucil 2 mg | |

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| S0174 | Not Covered per IN MCD Fee Schedule | Anzemet | Dolasetron mesylate, oral 50 mg (for circumstances falling under the medicare statute, use q0180) | Dolasetron 50 mg | |
| S0175 | Not Covered per IN MCD Fee Schedule | Flutamide | Flutamide, oral, 125 mg | Flutamide 125 mg | |
| S0176 | Not Covered per IN MCD Fee Schedule | Hydrea | Hydroxyurea, oral, 500 mg | Hydroxyurea 500 mg | |
| S0178 | Not Covered per IN MCD Fee Schedule | Gleostine | Lomustine, oral, 10 mg | Lomustine 10 mg | |
| S0179 | Not Covered per IN MCD Fee Schedule | Megace | Megestrol acetate, oral, 20 mg | Megestrol 20 mg | |
| S0182 | Not Covered per IN MCD Fee Schedule | Matulane | Procarbazine hydrochloride, oral, 50 mg | Procarbazine, oral | |
| S0183 | Not Covered per IN MCD Fee Schedule | Compazine | Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the medicare statute, use q0164) | Prochlorperazine 5 mg | |
| S0187 | Not Covered per IN MCD Fee Schedule | Nolvadex | Tamoxifen citrate, oral, 10 mg | Tamoxifen 10 mg | |
| S0189 | Not Covered per IN MCD Fee Schedule | Testopel | Testosterone pellet, 75 mg | Testosterone pellet 75 mg | |
| S0190 | Not Covered per IN MCD Fee Schedule | Mifeprex | Mifepristone, oral, 200 mg | Mifepristone, oral, 200 mg | |
| S0191 | Not Covered per IN MCD Fee Schedule | Cytotec | Misoprostol, oral, 200 mcg | Misoprostol, oral, 200 mcg | |
| S0194 | Not Covered per IN MCD Fee Schedule | Renal Caps | Dialysis/stress vitamin supplement, oral, 100 capsules | Vitamin suppl 100 caps | |
| S0197 | Not Covered per IN MCD Fee Schedule | Prenatal Vitamins | Prenatal vitamins, 30-day supply | Prenatal vitamins 30 day | |
| S0316 | Not Covered per IN MCD Fee Schedule | | Disease management program, follow-up/reassessment | Follow-up/reassessment | |
| S4990 | Not Covered per IN MCD Fee Schedule | | Nicotine patches, legend | Nicotine patch legend | |
| S4991 | Not Covered per IN MCD Fee Schedule | | Nicotine patches, non-legend | Nicotine patch nonlegend | |
| S4993 | Not Covered per IN MCD Fee Schedule | | Contraceptive pills for birth control | Contraceptive pills for bc | |
| S5000 | Not Covered per IN MCD Fee Schedule | | Prescription drug, generic | Prescription drug, generic | |
| S5001 | Not Covered per IN MCD Fee Schedule | | Prescription drug, brand name | Prescription drug, brand name | |
| S5010 | Not Covered per IN MCD Fee Schedule | | 5% dextrose and 0.45% normal saline, 1000 ml | 5% dextrose and 0.45% saline | |
| S5012 | Not Covered per IN MCD Fee Schedule | | 5% dextrose with potassium chloride, 1000 ml | 5% dextrose with potassium | |
| S5013 | Not Covered per IN MCD Fee Schedule | | 5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml | 5% dextrose/0.45% saline 1000ml | |
| S5014 | Not Covered per IN MCD Fee Schedule | | 5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml | D5w/0.45ns w kcl and mgs04 | |
| S5497 | Not Covered per IN MCD Fee Schedule | | 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 | Hit cath care noc | |
| S5498 | Not Covered per IN MCD Fee Schedule | | 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 | Hit simple cath care | |
| S5501 | Not Covered per IN MCD Fee Schedule | | 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 | Hit complex cath care | |
| S5502 | Not Covered per IN MCD Fee Schedule | | 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) | Hit interim cath care | |
| S5517 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting | Hit declotting kit | |
| S5518 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, all supplies necessary for catheter repair | Hit cath repair kit | |
| S5521 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion | Hit midline cath insert kit | |
| S5550 | Not Covered per IN MCD Fee Schedule | | Insulin, rapid onset, 5 units | Insulin rapid 5 u | |
| S5551 | Not Covered per IN MCD Fee Schedule | | Insulin, most rapid onset (lispro or aspart); 5 units | Insulin most rapid 5 u | |
| S5552 | Not Covered per IN MCD Fee Schedule | | Insulin, intermediate acting (nph or lente); 5 units | Insulin intermed 5 u | |
| S5553 | Not Covered per IN MCD Fee Schedule | | Insulin, long acting; 5 units | Insulin long acting 5 u | |
| S5560 | Not Covered per IN MCD Fee Schedule | | Insulin delivery device, reusable pen; 1.5 ml size | Insulin reuse pen 1.5 ml | |
| S5561 | Not Covered per IN MCD Fee Schedule | | Insulin delivery device, reusable pen; 3 ml size | Insulin reuse pen 3 ml | |
| S5565 | Not Covered per IN MCD Fee Schedule | | Insulin cartridge for use in insulin delivery device other than pump; 150 units | Insulin cartridge 150 u | |
| S5566 | Not Covered per IN MCD Fee Schedule | | Insulin cartridge for use in insulin delivery device other than pump; 300 units | Insulin cartridge 300 u | |
| S5570 | Not Covered per IN MCD Fee Schedule | | Insulin delivery device, disposable pen (including insulin); 1.5 ml size | Insulin dispos pen 1.5 ml | |
| S5571 | Not Covered per IN MCD Fee Schedule | | Insulin delivery device, disposable pen (including insulin); 3 ml size | Insulin dispos pen 3 ml | |
| S8490 | Not Covered per IN MCD Fee Schedule | | Insulin syringes (100 syringes, any size) | 100 insulin syringes | |
| S9061 | Auth Required | | Home administration of aerosolized drug therapy (e.g., pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Medical supplies and equipme | |
| S9325 | Not Covered per IN MCD Fee Schedule | | 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) | Hit pain mgmt per diem | |

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| S9326 | Not Covered per IN MCD Fee Schedule | | 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 | Hit cont pain per diem | |
| S9327 | Not Covered per IN MCD Fee Schedule | | 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 | Hit int pain per diem | |
| S9328 | Not Covered per IN MCD Fee Schedule | | 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 | Hit pain imp pump diem | |
| S9329 | Not Covered per IN MCD Fee Schedule | | 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) | Hit chemo per diem | |
| S9330 | Not Covered per IN MCD Fee Schedule | | 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 | Hit cont chem diem | |
| S9331 | Not Covered per IN MCD Fee Schedule | | 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 | Hit intermit chemo diem | |
| S9335 | Not Covered per IN MCD Fee Schedule | | Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem | Ht hemodialysis diem | |
| S9336 | See the IN MCD NPI Code Exception List | | 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 | Hit cont anticoag diem | |
| S9338 | Not Covered per IN MCD Fee Schedule | | 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 | Hit immunotherapy diem | |
| S9339 | Not Covered per IN MCD Fee Schedule | | Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Hit periton dialysis diem | |
| S9345 | Not Covered per IN MCD Fee Schedule | | 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 | Hit anti-hemophil diem | |
| S9346 | See the IN MCD NPI Code Exception List | | 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 | Hit alpha-1-proteinas diem | |
| S9347 | See the IN MCD NPI Code Exception List | | 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 | Hit longterm infusion diem | |
| S9348 | Not Covered per IN MCD Fee Schedule | | 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 | Hit sympathomim diem | |
| S9349 | Not Covered per IN MCD Fee Schedule | | 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 | Hit tocolysis diem | |
| S9351 | See the IN MCD NPI Code Exception List | | 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 | Hit cont antiemetic diem | |
| S9353 | See the IN MCD NPI Code Exception List | | 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 | Hit cont insulin diem | |
| S9355 | Not Covered per IN MCD Fee Schedule | | 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 | Hit chelation diem | |
| S9357 | See the IN MCD NPI Code Exception List | | 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 | Hit enzyme replace diem | |
| S9359 | See the IN MCD NPI Code Exception List | | 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 | Hit anti-tnf per diem | |
| S9361 | Not Covered per IN MCD Fee Schedule | | 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 | Hit diuretic infus diem | |
| S9363 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Hit anti-spasmodic diem | |

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| S9364 | Not Covered per IN MCD Fee Schedule | | 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 visits coded separately), per diem (do not use with home infusion codes s9365-s9368 using daily volume scales) | Hit tpn total diem | |
| S9365 | Not Covered per IN MCD Fee Schedule | | 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 | Hit tpn 1 liter diem | |
| S9366 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | Hit tpn 2 liter diem | |
| S9367 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | Hit tpn 3 liter diem | |
| S9368 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | Hit tpn over 3l diem | |
| S9370 | Not Covered per IN MCD Fee Schedule | | Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Ht inj antiemetic diem | |
| S9372 | Not Covered per IN MCD Fee Schedule | | Home therapy; intermittent anticoagulant injection therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency) | Ht inj anticoag diem | |
| S9373 | See the IN MCD NPI Scode Exception List | | Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes s9374-s9377 using daily volume scales) | Hit hydra total diem | |
| S9374 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Hit hydra 1 liter diem | |
| S9375 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Hit hydra 2 liter diem | |
| S9376 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Hit hydra 3 liter diem | |
| S9377 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem | Hit hydra over 3l diem | |
| S9379 | See the IN MCD NPI Scode Exception List | | Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Hit noc per diem | |
| S9430 | Not Covered per IN MCD Fee Schedule | | Pharmacy compounding and dispensing services | Pharmacy comp/disp serv | |
| S9490 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Hit corticosteroid/diem | |
| S9494 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules s9497-s9504) | Hit antibiotic total diem | |
| S9497 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Hit antibiotic q3h diem | |
| S9500 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Hit antibiotic q24h diem | |
| S9501 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Hit antibiotic q12h diem | |

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| S9502 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Hit antibiotic q8h diem | |
| S9503 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Hit antibiotic q6h diem | |
| S9504 | Not Covered per IN MCD Fee Schedule | | Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Hit antibiotic q4h diem | |
| S9537 | Not Covered per IN MCD Fee Schedule | | Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, g-csf, gm-csf); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Ht hem horm inj diem | |
| S9538 | Not Covered per IN MCD Fee Schedule | | Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem | Hit blood products diem | |
| S9542 | Not Covered per IN MCD Fee Schedule | | Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Ht inj noc per diem | |
| S9558 | Not Covered per IN MCD Fee Schedule | | Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Ht inj growth horm diem | |
| S9559 | Not Covered per IN MCD Fee Schedule | | Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Hit inj interferon diem | |
| S9560 | See the IN MCD NPI Code Exception List | | Home injectable therapy; hormonal therapy (e.g.; leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Ht inj hormone diem | |
| S9562 | Not Covered per IN MCD Fee Schedule | | Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Ht inj palivizumab diem | |
| S9590 | Not Covered per IN MCD Fee Schedule | | Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Ht irrigation diem | |
| G0012 | Not Covered | | Injection of pre-exposure prophylaxis (PrEP) drug for HIV prevention, under skin or into muscle | Injection of hiv prep drug | |
| J0184 | No Auth Required | BARHEMSYS 2.5MG/ML Solution | Injection, amisulpride, 1 mg | Inj, amisulpride, 1 mg | |
| J0217 | Auth Required | LAMZEDE 10MG Solution Reconstituted | Injection, velmanase alfa-tycv, 1 mg | Inj velmanase alfa-tycv 1 mg | |
| J0391 | Not Covered | ARTESUNATE 110MG Solution Reconstituted | Injection, artesunate, 1 mg | Inj, artesunate, 1mg | |
| J0402 | No Auth Required | ABILIFY ASIMTUFII 720MG/2.4ML Prefilled Syringe | Injection, aripiprazole (Abilify Asimtufii), 1 mg | Inj, abilify asimtufii, 1 mg | |
| J0688 | No Auth Required | CEFAZOLIN SODIUM 2G Solution Reconstituted | Injection, cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg | Inj cefazolin sodium, hikma | |
| J0750 | Not Covered | EMTRICITABINE-TENOFOVIR DF 200-300MG Tablet | Emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV) | Hiv prep, ftc/tdf 200/300mg | |
| J0751 | Not Covered | DESCOVY 200-25MG Tablet | Emtricitabine 200 mg and tenofovir alafenamide 25 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV) | Hiv prep, ftc/taf 200/25mg | |
| J0799 | Not Covered | | FDA-approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified | Hiv prep, fda approved, noc | |
| J0873 | No Auth Required | DAPTOMYCIN 350MG Solution Reconstituted | Injection, daptomycin (Xellia), not therapeutically equivalent to J0878, 1 mg | Inj, daptomycin (xellia) | |
| J1105 | No Auth Required | IGALMI 120MCG Film | Dexmedetomidine, oral, 1 mcg | Dexmedetomidine film, 1 mcg | |
| J1304 | Auth Required | QALSODY 100MG/15ML Solution | Injection, tofersen, 1 mg | Inj tofersen intrathec 1 mg | |
| J1412 | Bill directly to Fee for Service State Medicaid | ROCTAVIAN Suspension | Injection, valoctocogene roxaparovec-rvox, per ml, containing nominal 2×10^{13} vector genomes | Inj roctavian ml 2×10^{13} vc g | |
| J1413 | Bill directly to Fee for Service State Medicaid | ELEVIDYS Kit | Injection, delandistrogene moxeparovec-rokl, per therapeutic dose | Inj delandistrogene mox rokl | |
| J1596 | No Auth Required | GLYCOPYRROLATE 0.2MG/ML Solution | Injection, glycopyrrolate, 0.1 mg | Inj, glycopyrrolate, 0.1 mg | |
| J1939 | No Auth Required | BUMETANIDE 0.25MG/ML Solution | Injection, bumetanide, 0.5 mg | Inj, bumetanide, 0.5 mg | |
| J2404 | No Auth Required | NICARDIPINE HCL 2.5MG/ML Solution | Injection, nicardipine, 0.1 mg | Inj, nicardipine 0.1 mg | |
| J2508 | Auth Required | ELFABRIO 20MG/10ML Solution | Injection, pegunigalsidase alfa-iwxj, 1 mg | Pegunigalsidase alfa-iwxj | |
| J2679 | No Auth Required | FLUPHENAZINE HCL 2.5MG/ML Solution | Injection, fluphenazine HCl, 1.25 mg | Inj fluphenazine hcl 1.25 mg | |
| J2799 | No Auth Required | UZEDY 25MG/0.07ML Suspension, Extended Release | Injection, risperidone (Uzedy), 1 mg | Inj, uzedy, 1 mg | |
| J3401 | Bill directly to Fee for Service State Medicaid | VYJUVEK Gel | Beremagene geperpavec-svdt for topical administration, containing nominal 5×10^9 PFU/ml vector genomes, per 0.1 ml | Vyjuvek 5×10^9 pfu/ml, 0.1 ml | |
| J3425 | No Auth Required | HYDROXOCOBALAMIN 1000MCG/ML Solution | Injection, hydroxocobalamin, 10 mcg | Inj, hydroxocobalamin | |
| J9052 | No Auth Required | CARMUSTINE 50MG Solution Reconstituted | Injection, carmustine (Accord), not therapeutically equivalent to J9050, 100 mg | Inj, carmustine (accord) | |
| J9072 | Not Covered | CYCLOPHOSPHAMIDE 500MG/ML Solution | Injection, cyclophosphamide, (Dr. Reddys), 5 mg | Inj cyclophos dr.reddy's 5mg | |
| J9172 | No Auth Required | | Injection, docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg | Docetaxel (ingenus), 1 mg | |
| J9255 | No Auth Required | | Injection, methotrexate (Accord), not therapeutically equivalent to J9250 and J9260, 50 mg | Inj, methotrexate (accord) | |
| J9258 | Not Covered | | Injection, paclitaxel protein-bound particles (Teva), not therapeutically equivalent to J9264, 1 mg | Paclitaxel (teva) | |
| J9286 | Auth Required | COLUMVI 2.5MG/2.5ML Solution | Injection, glofitamab-gxbm, 2.5 mg | Inj glofitamab gxbm, 2.5 mg | |
| J9324 | Not Covered | | Injection, pemetrexed (Pemrydi RTU), 10 mg | Inj, pemrydi rtu, 10 mg | |
| J9333 | Auth Required | RYSTIGGO 140MG/ML Solution | Injection, rozanolixizumab-noli, 1 mg | Inj ronzanolixizum-noli 1 mg | |
| J9334 | Auth Required | Vyvgart Hytrulo | Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc | Inj efgart-alfa 2mg hya-qvfc | |
| Q0516 | Not Covered | | Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 30-days | Supply fee hiv prep 30-days | |
| Q0517 | Not Covered | | Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 60-days | Supply fee hiv prep 60-days | |

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| Q0518 | Not Covered | | Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 90-days | Supply fee hiv prep 90-days | |
| Q5132 | Not Covered | ABRILADA 40MG/0.8ML Solution | Injection, adalimumab-afzb (Abrilada), biosimilar, 10 mg | Inj, abrilada, 10 mg | |
| 90623 | No Auth Required | | Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use | | |
| 90683 | Not Covered | | Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use | | |
| C9166 | Auth Required | Cosentyx IV | Injection, secukinumab, IV, 1 mg | Injection, secukinumab | |
| C9167 | Auth Required | Adzyna | Injection, apadamase alfa, 10 units | Inj, adzyna, 10 iu | |
| C9168 | Auth Required | Omvo | Injection, mirikizumab-mrkz, 1 mg | Injection, mirikizumab-mrkz | |
| J0177 | Auth Required | Eylea HD | Injection, aflibercept HD, 1 mg | Inj, aflibercept hd, 1 mg | |
| J0209 | Not Covered | | Injection, sodium thiosulfate (Hope), 100 mg | Inj, sod thiosulfate (hope) | |
| J0577 | Auth Required | Brixadi | Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy | Inj, brixadi, 7 days or less | |
| J0578 | Auth Required | Brixadi | Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy | Inj brixadi, more than 7 day | |
| J0589 | Not Covered | Daxxify | Injection, daxibotulinumtoxinA-lanm, 1 unit | Inj daxibotulinumtoxina-lanm | |
| J0650 | No Auth Required | | Injection, levothyroxine sodium, not otherwise specified, 10 mcg | Inj, levothyroxine nos 10mcg | |
| J0651 | No Auth Required | | Injection, levothyroxine sodium (Fresenius Kabi) not therapeutically equivalent to J0650, 10 mcg | Inj, levothyroxine, freskabi | |
| J0652 | Not Covered | | Injection, levothyroxine sodium (Hikma) not therapeutically equivalent to J0650, 10 mcg | Inj, levothyroxine, hikma | |
| J1010 | No Auth Required | | Injection, methylprednisolone acetate, 1 mg | Inj, methylpred acetate 1 mg | |
| J1202 | Auth Required | Opfolda | Miglustat, oral, 65 mg | Miglustat oral 65 mg | |
| J1203 | Auth Required | Pombiliti | Injection, cipaglucosidase alfa-atga, 5 mg | Inj, cipaglucosidase, 5 mg | |
| J1323 | Auth Required | Elfrexio | Injection, elranatamab-bcmm, 1 mg | Inj, elranatamab-bcmm, 1 mg | |
| J1434 | Not Covered | Focinvez | Injection, fosaprepitant (Focinvez), 1 mg | Inj, focinvez, 1mg | |
| J2277 | Auth Required | Aphexda | Injection, motixafortide, 0.25 mg | Inj, motixafortide, 0.25 mg | |
| J2782 | Auth Required | Izervay | Injection, avacincaptad pegol, 0.1 mg | Inj avacincaptad pegol 0.1mg | |
| J2801 | No Auth Required | Rykindo | Injection, risperidone (Rykindo), 0.5 mg | Inj, rykindo, 0.5 mg | |
| J2919 | No Auth Required | | Injection, methylprednisolone sodium succinate, 5 mg | Inj, methylpred sod succ 5mg | |
| J3055 | Auth Required | Talvey | Injection, talquetamab-tgvs, 0.25 mg | Inj talquetamab-tgvs 0.25 mg | |
| J3424 | Not Covered | Cyanokit | Injection, hydroxocobalamin, IV, 25 mg | Inj hydroxocobalamin iv 25mg | |
| J7165 | No Auth Required | Balfaxar | Injection, prothrombin complex concentrate, human-lans, per IU of Factor IX activity | Inj, human-lans, per i.u | |
| J7354 | Auth Required | Ycanth | Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg) | Cantharidin top, applicator | |
| J9073 | No Auth Required | | Injection, cyclophosphamide (Ingenus), 5 mg | Inj cyclophosphamd (ingenus) | |
| J9074 | No Auth Required | | Injection, cyclophosphamide (Sandoz), 5 mg | Inj, cyclophosphamd, sandoz | |
| J9075 | No Auth Required | | Injection, cyclophosphamide, not otherwise specified, 5 mg | Inj, cyclophosphamide, nos | |
| J9248 | Not Covered | Hepzato | Injection, melphalan (Hepzato), 1 mg | Inj melphalan (hepzato) 1 mg | |
| J9249 | Not Covered | | Injection, melphalan (Apotex), 1 mg | Inj, melphalan (apotex) 1 mg | |
| J9376 | Not Covered | Veopoz | Injection, pozelimab-bbfg, 1 mg | Inj pozelimab-bbfg, 1 mg | |
| Q5133 | Not Covered | Tofidence | Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg | Inj, tofidence, 1 mg | |
| Q5134 | Not Covered | Tyruko | Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg | Inj, tyruko, 1 mg | |
| S0013 | Auth Required | Spravato | Esketamine, nasal spray | Esketamine, nasal spray, 1 mg | |