

Authorization Requirements for Medications Under the Medical Benefit

Code	Kentucky Medicaid	Drug name	Description	Limits
90375	No Auth. Required	Hyperrab S/D	Rabies Immune Globulin (Human)	
99501	Auth. Required		Postpartum Maternal Newborn Assessment Service	4 Units Within 180 days
99502	No Auth. Required		Newborn Assessment	4 Units Within 180 days
99506	Auth. Required		Home Nursing Visit for Medication Administration	
99600	No Auth. required		17Alpha-hydroxyprogesterone Caproate (17P) Administration Nursing Service	
99601	No Auth. required		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)	Up to 2 hours per day
90378	Auth. Required	Synagis (1 Unit=50mg)	Palivizumab	Up to 5 treatments
90675 90676	No Auth. Required	Rabies Vaccine		
99501-TH	Auth. Required		Postpartum Maternal Assessment	4 units within 180 days
A4221	No Auth required if under \$750	Supplies for maintenance of non-insulin drug infusion catheter,		
A4222	No Auth required if under \$750			
A4223	No Auth required if under \$750			
A9606	Auth Required	Xofigo	Radium Ra 223 dichloride	
B4102	No Auth. Required		Enteral Code	
B4103	No Auth. Required		Enteral Code	
C9015	Auth. Required	Haegarda	Injection, C-1 esterase inhibitor (human) 10 units	
C9016	Auth. Required	Triptodur	Injection, triptorelin extended release, 3.75 mg	
C9024	Auth. Required	Vyxeos	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	
C9028	Auth. Required	Besponsa	Injection, inotuzumab ozogamicin, 0.1 mg	
C9029	Auth. Required	Tremfya	Injection, guselkumab, 1 mg	
C9038		Poteligeo	Injection, mogamulizumab-kpkc, 1 mc	
C9257	Auth. Required	Avastin	Injection, bevacizumab, 0.25 mc	
C9399	Auth. Required	Unclassified drug or biological	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	
C9463	Auth. Required	Cinvanti	Injection, aprepitant, 1 mg	
C9488	Auth. Required	Vaprisol	Injection, conivaptan hydrochloride, 1 mg (For Hospital OPPS billing prior to 4/1/17 use C9399) -see also J3490	
E0781	No Auth required if under \$750			
G0498	No Auth if billed with a J code	Administration code	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion	
J0129	Auth. Required	Orencia	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)	Self-administered: 4 units per 28 days Infusion: 100 units per 28 days
J0130	No Auth. required	ReoPro	Abciximab, 10 mg	
J0131	No Auth. required	Ofirmev	Acetaminophen, 10 mg Injeclior	
J0132	No Auth. required	Acetadote	Acetylcysteine, 100 mg Injeclior	
J0133	No Auth. required	Zovirax	Acyclovir, 5 mg Injeclior	
J0135	Pharmacy Benefit	Humira	Adalimumab, 20 mg Injeclior	4 per 28 days
J0153	No Auth. required	Adenosine	Adenosine, 1 mg (not to be used to report any adenosine phosphate compounds) Injeclior	
J0171	No Auth. required	Adrenalin	Adrenalin, epinephrine, 0.1 mg Injeclior	
J0178	Auth. Required	Eylea	Aflibercept, 1 mg Injeclior	
J0180	Auth. Required	Fabrazyme	Aqalsidase beta, 1 mg Injeclior	
J0185	Auth Required	Cinvanti	Injection, aprepitant, 1 mg	
J0190	No Auth. required	Akineton	Biperiden lactate, per 5 mg Injeclior	
J0202	Auth. Required	Lemtrada	Alemtuzumab, 1 mc	
J0207	No Auth. required	Ethylol	Amifostine, 500 mg Injeclior	
J0210	No Auth. required	Aldomet	Methyldopate HCl, up to 250 mg Injeclior	
J0220	Auth. Required	Myozyme	Alglucosidase alfa, 10 mg, not otherwise specified Injeclior	
J0221	Auth. Required	Lumizyme	Alglucosidase alfa, 10 mg Injeclior	
J0256	Auth. Required	Zemaira, Prolastin, or Aralast	Alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg Injeclior	60mg/kg once weekly
J0257	Auth. Required	Glassia	Alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg Injeclior	60mg/kg once weekly
J0270	No Auth. required	Caverject	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)	
J0270	No Auth. Required	Prostin VR	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)	
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)	
J0278	No Auth. required	Amikin	Amikacin sulfate, 100 mg Injeclior	
J0280	No Auth. required	Aminophylline	Aminophyllin, up to 250 mg Injeclior	

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J0282	No Auth. required	Cordarone, Pacerone	Amiodarone HCl, 30 mg Injectior	
J0285	No Auth. required	NovaPlus Amphotericin	Amphotericin B, 50 mg Injection	
J0287	No Auth. required	Abelcet	Amphotericin B lipid complex, 10 mg Injectior	
J0288	No Auth. required	Amphotec	Amphotericin B cholesteryl sulfate complex, 10 mg Injection	
J0289	No Auth. required	Ambisome	Amphotericin B liposome, 10 mg Injectior	
J0290	No Auth. required	Ampicillin	Ampicillin sodium, 500 mg Injectior	
J0295	No Auth. required	Unasyn	Ampicillin sodium/sulbactam sodium, per 1.5 g Injection	
J0300	No Auth. required	Amytal	Amobarbital, up to 125 mg Injectior	
J0330	No Auth. required	Anectine, Quelicin	Succinylcholine chloride, up to 20 mc	
J0348	No Auth. required	Eraxis	Anidulafungin, 1 mg Injectior	
J0350	No Auth. required	Eminase	Anistreplase, per 30 units Injection	
J0360	No Auth. required	Apresoline	Hydralazine HCl, up to 20 mg Injectior	
J0364	Auth. Required	Apokyn	Apomorphine HCl, 1 mg Injection	
J0401	No. Auth Required	Abilify	Aripiprazole, extended release, 1 mg Injectior	
J0456	No Auth. required	Zithromax	Azithromycin, 500 mg Injectior	
J0461	No Auth. required	Atropen	Atropine sulfate, 0.01 mg Injection	
J0470	No Auth. required	Bal in Oil	Dimercaprol, per 100 mg	
J0475	No Auth. required	Gablofen	Baclofen, 10 mg Injectior	
J0476	No Auth. required	Lioresal	Baclofen, 50 mcg for intrathecal trial Injectior	
J0480	No Auth. required	Simulect	Basiliximab, 20 mg Injection	
J0485	No Auth. required	Nulojix	Belatacept, 1 mg Injection	
J0490	Auth. Required	Benlysta	Belimumab, 10 mg Injectior	
J0500	No Auth. required	Bentyl	Dicyclomine HCl, up to 20 mc	
J0515	No Auth. required	Cogentin	Benztrapine mesylate, per 1 mg Injectior	
J0517	Auth Required	Fasenra	Benralizumab	
J0558	No Auth. required	Bicillin C-R	Penicillin G benzathine and penicillin G procaine, 100,000 units	
J0561	No Auth. required	Bicillin L-A	Penicillin G benzathine, 100,000 units	
J0565	No Auth. Required	Zinplava	Injection, bezlotoxumab, 10 mg	
J0567	Auth. Required	Brineura	Injection, cerliponase alfa, 1 mg	
J0570	Auth Required	Probuphine Implant Kit	Buprenorphine implant, 74.2 mg (Code becomes effective 1/1/17 for Medicare Billing) (Code re-used by CMS effective 1/1/17) (74.2 mg = 1 implant)	1 unit for 6 months with a 6 month reauth only
J0571	Pharmacy Benefit	Subutex	Buprenorphine, oral, 1 mg	
J0572	Pharmacy Benefit	Suboxone	Buprenorphine/naloxone, oral, less than or equal to 3 mg	
J0573	Pharmacy Benefit	Suboxone	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg	
J0574	Pharmacy Benefit	Suboxone	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg	
J0575	Pharmacy Benefit	Suboxone	Buprenorphine/naloxone, oral, greater than 10 mc	
J0583	No Auth. required	Angiomax	Bivalirudin, 1 mg Injectior	
J0584	Auth Required	Crysvita	Injection, burosumab-twza 1 mg	
J0585	Auth. Required	Botox	OnabotulinumtoxinA, 1 unit	
J0586	Auth. Required	Dysport	AbobotulinumtoxinA, 5 units Injection	
J0587	Auth. Required	Myobloc	RimabotulinumtoxinB, 100 units	
J0588	Auth. Required	Xeomin	IncobotulinumtoxinA, 1 unit	
J0592	No Auth. required	Buprenex	Buprenorphine HCl, 0.1 mg Injectior	
J0594	No Auth. required	Busulfex	Busulfan, 1 mg Injection	
J0595	No Auth. required	Stadol	Butorphanol tartrate, 1 mg Injectior	
J0596	Auth. Required	Ruconest	C-1 esterase inhibitor (recombinant), 10 units	56mL per 30 days
J0597	Auth. Required	Berinert	C-1 esterase inhibitor (human), Berinert, 10 units	Adult: 50mL per 30 days Pediatric: 30mL per 30 days
J0598	Auth. Required	Cinryze	C-1 esterase inhibitor (human), Cinryze, 10 units	
J0599	Auth Required	Haegarda	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	
J0600	No Auth. required	Calcium Disodium Versenate	Edetate calcium disodium, up to 1,000 mg	
J0604	No Auth. required	Sensipar	Cinacalcet, oral, 1 mg, (for ESRD on dialysis)	
J0606	Auth. Required	Parsabiv	Injection, etelcalcetide, 0.1 mg	
J0610	No Auth. required	Calcium Gluconate	Calcium gluconate, per 10 ml Injectior	
J0630	No Auth. required	Miacalcin	Calcitonin salmon, up to 400 units Injection	
J0636	No Auth. required	Calcitrol	Calcitriol, 0.1 mcg Injectior	
J0637	No Auth. required	Cancidas	Caspofungin acetate, 5 mg	
J0638	Pharmacy Benefit	Ilaris	Canakinumab, 1 mg	2 units per 28 days
J0640	No Auth. required	Leucovorin Calcium	Leucovorin calcium, per 50 mc	
J0641	No Auth. required	Fusilev	Levoleucovorin calcium, 0.5 mc	
J0670	No Auth. required	Polocaine	Mepivacaine HCl, per 10 m	
J0690	No Auth. required	Cefazolin	Cefazolin sodium, 500 mg	
J0692	No Auth. required	Maxipime	Cefepime HCl, 500 mg	
J0694	No Auth. required	Cefoxitin	Cefoxitin sodium, 1 g	
J0695	No Auth. required	Zerbaxa	Ceftolozane 50 mg and tazobactam 25 mg	
J0696	No Auth. required	Rocephin	Ceftriaxone sodium, per 250 mg	
J0697	No Auth. required	Zinacef	Cefuroxime sodium, sterile per 750 mc	
J0698	No Auth. required	Claforan	Cefotaxime sodium	
J0702	No Auth. required	Celestone	Betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg Injectior	
J0706	No Auth. required	Calcit	Caffeine citrate, 5 mg Injection	
J0712	No Auth. required	Teflaro	Ceftaroline fosamil, 10 mg	
J0713	No Auth. required	Ceptaz, Fortaz, Tazicef	Ceftazidime, per 500 mc	
J0714	Auth. Required	Avycaz	Ceftazidime and avibactam, 0.5 g/0.125 g	
J0716	No Auth. required	Anascorp	Centruroides immune f(ab)2, up to 120 mc	

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J0717	Auth Required	Cimzia	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)	1200 units per 28 days
J0720	No Auth. required	Chloromycetin	Chloramphenicol sodium succinate, up to 1 g	
J0725	Auth. Required	Novarel, Pregnyl	Chorionic gonadotropin, per 1,000 USP units	
J0735	No Auth. required	Duraclon	Clonidine HCl, 1 mg	
J0740	No Auth. required	Vistide	Cidofovir, 375 mg	
J0743	No Auth. required	Primaxin	Cilastatin sodium; imipenem, per 250 mc	
J0744	No Auth. required	Cipro	Ciprofloxacin for intravenous infusion, 200 mg	
J0745	No Auth. required	Codeine Phosphate	Codeine phosphate, per 30 mg	
J0760	No Auth. required	Colchicine	Colchicine, per 1 mg	
J0770	No Auth. required	Coly-mycin M	Colistimethate sodium, up to 150 mc	
J0775	Auth. Required	Xiaflex	Collagenase, clostridium histolyticum, 0.01 mc	
J0780	No Auth. required	Compazine	Prochlorperazine, up to 10 mg	
J0795	No Auth. required	Acthrel	Corticotropin, 1 mcg Injections	
J0800	Auth. Required	Acthar	Corticotropin, up to 40 units Injection	
J0834	No Auth. required	Cortrosyn	Cosyntropin (Cortrosyn), 0.25 mg	
J0840	No Auth. required	Crofab	Crotalidae polyvalent immune fab (ovine), up to 1 g	
J0850	Auth. Required	Cytogam	Cytomegalovirus immune globulin intravenous (human), per vial	
J0875	Auth. Required	Dalvance	Dalbavancin, 5 mg	
J0878	No Auth. required	Cubicin	Daptomycin, 1 mg	
J0881	Auth. Required	Aranesp	Darbepoetin alfa, 1 mcg (non-ESRD use)	
J0882	No Auth. required	Aranesp	Darbepoetin alfa, 1 mcg (for ESRD on dialysis)	
J0885	Auth. Required	Epogen, Procrit	Epoetin alfa, (for non-ESRD use), 1000 units	
J0887	Auth. Required	NeoRecormon, Mircera	Epoetin beta, 1 microgram, (for ESRD on dialysis) Injection	
J0888	Auth. Required	NeoRecormon	Epoetin beta, 1 microgram, (for non-ESRD use) Injection	
J0894	Auth. Required	Dacogen	Decitabine, 1 mg	
J0895	Auth. Required	Desferal	Deferoxamine mesylate, 500 mc	
J0897	Auth Required	Xgeva	Denosumab, 1 mg	
J0897	Auth. Required	Prolia	Denosumab, 1 mg	
J1000	No Auth. required	Depo-Estradiol	Depo-estradiol cypionate, up to 5 mc	
J1020	No Auth. required	Depo-Medrol	Methylprednisolone acetate, 20 mg	
J1030	No Auth. required	Depo-Medrol	Methylprednisolone acetate, 40 mg	
J1040	No Auth. required	Depo-Medrol	Methylprednisolone acetate, 80 mg	
J1050	No Auth. required	Depo-Provera	Medroxyprogesterone acetate, 1 mg	
J1071	No Auth. required	Depo-Testosterone	Testosterone cypionate, 1 mg Injection	
J1100	No Auth. required	Decadron LA, Dalalone DP	Dexamethasone sodium phosphate, 1 mg	
J1110	No Auth. required	D.H.E. 45	Dihydroergotamine mesylate, per 1 mc	
J1120	No Auth. required	Diamox	Acetazolamide sodium, up to 500 mg Injection	
J1160	No Auth. required	Lanoxin	Digoxin, up to 0.5 mg	
J1162	No Auth. required	Digifab	Digoxin immune fab (ovine), per via	
J1165	No Auth. required	Phenytoin Sodium	Phenytoin sodium, per 50 mg	
J1170	No Auth. required	Dilaudid	Hydromorphone, up to 4 mc	
J1180	No Auth. required	Lufyllin	Dyphylline, up to 500 mg Injection	
J1190	No Auth. required	Zinecard	Dexrazoxane HCl, per 250 mc	
J1200	No Auth. required	Benadryl	Diphenhydramine HCl, up to 50 mc	
J1205	No Auth. required	Diuril Sodium	Chlorothiazide sodium, per 500 mc	
J1212	No Auth. required	Rimso-50	DMSO, dimethyl sulfoxide, 50%, 50 m	
J1230	No Auth. required	Dolophine	Methadone HCl, up to 10 mg	
J1240	No Auth. required	Dramamine, Dramanate, Dramocen	Dimenhydrinate, up to 50 mg	
J1245	No Auth. required	Persantine	Dipyridamole, per 10 mc	
J1250	No Auth. required	Dobutrex	Dobutamine HCl, per 250 mg	
J1260	No Auth. required	Anzemet	Dolasetron mesylate, 10 mg Injection	
J1265	No Auth. required	Intropin	Dopamine HCl, 40 mg	
J1267	No Auth. required	Doribax	Doripenem, 10 mg	
J1270	No Auth. required	Hectorol	Doxercalciferol, 1 mcg	
J1290	Auth. Required	Kalbitor	Ecallantide, 1 mg	6 mL per fill (18 mL per 30 days)
J1300	Auth. Required	Soliris	Eculizumab, 10 mg	
J1301	Auth Required	Radicava	Injection, edaravone, 1 mg	
J1322	Auth. Required	Vimizim	Elosulfase alfa, 1 mg Injection	
J1324	Auth. Required	Fuzeon	Entuvirtide, 1 mg	
J1325	Auth. Required	Flolan, Veletri	Epoprostenol, 0.5 mg	
J1327	No Auth. required	Integrilin	Eptifibatide, 5 mg	
J1335	No Auth. required	Invanz	Ertapenem sodium, 500 mg	
J1364	No Auth. required	Erythromycin Lactobionate	Erythromycin lactobionate, per 500 mg	
J1380	No Auth. required	Delestrogen	Estradiol valerate, up to 10 mg	
J1410	No Auth. required	Premarin	Estrogen conjugated, per 25 mg	
J1428	Auth. Required	Exondys	Injection, eteplirsen, 10mg (For billing prior to 1/1/18 use J3490 or C9484 for OPPS billing)	10mg= 1 billing unit
J1430	No Auth. required	Ethamolin	Ethanolamine oleate, 100 mc	
J1438	Pharmacy Benefit	Enbrel	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)	8 units per 28 days
J1439	No Auth. required	Injectafer	Ferric carboxymaltose, 1 mg Injection	
J1442	Auth. Required	Neupogen	Filgrastim (G-CSF), 1 microgram	
J1443	No Auth. required	Triferic	Ferric pyrophosphate citrate solution, 0.1 mg of iron	
J1447	Auth. Required	Granix	Tbo-filgrastim, 1 microgram	
J1450	No Auth. required	Diflucan	Fluconazole, 200 mg	
J1451	No Auth. required	Antizol	Fomepizole, 15 mg Injection	
J1453	No Auth. required	Emend	Fosaprepitant, 1 mg injection	

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J1454	Auth Required	Akynzeo	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	
J1455	No Auth. required	Foscavir	Foscarnet sodium, per 1,000 mg	
J1458	Auth. Required	Naglazyme	Galsulfase, 1 mg	
J1459	Auth. Required	Privigen	Immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	
J1460	Auth. Required	Gamunex-C	Gamma globulin, intramuscular, 1 cc	
J1555	Auth. Required	Cuvitru	Injection, immune globulin 100mc	
J1556	Auth. Required	Bivigam	Immune globulin (bivigam), 500 mc	
J1557	Auth. Required	Gammplex	Immune globulin, (Gammplex), intravenous, nonlyophilized (e.g., liquid), 500 mc	
J1559	Auth. Required	Hizentra	Immune globulin (Hizentra), 100 mc	
J1560	Auth. Required	Gamastan S/D	Gamma globulin, intramuscular, over 10 cc	
J1561	Auth. Required	Gamunex, Gamunex-C, Gammaked	Immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	
J1566	Auth. Required	Panglobulin, Gammagard S/D, Carimune NF	Immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	
J1568	Auth. Required	Octagam	Immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	
J1569	Auth. Required	Gammagard	Immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	
J1570	No Auth. required		Ganciclovir sodium, 500 mc	
J1571	Auth. Required	Hepagam B I.M. use	Hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml	
J1572	Auth. Required	Flebogamma, Flebogamma Dif	Immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mc	
J1573	Auth. Required	Hepagam B I.V. use	Hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml	
J1575	Auth. Required	Hyqvia	Immune globulin/hyaluronidase, 100 mg immunoglobulin (Hyqvia)	
J1580	No Auth. required	Garamycin	Garamycin, gentamicin, up to 80 mc	
J1595	Pharmacy Benefit	Copaxone	Glatiramer acetate, 20 mg	
J1599	Auth. Required	Immune globulin, intravenous, non-lyophilized, NOS	Immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	
J1602	Auth. Required	Simponi Aria is medical benefit (Simponi is pharmacy benefit only)	Golimumab, 1 mg, for intravenous use	120 units every 56 days
J1610	No Auth. required	Glucagen, Glucagon	Glucagon HCl, per 1 mg	
J1626	No Auth. required	Kytril	Granisetron HCl, 100 mcg	
J1627	Auth. Required	Sustol	Injection, granisetron, extended-release, 0.1mg (For billing prior to 1/1/18 use J3490 or C9486 for OPPS billing)	
J1628	Auth Required	Tremfya	Injection, guselkumab, 1 mg	
J1630	No Auth. required	Haldol	Haloperidol, up to 5 mg	
J1631	No Auth. required	Haldol Deconate	Haloperidol decanoate, per 50 mc	
J1640	No Auth. required	Panhematin	Hemin, 1 mg	
J1642	No Auth. required	Heparin	Heparin sodium, (heparin lock flush), per 10 units	
J1644	No Auth. required	Heparin	Heparin sodium, per 1000 units	
J1645	No Auth. required	Fragmin	Dalteparin sodium, per 2500 IU	
J1650	No Auth. required	Lovenox	Enoxaparin sodium, 10 mc	
J1652	No Auth. required	Arixtra	Fondaparinux sodium, 0.5 mg	
J1670	No Auth. required	Hypertet S/D, Hyper-tet, Baytet	Tetanus immune globulin, human, up to 250 units	
J1720	No Auth. required	Solu-cortef, hydrocortisone, A-hydrocort	Hydrocortisone sodium succinate, up to 100 mg	
J1726	No Auth. required	Makena	Hydroxyprogesterone caproate, 1 mg (Q9986 is 10MG to 1 unit)	
J1729	No Auth. required	Geq or compounded	Injection, hydroxyprogesterone caproate, Not Otherwise Specified, 10 mg	
J1740	Auth. Required	Boniva	Ibandronate sodium, 1 mg	
J1741	No Auth. required	Caldolor	Ibuprofen, 100 mg	
J1742	No Auth. required	Corvert	Ibutilide fumarate, 1 mc	
J1743	Auth. Required	Elaprased	Idursulfase, 1 mg	
J1744	Auth. Required	Firazyr	Icatibant, 1 mg	18mL per 30 days
J1745	Auth. Required	Remicade	Infliximab, 10 mg	5mg/kg every 8 weeks
J1746	Auth Required	Toqarzo	Injection, ibalizumab-uiyk, 10 mc	
J1750	No Auth. required	Infed	Iron dextran, 50 mg	
J1756	No Auth. required	Venofer	Iron sucrose, 1 mg	
J1786	Auth. Required	Cerezyme	Imiglucerase, 10 units	
J1790	No Auth. required	Inapsine	Droperidol, up to 5 mg Injection	
J1800	No Auth. required	Inderal	Propranolol HCl, up to 1 mg	
J1815	Pharmacy Benefit	Humalog, Novolog, Novolog Mix, Humalog Mix, Lantus, Lispro, Humilin R, Novolin R, Humilin N, Novolin N, Apidra	Insulin, per 5 units	
J1817	Pharmacy Benefit	Humilin R, Novolin R, Humalog, Novolog, Apidra	Insulin for administration through DME (i.e., insulin pump) per 50 units	
J1826	Pharmacy Benefit only	Avonex	Interferon beta-1a, 30 mcg	
J1830	Auth. Required	Betaseron, Extavia	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)	
J1833	Pharmacy Benefit	Cresamba	Isavuconazonium, 1 mg	
J1885	No Auth. required	Toradol	Ketorolac tromethamine, per 15 mc	
J1930	Auth. Required	Somatuline	Lanreotide, 1 mg	

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J1931	Auth. Required	Aldurazyme	laronidase, 0.1 mg Injection	
J1940	No Auth. required	Lasix	Furosemide, up to 20 mg	
J1942	No. Auth Required	Aristada	Aripiprazole Lauroxil 1MG	
J1950	Auth. Required	Lupron Depot	Leuprolide acetate (for depot suspension), per 3.75 mg	Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyomota: every 84 days
J1953	No Auth. required	Keppra	Levetiracetam, 10 mc	
J1955	No Auth. required	Garnitor	Levocarnitine, per 1 g	
J1956	No Auth. required	Levaquin	Levofloxacin, 250 mc	
J1980	No Auth. required	Levsin	Hyoscyamine sulfate, up to 0.25 mg	
J2001	No Auth. required	Xylocaine	Lidocaine HCl for intravenous infusion, 10 mc	
J2010	No Auth. required	Lincocin	Lincomycin HCl, up to 300 mg	
J2020	No Auth. required	Zyvox	Linezolid, 200 mg	
J2060	No Auth. required	Ativan	Lorazepam, 2 mc	
J2062	Auth Required	Adasuve	Loxapine for inhalation, 1 mc	
J2150	No Auth. required	Osmitol	Mannitol, 25% in 50 m	
J2170	Auth. Required	Iplex, Increlex	Mecasermin, 1 mg	
J2175	No Auth. required	Demerol	Meperidine HCl, per 100 mg	
J2182	Auth Required	Nucala	Injection, mepolizumab, 1 mg	
J2185	No Auth. required	Merrem	Meropenem, 100 mg	
J2186	No Auth. required	Vabomere	Injection, meropenem and vaborbactam, 10mg/10mg, (20mg)	
J2210	No Auth. required	Methergine	Methylergonovine maleate, up to 0.2 mc	
J2212	Auth. Required	Relistor	Methylnaltrexone, 0.1 mg	
J2248	No Auth. required	Mycamine	Micafungin sodium, 1 mg	
J2250	No Auth. required	Versed	Midazolam HCl, per 1 mg	
J2260	No Auth. required	Primacor	Milrinone lactate, 5 mg	
J2265	No Auth. required	Minocin	Minocycline HCl, 1 mg	
J2270	No Auth. required	Morphine sulfate	Morphine sulfate, up to 10 mg	
J2274	No Auth. required	Astramorph	Morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg Injector	
J2278	Auth. Required	Prialt	Ziconotide, 1 mcg	
J2280	No Auth. required	Avelox	Moxifloxacin, 100 mc	
J2300	No Auth. required	Nubain	Nalbuphine HCl, per 10 mg	
J2310	No Auth. required	Narcan	Naloxone HCl, per 1 mg	
J2315	No Auth. required	Vivitrol	Naltrexone, depot form, 1 mg	
J2323	Auth. Required	Tysabri	Natalizumab, 1 mg	300mg per 28 days
J2325	No Auth. required	Natrecor	Nesiritide, 0.1 mg	
J2326	Auth. Required	Spinraza	Injection, nusinersen, 0.1 mg	12mg (5mL) per treatment
J2350	Auth. Required	Ocrevus	Injection, ocrelizumab, 1 mg	600MG every 6 months
J2353	Auth. Required	SandoSTATIN LAR	Octreotide, depot form for intramuscular 1 mc	
J2354	Auth. Required	Sandostatin, Octreotide Acetate	Octreotide, nondepot form for subcutaneous or intravenous 25 mcg	
J2355	Auth. Required	Neumega	Oprelvekin, 5 mg	
J2357	Auth. Required	Xolair	Omalizumab, 5 mc	
J2358	No Auth. required	Zyprexa	Injection, olanzapine, long-acting, 1 mc	
J2360	No Auth. required	Norflex	Orphenadrine citrate, up to 60 mg	
J2370	No Auth. required	Neo-Synephrine	Phenylephrine HCl, up to 1 m	
J2400	No Auth. required	Nesacaine	Chloroprocaine HCl, per 30 ml	
J2405	No Auth. required	Zofran	Ondansetron HCl, per 1 mg	
J2407	Auth. Required	Orbactiv	Oritavancin, 10 mg	
J2425	No Auth. required	Kepivance	Palifermin, 50 mcg	
J2426	No Auth. required	Invenga Sustenna	Paliperidone palmitate extended release, 1 mc	
J2430	Auth. Required	Aredia	Pamidronate disodium, per 30 mc	
J2440	No Auth. required	Papaverine	Papaverine HCl, up to 60 mg	
J2469	No Auth. required	Aloxi	Palonosetron HCl, 25 mcg Injection	
J2501	No Auth. required	Zemplar	Paricalcitol, 1 mcg	
J2502	Auth. Required	Signifor LAR	Injection, pasireotide long acting, 1 mg	
J2503	Auth. Required	Macugen	Pegaptanib sodium, 0.3 mg	
J2504	Auth. Required	Adagen	Pegademase bovine, 25 IU Injection	
J2505	Auth. Required	Neulasta or Neulasta Onpro	Pegfilgrastim, 6 mg	
J2507	Auth. Required	Krystexxa	Pegloticase, 1 mg	
J2510	No Auth. required	Wycillin	Penicillin G procaine, aqueous, up to 600,000 units	
J2515	No Auth. required	Nembutal	Pentobarbital sodium, per 50 mg	
J2540	No Auth. required	Pfizerpen	Penicillin G potassium, up to 600,000 units	
J2543	No Auth. required	Zosyn	Piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	
J2545	No Auth. required	Pentam, Nebupent	Pentamidine isethionate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 300 mg	
J2547	Auth. Required	Rapivab	Injection, peramivir, 1 mg	
J2550	No Auth. required	Phenergan	Promethazine HCl, up to 50 mc	
J2560	No Auth. required	Luminal	Phenobarbital sodium, up to 120 mc	
J2562	Auth. Required	Mozobil	Plerixafor, 1 mg	
J2590	No Auth. required	Pitocin	Oxytocin, up to 10 units	
J2597	No Auth. required	DDAVP	Desmopressin acetate, per 1 mcg	
J2675	No Auth. required	Progesterone	Progesterone, per 50 mg	
J2680	No Auth. required	Fluphenazine	Fluphenazine decanoate, up to 25 mc	
J2690	No Auth. required	Pronestyl	Procainamide HCl, up to 1 g	
J2700	No Auth. required	Bactocill	Oxacillin sodium, up to 250 mg	
J2704	No Auth. required	Diprivan	Propofol, 10 mg Injection	
J2710	No Auth. required	Bloxiverz	Neostigmine methylsulfate, up to 0.5 mc	
J2720	No Auth. required	Protamine Sulfate	Protamine sulfate, per 10 mg	
J2724	Auth. Required	Ceprotrin	Protein C concentrate, intravenous, human, 10 IU	
J2730	No Auth. required	Protopam	Pralidoxime chloride, up to 1 g	
J2760	No Auth. required	Regitine, Oraverse	Phentolamine mesylate, up to 5 mc	

Code	Kentucky Medicaid	Drug name	Description	Limits
J2765	No Auth. required	Reglan	Metoclopramide HCl, up to 10 mc	
J2770	No Auth. required	Synercid	Quinupristin/dalfopristin, 500 mg (150/350)	
J2778	Auth. Required	Lucentis	Ranibizumab, 0.1 mg	
J2780	No Auth. required	Zantac	Ranitidine HCl, 25 mg	
J2783	No Auth. required	Elitek	Rasburicase, 0.5 mg	
J2785	No Auth. required	Lexiscan	Regadenoson, 0.1 mg	
J2786	Auth Required	Cinqair	Injection, reslizumab, 1 mg	
J2787	New code as of 01/01/19	Photrea	riboflavin 5'-phosphate ophthalmic solution up to 3 mL	
J2788	No Auth. required	HyperRHO, MICRhoGAM	Rho D immune globulin, human, minidose, 50 mcg (250 i.u.)	
J2790	No Auth. required	Hyperho S/D, RhoGAM	Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.)	
J2791	No Auth. required	Rhophylac	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU	
J2792	No Auth. required	Winrho SDF	Rho D immune globulin, intravenous, human, solvent detergent, 100 IU	
J2793	Auth. Required	Arcalyst	Rilonacept, 1 mg	
J2794	No Auth. required	Risperdal	Risperidone, long acting, 0.5 mg	
J2795	No Auth. required	Naropin	Ropivacaine HCl, 1 mg	
J2796	Auth. Required	Nplate	Romiplostim, 10 mcg	
J2797	Auth Required	Varubi	Loxapine for inhalation, 1 mc	
J2800	No Auth. required	Robaxin	Methocarbamol, up to 10 m	
J2805	No Auth. required	Kinevac	Sinacalide, 5 mcg	
J2810	No Auth. required	Theophylline	Theophylline, per 40 mc	
J2820	Auth Required	Leukine, Prokine	Sargramostim (GM-CSF), 50 mcg	
J2840	Auth Required	Kanuma	Sebelipase 50mcg	
J2850	No Auth. required	Secreflo, Chirhostim	Secretin, synthetic, human, 1 mcg	
J2860	Auth. Required	Sylvant	Siltuximab, 10 mg	
J2916	No Auth. required	Nulecit, Ferlecit	Sodium ferric gluconate complex in sucrose 12.5 mg	
J2920	No Auth. required	A-Methapred, SOLU-medrol, MethylPREDNISolone Sodium Succ	Methylprednisolone sodium succinate, up to 40 mg	
J2930	No Auth. required	A-Methapred, SOLU-medrol, MethylPREDNISolone Sodium Succ	Methylprednisolone sodium succinate, up to 125 mg	
J2941	Pharmacy benefit	Tev-Tropin, Nutropin, Norditropin, Humatrope, Serostim, Saizen, Genotropin, Omnitrope, Nutropin AQ	Somatropin, 1 mg	
J2993	No Auth. required	Retavase	Retepase, 18.1 mg	
J2997	No Auth. required	Activase	Alteplase recombinant, 1 mg Injeictior	
J3000	No Auth. required	Streptomycin	Streptomycin, up to 1 g	
J3010	No Auth. required	Sublimaze	Fentanyl citrate, 0.1 mg	
J3030	No Auth. required	Imitrex	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)	
J3060	Auth. Required	Elelyso	Taliglucerase alfa, 10 units	
J3090	Auth. Required	Sivextro	Tedizolid phosphate, 1 mg	
J3095	No Auth. required	Vibativ	Injection, telavancin, 10 mc	
J3101	No Auth. required	Tnkase	Tenecteplase, 1 mg	
J3105	No Auth. required	Brethine	Terbutaline sulfate, up to 1 mg	
J3110	Auth. Required	Forteo	Teriparatide, 10 mcg Injeictior	
J3121	No Auth. required	Delatestryl	Testosterone enanthate, 1 mg Injection	
J3145	No Auth. required	Aveed	Testosterone undecanoate, 1 mg Injection	
J3230	No Auth. required	Thorazine	Chlorpromazine HCl, up to 50 mg	
J3240	No Auth. required	Thyrogen	Thyrotropin alpha, 0.9 mg, provided in 1.1 mg via	
J3243	No Auth. required	Tygacl	Tigecycline, 1 mg	
J3246	No Auth. required	Aggrastat	Tirofiban HCl, 0.25 mg Injeictior	
J3250	No Auth. required	Tigan	Trimethobenzamide HCl, up to 200 mc	
J3260	No Auth. required	Nebcin	Tobramycin sulfate, up to 80 mc	
J3262	Auth. Required	Actemra	Tocilizumab, 1 mg Injeictior	3200 units per 28 days
J3285	Auth. Required	Remodulin	Treprostinil, 1 mg	
J3300	No Auth. required	Triesence	Triamcinolone acetonide, preservative free, 1 mc	
J3301	No Auth. required	Kenalog, Triesence, Ken-Jec	Triamcinolone acetonide, not otherwise specified, 10 mg	
J3304	Auth Required	Zilretta	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	
J3315	Auth. Required	Trelstar Depot	Triptorelin pamoate, 3.75 mc	
J3316	Auth Required	Triptodur	Injection, triptorelin, extended-release, 3.75 mc	
J3357	Auth. Required	Stelara	Ustekinumab, 1 mg	90 units per 56 days after loading dose Subcutaneous Administration
J3358	Auth. Required	Stelara IV	Ustekinumab, for intravenous injection, 1 mg	IV administration
J3360	No Auth. required	Valium	Diazepam, up to 5 mg	
J3370	No Auth. required	Vancocin	Vancomycin HCl, 500 mg	
J3380	Auth. Required	Entyvio	Vedolizumab, 1 mg	300mg per infusion
J3385	Auth. Required	Vpriv	Velaglucerase alfa, 100 units	
J3396	Auth. Required	Visudyne	Verteporfin, 0.1 mg	
J3397	Auth Required	Mepsevii	Injection, vestronidase alfa-vibk, 1 mc	
J3398	Auth Required	Luxturna	Injection, voretigene neparovvec-rzyl, 1 billion vector genomes	
J3410	No Auth. required	Vistaril, Vistazine	Hydroxyzine HCl, up to 25 mc	
J3411	No Auth. required	Thiamine	Thiamine HCl, 100 mc	

Code	Kentucky Medicaid	Drug name	Description	Limits
J3415	No Auth. required	Vitamin B6, Doxine, Rodex	Pyridoxine HCl, 100 mg	
J3420	No Auth. required	Vitamin B-12, Cyomin, Hydroxocobalamin, Shovite	Vitamin B-12 cyanocobalamin, up to 1,000 mcg	
J3430	No Auth. required	Vitamin K, Aquamephyton, Phytondione, Konakion	Phytonadione (vitamin K), per 1 mg	
J3465	No Auth. required	Vfend	Voriconazole, 10 mg	
J3470	No Auth. required	Wydase, Hydase, Vitrase	Hyaluronidase, up to 150 units	
J3471	No Auth. required	Vitrase	Hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)	
J3473	No Auth. required	Hylenex	Hyaluronidase, recombinant, 1 USP unit	
J3475	No Auth. required	Sulfa-Mag	Magnesium sulfate, per 500 mg	
J3480	No Auth. required	Potassium Chloride	Potassium chloride, per 2 mEq	
J3485	No Auth. required	Retrovir	Zidovudine, 10 mg	
J3486	No Auth. required	Geodon	Ziprasidone mesylate, 10 mg	
J3489	Auth. Required	Reclast, Zometa	Zoledronic acid, 1 mg	
J3490	***No Auth. Required	Unclassified Drugs	Unclassified drugs	***Claim submitted must have NDC and drug must not have an assigned HCPC permanent code
J3535	No Auth. required	Metered Dose Inhaler Drug	Drug administered through a metered dose inhaler	
J3590	Auth Required	Avastin	Injection, bevacizumab, 0.25 mc	Avastin for EYES only
J3590	Auth. Required	Raptiva, Vespida, Yellow Hornet Treatment, Yellow Jacket Treatment, Honey Bee Treatment, Hymenoptera Venom, Venomil, Albay Venomil, Anascorp, Tissuemend,	Unclassified biologics	
J3590	Pharmacy benefit	Kineret		
J3591	No Auth. required	Unclassified Biological used for ersd on dialysis	Unclassified Biological used for ersd on dialysis	
J7030	No Auth. required	Sodium Chloride	Infusion, normal saline solution, 1,000 cc	
J7040	No Auth. required	Normal Saline Solution Sterile	Infusion, normal saline solution, sterile (500 ml=1 unit)	
J7042	No Auth. required	Dextrose 5%/Normal saline	5% dextrose/normal saline (500 ml = 1 unit)	
J7050	No Auth. required	Normal Saline Solution	Infusion, normal saline solution, 250 cc	
J7060	No Auth. required	Dextrose	5% dextrose/water (500 ml = 1 unit)	
J7070	No Auth. required	Dextrose	Infusion, D-5-W, 1,000 cc	
J7100	No Auth. required	Gentran-40, Rheomacrodex, Dextran-40	Infusion, dextran 40, 500 ml	
J7120	No Auth. required	Lactated Ringer's, Ringer's Injection	Ringers lactate infusion, up to 1,000 cc	
J7121	No Auth. required	5% dextrose in lactated ringers	5% dextrose in lactated ringers infusion, up to 1000 cc	
J7131	No Auth. required	Hypertonic saline solution	Hypertonic saline solution, 1 ml	
J7170	Auth Required	Hemlibra	Injection, emicizumab-kxwh, 0.5 mc	
J7178	Auth. Required	Riastap	Human fibrinogen concentrate, 1 mc	
J7179	Auth. Required	Vonvendi	Recombinant	
J7180	Auth. Required	Corifact	Factor XIII (antihemophilic factor, human), 1 IU Injection	
J7181	Auth. Required	Tretten	Factor XIII A-subunit, (recombinant), per IU Injection	
J7182	Auth. Required	NovoEight	Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU Injection	
J7183	Auth. Required	Wilate	Von Willebrand factor complex (human), Wilate, 1 IU vWF:RCO	
J7185	Auth. Required	Xyntha	Factor VIII (antihemophilic factor, recombinant) (XYNTHA), per IU	
J7186	Auth. Required	Alphanate	Antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.	
J7187	Auth. Required	Humate-P	Von Willebrand factor complex (Humate-P), per IU VWF:RCO	
J7188	Auth. Required	Obizur	Injection, factor VIII (antihemophilic factor, recombinant), per IU	
J7189	Auth. Required	Novoseven RT, Novoseven	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	
J7190	Auth. Required	Koate-DVI, Alphanate, Hemofil M, Monarc-M, Koate-HP, Monoclate-P	Factor VIII (antihemophilic factor, human) per IU	
J7191	Auth. Required	Alphanate	Factor VIII (antihemophilic factor (porcine)), per IU	
J7192	Auth. Required	Kogenate / Advate / Recombinate / Helixate	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	
J7193	Auth. Required	Alphanine SD, Mononine	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	
J7194	Auth. Required	Profilnine, Profilnine SD, Bebulin, Konyne 80	Factor IX complex, per IU	
J7195	Auth. Required	Benefix, Ixinity	Factor IX (antihemophilic factor, recombinant) per IU	

Code	Kentucky Medicaid	Drug name	Description	Limits
J7196	Auth. Required	Atryn	Antithrombin recombinant, 50 IU Injector	
J7197	Auth. Required	Thrombate III	Antithrombin III (human), per IU	
J7198	Auth. Required	Feiba NF, Feiba-VH	Antithrombin III (human), per IU	
J7200	Auth. Required	Rixubis	Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU Injection	
J7201	Auth. Required	Alprolix	Factor IX, FC fusion protein (recombinant), per IU Injection	
J7202	Auth. Required	Idelvion	Injection, factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	
J7203	Auth Required	Rebinyn	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	
J7205	Auth. Required	Eloctate	Injection, factor VIII Fc fusion (recombinant), per IL	
J7207	Auth. Required	Adynovate	Injection, factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU	
J7209	Auth. Required	Nuwiq	Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	
J7210	Auth. Required	Afstyla	Injection, factor VIII, (antihemophilic factor, recombinant), 1 IU	
J7211	Auth. Required	Kovaltry	Injection, factor VIII, (antihemophilic factor, recombinant), 1 IU	
J7296	No Auth required	Kyleena	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	
J7297	No Auth. required	Liletta (52 MG) 18.6 MCG/DAY IUD	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration	
J7298	No Auth. required	Mirena (52 MG) 20 MCG/24HR IUD	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration	
J7300	No Auth. required	Paragard T380A	Intrauterine copper contraceptive	
J7301	No Auth. required	Skyla	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	
J7303	No Auth. required	Nuvaring	Contraceptive supply, hormone containing vaginal ring, each	
J7304	No Auth. required	Ortho Evra	Contraceptive supply, hormone containing patch, each	
J7307	No Auth. required	Nexplanon	Etonogestrel (contraceptive) implant system, including implant and supplies	
J7308	No Auth. required	Levulan Kerastick	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	
J7311	Auth. Required	Retisert	Fluocinolone acetonide, intravitreal implant 0.59mg	
J7312	Auth. Required	Ozurdex	Dexamethasone, intravitreal implant, 0.1 mc	
J7313	Auth. Required	Iluvien	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	
J7315	No Auth. required	Mitomycin	Mitomycin, ophthalmic, 0.2 mc	
J7316	Auth. Required	Jetrea	Injection, ocriplasmin, 0.125 mc	
J7318	Auth Required	Durolane	Hyaluronan or derivative, Durolane for intra-articular injection, per 1 mg	1 Injection
J7320	Auth. Required	Genvisc	Hyaluronan or derivative, for intra-articular injection, 1 mg	
J7321	Auth. Required	Visco 3 / Supartz FX / Hyalgan	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular per dose	5 injections
J7322	Auth. Required (Non-Preferred)	Hymovis	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	1 injection
J7323	Auth. Required (Non-Preferred)	Euflexxa	Hyaluronan or derivative, Euflexxa, for intra-articular per dose	3 injections
J7324	Auth. Required (Non-Preferred)	Orthovisc	Hyaluronan or derivative, Orthovisc, for intra-articular per dose	4 injections
J7325	Auth. Required (Non-Preferred)	Synvisc, Synvisc-One	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular 1 mg	Synvisc: 3 injections Synvisc-One: 1 injection
J7326	Auth. Required (Non-Preferred)	Gel-One	Hyaluronan or derivative, Gel-One, for intra-articular per dose	1 injection
J7327	Auth. Required (Non-Preferred)	Monovisc	Hyaluronan or derivative, Monovisc, for intra-articular per dose	1 injection
J7328	Auth. Required	Gel-Syn	Hyaluronan or derivative, for intra-articular injection, 0.1 mg	3 injections
J7329	Auth Required	TriVisc	Hyaluronan or derivative, TriVisc for intra-articular injection, per 1 mg	
J7330	Auth Required	Maci Shee	Autologous cultured chondrocytes, implant	
J7330	Auth. Required	Carticel	Autologous cultured chondrocytes, implant	
J7336	Auth. Required	Qutenza	Capsaicin 8% patch, per sq cm	
J7340	Auth. Required	Duopa	Carbidopa 5 mg/levodopa 20 mg enteral suspension	
J7342	Auth. Required	Otiprio	Ciprofloxacin Otic Suspension, Instillation	
J7345	Auth. Required	Ameluz	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg	
J7500	Pharmacy Benefit	Imuran, Azasan	Azathioprine, oral, 50 mg	
J7501	No Auth. required	Imuran	Azathioprine, parenteral, 100 mc	
J7502	Pharmacy Benefit	Neoral, Gengraf, Sandimmune	Cyclosporine, oral, 100 mg	
J7503	Pharmacy Benefit	Tacrolimus	Tacrolimus, extended release, oral, 0.25 mc	
J7504	Auth Required	Atgam	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mc	
J7507	Pharmacy Benefit	Astagraf	Tacrolimus, oral, per 1 mg	
J7508	Pharmacy Benefit	Astagraf XL	Tacrolimus Oral Per 5 Mg	
J7509	Pharmacy Benefit	Medrol	Methylprednisolone, oral, per 4 mc	
J7510	Pharmacy Benefit	Cotolone	Prednisolone, oral, per 5 mg	
J7511	No Auth. required	Thymoglobulin	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	
J7512	Pharmacy Benefit	Deltasone, Prednisone	Prednisone, immediate release or delayed release, oral, 1 mg	
J7513	No Auth. required	Zenapax	Daclizumab, parenteral, 25 mc	

Code	Kentucky Medicaid	Drug name	Description	Limits
J7515	Pharmacy Benefit	Gengraf, Sandimmune, Neoral	Cyclosporine, oral, 25 mg	
J7516	No Auth. required	Sandimmune	Cyclosporine, parenteral, 250 mg	
J7517	No Auth. required	Cellcept	Mycophenolate mofetil, oral, 250 mc	
J7518	Pharmacy Benefit	Myfortic	Mycophenolic acid, oral, 180 mc	
J7520	Pharmacy Benefit	Rapamune	Sirolimus, oral, 1 mg	
J7525	No Auth. required	Prograf	Tacrolimus, parenteral, 5 mg	
J7527	Pharmacy Benefit	Zortress	Everolimus, oral, 0.25 mg	
J7599	No Auth. required	Immunosuppressive Drug, Not otherwise classified	Immunosuppressive drug, not otherwise classified	
J7604	Not Covered (Noncompounded products are covered)	Acetylcysteine	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per g	
J7605	No Auth. required	Brovana	Arformoterol, inhalation solution, FDA approved final product, noncompounded, administered through DME, unit dose form, 15 mcg	
J7606	No Auth. required	Perforomist	Formoterol fumarate, inhalation solution, FDA approved final product, noncompounded, administered through DME, unit dose form, 20 mcg	
J7607	Not Covered (Noncompounded products are covered)	Levalbuterol	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg	
J7608	No Auth. required	Acetylcysteine 10 % SOLN	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per g	
J7609	Not Covered (Noncompounded products are covered)	Albuterol	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg	
J7610	Not Covered (Noncompounded products are covered)	Albuterol	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg	
J7611	No Auth. required	Albuterol Sulfate (5 MG/ML) 0.5% NEBU	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg	
J7612	No Auth. required	Levalbuterol HCl 1.25 MG/0.5ML NEBU	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mc	
J7613	No Auth. required	Accuneb	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg	
J7614	No Auth. required	Levalbuterol HCl 0.31 MG/3ML NEBU	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg	
J7615	Not Covered (Noncompounded products are covered)	Levalbuterol, inhalation solution, compounded product, administered through DME	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	
J7620	No Auth. required	Duoneb	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME	
J7622	Not Covered (Noncompounded products are covered)	Beclomethasone, inhalation solution, compounded product, administered through DME	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7624	Not Covered (Noncompounded products are covered)	Betamethasone, inhalation solution, compounded product, administered through DME	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7626	No Auth. required	Pulmicort	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg	
J7627	Not Covered (Noncompounded products are covered)	Budesonide	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg	
J7628	Not Covered (Noncompounded products are covered)	Tornalate	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7629	Not Covered (Noncompounded products are covered)	Bitolterol mesylate	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7631	No Auth. required	Cromolyn sodium	Cromolyn sodium, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg	
J7632	Not Covered (Noncompounded products are covered)	Cromolyn sodium, inhalation solution, compounded product, administered through DME	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg	
J7634	Not Covered (Noncompounded products are covered)	Budesonide, inhalation solution, compounded product, administered through DME	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg	
J7635	Not Covered (Noncompounded products are covered)	Atropine, inhalation solution, compounded product, administered through DME	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per mg	

Code	Kentucky Medicaid	Drug name	Description	Limits
J7636	Not Covered (Noncompounded products are covered)	Atropine, inhalation solution, compounded product, administered through DME	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7637	Not Covered (Noncompounded products are covered)	Dexamethasone Inhalation Solution Compounded	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7638	Not Covered (Noncompounded products are covered)	Dexamethasone Inhalation Solution Compounded	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7639	Auth. Required	Pulmozyme	Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	
J7640	Not Covered (Noncompounded products are covered)	Formoterol	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg	
J7641	Not Covered (Noncompounded products are covered)	Flunisolide	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per mg	
J7642	Not Covered (Noncompounded products are covered)	Glycopyrrolate, inhalation solution, compounded product, administered through DME	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7643	Not Covered (Noncompounded products are covered)	Glycopyrrolate, inhalation solution, compounded product, administered through DME	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7644	No Auth. required	Ipratropium bromide, inhalation solution, FDA-approved final product	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	
J7645	Not Covered (Noncompounded products are covered)	Ipratropium bromide, inhalation solution, compounded product, administered through DME	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7647	Not Covered (Noncompounded products are covered)	Isoetharine HCL, inhalation solution, compounded product	Isoetharine HCL, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7650	Not Covered (Noncompounded products are covered)	Isoetharine HCL, inhalation solution, compounded product	Isoetharine HCL, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7657	Not Covered (Noncompounded products are covered)	Isoproterenol HCL, inhalation solution, compounded product, administered through DME	Isoproterenol HCL, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7660	No Auth. required	Isoproterenol HCL, inhalation solution, compounded product, administered through DME	Isoproterenol HCL, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7667	Not Covered (Noncompounded products are covered)	Metaproterenol sulfate, inhalation solution	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 mg	
J7668	No Auth. required	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 10 mg	
J7669	No Auth. required	Metaproterenol Sulfate	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg	
J7670	Not Covered (Noncompounded products are covered)	Metaproterenol sulfate, inhalation solution, compounded product	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg	
J7674	No Auth. required	Methacholine chloride	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	
J7676	Not Covered (Noncompounded products are covered)	Pentamidine Isethate	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	
J7680	Not Covered (Noncompounded products are covered)	Terbutaline sulfate, inhalation solution	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7681	Not Covered (Noncompounded products are covered)	Terbutaline sulfate, inhalation solution	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7682	Auth. Required	Tobi	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg	
J7683	Not Covered (Noncompounded products are covered)	Triamcinolone, inhalation solution, compounded product	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	
J7684	Not Covered (Noncompounded products are covered)	Triamcinolone, inhalation solution, compounded product	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	
J7685	Not Covered (Noncompounded products are covered)	Tobramycin	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	

Code	Kentucky Medicaid	Drug name	Description	Limits
J7686	Auth. Required	Tyvaso	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg	
J7699	Auth. Required	Cayston	NOC drugs, inhalation solution administered through DME	
J7799	No Auth. required	Non-inhalation drug for DME	NOC drugs, other than inhalation drugs, administered through DME	
J7999	Not Covered	Unclassified	Compounded drug, not otherwise classified	
J8498	No Auth. required	Antiemetic Drug, R/S, NOS	Antiemetic drug, rectal/suppository, not otherwise specified	
J8499	Auth Required	Stiripentol	Prescription drug, oral, nonchemotherapeutic, NOS	
J8501	Pharmacy Benefit	Emend	Aprepitant, oral, 5 mg	
J8510	Pharmacy Benefit	Myleran	Busulfan; oral, 2 mg	
J8515	Pharmacy Benefit	Cabergoline	Cabergoline, oral, 0.25 mg	
J8520	Pharmacy Benefit	Xeloda	Capecitabine, oral, 150 mg	
J8521	Pharmacy Benefit	Xeloda	Capecitabine, oral, 500 mg	
J8530	Pharmacy Benefit	Cyclophosphamide	Cyclophosphamide; oral, 25 mc	
J8540	Pharmacy Benefit	Baycadron, Dexamethasone	Dexamethasone, oral, 0.25 mg	
J8560	Pharmacy Benefit	Etoposide	Etoposide; oral, 50 mg	
J8565	Pharmacy Benefit	Iressa	Gefitinib, oral, 250 mg	
J8597	Pharmacy Benefit	Antiemetic Drug Oral, NOS	Antiemetic drug, oral, not otherwise specified	
J8600	Pharmacy Benefit	Alkeran	Melphalan; oral, 2 mg	
J8610	Pharmacy Benefit	Rheumatrex, Trexall	Methotrexate; oral, 2.5 mg	
J8650	Pharmacy Benefit	Nabilone	Nabilone, oral, 1 mg	
J8655	Pharmacy Benefit	Akynzeo	Netupitant 300 mg and palonosetron 0.5 mg (oral capsule)	
J8700	Pharmacy Benefit	Temodar	Temozolomide, oral, 5 mg	
J8705	Pharmacy Benefit	Hycamtin	Topotecan, oral, 0.25 mg	
J8999	Pharmacy Benefit	Oral prescription drug chemo, NOS	Prescription drug, oral, chemotherapeutic, NOS	
J9000	No Auth. required	Adriamycin, Rubex	Doxorubicin HCl, 10 mg Injection	
J9015	Auth Required	Proleukin	Aldesleukin, per single use vial Injection	
J9017	No Auth. required	Trisenox	Arsenic trioxide, 1 mg Injection	
J9019	No Auth. required	Erwinaze	Asparaginase (Erwinaze), 1,000 IU Injection	
J9022	Auth. Required	Tecentriq	Injection, atezolizumab, 10 mg	
J9023	Auth. Required	Bavencio	Injection, avelumab, 10 mg	
J9025	Auth. Required	Vidaza	Azacitidine, 1 mg Injection	
J9027	No Auth. required	Clolar	Clofarabine, 1 mg	
J9031	No Auth. required	Theracys, Tice BCG, BCG Vaccine	BCG (intravesical) per instillation	
J9032	Auth. Required	Beleodaq	Belinostat, 10 mg	
J9033	No Auth. required	Treanda	Bendamustine HCl, 1 mg Injection	
J9034	Auth. Required	Bendeka	Bendamustine HCl (Bendeka), 1 mg	
J9035	Auth. Required	Avastin	Bevacizumab, 10 mg Injector	
J9039	Auth. Required	Blinicyto	Blinatumomab, 1 microgram	
J9040	No Auth. required	Bleomycin	Bleomycin sulfate, 15 units Injection	
J9041	No Auth. required	Velcade	Bortezomib, 0.1 mg Injector	
J9042	Auth. Required	Adcetris	Brentuximab vedotin, 1 mg Injector	
J9043	No Auth. required	Jevtana	Cabazitaxel, 1 mg Injector	
J9044	Auth Required	Aliqopa	Injection, copanlisib, 1 mg	
J9045	No Auth. required	Paraplatin	Carboplatin, 50 mg	
J9047	Auth. Required	Kyprolis	Carfilzomib, 1 mg	
J9050	No Auth. required	Gliadel, Bicnu	Carmustine, 100 mg	
J9055	Auth. Required	Erbtux	Cetuximab, 10 mg	
J9057	Auth. Required	Aliqopa	Copanlisib, 1mg	
J9060	No Auth. required	Platinol	Cisplatin, powder or solution, 10 mg	
J9065	No Auth. required	Leustatin	Cladribine, per 1 mg	
J9070	No Auth. required	Cytosan, Neosar	Cyclophosphamide, 100 mg	
J9100	No Auth. required	Cytosar-U, Tarabine PFS	Cytarabine, 100 mg	
J9120	No Auth. required	Cosmegen	Dactinomycin, 0.5 mg	
J9130	No Auth. required	Dtic-Dome	Dacarbazine, 100 mg	
J9145	Auth Required	Darzalex	Injection, daratumumab, 10 mg	
J9150	No Auth. required	Cerubidine	Daunorubicin, 10 mg	
J9153	Auth Required	Vyxeos	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	
J9155	Auth. Required	Firmagon	Degarelix, 1 mg	
J9171	No Auth. required	Taxotere	Docetaxel, 1 mg	
J9173	Auth. Required	Imfinzi	durvalumab	
J9175	No Auth. required	Elliott's B	Elliott's B solution, 1 ml	
J9176	Auth Required	Empliciti	Elotuzumab, Injection, 1 mg	
J9178	No Auth. required	Ellence	Epirubicin HCl, 2 mg	
J9179	No Auth. required	Halaven	Eribulin mesylate, 0.1 mg	
J9181	No Auth. required	Vepesid, Toposar	Etoposide, 10 mg	
J9185	No Auth. required	Fludara	Fludarabine phosphate, 50 mg	
J9190	No Auth. required	Adrucil	Fluorouracil, 500 mg Injector	
J9200	No Auth. required	Fudr	Floxuridine, 500 mg	
J9201	No Auth. required	Gemzar	Gemcitabine HCl, 200 mc	
J9202	Auth. Required	Zoladex	Goserelin acetate implant, per 3.6 mc	
J9203	Auth. Required	Mylotarg	Injection, gemtuzumab ozogamicin, 0.1 mg	
J9205	Auth Required	Onivyde	Irinotecan Liposome, 1 mg	
J9206	No Auth. required	Camptosar	Irinotecan, 20 mg	
J9207	No Auth. required	Ixemptra	Ixabepilone, 1 mg	
J9208	No Auth. required	Ifex	Ifosfamide, 1 g	
J9209	No Auth. required	Mesnex	Mesna, 200 mg	
J9211	No Auth. required	Idamycin	Idarubicin HCl, 5 mg	
J9214	Auth. Required	Intron A	Interferon, alfa-2b, recombinant, 1 million units	
J9215	Auth. Required	Alferon N	Interferon, alfa-N3, (human leukocyte derived), 250,000 IU	
J9216	Auth. Required	Actimmune	Interferon, gamma 1-b, 3 million units Injector	

Code	Kentucky Medicaid	Drug name	Description	Limits
J9217	Auth. Required	Lupron Depot, Eligard	Leuprolide acetate (for depot suspension), 7.5 mg	Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyomota: every 84 days
J9218	Auth. Required	Lupron	Leuprolide acetate, per 1 mg	Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyomota: every 84 days
J9225	Auth. Required	Vantas	Histrelin implant (Vantas), 50 mg	
J9226	Auth. Required	Supprelin LA	Histrelin implant (Supprelin LA), 50 mg	
J9228	Auth. Required	Yervoy	Ipilimumab, 1 mc	
J9229	Auth. Required	Besponsa	Injection, inotuzumab ozogamicin, 0.1 mc	
J9230	No Auth. required	Mustargen	Mechlorethamine HCl, (nitrogen mustard), 10 mc	
J9245	No Auth. required	Alkeran, Evomela, Melphalan	melphalan HCl, 50 mg Injection	
J9250	No Auth. required	Otrexup, Folex PFS,	Methotrexate sodium, 5 mg	
J9260	No Auth. required	Methotrexate	Methotrexate sodium, 50 mg	
J9261	No Auth. required	Arranon	Nelarabine, 50 mg	
J9262	Auth. Required	Synribo	Omacetaxine mepesuccinate, 0.01 mc	
J9263	No Auth. required	Eloxatin	Oxaliplatin, 0.5 mg	
J9264	No Auth. required	Abraxane	Paclitaxel protein-bound particles, 1 mg Injector	
J9266	Auth. Required	Oncaspar	Pegaspargase, per single dose vial (5ML vial)	Dosing every 2 weeks; 1 billing unit= up to 3750IU
J9267	No Auth. required	Taxol	Paclitaxel, 1 mg Injector	
J9268	No Auth. required	Nipent	Pentostatin, 10 mg	
J9271	Auth. Required	Keytruda	Pembrolizumab, 1 mg	
J9280	No Auth. required	Mutamycin	Mitomycin, 5 mg	
J9285	Auth. Required	Lartruvo	Injection, olaratumab, 10mg (For billing prior to 1/1/18 use J9999 or C9485 for OPSP billing)	
J9293	Auth. Required	Novantrone	Mitoxantrone HCl, per 5 mg	
J9295	Auth. Required	Portrazza	Necitumumab, 1mc	
J9299	Auth. Required	Opdivo	Nivolumab, 1 mg	
J9301	Auth. Required	Gazyva	Obinutuzumab, 10 mg Injector	
J9302	Auth. Required	Arzerra	Ofatumumab, 10 mg	
J9303	No Auth. required	Vectibix	Panitumumab, 10 mc	
J9305	No Auth. required	Alimta	Pemetrexed, 10 mg Injector	
J9306	Auth. Required	Perjeta	Pertuzumab, 1 mg	
J9307	No Auth. required	Foloty	Pralatrexate, 1 mg	
J9308	Auth. Required	Cyramza	Ramucirumab, 5 mg	
J9311	Auth. Required	Rituxan Hycela	Rituximab, 10 mg	Hycela is only covered for the oncology diagnoses.
J9312	Auth. Required	Rituxan	Rituximab, 10 mg	
J9315	No Auth. required	Istodax	Romidepsin, 1 mg	
J9320	No Auth. required	Zanosar	Streptozocin, 1 g	
J9325	Auth. Required	Imlygic	Talimogene Laherparepvec	
J9328	Auth. Required	Temodar	Temozolomide, 1 mg	
J9330	Auth. Required	Torisel	Temsirolimus, 1 mg	
J9340	No Auth. required	Thioplex	Thiotepa, 15 mg	
J9351	No Auth. required	Hycamtin	Topotecan, 0.1 mg	
J9352	Auth. Required	Yondelis	Injection, trabectedin, 0.1 mg	
J9354	Auth. Required	Kadcyla	Ado-trastuzumab emtansine, 1 mg Injector	
J9355	Auth. Required	Herceptin	Trastuzumab, 10 mg	
J93656	Auth. Required	Herceptin Hylecta	Trastuzumab & Hyaluronidase	
J9357	No Auth. required	Vaistar	Valrubicin, intravesical, 200 mg	
J9360	No Auth. required	Vinblastine Sulfate	Vinblastine sulfate, 1 mg	
J9370	No Auth. required	Oncovin, Vincasar	Vincristine sulfate	
J9371	Auth. Required	Marqibo	Vincristine sulfate liposome, 1 mg	
J9390	No Auth. required	Navelbine	Vinorelbine tartrate, 10 mg	
J9395	No Auth. required	Faslodex	Fulvestrant, 25 mg	
J9400	Auth. Required	Zaltrap	Ziv-aflibercept, 1 mg	
J9600	No Auth. required	Photofrin	Porfimer sodium, 75 mg	
J9999	Auth. required	Unclassified antineoplastic drugs	Not otherwise classified, antineoplastic drugs	
L8604		Injectable Bulking Agent	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 mL, includes shipping and necessary supplies	
P9041	No Auth. required	Albutein 5%, Plasbumin 5, Albumin Human	Infusion, albumin (human) 5% 50ML	
P9045	No Auth. required	Buminate 5, Flexbumin 5, Albutein 5, Plasbumin 5	Infusion, albumin (human) 5% 250ML	
P9046	No Auth. required	Buminate 25, Albutein 25, Plasbumin 25	Infusion, albumin (human) 25% 20ML	
P9047	No Auth. required	Kedbumin 25, Flexbumin 25, Albutein 25, Plasbumin 25, Albumin 25, Albuked 25, Albuminar 25	Infusion, albumin (human) 25% 50ML	
Q0138	No Auth. required	Feraheme	Ferumoxytol Non-ERSD	
Q0139	No Auth. required	Feraheme	Ferumoxytol ESRD	
Q2041	Auth. Required	Yescarta	Axicabtagene Ciloleuce, up to 200 million autologous Anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, per infusion	

Code	Kentucky Medicaid	Drug name	Description	Limits
Q2042	Auth. Required	Kymirah	Tisagenlecleucel, up to 250 million car-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion	
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 (Code Price is per 250 mL)	
Q2050	Auth Required	Doxil	injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10mg	
Q3028	Auth. Required	Rebif	Injection, interferon beta-1a, 1 mcg	
Q4081	No Auth required	Epogen	Epoetin alfa, 100 units (for ESRD on dialysis)	
Q5101	Auth. Required	Zarxio	Filgrastim (G-CSF), Biosimilar, 1 microgram	
Q5103	Auth. Required	Inflectra	Injection, infliximab, biosimilar, 10 mg	
Q5104	Auth Required	Renflexis	infliximab-abda, biosimilar injection, 10mg	
Q5105	Auth Required	Retacrit	(for ESRD on dialysis), 100 units	
Q5106	Auth Required	Retacrit	(for non-ESRD use), 1000 units	
Q5108	Auth. Required	Fulphila	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	
Q5111	Auth Required	Udenyca	Injection, Pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg	
Q9950	Not Covered	Lumason	Sulfur hexafluoride lipid microspheres, per m	
Q9977	Pharmacy Benefit	Compounded Drug NOC	Compounded Drug, Not Otherwise Classified	
Q9991	Pharmacy Benefit	Sublocade	buprenorphine extended-release , less than or equal to 100 mg	
Q9992	Pharmacy Benefit	Sublocade	buprenorphine extended-release, greater than 100 mg	
S0028	No Auth required	Famotidine	Injection, famotidine, 20 mg	
S0030	No Auth required	Metronidazole	Injection, metronidazole, 500 mg	
S0032	No Auth required	Nafcillin	Injection, nafcillin sodium, 2 g	
S0039	No Auth required	sulfamethoxazole and trimethoprim	Injection, sulfamethoxazole and trimethoprim, 10 mL	
S0073	No Auth required	Azactam	Injection, aztreonam, 500 mg	
S0077	No Auth. Required	Clindamycin	Injection, clindamycin phosphate, 300 mg	
S0080	No Auth required	Pentamidine Isethate	Injection, pentamidine isethionate, 300mc	
S0164	No. Auth Required	Pantoprazole	Injection, pantoprazole sodium, 40mc	
S0171	No. Auth Required	Bumetanide	Injection, bumetanide, 0.5mc	
S0189	Auth. Required	Testopel	Testosterone Pellets	
S5497	No Auth if billed with a J code		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	
S5498	No Auth if billed with a J code		Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	
S5501	No Auth if billed with a J code		Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S5502	No Auth if billed with a J code		Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	
S5517	No Auth if billed with a J code		Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	
S9061	No Auth if billed with a J code		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	
S9123	No Auth Required		Clinical Assessments	
S9140	Auth. Required MM must review		Gestational Diabetes Clinical Management Program	
S9145	No Auth. required		Clinical Assessments	
S9208	MM must review		Preterm Labor Program (7 days)	
S9211	MM must review		Gestational Hypertension Program	
S9213	MM must review		Preeclampsia Program	
S9214	MM must review		Obstetrical Diabetes Management - Daily Insulin Injections	
S9325	No Auth if billed with a J code		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)	
S9326	No Auth if billed with a J code		Home infusion therapy, continuous (24 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	

Code	Kentucky Medicaid	Drug name	Description	Limits
S9327	No Auth if billed with a J code		Home infusion therapy, intermittent (less than 24 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	
S9328	No Auth if billed with a J code		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	
S9329	No Auth if billed with a J code		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)	
S9330	No Auth if billed with a J code		Home infusion therapy, continuous (24 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	
S9331	No Auth if billed with a J code		Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9336	Auth. Required		Continuous Heparin Infusion Therapy	
S9338	AUTH. Required		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	
S9345	No Auth if billed with a J code		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	
S9346	Auth. Required		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	
S9347	Auth. Required		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	
S9348	No Auth if billed with a J code		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	
S9351	No Auth if billed with a J code		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	
S9353	No Auth if billed with a J code		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	
S9355	No Auth if billed with a J code		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	
S9357	Auth. Required		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	
S9359	Auth. Required		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	
S9361	No Auth if billed with a J code		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	
S9363	No Auth if billed with a J code		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	

Code	Kentucky Medicaid	Drug name	Description	Limits
S9364	No Auth. required		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)	
S9365	No Auth. required		Home infusion therapy, total parenteral nutrition (TPN); 1 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	
S9366	No Auth. required		Home infusion therapy, total parenteral nutrition (TPN); more than 1 liter but no more than 2 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	
S9367	No Auth. required		Home infusion therapy, total parenteral nutrition (TPN); more than 2 liters but no more than 3 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	
S9368	No Auth. required		Home infusion therapy, total parenteral nutrition (TPN); more than 3 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	
S9370	No Auth if billed with a J code		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	
S9372	No Auth if billed with a J code		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)	
S9373	No Auth. Required up to 4 L per day		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)	
S9374	No Auth. required		Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9375	No Auth. required		Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9376	No Auth. required		Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9377	No Auth. required		Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	
S9379	Auth. Required		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	
S9490	No Auth if billed with a J code		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	

Code	Kentucky Medicaid	Drug name	Description	Limits
S9494	No Auth if billed with a J code		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)	
S9500	No Auth if billed with a J code		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	
S9501	No Auth if billed with a J code		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	
S9502	No Auth if billed with a J code		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	
S9503	No Auth if billed with a J code		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	
S9504	No Auth if billed with a J code		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	
S9537	Auth. Required		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	
S9538	No Auth. Required		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	
S9542	No Auth. required		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	
S9558	Auth. Required		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	
S9559	Auth. Required		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	
S9560	No Auth if billed with a J code		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	
S9560-SD	No Auth required		Makena Administration Nursing Service	
S9562	No Auth. required		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	
S9590	No Auth if billed with a J code		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	