

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|----------------|-------------------------------|---------------------------------|--|---|
| 99501 | Auth. Required | | Postpartum Maternal Newborn Assessment Service | 4 UNITS WITHIN 180 DAYS |
| 99502 | Auth Required | | Newborn Assessment | 4 UNITS WITHIN 180 DAYS |
| 99506 | Auth. Required | | Home Nursing Visit for Medication Administration | |
| 99600 | No Auth. required | | 17Alpha- hydroxyprogesteron e 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 | Palivizumab | 2 units/treatment for up to 5 treatments |
| 99501-TH | Auth Required | | Postpartum Maternal Assessment | 4 UNITS WITHIN 180 DAYS |
| C9257 | Auth. Required | Avastin | Injection, bevacizumab, 0.25 mg | |
| 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) | must be sent for cost review |
| C9399 or J3490 | Auth. Required | Plegridy / Exondys | 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) or use J3490 - Unclassified drugs | |
| C9483 | Auth. Required | Tecentriq | Injection, atezolizumab, 10 mg (For Hospital OPPS billing) | |
| C9484 | Auth. Required | Exondys | Injection, eteplirsen, 10 mg (For Hospital OPPS billing prior to 4/1/17 use C9399) - see also J3490 | |
| C9485 | Auth. Required | Lartruvo | Injection, olaratumab, 10 mg (For Hospital OPPS billing prior to 4/1/17 use C9399) - see also J9999 | |
| C9486 | Auth. Required | Sustol | Injection, granisetron extended release, 0.1 mg (For Hospital OPPS billing prior to 4/1/17 use C9399) - see also J3490 | |
| C9488 | Auth. Required | Vaprisol | Injection, conivaptan hydrochloride, 1 mg (For Hospital OPPS billing prior to 4/1/17 use C9399) -see also J3490 | |
| G0498 | no Auth if billed with 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 | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|--------------------------------|---|--|
| J0120 | No Auth. required | Tetracycline | Tetracycline, up to 250 mg | |
| 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) | Infused product 100 units per 28 days, Self Administered 4 per 28 days |
| J0130 | No Auth. required | ReoPro | Abciximab, 10 mg | |
| J0131 | No Auth. required | Ofirmev | Acetaminophen, 10 mg Injection | |
| J0132 | No Auth. required | Acetadote | Acetylcysteine, 100 mg Injection | |
| J0133 | No Auth. required | Zovirax | Acyclovir, 5 mg Injection | |
| J0135 | Pharmacy Benefit | Humira | Adalimumab, 20 mg Injection | 4 per 28 days |
| J0153 | No Auth. required | Adenosine | Adenosine, 1 mg (not to be used to report any adenosine phosphate compounds) Injection | |
| J0171 | No Auth. required | Adrenalin | Adrenalin, epinephrine, 0.1 mg Injection | |
| J0178 | Auth. Required | Eylea | Aflibercept, 1 mg Injection | |
| J0180 | Auth. Required | Fabrazyme | Agalsidase beta, 1 mg Injection | |
| J0190 | No Auth. required | Akineton | Biperiden lactate, per 5 mg Injection | |
| J0200 | No Auth. required | Trovan | Alatrofloxacin mesylate, 100 mg Injection | |
| J0202 | Auth. Required | Lemtrada | Alemtuzumab, 1 mg | |
| J0205 | Auth. Required | Ceredase | Alglucerase, per 10 units Injection | |
| J0207 | No Auth. required | Ethylol | Amifostine, 500 mg Injection | |
| J0210 | No Auth. required | Aldomet | Methyldopate HCl, up to 250 mg Injection | |
| J0220 | Auth. Required | Myozyme | Alglucosidase alfa, 10 mg, not otherwise specified Injection | |
| J0221 | Auth. Required | Lumizyme | Alglucosidase alfa, 10 mg Injection | |
| J0256 | Auth. Required | Zemaira, Prolastin, or Aralast | Alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg Injection | |
| J0257 | Auth. Required | Glassia | Alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg Injection | |
| 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) | |
| 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 Injection | |
| J0280 | No Auth. required | Aminophylline | Aminophyllin, up to 250 mg Injection | |
| J0282 | No Auth. required | Cordarone, Pacerone | Amiodarone HCl, 30 mg Injection | |
| J0285 | No Auth. required | NovaPlus Amphotericin | Amphotericin B, 50 mg Injection | |
| J0287 | No Auth. required | Abelcet | Amphotericin B lipid complex, 10 mg Injection | |
| J0288 | No Auth. required | Amphotec | Amphotericin B cholesteryl sulfate complex, 10 mg Injection | |
| J0289 | No Auth. required | Ambisome | Amphotericin B liposome, 10 mg Injection | |
| J0290 | No Auth. required | Ampicillin | Ampicillin sodium, 500 mg Injection | |
| J0295 | No Auth. required | Unasyn | Ampicillin sodium/sulbactam sodium, per 1.5 g Injection | |
| J0300 | No Auth. required | Amytal | Amobarbital, up to 125 mg Injection | |

Authorization Requirements for Medications Under the Medical Benefit

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| J0330 | No Auth. required | Anectine, Quelicin | Succinylcholine chloride, up to 20 mg | |
| J0348 | No Auth. required | Eraxis | Anidulafungin, 1 mg Injection | |
| J0350 | No Auth. required | Eminase | Anistreplase, per 30 units Injection | |
| J0360 | No Auth. required | Apresoline | Hydralazine HCl, up to 20 mg Injection | |
| J0364 | Auth. Required | Apokyn | Apomorphine HCl, 1 mg Injection | |
| J0365 | No Auth. required | Trasylol | Aprotinin, 10,000 kiu Injection | |
| J0380 | No Auth. required | Aramine | metaraminol bitartrate, per 10 mg Injection | |
| J0390 | No Auth. required | Aralen | Chloroquine HCl, up to 250 mg Injection | |
| J0395 | No Auth. required | Genesa | Arbutamine HCl, 1 mg Injection | |
| J0400 | Auth. Required | Abilify | Aripiprazole, intramuscular, 0.25 mg Injection | |
| J0401 | Auth. Required | Abilify | Aripiprazole, extended release, 1 mg Injection | |
| J0456 | No Auth. required | Zithromax | Azithromycin, 500 mg Injection | |
| 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 Injection | |
| J0476 | No Auth. required | Lioresal | Baclofen, 50 mcg for intrathecal trial Injection | |
| 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 Injection | |
| J0500 | No Auth. required | Bentyl | Dicyclomine HCl, up to 20 mg | |
| J0515 | No Auth. required | Cogentin | Benztropine mesylate, per 1 mg Injection | |
| J0520 | No Auth. required | Bethanechol chloride, Myotonachol or Urecholine | Bethanechol chloride, Myotonachol or Urecholine, up to 5 mg Injection | |
| 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 | |
| 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/nalo xone, oral, less than or equal to 3 mg | |
| J0573 | Pharmacy Benefit | Suboxone | Buprenorphine/nalo xone, oral, greater than 3 mg, but less than or equal to 6 mg | |
| J0574 | Pharmacy Benefit | Suboxone | Buprenorphine/nalo xone, oral, greater than 6 mg, but less than or equal to 10 mg | |
| J0575 | Pharmacy Benefit | Suboxone | Buprenorphine/nalo xone, oral, greater than 10 mg | |
| J0583 | No Auth. required | Angiomax | Bivalirudin, 1 mg Injection | |
| J0585 | Auth. Required | Botox | OnabotulinumtoxinA, 1 unit | |
| J0586 | Auth. Required | Dysport | AbobotulinumtoxinA, 5 units Injection | |
| J0587 | Auth. Required | Myobloc | Rimabotulinumtoxin B, 100 units | |
| J0588 | Auth. Required | Xeomin | IncobotulinumtoxinA, 1 unit | |

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| J0592 | No Auth. required | Buprenex | Buprenorphine HCl, 0.1 mg Injection | |
| J0594 | No Auth. required | Busulfex | Busulfan, 1 mg Injection | |
| J0595 | No Auth. required | Stadol | Butorphanol tartrate, 1 mg Injection | |
| J0596 | Auth. Required | Ruconest | C-1 esterase inhibitor (recombinant), 10 units | 56ML/30 days |
| J0597 | Auth. Required | Beriner | C-1 esterase inhibitor (human), Beriner, 10 units | 50ML/30 days Pediatric 30ML/30 days |
| J0598 | Auth. Required | Cinryze | C-1 esterase inhibitor (human), Cinryze, 10 units | 6/26 days |
| J0600 | No Auth. required | Calcium Disodium Versenate | Edetate calcium disodium, up to 1,000 mg | |
| J0610 | No Auth. required | Calcium Gluconate | Calcium gluconate, per 10 ml Injection | |
| J0620 | No Auth. required | Calphosan | Calcium glycerophosphate and calcium lactate, per 10 ml | |
| J0630 | No Auth. required | Miacalcin | Calcitonin salmon, up to 400 units Injection | |
| J0636 | No Auth. required | Calcitrol | Calcitriol, 0.1 mcg Injection | |
| J0637 | No Auth. required | Cancidas | Caspofungin acetate, 5 mg | |
| J0638 | Pharmacy Benefit | Ilaris | Canakinumab, 1 mg | 2 per 28 days |
| J0640 | No Auth. required | Leucovorin Calcium | Leucovorin calcium, per 50 mg | |
| J0641 | No Auth. required | Fusilev | Levoleucovorin calcium, 0.5 mg | |
| J0670 | No Auth. required | Polocaine | Mepivacaine HCl, per 10 ml | |
| 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 mg | |
| J0698 | No Auth. required | Claforan | Cefotaxime sodium | |
| J0702 | No Auth. required | Celestone | Betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg Injection | |
| J0706 | No Auth. required | Cafcit | Caffeine citrate, 5 mg Injection | |
| J0710 | No Auth. required | Cefapirin | cephapirin sodium, up to 1 g | |
| J0712 | No Auth. required | Teflaro | Ceftaroline fosamil, 10 mg | |
| J0713 | No Auth. required | Ceptaz, Fortaz, Tazicef | Ceftazidime, per 500 mg | |
| J0714 | Auth. Required | Avycaz | Ceftazidime and avibactam, 0.5 g/0.125 g | |
| J0715 | No Auth. required | Cefizox | Ceftizoxime sodium, per 500 mg | |
| J0716 | No Auth. required | Anascorp | Centruroides immune f(ab)2, up to 120 mg | |
| J0717 | Pharmacy Benefit | 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 mg | |

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|-------|-------------------|--------------------------|---|---|
| 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 mg | |
| J0775 | Auth. Required | Xiaflex | Collagenase, clostridium histolyticum, 0.01 mg | |
| J0780 | No Auth. required | Compazine | Prochlorperazine, up to 10 mg | |
| J0795 | No Auth. required | Acthrel | Corticotropin ovine triflutate, 1 mcg Injection | |
| J0800 | Auth. Required | Acthar | Corticotropin, up to 40 units Injection | |
| J0833 | No Auth. required | Cosyntropin | Cosyntropin, not otherwise specified, 0.25 mg | |
| 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 | Dalbance | 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 | |
| J0886 | Auth. Required | Epogen, Procrit | Epoetin alfa, 1000 units (for ESRD on dialysis) | |
| 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 | |
| J0890 | Auth. Required | Omontys | Peginesatide, 0.1 mg (for ESRD on dialysis) | |
| J0894 | Auth. Required | Dacogen | Decitabine, 1 mg | |
| J0895 | Auth. Required | Desferal | Deferoxamine mesylate, 500 mg | |
| J0897 | Auth. Required | Prolia | Denosumab, 1 mg | |
| J0897 | Auth Required | Xgeva | Denosumab, 1 mg | |
| J0945 | No Auth. required | Rymed | Brompheniramine maleate, per 10 mg Injection | |
| J1000 | No Auth. required | Depo-Estradiol | Depo-estradiol cypionate, up to 5 mg | |
| 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 | |
| J1094 | No Auth. required | Decadron LA, Dalalone DP | Dexamethasone acetate, 1 mg | |
| 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 mg | |
| 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 vial | |
| J1165 | No Auth. required | Phenytoin Sodium | Phenytoin sodium, per 50 mg | |
| J1170 | No Auth. required | Dilaudid | Hydromorphone, up to 4 mg | |

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|-------|-------------------|--------------------------------|--|---|
| J1180 | No Auth. required | Lufyllin | Dyphylline, up to 500 mg Injection | |
| J1190 | No Auth. required | Zinecard | Dexrazoxane HCl, per 250 mg | |
| J1200 | No Auth. required | Benadryl | Diphenhydramine HCl, up to 50 mg | |
| J1205 | No Auth. required | Diuril Sodium | Chlorothiazide sodium, per 500 mg | |
| J1212 | No Auth. required | Rimso-50 | DMSO, dimethyl sulfoxide, 50%, 50 ml | |
| 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 mg | |
| 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 | 12ML/30days |
| J1300 | Auth. Required | Soliris | Eculizumab, 10 mg | |
| J1320 | No Auth. required | Elavil | Amitriptyline HCl, up to 20 mg Injection | |
| J1322 | Auth. Required | Vimizim | Elosulfase alfa, 1 mg Injection | |
| J1324 | Auth. Required | Fuzeon | Enfuvirtide, 1 mg | |
| J1325 | Auth. Required | Folan, Veletri | Epoprostenol, 0.5 mg | |
| J1327 | No Auth. required | Integrilin | Eptifibatide, 5 mg | |
| J1330 | No Auth. required | Ergotrate | Ergonovine maleate, up to 0.2 mg Injection | |
| 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 | |
| J1430 | No Auth. required | Ethamolin | Ethanolamine oleate, 100 mg | |
| J1435 | No Auth. required | Estrone | Estrone, per 1 mg Injection | |
| J1436 | No Auth. required | Didronel | Etidronate disodium, per 300 mg Injection | |
| 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 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 | |
| J1452 | No Auth. required | Vitravene | Fomivirsen sodium, intraocular, 1.65 mg Injection | |
| J1453 | No Auth. required | Emend | Fosaprepitant, 1 mg injection | |
| J1455 | No Auth. required | Foscavir | Foscarnet sodium, per 1,000 mg | |
| J1457 | No Auth. required | Ganite | Gallium nitrate, 1 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 | Gamastan S/D, Gamunex-C | Gamma globulin, intramuscular, 1 cc | |
| J1556 | Auth. Required | Bivigam | Immune globulin (bivigam), 500 mg | |

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| J1557 | Auth. Required | Gammaflex | Immune globulin, (Gammaflex), intravenous, nonlyophilized (e.g., liquid), 500 mg | |
| J1559 | Auth. Required | Hizentra | Immune globulin (Hizentra), 100 mg | |
| 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 | |
| J1562 | Auth. Required | Vivaglobin | Immune globulin (Vivaglobin), 100 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 mg | |
| 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/Flebo gamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg | |
| J1573 | Auth. Required | Hepagam B I.V. use | Hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml | |
| J1575 | Auth. Required | Hyqvia | Immune globulin/hyaluronida se, 100 mg immunoglobulin (Hyqvia) | |
| J1580 | No Auth. required | Garamycin | Garamycin, gentamicin, up to 80 mg | |
| J1590 | No Auth. required | Zymar | Gatifloxacin, 10 mg Injection | |
| 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 | |
| J1600 | No Auth. required | Mycochrysine, Aurolate | Gold sodium thiomalate, up to 50 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 | |
| J1630 | No Auth. required | Haldol | Haloperidol, up to 5 mg | |
| J1631 | No Auth. required | Haldol Deconoate | Haloperidol decanoate, per 50 mg | |
| 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 mg | |
| J1652 | No Auth. required | Arixtra | Fondaparinux sodium, 0.5 mg | |
| J1655 | No Auth. required | Innohep | Tinzaparin sodium, 1000 IU | |
| J1670 | No Auth. required | Hypertet S/D, Hyper-tet, Baytet | Tetanus immune globulin, human, up to 250 units | |

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| J1675 | No Auth. required | Histrelin acetate | Histrelin acetate, 10 mcg Injection | |
| J1700 | No Auth. required | Cortef, Hydrocortone | Hydrocortisone acetate, up to 25 mg Injection | |
| J1710 | No Auth. required | Solu Cortef | Hydrocortisone sodium phosphate, up to 50 mg Injection | |
| J1720 | No Auth. required | Solu-cortef, hydrocortisone, A-hydrocort | Hydrocortisone sodium succinate, up to 100 mg | |
| J1725 or Q9986 | No Auth. required | Makena | Hydroxyprogesteron e caproate, 1 mg (Q9986 is 10MG to 1 unit) | |
| J1730 | No Auth. required | Proglycem | Diazoxide, up to 300 mg Injection | |
| J1740 | Auth. Required | Boniva | Ibandronate sodium, 1 mg | |
| J1741 | No Auth. required | Caldolor | Ibuprofen, 100 mg | |
| J1742 | No Auth. required | Corvert | Ibutilide fumarate, 1 mg | |
| J1743 | Auth. Required | Elaprase | Idursulfase, 1 mg | |
| J1744 | Auth. Required | Firazyr | Icatibant, 1 mg | 18ML/30 days |
| J1745 | Auth. Required | Remicade | Infliximab, 10 mg | 120 units per dose |
| 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 | |
| J1810 | No Auth. required | Innovar | Droperidol and fentanyl citrate, up to 2 ml ampule Injection | |
| 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 Benfit 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 | |
| J1835 | No Auth. required | Sporanox | Itraconazole, 50 mg | |
| J1885 | No Auth. required | Toradol | Ketorolac tromethamine, per 15 mg | |
| J1890 | No Auth. required | Cefalotin | Cephalothin sodium, up to 1 g Injection | |
| J1930 | Auth. Required | Somatuline | Lanreotide, 1 mg | |
| J1931 | Auth. Required | Aldurazyme | Iaronidase, 0.1 mg Injection | |
| J1940 | No Auth. required | Lasix | Furosemide, up to 20 mg | |
| J1942 | Auth Required | Aristada | Aripiprazole Lauroxil 1MG | |
| J1945 | No Auth. required | Refludan | Lepirudin, 50 mg | |
| J1950 | Auth. Required | Lupron Depot | Leuprolide acetate (for depot suspension), per 3.75 mg | |
| J1953 | No Auth. required | Kepra | Levetiracetam, 10 mg | |
| J1955 | No Auth. required | Carnitor | Levocarnitine, per 1 g | |
| J1956 | No Auth. required | Levaquin | Levofloxacin, 250 mg | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|---------------------------------|--|---|
| J1960 | No Auth. required | Levo-Dromoran | levorphanol tartrate, up to 2 mg Injection | |
| J1980 | No Auth. required | Levsin | Hyoscyamine sulfate, up to 0.25 mg | |
| J1990 | No Auth. required | Librium | Chlordiazepoxide HCl, up to 100 mg Injection | |
| J2001 | No Auth. required | Xylocaine | Lidocaine HCl for intravenous infusion, 10 mg | |
| 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 mg | |
| J2150 | No Auth. required | Osmitrol | Mannitol, 25% in 50 ml | |
| J2170 | Auth. Required | Iplex, Increlex | Mecasermin, 1 mg | |
| J2175 | No Auth. required | Demerol | Meperidine HCl, per 100 mg | |
| J2180 | No Auth. required | Mepergan | meperidine and promethazine HCl, up to 50 mg Injection | |
| J2182 | Auth Required | Nucala | Injection, mepolizumab, 1 mg | |
| J2185 | No Auth. required | Merrem | Meropenem, 100 mg | |
| J2210 | No Auth. required | Methergine | Methylergonovine maleate, up to 0.2 mg | |
| 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 Injection | |
| J2278 | Auth. Required | Prialt | Ziconotide, 1 mcg | |
| J2280 | No Auth. required | Avelox | Moxifloxacin, 100 mg | |
| 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 | |
| J2320 | No Auth. required | Nandrolone Deconoate | Nandrolone decanoate, up to 50 mg | |
| J2323 | Auth. Required | Tysabri | Natalizumab, 1 mg | Qty limits 300MG per 28 days |
| J2325 | No Auth. required | Natrecor | Nesiritide, 0.1 mg | |
| J2353 | Auth. Required | SandoSTATIN LAR | Octreotide, depot form for intramuscular 1 mg | |
| 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 mg | |
| J2358 | No Auth. required | Zyprexa | Injection, olanzapine, long- acting, 1 mg | |
| J2360 | No Auth. required | Norflex | Orphenadrine citrate, up to 60 mg | |
| J2370 | No Auth. required | Neo-Syneprine | Phenylephrine HCl, up to 1 ml | |
| 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 | |
| J2410 | No Auth. required | Numorphan, Opana | Oxymorphone HCl, up to 1 mg | |
| J2425 | No Auth. required | Kepivance | Palifermin, 50 mcg | |
| J2426 | No Auth. required | Invega Sustenna | Paliperidone palmitate extended release, 1 mg | |
| J2430 | Auth. Required | Aredia | Pamidronate disodium, per 30 mg | |
| J2440 | No Auth. required | Papaverine | Papaverine HCl, up to 60 mg | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|----------------------------|---|---|
| J2460 | No Auth. required | Terramycin | Oxytetracycline HCl, up to 50 mg Injection | |
| J2469 | No Auth. required | Aloxi | Palonosetron HCl, 25 mcg Injection | |
| J2501 | No Auth. required | Zemlar | 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 | |
| J2513 | No Auth. required | Pentastarch | Pentastarch, 10% solution, 100 ml Injection | |
| 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 mg | |
| J2560 | No Auth. required | Luminal | Phenobarbital sodium, up to 120 mg | |
| 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 | |
| J2650 | No Auth. required | Omnipred, Pred Forte | Prednisolone acetate, up to 1 ml | |
| J2670 | No Auth. required | Tolazine, Divascol | Tolazoline HCl, up to 25 mg Injection | |
| J2675 | No Auth. required | Progesterone | Progesterone, per 50 mg | |
| J2680 | No Auth. required | Fluphenazine | Fluphenazine decanoate, up to 25 mg | |
| 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 mg | |
| J2720 | No Auth. required | Protamine Sulfate | Protamine sulfate, per 10 mg | |
| J2724 | Auth. Required | Ceprothin | Protein C concentrate, intravenous, human, 10 IU | |
| J2725 | No Auth. required | Protirelin | Protirelin, per 250 mcg Injection | |
| J2730 | No Auth. required | Protopam | Pralidoxime chloride, up to 1 g | |
| J2760 | No Auth. required | Regitine, Oraverse | Phentolamine mesylate, up to 5 mg | |
| J2765 | No Auth. required | Reglan | Metoclopramide HCl, up to 10 mg | |
| 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 | | Cinqair | Injection, reslizumab, 1 mg | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|--|--|---|
| 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 | 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 | |
| J2800 | No Auth. required | Robaxin | Methocarbamol, up to 10 ml | |
| J2805 | No Auth. required | Kinevac | Sincalide, 5 mcg | |
| J2810 | No Auth. required | Theophylline | Theophylline, per 40 mg | |
| J2820 | Auth Required | Leukine, Prokine | Sargramostim (GM- CSF), 50 mcg | |
| J2840 | | Kanuma | Sebelipase 50mcg | |
| J2850 | No Auth. required | Secreflo, Chirhostim | Secretin, synthetic, human, 1 mcg | |
| J2860 | Auth. Required | Sylvant | Siltuximab, 10 mg | |
| J2910 | No Auth. required | Solganal | Aurothioglucose, up to 50 mg Injection | |
| J2916 | No Auth. required | Nulecit, Ferlecit | Sodium ferric gluconate complex in sucrose 12.5 mg | |
| J2920 | No Auth. required | A-Methapred, SOLU-medrol, MethylPREDNISolon e Sodium Succ | Methylprednisolone sodium succinate, up to 40 mg | |
| J2930 | No Auth. required | A-Methapred, SOLU-medrol, MethylPREDNISolon e Sodium Succ | Methylprednisolone sodium succinate, up to 125 mg | |
| J2940 | No Auth. required | Protropin | Somatrem, 1 mg Injection | |
| J2941 | Pharmacy benefit | Tev-Tropin, Nutropin, Norditropin, Humatrope, Serostim, Saizen, Genotropin, Omnitrope, Nutropin AQ | Somatropin, 1 mg | |
| J2950 | No Auth. required | Sparine | Promazine HCl, up to 25 mg Injection | |
| J2993 | No Auth. required | Retavase | Reteplase, 18.1 mg | |
| J2995 | No Auth. required | Streptase | Streptokinase, per 250,000 IU Injection | |
| J2997 | No Auth. required | Activase | Alteplase recombinant, 1 mg Injection | |
| 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 | Ellelyso | Taliglucerase alfa, 10 units | |
| J3070 | No Auth. required | Talwin | Pentazocine, 30 mg | |
| J3090 | Auth. Required | Sivextro | Tedizolid phosphate, 1 mg | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|---|---|---|
| J3095 | No Auth. required | Vibativ | Injection, telavancin, 10 mg | |
| 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 Injection | |
| 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, Thytropar | Thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial | |
| J3243 | No Auth. required | Tygacil | Tigecycline, 1 mg | |
| J3246 | No Auth. required | Aggrastat | Tirofiban HCl, 0.25 mg Injection | |
| J3250 | No Auth. required | Tigan | Trimethobenzamide HCl, up to 200 mg | |
| J3260 | No Auth. required | Nebcin | Tobramycin sulfate, up to 80 mg | |
| J3262 | Auth. Required | Actemra | Tocilizumab, 1 mg Injection | 3200 units per 28 days |
| J3265 | No Auth. required | Demadex | Torsemide, 10 mg/ml | |
| J3280 | No Auth. required | Torecan | Thiethylperazine maleate, up to 10 mg Injection | |
| J3285 | Auth. Required | Remodulin | Treprostinil, 1 mg | |
| J3300 | No Auth. required | Triesence | Triamcinolone acetonide, preservative free, 1 mg | |
| J3301 | No Auth. required | Kenalog, Triesence, Ken-Jec | Triamcinolone acetonide, not otherwise specified, 10 mg | |
| J3302 | No Auth. required | Aristocort, Clinacort | Triamcinolone diacetate, per 5 mg | |
| J3303 | No Auth. required | Aristospan | Triamcinolone hexacetonide, per 5 mg | |
| J3305 | No Auth. required | Neutrexin | Trimetrexate glucuronate, per 25 mg Injection | |
| J3310 | No Auth. required | Trilafon | Perphenazine, up to 5 mg Injection | |
| J3315 | Auth. Required | Trelstar Depot | Triptorelin pamoate, 3.75 mg | |
| J3350 | No Auth. required | Urea | Urea, up to 40 g Injection | |
| J3355 | Auth. Required | Fertinex, Metrodin, Bravelle | Urofollitropin, 75 IU | |
| J3357 | Auth. Required | Stelara | Ustekinumab, 1 mg | 90 units per 56 days after loading dose |
| J3360 | No Auth. required | Valium | Diazepam, up to 5 mg | |
| J3364 | No Auth. required | Kinlytic, Abbokinase | Urokinase, 5,000 IU vial | |
| J3365 | No Auth. required | Urokinase | Urokinase, 250,000 IU vial | |
| J3370 | No Auth. required | Vancocin | Vancomycin HCl, 500 mg | |
| J3380 | Auth. Required | Entyvio | Vedolizumab, 1 mg | 300MG / units per infusion |
| J3385 | Auth. Required | Vpriv | Velaglucerase alfa, 100 units | |
| J3396 | Auth. Required | Visudyne | Verteporfin, 0.1 mg | |
| J3400 | No Auth. required | Vespirin | Triflupromazine HCl, up to 20 mg Injection | |
| J3410 | No Auth. required | Vistaril, Vistazine | Hydroxyzine HCl, up to 25 mg | |
| J3411 | No Auth. required | Thiamine | Thiamine HCl, 100 mg | |
| 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 | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|----------------|-------------------|---|---|--|
| 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 | Vitraxe | 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 | Auth. Required | Unclassified Drugs | Unclassified drugs | must be sent for cost review |
| J3520 | No Auth. required | Endrate | Edetate disodium, per 150 mg | |
| J3535 | No Auth. required | Metered Dose Inhaler Drug | Drug administered through a metered dose inhaler | |
| J3570 | No Auth. required | Laetrile, Amygdalin | Laetrile, amygdalin, vitamin B-17 | |
| J3590 | Auth. Required | Raptiva, Vespida, Yellow Hornet Treatment, Yellow Jacket Treatment, Honey Bee Treatment, Hymenoptera Venom, Venomil, Albay Venomil, Anascorp, Tissuemend, Cuvitru | Unclassified biologics | must be sent for cost review |
| J3590 or J3490 | Auth Required | Avastin | Injection, bevacizumab, 0.25 mg | Avastin for EYES only - DOES NOT NEED COST REVIEW |
| J3590 | Auth. Required | Ocrevus | Unclassified biologics | RPH REVIEW ONLY- 600MG every 6 months |
| J3490 or C9489 | Auth. Required | Spinraza | Unclassified biologics | 12MG or 5ML per administration |
| 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 | |
| J7110 | No Auth. required | Gentran-70, Dextran-70, Macrodex | Infusion, dextran 75, 500 ml | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|---|--|---|
| 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 | |
| J7178 | Auth. Required | Riastap | Human fibrinogen concentrate, 1 mg | |
| 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/VWF Complex/Human | 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 | Genarc, Helixate, Bioclata, Advate, Recombinate, Kogenate FS, Refacto, Kovaltry | Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified | 6 months |
| 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 | |
| J7196 | auth. Required | Atryn | Antithrombin recombinant, 50 IU Injection | |
| J7197 | auth. Required | Thrombate III | Antithrombin III (human), per IU | |
| J7198 | auth. Required | Feiba NF, Feiba- VH | Antithrombin III (human), per IU | |
| J7199 | auth. Required | Afstyla | Hemophilia clotting factor, not otherwise classified | |
| 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 | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|----------------------------------|---|---|
| J7205 | auth. Required | Eloctate | Injection, factor VIII Fc fusion (recombinant), per IU | |
| 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 | |
| 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 | |
| J7306 | No Auth. required | Norplant | Levonorgestrel (contraceptive) implant system, including implants and supplies | |
| J7307 | No Auth. required | Nexplanon, Implanon | 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) | |
| J7309 | No Auth. required | Metvixia | Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g | |
| J7310 | No Auth. required | Cytovene, Vitrasert | Ganciclovir, 4.5 mg, long-acting implant | |
| J7311 | Auth. Required | Retisert | Fluocinolone acetonide, intravitreal implant 0.59mg | |
| J7312 | Auth. Required | Ozurdex | Dexamethasone, intravitreal implant, 0.1 mg | |
| J7313 | Auth. Required | Iluvien | Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg | |
| J7315 | No Auth. required | Mitomycin | Mitomycin, ophthalmic, 0.2 mg | |
| J7316 | Auth. Required | Jetrea | Injection, ocriplasmin, 0.125 mg | |
| J7321 | Auth. Required | Hyalgan, Supartz, Provisc | Hyaluronan or derivative, Hyalgan or Supartz, for intra- articular per dose | 5 injections |
| J7322 | Auth. Required | Hymovis | Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg | 1 injection |
| J7323 | Auth. Required | Euflexxa | Hyaluronan or derivative, Euflexxa, for intra-articular per dose | 3 injections |
| J7324 | Auth. Required | Orthovisc | Hyaluronan or derivative, Orthovisc, for intra-articular per dose | 4 injections |
| J7325 | Auth. Required | Synvisc, Synvisc- One | Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular 1 mg | 3 injections Synvisc or 1 injection Synvisc one |
| J7326 | Auth. Required | Gel-One | Hyaluronan or derivative, Gel-One, for intra-articular per dose | 1 injection |
| J7327 | Auth. Required | 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 |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|---|---|---|
| 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 | | Otiprio | Ciprofloxacin Otic Suspension, Instillation | |
| J7500 | Pharmacy Benefit | Imuran, Azasan | Azathioprine, oral, 50 mg | |
| J7501 | No Auth. required | Imuran | Azathioprine, parenteral, 100 mg | |
| J7502 | Pharmacy Benefit | Neoral, Gengraf, Sandimmune | Cyclosporine, oral, 100 mg | |
| J7503 | Pharmacy Benefit | Tacrolimus | Tacrolimus, extended release, oral, 0.25 mg | |
| J7504 | Auth Required | Atgam | Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg | |
| J7505 | No Auth. required | Muromonab-CD3 | Muromonab-CD3, parenteral, 5 mg | |
| 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 mg | |
| 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 mg | |
| 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 mg | |
| J7518 | Pharmacy Benefit | Myfortic | Mycophenolic acid, oral, 180 mg | |
| 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 | Immunosuppressiv e Drug, Not otherwise classified | Immunosuppressive drug, not otherwise classified | |
| J7604 | No Auth. required | 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 | No Auth. required | Levalbuterol | Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|---|--|---|
| J7608 | No Auth. required | Acetylcysteine 10 % SOLN | Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per g | |
| J7609 | No Auth. required | Albuterol | Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg | |
| J7610 | No Auth. required | 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 mg | |
| 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 | No Auth. required | 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 | No Auth. required | Beclomethasone, inhalation solution, compounded product, administered through DME | Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg | |
| J7624 | No Auth. required | 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 | No Auth. required | Budesonide | Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|--|--|---|
| J7628 | No Auth. required | Tornalate | Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per mg | |
| J7629 | No Auth. required | 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 | No Auth. required | 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 | No Auth. required | Budesonide, inhalation solution, compounded product, administered through DME | Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg | |
| J7635 | No Auth. required | Atropine, inhalation solution, compounded product, administered through DME | Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per mg | |
| J7636 | No Auth. required | Atropine, inhalation solution, compounded product, administered through DME | Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per mg | |
| J7637 | No Auth. required | Dexamethasone Inhalation Solution Compounded | Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg | |
| J7638 | No Auth. required | 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 | No Auth. required | Formoterol | Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg | |
| J7641 | No Auth. required | Flunisolide | Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per mg | |
| J7642 | No Auth. required | Glycopyrrolate, inhalation solution, compounded product, administered through DME | Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per mg | |
| J7643 | No Auth. required | Glycopyrrolate, inhalation solution, compounded product, administered through DME | Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per mg | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|---|--|---|
| 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 | No Auth. required | Ipratropium bromide, inhalation solution, compounded product, administered through DME | Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per mg | |
| J7647 | No Auth. required | Isoetharine HCL, inhalation solution, compounded product | Isoetharine HCL, inhalation solution, compounded product, administered through DME, concentrated form, per mg | |
| J7650 | No Auth. required | Isoetharine HCL, inhalation solution, compounded product | Isoetharine HCL, inhalation solution, compounded product, administered through DME, unit dose form, per mg | |
| J7657 | No Auth. required | 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 | |
| J7665 | No Auth. required | Aridol | Mannitol, administered through an inhaler, 5 mg | |
| J7667 | No Auth. required | 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 | No Auth. required | 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 | No Auth. required | Pentamidine Isethate | Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg | |
| J7680 | No Auth. required | Terbutaline sulfate, inhalation solution | Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per mg | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|--|--|---|
| J7681 | No Auth. required | 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 | No Auth. required | Triamcinolone, inhalation solution, compounded product | Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per mg | |
| J7684 | No Auth. required | Triamcinolone, inhalation solution, compounded product | Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg | |
| J7685 | No Auth. required | Tobramycin | Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg | |
| 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 | must be sent for cost review |
| J8498 | No Auth. required | Antiemetic Drug, R/S, NOS | Antiemetic drug, rectal/suppository, not otherwise specified | |
| J8499 | Pharmacy Benefit | Ampyra | 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 mg | |
| 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 | |
| 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 | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|--------------------------------|---|---|
| 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 | |
| J9020 | No Auth. required | Elspar | Asparaginase, not otherwise specified, 10,000 units Injection | |
| 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 Injection | |
| 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 Injection | |
| J9042 | Auth. Required | Adcetris | Brentuximab vedotin, 1 mg Injection | |
| J9043 | No Auth. required | Jevtana | Cabazitaxel, 1 mg Injection | |
| 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 | Erbitux | Cetuximab, 10 mg | |
| 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 | |
| J9098 | No Auth. required | Depocyt | Cytarabine liposome, 10 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 | |
| J9151 | No Auth. required | Daunoxome | Daunorubicin citrate, liposomal formulation, 10 mg | |
| J9155 | Auth. Required | Firmagon | Degarelix, 1 mg | |
| J9160 | No Auth. required | Ontak | Denileukin diftitox, 300 mcg | |
| J9165 | No Auth. required | DES | Diethylstilbestrol diphosphate, 250 mg Injection | |
| J9171 | No Auth. required | Taxotere | Docetaxel, 1 mg | |
| 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 Injection | |
| J9200 | No Auth. required | Fudr | Floxuridine, 500 mg | |
| J9201 | No Auth. required | Gemzar | Gemcitabine HCl, 200 mg | |
| J9202 | Auth. Required | Zoladex | Goserelin acetate implant, per 3.6 mg | |
| J9205 | | Onivyde | Irinotecan Liposome, 1 mg | |
| J9206 | No Auth. required | Camptosar | Irinotecan, 20 mg | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|-----------------------------|--|---|
| J9207 | No Auth. required | Ixempra | 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 | |
| J9212 | No Auth. required | Interferon alfacon- 1 | Interferon alfacon-1, recombinant, 1 mcg | |
| J9213 | No Auth. required | Roferon-A | Interferon, alfa-2a, recombinant, 3 million units | |
| 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 Injection | |
| J9217 | Auth. Required | Lupron Depot, Eligard | Leuprolide acetate (for depot suspension), 7.5 mg | |
| J9218 | Auth. Required | Lupron | Leuprolide acetate, per 1 mg | |
| J9219 | Auth. Required | Viadur | Leuprolide acetate implant, 65 mg | |
| J9225 | Auth. Required | Vantas | Histrelin implant (Vantas), 50 mg | |
| J9226 | Auth. Required | Supperlin LA | Histrelin implant (Supprelin LA), 50 mg | |
| J9228 | Auth. Required | Yervoy | Ipilimumab, 1 mg | |
| J9230 | No Auth. required | Mustargen | Mechlorethamine HCl, (nitrogen mustard), 10 mg | |
| 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 mg | |
| J9263 | No Auth. required | Eloxatin | Oxaliplatin, 0.5 mg | |
| J9264 | No Auth. required | Abraxane | Paclitaxel protein- bound particles, 1 mg Injection | |
| J9266 | Auth. Required | Oncaspar | Pegaspargase, per single dose vial (5ML vial) | Dosing every 2 weeks |
| J9267 | No Auth. required | Taxol | Paclitaxel, 1 mg Injection | |
| J9268 | No Auth. required | Nipent | Pentostatin, 10 mg | |
| J9270 | No Auth. required | Mithracin | Plicamycin, 2.5 mg Injection | |
| J9271 | Auth. Required | Keytruda | Pembrolizumab, 1 mg | |
| J9280 | No Auth. required | Mutamycin | Mitomycin, 5 mg | |
| J9293 | Auth. Required | Novantrone | Mitoxantrone HCl, per 5 mg | |
| J9299 | Auth. Required | Opdivo | Nivolumab, 1 mg | |
| J9300 | No Auth. required | Mylotarg | Gemtuzumab ozogamicin, 5 mg | |
| J9301 | Auth. Required | Gazyva | Obinutuzumab, 10 mg Injection | |
| J9302 | Auth. Required | Arzerra | Ofatumumab, 10 mg | |
| J9303 | No Auth. required | Vectibix | Panitumumab, 10 mg | |
| J9305 | No Auth. required | Alimta | Pemetrexed, 10 mg Injection | |
| J9306 | Auth. Required | Perjeta | Pertuzumab, 1 mg | |
| J9307 | No Auth. required | Foloty | Pralatrexate, 1 mg | |
| J9308 | Auth. Required | Cyramza | Ramucirumab, 5 mg | |
| J9310 | Auth. Required | Rituxan | Rituximab, 100 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 | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------|--|---|---|
| J9352 | Auth Required | Yondelis | Injection, trabectedin, 0.1 mg | |
| J9354 | Auth. Required | Kadcyla | Ado-trastuzumab emtansine, 1 mg Injection | |
| J9355 | Auth. Required | Herceptin | Trastuzumab, 10 mg | |
| J9357 | No Auth. required | Valstar | 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 | Falsodex | 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 | must be sent for cost review |
| 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- ERS | |
| Q0139 | No Auth. required | Feraheme | Ferumoxytol ESRD | |
| 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 | |
| Q5102 | Auth. Required | Inflectra | Injection, infliximab, biosimilar, 10 mg | |
| Q9950 | Not Covered | Lumason | Sulfur hexafluoride lipid microspheres, per ml | |
| Q9977 | Pharmacy Benefit | Compounded Drug NOC | Compounded Drug, Not Otherwise Classified | |
| Q9984 | No Auth required | Kyleena | Levonorgestrel- releasing intrauterine contraceptive system (Kyleena), 19.5 mg | |
| J7320 | Auth. Required | Genvisc | Hyaluronan or derivative, for intra- articular injection, 1 mg | |
| S0028 | No Auth required | Famotidine | Injection, famotidine, 20 mg | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|---|-----------------------------------|--|---|
| S0030 | No Auth required | Metronidazole | Injection, metronidazole, 500 mg | |
| S0032 | No Auth required | Nafcillin | Injection, nafcillin sodium, 2 g | |
| S0032 | No Auth required | sulfamethoxazole and trimethoprim | Injection, sulfamethoxazole and trimethoprim, 10 mL | |
| S0073 | Auth Required | Azactam | Injection, aztreonam, 500 mg | |
| S0077 | | Clindamycin | Injection, clindamycin phosphate, 300 mg | |
| S0080 | No Auth required | Pentamidine Isethate | Injection, pentamidine isethionate, 300mg | |
| 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 | KY MCD NO PA- OH MCD PA IF OVER 8 UNITS/DAY | | Clinical Assessments | 8 units /day OH MCD ONLY |
| 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 | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|---------------------------------|-----------|--|---|
| 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 | |
| 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 | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|---------------------------------|-----------|--|---|
| 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 | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|---------------------------------|-----------|---|---|
| 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- spasmotic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| 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 | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|-------------------------------------|-----------|--|---|
| 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 | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|---------------------------------|-----------|--|---|
| 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 | |
| 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 | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|----------|---------------------------------|-----------|---|---|
| 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 | 7 DAYS |
| 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 | 7 DAYS |
| 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 | 7 DAYS |
| 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 | |

Authorization Requirements for Medications Under the Medical Benefit

| Code | Medicaid- KY | Drug name | Description | QTY Limits / anything over needs RPH approval |
|-------|---------------------------------|-----------|--|---|
| 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 | |