

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
90375	No Authorization Required	HyperRab	Rabies Immune Globulin (Human)	
90378	Authorization Required	Synagis	Synagis	Up to 5 treatments
90380	No Authorization Required	Beyfortus	RSV immune globulin	
90381	No Authorization Required	Beyfortus	RSV immune globulin	
90480	No Authorization Required	(COVID-19 VACCINE)	ADMN SARSCOV2 VACC 1 DOSE	
90584	No Authorization Required		Dengue vaccine	
90675	No Authorization Required	Imovax, Rabavert	Rabies vaccine, for intramuscular use	
90678	No Authorization Required	Abrysvo	RSV vaccine solution	
90679	No Authorization Required	Arexvy	RSV vaccine solution	
91304	No Authorization Required	Novavax	SARSCOV2 VAC 5MCG/0.5ML IM	
91318	No Authorization Required	(COVID-19 VACCINE)	SARSCOV2 VAC 3MCG TRS-SUC IM	
91319	No Authorization Required	(COVID-19 VACCINE)	SARSCV2 VAC 10MCG TRS-SUC IM	
91320	No Authorization Required	(COVID-19 VACCINE)	SARSCV2 VAC 30MCG TRS-SUC IM	
91321	No Authorization Required	(COVID-19 VACCINE)	SARSCOV2 VAC 25 MCG/.25ML IM	

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91322	No Authorization Required	(COVID-19 VACCINE)	SARSCOV2 VAC 50 MCG/0.5ML IM	
96380	No Authorization Required	(RSV ADMIN)	ADMN RSV MONOC ANTB IM CNSL	
96381	No Authorization Required	(RSV ADMIN)	ADMN RSV MONOC ANTB IM NJX	
99501	No Authorization Required		Postpartum Maternal Newborn Assessment Service	4 units within 180 days
99502	No Authorization Required		Newborn Assessment	4 units within 180 days
99506	No Authorization Required		Home Nursing Visit for Medication Administration	
99600	Authorization Required		17Alpha-hydroxyprogesterone Caproate (17P) Administration Nursing Service	
99601	No Authorization Required		Home infusion/specialty drug administration, per visit (up to 2 hours)	Up to 2 hours per day
99602	No Authorization 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)	
A4238	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Guardian	Adju cgm supply allowance	
A4239	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Freestyle Libre Dexcom	Non-adju cgm supply allow	
A9276	Authorization Required	(CGM)	Disposable sensor, cgm sys	
A9277	Authorization Required	(CGM)	External transmitter, cgm	
A9278	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	(CGM)	External receiver, cgm sys	
A9513	No Authorization Required	Lutathera	lutetium lu 177	

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A9606	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Xofigo	Xofigo	
B4148	No Authorization Required		Enteral feed elastomer daily	
B4164	No Authorization Required		Parenteral 50% dextrose solu	
B4168	No Authorization Required		Parenteral sol amino acid 3.	
B4172	No Authorization Required		Parenteral sol amino acid 5.	
B4176	No Authorization Required		Parenteral sol amino acid 7-	
B4178	No Authorization Required		Parenteral sol amino acid >	
B4180	No Authorization Required		Parenteral sol carb > 50%	
B4185	No Authorization Required	Clinolipid, Nutrilipid, Smolipid, Intralipid	Pn soln nos 10 grams lipids	
B4187	No Authorization Required	Omegaven	Omegaven, 10 grams lipids	
B4189	No Authorization Required		Parenteral sol amino acid &	
B4193	No Authorization Required		Parenteral sol 52-73 gm prot	
B4197	No Authorization Required		Parenteral sol 74-100 gm pro	
B4199	No Authorization Required		Parenteral sol > 100gm prote	

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B4216	No Authorization Required		Parenteral nutrition additiv	
B4220	No Authorization Required		Parenteral supply kit premix	
B4222	No Authorization Required		Parenteral supply kit homemi	
B4224	No Authorization Required		Parenteral administration ki	
B5000	No Authorization Required		Parenteral sol renal-amirosoy	
B5100	No Authorization Required		Parenteral solution hepatic	
B5200	No Authorization Required		Parenteral sol hepatic fream	
B9006	No Authorization Required		Parenteral infus pump statio	
B9999	No Authorization Required		Parenteral supp not othrws c	
C9046	No Authorization Required	Cocaine, Goprelto	Cocaine hcl nasal solution	
C9047	No Authorization Required	Cablivi	Injection, caplacizumab-yhdp	
C9088	No Authorization Required	Zynrelef	Instill, bupivac and meloxic	
C9089	No Authorization Required	Xaracoll	Bupivacaine implant, 1 mg	
C9092	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Xipere	termed	
C9095	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Kimtrak	termed	
C9143	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Numbrino	Cocaine hydrochloride solution	
C9144	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Posimir	Bupivacaine injection	

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C9145	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Aponvie	Inj, aponvie, 1 mg	
C9248	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Cleviprex	Inj, clevidipine butyrate	
C9254	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Vimpat	Injection, lacosamide	
C9257	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Avastin	Bevacizumab injection	
C9285	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Synera	Patch, lidocaine/tetracaine	
C9290	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Exparel	Inj, bupivacaine liposome	
C9293	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Voraxaze	Injection, glucarpidase	
C9399	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Unclassified drugs or biolog	
C9460	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Kengreal	Injection, cangrelor	
C9462	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Baxdela	Injection, delafloxacin	
C9488	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Vaprisol	Conivaptan hcl	
E2102	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Guardian	Adju cgm receiver/monitor	
E2103	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Freestyle Libre Dexcom	Non-adju cgm receiver/mon	
G1028	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Naloxone	Take home supply 8mg per 0.1	

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J0121	No Authorization Required	Nuzyra	Inj., omadacycline, 1 mg	
J0122	No Authorization Required	Xerava	Inj., eravacycline, 1 mg	
J0129	Authorization Required	Orencia	Abatacept injection	Self-administered: 4 units per 28 days Infusion: 100 units per 28 days
J0131	No Authorization Required	Ofirmev	Acetaminophen injection	
J0132	No Authorization Required	Mucomyst	Acetylcysteine injection	
J0133	No Authorization Required	Zovirax	Acyclovir injection	
J0134	No Authorization Required	Acetaminophen	Inj acetaminophen -fresenius	
J0135	Authorization Required	Humira	Adalimumab injection	4 per 28 days
J0136	No Authorization Required	Acetaminophen	Inj, acetaminophen (b braun)	
J0137	No Authorization Required	Acetaminophen	Inj, acetaminophen (hikma)	
J0153	No Authorization Required	Adenosine	Adenosine inj 1mg	
J0171	No Authorization Required	Epinephrine	Adrenalin epinephrine inject	
J0172	Authorization Required	Aduhelm	Inj, aducanumab-avwa, 2 mg	
J0173	No Authorization Required	Epinephrine Adrenaline	Inj, epinephrine (belcher)	
J0174	Authorization Required	Leqembi	Inj, lecanemab-irmb, 1 mg	
J0178	Authorization Required	Eylea	Aflibercept injection	
J0179	No Authorization Required	Beovu	Injection, brolocizumab-dbl, 1 mg	
J0180	Authorization Required	Fabrazyme	Agalsidase beta injection	
J0185	No Authorization Required	Cinvanti	Inj., aprepitant, 1 mg	
J0202	Authorization Required	Lemtrada	Injection, alemtuzumab	
J0205	Authorization Required	Ceredase	Alglucerase injection	
J0206	No Authorization Required	Allopurinol	Inj allopurinol sodium 1 mg	
J0207	No Authorization Required	Ethylol	Amifostine	
J0208	No Authorization Required	PEDMARK	Inj sodium thiosulfate 100mg	
J0215	Authorization Required	AMEVIVE	Alefacept	

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J0216	No Authorization Required	Alfentanil	Inj, alfentanil hcl, 500mcg	
J0218	Authorization Required	Xenpozyme	Inj olipudase alfa-rpcp 1mg	
J0219	Authorization Required	Nexviazyme	Inj aval alfa-nqpt 4mg	
J0220	Authorization Required	Lumizyme	Alglucosidase alfa injection	
J0221	Authorization Required	Lumizyme	Lumizyme injection	
J0222	Authorization Required	Onpattro	Inj., patisiran, 0.1 mg	
J0223	No Authorization Required	Givlaari	Injection, givosiran, 0.5 mg	
J0224	Authorization Required	Oxlumo	Inj. lumasiran, 0.5 mg	
J0225	No Authorization Required	AMVUTTRA	Inj, vutrisiran, 1 mg	
J0248	No Authorization Required	Veklury	Inj. remdesivir, 1 mg	
J0256	Authorization Required	Aralast NP Prolastin-C	Alpha 1 proteinase inhibitor	60 mg/kg once weekly
J0257	Authorization Required	Glassia	Glassia injection	
J0270	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Edex	Alprostadil for injection	
J0275	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Muse	Alprostadil urethral suppos	
J0278	No Authorization Required	Amikacin	Amikacin sulfate injection	
J0280	No Authorization Required	Aminophylline	Aminophyllin 250 mg inj	
J0282	No Authorization Required	Amiodarone	Amiodarone hcl	
J0283	No Authorization Required	NEXTERONE	Inj, amiodarone (nexterone)	
J0285	No Authorization Required	Amphotericin B	Amphotericin b	
J0287	No Authorization Required	Abelcet	Amphotericin b lipid complex	
J0289	No Authorization Required	Ambisome	Amphotericin b liposome inj	
J0290	No Authorization Required	Ampicillin	Ampicillin 500 mg inj	
J0291	No Authorization Required	Zemdri	Inj., plazomicin, 5 mg	
J0295	No Authorization Required	Unasyn	Ampicillin sulbactam 1.5 gm	

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J0300	No Authorization Required	Amytal	Amobarbital 125 mg inj	
J0330	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Succinylcholine	Succinylcholine chloride inj	
J0348	No Authorization Required	Eraxis	Anidulafungin injection	
J0349	Authorization Required	Rezzayo	Inj, rezafungin, 1 mg	
J0360	No Authorization Required	Apresoline	Hydralazine hcl injection	
J0364	No Authorization Required	Apokyn	Apomorphine hydrochloride	
J0401	No Authorization Required	Abilify Maintena	Inj aripiprazole ext rel 1mg	
J0456	No Authorization Required	Zithromax	Azithromycin	
J0457	No Authorization Required	AZACTAM	Injection, aztreonam, 100 mg	
J0461	No Authorization Required	Atropine	Atropine sulfate injection	
J0470	No Authorization Required	Ban in Oil	Dimecaprol injection	
J0475	No Authorization Required	Lioresal	Baclofen 10 mg injection	
J0476	No Authorization Required	Lioresal IT	Baclofen intrathecal trial	
J0480	No Authorization Required	Simulect	Basiliximab	
J0485	No Authorization Required	Nulojix	Belatacept injection	
J0490	Authorization Required	Benlysta	Belimumab injection	
J0491	Authorization Required	Saphnelo	Inj anifrolumab-fnia 1mg	
J0500	No Authorization Required	Bentyl	Dicyclomine injection	
J0515	No Authorization Required	Cogentin	Inj benzotropine mesylate	
J0517	Authorization Required	Fasenra	Inj., benralizumab, 1 mg	
J0558	No Authorization Required	Bicillin C-R	PenG benzathine/procaine inj	
J0561	No Authorization Required	Bicillin L-A	Penicillin g benzathine inj	
J0565	Authorization Required	Zinplava	Inj, bezlotoxumab, 10 mg	
J0567	Authorization Required	Brineura	Inj., cerliponase alfa 1 mg	
J0570	No Authorization Required	Probuphine	Buprenorphine implant 74.2mg	1 unit for 6 months (6 months reauthorization only)
J0571	No Authorization Required	Subutex	Buprenorphine oral 1mg	
J0572	No Authorization Required	Suboxone	Bupren/nal up to 3mg bupreno	

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J0573	No Authorization Required	Suboxone	Bupren/nal 3.1 to 6mg bupren	
J0574	No Authorization Required	Suboxone	Bupren/nal 6.1 to 10mg bupre	
J0575	No Authorization Required	Suboxone	Bupren/nal over 10mg bupreno	
J0583	No Authorization Required	Angiomax	Bivalirudin	
J0584	Authorization Required	Crysvita	Injection, burosumab-twza 1m	
J0586	No Authorization Required	Dysport	Abobotulinumtoxin a	
J0587	No Authorization Required	Myobloc	Inj, rimabotulinumtoxin b	
J0588	No Authorization Required	Xeomin	Incobotulinumtoxin a	
J0591	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Kybella	Injection, deoxycholic acid, 1 mg	
J0592	No Authorization Required	Buprenex	Buprenorphine hydrochloride	
J0593	Authorization Required	Takhzyro	Inj., lanadelumab-flyo, 1 mg	
J0594	No Authorization Required	Busulfex	Busulfan injection	
J0595	No Authorization Required	Stadol	Butorphanol tartrate 1 mg	
J0596	Authorization Required	Ruconest	Injection, ruconest	56 mL per 30 days
J0597	Authorization Required	Berinert	C-1 esterase, berinert	
J0598	Authorization Required	Cinryze	C-1 esterase, cinryze	
J0599	Authorization Required	Haegarda	Inj., haegarda 10 units	
J0600	No Authorization Required	Calcium Disodium Versenate	Edetate calcium disodium inj	
J0604	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Sensipar	Cinacalcet, esrd on dialysis	
J0606	No Authorization Required	Parsabiv	Inj, etelcalcetide, 0.1 mg	
J0612	No Authorization Required	Calcium gluconate	Calcium glucon (fresenius)	
J0613	No Authorization Required	Calcium gluconate - sodium chloride	Calcium glucon (wg critical)	
J0630	No Authorization Required	Miacalcin	Calcitonin salmon injection	
J0636	No Authorization Required	Calcitrol	Inj calcitriol per 0.1 mcg	

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J0637	No Authorization Required	Cancidas	Caspofungin acetate	
J0638	Authorization Required	Ilaris	Canakinumab injection	2 units per 28 days
J0640	No Authorization Required	Leucovorin Calcium	Leucovorin calcium injection	
J0641	No Authorization Required	Fusilev	Inj levoleucovorin nos 0.5mg	
J0642	No Authorization Required	Khazory	Injection, khazory, 0.5 mg	
J0665	No Authorization Required	Marcaine	Inj, bupivacaine, nos, 0.5mg	
J0670	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Carbocaine	Inj mepivacaine hcl/10 ml	
J0689	No Authorization Required	Cefazolin sodium - dextrose	Inj cefazolin sodium, baxter	
J0690	No Authorization Required	Kefzol	Cefazolin sodium injection	
J0691	No Authorization Required	Xenleta	Injection, lefamulin, 1 mg	
J0692	No Authorization Required	Maxipime	Cefepime hcl for injection	
J0694	No Authorization Required	Cefoxitin	Cefoxitin sodium injection	
J0695	No Authorization Required	Zerbaxa	Inj ceftolozane tazobactam	
J0696	No Authorization Required	Rocephil	Ceftriaxone sodium injection	
J0697	No Authorization Required	Zinacef	Sterile cefuroxime injection	
J0698	No Authorization Required	Claforan	Cefotaxime sodium injection	
J0699	No Authorization Required	Fetroja	Inj, cefiderocol, 10 mg	
J0701	No Authorization Required	Cefepime	Inj. cefepime hcl (baxter)	
J0702	No Authorization Required	Celestone Soluspan	Betamethasone acet&sod phosp	
J0703	No Authorization Required	Cefepime - dextrose	Inj. cefepime hcl (b braun)	
J0706	No Authorization Required	Cafcit	Caffeine citrate injection	
J0712	No Authorization Required	Teflaro	Ceftaroline fosamil inj	
J0713	No Authorization Required	Fortaz Tazicef	Inj ceftazidime per 500 mg	
J0714	No Authorization Required	Avycaz	Ceftazidime and avibactam	
J0716	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Anascorp	Centruroides immune f(ab)	

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J0717	Authorization Required	Cimzia	Certolizumab pegol inj 1mg	1200 units per 28 days
J0720	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Chloramphenicol	Chloramphenicol sodium injec	
J0725	Authorization Required	Novarel Pregnyl	Chorionic gonadotropin/1000u	
J0735	No Authorization Required	Duraclon	Clonidine hydrochloride	
J0736	No Authorization Required	CLEOCIN	Inj, clindamycin phosp 300mg	
J0737	No Authorization Required	Clindamycin	Inj, clindamycin (baxter)	
J0739	Carve out to state	Apretude	Hiv prep, inj, cabotegravir	
J0740	No Authorization Required	Cidofovir	Cidofovir injection	
J0741	Carve out to state	Cabenuva	Inj, cabote rilpivir 2mg 3mg	
J0742	No Authorization Required	Recarbrio	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	
J0743	No Authorization Required	Timentin	Cilastatin sodium injection	
J0744	No Authorization Required	Cipro	Ciprofloxacin iv	
J0770	No Authorization Required	Coly-Mycin M	Colistimethate sodium inj	
J0775	No Authorization Required	Xiaflex	Collagenase, clost hist inj	
J0780	No Authorization Required	Compazine	Prochlorperazine injection	
J0791	No Authorization Required	Adakveo	Injection, crizanlizumab-tmca, 5 mg	
J0795	No Authorization Required	Acthrel	Corticotropin ovine triflutal	
J0801	Authorization Required	Acthar	Inj. acthar gel to 40 units	
J0802	Authorization Required	Cortrophin	Inj. (ani), up to 40 units	
J0834	No Authorization Required	Cosyntropin	Inj., cosyntropin, 0.25 mg	
J0840	No Authorization Required	CroFab	Crotalidae poly immune fab	
J0841	No Authorization Required	Anavip	Inj crotalidae im f(ab')2 eq	
J0850	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Cytogam	Cytomegalovirus imm iv /vial	

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J0874	No Authorization Required	Daptomycin	Inj, daptomycin (baxter)	
J0875	No Authorization Required	Dalvance	Injection, dalbavancin	
J0877	No Authorization Required	Hospira	Inj, daptomycin (hospira)	
J0878	No Authorization Required	Cubicin	Daptomycin injection	
J0879	Authorization Required	Korsuva	Difelikefalin, esrd on dialy	
J0881	No Authorization Required	Aranesp	Darbepoetin alfa, non-esrd	
J0882	No Authorization Required	Aranesp	Darbepoetin alfa, esrd use	
J0883	No Authorization Required	Argatroban	Argatroban nonesrd use 1mg	
J0884	No Authorization Required	Argatroban	Argatroban esrd dialysis 1mg	
J0885	No Authorization Required	Epogen Procrit	Epoetin alfa, non-esrd	
J0887	No Authorization Required	Mircera	Epoetin beta esrd use	
J0888	No Authorization Required	Mircera	Epoetin beta non esrd	
J0889	Authorization Required	Jesduvroq	Daprodustat oral 1mg esrd	
J0890	No Authorization Required	OMONYTYS	Peginesatide injection	
J0891	No Authorization Required	Argatroban	Argatroban nonesrd (accord)	
J0892	No Authorization Required	Argatroban	Argatroban dialysis (accord)	
J0893	No Authorization Required	Decitabine	Inj, decitabine (sun pharma)	
J0894	No Authorization Required	Dacogen	Decitabine injection	
J0895	No Authorization Required	Desferal	Deferoxamine mesylate inj	
J0896	No Authorization Required	Reblozyl	Injection, luspatercept-aamt, 0.25 mg	
J0897	No Authorization Required	Prolia Xgeva	Denosumab injection	
J0898	No Authorization Required	Argatroban	Argatroban nonesrd (auromed)	
J0899	No Authorization Required	Argatroban	Argatroban dialysis, auromed	
J1000	No Authorization Required	Depo-Estradiol	Depo-estradiol cypionate inj	
J1050	No Authorization Required	Depo-Provera	Medroxyprogesterone acetate	

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J1071	No Authorization Required	Depo-Testosterone	Inj testosterone cypionate	
J1095	No Authorization Required	Dexycu	Injection, dexamethasone 9%	
J1096	No Authorization Required	Dextenza	Dexametha oph insert 0.1 mg	
J1097	No Authorization Required	Omidria	Phenylep ketorolac oph soln	
J1100	No Authorization Required	Decadron	Dexamethasone sodium phos	
J1110	No Authorization Required	D.H.E.	Inj dihydroergotamine mesylt	
J1120	No Authorization Required	Acetazolamide	Acetazolamid sodium injectio	
J1160	No Authorization Required	Lanoxin	Digoxin injection	
J1162	No Authorization Required	Digifab	Digoxin immune fab (ovine)	
J1165	No Authorization Required	Dilantin	Phenytoin sodium injection	
J1170	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Dilaudid	Hydromorphone injection	
J1190	No Authorization Required	Zinocard	Dexrazoxane hcl injection	
J1200	No Authorization Required	Benadryl	Diphenhydramine hcl injectio	
J1201	No Authorization Required	Quzyttir	Injection, cetirizine hydrochloride, 0.5 mg	
J1205	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Diuril	Chlorothiazide sodium inj	
J1212	No Authorization Required	Rimso-50	Dimethyl sulfoxide 50% 50 ml	
J1230	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Methadone	Methadone injection	
J1240	No Authorization Required	Dimenhydrinate	Dimenhydrinate injection	
J1245	No Authorization Required	Persantine	Dipyridamole injection	
J1250	No Authorization Required	Dobutamine	Inj dobutamine hcl/250 mg	
J1265	No Authorization Required	Dopamine	Dopamine injection	
J1270	No Authorization Required	Hecterol	Injection, doxercalciferol	
J1290	Authorization Required	Kalbitor	Ecallantide injection	6 mL per fill (18 mL per 30 days)
J1300	Authorization Required	Soliris	Eculizumab injection	
J1301	Authorization Required	Radicava	Injection, edaravone, 1 mg	

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J1302	Authorization Required	Enjymo	Inj, sutimlimab-jome, 10 mg	
J1303	Authorization Required	Ultomiris	Inj., ravulizumab-cwvz 10 mg	
J1305	Authorization Required	Evkeeza	Inj, evinacumab-dgnb, 5mg	
J1306	Authorization Required	Leqvio	Injection, inclisiran, 1 mg	
J1322	Carve out to state	Vimizim	Elosulfase alfa, injection	
J1324	No Authorization Required	Fuzeon	Enfuvirtide injection	
J1325	Authorization Required	Flolan Veletri	Epoprostenol injection	
J1327	No Authorization Required	Integrilin	Eptifibatide injection	
J1335	No Authorization Required	Invanz	Ertapenem injection	
J1364	No Authorization Required	Erythrocin Lactobionate	Erythro lactobionate /500 mg	
J1380	No Authorization Required	Delestrogen	Estradiol valerate 10 mg inj	
J1410	No Authorization Required	Premarin	Inj estrogen conjugate 25 mg	
J1411	Carve out to state	Hemgenix	Inj, hemgenix, per tx dose	
J1426	Carve out to state	Amondys 45	Injection, casimersen, 10 mg	
J1427	Carve out to state	Viltepso	Inj. viltolarsen	
J1428	Carve out to state	Exondys	Inj, eteplirsen, 10 mg	
J1429	Carve out to state	Vyondys 53	Injection, golodirsen, 10 mg	
J1430	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Ethamolin	Ethanolamine oleate 100 mg	
J1437	Authorization Required	Monoferric	Injection, ferric derisomaltose, 10 mg	
J1438	Authorization Required	Enbrel	Etanercept injection	8 units per 28 days
J1439	No Authorization Required	Injectafer	Inj ferric carboxymaltos 1mg	
J1440	No Authorization Required	REBYOTA	Fecal microbiota jsIm 1 ml	
J1442	No Authorization Required	Neupogen	Inj filgrastim excl biosimil	
J1443	No Authorization Required	Triferic	Inj ferric pyrophosphate cit	
J1444	No Authorization Required	Triferic	Fe pyro cit pow 0.1 mg iron	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J1445	No Authorization Required	Triferic	Inj triferic avnu 0.1mg iron	
J1447	No Authorization Required	Granix	Inj tbo filgrastim 1 microg	
J1448	No Authorization Required	Cosela	Injection, trilaciclib, 1mg	
J1449	No Authorization Required	Rolvedon	Inj eflapegrastim-xnst 0.1mg	
J1450	No Authorization Required	Diflucan	Fluconazole	
J1451	No Authorization Required	Antizole	Fomepizole, 15 mg	
J1453	No Authorization Required	Emend	Fosaprepitant injection	
J1454	No Authorization Required	Akynzeo	Inj fosnetupitant, palonoset	
J1455	No Authorization Required	Foscavir	Foscarnet sodium injection	
J1456	No Authorization Required		Inj, fosaprepitant (teva)	
J1458	Authorization Required	Naglazyme	Galsulfase injection	
J1459	Authorization Required	Privigen	Inj ivig privigen 500 mg	
J1460	Authorization Required	Gamastan	Gamma globulin 1 cc inj	
J1551	Authorization Required	Cutaquig	Inj cutaquig 100 mg	
J1554	Authorization Required	Asceniv	Inj. asceniv	
J1555	Authorization Required	Cuvitru	Inj cuvitru, 100 mg	
J1556	Authorization Required	Bivigam	Inj, imm glob bivigam, 500mg	
J1557	Authorization Required	Gammaplex	Gammaplex injection	
J1558	Authorization Required	Xembify	Injection, immune globulin (xembify), 100 mg	
J1559	Authorization Required	Hizentra	Hizentra injection	
J1560	Authorization Required	Gamastan	Gamma globulin > 10 cc inj	
J1561	Authorization Required	Gamunex-C Gammaked	Gamunex-c/gammaked	
J1562	Authorization Required	Vivaglobin	Vivaglobin, inj	
J1566	Authorization Required	Carimune NF Panglobulin NF Gammagard S/D	Immune globulin, powder	
J1568	Authorization Required	Octagam	Octagam injection	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J1569	Authorization Required	Gammagard	Gammagard liquid injection	
J1570	No Authorization Required	Cytovene	Ganciclovir sodium injection	
J1571	No Authorization Required	Hepagam B	Hepagam b im injection	
J1572	Authorization Required	Flebogamma	Flebogamma injection	
J1573	No Authorization Required	Hepagam B	Hepagam b intravenous, inj	
J1574	No Authorization Required	Excela	Inj, ganciclovir (exela)	
J1575	Authorization Required	Hyqvia	Hyqvia 100mg immunoglobulin	
J1576	Authorization Required	Panzyga	Inj, panzyga, 500 mg	
J1580	No Authorization Required	Garamycin	Garamycin gentamicin inj	
J1595	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Glatopa	Injection glatiramer acetate	
J1599	Authorization Required	Panzyga	Ivig non-lyophilized, nos	
J1602	Authorization Required	Simponi Aria	Golimumab for iv use 1mg	120 units every 56 days
J1610	No Authorization Required	Glucagen Hypokit	Glucagon hydrochloride/1 mg	
J1611	No Authorization Required	Glucagon Emergency Kit	Inj glucagon hcl, fresenius	
J1626	No Authorization Required	Kytril	Granisetron hcl injection	
J1627	No Authorization Required	Sustol	Inj, granisetron, xr, 0.1 mg	
J1628	Authorization Required	Tremfya	Inj., guselkumab, 1 mg	
J1630	No Authorization Required	Haldol Decanoate	Haloperidol injection	
J1631	No Authorization Required	Haldol Decanoate	Haloperidol decanoate inj	
J1632	No Authorization Required	Zulresso	Injection, brexanolone, 1 mg	
J1640	No Authorization Required	Panhematin	Hemin, 1 mg	
J1642	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Heparin Lock Flush	Inj heparin sodium per 10 u	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J1643	No Authorization Required	Porcine	Inj heparin, pfizer, 1000u	
J1644	No Authorization Required	Heparin	Inj heparin sodium per 1000u	
J1645	No Authorization Required	Fragmin	Dalteparin sodium	
J1650	No Authorization Required	Lovonox	Inj enoxaparin sodium	
J1652	No Authorization Required	Arixtra	Fondaparinux sodium	
J1670	No Authorization Required	Hypertet	Tetanus immune globulin inj	
J1720	No Authorization Required	Solu-Cortef	Hydrocortisone sodium succ i	
J1726	NOT FDA APPROVED	Makena	Makena, 10 mg	
J1729	No Authorization Required	Hydroxyprogesterone Caproate	Inj hydroxyprogst capoat nos	
J1738	No Authorization Required	Anjeso	Injection, meloxicam, 1 mg	
J1740	No Authorization Required	Boniva	Ibandronate sodium injection	
J1741	No Authorization Required	Caldolor	Ibuprofen injection	
J1742	No Authorization Required	Corvert	Ibutilide fumarate injection	
J1743	Authorization Required	Elaprase	Idursulfase injection	
J1744	Authorization Required	Firazyr	Icatibant injection	18 mL per 30 days
J1745	Authorization Required	Remicade	Infliximab not biosimil 10mg	5 mg/kg every 8 weeks
J1746	Carve out to state	Trogarzo	Inj., ibalizumab-uiyk, 10 mg	
J1747	Authorization Required	Spevigo	Inj, spesolimab-sbzo, 1 mg	
J1750	No Authorization Required	Infed	Inj iron dextran	
J1756	No Authorization Required	Venofer	Iron sucrose injection	
J1786	Authorization Required	Cerezyme	Imuglucerase injection	
J1790	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Inapsine	Droperidol injection	
J1800	No Authorization Required	Inderal	Propranolol injection	
J1805	No Authorization Required	BREVIBLOC	Inj, esmolol hcl, 10mg	
J1806	No Authorization Required	Esnolol	Inj esmolol hcl wg crit care	
J1811	No Authorization Required	Fiasp	Fiasp for insulin pump use	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J1812	No Authorization Required	Fiasp Flextouch	Inj. insulin (fiasp)	
J1813	No Authorization Required	LYUMJEV	Lyumjev for insulin pump use	
J1814	No Authorization Required	LYUMJEV	Inj. insulin (lyumjev)	
J1815	No Authorization Required	Insulin	Insulin injection	
J1817	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Insulin	Insulin for insulin pump use	
J1823	No Authorization Required	Uplizna	Inj. inebilizumab-cdon, 1 mg	
J1826	Authorization Required	Avonex	Interferon beta-1a inj	
J1830	Authorization Required	Betaseron	Interferon beta-1b / .25 mg	
J1833	No Authorization Required	Cresemba	Injection, isavuconazonium	
J1836	No Authorization Required	Metronidazole	Inj, metronidazole, 10 mg	
J1885	No Authorization Required	Torodal	Ketorolac tromethamine inj	
J1920	No Authorization Required	Labetalol	Inj, labetalol hcl, 5mg	
J1921	No Authorization Required	Labetalol	Inj labetalol hcl hikma, 5mg	
J1930	No Authorization Required	Somatuline Depot	Lanreotide injection	
J1931	Authorization Required	Aldurazyme	Laronidase injection	
J1932	No Authorization Required	Cipla	Inj, lanreotide, (cipl) 1mg	
J1940	No Authorization Required	Lasix	Furosemide injection	
J1941	No Authorization Required	FUROSCIX	Inj, furoscix, 20 mg	
J1943	No Authorization Required	Aristada	Inj., aristada initio, 1 mg	
J1944	No Authorization Required	Aristada	Aripirazole lauroxil 1 mg	
J1950	No Authorization Required	Lupron Depot	Leuprolide acetate / 3.75 mg	Endometriosis every 84 days (only 1 reauthorization allowed) Uterine Fibroids: every 84 days
J1951	Authorization Required	Fensolvi	Inj fensolvi 0.25 mg	
J1952	No Authorization Required	Camcevi	Leuprolide inj, camcevi, 1mg	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J1953	No Authorization Required	Keppra	Levetiracetam injection	
J1954	No Authorization Required	Leuprolide	Leuprolide depot cipla 7.5mg	
J1955	No Authorization Required	Carnitor	Inj levocarnitine per 1 gm	
J1956	No Authorization Required	Levaquin	Levofloxacin injection	
J1961	Carve out to state	Sunlenca	Inj, lenacapavir, 1 mg	
J1980	No Authorization Required	Levsin	Hyoscyamine sulfate inj	
J2001	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Lidocaine	Lidocaine injection	
J2010	No Authorization Required	Lincocin	Lincomycin injection	
J2020	No Authorization Required	Zyvox	Linezolid injection	
J2021	No Authorization Required	Zyvox	Inj, linezolid (hospira)	
J2060	No Authorization Required	Ativan	Lorazepam injection	
J2062	No Authorization Required	Adasuve	Loxapine for inhalation 1 mg	
J2150	No Authorization Required	Mannitol	Mannitol injection	
J2170	Authorization Required	Increlex	Mecasermin injection	
J2175	No Authorization Required	Demerol	Meperidine hydrochl /100 mg	
J2182	Authorization Required	Nucala	Injection, mepolizumab, 1mg	
J2184	No Authorization Required	Meropenem	Inj, meropenem (b. braun)	
J2185	No Authorization Required	Merrem	Meropenem	
J2186	No Authorization Required	Vabomere	Inj., meropenem, vaborbactam	
J2210	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Methergine	Methylergonovin maleate inj	
J2212	No Authorization Required	Relistor	Methylnaltrexone injection	
J2247	No Authorization Required	Byfavo	Inj, micafungin (par pharm)	
J2248	No Authorization Required	Mycamine	Micafungin sodium injection	
J2249	No Authorization Required	BYFAVO	Inj, remimazolam, 1 mg	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J2250	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Versed	Inj midazolam hydrochloride	
J2251	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Midazolam	Inj midazolam (wg crit care)	
J2260	No Authorization Required	Primacor	Inj milrinone lactate / 5 mg	
J2265	No Authorization Required	Minocin	Minocycline hydrochloride	
J2270	No Authorization Required	Morphin	Morphine sulfate injection	
J2272	No Authorization Required	Morphine sulfate	Inj, morphine (fresenius)	
J2274	No Authorization Required	Duramorph	Inj morphine pf epid ithc	
J2278	Authorization Required	Prialt	Ziconotide injection	
J2280	No Authorization Required	Avelox	Inj, moxifloxacin 100 mg	
J2281	No Authorization Required	Moxifloxacin	Inj moxifloxacin (fres kabi)	
J2300	No Authorization Required	Nubain	Inj nalbuphine hydrochloride	
J2305	No Authorization Required		Inj, nitroglycerin, 5 mg	
J2310	No Authorization Required	Narcan	Inj naloxone hydrochloride	
J2311	No Authorization Required	Zimhi	Inj, naloxone hcl (zimhi)	
J2315	No Authorization Required	Vivitrol	Naltrexone, depot form	
J2323	Authorization Required	Tysabri	Natalizumab injection	300 mg per 28 days
J2326	Carve out to state	Spinraza	Inj, nusinersen, 0.1mg	
J2327	No Authorization Required	Skyrizi	Inj risankizumab-rzaa 1 mg	
J2329	Authorization Required	Briumvi	Inj ublituximab-xiiy, 1 mg	
J2350	Authorization Required	Ocrevus	Injection, ocrelizumab, 1 mg	600 mg every 6 months
J2353	No Authorization Required	Sandostatin LAR	Octreotide injection, depot	
J2354	No Authorization Required	Sandostatin	Octreotide inj, non-depot	
J2355	No Authorization Required	NEUMEGA	Oprelvekin injection	
J2356	Authorization Required	Tezspire	Inj tezepelumab-ekko, 1mg	
J2357	Authorization Required	Xolair	Omalizumab injection	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J2358	No Authorization Required	Zyprexa Relprevv	Olanzapine long-acting inj	
J2359	No Authorization Required	Zyprexa	Inj. olanzapine, 0.5mg	
J2360	No Authorization Required	Norflex	Orphenadrine injection	
J2371	No Authorization Required	VAZCULEP	Inj phenylephrine hcl 20 mcg	
J2372	No Authorization Required	Biorphen	Inj, biorphen, 20 micrograms	
J2401	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Nesacaine	Chloroprocaine hcl injection	
J2402	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Clorotekal	Chloroprocaine (clorotekal)	
J2403	Authorization Required	Iheezo	Chloroprocaine opht gel, 1mg	
J2405	No Authorization Required	Zofran	Ondansetron hcl injection	
J2406	No Authorization Required	Kimyrsa	Injection, oritavancin 10 mg	
J2407	No Authorization Required	Orbactiv	Injection, oritavancin	
J2425	No Authorization Required	Kepivance	Palifermin injection	
J2426	No Authorization Required	Invega Sustenna	Paliperidone palmitate inj	
J2427	No Authorization Required	Invega Trinza	Inj, invega hafyera/trinza	
J2430	No Authorization Required	Pamidronate disodium	Pamidronate disodium /30 mg	
J2440	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Papaverine	Papaverin hcl injection	
J2469	No Authorization Required	Aloxi	Palonosetron hcl	
J2501	No Authorization Required	Zemplar	Paricalcitol	
J2502	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Signifor LAR	Inj, pasireotide long acting	
J2503	Authorization Required	Macugen	Pegaptanib sodium injection	
J2504	No Authorization Required	ADAGEN	Pegademase bovine, 25 iu	
J2506	No Authorization Required	Neulasta	Inj pegfilgrast ex bio 0.5mg	
J2507	Authorization Required	Krystexxa	Pegloticase injection	
J2510	No Authorization Required	Penicillin G Procaine	Penicillin g procaine inj	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J2515	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Nembutal	Pentobarbital sodium inj	
J2540	No Authorization Required	Penicillin G Potassium	Penicillin g potassium inj	
J2543	No Authorization Required	Zosyn	Piperacillin/tazobactam	
J2545	No Authorization Required	Nebupent	Pentamidine non-comp unit	
J2547	No Authorization Required	Rapivab	Injection, peramivir	
J2550	No Authorization Required	Phenergan	Promethazine hcl injection	
J2560	No Authorization Required	Phenobarbital	Phenobarbital sodium inj	
J2561	No Authorization Required	Sezaby	Inj, sezaby, 1 mg	
J2562	No Authorization Required	Mozobil	Plerixafor injection	
J2590	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Pitocin	Oxytocin injection	
J2597	No Authorization Required	DDAVP	Inj desmopressin acetate	
J2598	No Authorization Required	Vasostriect	Inj, vasopressin, 1 unit	
J2599	No Authorization Required	Vasopressin	Inj vasopressin (am reg) 1 u	
J2675	No Authorization Required	Progesterone	Inj progesterone per 50 mg	
J2680	No Authorization Required	Prolixin	Fluphenazine decanoate 25 mg	
J2690	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Procainamide	Procainamide hcl injection	
J2700	No Authorization Required	Oxacillin	Oxacillin sodium injeciton	
J2704	No Authorization Required	Diprivan	Inj, propofol, 10 mg	
J2710	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Bloxiverz	Neostigmine methylsifte inj	
J2720	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Protamine	Inj protamine sulfate/10 mg	
J2724	No Authorization Required	Ceprotrin	Protein c concentrate	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J2730	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Protopam	Pralidoxime chloride inj	
J2760	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Regitine	Phentolaine mesylate inj	
J2765	No Authorization Required	Reglan	Metoclopramide hcl injection	
J2770	No Authorization Required	Synercid	Quinupristin/dalfopristin	
J2777	Authorization Required	Vabysmo	Inj, faricimab-svoa, 0.1mg	
J2778	Authorization Required	Lucentis	Ranibizumab injection	
J2779	Authorization Required	Suvismo	Inj, susvimo 0.1 mg	
J2781	Authorization Required	Syfovre	Inj, pegcetacoplan, 1mg	
J2783	No Authorization Required	Elitek	Rasburicase	
J2785	No Authorization Required	Lexiscan	Regadenoson injection	
J2786	Authorization Required	Cinqair	Injection, reslizumab, 1mg	
J2787	No Authorization Required	Photrex	Riboflavin 5'phos oph<=3ml	
J2788	No Authorization Required	HyperRho S/D, Michrogam Ultra-Filtered Plus	Rho d immune globulin 50 mcg	
J2790	No Authorization Required	HyperRho S/D, Rhogam Ultra-Filtered Plus	Rho d immune globulin inj	
J2791	No Authorization Required	Rhophylac	Rhophylac injection	
J2792	No Authorization Required	WinRho	Rho(d) immune globulin h, sd	
J2793	Authorization Required	Arcalyst	Rilonacept injection	
J2794	No Authorization Required	Risperdal Consta	Inj risperdal consta, 0.5 mg	
J2795	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Naropin	Ropivacaine hcl injection	
J2796	Authorization Required	Nplate	Romiplostim injection	
J2797	No Authorization Required	VARUBI	Inj., rolapitant, 0.5 mg	
J2798	No Authorization Required	Perseris	Inj., perseris, 0.5 mg	
J2800	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Robaxin	Methocarbamol injection	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J2805	No Authorization Required	Kinevac	Sincalide injection	
J2806	No Authorization Required	Sincalide	Inj sincalide, maia, 5 mcg	
J2810	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Theophylline	Inj theophylline per 40 mg	
J2820	No Authorization Required	Leukine	Sargramostim injection	
J2840	Authorization Required	Kanuma	Inj sebelipase alfa 1 mg	
J2850	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Chirhostim	Inj secretin synthetic human	
J2860	No Authorization Required	Sylvant	Injection, siltuximab	
J2916	No Authorization Required	Ferlecit	Na ferric gluconate complex	
J2941	Authorization Required	Humatrope, Genotropin, Genotropin Miniquick, Norditropin, Omnitrope, Serostim, Saizen, Zorbitive, Nutropin AQ Nuspin, Zomacton	Injection, somatropin, 1 mg	
J2993	No Authorization Required	Retavase	Retepase injection	
J2997	No Authorization Required	Cathflo	Alteplase recombinant	
J2998	Authorization Required	Ryplazim	Inj plasminogen tvmh 1mg	
J3000	No Authorization Required	Streptomycin	Streptomycin injection	
J3010	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Fentanyl	Fentanyl citrate injection	
J3030	No Authorization Required	Imitrex	Sumatriptan succinate / 6 mg	
J3031	Authorization Required	Ajovy	Inj., fremanezumab-vfrm 1 mg	
J3032	Authorization Required	Vyepti	Injection, eptinezumab-jjmr, 1 mg	
J3060	Authorization Required	Elelyso	Inj, taliglucerase alfa 10 u	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J3090	No Authorization Required	Sivextro	Inj tedizolid phosphate	
J3095	No Authorization Required	Vibativ	Telavancin injection	
J3101	No Authorization Required	Tnkase	Tenecteplase injection	
J3105	No Authorization Required	Brethine	Terbutaline sulfate inj	
J3110	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Forteo	Teriparatide injection	
J3111	Authorization Required	Evenity	Inj. romosozumab-aqqg 1 mg	
J3121	No Authorization Required	Testosterone Enanthate	Inj testostero enanthate 1mg	
J3145	No Authorization Required	Aveed	Testosterone undecanoate 1mg	
J3230	No Authorization Required	Thorazine	Chlorpromazine hcl injection	
J3240	No Authorization Required	Thyrogen	Thyrotropin injection	
J3241	No Authorization Required	Tepezza	Injection, teprotumumab-trbw, 10 mg	
J3243	No Authorization Required	Tygacil	Tigecycline injection	
J3244	No Authorization Required	Tigecycline	Inj. tigecycline (accord)	
J3245	Authorization Required	Ilumya	Inj., tildrakizumab, 1 mg	
J3246	No Authorization Required	Aggrastat	Tirofiban hcl	
J3250	No Authorization Required	Tigan	Trimethobenzamide hcl inj	
J3260	No Authorization Required	Tobramycin	Tobramycin sulfate injection	
J3262	No Authorization Required	Actemra	Tocilizumab injection	3200 units per 28 days
J3285	Authorization Required	Remodulin	Treprostinil injection	
J3299	No Authorization Required	Xipere	Inj xipere 1 mg	
J3300	No Authorization Required	Triesence	Triamcinolone a inj prs-free	
J3301	No Authorization Required	Kenalog	Triamcinolone acet inj nos	
J3304	Authorization Required	Zilretta	Inj triamcinolone ace xr 1mg	
J3315	No Authorization Required	Trelstar	Triptorelin pamoate	
J3316	No Authorization Required	Triptodur	Inj., triptorelin xr 3.75 mg	
J3355	No Authorization Required	BRAVELLE	Urofollitropin, 75 iu	
J3357	Authorization Required	Stelara	Ustekinumab sub cu inj, 1 mg	90 units per 56 days after loading dose

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J3358	Authorization Required	Stelara	Ustekinumab, iv inject, 1 mg	
J3360	No Authorization Required	Valium	Diazepam injection	
J3370	No Authorization Required	Vancomycine	Vancomycin hcl injection	
J3371	No Authorization Required	Vancomycin	Inj, vancomycin hcl (mylan)	
J3372	No Authorization Required	Vancomycin	Inj, vancomycin hcl (xellia)	
J3380	Authorization Required	Entyvio	Injection, vedolizumab	300 mg per infusion
J3385	Authorization Required	Vpriv	Velaglucerase alfa	
J3396	No Authorization Required	Visudyne	Verteporfin injection	
J3397	Authorization Required	Mepsevii	Inj., vestronidase alfa-vjbn	
J3398	Carve out to state	Luxturna	Inj luxturna 1 billion vec g	
J3399	Carve out to state	Zolgensma	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	
J3410	No Authorization Required	Vistaril	Hydroxyzine hcl injection	
J3411	No Authorization Required	Thiamine	Thiamine hcl 100 mg	
J3415	No Authorization Required	Pyridoxine	Pyridoxine hcl 100 mg	
J3420	No Authorization Required	Cyanocobalamine	Vitamin b12 injection	
J3430	No Authorization Required	Mephyton	Vitamin k phytonadione inj	
J3465	No Authorization Required	Vfend	Injection, voriconazole	
J3470	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Amphadase	Hyaluronidase injection	
J3471	No Authorization Required	Vitrase	Ovine, up to 999 usp units	
J3473	No Authorization Required	Hylenex	Hyaluronidase recombinant	
J3475	No Authorization Required	Magnesium Sulfate	Inj magnesium sulfate	
J3480	No Authorization Required	Potassium Chloride	Inj potassium chloride	
J3485	No Authorization Required	Retrovir	Zidovudine	
J3486	No Authorization Required	Geodan	Ziprasidone mesylate	
J3489	No Authorization Required	Reclast Zometa	Zoledronic acid 1mg	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J3490	No Authorization Required	Unclassified code	Drugs unclassified injection	Any drug costing more than \$8000 that is billed using J3490 will require a PA
J3490	No Authorization Required	Exparel	Exparel	
J3535	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Metered dose inhaler drug	
J3590	Authorization Required	Unclassified code	Unclassified biologics	
J3590	Authorization Required	Skysona		
J3590	Authorization Required	Casgevy	Exagamglogene autotemcel	
J3591	No Authorization Required	Unclassified code	Esrd on dialysi drug/bio noc	
J7030	No Authorization Required	Sodium Chloride 0.9%	Normal saline solution infus	
J7040	No Authorization Required	Sodium Chloride 0.9%	Normal saline solution infus	
J7042	No Authorization Required	Dextrose Sodium Chloride 5%-0.9%	5% dextrose/normal saline	
J7050	No Authorization Required	Sodium Chloride 0.9%	Normal saline solution infus	
J7060	No Authorization Required	Dextrose 5%	5% dextrose/water	
J7070	No Authorization Required	Dextrose 5%	D5w infusion	
J7100	No Authorization Required	LMD in D5W 10%	Dextran 40 infusion	
J7120	No Authorization Required	Lactated Ringers	Ringers lactate infusion	
J7121	No Authorization Required	Dextrose in Lactated Ringers 5%	5% dextrose in lac ringers	
J7131	No Authorization Required	Sodium Chloride	Hypertonic saline sol	
J7168	Authorization Required	Kcentra	Prothrombin complex kcentra	
J7169	No Authorization Required	Andexxa	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg	
J7170	Authorization Required	Hemlibra	Inj., emicizumab-kxwh 0.5 mg	
J7175	Authorization Required	Coagadex	Inj, factor x, (human), 1iu	
J7177	Authorization Required	Fibryga	Inj., fibryga, 1 mg	
J7178	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	RiaStap	Inj human fibrinogen con nos	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J7179	Authorization Required	Vonvendi	Vonvendi inj 1 iu vwf:rc0	
J7180	Authorization Required	Corifact	Factor xiii anti-hem factor	
J7181	Authorization Required	Tretten	Factor xiii recomb a-subunit	
J7182	Authorization Required	Novoeight	Factor viii recomb novoeight	
J7183	Authorization Required	Wilate	Wilate injection	
J7185	Authorization Required	Xyntha	Xyntha inj	
J7186	Authorization Required	Alphanate	Antihemophilic viii/vwf comp	
J7187	Authorization Required	Humate P	Humate-p, inj	
J7188	Authorization Required	Obizur	Factor viii recomb obizur	
J7189	Authorization Required	Novoseven	Factor viia	
J7190	Authorization Required	Hemophil M Koate Monoclate	Factor viii	
J7191	Authorization Required		Factor viii (porcine)	
J7192	Authorization Required	Advate Kogenate FS Recombinate	Factor viii recombinant nos	
J7193	Authorization Required	Alphanine SD Mononine	Factor ix non-recombinant	
J7194	Authorization Required	Profilnine	Factor ix complex	
J7195	Authorization Required	Ixinity Benefix	Factor ix recombinant nos	
J7196	Authorization Required	Atryn	Antithrombin recombinant	
J7197	Authorization Required	Thrombate III	Antithrombin iii injection	
J7198	Authorization Required	Feiba NF	Anti-inhibitor	
J7199	Authorization Required		Hemophilia clot factor noc	
J7200	Authorization Required	Rixubis	Factor ix recombinan rixubis	
J7201	Authorization Required	Alprolix	Factor ix alprolix recomb	
J7202	Authorization Required	Idelvion	Factor ix idelvion inj	
J7203	Authorization Required	Rebinyon	Factor ix recomb gly rebinyon	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J7204	Authorization Required	Esperocet	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	
J7205	Authorization Required	Eloctate	Factor viii fc fusion recomb	
J7207	Authorization Required	Adynovate	Factor viii pegylated recomb	
J7208	Authorization Required	Jivi	Inj. jivi 1 iu	
J7209	Authorization Required	Nuwiq	Factor viii nuwiq recomb 1iu	
J7210	Authorization Required	Afstyla	Inj, afstyla, 1 i.u.	
J7211	Authorization Required	Kovaltry	Inj, kovaltry, 1 i.u.	
J7212	Authorization Required	Sevenfact	Factor viia recomb sevenfact	
J7213	Authorization Required	Ixinity	Inj, ixinity, 1 i.u.	
J7214	Authorization Required	Altuviio	Altuviio per factor viii iu	
J7294	No Authorization Required	Annovera	Seg acet and eth estr yearly	
J7295	No Authorization Required	Nuvaring EluRyng	Eth estr and eton monthly	
J7296	No Authorization Required	Kyleena	Kyleena, 19.5 mg	
J7297	No Authorization Required	Liletta	Liletta, 52 mg	
J7298	No Authorization Required	Mirena	Mirena, 52 mg	
J7300	No Authorization Required	Paragard	Intraut copper contraceptive	
J7301	No Authorization Required	Skyla	Skyla, 13.5 mg	
J7304	No Authorization Required	Xulane	Contraceptive hormone patch	
J7307	No Authorization Required	Nexplanon	Etonogestrel implant system	
J7308	No Authorization Required	Levulan Kerastick	Aminolevulinic acid hcl top	
J7311	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Retisert	Inj., retisert, 0.01 mg	
J7312	No Authorization Required	Ozurdex	Dexamethasone intra implant	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J7313	No Authorization Required	Iluvien	Inj., iluvien, 0.01 mg	
J7314	No Authorization Required	Yutiq	Inj., yutiq, 0.01 mg	
J7315	No Authorization Required	Mitosol	Ophthalmic mitomycin	
J7316	Authorization Required	Jetrea	Inj, ocriplasmin, 0.125 mg	
J7318	No Authorization Required	Durolane	Inj, durolane 1 mg	1 injection
J7320	No Authorization Required	GenVisc	Genvisc 850, inj, 1mg	
J7321	No Authorization Required	Hyalgan Supartz	Hyalgan supartz visco-3 dose	5 injections
J7321	No Authorization Required	Hyalgan Supartz Visco-3	Hyalgan supartz visco-3 dose	5 injections
J7322	No Authorization Required	Hymovis	Hymovis injection 1 mg	2 injections
J7323	No Authorization Required	Euflexxa	Euflexxa inj per dose	3 injections
J7324	No Authorization Required	Orthovisc	Orthovisc inj per dose	4 injections
J7325	No Authorization Required	Synvisc Synvisc-One	Synvisc or synvisc-one	Synvisc: 3 injections Synvisc-One: 1 injection
J7326	No Authorization Required	Gel-One	Gel-one	1 injection
J7327	No Authorization Required	Monovisc	Monovisc inj per dose	1 injection
J7328	No Authorization Required	Gelsyn-3	Gelsyn-3 injection 0.1 mg	3 injections
J7329	No Authorization Required	Trivisc	Inj, trivisc 1 mg	
J7330	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	MACI	Cultured chondrocytes implnt	
J7331	No Authorization Required	Synjoynt	Synjoynt, inj., 1 mg	
J7332	No Authorization Required	Triluron	Inj., triluron, 1 mg	3 injections
J7336	Authorization Required	Qutenza	Capsaicin 8% patch	
J7340	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Duopa	Carbidopa levodopa ent 100ml	
J7342	No Authorization Required	Otiprio	Ciprofloxacin otic susp 6 mg	
J7345	No Authorization Required	Ameluz	Aminolevulinic acid, 10% gel	
J7351	Authorization Required	Durysta	Injection, bimatoprost, intracameral implant, 1 microgram	
J7352	Authorization Required	Scenesse	Afamelanotide implant, 1 mg	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J7353	Authorization Required	Nexobrid	Anacaulase-bcdb 8.8% gel 1 g	
J7402	Authorization Required	Sinuva	Mometasone sinus sinuva	
J7500	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Imuran	Azathioprine oral 50mg	
J7501	No Authorization Required	Azathioprine	Azathioprine parenteral	
J7502	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Neoral Sandimmune	Cyclosporine oral 100 mg	
J7503	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Envarsus Rx	Tacrol envarsus ex rel oral	
J7504	No Authorization Required	Atgam	Lymphocyte immune globulin	
J7507	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Prograf	Tacrolimus imme rel oral 1mg	
J7508	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Astagraf XL	Tacrol astagraf ex rel oral	
J7509	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Medrol	Methylprednisolone oral	
J7510	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Orapred Pediapred	Prednisolone oral per 5 mg	
J7511	No Authorization Required	Thymoglobulin	Antithymocyte globuln rabbit	
J7512	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Prednisone	Prednisone ir or dr oral 1mg	
J7515	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Neoral Sandimmune	Cyclosporine oral 25 mg	
J7516	No Authorization Required	Sandimmune	Cyclosporin parenteral 250mg	
J7517	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Cellcept	Mycophenolate mofetil oral	
J7518	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Myfortic	Mycophenolic acid	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J7519	No Authorization Required	Cellcept	Inj. mycophenolate mofetil	
J7520	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Rapamune	Sirolimus, oral	
J7525	No Authorization Required	Prograf	Tacrolimus injection	
J7527	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Zortress	Oral everolimus	
J7599	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Immunosuppressive drug noc	
J7604	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Acetylcysteine comp unit	
J7605	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Brovana	Arformoterol non-comp unit	
J7606	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Perforomist	Formoterol fumarate, inh	
J7607	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Levalbuterol comp con	
J7608	No Authorization Required	Acetylcysteine	Acetylcysteine non-comp unit	
J7609	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Albuterol Sulfate	Albuterol comp unit	
J7610	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Albuterol Sulfate	Albuterol comp con	
J7611	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Ventolin Proventil	Albuterol non-comp con	
J7612	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Levalbuterol non-comp con	
J7613	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Ventolin Proventil	Albuterol non-comp unit	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J7614	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Levalbuterol	Levalbuterol non-comp unit	
J7615	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Levalbuterol	Levalbuterol comp unit	
J7620	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Ipratropium Albuterol	Albuterol ipratrop non-comp	
J7622	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Beclomethasone	Beclomethasone comp unit	
J7624	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Betamethasone comp unit	
J7626	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Pulmicort	Budesonide non-comp unit	
J7627	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Budesonide comp unit	
J7628	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Bitolterol mesylate comp con	
J7629	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Bitolterol mesylate comp unit	
J7631	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Cromolyn sodium noncomp unit	
J7632	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Cromolyn sodium comp unit	
J7633	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Pulmicort	Budesonide non-comp con	
J7634	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Budesonide comp con	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J7635	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Atropine comp con	
J7636	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Atropine comp unit	
J7637	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Dexamethasone comp con	
J7638	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Dexamethasone comp unit	
J7639	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Pulmozyme	Dornase alfa non-comp unit	
J7640	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Formoterol comp unit	
J7641	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Flunisolide comp unit	
J7642	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Glycopyrrolate comp con	
J7643	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Glycopyrrolate comp unit	
J7644	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Ipratropium Bromide	Ipratropium bromide non-comp	
J7645	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Atrovent	Ipratropium bromide comp	
J7647	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Isoetharine comp con	
J7648	No Authorization Required		Isoetharine non-comp con	
J7649	No Authorization Required		Isoetharine non-comp unit	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J7650	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Isoetharine comp unit	
J7657	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Isoproterenol comp con	
J7658	No Authorization Required		Isoproterenol non-comp con	
J7659	No Authorization Required		Isoproterenol non-comp unit	
J7660	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Isoproterenol comp unit	
J7665	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Mannitol	Mannitol for inhaler	
J7667	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Metaproterenol comp con	
J7668	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Alupent	Metaproterenol non-comp con	
J7669	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Metaproterenol non-comp unit	
J7670	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Metaproterenol comp unit	
J7674	No Authorization Required	Provocholine	Methacholine chloride, neb	
J7676	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Pentam	Pentamidine comp unit dose	
J7677	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Yupelri	Revefenacin inh non-com 1mcg	
J7680	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Terbutaline sulf comp con	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J7681	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Terbutaline sulf comp unit	
J7682	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Tobi	Tobramycin non-comp unit	
J7683	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Triamcinolone comp con	
J7684	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Triamcinolone comp unit	
J7685	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Tobramycin comp unit	
J7686	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Tyvaso	Treprostinil, non-comp unit	
J7699	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Inhalation solution for dme	
J7799	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Non-inhalation drug for dme	
J7999	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Compounded drug, noc	
J8498	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Antiemetic rectal/supp nos	
J8499	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Oral prescrip drug non chemo	
J8501	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Emend	Oral aprepitant	
J8510	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Myleran	Oral busulfan	
J8515	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Dostinex	Cabergoline, oral 0.25mg	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J8520	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Xeloda	Capecitabine, oral, 150 mg	
J8521	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Xeloda	Capecitabine, oral, 500 mg	
J8530	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Cytosan	Cyclophosphamide oral 25 mg	
J8540	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Decadron	Oral dexamethasone	
J8560	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Vpesid	Etoposide oral 50 mg	
J8565	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Iressa	Gefitinib oral	
J8597	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Antiemetic drug oral nos	
J8600	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Alkeran	Melphalan oral 2 mg	
J8610	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Rheumatrex	Methotrexate oral 2.5 mg	
J8650	No Authorization Required	CESAMET	Nabilone oral	
J8655	No Authorization Required	Akynzeo	Oral netupitant, palonosetro	
J8670	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Varubi	Varubi	
J8700	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Temodar	Temozolomide	
J8705	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Hycamtin	Topotecan oral	
J8999	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Oral prescription drug chemo	
J9000	No Authorization Required	Adriamycin	Doxorubicin hcl injection	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J9015	No Authorization Required	Proleukin	Aldesleukin injection	
J9017	No Authorization Required	Trisenox	Arsenic trioxide injection	
J9019	No Authorization Required	Erwinaze	Erwinaze injection	
J9021	No Authorization Required	Rylaze	Inj, aspara, rylaze, 0.1 mg	
J9022	No Authorization Required	Tecentriq	Inj, atezolizumab,10 mg	
J9023	No Authorization Required	Bavencio	Injection, avelumab, 10 mg	
J9025	No Authorization Required	Vidaza	Azacitidine injection	
J9027	No Authorization Required	Clolar	Clofarabine injection	
J9029	No Authorization Required	Adstiladrin	Inj, adstiladrin, per tx dos	
J9030	No Authorization Required	Tice BCG	Bcg live intravesical 1mg	
J9032	No Authorization Required	Beleodaq	Injection, belinostat, 10mg	
J9033	No Authorization Required	Treanda	Inj., treanda 1 mg	
J9034	No Authorization Required	Bendeka	Inj., bendeka 1 mg	
J9035	No Authorization Required	Avastin	Bevacizumab injection	
J9036	No Authorization Required	Belrapzo	Inj. belrapzo/bendamustine	
J9037	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Blenrep	Inj belantamab mafodont blmf	
J9039	No Authorization Required	Blincyto	Injection, blinatumomab	
J9040	No Authorization Required	Bleomycin	Bleomycin sulfate injection	
J9041	No Authorization Required	Velcade	Inj., velcade 0.1 mg	
J9042	No Authorization Required	Adcetris	Brentuximab vedotin inj	
J9043	No Authorization Required	Jevtana	Cabazitaxel injection	
J9045	No Authorization Required	Paraplatin	Carboplatin injection	
J9046	No Authorization Required	Bortezomib	Inj, bortezomib, dr. reddy's	
J9047	No Authorization Required	Kyprolis	Injection, carfilzomib, 1 mg	
J9048	No Authorization Required	Brotezomib	Inj, bortezomib freseniuskab	
J9049	No Authorization Required	Brotezomib	Inj, bortezomib, hospira	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J9050	No Authorization Required	BICNU	Carmustine injection	
J9051	No Authorization Required	Brotezomib	Inj, bortezomib (maia)	
J9055	No Authorization Required	Erbix	Cetuximab injection	
J9056	No Authorization Required	Vivimusta	Inj, bendamustine, 1 mg	
J9057	No Authorization Required	Aliqopa	Inj., copanlisib, 1 mg	
J9058	No Authorization Required	Bendamustine	Inj apotex/bendamustine 1 mg	
J9059	No Authorization Required	Bendamustine	Inj bendamustine, baxter 1mg	
J9060	No Authorization Required	Platinol	Cisplatin 10 mg injection	
J9061	No Authorization Required	Rybrevant	Inj, amivantamab-vmjw	
J9063	No Authorization Required	Elahere	Inj, elahere, 1 mg	
J9064	No Authorization Required		Inj, cabazitaxel (sandoz)	
J9065	No Authorization Required	Mavenclad	Inj cladribine per 1 mg	
J9071	No Authorization Required	Cyclophosphamide	Inj cyclophosphamd auromedic	
J9100	No Authorization Required	Cytosar	Cytarabine hcl 100 mg inj	
J9118	No Authorization Required	Asparlas	Inj. calaspargase pegol-mknl	
J9119	No Authorization Required	Libtayo	Inj., cemiplimab-rwlc, 1 mg	
J9120	No Authorization Required	Cosmegen	Dactinomycin injection	
J9130	No Authorization Required	DTIC-Dome	Dacarbazine 100 mg inj	
J9144	No Authorization Required	Darzalex	Daratumumab, hyaluronidase	
J9145	No Authorization Required	Darzalex	Injection, daratumumab 10 mg	
J9150	No Authorization Required	Daunorubicin	Daunorubicin injection	
J9153	No Authorization Required	Vyxeos	Inj daunorubicin, cytarabine	
J9155	No Authorization Required	Firmagon	Degarelix injection	
J9165	No Authorization Required	Not available in the U.S.	Diethylstilbestrol injection	
J9171	No Authorization Required	Taxotere	Docetaxel injection	
J9173	No Authorization Required	Imfinzi	Inj., durvalumab, 10 mg	
J9175	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Elliotts B Solution	Elliotts b solution per ml	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J9176	No Authorization Required	Empliciti	Injection, elotuzumab, 1mg	
J9177	No Authorization Required	Padvec	Injection, enfortumab vedotin-ejfv, 0.25 mg	
J9178	No Authorization Required	Ellence	Inj, epirubicin hcl, 2 mg	
J9179	No Authorization Required	Halaven	Eribulin mesylate injection	
J9181	No Authorization Required	Etopophos	Etoposide injection	
J9185	No Authorization Required	Fludara	Fludarabine phosphate inj	
J9190	No Authorization Required	Adrucil	Fluorouracil injection	
J9196	No Authorization Required	Gemcitabine	Inj gemcitabine hcl (accord)	
J9198	No Authorization Required	Infugem	Injection, gemcitabine hydrochloride, (infugem), 100 mg	
J9200	No Authorization Required	FUDR	Floxuridine injection	
J9201	No Authorization Required	Gemzar	In gemcitabine hcl nos 200mg	
J9202	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Zoladex	Goserelin acetate implant	
J9203	No Authorization Required	Mylotarg	Gemtuzumab ozogamicin 0.1 mg	
J9204	No Authorization Required	Poteligeo	Inj mogamulizumab-kpkc, 1 mg	
J9205	No Authorization Required	Onivyde	Inj irinotecan liposome 1 mg	
J9206	No Authorization Required	Camptosar	Irinotecan injection	
J9207	No Authorization Required	Ixempra	Ixabepilone injection	
J9208	No Authorization Required	Ifex	Ifosfamide injection	
J9209	No Authorization Required	Mesnex	Mesna injection	
J9210	Authorization Required	Gamifant	Inj., emapalumab-lzsg, 1 mg	
J9211	No Authorization Required	Idamycin	Idarubicin hcl injection	
J9214	No Authorization Required	Intron A	Interferon alfa-2b inj	
J9215	No Authorization Required	Alferon N	Interferon alfa-n3 inj	
J9216	No Authorization Required	Actimmune	Interferon gamma 1-b inj	
J9217	No Authorization Required	Eligard	Leuprolide acetate suspension	
J9217	No Authorization Required	Eligard	Leuprolide acetate suspension	
J9217	No Authorization Required	Eligard	Leuprolide acetate suspension	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J9217	No Authorization Required	Eligard	Leuprolide acetate suspension	
J9217	No Authorization Required	Lupron Depot	Leuprolide acetate suspension	Endometriosis every 84 days (only 1 reauthorization allowed) Uterine Fibroids: every 84 days
J9218	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Leuprolide	Leuprolide acetate injection	Endometriosis every 84 days (only 1 reauthorization allowed) Uterine Fibroids: every 84 days
J9223	No Authorization Required	Zepzelca	Inj. lurbinededin, 0.1 mg	
J9225	No Authorization Required	Vantas	Vantas implant	
J9226	Authorization Required	Supprelin LA	Supprelin la implant	
J9227	No Authorization Required	Sarclisa	Injection, isatuximab-irfc, 10 mg	
J9228	No Authorization Required	Yervoy	Ipilimumab injection	
J9229	No Authorization Required	Besponsa	Inj inotuzumab ozogam 0.1 mg	
J9230	No Authorization Required	Mustargen	Mechlorethamine hcl inj	
J9245	No Authorization Required	Alkeran	Inj melphalan hydrochl 50 mg	
J9246	No Authorization Required	Evomela	Injection, melphalan (evomela), 1 mg	
J9247	No Authorization Required	Alkeran, Evomela	Inj, melphalan flufenami 1mg	
J9259	No Authorization Required	Paclitaxel	Paclitaxel (american regent)	
J9260	No Authorization Required	Methotrexate	Methotrexate sodium inj	
J9261	No Authorization Required	Arranon	Nelarabine injection	
J9262	No Authorization Required	Synribo	Inj, omacetaxine mep, 0.01mg	
J9263	No Authorization Required	Eloxatin	Oxaliplatin	
J9264	No Authorization Required	Abraxane	Paclitaxel protein bound	
J9266	No Authorization Required	Oncaspar	Pegaspargase injection	Dosing every 2 weeks 1 billing unit = up to 3750 IU
J9267	No Authorization Required	Taxol	Paclitaxel injection	
J9268	No Authorization Required	Nipent	Pentostatin injection	
J9269	No Authorization Required	Elzonris	Inj. tagraxofusp-erzs 10 mcg	
J9271	No Authorization Required	Keytruda	Inj pembrolizumab	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J9272	No Authorization Required	Jemperli	Inj, dostarlimab-gxly, 10 mg	
J9273	No Authorization Required	Tivdak	Inj tisotu vedotin-tftv, 1mg	
J9274	No Authorization Required	Kimtrak	Inj, tebentafusp-tebn, 1 mcg	
J9280	No Authorization Required	Mutamycin	Mitomycin injection	
J9281	No Authorization Required	Jemlyto	Mitomycin instillation	
J9285	No Authorization Required	Lartruvo	Inj, olaratumab, 10 mg	
J9293	No Authorization Required	Novantrone	Mitoxantrone hydrochl / 5 mg	
J9294	No Authorization Required		Inj pemetrexed, hospira 10mg	
J9295	No Authorization Required	Portrazza	Injection, necitumumab, 1 mg	
J9296	No Authorization Required		Inj pemetrexed (accord) 10mg	
J9297	No Authorization Required		Inj pemetrexed (sandoz) 10mg	
J9298	No Authorization Required	Opdualag	Inj nivol relatlimab 3mg/1mg	
J9299	No Authorization Required	Opdivo	Injection, nivolumab	
J9301	No Authorization Required	Gazyva	Obinutuzumab inj	
J9302	No Authorization Required	Arzerra	Ofatumumab injection	
J9303	No Authorization Required	Vectibix	Panitumumab injection	
J9304	No Authorization Required	Pemfexy	Injection, pemetrexed (pemfexy), 10 mg	
J9305	No Authorization Required	Alimta	Pemetrexed injection	
J9306	No Authorization Required	Perjeta	Injection, pertuzumab, 1 mg	
J9307	No Authorization Required	Folotyn	Pralatrexate injection	
J9308	No Authorization Required	Cyramza	Injection, ramucirumab	
J9309	No Authorization Required	Polivy	Inj, polatuzumab vedotin 1mg	
J9311	No Authorization Required	Rituxan Hycela	Inj rituximab, hyaluronidase	Oncology only
J9312	No Authorization Required	Rituxan	Inj., rituximab, 10 mg	
J9313	No Authorization Required	Lumoxiti	Inj., lumoxiti, 0.01 mg	
J9314	No Authorization Required		Inj pemetrexed (teva) 10mg	
J9316	No Authorization Required	Phesgo	Pertuzu, trastuzu, 10 mg	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J9317	No Authorization Required	Trodelvy	Sacituzumab govitecan-hziy	
J9318	No Authorization Required	Istodax	Inj romidepsin non-lyo 0.1mg	
J9319	No Authorization Required	Istodax	Inj romidepsin lyophil 0.1mg	
J9320	No Authorization Required	Zanosar	Streptozocin injection	
J9322	No Authorization Required		Inj pemetrexed (bluepoint)	
J9323	No Authorization Required		Inj pemetrexed ditromethamin	
J9325	No Authorization Required	Imlygic	Inj talimogene laherparepvec	
J9328	No Authorization Required	Temodar	Temozolomide injection	
J9330	No Authorization Required	Torisel	Temsirolimus injection	
J9331	No Authorization Required	Fyarro	Inj sirolimus prot part 1 mg	
J9332	Authorization Required	Vyvgart	Inj efgartigimod 2mg	
J9340	No Authorization Required	Tepadina	Thiotepa injection	
J9345	No Authorization Required	Zynyz	Inj, retifanlimab-dlwr, 1 mg	
J9347	No Authorization Required	Imjudo	Inj, tremelimumab-actl, 1 mg	
J9348	No Authorization Required	Danyelza	Inj. naxitamab-gqgk, 1 mg	
J9349	No Authorization Required	Monjuvi	Inj., tafasitamab-cxix	
J9350	No Authorization Required		Inj mosunetuzumab-axgb, 1 mg	
J9351	No Authorization Required	Hycamtin	Topotecan injection	
J9352	No Authorization Required	Yondelis	Injection trabectedin 0.1mg	
J9353	No Authorization Required	Margenza	Inj. margetuximab-cmkb, 5 mg	
J9354	No Authorization Required	Kadcyla	Inj, ado-trastuzumab emt 1mg	
J9355	No Authorization Required	Herceptin	Inj trastuzumab excl biosimi	
J9356	No Authorization Required	Herceptin Hylecta	Inj. herceptin hylecta, 10mg	
J9357	No Authorization Required	Valstar	Valrubicin injection	
J9358	No Authorization Required	Enhertu	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	
J9358	No Authorization Required	Enhertu	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	
J9359	No Authorization Required	Zynlonta	Inj lon tesirin-lpyl 0.075mg	
J9360	No Authorization Required	Velban	Vinblastine sulfate inj	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J9370	No Authorization Required	Vincasar PFS	Vincristine sulfate 1 mg inj	
J9380	No Authorization Required	Tecvayli	Inj teclistamab cqv 0.5 mg	
J9381	No Authorization Required	Tziel	Inj teplizumab mzwv 5 mcg	
J9390	No Authorization Required	Navelbine	Vinorelbine tartrate inj	
J9393	No Authorization Required	Fulvestrant	Inj, fulvestrant (teva)	
J9394	No Authorization Required	Fulvestrant	Inj, fulvestrant (fresenius)	
J9395	No Authorization Required	Faslodex	Injection, fulvestrant	
J9400	No Authorization Required	Zaltrap	Inj, ziv-aflibercept, 1mg	
J9600	No Authorization Required	Photofrin	Porfimer sodium injection	
J9999	No Authorization Required	Unclassified code	Chemotherapy drug	
M0201	No Authorization Required	Home vaccine admin	Covid-19 vaccine home admin	
M0220	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	AstraZeneca	Tixagev and cilgav inj	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
M0221	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	AstraZeneca	Tixagev and cilgav inj hm	
M0222	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Eli Lilly	Bebtelovimab injection	
M0223	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Eli Lilly	Bebtelovimab injection home	
M0249	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Genentech	Adm Tocilizu COVID-19 1st	
M0250	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Genentech	Adm Tocilizu COVID-19 2nd	
Q0112	No Authorization Required		Potassium hydroxide preps	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
Q0138	No Authorization Required	Feraheme	Ferumoxytol, non-esrd	
Q0139	No Authorization Required	Feraheme	Ferumoxytol, esrd use	
Q0161	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Thorazine	Chlorpromazine hcl 5mg oral	
Q0162	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Zofran	Ondansetron oral	
Q0163	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Benadryl	Diphenhydramine hcl 50mg	
Q0164	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compazine	Prochlorperazine maleate 5mg	
Q0166	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Kytril	Granisetron hcl 1 mg oral	
Q0167	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Inapsine	Dronabinol 2.5mg oral	
Q0169	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Phenergan	Promethazine hcl 12.5mg oral	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
Q0175	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Trilafon	Perphenazine 4mg oral	
Q0177	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Vistaril	Hydroxyzine pamoate 25mg	
Q0180	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Anzemet	Dolasetron mesylate oral	
Q0181	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Unspecified oral anti-emetic	
Q0220	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	AstraZeneca	Tixagev and cilgav, 300mg	
Q0221	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	AstraZeneca	Tixagev and cilgav, 600mg	
Q0222	No Authorization Required	bebtelovimab	Bebtelovimab 175 mg	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
Q0222	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Eli Lilly	Bebtelovimab 175 mg	
Q0249	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Genentech	Tocilizumab for COVID-19	
Q0510	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Dispens fee immunosuppressive	
Q0511	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Sup fee antiem,antica,immuno	
Q0513	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Disp fee inhal drugs/30 days	
Q0514	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Disp fee inhal drugs/90 days	
Q2009	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Cerebyx	Fosphenytoin inj pe	
Q2017	No Authorization Required	Teniposide	Teniposide, 50 mg	
Q2039	No Authorization Required		Influenza virus vaccine, nos	
Q2041	Carve out to state	Yescarta	Axicabtagene ciloleucel car+	
Q2042	Carve out to state	Kymriah	Tisagenlecleucel car-pos t	
Q2043	No Authorization Required	Provenge	Sipuleucel-t auto cd54+	
Q2050	No Authorization Required	Doxil	Doxorubicin inj 10mg	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
Q2053	Carve out to state	Tecartus	Brexucabtagene car pos t	
Q2054	Carve out to state	Breyanzi	Lisocabtagene mara car pos t	
Q2055	Carve out to state	Abecma	Idecabtagene vicleucel car	
Q2056	Carve out to state	Carvykti	Ciltacabtagene car-pos t	
Q3027	No Authorization Required	Avonex	Inj beta interferon im 1 mcg	
Q3028	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Rebif	Inj beta interferon sq 1 mcg	
Q4074	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Ventavis	Iloprost non-comp unit dose	
Q4081	No Authorization Required	Epogen Procrit	Epoetin alfa, 100 units esrd	
Q5101	No Authorization Required	Zarxio	Injection, zarxio 1mcg	
Q5103	No Authorization Required	Inflectra	Injection, inflectra 10mg	
Q5104	No Authorization Required	Renflexis	Injection, renflexis 10mg	
Q5105	No Authorization Required	Retacrit	Inj retacrit esrd on dialysi	
Q5106	Authorization Required	Retacrit	Inj retacrit non-esrd use	
Q5107	No Authorization Required	Mvasi	Inj mvasi 10 mg	
Q5108	No Authorization Required	Fulphila	Injection, fulphila 0.5mg	
Q5109	Authorization Required	Ixifi	Injection, ixifi, 10 mg	
Q5110	No Authorization Required	Nivestym	Injection, Nivestym 1mcg	
Q5111	No Authorization Required	Udenyca	Injection, udenyca 0.5 mg	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
Q5112	No Authorization Required	Ontruzant	Inj ontruzant 10 mg	
Q5113	No Authorization Required	Herzuma	Inj herzuma 10 mg	
Q5114	No Authorization Required	Ogivri	Inj ogivri 10 mg	
Q5115	No Authorization Required	Truxima	Inj truxima 10 mg	
Q5116	No Authorization Required	Trazimera	Inj, Trazimera 10mg	
Q5117	No Authorization Required	Kanjinti	Inj, Kanjinti, 10mg	
Q5118	No Authorization Required	Zirabev	Inj, Zirabev, 10mg	
Q5119	No Authorization Required	Ruxience	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	
Q5119	No Authorization Required	Ruxience	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	
Q5120	No Authorization Required	Ziextenzo	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	
Q5121	Authorization Required	Avsola	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	
Q5122	No Authorization Required	Nyvepria	Inj, nyvepria	
Q5123	No Authorization Required	Riabni	Inj. riabni, 10 mg	
Q5124	Authorization Required	Byooviz	Inj. byooviz, 0.1 mg	
Q5125	No Authorization Required	Releuko	Inj, releuko 1 mcg	
Q5126	No Authorization Required	Alymsys	Inj alymsys 10 mg	
Q5127	Authorization Required	Stimufend	Inj, stimufend, 0.5 mg	
Q5128	Authorization Required	Cimerli	Inj, cimerli, 0.1 mg	
Q5129	No Authorization Required	Vegzelma	Inj, vegzelma, 10 mg	
Q5130	Authorization Required	Fylnetra	Inj, fylnetra, 0.5 mg	
Q5131	Authorization Required	Idacio	Inj, idacio, 20 mg	
Q9950	No Authorization Required	Lumason	Inj sulf hexa lipid microsph	
Q9957	No Authorization Required	Definity	Inj perflutren lip micros,ml	
Q9960	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Conray	Hocm 200-249mg/ml iodine,1ml	
Q9961	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Conray	Hocm 250-299mg/ml iodine,1ml	
Q9963	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Gastrografin	Hocm 350-399mg/ml iodine,1ml	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
Q9965	No Authorization Required	Omnipaque	Locm 100-199mg/ml iodine,1ml	
Q9966	No Authorization Required	Optiray	Locm 200-299mg/ml iodine,1ml	
Q9967	No Authorization Required	Optiray	Locm 300-399mg/ml iodine,1ml	
Q9968	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Methylene Blue Isosulfan Blue	Visualization adjunct	
Q9969	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Non-heu tc-99m add-on/dose	
Q9991	No Authorization Required	Sublocade	Buprenorph xr 100 mg or less	
Q9992	No Authorization Required	Sublocade	Buprenorphine xr over 100 mg	
S0012	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Stadol Nasal	Butorphanol tartrate, nasal	
S0013	No Authorization Required	Spravato	Esketamine, nasal spray	
S0017	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Amicar	Injection, aminocaproic acid	
S0028	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Pepcid	Injection, famotidine, 20 mg	
S0032	No Authorization Required	Nafcillin	Injection, nafcillin sodium	
S0039	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Septra	Injection, sulfamethoxazole	
S0074	No Authorization Required	Cefotan	Injection, cefotetan disodiu	
S0078	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Cerebyx	Injection, fosphenytoin sodi	
S0080	No Authorization Required	Pentam	Injection, pentamidine iseth	
S0088	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Gleevec	Imatinib 100 mg	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
S0090	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Viagra	Sildenafil citrate, 25 mg	
S0091	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Kytril	Granisetron 1mg	
S0092	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Dilaudid	Hydromorphone 250 mg	
S0093	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Morphine	Morphine 500 mg	
S0104	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Retrovir	Zidovudine, oral, 100 mg	
S0106	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Wellbutrin SR	Bupropion hcl sr 60 tablets	
S0108	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Purixan	Mercaptopurine 50 mg	
S0109	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Dolophine	Methadone oral 5mg	
S0117	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Retin A	Tretinoin topical 5 g	
S0119	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Zofran	Ondansetron 4 mg	
S0122	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Menopur	Inj menotropins 75 iu	
S0126	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Gonal F	Inj follitropin alfa 75 iu	
S0128	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Follistim AQ	Inj follitropin beta 75 iu	
S0132	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Ganirelix Acetate	Inj ganirelix acetat 250 mcg	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
S0136	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Clozaril	Clozapine, 25 mg	
S0137	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Videx EC	Didanosine, 25 mg	
S0138	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Proscar	Finasteride, 5 mg	
S0139	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Minoxidil	Minoxidil, 10 mg	
S0145	No Authorization Required	Pegasys	Peg interferon alfa-2a/180	
S0148	No Authorization Required	Peg-Intron	Peg interferon alfa-2b/10	
S0155	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Flolan Diluent	Epoprostenol dilutant	
S0156	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Aromasin	Exemestane, 25 mg	
S0157	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Regranex	Becaplermin gel 1%, 0.5 gm	
S0160	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Zenzedi	Dextroamphetamine	
S0169	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Rocaltrol	Calcitrol	
S0170	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Arimidex	Anastrozole 1 mg	
S0172	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Leukeran	Chlorambucil 2 mg	
S0174	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Anzemet	Dolasetron 50 mg	
S0175	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Flutamide	Flutamide 125 mg	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
S0176	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Hydrea	Hydroxyurea 500 mg	
S0178	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Gleostine	Lomustine 10 mg	
S0179	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Megace	Megestrol 20 mg	
S0182	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Matulane	Procarbazine, oral	
S0183	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compazine	Prochlorperazine 5 mg	
S0187	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Nolvadex	Tamoxifen 10 mg	
S0189	No Authorization Required	Testopel	Testosterone pellet 75 mg	
S0190	No Authorization Required	Mifeprex	Mifepristone, oral, 200 mg	
S0191	No Authorization Required	Cytotec	Misoprostol, oral, 200 mcg	
S0194	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Renal Caps	Vitamin suppl 100 caps	
S0197	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Prenatal Vitamins	Prenatal vitamins 30 day	
S0316	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Follow-up/reassessment	
S4990	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Nicotine patch legend	
S4991	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Nicotine patch nonlegend	
S4993	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Contraceptive pills for bc	
S5000	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Prescription drug, generic	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
S5001	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Prescription drug,brand name	
S5010	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		5% dextrose and 0.45% saline	
S5012	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		5% dextrose with potassium	
S5013	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		5%dextrose/0.45%saline1000ml	
S5014	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		D5w/0.45ns w kcl and mgs04	
S5497	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit cath care noc	
S5498	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit simple cath care	
S5501	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit complex cath care	
S5502	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit interim cath care	
S5517	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit declotting kit	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
S5518	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit cath repair kit	
S5521	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit midline cath insert kit	
S5550	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin rapid 5 u	
S5551	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin most rapid 5 u	
S5552	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin intermed 5 u	
S5553	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin long acting 5 u	
S5560	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin reuse pen 1.5 ml	
S5561	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin reuse pen 3 ml	
S5565	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin cartridge 150 u	
S5566	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin cartridge 300 u	
S5570	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin dispos pen 1.5 ml	
S5571	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin dispos pen 3 ml	
S8490	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		100 insulin syringes	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
S9061	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Medical supplies and equipme	
S9325	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit pain mgmt per diem	
S9326	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit cont pain per diem	
S9327	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit int pain per diem	
S9328	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit pain imp pump diem	
S9329	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit chemo per diem	
S9330	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit cont chem diem	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
S9331	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit intermit chemo diem	
S9335	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ht hemodialysis diem	
S9336	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit cont anticoag diem	
S9338	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit immunotherapy diem	
S9339	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit periton dialysis diem	
S9345	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit anti-hemophil diem	
S9346	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit alpha-1-proteinas diem	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
S9347	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit longterm infusion diem	
S9348	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit sympathomim diem	
S9349	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit tocolysis diem	
S9351	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit cont antiemetic diem	
S9353	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit cont insulin diem	
S9355	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit chelation diem	
S9357	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit enzyme replace diem	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
S9359	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit anti-tnf per diem	
S9361	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit diuretic infus diem	
S9363	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit anti-spasmodic diem	
S9364	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit tpn total diem	
S9365	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit tpn 1 liter diem	
S9366	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit tpn 2 liter diem	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
S9367	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit tpn 3 liter diem	
S9368	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit tpn over 3l diem	
S9370	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ht inj antiemetic diem	
S9372	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ht inj anticoag diem	
S9373	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit hydra total diem	
S9374	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit hydra 1 liter diem	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
S9375	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit hydra 2 liter diem	
S9376	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit hydra 3 liter diem	
S9377	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit hydra over 3l diem	
S9379	Authorization Required		Hit noc per diem	
S9430	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy comp/disp serv	
S9490	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit corticosteroid/diem	
S9494	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit antibiotic total diem	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
S9497	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit antibiotic q3h diem	
S9500	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit antibiotic q24h diem	
S9501	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit antibiotic q12h diem	
S9502	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit antibiotic q8h diem	
S9503	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit antibiotic q6h diem	
S9504	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit antibiotic q4h diem	
S9537	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ht hem horm inj diem	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
S9538	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit blood products diem	
S9542	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ht inj noc per diem	
S9558	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ht inj growth horm diem	
S9559	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit inj interferon diem	
S9560	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ht inj hormone diem	
S9562	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ht inj palivizumab diem	
S9590	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ht irrigation diem	
G0012	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection of hiv prep drug	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J0184	No Authorization Required	Barhemsys	Inj, amisulpride, 1 mg	
J0217	Carve out to state	Lamzede	Inj velmanase alfa-tycv 1 mg	
J0391	No Authorization Required	Artesunate	Inj, artesunate, 1mg	
J0402	No Authorization Required	Abilify Asimtufii	Inj, abilify asimtufii, 1 mg	
J0688	No Authorization Required	Ancef Kefzol	Inj cefazolin sodium, hikma	
J0750	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Truvada	Hiv prep, ftc/tdf 200/300mg	
J0751	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Descovy	Hiv prep, ftc/taf 200/25mg	
J0799	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hiv prep, fda approved, noc	
J0873	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Daptomycin	Inj daptomycin (xellia)	
J1105	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Igalmi	Dexmedetomidine film, 1 mcg	
J1304	No Authorization Required	QALSODY 100MG/15ML Solution	Inj tofersen intrathec 1 mg	
J1412	Authorization Required	ROCTAVIAN Suspension	Inj roctavian ml 2x10 ¹³ vc g	
J1413	Carve out to state	ELEVIDYS Kit	Inj delandistrogene mox rokl	
J1596	No Authorization Required	GLYCOPYRROLATE 0.2MG/ML Solution	Inj, glycopyrrolate, 0.1 mg	
J1939	No Authorization Required	BUMETANIDE 0.25MG/ML Solution	Inj, bumetanide, 0.5 mg	
J2404	No Authorization Required	NICARDIPINE HCL 2.5MG/ML Solution	Inj, nicardipine 0.1 mg	
J2508	Authorization Required	ELFABRIO 20MG/10ML Solution	Pegunigalsidase alfa-iwxj	
J2679	No Authorization Required	FLUPHENAZINE HCL 2.5MG/ML Solution	Inj fluphenazine hcl 1.25 mg	
J2799	No Authorization Required	UZEDY 25MG/0.07ML Suspension, Extended Release	Inj, uzedy, 1 mg	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J3401	Authorization Required	VYJUVEK Gel	Vyjuvek 5x10 ⁹ pfu/ml, 0.1 ml	
J3425	No Authorization Required	HYDROXOCOBALAMIN 1000MCG/ML Solution	Inj, hydroxocobalamin	
J9052	No Authorization Required	CARMUSTINE 50MG Solution Reconstituted	Inj, carmustine (accord)	
J9072	No Authorization Required	Cyclophosphamide	Inj cyclophos dr.reddy's 5mg	
J9172	No Authorization Required	Docivyx	Docetaxel (ingenus), 1 mg	
J9255	No Authorization Required		Inj, methotrexate (accord)	
J9258	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Abraxane	Paclitaxel (teva)	
J9286	No Authorization Required	COLUMVI 2.5MG/2.5ML Solution	Inj glofitamab gxbm, 2.5 mg	
J9321	No Authorization Required	Epkinly	Inj epcoritamab-bysp 0.16 mg	
J9324	No Authorization Required	Pemrydi RTU	Inj, pemrydi rtu, 10 mg	
J9333	No Authorization Required	RYSTIGGO 140MG/ML Solution	Inj ronzanolixizum-noli 1 mg	
J9334	Authorization Required	Vyvgart Hytrulo	Inj efgart-alfa 2mg hya-qvfc	
Q0516	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Supply fee hiv prep 30-days	
Q0517	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Supply fee hiv prep 60-days	
Q0518	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Supply fee hiv prep 90-days	
Q5132	No Authorization Required	ABRILADA 40MG/0.8ML Solution	Inj, abrilada, 10 mg	
90623	No Authorization Required			
90683	No Authorization Required			
J0177	No Authorization Required	Eylea HD	Inj, aflibercept hd, 1 mg	
J0209	No Authorization Required	Pedmark	Inj, sod thiosulfate (hope)	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J0577	No Authorization Required	Brixadi	Inj, brixadi, 7 days or less	
J0578	No Authorization Required	Brixadi	Inj brixadi, more than 7 day	
J0589	No Authorization Required	Daxxify	Inj daxibotulinumtoxina-lanm	
J0650	No Authorization Required	Levothyroxine sodium	Inj, levothyroxine nos 10mcg	
J0651	No Authorization Required	Levothyroxine sodium	Inj, levothyroxine, freskabi	
J0652	No Authorization Required	Levothyroxine sodium	Inj, levothyroxine, hikma	
J1010	No Authorization Required	Depo-Medrol	Inj, methylpred acetate 1 mg	
J1202	No Authorization Required	Opfolda	Miglustat oral 65 mg	
J1203	No Authorization Required	Pombiliti	Inj, cipaglucoisidase, 5 mg	
J1323	No Authorization Required	Elfrexio	Inj, elranatamab-bcmm, 1 mg	
J1434	No Authorization Required	Focinvez	Inj, focinvez, 1mg	
J2277	No Authorization Required	Aphexda	Inj, motixafortide, 0.25 mg	
J2782	No Authorization Required	Izervay	Inj avacincaptad pegol 0.1mg	
J2801	No Authorization Required	Rykindo	Inj, rykindo, 0.5 mg	
J2919	No Authorization Required	Solu-Medrol	Inj, methylpred sod succ 5mg	
J3055	No Authorization Required	Talvey	Inj talquetamab-tgvs 0.25 mg	
J3424	No Authorization Required	Cyanokit	Inj hydroxocobalamin iv 25mg	
J7165	No Authorization Required	Balfaxar	Inj, human-lans, per i.u	
J7354	No Authorization Required	Ycanth	Cantharidin top, applicator	
J9073	No Authorization Required	Cyclophosphamide	Inj cyclophosphamd (ingenus)	
J9074	No Authorization Required	Cyclophosphamide	Inj, cyclophosphamd, sandoz	
J9075	No Authorization Required	Cyclophosphamide	Inj, cyclophosphamide, nos	
J9248	No Authorization Required	Hepzato	Inj melphalan (hepzato) 1 mg	
J9249	No Authorization Required	Alkeran	Inj, melphalan (apotex) 1 mg	
J9376	No Authorization Required	Veopoz	Inj pozelimab-bbfg, 1 mg	
Q5133	No Authorization Required	Tofidence	Inj, tofidence, 1 mg	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
Q5134	No Authorization Required	Tyruko	Inj, tyruko, 1 mg	
A9543	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Y90 ibritumomab, rx	
A9563	No Authorization Required		P32 na phosphate	
A9590	No Authorization Required		Iodine i-131 iobenguane 1mci	
A9600	No Authorization Required		Sr89 strontium	
A9604	No Authorization Required		Sm 153 lexidronam	
A9607	No Authorization Required		Lutetium lu 177 vipivotide	
C9101	No Authorization Required	Olinvyk	Inj, oliceridine 0.1 mg	
C9482	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Sotalol hydrochloride iv	
G0068	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Adm iv infusion drug in home	
G0069	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Adm sq infusion drug in home	
G0070	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Adm of chemo drug in home	
G0088	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Adm iv drug 1st home visit	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
G0089	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Adm subq drug 1st home visit	
G0090	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Adm iv chemo 1st home visit	
G0278	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Iliac art angio,cardiac cath	
G0279	No Authorization Required		Tomosynthesis, mammo	
G0333	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Dispense fee initial 30 day	
G2082	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Visit esketamine 56m or less	
G2083	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Visit esketamine, > 56m	
J0120	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Tetracycline	Tetracyclin injection	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J0130	No Authorization Required		Abciximab injection	
J0175	Authorization Required	Kisunla	Injection, donanemab-azbt, 2 mg	
J0190	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, biperiden lactate, per 5 mg	
J0200	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Alatrofloxacin mesylate	
J0210	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Methyldopate hcl injection	
J0211	No Authorization Required	Nithiodote	Inj, nithiodote, 3mg / 125mg	
J0288	No Authorization Required		Ampho b cholesteryl sulfate	
J0350	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection anistreplase 30 u	
J0365	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Aprotonin, 10,000 kiu	
J0380	No Authorization Required		Inj metaraminol bitartrate	
J0390	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Chloroquine injection	
J0395	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Arbutamine hcl injection	
J0400	No Authorization Required	Abilify	Aripiprazole injection	
J0520	Authorization Required		Bethanechol chloride inject	
J0620	No Authorization Required		Calcium glycer & lact/10 ml	
J0687	No Authorization Required	Cefazolin	Inj cefazolin (wg crit care)	
J0710	No Authorization Required		Cephapirin sodium injection	
J0715	No Authorization Required		Ceftizoxime sodium / 500 mg	
J0745	No Authorization Required		Inj codeine phosphate /30 mg	
J0872	No Authorization Required	Daptomycin	Daptomycin (xellia) unrefrig	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J0911	No Authorization Required	Drfencath	Inst tauro 1.35mg/hep 100u	
J0945	No Authorization Required		Brompheniramine maleate inj	
J1094	No Authorization Required		Inj dexamethasone acetate	
J1130	No Authorization Required		Inj diclofenac sodium 0.5mg	
J1180	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Dyphylline injection	
J1260	No Authorization Required		Dolasetron mesylate	
J1267	No Authorization Required		Doripenem injection	
J1320	No Authorization Required		Amitriptyline injection	
J1330	No Authorization Required		Ergonovine maleate injection	
J1435	No Authorization Required		Injection estrone per 1 mg	
J1436	No Authorization Required		Etidronate disodium inj	
J1452	No Authorization Required		Intraocular fomivirsen na	
J1457	No Authorization Required		Gallium nitrate injection	
J1597	No Authorization Required	Glyrx-PF	Inj glycopyrrolate, glyrx-pf	
J1598	No Authorization Required		Inj glycopyrrolate fres kabi	
J1600	No Authorization Required		Gold sodium thiomaleate inj	
J1620	No Authorization Required		Gonadorelin hydroch/ 100 mcg	
J1655	No Authorization Required		Tinzaparin sodium injection	
J1675	No Authorization Required		Histrelin acetate	
J1700	No Authorization Required		Hydrocortisone acetate inj	
J1710	No Authorization Required		Hydrocortisone sodium ph inj	
J1730	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Diazoxide injection	
J1748	Authorization Required	Zymfentra	Inj, zymfentra, 10 mg	
J1810	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Droperidol/fentanyl inj	

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DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J1835	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Itraconazole injection	
J1890	No Authorization Required		Cephalothin sodium injection	
J1945	No Authorization Required		Lepirudin	
J1960	No Authorization Required		Levorphanol tartrate inj	
J1990	No Authorization Required		Chlordiazepoxide injection	
J2180	No Authorization Required		Meperidine/promethazine inj	
J2183	No Authorization Required	Meropenem	Inj meropenem (wg crit care)	
J2246	No Authorization Required	Micafungin	Inj, micafungin (baxter)	
J2267	Authorization Required	OmvoH	Inj, mirikizumab-mrkz, 1 mg	
J2320	No Authorization Required		Nandrolone decanoate 50 mg	
J2325	No Authorization Required		Nesiritide injection	
J2373	No Authorization Required	Immphantiv	Inj, immphantiv, 20 mcg	
J2410	No Authorization Required		Oxymorphone hcl injection	
J2460	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Oxytetracycline injection	
J2468	No Authorization Required		Inj, palonosetron (avyxa)	
J2470	No Authorization Required	Protonix	Inj pantoprazole sodium 40mg	
J2471	No Authorization Required	Pantoprazole	Inj pantoprazole(hikma) 40mg	
J2513	No Authorization Required		Pentastarch 10% solution	
J2650	No Authorization Required		Prednisolone acetate inj	
J2670	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Totazoline hcl injection	
J2725	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Inj protirelin per 250 mcg	
J2910	No Authorization Required		Aurothioglucose injeciton	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J2940	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Somatrem injection	
J2950	No Authorization Required		Promazine hcl injection	
J2995	No Authorization Required		Inj streptokinase /250000 iu	
J3070	No Authorization Required		Pentazocine injection	
J3247	Authorization Required	Cosentyx	Inj secukinumab intrav 1mg	
J3263	No Authorization Required	Loqtorzi	Inj, toripalimab-tpzi, 1 mg	
J3265	No Authorization Required		Injection torsemide 10 mg/ml	
J3280	No Authorization Required		Thiethylperazine maleate inj	
J3302	No Authorization Required		Triamcinolone diacetate inj	
J3303	No Authorization Required	Hexatrione	Triamcinolone hexacetonl inj	
J3305	No Authorization Required		Inj trimetrexate gluconate	
J3310	No Authorization Required		Perphenazine injeciton	
J3320	No Authorization Required		Spectinomycn di-hcl inj	
J3350	No Authorization Required		Urea injection	
J3364	No Authorization Required		Urokinase 5000 iu injection	
J3365	No Authorization Required		Urokinase 250,000 iu inj	
J3393	Carve out to state	Zytnteglo	Inj, betibeglogene autotemce	
J3394	Carve out to state	Lyfgenia	Inj, lovotibeglogene autotem	
J3400	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Triflupromazine hcl inj	
J3472	No Authorization Required		Ovine, 1000 usp units	
J3520	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Edetate disodium per 150 mg	
J3530	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Nasal vaccine inhalation	
J3570	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Laetrile amygdalin vit b17	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
J7110	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Dextran 75 infusion	
J7171	Authorization Required	Adzynma	Inj, adzynma, 10 iu	
J7306	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Levonorgestrel implant sys	
J7309	No Authorization Required		Methyl aminolevulinate, top	
J7310	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ganciclovir long act implant	
J7355	Authorization Required	iDose TR	Inj travoprost intra impl	
J7505	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Monoclonal antibodies	
J7513	No Authorization Required		Daclizumab, parenteral	
J8562	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Oral fludarabine phosphate	
J8611	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Oral methotrexate (jylamvo)	
J8612	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Oral methotrexate (xatmep)	
J9020	No Authorization Required		Asparaginase, nos	
J9098	No Authorization Required		Cytarabine liposome inj	
J9151	No Authorization Required		Daunorubicin citrate inj	
J9212	Authorization Required		Interferon alfacon-1 inj	
J9213	No Authorization Required		Interferon alfa-2a inj	
J9219	No Authorization Required		Leuprolide acetate implant	
J9270	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Plicamycin (mithramycin) inj	
J9361	No Authorization Required		Inj, efbemalenograstim alfa-	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
M0240	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Casiri and imdev repeat	
M0241	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Casiri and imdev repeat hm	
M0243	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Casirivi and imdevi inj	
M0244	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Casirivi and imdevi inj hm	
M0245	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Bamlan and etesev infusion	
M0246	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Bamlan and etesev infus home	
M0247	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Sotrovimab infusion	
M0248	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Sotrovimab inf, home admin	
Q0144	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Zithromax	Azithromycin dihydrate, oral	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
Q0224	No Authorization Required		Inj, pemivibart, 4500 mg	
Q0240	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Casirivi and imdevi 600 mg	
Q0243	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Casirivimab and imdevimab	
Q0244	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Casirivi and imdevi 1200 mg	
Q0245	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Bamlanivimab and etesevima	
Q0247	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Sotrovimab	Sotrovimab	
Q2004	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Renacidin	Bladder calculi irrig sol	
Q5123	No Authorization Required	Riabni	Inj. riabni, 10 mg	
Q5137	Authorization Required	Wezlana	Inj, wezlana, sub cu, 1 mg	
Q5138	Authorization Required	Wezlana	Inj, wezlana, iv, 1 mg	
S0014	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Tacrine hydrochloride, 10 mg	
S0021	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, cefoperazone sod	
S0023	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, cimetidine hydroc	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
S0034	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, ofloxacin, 400 mg	
S0040	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, ticarcillin disod	
S0081	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, piperacillin sodi	
S0140	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Saquinavir, 200 mg	
S0142	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Colistimethate inh sol mg	
S0177	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Levamisole 50 mg	
S5520	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit picc insert kit	
S5522	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hit picc insert no supp	
S5523	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Hip midline cath insert kit	
S9563	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ht inj immuno diem	
S9810	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ht pharm per hour	

DRUG CODE (HCPCS)	AUTHORIZATION REQUIRED	BRAND NAME	SHORT DESCRIPTION	LIMITS
M0224	No Authorization Required		Pemivibart infusion	