

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

0141A	Bill directly to Fee for Service State Medicaid		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; first dose		
0142A	Bill directly to Fee for Service State Medicaid		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; second dose		
0151A	Bill directly to Fee for Service State Medicaid		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; single dose		
0171A	Bill directly to Fee for Service State Medicaid		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose		
0172A	Bill directly to Fee for Service State Medicaid		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose		
A4216	No Auth. Required	Sterile water	Sterile water, saline, and/or dextrose, diluent/flush, 10 mL	Sterile water	
A4221	No Auth. Required		Supp non-insulin inf cath/wk	Supp non-insulin inf cath/wk	
A4222	No Auth. Required		Infusion supplies with pump	Infusion supplies with pump	
A4223	No Auth. Required		Infusion supplies w/o pump	Infusion supplies w/o pump	
A4224	No Auth. Required		Supply insulin inf cath/wk	Supply insulin inf cath/wk	
A4238	Auth Required	Guardian	Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service		
A4239	Pharmacy Benefit	Freestyle Libre Dexcom	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service		
A9513	Auth Required	Lutathera	Lutetium lu, dotatete, therapeutic, 1 millicurie	lutetium lu 177	
A9606	Auth Required	Xofigo	Radium Ra 223 dichloride	Xofigo	
A9276	Auth Required	(CGM)	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply		
A9277	Auth Required	(CGM)	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system		
A9278	Auth Required	(CGM)	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system		
B4148	Auth Required		Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Enteral feed elastomer daily	
B4164	No Auth. Required		Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	Parenteral 50% dextrose solu	
B4168	No Auth. Required		Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 3.	
B4172	No Auth. Required		Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 5.	
B4176	No Auth. Required		Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 7-	
B4178	No Auth. Required		Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	Parenteral sol amino acid >	
B4180	No Auth. Required		Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	Parenteral sol carb > 50%	
B4185	No Auth. Required	Clinolipid, Nutrilipid, Smolipid, Intralipid	Parenteral nutrition solution, not otherwise specified, 10 grams lipids	Pn soln nos 10 grams lipids	
B4187	No Auth. Required	Omegaven	Omegaven, 10 grams lipids	Omegaven, 10 grams lipids	
B4189	No Auth. Required		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Parenteral sol amino acid &	
B4193	No Auth. Required		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	Parenteral sol 52-73 gm prot	
B4197	No Auth. Required		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Parenteral sol 74-100 gm pro	
B4199	No Auth. Required		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Parenteral sol > 100gm prote	
B4216	No Auth. Required		Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day	Parenteral nutrition additiv	
B4220	No Auth. Required		Parenteral nutrition supply kit; premix, per day	Parenteral supply kit premix	
B4222	Auth Required		Parenteral nutrition supply kit; home mix, per day	Parenteral supply kit homemi	
B4224	No Auth. Required		Parenteral nutrition administration kit, per day	Parenteral administration ki	
B5000	No Auth. Required		Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-aminosyn-rf, nephramine, renamine-premix	Parenteral sol renal-amirosoy	

B5100	No Auth. Required		Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, hepatamine-premix	Parenteral solution hepatic	
B5200	No Auth. Required		Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-freamine-hbc-premix	Parenteral sol hepatic fream	
B9006	Auth Required		Parenteral nutrition infusion pump, stationary	Parenteral infus pump statio	
B9999	Auth Required		Noc for parenteral supplies	Parenteral supp not othrws c	
C9046	Auth Required	Cocaine, Goprelto	Cocaine hydrochloride nasal solution for topical administration, 1 mg	Cocaine hcl nasal solution	
C9047	Auth Required	Cablivi	Injection, caplacizumab-yhdp, 1 mg	Injection, caplacizumab-yhdp	
C9088	Auth Required	Zynrelef	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Instill, bupivac and meloxic	
C9089	Not Covered on state fee schedule (Outpatient Fee Schedule)	Xaracoll	Bupivacaine, collagen-matrix implant, 1 mg	Bupivacaine implant, 1 mg	
C9092	No Auth. Required	Xipere	Injection, triamcinolone acetone, suprachoroidal (Xipere), 1 mg		
C9095	No Auth. Required	Kimmtrak	Inj, tebentafusp-tebn, 1 mcg		
C9143	No Auth. Required	Numbrino			
C9144	Not Covered on state fee schedule (Outpatient Fee Schedule)	Posimir			
C9145	No Auth Required	Aponvie	Injection, aprepitant, (Aponvie), 1 mg	Inj, aponvie, 1 mg	
C9248	No Auth. Required	Cleviprex	Injection, clevidipine butyrate, 1 mg	Inj, clevidipine butyrate	
C9254	No Auth. Required	Vimpat	Injection, lacosamide, 1 mg	Injection, lacosamide	
C9257	Auth Required	Avastin	Injection, bevacizumab, 0.25 mg	Bevacizumab injection	
C9285	No Auth. Required	Synera	Lidocaine 70 mg/tetracaine 70 mg, per patch	Patch, lidocaine/tetracaine	
C9290	No Auth. Required	Exparel	Injection, bupivacaine liposome, 1 mg	Inj, bupivacaine liposome	
C9293	No Auth. Required	Voraxaze	Injection, glucarpidase, 10 units	Injection, glucarpidase	
C9399	Auth Required	Unclassified code	Unclassified drugs or biologicals	Unclassified drugs or biolog	
C9460	No Auth. Required	Kengreal	Injection, cangrelor, 1 mg	Injection, cangrelor	
C9462	Auth Required	Baxdela	Injection, delafloxacin, 1 mg	Injection, delafloxacin	
C9488	Auth Required	Vaprisol	Injection, conivaptan hydrochloride, 1 mg	Conivaptan hcl	
E2102	Auth Required	Guardian	Adjunctive, non-implanted continuous glucose monitor or receiver		
E2103	Pharmacy Benefit	Freestyle Libre Dexcom	Non-adjunctive, non-implanted continuous glucose monitor or receiver		
G1028	Not Covered on state fee schedule (Outpatient Fee Schedule)	Naloxone	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addit	Take home supply 8mg per 0.1	
J0121	Auth Required	Nuzyra	Injection, omadacycline, 1 mg	Inj., omadacycline, 1 mg	
J0122	Auth Required	Xerava	Injection, eravacycline, 1 mg	Inj., eravacycline, 1 mg	
J0129	Auth Required	Orencia	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Abatacept injection	Self-administered: 4 units per 28 days Infusion: 100 units per 28 days
J0131	No Auth. Required	Ofirmev	Injection, acetaminophen, 10 mg	Acetaminophen injection	
J0132	No Auth. Required	Mucomyst	Injection, acetylcysteine, 100 mg	Acetylcysteine injection	
J0133	No Auth. Required	Zovirax	Injection, acyclovir, 5 mg	Acyclovir injection	
J0134	No Auth. Required		Injection, acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg		
J0135	Pharmacy Benefit	Humira	Injection, acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg	Adalimumab injection	4 per 28 days
J0136	No Auth. Required		Injection, acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg		
J0137	No Auth. Required		Injection, acetaminophen (Hikma) not therapeutically equivalent to J0131, 10 mg	Inj, acetaminophen (hikma)	
J0153	No Auth. Required	Adenosine	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	Adenosine inj 1mg	
J0171	Auth Required	Epinephrine	Injection, adrenalin, epinephrine, 0.1 mg	Adrenalin epinephrine inject	
J0172	Auth Required	Aduhelm	Injection, aducanumab-awwa, 2 mg	Inj, aducanumab-awwa, 2 mg	
J0173	No Auth. Required		Injection, epinephrine (Belcher) not therapeutically equivalent to J0171, 0.1 mg		
J0174	Auth Required	Leqembi	Injection, lecanemab-irmb, 1 mg	Inj, lecanemab-irmb, 1 mg	
J0178	Auth Required	Eylea	Injection, aflibercept, 1 mg	Aflibercept injection	
J0179	Auth Required	Beovu	Injection, brolocizumab-dbl, 1 mg	Inj, brolocizumab-dbl, 1 mg	
J0180	Auth Required	Fabrazyme	Injection, agalsidase beta, 1 mg	Agalsidase beta injection	
J0185	Auth Required	Cinvanti	Injection, aprepitant, 1 mg	Inj., aprepitant, 1 mg	
J0202	Auth Required	Lemtrada	Injection, alemtuzumab, 1 mg	Injection, alemtuzumab	
J0205	Auth Required	Ceredase	Injection, alglucerase, per 10 units	Alglucerase injection	
J0206	No Auth. Required	Allopurinol	Injection, allopurinol sodium, 1 mg	Inj allopurinol sodium 1 mg	
J0207	No Auth. Required	Ethylol	Injection, amifostine, 500 mg	Amifostine	
J0208	Auth Required	PEDMARK	Injection, sodium thiosulfate, 100 mg	Inj sodium thiosulfate 100mg	
J0215	Auth Required	AMEVIVE	Injection, alefacept, 0.5 mg	Alefacept	
J0216	No Auth. Required	Alfentanil	Injection, alfentanil HCl, 500 mcg	Inj, alfentanil hcl, 500mcg	
J0218	Auth Required	Xenpozyme	Injection, olipudase alfa-rpcp, 1 mg	Inj olipudase alfa-rpcp 1mg	
J0219	Auth Required	Nexvazyme	Injection, avalglucosidase alfa-ngpt, 4 mg		
J0220	Auth Required	Lumizyme	Injection, alglucosidase alfa, 10 mg, not otherwise specified	Alglucosidase alfa injection	
J0221	Bill directly to Fee for Service State Medicaid	Lumizyme	Injection, alglucosidase alfa, (lumizyme), 10 mg	Lumizyme injection	
J0222	Auth Required	Onpatro	Injection, patisiran, 0.1 mg	Inj., patisiran, 0.1 mg	
J0223	Auth Required	Givlaari	Injection, givosiran, 0.5 mg	Inj givosiran 0.5 mg	
J0224	Auth Required	Oxlumo	Injection, lumasiran, 0.5 mg	Inj. lumasiran, 0.5 mg	
J0225	Auth Required	AMVUTTRA			
J0248	No Auth. Required	Veklury	Injection, remdesivir, 1 mg	Inj. remdesivir, 1 mg	
J0256	Auth Required	Aralast NP Prolastin-C	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	Alpha 1 proteinase inhibitor	60mg/kg once weekly
J0257	No Auth. Required	Glassia	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Glassia injection	
J0270	No Auth. Required	Edex	Injection, alprostadil, 1.25 mcg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Alprostadil for injection	

J0275	Not Covered on state fee schedule (Outpatient Fee Schedule)	Muse	Alprostadil urethral suppository (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Alprostadil urethral suppos	
J0278	No Auth. Required	Amikacin	Injection, amikacin sulfate, 100 mg	Amikacin sulfate injection	
J0280	No Auth. Required	Aminophylline	Injection, aminophyllin, up to 250 mg	Aminophyllin 250 mg inj	
J0282	No Auth. Required	Amiodarone	Injection, amiodarone hydrochloride, 30 mg	Amiodarone hcl	
J0283	No Auth. Required	NEXTERONE			
J0285	No Auth. Required	Amphotericin B	Injection, amphotericin b, 50 mg	Amphotericin b	
J0287	No Auth. Required	Abelcet	Injection, amphotericin b lipid complex, 10 mg	Amphotericin b lipid complex	
J0289	No Auth. Required	Ambisome	Injection, amphotericin b liposome, 10 mg	Amphotericin b liposome inj	
J0290	No Auth. Required	Ampicillin	Injection, ampicillin sodium, 500 mg	Ampicillin 500 mg inj	
J0291	No Auth. Required	Zemdri	Injection, plazomicin, 5 mg	Inj., plazomicin, 5 mg	
J0295	No Auth. Required	Unasyn	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	Ampicillin sulbactam 1.5 gm	
J0300	No Auth. Required	Amytal	Injection, amobarbital, up to 125 mg	Amobarbital 125 mg inj	
J0330	No Auth. Required	Succinylcholine	Injection, succinylcholine chloride, up to 20 mg	Succinylcholine chloride inj	
J0348	No Auth. Required	Eraxis	Injection, anidulafungin, 1 mg	Anidulafungin injection	
J0349	Auth Required	Rezzayo	Injection, rezafungin, 1 mg	Inj, rezafungin, 1 mg	
J0360	No Auth. Required	Apresoline	Injection, hydralazine hcl, up to 20 mg	Hydralazine hcl injection	
J0364	Auth Required	Apokyn	Injection, apomorphine hydrochloride, 1 mg	Apomorphine hydrochloride	
J0401	No Auth. Required	Abilify Maintena	Injection, aripiprazole, extended release, 1 mg	Inj aripiprazole ext rel 1mg	
J0456	No Auth. Required	Zithromax	Injection, azithromycin, 500 mg	Azithromycin	
J0457	No Auth. Required	AZACTAM	Injection, aztreonam, 100 mg	Injection, aztreonam, 100 mg	
J0461	No Auth. Required	Nulojix	Injection, atropine sulfate, 0.01 mg	Atropine sulfate injection	
J0470	No Auth. Required	Ban in Oil	Injection, dimercaprol, per 100 mg	Dimecaprol injection	
J0475	No Auth. Required	Lioresal	Injection, baclofen, 10 mg	Baclofen 10 mg injection	
J0476	No Auth. Required	Lioresal IT	Injection, baclofen, 50 mcg for intrathecal trial	Baclofen intrathecal trial	
J0480	No Auth. Required	Simulect	Injection, basiliximab, 20 mg	Basiliximab	
J0485	No Auth. Required	Nulojix	Injection, belatacept, 1 mg	Belatacept injection	
J0490	Auth Required	Benlysta	Injection, belimumab, 10 mg	Belimumab injection	
J0491	No Auth. Required	Saphnelo	Injection, anifrolumab-fnia, 1 mg		
J0500	No Auth. Required	Bentyl	Injection, dicyclomine hcl, up to 20 mg	Dicyclomine injection	
J0515	No Auth. Required	Cogentin	Injection, benzotropine mesylate, per 1 mg	Inj benzotropine mesylate	
J0517	Auth Required	Fasenra	Injection, benralizumab, 1 mg	Inj., benralizumab, 1 mg	
J0558	No Auth. Required	Bicillin C-R	Injection, penicillin g benzathine and penicillin g procaine, 100,000 units	PenG benzathine/procaine inj	
J0561	No Auth. Required	Bicillin L-A	Injection, penicillin g benzathine, 100,000 units	Penicillin g benzathine inj	
J0565	Auth Required	Zinplava	Injection, bezlotoxumab, 10 mg	Inj, bezlotoxumab, 10 mg	
J0567	Auth Required	Brineura	Injection, cerliponase alfa, 1 mg	Inj., cerliponase alfa 1 mg	
J0570	Auth Required	Probuphine	Buprenorphine implant, 74.2 mg	Buprenorphine implant 74.2mg	1 unit for 6 months with a 6 month reauth only
J0571	Pharmacy Benefit	Subutex	Buprenorphine, oral, 1 mg	Buprenorphine oral 1mg	
J0572	Pharmacy Benefit	Suboxone	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	Bupren/nal up to 3mg bupreno	
J0573	Pharmacy Benefit	Suboxone	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	Bupren/nal 3.1 to 6mg bupren	
J0574	Pharmacy Benefit	Suboxone	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	Bupren/nal 6.1 to 10mg bupre	
J0575	Pharmacy Benefit	Suboxone	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	Bupren/nal over 10mg bupreno	
J0583	No Auth. Required	Angiomax	Injection, bivalirudin, 1 mg	Bivalirudin	
J0584	Auth Required	Crysvita	Injection, burosumab-twza 1 mg	Injection, burosumab-twza 1m	
J0585	Auth Required	Botox	Injection, onabotulinumtoxin a, 1 unit	Injection, onabotulinumtoxin a	
J0586	Auth Required	Dysport	Injection, abobotulinumtoxin a, 5 units	Abobotulinumtoxin a	
J0587	Auth Required	Myobloc	Injection, rimabotulinumtoxin b, 100 units	Inj, rimabotulinumtoxin b	
J0588	Auth Required	Xeomin	Injection, incobotulinumtoxin a, 1 unit	Incobotulinumtoxin a	
J0591	Auth Required	Kybella	Injection, deoxycholic acid, 1 mg	Inj deoxycholic acid, 1 mg	
J0592	Auth Required	Buprenex	Injection, buprenorphine hydrochloride, 0.1 mg	Buprenorphine hydrochloride	
J0593	Auth Required	Takhzyro	Injection, lanadelumab-flyo, 1 mg (code may be used for medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	Inj., lanadelumab-flyo, 1 mg	
J0594	No Auth. Required	Busulfex	injection, busulfan, 1 mg	Busulfan injection	
J0595	Auth Required	Stadol	Injection, butorphanol tartrate, 1 mg	Butorphanol tartrate 1 mg	
J0596	Auth Required	Ruconest	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Injection, ruconest	56mL per 30 days
J0597	Auth Required	Berinert	Injection, c-1 esterase inhibitor (human), berinert, 10 units	C-1 esterase, berinert	Adult: 50mL per 30 days Pediatric: 30mL per 30 days
J0598	Auth Required	Cinryze	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	C-1 esterase, cinryze	
J0599	Auth Required	Haegarda	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Inj., haegarda 10 units	
J0600	No Auth. Required	Calcium Disodium Versenate	Injection, edetate calcium disodium, up to 1000 mg	Edetate calcium disodium inj	
J0604	No Auth. Required	Sensipar	Cinacalcet, oral, 1 mg, (for esrd on dialysis)	Cinacalcet, esrd on dialysis	
J0606	Auth Required	Parsabiv	Injection, etelcalcetide, 0.1 mg	Inj, etelcalcetide, 0.1 mg	
J0612	Auth Required	Calcium gluconate	Injection, calcium gluconate (Fresenius Kabi), per 10 mg	Calcium glucon (fresenius)	
J0613	Auth Required	Calcium gluconate - sodium chloride	Injection, calcium gluconate (WG Critical Care), per 10 mg	Calcium glucon (wg critical)	
J0630	Auth Required	Miacalcin	Injection, calcitonin salmon, up to 400 units	Calcitonin salmon injection	
J0636	No Auth. Required	Calcitriol	Injection, calcitriol, 0.1 mcg	Inj calcitriol per 0.1 mcg	
J0637	No Auth. Required	Cancidas	Injection, caspofungin acetate, 5 mg	Caspofungin acetate	
J0638	Auth Required	Ilaris	Injection, canakinumab, 1 mg	Canakinumab injection	2 units per 28 days
J0640	No Auth. Required	Leucovorin Calcium	Injection, leucovorin calcium, per 50 mg	Leucovorin calcium injection	
J0641	No Auth. Required	Fusilev	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Inj levoleucovorin nos 0.5mg	
J0642	Auth Required	Khazory	Injection, levoleucovorin (khazory), 0.5 mg	Injection, khazory, 0.5 mg	
J0665	No Auth. Required	Marcaine	Injection, bupivacaine, not otherwise specified, 0.5 mg	Inj, bupivacaine, nos, 0.5mg	
J0670	No Auth. Required	Carbocaine	Injection, mepivacaine hydrochloride, per 10 ml	Inj mepivacaine hcl/10 ml	
J0689	No Auth. Required	Cefazolin sodium - dextrose			
J0690	No Auth. Required	Kefzol	Injection, cefazolin sodium, 500 mg	Cefazolin sodium injection	
J0691	Auth Required	Xenleta	Injection, lefamulin, 1 mg	Inj lefamulin 1 mg	
J0692	No Auth. Required	Maxipime	Injection, cefepime hydrochloride, 500 mg	Cefepime hcl for injection	
J0694	No Auth. Required	Cefoxitin	Injection, cefoxitin sodium, 1 gm	Cefoxitin sodium injection	
J0695	No Auth. Required	Zerbaxa	Injection, ceftolozane 50 mg and tazobactam 25 mg	Inj ceftolozane tazobactam	
J0696	No Auth. Required	Rocephil	Injection, ceftriaxone sodium, per 250 mg	Ceftriaxone sodium injection	
J0697	No Auth. Required	Zinacef	Injection, sterile cefuroxime sodium, per 750 mg	Sterile cefuroxime injection	
J0698	No Auth. Required	Claforan	Injection, cefotaxime sodium, per gm	Cefotaxime sodium injection	

J0699	Auth Required	Fetroja	Injection, cefiderocol, 10 mg	Inj, cefiderocol, 10 mg	
J0701	No Auth. Required	Cefepime			
J0702	No Auth. Required	Celestone Soluspan	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Betamethasone acet&sod phosp	
J0703	No Auth. Required	Cefepime - dextrose			
J0706	No Auth. Required	Cafcit	Injection, caffeine citrate, 5 mg	Caffeine citrate injection	
J0712	No Auth. Required	Teflaro	Injection, ceftaroline fosamil, 10 mg	Ceftaroline fosamil inj	
J0713	No Auth. Required	Fortaz Tazicef	Injection, ceftazidime, per 500 mg	Inj ceftazidime per 500 mg	
J0714	Auth Required	Avycaz	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	Ceftazidime and avibactam	
J0716	No Auth. Required	Anascorp	Injection, centrurouides immune f(ab)2, up to 120 milligrams	Centrurouides immune f(ab)	
J0717	Auth Required	Cimzia	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Certolizumab pegol inj 1mg	1200 units per 28 days
J0720	No Auth. Required	Chloramphenicol	Injection, chloramphenicol sodium succinate, up to 1 gm	Chloramphenicol sodium injec	
J0725	Auth Required	Novarel Pregnyl	Injection, chorionic gonadotropin, per 1,000 usp units	Chorionic gonadotropin/1000u	
J0735	No Auth. Required	Duraclon	Injection, clonidine hydrochloride, 1 mg	Clonidine hydrochloride	
J0736	No Auth. Required	CLEOCIN	Injection, clindamycin phosphate, 300 mg	Inj, clindamycin phosp 300mg	
J0737	No Auth. Required	Clindamycin	Injection, clindamycin phosphate (Baxter), not therapeutically equivalent to J0736, 300 mg	Inj, clindamycin (baxter)	
J0739	Auth Required	Apretude	Injection, cabotegravir, 1 mg		
J0740	No Auth. Required	Cidofovir	Injection, cidofovir, 375 mg	Cidofovir injection	
J0741	Auth Required	Cabenuva	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	Inj, cabote rilpivir 2mg 3mg	
J0742	Auth Required	Recarbrio	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	Inj imip 4 cilas 4 releb 2mg	
J0743	No Auth. Required	Timentin	Injection, cilastatin sodium; imipenem, per 250 mg	Cilastatin sodium injection	
J0744	No Auth. Required	Cipro	Injection, ciprofloxacin for intravenous infusion, 200 mg	Ciprofloxacin iv	
J0770	No Auth. Required	Coly-Mycin M	Injection, colistimethate sodium, up to 150 mg	Colistimethate sodium inj	
J0775	Auth Required	Xiaflex	Injection, collagenase, clostridium histolyticum, 0.01 mg	Collagenase, clost hist inj	
J0780	No Auth. Required	Compazine	Injection, prochlorperazine, up to 10 mg	Prochlorperazine injection	
J0791	Bill directly to Fee for Service State Medicaid	Adakveo	Injection, crizanlizumab-tmca, 5 mg	Inj crizanlizumab-tmca 5mg	
J0795	No Auth. Required	Acthrel	Injection, corticorelin ovine triflutate, 1 microgram	Corticorelin ovine trifluta	
J0801	Auth Required	Acthar	Injection, corticotropin (Acthar Gel), up to 40 units	Inj. acthar gel to 40 units	
J0802	Auth Required	Cortrophin	Injection, corticotropin (ANI), up to 40 units	Inj. (ani), up to 40 units	
J0834	No Auth. Required	Cosyntropin	Injection, cosyntropin, 0.25 mg	Inj., cosyntropin, 0.25 mg	
J0840	No Auth. Required	CroFab	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram	Crotalidae poly immune fab	
J0841	No Auth. Required	Anavip	Injection, crotalidae immune f(ab)'2 (equine), 120 mg	Inj crotalidae im f(ab)'2 eq	
J0850	Auth Required	Cytogam	Injection, cytomegalovirus immune globulin intravenous (human), per vial	Cytomegalovirus imm iv /vial	
J0874	No Auth. Required	Daptomycin	Injection, daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg	Inj, daptomycin (baxter)	
J0875	No Auth Required	Dalvance	Injection, dalbavancin, 5 mg	Injection, dalbavancin	
J0877	No Auth. Required	Hospira			
J0878	No Auth. Required	Cubicin	Injection, daptomycin, 1 mg	Daptomycin injection	
J0879	Not Covered on state fee schedule (Outpatient Fee Schedule)	Korsuva	Injection, difelikefalin, 0.1 microgram, (for ESRD on dialysis)		
J0881	Auth Required	Aranesp	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Darbepoetin alfa, non-esrd	
J0882	No Auth. Required	Aranesp	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	Darbepoetin alfa, esrd use	
J0883	No Auth. Required	Argatroban	Injection, argatroban, 1 mg (for non-esrd use)	Argatroban nonesrd use 1mg	
J0884	No Auth. Required	Argatroban	Injection, argatroban, 1 mg (for esrd on dialysis)	Argatroban esrd dialysis 1mg	
J0885	Auth Required	Epogen Procrit	Injection, epoetin alfa, (for non-esrd use), 1000 units	Epoetin alfa, non-esrd	
J0887	Auth Required	Mircera	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	Epoetin beta esrd use	
J0888	Auth Required	Mircera	Injection, epoetin beta, 1 microgram, (for non esrd use)	Epoetin beta non esrd	
J0889	No Auth. Required	Jesduvroq	Daprodustat, oral, 1 mg, (for ESRD on dialysis)	Daprodustat oral 1mg esrd	
J0890	Auth Required	OMONYTYS	Injection, peginesatide, 0.1 mg (for esrd on dialysis)	Peginesatide injection	
J0891	No Auth. Required	Argatroban			
J0892	No Auth. Required	Argatroban			
J0893	No Auth. Required	Decitabine			
J0894	Auth Required	Dacogen	Injection, decitabine, 1 mg	Decitabine injection	
J0895	Auth Required	Desferal	Injection, deferoxamine mesylate, 500 mg	Deferoxamine mesylate inj	
J0896	Auth Required	Reblozyl	Injection, luspatercept-aamt, 0.25 mg	Inj luspatercept-aamt 0.25mg	
J0897	Auth Required	Prolia Xgeva	Injection, denosumab, 1 mg	Denosumab injection	
J0898	No Auth. Required	Argatroban			
J0899	No Auth. Required	Argatroban			
J1000	No Auth. Required	Depo-Estradiol	Injection, depo-estradiol cypionate, up to 5 mg	Depo-estradiol cypionate inj	
J1050	No Auth. Required	Depo-Provera	Injection, medroxyprogesterone acetate, 1 mg	Medroxyprogesterone acetate	
J1071	Auth Required	Depo-Testosterone	Injection, testosterone cypionate, 1 mg	Inj testosterone cypionate	
J1095	Auth Required	Dexycu	Injection, dexamethasone 9 percent, intraocular, 1 microgram	Injection, dexamethasone 9%	
J1096	Auth Required	Dextenza	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Dexametha oph insert 0.1 mg	
J1097	No Auth. Required	Omidria	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	Phenylep ketorolac oph soln	
J1100	No Auth. Required	Decadron	Injection, dexamethasone sodium phosphate, 1 mg	Dexamethasone sodium phos	
J1110	No Auth. Required	D.H.E.	Injection, dihydroergotamine mesylate, per 1 mg	Inj dihydroergotamine mesylt	
J1120	No Auth. Required	Acetazolamide	Injection, acetazolamide sodium, up to 500 mg	Acetazolamid sodium injectio	
J1160	No Auth. Required	Lanoxin	Injection, digoxin, up to 0.5 mg	Digoxin injection	
J1162	No Auth. Required	Digifab	Injection, digoxin immune fab (ovine), per vial	Digoxin immune fab (ovine)	
J1165	No Auth. Required	Dilantin	Injection, phenytoin sodium, per 50 mg	Phenytoin sodium injection	
J1170	Auth Required	Dilaudid	Injection, hydromorphone, up to 4 mg	Hydromorphone injection	
J1190	No Auth. Required	Zinecard	Injection, dexrazoxane hydrochloride, per 250 mg	Dexrazoxane hcl injection	
J1200	No Auth. Required	Benadryl	Injection, diphenhydramine hcl, up to 50 mg	Diphenhydramine hcl injectio	
J1201	Auth Required	Quzyttir	Injection, cetirizine hydrochloride, 0.5 mg	Inj. cetirizine hcl 0.5mg	
J1205	No Auth. Required	Diruil	Injection, chlorothiazide sodium, per 500 mg	Chlorothiazide sodium inj	
J1212	No Auth. Required	Rimso-50	Injection, dmsol, dimethyl sulfoxide, 50%, 50 ml	Dimethyl sulfoxide 50% 50 ml	
J1230	Auth Required	Methadone	Injection, methadone hcl, up to 10 mg	Methadone injection	
J1240	No Auth. Required	Dimenhydrinate	Injection, dimenhydrinate, up to 50 mg	Dimenhydrinate injection	
J1245	No Auth. Required	Persantine	Injection, dipyrindamole, per 10 mg	Dipyridamole injection	
J1250	No Auth. Required	Dobutamine	Injection, dobutamine hydrochloride, per 250 mg	Inj dobutamine hcl/250 mg	

J1265	No Auth. Required	Dopamine	Injection, dopamine hcl, 40 mg	Dopamine injection	
J1270	No Auth. Required	Hecterol	Injection, doxercalciferol, 1 mcg	Injection, doxercalciferol	
J1290	Auth Required	Kalbitor	Injection, ecallantide, 1 mg	Ecallantide injection	6 mL per fill (18 mL per 30 days)
J1300	Auth Required	Soliris	Injection, eculizumab, 10 mg	Eculizumab injection	
J1301	Auth Required	Radicava	Injection, edaravone, 1 mg	Injection, edaravone, 1 mg	
J1302	Auth Required	Enjaymo	Injection, sutimlimab-jome, 10 mg	Inj, sutimlimab-jome, 10 mg	
J1303	Auth Required	Ultomiris	Injection, ravulizumab-cwvz, 10 mg	Inj., ravulizumab-cwvz 10 mg	
J1305	Auth Required	Evkeeza	Injection, evinacumab-dgnb, 5 mg	Inj, evinacumab-dgnb, 5mg	
J1306	Auth Required	Leqvio	Injection, inclisiran, 1 mg		
J1322	Auth Required	Vimizim	Injection, elosulfase alfa, 1 mg	Elosulfase alfa, injection	
J1324	Auth Required	Fuzeon	Injection, enfuvirtide, 1 mg	Enfuvirtide injection	
J1325	Auth Required	Flolan Veletri	Injection, epoprostenol, 0.5 mg	Epoprostenol injection	
J1327	No Auth. Required	Integrilin	Injection, eptifibatide, 5 mg	Eptifibatide injection	
J1335	No Auth. Required	Invanz	Injection, ertapenem sodium, 500 mg	Ertapenem injection	
J1364	No Auth. Required	Erythrocin Lactobionate	Injection, erythromycin lactobionate, per 500 mg	Erythro lactobionate /500 mg	
J1380	No Auth. Required	Delestrogen	Injection, estradiol valerate, up to 10 mg	Estradiol valerate 10 mg inj	
J1410	No Auth. Required	Premarin	Injection, estrogen conjugated, per 25 mg	Inj estrogen conjugate 25 mg	
J1411	Bill directly to Fee for Service State Medicaid	Hemgenix	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Inj, hemgenix, per tx dose	
J1426	Bill directly to Fee for Service State Medicaid	Amondys 45	Injection, casimersen, 10 mg	Injection, casimersen, 10 mg	
J1427	Bill directly to Fee for Service State Medicaid	Viltepso	Injection, viltolarsen, 10 mg	Inj. viltolarsen	
J1428	Bill directly to Fee for Service State Medicaid	Exondys	Injection, eteplirsen, 10 mg	Inj, eteplirsen, 10 mg	
J1429	Bill directly to Fee for Service State Medicaid	Vyondys 53	Injection, golodirsen, 10 mg	Inj golodirsen 10 mg	
J1430	No Auth. Required	Ethamolol	Injection, ethanolamine oleate, 100 mg	Ethanolamine oleate 100 mg	
J1437	Auth Required	Monoferic	Injection, ferric derisomaltose, 10 mg	Inj. fe derisomaltose 10 mg	
J1438	Pharmacy Benefit	Enbrel	Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Etanercept injection	8 unts per 28 days
J1439	Auth Required	Injectafer	Injection, ferric carboxymaltose, 1 mg	Inj ferric carboxymaltos 1mg	
J1440	No Auth. Required	REBYOTA	Fecal microbiota, live - jslm, 1 ml	Fecal microbiota jslm 1 ml	
J1442	Auth Required	Neupogen	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Inj filgrastim excl biosimil	
J1443	Auth Required	Triferic	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Inj ferric pyrophosphate cit	
J1444	Auth Required	Triferic	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	Fe pyro cit pow 0.1 mg iron	
J1445	Auth Required	Triferic	Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron	Inj triferic avnu 0.1mg iron	
J1447	Auth Required	Granix	Injection, tbo-filgrastim, 1 microgram	Inj tbo filgrastim 1 microg	
J1448	Auth Required	Cosela	Injection, trilaciclib, 1 mg	Injection, trilaciclib, 1mg	
J1449	Auth Required	Rolvedon	Injection, eflapegrastim-xnst, 0.1 mg	Inj eflapegrastim-xnst 0.1mg	
J1450	No Auth. Required	Diflucan	Injection fluconazole, 200 mg	Fluconazole	
J1451	No Auth. Required	Antizole	Injection, fomepizole, 15 mg	Fomepizole, 15 mg	
J1453	Auth Required	Emend	Injection, fosaprepitant, 1 mg	Fosaprepitant injection	
J1454	Auth Required	Akynzeo	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Inj fosnetupitant, palonoset	
J1455	No Auth. Required	Foscavir	Injection, foscarnet sodium, per 1000 mg	Foscarnet sodium injection	
J1456	No Auth. Required	Teva			
J1458	Auth Required	Naglazyme	Injection, galsulfase, 1 mg	Galsulfase injection	
J1459	Auth Required	Privigen	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Inj ivig privigen 500 mg	
J1460	Auth Required	Gamastan	Injection, gamma globulin, intramuscular, 1 cc	Gamma globulin 1 cc inj	
J1551	Auth Required	Cutaquig	Injection, immune globulin (cutaquig), 100 mg		
J1554	Auth Required	Asceniv	Injection, immune globulin (asceniv), 500 mg	Inj. asceniv	
J1555	Auth Required	Cuvitru	Injection, immune globulin (cuvitru), 100 mg	Inj cuvitru, 100 mg	
J1556	Auth Required	Bivigam	Injection, immune globulin (bivigam), 500 mg	Inj, imm glob bivigam, 500mg	
J1557	Auth Required	Gammplex	Injection, immune globulin, (gammplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammplex injection	
J1558	Auth Required	Xembify	Injection, immune globulin (xembify), 100 mg	Inj. xembify, 100 mg	
J1559	Auth Required	Hizentra	Injection, immune globulin (hizentra), 100 mg	Hizentra injection	
J1560	Auth Required	Gamastan	Injection, gamma globulin, intramuscular, over 10 cc	Gamma globulin > 10 cc inj	
J1561	Auth Required	Gamunex-C Gammaked	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Gamunex-c/gammaked	
J1562	Auth Required	Vivaglobin	Injection, immune globulin (vivaglobin), 100 mg	Vivaglobin, inj	
J1566	Auth Required	Carimune NF Panglobulin NF Gammagard S/D	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Immune globulin, powder	
J1568	Auth Required	Octagam	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Octagam injection	
J1569	Auth Required	Gammagard	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Gammagard liquid injection	
J1570	No Auth. Required	Cytovene	Injection, ganciclovir sodium, 500 mg	Ganciclovir sodium injection	
J1571	Auth Required	Hepagam B	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml	Hepagam b im injection	
J1572	Auth Required	Flebogamma	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Flebogamma injection	
J1573	Auth Required	Hepagam B	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml	Hepagam b intravenous, inj	
J1574	No Auth. Required	Excela			
J1575	Auth Required	Hyqvia	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Hyqvia 100mg immunoglobulin	
J1576	Auth Required	Panzyga	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Inj, panzyga, 500 mg	
J1580	No Auth. Required	Garamycin	Injection, garamycin, gentamicin, up to 80 mg	Garamycin gentamicin inj	
J1595	Pharmacy Benefit	Glatopa	Injection, glatiramer acetate, 20 mg	Injection glatiramer acetate	
J1599	Auth Required	Panzyga	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Ivig non-lyophilized, nos	
J1602	Auth Required	Simponi Aria	Injection, golimumab, 1 mg, for intravenous use	Golimumab for iv use 1mg	120 units every 56 days
J1610	Auth Required	Glucagen Hypokit	Injection, glucagon hydrochloride, per 1 mg	Glucagon hydrochloride/1 mg	
J1611	Auth Required	Glucagon Emergency Kit			

J1626	Auth Required	Kytril	Injection, granisetron hydrochloride, 100 mcg	Granisetron hcl injection	
J1627	Auth Required	Sustol	Injection, granisetron, extended-release, 0.1 mg	Inj, granisetron, xr, 0.1 mg	
J1628	Auth Required	Tremfya	Injection, guselkumab, 1 mg	Inj., guselkumab, 1 mg	
J1630	Auth Required	Haldol Decanoate	Injection, haloperidol, up to 5 mg	Haloperidol injection	
J1631	Auth Required	Haldol Decanoate	Injection, haloperidol decanoate, per 50 mg	Haloperidol decanoate inj	
J1632	Auth Required	Zulresso	Injection, brexanolone, 1 mg	Inj., brexanolone, 1 mg	
J1640	No Auth. Required	Panhematin	Injection, hemin, 1 mg	Hemin, 1 mg	
J1642	No Auth. Required	Heparin Lock Flush	Injection, heparin sodium, (heparin lock flush), per 10 units	Inj heparin sodium per 10 u	
J1643	No Auth. Required	Porcine			
J1644	No Auth. Required	Heparin	Injection, heparin sodium, per 1000 units	Inj heparin sodium per 1000u	
J1645	Auth Required	Fragmin	Injection, dalteparin sodium, per 2500 iu	Dalteparin sodium	
J1650	No Auth. Required	Lovonox	Injection, enoxaparin sodium, 10 mg	Inj enoxaparin sodium	
J1652	No Auth. Required	Arixtra	Injection, fondaparinux sodium, 0.5 mg	Fondaparinux sodium	
J1670	No Auth. Required	Hypertet	Injection, tetanus immune globulin, human, up to 250 units	Tetanus immune globulin inj	
J1720	No Auth. Required	Solu-Cortef	Injection, hydrocortisone sodium succinate, up to 100 mg	Hydrocortisone sodium succ i	
J1726	Approval withdrawn by FDA 4/6/23	Makena	Injection, hydroxyprogesterone caproate, (makena), 10 mg	Makena, 10 mg	
J1729	Auth Required	Hydroxyprogesterone Caproate	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Inj hydroxyprogst caproat nos	
J1729	Auth Required	Hydroxyprogesterone Caproate	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Inj hydroxyprogst caproat nos	
J1738	Auth Required	Anjeso	Injection, meloxicam, 1 mg	Inj. meloxicam 1 mg	
J1740	Auth Required	Boniva	Injection, ibandronate sodium, 1 mg	Ibandronate sodium injection	
J1741	No Auth. Required	Caldolor	Injection, ibuprofen, 100 mg	Ibuprofen injection	
J1742	No Auth. Required	Corvert	Injection, ibutilide fumarate, 1 mg	Ibutilide fumarate injection	
J1743	Auth Required	Elaprase	Injection, idursulfase, 1 mg	Idursulfase injection	
J1744	Auth Required	Firazyr	Injection, icatibant, 1 mg	Icatibant injection	18mL per 30 days
J1745	Auth Required	Remicade	Injection, infliximab, excludes biosimilar, 10 mg	Infliximab not biosimil 10mg	5mg/kg every 8 weeks
J1746	Auth Required	Trogarzo	Injection, ibalizumab-uiyk, 10 mg	Inj., ibalizumab-uiyk, 10 mg	
J1747	Auth Required	Spevigo	Injection, spesolimab-sbzo, 1 mg	Inj, spesolimab-sbzo, 1 mg	
J1750	No Auth Required	Infed	Injection, iron dextran, 50 mg	Inj iron dextran	
J1756	No Auth Required	Venofer	Injection, iron sucrose, 1 mg	Iron sucrose injection	
J1786	Auth Required	Cerezyme	Injection, imiglucerase, 10 units	Imiglucerase injection	
J1790	No Auth. Required	Inapsine	Injection, droperidol, up to 5 mg	Droperidol injection	
J1800	No Auth. Required	Inderal	Injection, propranolol hcl, up to 1 mg	Propranolol injection	
J1805	No Auth. Required	BREVIBLOC	Injection, esmolol HCl, 10 mg	Inj, esmolol hcl, 10mg	
J1806	No Auth. Required	Esnolol	Injection, esmolol HCl (WG Critical Care) not therapeutically equivalent to J1805, 10 mg	Inj esmolol hcl wg crit care	
J1811	Auth Required	Fiasp	Insulin (Fiasp) for administration through DME (i.e., insulin pump) per 50 units	Fiasp for insulin pump use	
J1812	Auth Required	Fiasp Flextouch	Insulin (Fiasp), per 5 units	Inj. insulin (fiasp)	
J1813	Auth Required	LYUMJEV	Insulin (Lyumjev) for administration through DME (i.e., insulin pump) per 50 units	Lyumjev for insulin pump use	
J1814	Auth Required	LYUMJEV	Insulin (Lyumjev), per 5 units	Inj. insulin (lyumjev)	
J1815	Pharmacy Benefit	Insulin	Injection, insulin, per 5 units	Insulin injection	
J1817	Pharmacy Benefit	Insulin	Insulin for administration through dme (i.e., insulin pump) per 50 units	Insulin for insulin pump use	
J1823	Auth Required	Uplizna	Inj. inebilizumab-cdon, 1 mg	Injection, inebilizumab-cdon, 1 mg	
J1826	Pharmacy Benefit	Avonex	Injection, interferon beta-1a, 30 mcg	Interferon beta-1a inj	
J1830	Auth Required	Betaseron	Injection, interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Interferon beta-1b / .25 mg	
J1833	Pharmacy Benefit	Cresemba	Injection, isavuconazonium, 1 mg	Injection, isavuconazonium	
J1836	No Auth. Required	Metronidazole	Injection, metronidazole, 10 mg	Inj, metronidazole, 10 mg	
J1885	No Auth. Required	Torodal	Injection, ketorolac tromethamine, per 15 mg	Ketorolac tromethamine inj	
J1920	No Auth. Required	Labetalol	Injection, labetalol HCl, 5 mg	Inj, labetalol hcl, 5mg	
J1921	No Auth. Required	Labetalol	Injection, labetalol HCl (Hikma) not therapeutically equivalent to J1820, 5 mg	Inj labetalol hcl hikma, 5mg	
J1930	Auth Required	Somatuline Depot	Injection, lanreotide, 1 mg	Lanreotide injection	
J1931	Auth Required	Aldurazyme	Injection, laronidase, 0.1 mg	Laronidase injection	
J1932	Auth Required	Cipla	Injection, lanreotide, (cipla), 1 mg	Inj, lanreotide, (cipla) 1mg	
J1940	No Auth. Required	Lasix	Injection, furosemide, up to 20 mg	Furosemide injection	
J1941	No Auth. Required	FUROSCIX	Injection, furosemide (Furoscix), 20 mg	Inj, furoscix, 20 mg	
J1943	No Auth. Required	Aristada	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	Inj., aristada initio, 1 mg	
J1944	No Auth. Required	Aristada	Injection, aripiprazole lauroxil, (aristada), 1 mg	Aripiprazole lauroxil 1 mg	
J1950	No Auth. Required	Lupron Depot	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Leuprolide acetate / 3.75 mg	Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyoma: every 84 days
J1951	No Auth. Required	Fensolvi	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	Inj fensolvi 0.25 mg	
J1952	No Auth. Required	Camcevi	Leuprolide injectable, camcevi, 1 mg	Leuprolide inj, camcevi, 1mg	
J1953	No Auth. Required	Keppra	Injection, levetiracetam, 10 mg	Levetiracetam injection	
J1954	Not Covered on state fee schedule (Outpatient Fee Schedule)	Leuprolide			
J1955	No Auth. Required	Carnitor	Injection, levocarnitine, per 1 gm	Inj levocarnitine per 1 gm	
J1956	No Auth. Required	Levaquin	Injection, levofloxacin, 250 mg	Levofloxacin injection	
J1961	No Auth. Required	Sunlenca	Injection, lenacapavir, 1 mg	Inj, lenacapavir, 1 mg	
J1980	No Auth. Required	Levsin	Injection, hyoscyamine sulfate, up to 0.25 mg	Hyoscyamine sulfate inj	
J2001	No Auth. Required	Lidocaine	Injection, lidocaine hcl for intravenous infusion, 10 mg	Lidocaine injection	
J2010	Auth Required	Lincocin	Injection, lincomycin hcl, up to 300 mg	Lincomycin injection	
J2020	No Auth. Required	Zyvox	Injection, linezolid, 200 mg	Linezolid injection	
J2021	No Auth. Required	Zyvox			
J2060	Auth Required	Ativan	Injection, lorazepam, 2 mg	Lorazepam injection	
J2062	Auth Required	Adasuve	Loxapine for inhalation, 1 mg	Loxapine for inhalation 1 mg	
J2150	No Auth. Required	Mannitol	Injection, mannitol, 25% in 50 ml	Mannitol injection	
J2170	Auth Required	Increlex	Injection, mecasermin, 1 mg	Mecasermin injection	
J2175	Auth Required	Demerol	Injection, meperidine hydrochloride, per 100 mg	Meperidine hydrochl /100 mg	
J2182	Auth Required	Nucala	Injection, mepolizumab, 1 mg	Injection, mepolizumab, 1mg	
J2184	No Auth. Required	Meropenem			
J2185	No Auth. Required	Merrem	Injection, meropenem, 100 mg	Meropenem	

J2186	No Auth. Required	Vabomere	Injection, meropenem and vaborbactam, 10mg/10mg (20mg)	Inj., meropenem, vaborbactam	
J2210	No Auth. Required	Methergine	Injection, methylergonovine maleate, up to 0.2 mg	Methylergonovin maleate inj	
J2212	Auth Required	Relistor	Injection, methylaltrexone, 0.1 mg	Methylaltrexone injection	
J2247	No Auth. Required	Byfavo			
J2248	No Auth. Required	Mycamine	Injection, micafungin sodium, 1 mg	Micafungin sodium injection	
J2249	No Auth. Required	BYFAVO	Injection, remimazolam, 1 mg	Inj, remimazolam, 1 mg	
J2250	No Auth. Required	Versed	Injection, midazolam hydrochloride, per 1 mg	Inj midazolam hydrochloride	
J2251	No Auth. Required	Midazolam			
J2260	No Auth. Required	Primacor	Injection, milrinone lactate, 5 mg	Inj milrinone lactate / 5 mg	
J2265	No Auth. Required	Minocin	Injection, minocycline hydrochloride, 1 mg	Minocycline hydrochloride	
J2270	Auth Required	Morphin	Injection, morphine sulfate, up to 10 mg	Morphine sulfate injection	
J2272	Auth Required	Morphine sulfate			
J2274	Auth Required	Duramorph	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	Inj morphine pf epid ithc	
J2278	Auth Required	Prialt	Injection, ziconotide, 1 microgram	Ziconotide injection	
J2280	No Auth. Required	Avelox	Injection, moxifloxacin, 100 mg	Inj, moxifloxacin 100 mg	
J2281	No Auth. Required	Moxifloxacin			
J2300	Auth Required	Nubain	Injection, nalbuphine hydrochloride, per 10 mg	Inj nalbuphine hydrochloride	
J2305	No Auth. Required		Injection, nitroglycerin, 5 mg	Inj, nitroglycerin, 5 mg	
J2310	No Auth. Required	Narcan	Injection, naloxone hydrochloride, per 1 mg	Inj naloxone hydrochloride	
J2311	No Auth. Required	Zimhi			
J2315	No Auth. Required	Vivitol	Injection, naltrexone, depot form, 1 mg	Naltrexone, depot form	
J2323	Auth Required	Tysabri	Injection, natalizumab, 1 mg	Natalizumab injection	300mg per 28 days
J2326	Bill directly to Fee for Service State Medicaid	Spinraza	Injection, nusinersen, 0.1 mg	Inj, nusinersen, 0.1mg	12mg (5mL) per treatment
J2327	Auth Required	Skyrizi	Injection, risankizumab-rzaa, intravenous, 1 mg		
J2329	Auth Required	Briumvi	Injection, ublituximab-xiiy, 1mg	Inj ublituximab-xiiy, 1 mg	
J2350	Auth Required	Ocrevus	Injection, ocrelizumab, 1 mg	Injection, ocrelizumab, 1 mg	600MG every 6 months
J2353	Auth Required	Sandostatin LAR	Injection, octreotide, depot form for intramuscular injection, 1 mg	Octreotide injection, depot	
J2354	Auth Required	Sandostatin	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Octreotide inj, non-depot	
J2355	Auth Required	NEUMEGA	Injection, oprelvekin, 5 mg	Oprelvekin injection	
J2356	Auth Required	Tezspire	Injection, tezepelumab-ekko, 1 mg		
J2357	Auth Required	Xolair	Injection, omalizumab, 5 mg	Omalizumab injection	
J2358	Auth Required	Zyprexa Relprevv	Injection, olanzapine, long-acting, 1 mg	Olanzapine long-acting inj	
J2359	No Auth. Required	Zyprexa	Injection, olanzapine, 0.5 mg	Inj. olanzapine, 0.5mg	
J2360	No Auth. Required	Norflex	Injection, orphenadrine citrate, up to 60 mg	Orphenadrine injection	
J2371	No Auth. Required	VAZCULEP	Injection, phenylephrine HCl, 20 mcg	Inj phenylephrine hcl 20 mcg	
J2372	No Auth. Required	Biorphen	Injection, phenylephrine HCl (Biorphen), 20 mcg	Inj, biorphen, 20 micrograms	
J2401	No Auth. Required	Nesacaine			
J2402	No Auth. Required	Clorotekal			
J2403	Not Covered on state fee schedule (Outpatient Fee Schedule)	Iheezo	Chloroprocaine HCl ophthalmic, 3% gel, 1 mg	Chloroprocaine opht gel, 1mg	
J2405	No Auth. Required	Zofran	Injection, ondansetron hydrochloride, per 1 mg	Ondansetron hcl injection	
J2407	Auth Required	Orbactiv	Injection, oritavancin, 10 mg	Injection, oritavancin	
J2425	No Auth. Required	Kepivance	Injection, palifermin, 50 micrograms	Palifermin injection	
J2426	No Auth. Required	Invega Sustenna	Injection, paliperidone palmitate extended release, 1 mg	Paliperidone palmitate inj	
J2427	No Auth. Required	Invega Trinza	Injection, paliperidone palmitate extended release (Invega Hafyera or Invega Trinza), 1 mg	Inj, invega hafyera/trinza	
J2430	Auth Required	Pamidronate disodium	Injection, pamidronate disodium, per 30 mg	Pamidronate disodium /30 mg	
J2440	No Auth. Required	Papaverine	Injection, papaverine hcl, up to 60 mg	Papaverin hcl injection	
J2469	Auth Required	Aloxi	Injection, palonosetron hcl, 25 mcg	Palonosetron hcl	
J2501	No Auth. Required	Zemplar	Injection, paricalcitol, 1 mcg	Paricalcitol	
J2502	Auth Required	Signifor LAR	Injection, pasireotide long acting, 1 mg	Inj, pasireotide long acting	
J2503	Auth Required	Macugen	Injection, pegaptanib sodium, 0.3 mg	Pegaptanib sodium injection	
J2504	Auth Required	ADAGEN	Injection, pegademase bovine, 25 iu	Pegademase bovine, 25 iu	
J2506	No Auth. Required	Neulasta	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg		
J2507	Auth Required	Krystexxa	Injection, pegloticase, 1 mg	Pegloticase injection	
J2510	No Auth. Required	Penicillin G Procaine	Injection, penicillin g procaine, aqueous, up to 600,000 units	Penicillin g procaine inj	
J2515	No Auth. Required	Nembutal	Injection, pentobarbital sodium, per 50 mg	Pentobarbital sodium inj	
J2540	No Auth. Required	Penicillin G Potassium	Injection, penicillin g potassium, up to 600,000 units	Penicillin g potassium inj	
J2543	No Auth. Required	Zosyn	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	Piperacillin/tazobactam	
J2545	No Auth. Required	Nebupent	Pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 300 mg	Pentamidine non-comp unit	
J2547	Auth Required	Rapivab	Injection, peramivir, 1 mg	Injection, peramivir	
J2550	No Auth. Required	Phenergan	Injection, promethazine hcl, up to 50 mg	Promethazine hcl injection	
J2560	No Auth. Required	Phenobarbital	Injection, phenobarbital sodium, up to 120 mg	Phenobarbital sodium inj	
J2561	No Auth. Required	Sezaby	Injection, phenobarbital sodium (Sezaby), 1 mg	Inj, sezaby, 1 mg	
J2562	Auth Required	Mozobil	Injection, plerixafor, 1 mg	Plerixafor injection	
J2590	No Auth. Required	Pitocin	Injection, oxytocin, up to 10 units	Oxytocin injection	
J2597	No Auth. Required	DDAVP	Injection, desmopressin acetate, per 1 mcg	Inj desmopressin acetate	
J2598	No Auth. Required	Vasopressin	Injection, vasopressin, 1 unit	Inj, vasopressin, 1 unit	
J2599	No Auth. Required	Vasopressin	Injection, vasopressin (American Regent) not therapeutically equivalent to J2598, 1 unit	Inj vasopressin (am reg) 1 u	
J2675	No Auth. Required	Progesterone	Injection, progesterone, per 50 mg	Inj progesterone per 50 mg	
J2680	Auth Required	Prolinx	Injection, fluphenazine decanoate, up to 25 mg	Fluphenazine decanoate 25 mg	
J2690	No Auth. Required	Procainamide	Injection, procainamide hcl, up to 1 gm	Procainamide hcl injection	
J2700	No Auth. Required	Oxacillin	Injection, oxacillin sodium, up to 250 mg	Oxacillin sodium injection	
J2704	No Auth. Required	Diprivan	Injection, propofol, 10 mg	Inj, propofol, 10 mg	
J2710	No Auth. Required	Bloxiverz	Injection, neostigmine methylsulfate, up to 0.5 mg	Neostigmine methylsulfate inj	
J2720	No Auth. Required	Protamine	Injection, protamine sulfate, per 10 mg	Inj protamine sulfate/10 mg	
J2724	Auth Required	Ceprotrin	Injection, protein c concentrate, intravenous, human, 10 iu	Protein c concentrate	
J2730	No Auth. Required	Protopam	Injection, pralidoxime chloride, up to 1 gm	Pralidoxime chloride inj	
J2760	No Auth. Required	Regitine	Injection, phentolamine mesylate, up to 5 mg	Phentolamine mesylate inj	
J2765	No Auth. Required	Reglan	Injection, metoclopramide hcl, up to 10 mg	Metoclopramide hcl injection	
J2770	No Auth. Required	Synercid	Injection, quinupristin/dalfopristin, 500 mg (150/350)	Quinupristin/dalfopristin	
J2777	Auth Required	Vabysmo	Inj, faricimab-svoa, 0.1 mg		
J2778	Auth Required	Lucentis	Injection, ranibizumab, 0.1 mg	Ranibizumab injection	
J2779	Auth Required	Suvismo	Injection, ranibizumab, via intravitreal implant (suvismo), 0.1 mg		
J2781	Auth Required	Syfovre	Injection, pegcetacoplan, intravitreal, 1 mg	Inj, pegcetacoplan, 1mg	

J2783	No Auth. Required	Elitek	Injection, rasburicase, 0.5 mg	Rasburicase	
J2785	No Auth. Required	Lexiscan	Injection, regadenoson, 0.1 mg	Regadenoson injection	
J2786	Auth Required	Cinqair	Injection, reslizumab, 1 mg	Injection, reslizumab, 1mg	
J2787	Auth Required	Photrexa	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	Riboflavin 5'phos opth<=3ml	
J2788	No Auth. Required	HyperRho S/D, Michogam Ultra-Filtered Plus	Injection, rho d immune globulin, human, minidose, 50 micrograms (250 i.u.)	Rho d immune globulin 50 mcg	
J2790	No Auth. Required	HyperRho S/D, Rhogam Ultra-Filtered Plus	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)	Rho d immune globulin inj	
J2791	No Auth. Required	Rhophylac	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	Rhophylac injection	
J2792	No Auth. Required	WinRho	Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	Rho(d) immune globulin h, sd	
J2793	Auth Required	Arcalyst	Injection, rilonacept, 1 mg	Rilonacept injection	
J2794	Auth Required	Risperdal Consta	Injection, risperidone (risperdal consta), 0.5 mg	Inj risperdal consta, 0.5 mg	
J2795	No Auth. Required	Naropin	Injection, ropivacaine hydrochloride, 1 mg	Ropivacaine hcl injection	
J2796	Auth Required	Nplate	Injection, romiplostim, 10 micrograms	Romiplostim injection	
J2797	Auth Required	VARUBI	Injection, rolapitant, 0.5 mg	Inj., rolapitant, 0.5 mg	
J2798	Auth Required	Perseris	Injection, risperidone, (perseris), 0.5 mg	Inj., perseris, 0.5 mg	
J2800	No Auth. Required	Robaxin	Injection, methocarbamol, up to 10 ml	Methocarbamol injection	
J2805	No Auth. Required	Kinevac	Injection, sincalide, 5 micrograms	Sincalide injection	
J2806	Not Covered on state fee schedule (Outpatient Fee Schedule)	Sincalide	Injection, sincalide (MAIA) not therapeutically equivalent to J2805, 5 mcg	Inj sincalide, maia, 5 mcg	
J2810	No Auth. Required	Theophylline	Injection, theophylline, per 40 mg	Inj theophylline per 40 mg	
J2820	Auth Required	Leukine	Injection, sargramostim (gm-csf), 50 mcg	Sargramostim injection	
J2840	Auth Required	Kanuma	Injection, sebelipase alfa, 1 mg	Inj sebelipase alfa 1 mg	
J2850	No Auth. Required	Chirhostim	Injection, secretin, synthetic, human, 1 microgram	Inj secretin synthetic human	
J2860	Auth Required	Sylvant	Injection, siltuximab, 10 mg	Injection, siltuximab	
J2916	No Auth Required	Ferrlecit	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Na ferric gluconate complex	
J2941	Pharmacy Benefit	Humatrope, Genotropin, Genotropin Miniquick, Norditropin, Omnitrope, Serostim, Saizen, Zorbitive, Nutropin AQ Nuspin, Zomacton	Injection, somatropin, 1 mg	Somatropin injection	
J2993	No Auth. Required	Retavase	Injection, reteplase, 18.1 mg	Reteplase injection	
J2997	No Auth. Required	Cathflo	Injection, alteplase recombinant, 1 mg	Alteplase recombinant	
J2998	Auth Required	Ryplazim	Injection, plasminogen, human-tvmh, 1 mg		
J3000	No Auth. Required	Streptomycin	Injection, streptomycin, up to 1 gm	Streptomycin injection	
J3010	No Auth. Required	Fentanyl	Injection, fentanyl citrate, 0.1 mg	Fentanyl citrate injection	
J3030	No Auth. Required	Imitrex	Injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Sumatriptan succinate / 6 mg	
J3031	Auth Required	Ajovy	Injection, fremanezumab-vfrm, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Inj., fremanezumab-vfrm 1 mg	
J3032	Auth Required	Vyepti	Injection, eptinezumab-jjmr, 1 mg	Inj. eptinezumab-jjmr 1 mg	
J3060	Auth Required	Elelyso	Injection, taliglucerase alfa, 10 units	Inj, taliglucerase alfa 10 u	
J3090	Auth Required	Sivextro	Injection, tedizolid phosphate, 1 mg	Inj tedizolid phosphate	
J3095	No Auth. Required	Vibativ	Injection, telavancin, 10 mg	Telavancin injection	
J3101	No Auth. Required	Tnkase	Injection, tenecteplase, 1 mg	Tenecteplase injection	
J3105	No Auth. Required	Brethine	Injection, terbutaline sulfate, up to 1 mg	Terbutaline sulfate inj	
J3110	Auth Required	Forteo	Injection, teriparatide, 10 mcg	Teriparatide injection	
J3111	Auth Required	Evenity	Injection, romosozumab-aqqg, 1 mg	Inj. romosozumab-aqqg 1 mg	
J3121	No Auth. Required	Testosterone Enanthate	Injection, testosterone enanthate, 1 mg	Inj testosterone enanthate 1mg	
J3145	No Auth. Required	Aveed	Injection, testosterone undecanoate, 1 mg	Testosterone undecanoate 1mg	
J3230	Auth Required	Thorazine	Injection, chlorpromazine hcl, up to 50 mg	Chlorpromazine hcl injection	
J3240	No Auth. Required	Thyrogen	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	Thyrotropin injection	
J3241	Auth Required	Tepezza	Injection, teprotumumab-trbw, 10 mg	Inj. teprotumumab-trbw 10 mg	
J3243	No Auth. Required	Tygacil	Injection, tigecycline, 1 mg	Tigecycline injection	
J3244	No Auth. Required	Tigecycline			
J3245	Auth Required	Ilumya	Injection, tildrakizumab, 1 mg	Inj., tildrakizumab, 1 mg	
J3246	No Auth. Required	Aggrastat	Injection, tirofiban hcl, 0.25 mg	Tirofiban hcl	
J3250	No Auth. Required	Tigan	Injection, trimethobenzamide hcl, up to 200 mg	Trimethobenzamide hcl inj	
J3260	No Auth. Required	Tobramycin	Injection, tobramycin sulfate, up to 80 mg	Tobramycin sulfate injection	
J3262	Auth Required	Actemra	Injection, tocilizumab, 1 mg	Tocilizumab injection	3200 units per 28 days
J3285	Auth Required	Remodulin	Injection, treprostinil, 1 mg	Treprostinil injection	
J3299	Auth Required	Xipere	Injection, triamcinolone acetonide (xipere), 1 mg		
J3300	No Auth. Required	Triesence	Injection, triamcinolone acetonide, preservative free, 1 mg	Triamcinolone a inj prs-free	
J3301	No Auth. Required	Kenalog	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	Triamcinolone acet inj nos	
J3304	Auth Required	Zilretta	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Inj triamcinolone ace xr 1mg	
J3315	Auth Required	Trelstar	Injection, triptorelin pamoate, 3.75 mg	Triptorelin pamoate	
J3316	Auth Required	Triptodur	Injection, triptorelin, extended-release, 3.75 mg	Inj., triptorelin xr 3.75 mg	
J3355	Auth Required	BRAVELLE	Injection, urofollitropin, 75 iu	Urofollitropin, 75 iu	
J3357	Auth Required	Stelara	Ustekinumab, for subcutaneous injection, 1 mg	Ustekinumab sub cu inj, 1 mg	90 units per 56 days after loading dose Subcutaneous Administration
J3358	Auth Required	Stelara	Ustekinumab, for intravenous injection, 1 mg	Ustekinumab, iv inject, 1 mg	IV administration
J3360	Auth Required	Valium	Injection, diazepam, up to 5 mg	Diazepam injection	
J3370	No Auth. Required	Vancomycine	Injection, vancomycin hcl, 500 mg	Vancomycin hcl injection	
J3371	No Auth. Required		Injection, vancomycin HCl (Mylan) not therapeutically equivalent to J3370, 500 mg		
J3372	No Auth. Required		Injection, vancomycin HCl (Xellia) not therapeutically equivalent to J3370, 500 mg		
J3380	Auth Required	Entyvio	Injection, vedolizumab, 1 mg	Injection, vedolizumab	300mg per infusion
J3385	Auth Required	Vpriv	Injection, velaglucerase alfa, 100 units	Velaglucerase alfa	
J3396	Auth Required	Visudyne	Injection, verteporfin, 0.1 mg	Verteporfin injection	
J3397	Auth Required	Mepsevii	Injection, vestronidase alfa-vjkb, 1 mg	Inj., vestronidase alfa-vjkb	
J3398	Bill directly to Fee for Service State Medicaid	Luxturna	Injection, voretigene neparovec-rzyl, 1 billion vector genomes	Inj luxturna 1 billion vec g	

J3399	Bill directly to Fee for Service State Medicaid	Zolgensma	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	Inj onase abepar-xioi treat	
J3410	No Auth. Required	Vistaril	Injection, hydroxyzine hcl, up to 25 mg	Hydroxyzine hcl injection	
J3411	No Auth. Required	Thiamine	Injection, thiamine hcl, 100 mg	Thiamine hcl 100 mg	
J3415	No Auth. Required	Pyridoxine	Injection, pyridoxine hcl, 100 mg	Pyridoxine hcl 100 mg	
J3420	No Auth. Required	Cyanocobalamine	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg	Vitamin b12 injection	
J3430	No Auth. Required	Mephyton	Injection, phytonadione (vitamin k), per 1 mg	Vitamin k phytonadione inj	
J3465	No Auth. Required	Vfend	Injection, voriconazole, 10 mg	Injection, voriconazole	
J3470	No Auth. Required	Amphadase	Injection, hyaluronidase, up to 150 units	Hyaluronidase injection	
J3471	No Auth. Required	Vitrase	Injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)	Ovine, up to 999 usp units	
J3473	No Auth. Required	Hylenex	Injection, hyaluronidase, recombinant, 1 usp unit	Hyaluronidase recombinant	
J3475	No Auth. Required	Magnesium Sulfate	Injection, magnesium sulfate, per 500 mg	Inj magnesium sulfate	
J3480	No Auth. Required	Potassium Chloride	Injection, potassium chloride, per 2 meq	Inj potassium chloride	
J3485	No Auth. Required	Retrovir	Injection, zidovudine, 10 mg	Zidovudine	
J3486	Auth Required	Geodan	Injection, ziprasidone mesylate, 10 mg	Ziprasidone mesylate	
J3489	No Auth. Required	Reclast / Zometa	Injection, zoledronic acid, 1 mg	Zoledronic acid 1mg	
J3490	No Auth. Required	Unclassified code	Unclassified drugs	Drugs unclassified injection	
J3490	Auth Required	Unclassified code	Exparel 1.3% Susp	Exparel	
J3535	No Auth. Required	Unclassified code	Drug administered through a metered dose inhaler	Metered dose inhaler drug	
J3590	Auth Required (Avastin (J3590) for EYE INJECTIONS ONLY is No PA Required)	Unclassified code	Unclassified biologics	Unclassified biologics	
J3590	Auth Required	Unclassified code	betibeglogene autotemcel		
J3590	Auth Required	Unclassified code	elivaldogene autotemcel		
J3590	Auth Required	Unclassified code	Exagamlogene autotemcel	Exagamlogene autotemcel	
J3590	Auth Required	Unclassified code	lovo-cel	lovo-cel	
J3591	No Auth. Required	Unclassified code	Unclassified drug or biological used for esrd on dialysis	Esrd on dialysi drug/bio noc	
J7030	No Auth. Required	Sodium Chloride 0.9%	Infusion, normal saline solution , 1000 cc	Normal saline solution infus	
J7040	No Auth. Required	Sodium Chloride 0.9%	Infusion, normal saline solution, sterile (500 ml = 1 unit)	Normal saline solution infus	
J7042	No Auth. Required	Dextrose Sodium Chloride 5%-0.9%	5% dextrose/normal saline (500 ml = 1 unit)	5% dextrose/normal saline	
J7050	No Auth. Required	Sodium Chloride 0.9%	Infusion, normal saline solution, 250 cc	Normal saline solution infus	
J7060	No Auth. Required	Dextrose 5%	5% dextrose/water (500 ml = 1 unit)	5% dextrose/water	
J7070	No Auth. Required	Dextrose 5%	Infusion, d5w, 1000 cc	D5w infusion	
J7100	No Auth. Required	LMD in D5W 10%	Infusion, dextran 40, 500 ml	Dextran 40 infusion	
J7120	No Auth. Required	Lactated Ringers	Ringers lactate infusion, up to 1000 cc	Ringers lactate infusion	
J7121	No Auth. Required	Dextrose in Lactated Ringers 5%	5% dextrose in lactated ringers infusion, up to 1000 cc	5% dextrose in lac ringers	
J7131	No Auth. Required	Sodium Chloride	Hypertonic saline solution, 1 ml	Hypertonic saline sol	
J7168	Bill directly to Fee for Service State Medicaid	Kcentra	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity	Prothrombin complex kcentra	
J7169	Bill directly to Fee for Service State Medicaid	Andexxa	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg	Inj andexxa, 10 mg	
J7170	Bill directly to Fee for Service State Medicaid	Hemlibra	Injection, emicizumab-kxwh, 0.5 mg	Inj., emicizumab-kxwh 0.5 mg	
J7175	Bill directly to Fee for Service State Medicaid	Coagadex	Injection, factor x, (human), 1 i.u.	Inj, factor x, (human), 1iu	
J7177	Bill directly to Fee for Service State Medicaid	Fibryga	Injection, human fibrinogen concentrate (fibryga), 1 mg	Inj., fibryga, 1 mg	
J7178	Bill directly to Fee for Service State Medicaid	RiaStap	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Inj human fibrinogen con nos	
J7179	Bill directly to Fee for Service State Medicaid	Vonvendi	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco	Vonvendi inj 1 iu vwf:rco	
J7180	Bill directly to Fee for Service State Medicaid	Corifact	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	Factor xiii anti-hem factor	
J7181	Bill directly to Fee for Service State Medicaid	Tretten	Injection, factor xiii a-subunit, (recombinant), per iu	Factor xiii recomb a-subunit	
J7182	Bill directly to Fee for Service State Medicaid	Novoeight	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	Factor viii recomb novoeight	
J7183	Bill directly to Fee for Service State Medicaid	Wilate	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rco	Wilate injection	
J7185	Bill directly to Fee for Service State Medicaid	Xyntha	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	Xyntha inj	
J7186	Bill directly to Fee for Service State Medicaid	Alphanate	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	Antihemophilic viii/vwf comp	
J7187	Bill directly to Fee for Service State Medicaid	Humate P	Injection, von willebrand factor complex (humate-p), per iu vwf:rco	Humate-p, inj	
J7188	Bill directly to Fee for Service State Medicaid	Obizur	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Factor viii recomb obizur	
J7189	Bill directly to Fee for Service State Medicaid	Novoseven	Factor viia (antihemophilic factor, recombinant), per 1 microgram	Factor viia	
J7190	Bill directly to Fee for Service State Medicaid	Hemophil M Koate Monoclate	Factor viii (antihemophilic factor, human) per i.u.	Factor viii	
J7191	Auth Required		Factor viii (antihemophilic factor (porcine)), per i.u.	Factor viii (porcine)	
J7192	Bill directly to Fee for Service State Medicaid	Advate Kogenate FS Recombinate	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	Factor viii recombinant nos	
J7193	Bill directly to Fee for Service State Medicaid	Alphanine SD Mononine	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	Factor ix non-recombinant	
J7194	Bill directly to Fee for Service State Medicaid	Profilnine	Factor ix, complex, per i.u.	Factor ix complex	
J7195	Bill directly to Fee for Service State Medicaid	Ixinity Benefix	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	Factor ix recombinant nos	
J7196	Auth Required	Atryn	Injection, antithrombin recombinant, 50 i.u.	Antithrombin recombinant	
J7197	Auth Required	Thrombate III	Antithrombin iii (human), per i.u.	Antithrombin iii injection	
J7198	Bill directly to Fee for Service State Medicaid	Feiba NF	Anti-inhibitor, per i.u.	Anti-inhibitor	
J7199	Bill directly to Fee for Service State Medicaid	Unclassified code	Hemophilia clotting factor, not otherwise classified	Hemophilia clot factor noc	
J7200	Bill directly to Fee for Service State Medicaid	Rixubis	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Factor ix recombinan rixubis	
J7201	Bill directly to Fee for Service State Medicaid	Alprolix	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	Factor ix alprolix recomb	

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

J7501	No Auth. Required	Azathioprine	Azathioprine, parenteral, 100 mg	Azathioprine parenteral	
J7502	Pharmacy Benefit	Neoral Sandimmune	Cyclosporine, oral, 100 mg	Cyclosporine oral 100 mg	
J7503	Pharmacy Benefit	Envarsus Rx	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	Tacrolimus envarsus ex rel oral	
J7504	Auth Required	Atgam	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	Lymphocyte immune globulin	
J7507	Pharmacy Benefit	Prograf	Tacrolimus, immediate release, oral, 1 mg	Tacrolimus imme rel oral 1mg	
J7508	Pharmacy Benefit	Astagraf XL	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	Tacrolimus astagraf ex rel oral	
J7509	Pharmacy Benefit	Medrol	Methylprednisolone oral, per 4 mg	Methylprednisolone oral	
J7510	Pharmacy Benefit	Orapred PediaPred	Prednisolone oral, per 5 mg	Prednisolone oral per 5 mg	
J7511	No Auth. Required	Thymoglobulin	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Antithymocyte globulin rabbit	
J7512	Pharmacy Benefit	Prednisone	Prednisone, immediate release or delayed release, oral, 1 mg	Prednisone ir or dr oral 1mg	
J7515	Pharmacy Benefit	Neoral Sandimmune	Cyclosporine, oral, 25 mg	Cyclosporine oral 25 mg	
J7516	No Auth. Required	Sandimmune	Cyclosporin, parenteral, 250 mg	Cyclosporin parenteral 250mg	
J7517	No Auth. Required	Cellcept	Mycophenolate mofetil, oral, 250 mg	Mycophenolate mofetil oral	
J7518	Pharmacy Benefit	Myfortic	Mycophenolic acid, oral, 180 mg	Mycophenolic acid	
J7519	No Auth. Required	Cellcept	Injection, mycophenolate mofetil, 10 mg	Inj. mycophenolate mofetil	
J7520	Pharmacy Benefit	Rapamune	Sirolimus, oral, 1 mg	Sirolimus, oral	
J7525	No Auth. Required	Prograf	Tacrolimus, parenteral, 5 mg	Tacrolimus injection	
J7527	Pharmacy Benefit	Zortress	Everolimus, oral, 0.25 mg	Oral everolimus	
J7599	No Auth. Required	Unclassified code	Immunosuppressive drug, not otherwise classified	Immunosuppressive drug noc	
J7604	No Auth. Required	Compounded	Acetylcysteine, inhalation solution, compounded product, administered through dme, unit dose form, per gram	Acetylcysteine comp unit	
J7605	Auth Required	Brovana	Arformoterol, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 15 micrograms	Arformoterol non-comp unit	
J7606	Auth Required	Perforomist	Formoterol fumarate, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 20 micrograms	Formoterol fumarate, inh	
J7607	No Auth. Required	Compounded	Levalbuterol, inhalation solution, compounded product, administered through dme, concentrated form, 0.5 mg	Levalbuterol comp con	
J7608	No Auth. Required	Acetylcysteine	Acetylcysteine, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per gram	Acetylcysteine non-comp unit	
J7609	No Auth. Required	Albuterol Sulfate	Albuterol, inhalation solution, compounded product, administered through dme, unit dose, 1 mg	Albuterol comp unit	
J7610	No Auth. Required	Albuterol Sulfate	Albuterol, inhalation solution, compounded product, administered through dme, concentrated form, 1 mg	Albuterol comp con	
J7611	No Auth. Required	Ventolin Proventil	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 1 mg	Albuterol non-comp con	
J7612	Auth Required	compounded	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 0.5 mg	Levalbuterol non-comp con	
J7613	No Auth. Required	Ventolin Proventil	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 1 mg	Albuterol non-comp unit	
J7614	Auth Required	Levalbuterol	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 0.5 mg	Levalbuterol non-comp unit	
J7615	No Auth. Required	Levalbuterol	Levalbuterol, inhalation solution, compounded product, administered through dme, unit dose, 0.5 mg	Levalbuterol comp unit	
J7620	No Auth. Required	Ipratropium Albuterol	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, non-compounded, administered through dme	Albuterol ipratrop non-comp	
J7622	No Auth. Required	Beclomethasone	Beclomethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Beclomethasone comp unit	
J7624	No Auth. Required	Compounded	Betamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Betamethasone comp unit	
J7626	Auth Required	Pulmicort	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 0.5 mg	Budesonide non-comp unit	
J7627	No Auth. Required	Compounded	Budesonide, inhalation solution, compounded product, administered through dme, unit dose form, up to 0.5 mg	Budesonide comp unit	
J7628	Auth Required	Compounded	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Bitolterol mesylate comp con	
J7629	Auth Required	Compounded	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Bitolterol mesylate comp unit	
J7631	No Auth. Required	Compounded	Cromolyn sodium, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	Cromolyn sodium noncomp unit	
J7632	Not Covered	Compounded	Cromolyn sodium, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	Cromolyn sodium comp unit	
J7633	No Auth. Required	Pulmicort	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 0.25 milligram	Budesonide non-comp con	
J7634	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Budesonide, inhalation solution, compounded product, administered through dme, concentrated form, per 0.25 milligram	Budesonide comp con	
J7635	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Atropine, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Atropine comp con	
J7636	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Atropine, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Atropine comp unit	
J7637	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Dexamethasone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Dexamethasone comp con	
J7638	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Dexamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Dexamethasone comp unit	

J7639	Auth Required	Pulmozyme	Dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Dornase alfa non-comp unit	
J7640	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Formoterol, inhalation solution, compounded product, administered through dme, unit dose form, 12 micrograms	Formoterol comp unit	
J7641	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Flunisolide, inhalation solution, compounded product, administered through dme, unit dose, per milligram	Flunisolide comp unit	
J7642	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Glycopyrrolate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Glycopyrrolate comp con	
J7643	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Glycopyrrolate comp unit	
J7644	No Auth. Required	Ipratropium Bromide	Ipratropium bromide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Ipratropium bromide non-comp	
J7645	Not Covered on state fee schedule (Outpatient Fee Schedule)	Atrovent	Ipratropium bromide, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Ipratropium bromide comp	
J7647	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Isoetharine hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Isoetharine comp con	
J7648	No Auth. Required		Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	Isoetharine non-comp con	
J7649	No Auth. Required		Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Isoetharine non-comp unit	
J7650	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Isoetharine hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Isoetharine comp unit	
J7657	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Isoproterenol comp con	
J7658	No Auth. Required		Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	Isoproterenol non-comp con	
J7659	No Auth. Required		Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Isoproterenol non-comp unit	
J7660	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Isoproterenol comp unit	
J7665	No Auth. Required	Mannitol	Mannitol, administered through an inhaler, 5 mg	Mannitol for inhaler	
J7667	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams	Metaproterenol comp con	
J7668	No Auth. Required	Alupent	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 10 milligrams	Metaproterenol non-comp con	
J7669	No Auth. Required	Compounded	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	Metaproterenol non-comp unit	
J7670	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Metaproterenol sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	Metaproterenol comp unit	
J7674	No Auth. Required	Provocholine	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	Methacholine chloride, neb	
J7676	Not Covered	Pentam	Pentamidine isethionate, inhalation solution, compounded product, administered through dme, unit dose form, per 300 mg	Pentamidine comp unit dose	
J7677	Auth Required	Yupelri	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through dme, 1 microgram	Revefenacin inh non-com 1mcg	
J7680	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Terbutaline sulf comp con	
J7681	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Terbutaline sulf comp unit	
J7682	Auth Required	Tobi	Tobramycin, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams	Tobramycin non-comp unit	
J7683	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Triamcinolone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Triamcinolone comp con	
J7684	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Triamcinolone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Triamcinolone comp unit	
J7685	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compounded	Tobramycin, inhalation solution, compounded product, administered through dme, unit dose form, per 300 milligrams	Tobramycin comp unit	
J7686	Auth Required	Tyvaso	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	Treprostinil, non-comp unit	
J7699	Auth Required	Unclassified code	Noc drugs, inhalation solution administered through dme	Inhalation solution for dme	
J7799	No Auth. Required	Unclassified code	Noc drugs, other than inhalation drugs, administered through dme	Non-inhalation drug for dme	
J7999	Not Covered on state fee schedule (Outpatient Fee Schedule)	Unclassified code	Compounded drug, not otherwise classified	Compounded drug, noc	
J8498	No Auth. Required	Unclassified code	Antiemetic drug, rectal/suppository, not otherwise specified	Antiemetic rectal/supp nos	
J8499	Auth Required	Unclassified code	Prescription drug, oral, non chemotherapeutic, nos	Oral prescrip drug non chemo	
J8501	Pharmacy Benefit	Emend	Aprepitant, oral, 5 mg	Oral aprepitant	

J8510	Pharmacy Benefit	Myleran	Busulfan; oral, 2 mg	Oral busulfan
J8515	Pharmacy Benefit	Dostinex	Cabergoline, oral, 0.25 mg	Cabergoline, oral 0.25mg
J8520	Pharmacy Benefit	Xeloda	Capecitabine, oral, 150 mg	Capecitabine, oral, 150 mg
J8521	Pharmacy Benefit	Xeloda	Capecitabine, oral, 500 mg	Capecitabine, oral, 500 mg
J8530	Pharmacy Benefit	Cytosan	Cyclophosphamide; oral, 25 mg	Cyclophosphamide oral 25 mg
J8540	Pharmacy Benefit	Decadron	Dexamethasone, oral, 0.25 mg	Oral dexamethasone
J8560	Pharmacy Benefit	Vpesid	Etoposide; oral, 50 mg	Etoposide oral 50 mg
J8565	Pharmacy Benefit	Iressa	Gefitinib, oral, 250 mg	Gefitinib oral
J8597	Pharmacy Benefit	Unclassified code	Antiemetic drug, oral, not otherwise specified	Antiemetic drug oral nos
J8600	Pharmacy Benefit	Alkeran	Melphalan; oral, 2 mg	Melphalan oral 2 mg
J8610	Pharmacy Benefit	Rheumatrex	Methotrexate; oral, 2.5 mg	Methotrexate oral 2.5 mg
J8650	Auth Required	CESAMET	Nabilone, oral, 1 mg	Nabilone oral
J8655	Pharmacy Benefit	Akynzeo	Netupitant 300 mg and palonosetron 0.5 mg, oral	Oral netupitant, palonosetron
J8670	No Auth. Required	Varubi	Rolapitant, oral, 1 mg	Varubi
J8700	Pharmacy Benefit	Temodar	Temozolomide, oral, 5 mg	Temozolomide
J8705	Pharmacy Benefit	Hycamtin	Topotecan, oral, 0.25 mg	Topotecan oral
J8999	Pharmacy Benefit	Unclassified code	Prescription drug, oral, chemotherapeutic, nos	Oral prescription drug chemo
J9000	No Auth. Required	Adriamycin	Injection, doxorubicin hydrochloride, 10 mg	Doxorubicin hcl injection
J9015	Auth Required	Proleukin	Injection, aldesleukin, per single use vial	Aldesleukin injection
J9017	No Auth. Required	Trisenox	Injection, arsenic trioxide, 1 mg	Arsenic trioxide injection
J9019	No Auth. Required	Erwinaze	Injection, asparaginase (erwinaze), 1,000 iu	Erwinaze injection
J9021	Auth Required	Rylaze	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	Inj, aspara, rylaze, 0.1 mg
J9022	Auth Required	Tecentriq	Injection, atezolizumab, 10 mg	Inj, atezolizumab,10 mg
J9023	Auth Required	Bavencio	Injection, avelumab, 10 mg	Injection, avelumab, 10 mg
J9025	Auth Required	Vidaza	Injection, azacitidine, 1 mg	Azacitidine injection
J9027	No Auth. Required	Clolar	Injection, clofarabine, 1 mg	Clofarabine injection
J9029	Auth Required	Adstiladrin	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	Inj, adstiladrin, per tx dos
J9030	Auth Required	Tice BCG	Bcg live intravesical instillation, 1 mg	Bcg live intravesical 1mg
J9032	Auth Required	Beleodaq	Injection, belinostat, 10 mg	Injection, belinostat, 10mg
J9033	No Auth. Required	Treanda	Injection, bendamustine hcl (treanda), 1 mg	Inj., treanda 1 mg
J9034	Auth Required	Bendeka	Injection, bendamustine hcl (bendeka), 1 mg	Inj., bendeka 1 mg
J9035	Auth Required	Avastin	Injection, bevacizumab, 10 mg	Bevacizumab injection
J9036	Auth Required	Belrapzo	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Inj. belrapzo/bendamustine
J9037	Auth Required	Blenrep	Injection, belantamab mafodotin-blmf, 0.5 mg	Inj belantamab mafodont blmf
J9039	Auth Required	Blinicyto	Injection, blinatumomab, 1 microgram	Injection, blinatumomab
J9040	No Auth. Required	Bleomycin	Injection, bleomycin sulfate, 15 units	Bleomycin sulfate injection
J9041	No Auth. Required	Velcade	Injection, bortezomib (velcade), 0.1 mg	Inj., velcade 0.1 mg
J9042	Auth Required	Adcetris	Injection, brentuximab vedotin, 1 mg	Brentuximab vedotin inj
J9043	No Auth. Required	Jevtana	Injection, cabazitaxel, 1 mg	Cabazitaxel injection
J9045	No Auth. Required	Paraplatin	Injection, carboplatin, 50 mg	Carboplatin injection
J9046	No Auth. Required	Bortezomib		
J9047	Auth Required	Kyprolis	Injection, carfilzomib, 1 mg	Injection, carfilzomib, 1 mg
J9048	No Auth. Required	Brotezomib		
J9049	No Auth. Required	Brotezomib		
J9050	No Auth. Required	BICNU	Injection, carmustine, 100 mg	Carmustine injection
J9051	Auth Required	Brotezomib	Injection, bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg	Inj, bortezomib (maia)
J9055	Auth Required	Erbix	Injection, cetuximab, 10 mg	Cetuximab injection
J9056	No Auth. Required	Vivimusta	Injection, bendamustine HCl (Vivimusta), 1 mg	Inj, bendamustine, 1 mg
J9057	Auth Required	Aliqopa	Injection, copanlisib, 1 mg	Inj., copanlisib, 1 mg
J9058	Not Covered on state fee schedule (Outpatient Fee Schedule)	Bendamustine	Injection, bendamustine HCl (Apotex), 1 mg	Inj apotex/bendamustine 1 mg
J9059	No Auth. Required	Bendamustine	Injection, bendamustine HCl (Baxter), 1 mg	Inj bendamustine, baxter 1mg
J9060	No Auth. Required	Platinol	Injection, cisplatin, powder or solution, 10 mg	Cisplatin 10 mg injection
J9061	Auth Required	Rybrevant	Injection, amivantamab-vmjw, 2 mg	Inj, amivantamab-vmjw
J9063	No Auth. Required	Elahere	Injection, mirvetuximab soravtansine-gynx, 1 mg	Inj, elahere, 1 mg
J9064	Auth Required		Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg	Inj, cabazitaxel (sandoz)
J9065	No Auth. Required	Mavenclad	Injection, cladribine, per 1 mg	Inj cladribine per 1 mg
J9071	No Auth. Required	cyclophosphamide	Injection, cyclophosphamide, (AuroMedics), 5 mg	
J9100	No Auth. Required	Cytosar	Injection, cytarabine, 100 mg	Cytarabine hcl 100 mg inj
J9118	Auth Required	Asparlas	Injection, calaspargase pegol-mknl, 10 units	Inj. calaspargase pegol-mknl
J9119	Auth Required	Libtayo	Injection, cemiplimab-rwlc, 1 mg	Inj., cemiplimab-rwlc, 1 mg
J9120	No Auth. Required	Cosmegen	Injection, dactinomycin, 0.5 mg	Dactinomycin injection
J9130	No Auth. Required	DTIC-Dome	Dacarbazine, 100 mg	Dacarbazine 100 mg inj
J9144	Auth Required	Darzalex	Daratumumab, hyaluronidase	Injection, daratumumab, 10 mg and hyaluronidase-fihj
J9145	Auth Required	Darzalex	Injection, daratumumab, 10 mg	Injection, daratumumab 10 mg
J9150	No Auth. Required	Daunorubicin	Injection, daunorubicin, 10 mg	Daunorubicin injection
J9153	Auth Required	Vyxeos	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Inj daunorubicin, cytarabine
J9155	Auth Required	Firmagon	Injection, degarelix, 1 mg	Degarelix injection
J9165	No Auth. Required	Not available in the US	Injection, diethylstilbestrol diphosphate, 250 mg	Diethylstilbestrol injection
J9171	No Auth. Required	Taxotere	Injection, docetaxel, 1 mg	Docetaxel injection
J9173	Auth Required	Imfinzi	Injection, durvalumab, 10 mg	Inj., durvalumab, 10 mg
J9175	No Auth. Required	Elliotts B Solution	Injection, eliotts' b solution, 1 ml	Elliotts b solution per ml
J9176	Auth Required	Empliciti	Injection, elotuzumab, 1 mg	Injection, elotuzumab, 1mg
J9177	Auth Required	Padvec	Injection, enfortumab vedotin-ejfv, 0.25 mg	Inj enfort vedo-ejfv 0.25mg
J9178	No Auth. Required	Ellence	Injection, epirubicin hcl, 2 mg	Inj, epirubicin hcl, 2 mg
J9179	No Auth. Required	Halaven	Injection, eribulin mesylate, 0.1 mg	Eribulin mesylate injection
J9181	No Auth. Required	Etopophos	Injection, etoposide, 10 mg	Etoposide injection
J9185	No Auth. Required	Fludara	Injection, fludarabine phosphate, 50 mg	Fludarabine phosphate inj
J9190	No Auth. Required	Adrucil	Injection, fluorouracil, 500 mg	Fluorouracil injection
J9196	Auth Required	Gemcitabine	Injection, gemcitabine hydrochloride (Accord), not therapeutically equivalent to J9201, 200 mg	Inj gemcitabine hcl (accord)
J9198	Auth Required	Infugem	Injection, gemcitabine hydrochloride, (infugem), 100 mg	Inj. infugem, 100 mg
J9200	No Auth. Required	FUDR	Injection, floxuridine, 500 mg	Floxuridine injection
J9201	No Auth. Required	Gemzar	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	In gemcitabine hcl nos 200mg
J9202	Auth Required	Zoladex	Goserelin acetate implant, per 3.6 mg	Goserelin acetate implant
J9203	Auth Required	Mylotarg	Injection, gemtuzumab ozogamicin, 0.1 mg	Gemtuzumab ozogamicin 0.1 mg
J9204	Auth Required	Poteligeo	Injection, mogamulizumab-kpkc, 1 mg	Inj mogamulizumab-kpkc, 1 mg
J9205	Auth Required	Onivyde	Injection, irinotecan liposome, 1 mg	Inj irinotecan liposome 1 mg

J9206	No Auth. Required	Camptosar	Injection, irinotecan, 20 mg	Irinotecan injection	
J9207	No Auth. Required	Ixempra	Injection, ixabepilone, 1 mg	Ixabepilone injection	
J9208	No Auth. Required	Ifex	Injection, ifosfamide, 1 gram	Ifosfamide injection	
J9209	No Auth. Required	Mesnex	Injection, mesna, 200 mg	Mesna injection	
J9210	Auth Required	Gamifant	Injection, emapalumab-lzsg, 1 mg	Inj., emapalumab-lzsg, 1 mg	
J9211	No Auth. Required	Idamycin	Injection, idarubicin hydrochloride, 5 mg	Idarubicin hcl injection	
J9214	Auth Required	Intron A	Injection, interferon, alfa-2b, recombinant, 1 million units	Interferon alfa-2b inj	
J9215	Auth Required	Alferon N	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	Interferon alfa-n3 inj	
J9216	Auth Required	Actimmune	Injection, interferon, gamma 1-b, 3 million units	Interferon gamma 1-b inj	
J9217	No Auth. Required	Eligard	Leuprolide acetate (for subcutaneous inj kit), 7.5 mg	Leuprolide acetate suspension	
J9217	No Auth. Required	Eligard	Leuprolide acetate (for subcutaneous inj kit), 22.5 mg	Leuprolide acetate suspension	
J9217	No Auth. Required	Eligard	Leuprolide acetate (for subcutaneous inj kit), 30 mg	Leuprolide acetate suspension	
J9217	No Auth. Required	Eligard	Leuprolide acetate (for subcutaneous inj kit), 45 mg	Leuprolide acetate suspension	
J9217	No Auth. Required	Eligard	Leuprolide acetate (for depot suspension), 7.5 mg	Leuprolide acetate suspension	Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyoma: every 84 days
J9218	No Auth. Required	Leuprolide	Leuprolide acetate, per 1 mg	Leuprolide acetate injection	Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyoma: every 84 days
J9223	Auth Required	Zepzelca	Inj. lurbinectedin, 0.1 mg	Injection, lurbinectedin, 0.1 mg	
J9225	Auth Required	Vantas	Histrelin implant (vantas), 50 mg	Vantas implant	
J9226	Auth Required	Supprelin LA	Histrelin implant (supprelin la), 50 mg	Supprelin la implant	
J9227	Auth Required	Sarclisa	Injection, isatuximab-irfc, 10 mg	Inj. isatuximab-irfc 10 mg	
J9228	Auth Required	Yervoy	Injection, ipilimumab, 1 mg	Ipilimumab injection	
J9229	Auth Required	Besponsa	Injection, inotuzumab ozogamicin, 0.1 mg	Inj inotuzumab ozogam 0.1 mg	
J9230	No Auth. Required	Mustargen	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	Mechlorethamine hcl inj	
J9245	No Auth. Required	Alkeran	Injection, melphalan hydrochloride, 50 mg	Inj melphalan hydrochl 50 mg	
J9246	Auth Required	Evomela	Injection, melphalan (evomela), 1 mg	Inj., evomela, 1 mg	
J9247	Auth Required	Alkeran, Evomela	Injection, melphalan flufenamide, 1 mg	Inj, melphalan flufenami 1mg	
J9259	Not Covered on state fee schedule (Outpatient Fee Schedule)	Paclitaxel	Injection, paclitaxel protein-bound particles (American Regent) not therapeutically equivalent to J9264, 1 mg	Paclitaxel (american regent)	
J9260	No Auth. Required	Methotrexate	Methotrexate sodium, 50 mg	Methotrexate sodium inj	
J9261	No Auth. Required	Arranon	Injection, nelarabine, 50 mg	Nelarabine injection	
J9262	Auth Required	Synribo	Injection, omacetaxine mepesuccinate, 0.01 mg	Inj, omacetaxine mep, 0.01mg	
J9263	No Auth. Required	Eloxatin	Injection, oxaliplatin, 0.5 mg	Oxaliplatin	
J9264	No Auth. Required	Abraxane	Injection, paclitaxel protein-bound particles, 1 mg	Paclitaxel protein bound	
J9266	Auth Required	Oncaspar	Injection, pegaspargase, per single dose vial	Pegaspargase injection	Dosing every 2 weeks; 1 billing unit= up to 3750IU
J9267	No Auth. Required	Taxol	Injection, paclitaxel, 1 mg	Paclitaxel injection	
J9268	No Auth. Required	Nipent	Injection, pentostatin, 10 mg	Pentostatin injection	
J9269	Auth Required	Elzonris	Injection, tagraxofusp-erzs, 10 micrograms	Inj. tagraxofusp-erzs 10 mcg	
J9271	Auth Required	Keytruda	Injection, pembrolizumab, 1 mg	Inj pembrolizumab	
J9272	Auth Required	Jemperli	Injection, dostarlimab-gxly, 10 mg	Inj, dostarlimab-gxly, 10 mg	
J9273	No Auth. Required	Tivdak	Injection, tisotumab vedotin-tftv, 1 mg		
J9274	Auth Required	Kimtrak	Injection, tebentafusp-tebn, 1 microgram	Inj, tebentafusp-tebn, 1 mcg	
J9280	No Auth. Required	Mutamycin	Injection, mitomycin, 5 mg	Mitomycin injection	
J9281	Auth Required	Jemlyto	Mitomycin instillation	Mitomycin pyelocalyceal instillation, 1 mg	
J9285	Auth Required	Lartruvo	Injection, olaratumab, 10 mg	Inj, olaratumab, 10 mg	
J9293	Auth Required	Novantrone	Injection, mitoxantrone hydrochloride, per 5 mg	Mitoxantrone hydrochl / 5 mg	
J9294	Auth Required		Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed, hospira 10mg	
J9295	Auth Required	Portrazza	Injection, necitumumab, 1 mg	Injection, necitumumab, 1 mg	
J9296	Auth Required		Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (accord) 10mg	
J9297	Auth Required		Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (sandoz) 10mg	
J9298	Auth Required	Opdualag	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Inj nivol relatlimab 3mg/1mg	
J9299	Auth Required	Opdivo	Injection, nivolumab, 1 mg	Injection, nivolumab	
J9301	Auth Required	Gazyva	Injection, obinutuzumab, 10 mg	Obinutuzumab inj	
J9302	Auth Required	Arzerra	Injection, ofatumumab, 10 mg	Ofatumumab injection	
J9303	No Auth. Required	Vectibix	Injection, panitumumab, 10 mg	Panitumumab injection	
J9304	Auth Required	Pemfexy	Injection, pemetrexed (pemfexy), 10 mg	Inj. pemetrexed, 10 mg	
J9305	No Auth. Required	Alimta	Injection, pemetrexed, 10 mg	Pemetrexed injection	
J9306	Auth Required	Perjeta	Injection, pertuzumab, 1 mg	Injection, pertuzumab, 1 mg	
J9307	No Auth. Required	Folotyn	Injection, pralatrexate, 1 mg	Pralatrexate injection	
J9308	Auth Required	Cyramza	Injection, ramucirumab, 5 mg	Injection, ramucirumab	
J9309	Auth Required	Polivy	Injection, polatuzumab vedotin-piiv, 1 mg	Inj, polatuzumab vedotin 1mg	
J9311	Auth Required	Rituxan Hycela	Injection, rituximab 10 mg and hyaluronidase	Inj rituximab, hyaluronidase	Hycela is only covered for the oncology diagnoses.
J9312	Auth Required	Rituxan	Injection, rituximab, 10 mg	Inj., rituximab, 10 mg	
J9313	Auth Required	Lumoxiti	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Inj., lumoxiti, 0.01 mg	
J9314	No Auth. Required		Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg		
J9316	Auth Required	Phesgo	Pertuzu, trastuzu, 10 mg	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	
J9317	Auth Required	Trodelyv	Sacituzumab govitecan-hziy	Injection, sacituzumab govitecan-hziy, 2.5 mg	
J9318	Auth Required	Istodax	Injection, romidepsin, nonlyophilized, 0.1 mg	Inj romidepsin non-lyo 0.1mg	
J9319	Auth Required	Istodax	Injection, romidepsin, lyophilized, 0.1 mg	Inj romidepsin lyophil 0.1mg	
J9320	No Auth. Required	Zanosar	Injection, streptozocin, 1 gram	Streptozocin injection	

J9321	Auth Required	Epkinly	Injection, pemetrexed (Sandoz) not therapeutically equivalent to J9305, 10 mg	#N/A	
J9322	No Auth. Required		Injection, pemetrexed (BluePoint) not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (bluepoint)	
J9323	No Auth. Required		Injection, pemetrexed (Hospira) not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed ditromethamin	
J9325	Auth Required	Imlygic	Injection, talimogene laherparepvec, per 1 million plaque forming units	Inj talimogene laherparepvec	
J9328	Auth Required	Temodar	Injection, temozolomide, 1 mg	Temozolomide injection	
J9330	Auth Required	Torisel	Injection, temsirolimus, 1 mg	Temsirolimus injection	
J9331	No Auth. Required	Fyarro	Injection, sirolimus protein-bound particles, 1 mg		
J9332	No Auth. Required	Vyvgart	Injection, efgartigimod alfa-fcab, 2mg		
J9340	No Auth. Required	Tepadina	Injection, thiotepa, 15 mg	Thiotepa injection	
J9345	Auth Required	Zynyz	Injection, retifanlimab-dlwr, 1 mg	Inj, retifanlimab-dlwr, 1 mg	
J9347	No Auth. Required	Imjudo	Injection, tremelimumab-actl, 1 mg	Inj, tremelimumab-actl, 1 mg	
J9348	Auth Required	Danyelza	Injection, naxitamab-gqgk, 1 mg	Inj. naxitamab-gqgk, 1 mg	
J9349	Auth Required	Monjuvi	Injection, tafasitamab-cxix, 2 mg	Inj., tafasitamab-cxix	
J9350	No Auth. Required		INJ MOSUNETUZUMAB-AXGB, 1 MG	Inj mosunetuzumab-axgb, 1 mg	
J9351	No Auth. Required	Hycamtin	Injection, topotecan, 0.1 mg	Topotecan injection	
J9352	Auth Required	Yondelis	Injection, trabectedin, 0.1 mg	Injection trabectedin 0.1mg	
J9353	Auth Required	Margenza	Injection, margetuximab-cmkb, 5 mg	Inj. margetuximab-cmkb, 5 mg	
J9354	Auth Required	Kadcyla	Injection, ado-trastuzumab emtansine, 1 mg	Inj, ado-trastuzumab emt 1mg	
J9355	Auth Required	Herceptin	Injection, trastuzumab, excludes biosimilar, 10 mg	Inj trastuzumab excl biosimi	
J9356	Auth Required	Herceptin Hylecta	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Inj. herceptin hylecta, 10mg	
J9357	No Auth. Required	Valstar	Injection, valrubicin, intravesical, 200 mg	Valrubicin injection	
J9358	Auth Required	Enhertu	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Inj fam-trastu deru-nxki 1mg	
J9359	No Auth. Required	Zynlonta	Injection, loncastuximab tesirine-lypl, 0.075 mg		
J9360	No Auth. Required	Velban	Injection, vinblastine sulfate, 1 mg	Vinblastine sulfate inj	
J9370	No Auth. Required	Vincasar PFS	Vincristine sulfate, 1 mg	Vincristine sulfate 1 mg inj	
J9380	No Auth. Required	Tecvayli	Injection, teclistamab-cqyv, 0.5 mg	Inj teclistamab cqyv 0.5 mg	
J9381	Auth Required	Tzield	Injection, teplizumab-mzww, 5 mcg	Inj teplizumab mzww 5 mcg	
J9390	No Auth. Required	Navelbine	Injection, vinorelbine tartrate, 10 mg	Vinorelbine tartrate inj	
J9393	No Auth. Required	Fulvestrant			
J9394	No Auth. Required	Fulvestrant			
J9395	No Auth. Required	Faslodex	Injection, fulvestrant, 25 mg	Injection, fulvestrant	
J9400	Auth Required	Zaltrap	Injection, ziv-aflibercept, 1 mg	Inj, ziv-aflibercept, 1mg	
J9600	No Auth. Required	Photofrin	Injection, porfimer sodium, 75 mg	Porfimer sodium injection	
J9999	Auth Required	Unclassified code	Not otherwise classified, antineoplastic drugs	Chemotherapy drug	
M0201	Bill directly to Fee for Service State Medicaid	Home vaccine admin	Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home	Covid-19 vaccine home admin	
M0220	No Auth. Required	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring	Tixagev and cilgav inj	
M0221	No Auth. Required	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Tixagev and cilgav inj hm	
M0222	No Auth. Required	Eli Lilly	Intravenous injection, bebtelovimab, includes injection and post administration monitoring		
M0222	No Auth. Required	Eli Lilly	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	Bebtelovimab injection	
M0223	No Auth. Required	Eli Lilly	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made prov		
M0223	No Auth. Required	Eli Lilly	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Bebtelovimab injection home	
M0249	No Auth. Required	Genentech	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	Adm Tocilizu COVID-19 1st	
M0250	No Auth. Required	Genentech	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose	Adm Tocilizu COVID-19 2nd	
P9012	No Auth. Required		Cryoprecipitate, each unit	Cryoprecipitate each unit	
P9041	No Auth. Required		Infusion, albumin (human), 5%, 50 ml	Albumin (human),5%, 50ml	
P9043	No Auth. Required		Infusion, plasma protein fraction (human), 5%, 50 ml	Plasma protein fract,5%,50ml	
P9045	No Auth. Required		Infusion, albumin (human), 5%, 250 ml	Albumin (human), 5%, 250 ml	
P9046	No Auth. Required		Infusion, albumin (human), 25%, 20 ml	Albumin (human), 25%, 20 ml	
P9047	No Auth. Required		Infusion, albumin (human), 25%, 50 ml	Albumin (human), 25%, 50ml	

P9048	No Auth. Required		Infusion, plasma protein fraction (human), 5%, 250 ml	Plasmaprotein fract,5%,250ml	
P9050	No Auth. Required		Granulocytes, pheresis, each unit	Granulocytes, pheresis unit	
Q0112	No Auth. Required		All potassium hydroxide (koh) preparations	Potassium hydroxide preps	
Q0138	Auth Required	Feraheme	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Ferumoxytol, non-esrd	
Q0139	Auth Required	Feraheme	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	Ferumoxytol, esrd use	
Q0161	No Auth. Required	Thorazine	Chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Chlorpromazine hcl 5mg oral	
Q0162	No Auth. Required	Zofran	Ondansetron 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Ondansetron oral	
Q0163	No Auth. Required	Benadryl	Diphenhydramine hydrochloride, 50 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	Diphenhydramine hcl 50mg	
Q0164	No Auth. Required	Compazine	Prochlorperazine maleate, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Prochlorperazine maleate 5mg	
Q0166	No Auth. Required	Kytril	Granisetron hydrochloride, 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	Granisetron hcl 1 mg oral	
Q0167	Auth Required	Inapsine	Dronabinol, 2.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Dronabinol 2.5mg oral	
Q0169	No Auth. Required	Phenergan	Promethazine hydrochloride, 12.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Promethazine hcl 12.5mg oral	
Q0175	No Auth. Required	Trilafon	Perphenazine, 4 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Perphenazine 4mg oral	
Q0177	No Auth. Required	Vistaril	Hydroxyzine pamoate, 25 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Hydroxyzine pamoate 25mg	
Q0180	Auth Required	Anzemet	Dolasetron mesylate, 100 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	Dolasetron mesylate oral	
Q0181	No Auth. Required		Unspecified oral dosage form, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for a iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Unspecified oral anti-emetic	
Q0220	No Auth. Required	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg	Tixagev and cilgav, 300mg	
Q0221	No Auth. Required	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) w		
Q0221	No Auth. Required	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg	Tixagev and cilgav, 600mg	
Q0222	No Auth. Required	bebtelovimab	Injection, bebtelovimab, 175 mg		
Q0222	No Auth. Required	bebtelovimab	Injection, bebtelovimab, 175 mg	Bebtelovimab 175 mg	
Q0249	No Auth. Required	Genentech	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	Tocilizumab for COVID-19	
Q0510	No Auth. Required		Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	Dispens fee immunosuppressive	
Q0511	No Auth. Required		Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period	Sup fee antiem,antica,immuno	
Q0513	No Auth. Required		Pharmacy dispensing fee for inhalation drug(s); per 30 days	Disp fee inhal drugs/30 days	
Q0514	No Auth. Required		Pharmacy dispensing fee for inhalation drug(s); per 90 days	Disp fee inhal drugs/90 days	
Q2009	No Auth. Required	Cerebyx	Injection, fosphenytoin, 50 mg phenytoin equivalent	Fosphenytoin inj pe	
Q2017	Auth Required	Teniposide	Injection, teniposide, 50 mg	Teniposide, 50 mg	
Q2039	No Auth. Required		Influenza virus vaccine, not otherwise specified	Influenza virus vaccine, nos	

Q2041	Bill directly to Fee for Service State Medicaid	Yescarta	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Axicabtagene ciloleucel car+	
Q2042	Bill directly to Fee for Service State Medicaid	Kymriah	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Tisagenlecleucel car-pos t	
Q2043	Auth Required	Provenge	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Sipuleucel-t auto cd54+	
Q2050	Auth Required	Doxil	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Doxorubicin inj 10mg	
Q2053	Bill directly to Fee for Service State Medicaid	Tecartus	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Brexucabtagene car pos t	
Q2054	Bill directly to Fee for Service State Medicaid	Breyanzi	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Lisocabtagene mara car pos t	
Q2055	Bill directly to Fee for Service State Medicaid	Abecma	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, p	Idecabtagene vicleucel car	
Q2056	Bill directly to Fee for Service State Medicaid	Carvykti	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Ciltacabtagene car-pos t	
Q3027	Auth Required	Avonex	Injection, interferon beta-1a, 1 mcg for intramuscular use	Inj beta interferon im 1 mcg	
Q3028	Auth Required	Rebif	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Inj beta interferon sq 1 mcg	
Q4074	Auth Required	Ventavis	Iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms	Iloprost non-comp unit dose	
Q4081	No Auth. Required	Epogen Procrit	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Epoetin alfa, 100 units esrd	
Q5101	Auth Required	Zarxio	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Injection, zarxio 1mcg	
Q5103	Auth Required	Inflectra	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Injection, inflectra 10mg	
Q5104	Auth Required	Renflexis	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Injection, renflexis 10mg	
Q5105	Auth Required	Retacrit	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Inj retacrit esrd on dialysi	
Q5106	Auth Required	Retacrit	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Inj retacrit non-esrd use	
Q5107	Auth Required	Mvasi	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Inj mvasi 10 mg	
Q5108	Auth Required	Fulphila	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Injection, fulphila 0.5mg	
Q5109	Auth Required	Ixifi	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Injection, ixifi, 10 mg	
Q5110	Auth Required	Nivestym	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Injection, Nivestym 1mcg	
Q5111	Auth Required	Udenyca	Injection, pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg	Injection, udenyca 0.5 mg	
Q5112	Auth Required	Ontruzant	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	Inj ontruzant 10 mg	
Q5113	Auth Required	Herzuma	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Inj herzuma 10 mg	
Q5114	Auth Required	Ogivri	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	Inj ogivri 10 mg	
Q5115	Auth Required	Truxima	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Inj truxima 10 mg	
Q5116	Auth Required	Trazimera	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10mg	Inj, Trazimera 10mg	
Q5117	Auth Required	Kanjinti	Injection, trastuzumab-anns, biosimilar, (trazimera), 10mg	Inj, Kanjinti, 10mg	
Q5118	Auth Required	Zirabev	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10mg	Inj, Zirabev, 10mg	
Q5119	Auth Required	Ruxience	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Inj ruxience, 10 mg	
Q5120	Auth Required	Ziextenzo	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	Inj pegfilgrastim-bmez 0.5mg	
Q5121	Auth Required	Avsola	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Inj. avsola, 10 mg	
Q5122	Auth Required	Nyvepria	Inj, nyvepria	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	
Q5123	Auth Required	Riabni	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg	Inj. riabni, 10 mg	
Q5124	Not Covered	Byooviz	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg		
Q5125	Auth Required	Releuko	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Inj, releuko 1 mcg	
Q5126	Auth Required	Alymys			
Q5127	No auth. Required	Stimufend	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	Inj, stimufend, 0.5 mg	
Q5128	Auth Required	Cimerli	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	Inj, cimerli, 0.1 mg	
Q5129	No Auth. Required	Vegzelma	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg	Inj, vegzelma, 10 mg	
Q5130	No Auth. Required	Fylnetra	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	Inj, fylnetra, 0.5 mg	
Q5131	Not Covered on state fee schedule (Outpatient Fee Schedule)	Idacio	Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg	Inj, idacio, 20 mg	
Q9950	No Auth. Required	Lumason	Injection, sulfur hexafluoride lipid microspheres, per ml	Inj sulf hexa lipid microsph	
Q9957	No Auth. Required	Definity	Injection, perflutren lipid microspheres, per ml	Inj perflutren lip micros,ml	
Q9960	No Auth. Required	Conray	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	Hocm 200-249mg/ml iodine,1ml	
Q9961	No Auth. Required	Conray	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	Hocm 250-299mg/ml iodine,1ml	
Q9963	No Auth. Required	Gastrografin	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	Hocm 350-399mg/ml iodine,1ml	
Q9965	No Auth. Required	Omnipaque	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	Locm 100-199mg/ml iodine,1ml	
Q9966	No Auth. Required	Optiray	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	Locm 200-299mg/ml iodine,1ml	
Q9967	No Auth. Required	Optiray	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	Locm 300-399mg/ml iodine,1ml	
Q9968	No Auth. Required	Methylene Blue Isosulfan Blue	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg	Visualization adjunct	
Q9969	No Auth. Required		Tc-99m from non-highly enriched uranium source, full cost recovery add-on, per study dose	Non-heu tc-99m add-on/dose	
Q9991	Auth Required	Sublocade	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	Buprenorph xr 100 mg or less	
Q9992	Auth Required	Sublocade	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	Buprenorphine xr over 100 mg	
S0012	Not Covered on state fee schedule (Outpatient Fee Schedule)	Stadol Nasal	Butorphanol tartrate, nasal spray, 25 mg	Butorphanol tartrate, nasal	
S0013	Not Covered per IN MCD Fee Schedule	Spravato	Esketamine, nasal spray	Esketamine, nasal spray, 1 mg	

S0017	Not Covered on state fee schedule (Outpatient Fee Schedule)	Amicar	Injection, aminocaproic acid, 5 grams	Injection, aminocaproic acid	
S0028	Not Covered on state fee schedule (Outpatient Fee Schedule)	Pepcid	Injection, famotidine, 20 mg	Injection, famotidine, 20 mg	
S0032	Not Covered on state fee schedule (Outpatient Fee Schedule)	Nafcillin	Injection, nafcillin sodium, 2 grams	Injection, nafcillin sodium	
S0039	Not Covered on state fee schedule (Outpatient Fee Schedule)	Septra	Injection, sulfamethoxazole and trimethoprim, 10 ml	Injection, sulfamethoxazole	
S0074	Not Covered on state fee schedule (Outpatient Fee Schedule)	Cefotan	Injection, cefotetan disodium, 500 mg	Injection, cefotetan disodiu	
S0078	Not Covered on state fee schedule (Outpatient Fee Schedule)	Cerebyx	Injection, fosphenytoin sodium, 750 mg	Injection, fosphenytoin sodi	
S0080	Not Covered on state fee schedule (Outpatient Fee Schedule)	Pentam	Injection, pentamidine isethionate, 300 mg	Injection, pentamidine iseth	
S0088	Not Covered on state fee schedule (Outpatient Fee Schedule)	Gleevec	Imatinib, 100 mg	Imatinib 100 mg	
S0090	Not Covered on state fee schedule (Outpatient Fee Schedule)	Viagra	Sildenafil citrate, 25 mg	Sildenafil citrate, 25 mg	
S0091	Not Covered on state fee schedule (Outpatient Fee Schedule)	Kytril	Granisetron hydrochloride, 1 mg (for circumstances falling under the medicare statute, use q0166)	Granisetron 1mg	
S0092	Not Covered on state fee schedule (Outpatient Fee Schedule)	Dilaudid	Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump)	Hydromorphone 250 mg	
S0093	Not Covered on state fee schedule (Outpatient Fee Schedule)	Morphine	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)	Morphine 500 mg	
S0104	Not Covered on state fee schedule (Outpatient Fee Schedule)	Retrovir	Zidovudine, oral, 100 mg	Zidovudine, oral, 100 mg	
S0106	Not Covered on state fee schedule (Outpatient Fee Schedule)	Wellbutrin SR	Bupropion hcl sustained release tablet, 150 mg, per bottle of 60 tablets	Bupropion hcl sr 60 tablets	
S0108	Not Covered on state fee schedule (Outpatient Fee Schedule)	Purixan	Mercaptopurine, oral, 50 mg	Mercaptopurine 50 mg	
S0109	Not Covered on state fee schedule (Outpatient Fee Schedule)	Dolophine	Methadone, oral, 5 mg	Methadone oral 5mg	
S0117	Not Covered on state fee schedule (Outpatient Fee Schedule)	Retin A	Tretinoin, topical, 5 grams	Tretinoin topical 5 g	
S0119	Not Covered on state fee schedule (Outpatient Fee Schedule)	Zofran	Ondansetron, oral, 4 mg (for circumstances falling under the medicare statute, use hcpcs q code)	Ondansetron 4 mg	
S0122	Not Covered on state fee schedule (Outpatient Fee Schedule)	Menopur	Injection, menotropins, 75 iu	Inj menotropins 75 iu	
S0126	Not Covered on state fee schedule (Outpatient Fee Schedule)	Gonal F	Injection, follitropin alfa, 75 iu	Inj follitropin alfa 75 iu	
S0128	Not Covered on state fee schedule (Outpatient Fee Schedule)	Follistim AQ	Injection, follitropin beta, 75 iu	Inj follitropin beta 75 iu	
S0132	Not Covered on state fee schedule (Outpatient Fee Schedule)	Ganirelix Acetate	Injection, ganirelix acetate, 250 mcg	Inj ganirelix acetat 250 mcg	
S0136	Not Covered on state fee schedule (Outpatient Fee Schedule)	Clozaril	Clozapine, 25 mg	Clozapine, 25 mg	
S0137	Not Covered on state fee schedule (Outpatient Fee Schedule)	Videx EC	Didanosine (ddi), 25 mg	Didanosine, 25 mg	
S0138	Not Covered on state fee schedule (Outpatient Fee Schedule)	Proscar	Finasteride, 5 mg	Finasteride, 5 mg	
S0139	Not Covered on state fee schedule (Outpatient Fee Schedule)	Minoxidil	Minoxidil, 10 mg	Minoxidil, 10 mg	
S0145	Not Covered per IN MCD Fee Schedule	Pegasys	Injection, pegylated interferon alfa-2a, 180 mcg per ml	Peg interferon alfa-2a/180	
S0148	Not Covered per IN MCD Fee Schedule	Peg-Intron	Injection, pegylated interferon alfa-2b, 10 mcg	Peg interferon alfa-2b/10	
S0155	See the IN MCD NPI Scode Exception List	Flolan Diluent	Sterile dilutant for epoprostenol, 50 ml	Epoprostenol dilutant	
S0156	Not Covered on state fee schedule (Outpatient Fee Schedule)	Aromasin	Exemestane, 25 mg	Exemestane, 25 mg	
S0157	Not Covered on state fee schedule (Outpatient Fee Schedule)	Regranex	Becaplermin gel 0.01%, 0.5 gm	Becaplermin gel 1%, 0.5 gm	
S0160	Not Covered on state fee schedule (Outpatient Fee Schedule)	Zenzedi	Dextroamphetamine sulfate, 5 mg	Dextroamphetamine	
S0169	Not Covered on state fee schedule (Outpatient Fee Schedule)	Rocaltrol	Calcitrol, 0.25 microgram	Calcitrol	

S0170	Not Covered on state fee schedule (Outpatient Fee Schedule)	Arimidex	Anastrozole, oral, 1 mg	Anastrozole 1 mg	
S0172	Not Covered on state fee schedule (Outpatient Fee Schedule)	Leukeran	Chlorambucil, oral, 2 mg	Chlorambucil 2 mg	
S0174	Not Covered on state fee schedule (Outpatient Fee Schedule)	Anzemet	Dolasetron mesylate, oral 50 mg (for circumstances falling under the medicare statute, use q0180)	Dolasetron 50 mg	
S0175	Not Covered on state fee schedule (Outpatient Fee Schedule)	Flutamide	Flutamide, oral, 125 mg	Flutamide 125 mg	
S0176	Not Covered on state fee schedule (Outpatient Fee Schedule)	Hydrea	Hydroxyurea, oral, 500 mg	Hydroxyurea 500 mg	
S0178	Not Covered on state fee schedule (Outpatient Fee Schedule)	Gleostine	Lomustine, oral, 10 mg	Lomustine 10 mg	
S0179	Not Covered on state fee schedule (Outpatient Fee Schedule)	Megace	Megestrol acetate, oral, 20 mg	Megestrol 20 mg	
S0182	Not Covered on state fee schedule (Outpatient Fee Schedule)	Matulane	Procarbazine hydrochloride, oral, 50 mg	Procarbazine, oral	
S0183	Not Covered on state fee schedule (Outpatient Fee Schedule)	Compazine	Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the medicare statute, use q0164)	Prochlorperazine 5 mg	
S0187	Not Covered on state fee schedule (Outpatient Fee Schedule)	Nolvadex	Tamoxifen citrate, oral, 10 mg	Tamoxifen 10 mg	
S0189	Not Covered on state fee schedule (Outpatient Fee Schedule)	Testopel	Testosterone pellet, 75 mg	Testosterone pellet 75 mg	
S0190	Not Covered per IN MCD Fee Schedule	Mifeprex	Mifepristone, oral, 200 mg	Mifepristone, oral, 200 mg	
S0191	Not Covered per IN MCD Fee Schedule	Cytotec	Misoprostol, oral, 200 mcg	Misoprostol, oral, 200 mcg	
S0194	Not Covered on state fee schedule (Outpatient Fee Schedule)	Renal Caps	Dialysis/stress vitamin supplement, oral, 100 capsules	Vitamin suppl 100 caps	
S0197	Not Covered on state fee schedule (Outpatient Fee Schedule)	Prenatal Vitamins	Prenatal vitamins, 30-day supply	Prenatal vitamins 30 day	
S0316	Not Covered on state fee schedule (Outpatient Fee Schedule)		Disease management program, follow-up/reassessment	Follow-up/reassessment	
S4990	Not Covered on state fee schedule (Outpatient Fee Schedule)		Nicotine patches, legend	Nicotine patch legend	
S4991	Not Covered on state fee schedule (Outpatient Fee Schedule)		Nicotine patches, non-legend	Nicotine patch nonlegend	
S4993	Not Covered per IN MCD Fee Schedule		Contraceptive pills for birth control	Contraceptive pills for bc	
S5000	Not Covered on state fee schedule (Outpatient Fee Schedule)		Prescription drug, generic	Prescription drug, generic	
S5001	Not Covered on state fee schedule (Outpatient Fee Schedule)		Prescription drug, brand name	Prescription drug, brand name	
S5010	Not Covered on state fee schedule (Outpatient Fee Schedule)		5% dextrose and 0.45% normal saline, 1000 ml	5% dextrose and 0.45% saline	
S5012	Not Covered on state fee schedule (Outpatient Fee Schedule)		5% dextrose with potassium chloride, 1000 ml	5% dextrose with potassium	
S5013	Not Covered on state fee schedule (Outpatient Fee Schedule)		5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	5% dextrose/0.45% saline 1000ml	
S5014	Not Covered on state fee schedule (Outpatient Fee Schedule)		5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	D5w/0.45ns w kcl and mgs04	
S5497	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cath care noc	
S5498	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	Hit simple cath care	
S5501	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit complex cath care	
S5502	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	Hit interim cath care	
S5517	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	Hit declotting kit	

S5518	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, all supplies necessary for catheter repair	Hit cath repair kit	
S5521	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Hit midline cath insert kit	
S5550	Not Covered on state fee schedule (Outpatient Fee Schedule)		Insulin, rapid onset, 5 units	Insulin rapid 5 u	
S5551	Not Covered on state fee schedule (Outpatient Fee Schedule)		Insulin, most rapid onset (lispro or aspart); 5 units	Insulin most rapid 5 u	
S5552	Not Covered on state fee schedule (Outpatient Fee Schedule)		Insulin, intermediate acting (nph or lente); 5 units	Insulin intermed 5 u	
S5553	Not Covered on state fee schedule (Outpatient Fee Schedule)		Insulin, long acting; 5 units	Insulin long acting 5 u	
S5560	Not Covered on state fee schedule (Outpatient Fee Schedule)		Insulin delivery device, reusable pen; 1.5 ml size	Insulin reuse pen 1.5 ml	
S5561	Not Covered on state fee schedule (Outpatient Fee Schedule)		Insulin delivery device, reusable pen; 3 ml size	Insulin reuse pen 3 ml	
S5565	Not Covered on state fee schedule (Outpatient Fee Schedule)		Insulin cartridge for use in insulin delivery device other than pump; 150 units	Insulin cartridge 150 u	
S5566	Not Covered on state fee schedule (Outpatient Fee Schedule)		Insulin cartridge for use in insulin delivery device other than pump; 300 units	Insulin cartridge 300 u	
S5570	Not Covered on state fee schedule (Outpatient Fee Schedule)		Insulin delivery device, disposable pen (including insulin); 1.5 ml size	Insulin dispos pen 1.5 ml	
S5571	Not Covered on state fee schedule (Outpatient Fee Schedule)		Insulin delivery device, disposable pen (including insulin); 3 ml size	Insulin dispos pen 3 ml	
S8490	Not Covered on state fee schedule (Outpatient Fee Schedule)		Insulin syringes (100 syringes, any size)	100 insulin syringes	
S9061	Auth Required		Home administration of aerosolized drug therapy (e.g., pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Medical supplies and equipme	
S9325	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with s9326, s9327 or s9328)	Hit pain mgmt per diem	
S9326	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont pain per diem	
S9327	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit int pain per diem	
S9328	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit pain imp pump diem	
S9329	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with s9330 or s9331)	Hit chemo per diem	
S9330	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont chem diem	
S9331	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit intermit chemo diem	
S9335	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem	Ht hemodialysis diem	
S9336	See the IN MCD NPI Scode Exception List		Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont anticoag diem	
S9338	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit immunotherapy diem	
S9339	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit periton dialysis diem	

S9345	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit anti-hemophil diem	
S9346	See the IN MCD NPI Scope Exception List		Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolatin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit alpha-1-proteinase diem	
S9347	See the IN MCD NPI Scope Exception List		Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit longterm infusion diem	
S9348	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit sympathomim diem	
S9349	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit tocolysis diem	
S9351	See the IN MCD NPI Scope Exception List		Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	Hit cont antiemetic diem	
S9353	See the IN MCD NPI Scope Exception List		Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont insulin diem	
S9355	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit chelation diem	
S9357	See the IN MCD NPI Scope Exception List		Home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit enzyme replace diem	
S9359	See the IN MCD NPI Scope Exception List		Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit anti-tnf per diem	
S9361	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit diuretic infus diem	
S9363	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit anti-spasmodic diem	
S9364	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, total parenteral nutrition (tpn); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes s9365-s9368 using daily volume scales)	Hit tpn total diem	
S9365	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, total parenteral nutrition (tpn); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn 1 liter diem	
S9366	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn 2 liter diem	
S9367	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn 3 liter diem	
S9368	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn over 3l diem	
S9370	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj antiemetic diem	

S9372	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home therapy; intermittent anticoagulant injection therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)	Ht inj anticoag diem	
S9373	See the IN MCD NPI Code Exception List		Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes s9374-s9377 using daily volume scales)	Hit hydra total diem	
S9374	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit hydra 1 liter diem	
S9375	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit hydra 2 liter diem	
S9376	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit hydra 3 liter diem	
S9377	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	Hit hydra over 3l diem	
S9379	See the IN MCD NPI Code Exception List		Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit noc per diem	
S9430	Not Covered on state fee schedule (Outpatient Fee Schedule)		Pharmacy compounding and dispensing services	Pharmacy comp/disp serv	
S9490	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit corticosteroid/diem	
S9494	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules s9497-s9504)	Hit antibiotic total diem	
S9497	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q3h diem	
S9500	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q24h diem	
S9501	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q12h diem	
S9502	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q8h diem	
S9503	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q6h diem	
S9504	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q4h diem	
S9537	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, g-csf, gm-csf); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht hem horm inj diem	
S9538	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	Hit blood products diem	
S9542	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj noc per diem	
S9558	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj growth horm diem	

S9559	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit inj interferon diem	
S9560	See the IN MCD NPI Scope Exception List		Home injectable therapy; hormonal therapy (e.g.; leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj hormone diem	
S9562	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj palivizumab diem	
S9590	Not Covered on state fee schedule (Outpatient Fee Schedule)		Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht irrigation diem	
G0012	Not Covered on state fee schedule (Outpatient Fee Schedule)		Injection of pre-exposure prophylaxis (PrEP) drug for HIV prevention, under skin or into muscle	Injection of hiv prep drug	
J0184	No Auth Required	Barhemsys	Injection, amisulpride, 1 mg	Inj, amisulpride, 1 mg	
J0217	Auth Required	Lamzede	Injection, velmanase alfa-tycv, 1 mg	Inj velmanase alfa-tycv 1 mg	
J0391	Not Covered on state fee schedule (Outpatient Fee Schedule)	Artesunate	Injection, artesunate, 1 mg	Inj, artesunate, 1mg	
J0402	No Auth Required	Abilify Asimtufii	Injection, aripiprazole (Abilify Asimtufii), 1 mg	Inj, abilify asimtufii, 1 mg	
J0688	No Auth Required	CEFAZOLIN SODIUM 2G Solution Reconstituted	Injection, cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg	Inj cefazolin sodium, hikma	
J0750	Not Covered on state fee schedule (Outpatient Fee Schedule)	Truvada	Emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	Hiv prep, ftc/tdf 200/300mg	
J0751	Not Covered on state fee schedule (Outpatient Fee Schedule)	Descovy	Emtricitabine 200 mg and tenofovir alafenamide 25 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	Hiv prep, ftc/taf 200/25mg	
J0799	Not Covered on state fee schedule (Outpatient Fee Schedule)		FDA-approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified	Hiv prep, fda approved, noc	
J0873	No Auth Required	DAPTOMYCIN 350MG Solution Reconstituted	Injection, daptomycin (Xellia), not therapeutically equivalent to J0878, 1 mg	Inj, daptomycin (xellia)	
J1105	No Auth Required	Igalmi	Dexmedetomidine, oral, 1 mcg	Dexmedetomidine film, 1 mcg	
J1304	Auth Required	QALSODY 100MG/15ML Solution	Injection, tofersen, 1 mg	Inj tofersen intrathec 1 mg	
J1412	Bill directly to Fee for Service State Medicaid	ROCTAVIAN Suspension	Injection, valoctogene roxaparovec-rvox, per ml, containing nominal 2×10^{13} vector genomes	Inj roctavian ml 2×10^{13} vc g	
J1413	Bill directly to Fee for Service State Medicaid	ELEVIDYS Kit	Injection, delandistrogene moxeparovec-rokl, per therapeutic dose	Inj delandistrogene mox rokl	
J1596	No Auth Required	GLYCOPYRROLATE 0.2MG/ML Solution	Injection, glycopyrrolate, 0.1 mg	Inj, glycopyrrolate, 0.1 mg	
J1939	No Auth Required	BUMETANIDE 0.25MG/ML Solution	Injection, bumetanide, 0.5 mg	Inj, bumetanide, 0.5 mg	
J2404	No Auth Required	NICARDIPINE HCL 2.5MG/ML Solution	Injection, nicardipine, 0.1 mg	Inj, nicardipine 0.1 mg	
J2508	Auth Required	ELFABRIO 20MG/10ML Solution	Injection, pegunigalsidase alfa-iwxj, 1 mg	Pegunigalsidase alfa-iwxj	
J2679	No Auth Required	FLUPHENAZINE HCL 2.5MG/ML Solution	Injection, fluphenazine HCl, 1.25 mg	Inj fluphenazine hcl 1.25 mg	
J2799	No Auth Required	UZEDY 25MG/0.07ML Suspension, Extended Release	Injection, risperidone (Uzedy), 1 mg	Inj, uzedy, 1 mg	
J3401	Bill directly to Fee for Service State Medicaid	VYJUVEK Gel	Beremagene geperpavec-svdt for topical administration, containing nominal 5×10^9 PFU/ml vector genomes, per 0.1 ml	Vyjuvek 5×10^9 pfu/ml, 0.1 ml	
J3425	No Auth Required	HYDROXOCOBALAMIN 1000MCG/ML Solution	Injection, hydroxocobalamin, 10 mcg	Inj, hydroxocobalamin	
J9052	No Auth Required	CARMUSTINE 50MG Solution Reconstituted	Injection, carmustine (Accord), not therapeutically equivalent to J9050, 100 mg	Inj, carmustine (accord)	
J9072	Not Covered on state fee schedule (Outpatient Fee Schedule)	CYCLOPHOSPHAMIDE 500MG/ML Solution	Injection, cyclophosphamide, (Dr. Reddys), 5 mg	Inj cyclophos dr.reddy's 5mg	
J9172	No Auth Required	Docivyx	Injection, docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg	Docetaxel (ingenus), 1 mg	
J9255	No Auth Required		Injection, methotrexate (Accord), not therapeutically equivalent to J9250 and J9260, 50 mg	Inj, methotrexate (accord)	
J9258	Not Covered on state fee schedule (Outpatient Fee Schedule)		Injection, paclitaxel protein-bound particles (Teva), not therapeutically equivalent to J9264, 1 mg	Paclitaxel (teva)	
J9286	Auth Required	COLUMVI 2.5MG/2.5ML Solution	Injection, glofitamab-gxbm, 2.5 mg	Inj glofitamab gxbm, 2.5 mg	
J9324	Not Covered on state fee schedule (Outpatient Fee Schedule)	Pemrydi RTU	Injection, pemetrexed (Pemrydi RTU), 10 mg	Inj, pemrydi rtu, 10 mg	
J9333	Auth Required	RYSTIGGO 140MG/ML Solution	Injection, rozanolixizumab-noli, 1 mg	Inj ronzanolixizum-noli 1 mg	
J9334	Auth Required	Vyvgart Hytrulo	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Inj efgart-alfa 2mg hya-qvfc	
Q0516	Not Covered on state fee schedule (Outpatient Fee Schedule)		Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 30-days	Supply fee hiv prep 30-days	
Q0517	Not Covered on state fee schedule (Outpatient Fee Schedule)		Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 60-days	Supply fee hiv prep 60-days	
Q0518	Not Covered on state fee schedule (Outpatient Fee Schedule)		Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 90-days	Supply fee hiv prep 90-days	
Q5132	Not Covered on state fee schedule (Outpatient Fee Schedule)	ABRILADA 40MG/0.8ML Solution	Injection, adalimumab-afzb (Abrilada), biosimilar, 10 mg	Inj, abrilada, 10 mg	
90623	No Auth Required		Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use		

90683	Not Covered on state fee schedule (Outpatient Fee Schedule)		Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use		
C9166	Auth Required	Cosentyx IV	Injection, secukinumab, IV, 1 mg	Injection, secukinumab	
C9167	Auth Required	OmvoH	Injection, apadamtase alfa, 10 units	Inj, adzynma, 10 iu	
C9168	Auth Required	OmvoH	Injection, mirikizumab-mrkz, 1 mg	Injection, mirikizumab-mrkz	
J0177	Auth Required	Eylea HD	Injection, aflibercept HD, 1 mg	Inj, aflibercept hd, 1 mg	
J0209	Not Covered on state fee schedule (Outpatient Fee Schedule)		Injection, sodium thiosulfate (Hope), 100 mg	Inj, sod thiosulfate (hope)	
J0577	Auth Required	Brixadi	Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy	Inj, brixadi, 7 days or less	
J0578	Auth Required	Brixadi	Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy	Inj brixadi, more than 7 day	
J0589	Not Covered on state fee schedule (Outpatient Fee Schedule)	Daxify	Injection, daxibotulinumtoxina-lanm, 1 unit	Inj daxibotulinumtoxina-lanm	
J0650	No Auth Required	Levothyroxine sodium	Injection, levothyroxine sodium, not otherwise specified, 10 mcg	Inj, levothyroxine nos 10mcg	
J0651	No Auth Required	Levothyroxine sodium	Injection, levothyroxine sodium (Fresenius Kabi) not therapeutically equivalent to J0650, 10 mcg	Inj, levothyroxine, freskabi	
J0652	Not Covered on state fee schedule (Outpatient Fee Schedule)	Levothyroxine sodium	Injection, levothyroxine sodium (Hikma) not therapeutically equivalent to J0650, 10 mcg	Inj, levothyroxine, hikma	
J1010	No Auth Required	Depo-Medrol	Injection, methylprednisolone acetate, 1 mg	Inj, methylpred acetate 1 mg	
J1202	Auth Required	Opfolda	Miglustat, oral, 65 mg	Miglustat oral 65 mg	
J1203	Auth Required	Pombiliti	Injection, cipaglucosidase alfa-atga, 5 mg	Inj, cipaglucosidase, 5 mg	
J1323	Auth Required	Elfrexio	Injection, elranatamab-bcmm, 1 mg	Inj, elranatamab-bcmm, 1 mg	
J1434	Not Covered on state fee schedule (Outpatient Fee Schedule)	Focinvez	Injection, fosaprepitant (Focinvez), 1 mg	Inj, focinvez, 1mg	
J2277	Auth Required	Aphexda	Injection, motixafortide, 0.25 mg	Inj, motixafortide, 0.25 mg	
J2782	Auth Required	Izervay	Injection, avacincaptad pegol, 0.1 mg	Inj avacincaptad pegol 0.1mg	
J2801	No Auth Required	Rykindo	Injection, risperidone (Rykindo), 0.5 mg	Inj, rykindo, 0.5 mg	
J2919	No Auth Required	Solu-Medrol	Injection, methylprednisolone sodium succinate, 5 mg	Inj, methylpred sod succ 5mg	
J3055	Auth Required	Talvey	Injection, talquetamab-tgvs, 0.25 mg	Inj talquetamab-tgvs 0.25 mg	
J3424	Not Covered on state fee schedule (Outpatient Fee Schedule)	Cyanokit	Injection, hydroxocobalamin, IV, 25 mg	Inj hydroxocobalamin iv 25mg	
J7165	No Auth Required	Balfaxar	Injection, prothrombin complex concentrate, human-lans, per IU of Factor IX activity	Inj, human-lans, per i.u	
J7354	Auth Required	Ycanth	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Cantharidin top, applicator	
J9073	No Auth Required	Cyclophosphamide	Injection, cyclophosphamide (Ingenus), 5 mg	Inj cyclophosphamd (ingenus)	
J9074	No Auth Required	Cyclophosphamide	Injection, cyclophosphamide (Sandoz), 5 mg	Inj, cyclophosphamd, sandoz	
J9075	No Auth Required	Cyclophosphamide	Injection, cyclophosphamide, not otherwise specified, 5 mg	Inj, cyclophosphamide, nos	
J9248	Not Covered on state fee schedule (Outpatient Fee Schedule)	Hepzato	Injection, melphalan (Hepzato), 1 mg	Inj melphalan (hepzato) 1 mg	
J9249	Not Covered on state fee schedule (Outpatient Fee Schedule)		Injection, melphalan (Apotex), 1 mg	Inj, melphalan (apotex) 1 mg	
J9376	Not Covered on state fee schedule (Outpatient Fee Schedule)	Veopoz	Injection, pozelimab-bbfg, 1 mg	Inj pozelimab-bbfg, 1 mg	
Q5133	Not Covered on state fee schedule (Outpatient Fee Schedule)	Tofidence	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	Inj, tofidence, 1 mg	
Q5134	Not Covered on state fee schedule (Outpatient Fee Schedule)	Tyruko	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	Inj, tyruko, 1 mg	
S0013	Auth Required	Spravato	Esketamine, nasal spray	Esketamine, nasal spray, 1 mg	
C9169	Auth Required	ANKTIVA 400MCG/0.4ML Solution	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Inj, nogapendekin pmln 1 mcg	
C9170	No Auth Required	IMDELLTRA 1MG Solution Reconstituted	Injection, tarlatamab-dlle, 1 mg	Inj, tarlatamab-dlle, 1 mg	
C9171	Not Covered on state fee schedule (Outpatient Fee Schedule)	LUMISIGHT 39MG Solution Reconstituted	Injection, pegulicianine, 1 mg	Inj, pegulicianine, 1 mg	
C9172	Bill directly to Fee for Service State Medicaid	BEQVEZ Kit	Injection, fidanacogene elaparovec-dzkt, per therapeutic dose	Inj, beqvez, per tx dose	
J0138	No Auth Required	COMBOGESIC 10MG/ML-3MG/ML Solution	Injection, acetaminophen 10 mg and ibuprofen 3 mg	Injection, acetaminoph 10 mg	
J1171	No Auth Required	HYDROMORPHONE HCL 1MG/ML Solution	Injection, hydromorphone, 0.1 mg	Inj, hydromorphone, 0.1 mg	
J1749	No Auth Required		Injection, iloprost, 0.1 mcg	Inj, iloprost, 0.1 mcg	
J2002	No Auth Required	LIDOCAINE IN D5W 4-5MG/ML-% Solution	Injection, lidocaine hcl in 5% dextrose, 1 mg	Inj, lidocaine in d5w, 1 mg	
J2003	No Auth Required	LIDOCAINE HCL 2% Solution	Injection, lidocaine hydrochloride, 1 mg	Inj, lidocaine hcl, 1 mg	
J2004	No Auth Required	LIGNOSPAN STANDARD 2%-1:100K CARTRIDGE	Injection, lidocaine hcl with epinephrine, 1 mg	Inj, lidocaine w epinephrine	
J2252	No Auth Required	MIDAZOLAM-SODIUM CHLORIDE (PF) 100-0.8MG/100ML-% Solution	Injection, midazolam in 0.8% sodium chloride, intravenous, not therapeutically equivalent to j2250, 1 mg	Inj midazolam in 0.8% nacl	
J2253	No Auth Required		Injection, midazolam (seizalam), 1 mg	Inj midazolam (seizalam)	
J2601	No Auth Required	VASOPRESSIN-SODIUM CHLORIDE 20-0.9UT/100ML-% Solution	Injection, vasopressin (baxter), 1 unit	Inj, vasopressin (baxter)	
J8522	Not Covered on state fee schedule (Outpatient Fee Schedule)	XELODA 150MG Tablet	Capecitabine, oral, 50 mg	Capecitabine, oral, 50 mg	
J8541	Not Covered on state fee schedule (Outpatient Fee Schedule)	HEMADY 20MG Tablet	Dexamethasone (hemady), oral, 0.25 mg	Oral, hemady, 0.25 mg	
J9329	Not Covered on state fee schedule (Outpatient Fee Schedule)	TEVIMBRA 100MG/10ML Solution	Injection, tislelizumab-jsgr, 1mg	Inj, tislelizumab-jsgr	

Q0519	Not Covered on state fee schedule (Outpatient Fee Schedule)		Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription injectable drug, per 30-days	Supply fee hiv prep inj 30	
Q0520	Not Covered on state fee schedule (Outpatient Fee Schedule)		Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription injectable drug, per 60-days	Supply fee hiv prep inj 60	
Q5135	Auth Required	TYENNE 162MG/0.9ML Solution Auto-injector	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Inj, tyenne, 1 mg	
Q5136	Not Covered on state fee schedule (Outpatient Fee Schedule)		Injection, denosumab-bbdz (jubonti/wyost), biosimilar, 1 mg	Inj. denosumab-bbdz, 1 mg	