CareSource

Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
99501	Auth. Required		4 Units Within 180 days
99502	No Auth. Required		4 Units Within 180 days
99506	Auth. Required		
99600	No Auth. required		
99601	No Auth. required		Up to 2 hours per day
99602	No Auth. required		Up to 2 hours per day
90375	No Auth. Required	Hyperrab S/D	
90378	Auth. Required	Synagis (1 Unit=50mg)	Up to 5 treatments
90675 90676	No Auth. Required	Rabies Vaccine	
99501-TH	Auth. Required		4 units within 180 days
A4221	No Auth required if under $750	Supplies for maintenance of non-insulin drug infusion catheter,	
A4222	No Auth required if under $750		
A4223	No Auth required if under $750		
A9606	Auth Required	Xofigo	Cannot be worked in NLX
B4102	No Auth. Required		Cannot be worked in NLX
B4103	No Auth. Required		Cannot be worked in NLX
C9014	Auth. Required	Brineura	
C9015	Auth. Required	Haegarda	
C9016	Auth. Required	Triptodur	
C9024	Auth. Required	Vyxeos	
C9028	Auth. Required	Besponsa	
C9029	Auth. Required	Tremfya	
C9257	Auth. Required	Avastin	Cannot be worked in NLX
Q9995	Auth Required	Hemlibra	
C9399	Auth. Required	Unclassified drug or biological	
C9463	Auth. Required	Cinvanti	
C9465	Auth. Required	Durolane	
C9492	Auth. Required	Imfinzi	Cannot be worked in NLX
J1428	Auth. Required (Exculded/Carve-out for IN MCD)	Exondys	10mg= 1 billing unit
J9022	Auth. Required	Tecentriq	
J9285	Auth. Required	Lartruvo	
J1627	Auth. Required	Sustol	
C9488	Auth. Required	Vaprisol	
E0781	No Auth required if under $750		
G0498	No Auth if billed with a J code	Administration code	
J0120	No Auth. required	Tetracycline	
J0129	Auth. Required	Orencia	Self-administered: 4 units per 28 days Infusion: 100 units per 28 days
J0130	No Auth. required	ReoPro	
J0131	No Auth. required	Ofirmev	
J0132	No Auth. required	Acetadote	
J0133	No Auth. required	Zovirax	
J0135	Pharmacy Benefit	Humira	4 per 28 days
J0153	No Auth. required	Adenosine	
J0171	No Auth. required	Adrenalin	
J0178	Auth. Required	Eylea	
J0180	Auth. Required	Fabrazyme	

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Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
J0190	No Auth. required	Akineton	
J0200	No Auth. required	Trovan	
J0202	Auth. Required	Lemtrada	
J0205	Auth. Required	Ceredase	
J0207	No Auth. required	Ethyol	
J0210	No Auth. required	Aldomet	
J0220	Auth. Required	Myozyme	
J0221	Auth. Required	Lumizyme	
J0256	Auth. Required	Zemaira, Prolastin, or Aralast	60mg/kg once weekly
J0257	Auth. Required	Glassia	60mg/kg once weekly
J0270	No Auth. required	Caverject	
J0275	No Auth. required	Muse	
J0278	No Auth. required	Amikin	
J0280	No Auth. required	Aminophylline	
J0282	No Auth. required	Cordarone, Pacerone	
J0285	No Auth. required	NovaPlus Amphotericin	
J0287	No Auth. required	Abelcet	
J0288	No Auth. required	Amphotec	
J0289	No Auth. required	Ambisome	
J0290	No Auth. required	Ampicillin	
J0295	No Auth. required	Unasyn	
J0300	No Auth. required	Amytal	
J0330	No Auth. required	Anectine, Quelicin	
J0348	No Auth. required	Eraxis	
J0350	No Auth. required	Eminase	
J0360	No Auth. required	Apresoline	
J0364	Auth. Required	Apokyn	
J0365	No Auth. required	Trasylol	
J0380	No Auth. required	Aramine	
J0390	No Auth. required	Aralen	
J0395	No Auth. required	Genesa	
J0400	No. Auth Required	Abilify	
J0401	No. Auth Required	Abilify	
J0456	No Auth. required	Zithromax	
J0461	No Auth. required	Atropen	
J0470	No Auth. required	Bal in Oil	
J0475	No Auth. required	Gablofen	
J0476	No Auth. required	Lioresal	
J0480	No Auth. required	Simulect	
J0485	No Auth. required	Nulojix	
J0490	Auth. Required	Benlysta	
J0500	No Auth. required	Bentyl	
J0515	No Auth. required	Cogentin	
J0520	No Auth. required	Bethanechol chloride, Myotonachol or Urecholine	
J0558	No Auth. required	Bicillin C-R	
J0561	No Auth. required	Bicillin L-A	
J0565	No Auth. Required	Zinplava	
J0570	Auth Required	Probuphine Implant Kit	1 unit for 6 months with a 6 month reauth only
J0571	Pharmacy Benefit	Subutex	
J0572	Pharmacy Benefit	Suboxone	
J0573	Pharmacy Benefit	Suboxone	
J0574	Pharmacy Benefit	Suboxone	
J0575	Pharmacy Benefit	Suboxone	
J0583	No Auth. required	Angiomax	
J0585	Auth. Required	Botox	
J0586	Auth. Required	Dysport	

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Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
J0587	Auth. Required	Myobloc	
J0588	Auth. Required	Xeomin	
J0592	No Auth. required	Buprenex	
J0594	No Auth. required	Busulfex	
J0595	No Auth. required	Stadol	
J0596	Auth. Required	Ruconest	56mL per 30 days
J0597	Auth. Required	Berinert	Adult: 50mL per 30 days Pediatric: 30mL per 30 days
J0598	Auth. Required	Cinryze	
J0600	No Auth. required	Calcium Disodium Versenate	
J0604	No Auth. required	Sensipar	
J0606	Auth. Required	Parsabiv	
J0610	No Auth. required	Calcium Gluconate	
J0620	No Auth. required	Calphosan	
J0630	No Auth. required	Miacalcin	
J0636	No Auth. required	Calcitrol	
J0637	No Auth. required	Cancidas	
J0638	Pharmacy Benefit	Ilaris	2 units per 28 days
J0640	No Auth. required	Leucovorin Calcium	
J0641	No Auth. required	Fusilev	
J0670	No Auth. required	Polocaine	
J0690	No Auth. required	Cefazolin	
J0692	No Auth. required	Maxipime	
J0694	No Auth. required	Cefoxitin	
J0695	No Auth. required	Zerbaxa	
J0696	No Auth. required	Rocephin	
J0697	No Auth. required	Zinacef	
J0698	No Auth. required	Claforan	
J0702	No Auth. required	Celestone	
J0706	No Auth. required	Cafcit	
J0710	No Auth. required	Cefapirin	
J0712	No Auth. required	Teflaro	
J0713	No Auth. required	Ceptaz, Fortaz, Tazicef	
J0714	Auth. Required	Avycaz	
J0715	No Auth. required	Cefizox	
J0716	No Auth. required	Anascorp	
J0717	Pharmacy Benefit	Cimzia	1200 units per 28 days
J0720	No Auth. required	Chloromycetin	
J0725	Auth. Required	Novarel, Pregnyl	
J0735	No Auth. required	Duraclon	
J0740	No Auth. required	Vistide	
J0743	No Auth. required	Primaxin	
J0744	No Auth. required	Cipro	
J0745	No Auth. required	Codeine Phosphate	
J0760	No Auth. required	Colchicine	
J0770	No Auth. required	Coly-mycin M	
J0775	Auth. Required	Xiaflex	**Cannot be worked in NLX**
J0780	No Auth. required	Compazine	
J0795	No Auth. required	Acthrel	
J0800	Auth. Required	Acthar	
J0833	No Auth. required	Cosyntropin	
J0834	No Auth. required	Cortrosyn	
J0840	No Auth. required	Crofab	
J0850	Auth. Required	Cytogam	
J0875	Auth. Required	Dalvance	

CareSource

Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
J0878	No Auth. required	Cubicin	
J0881	Auth. Required	Aranesp	
J0882	No Auth. required	Aranesp	
J0885	Auth. Required	Epogen, Procrit	
J0886	Auth. Required	Epogen, Procrit	
J0887	Auth. Required	NeoRecormon, Mircera	Cannot be worked in NLX
J0888	Auth. Required	NeoRecormon	
J0890	Auth. Required	Omontys	
J0894	Auth. Required	Dacogen	
J0895	Auth. Required	Desferal	
J0897	Auth. Required	Prolia	
J0897	Auth Required	Xgeva	
J0945	No Auth. required	Rymed	
J1000	No Auth. required	Depo-Estradiol	
J1020	No Auth. required	Depo-Medrol	
J1030	No Auth. required	Depo-Medrol	
J1040	No Auth. required	Depo-Medrol	
J1050	No Auth. required	Depo-Provera	
J1071	No Auth. required	Depo-Testosterone	Cannot be worked in NLX
J1094	No Auth. required	Decadron LA, Dalalone DP	
J1100	No Auth. required	Decadron LA, Dalalone DP	
J1110	No Auth. required	D.H.E. 45	
J1120	No Auth. required	Diamox	
J1160	No Auth. required	Lanoxin	
J1162	No Auth. required	Digifab	
J1165	No Auth. required	Phenytoin Sodium	
J1170	No Auth. required	Dilaudid	
J1180	No Auth. required	Lufyllin	
J1190	No Auth. required	Zinecard	
J1200	No Auth. required	Benadryl	
J1205	No Auth. required	Diuril Sodium	
J1212	No Auth. required	Rimso-50	
J1230	No Auth. required	Dolophine	
J1240	No Auth. required	Dramamine, Dramanate, Dramocen	
J1245	No Auth. required	Persantine	
J1250	No Auth. required	Dobutrex	
J1260	No Auth. required	Anzemet	
J1265	No Auth. required	Intropin	
J1267	No Auth. required	Doribax	
J1270	No Auth. required	Hectorol	
J1290	Auth. Required	Kalbitor	6 mL per fill (18 mL per 30 days)
J1300	Auth. Required	Soliris	
J1320	No Auth. required	Elavil	
J1322	Auth. Required	Vimizim	
J1324	Auth. Required	Fuzeon	
J1325	Auth. Required	Flolan, Veletri	
J1327	No Auth. required	Integrilin	
J1330	No Auth. required	Ergotrate	
J1335	No Auth. required	Invanz	
J1364	No Auth. required	Erythromycin Lactobionate	
J1380	No Auth. required	Delestrogen	
J1410	No Auth. required	Premarin	
J1430	No Auth. required	Ethamolin	
J1435	No Auth. required	Estrone	
J1436	No Auth. required	Didronel	
J1438	Pharmacy Benefit	Enbrel	8 untis per 28 days
J1439	No Auth. required	Injectafer	
J1442	Auth. Required	Neupogen	
J1443	No Auth. required	Triferic	

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Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
J1447	Auth. Required	Granix	
J1450	No Auth. required	Diflucan	
J1451	No Auth. required	Antizol	
J1452	No Auth. required	Vitravene	
J1453	No Auth. required	Emend	
J1455	No Auth. required	Foscavir	
J1457	No Auth. required	Ganite	
J1458	Auth. Required	Naglazyme	
J1459	Auth. Required	Privigen	
J1460	Auth. Required	Gamunex-C	
J1555	Auth. Required	Cuvitru	
J1556	Auth. Required	Bivigam	
J1557	Auth. Required	Gammaplex	
J1559	Auth. Required	Hizentra	
J1560	Auth. Required	Gamastan S/D	
J1561	Auth. Required	Gamunex, Gamunex-C, Gammaked	
J1562	Auth. Required	Vivaglobin	
J1566	Auth. Required	Panglobulin, Gammagard S/D, Carimune NF	
J1568	Auth. Required	Octagam	
J1569	Auth. Required	Gammagard	
J1570	No Auth. required		
J1571	Auth. Required	Hepagam B I.M. use	
J1572	Auth. Required	Flebogamma, Flebogamma Dif	
J1573	Auth. Required	Hepagam B I.V. use	
J1575	Auth. Required	Hyqvia	
J1580	No Auth. required	Garamycin	
J1590	No Auth. required	Zymar	
J1595	Pharmacy Benefit	Copaxone	
J1599	Auth. Required	Immune globulin, intravenous, non-lyophilized, NOS	
J1600	No Auth. required	Mycochrysine, Aurolate	
J1602	Auth. Required	Simponi Aria is medical benefit (Simponi is pharmacy benefit only)	120 units every 56 days
J1610	No Auth. required	Glucagen, Glucagon	
J1626	No Auth. required	Kytril	
J1630	No Auth. required	Haldol	
J1631	No Auth. required	Haldol Deconoate	
J1640	No Auth. required	Panhematin	
J1642	No Auth. required	Heparin	
J1644	No Auth. required	Heparin	
J1645	No Auth. required	Fragmin	
J1650	No Auth. required	Lovenox	
J1652	No Auth. required	Arixtra	
J1655	No Auth. required	Innohep	
J1670	No Auth. required	Hypertet S/D, Hyper-tet, Baytet	
J1675	No Auth. required	Histrelin acetate	
J1700	No Auth. required	Cortef, Hydrocortone	
J1710	No Auth. required	Solu Cortef	
J1720	No Auth. required	Solu-cortef, hydrocortisone, A-hydrocort	
J1726	No Auth. required	Makena	
J1729	No Auth. required	Geq or compounded	
J1730	No Auth. required	Proglycem	
J1740	Auth. Required	Boniva	
J1741	No Auth. required	Caldolor	
J1742	No Auth. required	Corvert	
J1743	Auth. Required	Elaprase	

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Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
J1744	Auth. Required	Firazyr	18mL per 30 days
J1745	Auth. Required	Remicade	5mg/kg every 8 weeks
J1750	No Auth. required	Infed	
J1756	No Auth. required	Venofer	
J1786	Auth. Required	Cerezyme	
J1790	No Auth. required	Inapsine	
J1800	No Auth. required	Inderal	
J1810	No Auth. required	Innovar	
J1815	Pharmacy Benefit	Humalog, Novolog,Novolog Mix, Humalog Mix, Lantus, Lispro, Humilin R,Novolin R, Humilin N, Novolin N, Apidra	
J1817	Pharmacy Benefit	Humilin R,Novolin R,Humalog, Novolog, Apidra	
J1826	Pharmacy Benfit only	Avonex	
J1830	Auth. Required	Betaseron, Extavia	
J1833	Pharmacy Benefit	Cresemba	
J1835	No Auth. required	Sporanox	
J1885	No Auth. required	Toradol	
J1890	No Auth. required	Cefalotin	
J1930	Auth. Required	Somatuline	
J1931	Auth. Required	Aldurazyme	
J1940	No Auth. required	Lasix	
J1942	No. Auth Required	Aristada	
J1945	No Auth. required	Refludan	
J1950	Auth. Required	Lupron Depot	Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyomota: every 84 days Cannot be worked in NLX
J1953	No Auth. required	Keppra	
J1955	No Auth. required	Carnitor	
J1956	No Auth. required	Levaquin	
J1960	No Auth. required	Levo-Dromoran	
J1980	No Auth. required	Levsin	
J1990	No Auth. required	Librium	
J2001	No Auth. required	Xylocaine	
J2010	No Auth. required	Lincocin	
J2020	No Auth. required	Zyvox	
J2060	No Auth. required	Ativan	
J2150	No Auth. required	Osmitrol	
J2170	Auth. Required	Iplex, Increlex	
J2175	No Auth. required	Demerol	
J2180	No Auth. required	Mepergan	
J2182	Auth Required	Nucala	
J2185	No Auth. required	Merrem	
J2210	No Auth. required	Methergine	
J2212	Auth. Required	Relistor	
J2248	No Auth. required	Mycamine	
J2250	No Auth. required	Versed	
J2260	No Auth. required	Primacor	
J2265	No Auth. required	Minocin	
J2270	No Auth. required	Morphine sulfate	
J2274	No Auth. required	Astramorph	
J2278	Auth. Required	Prialt	
J2280	No Auth. required	Avelox	
J2300	No Auth. required	Nubain	
J2310	No Auth. required	Narcan	

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Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
J2315	No Auth. required	Vivitrol	
J2320	No Auth. required	Nandrolone Deconoate	
J2323	Auth. Required	Tysabri	300mg per 28 days
J2325	No Auth. required	Natrecor	
J2353	Auth. Required	SandoSTATIN LAR	
J2354	Auth. Required	Sandostatin, Octreotide Acetate	
J2355	Auth. Required	Neumega	
J2357	Auth. Required	Xolair	
J2358	No Auth. required	Zyprexa	
J2360	No Auth. required	Norflex	
J2370	No Auth. required	Neo-Synephrine	
J2400	No Auth. required	Nesacaine	
J2405	No Auth. required	Zofran	
J2407	Auth. Required	Orbactiv	Cannot be worked in NLX
J2410	No Auth. required	Numorphan, Opana	
J2425	No Auth. required	Kepivance	
J2426	No Auth. required	Invega Sustenna	
J2430	Auth. Required	Aredia	Cannot be worked in NLX
J2440	No Auth. required	Papaverine	
J2460	No Auth. required	Terramycin	
J2469	No Auth. required	Aloxi	
J2501	No Auth. required	Zemplar	
J2502	Auth. Required	Signifor LAR	
J2503	Auth. Required	Macugen	
J2504	Auth. Required	Adagen	
J2505	Auth. Required	Neulasta or Neulasta Onpro	
J2507	Auth. Required	Krystexxa	
J2510	No Auth. required	Wycillin	
J2513	No Auth. required	Pentastarch	
J2515	No Auth. required	Nembutal	
J2540	No Auth. required	Pfizerpen	
J2543	No Auth. required	Zosyn	
J2545	No Auth. required	Pentam,Nebupent	
J2547	Auth. Required	Rapivab	
J2550	No Auth. required	Phenergan	
J2560	No Auth. required	Luminal	
J2562	Auth. Required	Mozobil	
J2590	No Auth. required	Pitocin	
J2597	No Auth. required	DDAVP	
J2650	No Auth. required	Omnipred, Pred Forte	
J2670	No Auth. required	Tolazine, Divascol	
J2675	No Auth. required	Progesterone	
J2680	No Auth. required	Fluphenazine	
J2690	No Auth. required	Pronestyl	
J2700	No Auth. required	Bactocill	
J2704	No Auth. required	Diprivan	
J2710	No Auth. required	Bloxiverz	
J2720	No Auth. required	Protamine Sulfate	
J2724	Auth. Required	Ceprotin	
J2725	No Auth. required	Protirelin	
J2730	No Auth. required	Protopam	
J2760	No Auth. required	Regitine, Oraverse	
J2765	No Auth. required	Reglan	
J2770	No Auth. required	Synercid	
J2778	Auth. Required	Lucentis	
J2780	No Auth. required	Zantac	
J2783	No Auth. required	Elitek	
J2785	No Auth. required	Lexiscan	
J2786	Auth Required	Cinqair	
J2788	No Auth. required	HyperRHO, MICRhoGAM	

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Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
J2790	No Auth. required	Hyperho S/D, RhoGAM	
J2791	No Auth. required	Rhophylac	
J2792	No Auth. required	Winrho SDF	
J2793	Auth. Required	Arcalyst	
J2794	No Auth. required	Risperdal	
J2795	No Auth. required	Naropin	
J2796	Auth. Required	Nplate	
J2800	No Auth. required	Robaxin	
J2805	No Auth. required	Kinevac	
J2810	No Auth. required	Theophylline	
J2820	Auth Required	Leukine, Prokine	
J2840	Auth Required	Kanuma	
J2850	No Auth. required	Secreflo, Chirhostim	
J2860	Auth. Required	Sylvant	
J2910	No Auth. required	Solganal	
J2916	No Auth. required	Nulecit, Ferrlecit	
J2920	No Auth. required	A-Methapred, SOLU-medrol, MethylPREDNISolone Sodium Succ	
J2930	No Auth. required	A-Methapred, SOLU-medrol, MethylPREDNISolone Sodium Succ	
J2940	No Auth. required	Protropin	
J2941	Pharmacy benefit	Tev-Tropin, Nutropin, Norditropin, Humatrope, Serostim,Saizen, Genotropin, Omnitrope, Nutropin AQ	
J2950	No Auth. required	Sparine	
J2993	No Auth. required	Retavase	
J2995	No Auth. required	Streptase	
J2997	No Auth. required	Activase	
J3000	No Auth. required	Streptomycin	
J3010	No Auth. required	Sublimaze	
J3030	No Auth. required	Imitrex	
J3060	Auth. Required	Elelyso	
J3070	No Auth. required	Talwin	
J3090	Auth. Required	Sivextro	
J3095	No Auth. required	Vibativ	
J3101	No Auth. required	Tnkase	
J3105	No Auth. required	Brethine	
J3110	Auth. Required	Forteo	
J3121	No Auth. required	Delatestryl	
J3145	No Auth. required	Aveed	
J3230	No Auth. required	Thorazine	
J3240	No Auth. required	Thyrogen, Thytropar	
J3243	No Auth. required	Tygacil	
J3246	No Auth. required	Aggrastat	
J3250	No Auth. required	Tigan	
J3260	No Auth. required	Nebcin	
J3262	Auth. Required	Actemra	3200 units per 28 days
J3265	No Auth. required	Demadex	
J3280	No Auth. required	Torecan	
J3285	Auth. Required	Remodulin	
J3300	No Auth. required	Triesence	
J3301	No Auth. required	Kenalog, Triesence, Ken-Jec	Cannot be worked in NLX
J3302	No Auth. required	Aristocort, Clinacort	
J3303	No Auth. required	Aristospan	
J3305	No Auth. required	Neutrexin	
J3310	No Auth. required	Trilafon	
J3315	Auth. Required	Trelstar Depot	
J3350	No Auth. required	Urea	
J3355	Auth. Required	Fertinex, Metrodin, Bravelle	

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Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
J3357	Auth. Required	Stelara	90 units per 56 days after loading dose
J3358	Auth. Required	Stelara IV	IV administration
J3360	No Auth. required	Valium	
J3364	No Auth. required	Kinlytic, Abbokinase	
J3365	No Auth. required	Urokinase	
J3370	No Auth. required	Vancocin	
J3380	Auth. Required	Entyvio	300mg per infusion
J3385	Auth. Required	Vpriv	
J3396	Auth. Required	Visudyne	
J3400	No Auth. required	Vespirin	
J3410	No Auth. required	Vistaril, Vistazine	
J3411	No Auth. required	Thiamine	
J3415	No Auth. required	Vitamin B6, Doxine, Rodex	
J3420	No Auth. required	Vitamin B-12, Cyomin, Hydroxocobalamin, Shovite	
J3430	No Auth. required	Vitamin K, Aquamephyton, Phytondione, Konakion	
J3465	No Auth. required	Vfend	
J3470	No Auth. required	Wydase, Hydase, Vitrase	
J3471	No Auth. required	Vitrase	
J3473	No Auth. required	Hylenex	
J3475	No Auth. required	Sulfa-Mag	
J3480	No Auth. required	Potassium Chloride	
J3485	No Auth. required	Retrovir	
J3486	No Auth. required	Geodon	
J3489	Auth. Required	Reclast, Zometa	
J3490	***No Auth. Required with the exception of the medications listed below (Durolane)	Unclassified Drugs	***Claim submitted must have NDC and drug must not have an assigned HCPC permanent code Cannot be worked in NLX Durolane code of J7318 goes into effect 1/1/19
J3520	No Auth. required	Endrate	
J3535	No Auth. required	Metered Dose Inhaler Drug	
J3570	No Auth. required	Laetrile, Amygdalin	
J3590	Pharmacy benefit	Kineret	Cannot be worked in NLX
J3590	Auth Required	Radicava	
J3590	Auth Required	Fasenra	Cannot be worked in NLX
J3590	Auth. Required	Raptiva, Vespid, Yellow Hornet Treatment, Yellow Jacket Treatment, Honey Bee Treatment, Hymenoptera Venom, Venomil, Albay Venomil, Anascorp, Tissuemend,	Cannot be worked in NLX
J3590	Auth Required	Avastin	Avastin for EYES only - DOES NOT NEED COST REVIEW Cannot be worked in NLX
J2350	Auth. Required	Ocrevus	600MG every 6 months
J2326	Auth. Required (Exculded/Carve-out for IN MCD)	Spinraza	12mg (5mL) per treatment
S0189	Auth. Required	Testopel	
J7030	No Auth. required	Sodium Chloride	
J7040	No Auth. required	Normal Saline Solution Sterile	
J7042	No Auth. required	Dextrose 5%/Normal saline	
J7050	No Auth. required	Normal Saline Solution	
J7060	No Auth. required	Dextrose	
J7070	No Auth. required	Dextrose	

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Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
J7100	No Auth. required	Gentran-40, Rheomacrodex, Dextran-40	
J7110	No Auth. required	Gentran-70, Dextran-70, Macrodex	
J7120	No Auth. required	Lactated Ringer's, Ringer's Injection	
J7121	No Auth. required	5% dextrose in lactated ringers	
J7131	No Auth. required	Hypertonic saline solution	
J7178	Auth. Required (Exculded/Carve-out for IN MCD)	Riastap	
J7179	Auth. Required (Exculded/Carve-out for IN MCD)	Vonvendi	
J7180	Auth. Required (Exculded/Carve-out for IN MCD)	Corifact	
J7181	Auth. Required (Exculded/Carve-out for IN MCD)	Tretten	Cannot be worked in NLX
J7182	Auth. Required (Exculded/Carve-out for IN MCD)	NovoEight	
J7183	Auth. Required (Exculded/Carve-out for IN MCD)	Wilate	
J7185	Auth. Required (Exculded/Carve-out for IN MCD)	Xyntha	
J7186	Auth. Required	Alphanate/VWF Complex/Human	
J7187	Auth. Required (Exculded/Carve-out for IN MCD)	Humate-P	
J7188	Auth. Required (Exculded/Carve-out for IN MCD)	Obizur	
J7189	Auth. Required (Exculded/Carve-out for IN MCD)	Novoseven RT, Novoseven	
J7190	Auth. Required (Exculded/Carve-out for IN MCD)	Koate-DVI, Alphanate, Hemofil M, Monarc-M, Koate-HP, Monoclate-P	
J7191	Auth. Required (Exculded/Carve-out for IN MCD)	Alphanate	
J7192	Auth. Required (Exculded/Carve-out for IN MCD)	Genarc, Helixate, Bioclate,Advate, Recombinate, Kogenate FS, Refacto	
J7193	Auth. Required (Exculded/Carve-out for IN MCD)	Alphanine SD, Mononine	
J7194	Auth. Required (Exculded/Carve-out for IN MCD)	Profilnine, Profilnine SD, Bebulin, Konyne 80	
J7195	Auth. Required (Exculded/Carve-out for IN MCD)	Benefix, Ixinity	
J7196	Auth. Required	Atryn	
J7197	Auth. Required	Thrombate III	
J7198	Auth. Required (Exculded/Carve-out for IN MCD)	Feiba NF, Feiba-VH	
J7210	Auth. Required	Afstyla	
J7200	Auth. Required (Exculded/Carve-out for IN MCD)	Rixubis	
J7201	Auth. Required (Exculded/Carve-out for IN MCD)	Alprolix	
J7202	Auth. Required (Exculded/Carve-out for IN MCD)	Idelvion	
J7205	Auth. Required (Exculded/Carve-out for IN MCD)	Eloctate	
J7207	Auth. Required (Exculded/Carve-out for IN MCD)	Adynovate	
J7209	Auth. Required (Exculded/Carve-out for IN MCD)	Nuwiq	
J7211	Auth. Required (Exculded/Carve-out for IN MCD)	Kovaltry	
J7297	No Auth. required	Liletta (52 MG) 18.6 MCG/DAY IUD	
J7298	No Auth. required	Mirena (52 MG) 20 MCG/24HR IUD	

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Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
J7300	No Auth. required	Paragard T380A	
J7301	No Auth. required	Skyla	
J7303	No Auth. required	Nuvaring	
J7304	No Auth. required	Ortho Evra	
J7306	No Auth. required	Norplant	
J7307	No Auth. required	Nexplanon, Implanon	
J7308	No Auth. required	Levulan Kerastick	
J7309	No Auth. required	Metvixia	
J7310	No Auth. required	Cytovene, Vitrasert	
J7311	Auth. Required	Retisert	
J7312	Auth. Required	Ozurdex	Cannot be worked in NLX
J7313	Auth. Required	Iluvien	
J7315	No Auth. required	Mitomycin	
J7316	Auth. Required	Jetrea	
J7321	Auth. Required	Hyalgan, Supartz, Provisc	5 injections
J7322	Auth. Required (Non-Preferred)	Hymovis	1 injection Cannot be worked in NLX
J7323	Auth. Required (Non-Preferred)	Euflexxa	3 injections
J7324	Auth. Required (Non-Preferred)	Orthovisc	4 injections
J7325	Auth. Required (Non-Preferred)	Synvisc, Synvisc-One	Synvisc: 3 injections Synvisc-One: 1 injection
J7326	Auth. Required (Non-Preferred)	Gel-One	1 injection
J7327	Auth. Required (Non-Preferred)	Monovisc	1 injection
J7328	Auth. Required	Gel-Syn	3 injections
J7330	Auth Required-Approve x90 days for INMCD	Maci Shee	
J7330	Auth. Required-Approve x90 days for INMCD	Carticel	
J7336	Auth. Required	Qutenza	
J7340	Auth. Required	Duopa	
J7342	Auth. Required	Otiprio	
J7345	Auth. Required	Ameluz	
J7500	Pharmacy Benefit	Imuran, Azasan	
J7501	No Auth. required	Imuran	
J7502	Pharmacy Benefit	Neoral, Gengraf, Sandimmune	
J7503	Pharmacy Benefit	Tacrolimus	
J7504	Auth Required	Atgam	
J7505	No Auth. required	Muromonab-CD3	
J7507	Pharmacy Benefit	Astagraf	
J7508	Pharmacy Benefit	Astagraf XL	
J7509	Pharmacy Benefit	Medrol	
J7510	Pharmacy Benefit	Cotolone	
J7511	No Auth. required	Thymoglobulin	
J7512	Pharmacy Benefit	Deltasone, Prednisone	
J7513	No Auth. required	Zenapax	
J7515	Pharmacy Benefit	Gengraf, Sandimmune, Neoral	
J7516	No Auth. required	Sandimmune	
J7517	No Auth. required	Cellcept	
J7518	Pharmacy Benefit	Myfortic	
J7520	Pharmacy Benefit	Rapamune	
J7525	No Auth. required	Prograf	

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Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
J7527	Pharmacy Benefit	Zortress	
J7599	No Auth. required	Immunosuppressive Drug, Not otherwise classified	
J7604	No Auth. required	Acetylcysteine	
J7605	No Auth. required	Brovana	
J7606	No Auth. required	Perforomist	
J7607	No Auth. required	Levalbuterol	
J7608	No Auth. required	Acetylcysteine 10 % SOLN	
J7609	No Auth. required	Albuterol	
J7610	No Auth. required	Albuterol	
J7611	No Auth. required	Albuterol Sulfate (5 MG/ML) 0.5% NEBU	
J7612	No Auth. required	Levalbuterol HCl 1.25 MG/0.5ML NEBU	
J7613	No Auth. required	Accuneb	
J7614	No Auth. required	Levalbuterol HCl 0.31 MG/3ML NEBU	
J7615	No Auth. required	Levalbuterol, inhalation solution, compounded product, administered through DME	
J7620	No Auth. required	Duoneb	
J7622	No Auth. required	Beclomethasone, inhalation solution, compounded product, administered through DME	
J7624	No Auth. required	Betamethasone, inhalation solution, compounded product, administered through DME	
J7626	No Auth. required	Pulmicort	
J7627	No Auth. required	Budesonide	
J7628	No Auth. required	Tornalate	
J7629	No Auth. required	Bitolterol mesylate	
J7631	No Auth. required	Cromolyn sodium	
J7632	No Auth. required	Cromolyn sodium, inhalation solution, compounded product, administered through DME	
J7634	No Auth. required	Budesonide, inhalation solution, compounded product, administered through DME	
J7635	No Auth. required	Atropine, inhalation solution, compounded product, administered through DME	
J7636	No Auth. required	Atropine, inhalation solution, compounded product, administered through DME	
J7637	No Auth. required	Dexamethasone Inhalation Solution Compounded	
J7638	No Auth. required	Dexamethasone Inhalation Solution Compounded	
J7639	Auth. Required	Pulmozyme	
J7640	No Auth. required	Formoterol	
J7641	No Auth. required	Flunisolide	
J7642	No Auth. required	Glycopyrrolate, inhalation solution, compounded product, administered through DME	
J7643	No Auth. required	Glycopyrrolate, inhalation solution, compounded product, administered through DME	
J7644	No Auth. required	Ipratropium bromide, inhalation solution, FDA-approved final product	
J7645	No Auth. required	Ipratropium bromide, inhalation solution, compounded product, administered through DME	

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Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
J7647	No Auth. required	Isoetharine HCL, inhalation solution, compounded product	
J7650	No Auth. required	Isoetharine HCL, inhalation solution, compounded product	
J7657	No Auth. required	Isoproterenol HCL, inhalation solution, compounded product, administered through DME	
J7660	No Auth. required	Isoproterenol HCL, inhalation solution, compounded product, administered through DME	
J7665	No Auth. required	Aridol	
J7667	No Auth. required	Metaproterenol sulfate, inhalation solution	
J7668	No Auth. required	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded	
J7669	No Auth. required	Metaproterenol Sulfate	
J7670	No Auth. required	Metaproterenol sulfate, inhalation solution, compounded product	
J7674	No Auth. required	Methacholine chloride	
J7676	No Auth. required	Pentamidine Isethate	
J7680	No Auth. required	Terbutaline sulfate, inhalation solution	
J7681	No Auth. required	Terbutaline sulfate, inhalation solution	
J7682	Auth. Required	Tobi	
J7683	No Auth. required	Triamcinolone, inhalation solution, compounded product	
J7684	No Auth. required	Triamcinolone, inhalation solution, compounded product	
J7685	No Auth. required	Tobramycin	
J7686	Auth. Required	Tyvaso	
J7699	Auth. Required	Cayston	
J7799	No Auth. required	Non-inhalation drug for DME	
J7999	Not Covered	Unclassified	
J8498	No Auth. required	Antiemetic Drug, R/S, NOS	
J8499	Pharmacy Benefit		
J8501	Pharmacy Benefit	Emend	
J8510	Pharmacy Benefit	Myleran	
J8515	Pharmacy Benefit	Cabergoline	
J8520	Pharmacy Benefit	Xeloda	
J8521	Pharmacy Benefit	Xeloda	
J8530	Pharmacy Benefit	Cyclophosphamide	
J8540	Pharmacy Benefit	Baycadron, Dexamethasone	
J8560	Pharmacy Benefit	Etoposide	
J8565	Pharmacy Benefit	Iressa	
J8597	Pharmacy Benefit	Antiemetic Drug Oral, NOS	
J8600	Pharmacy Benefit	Alkeran	
J8610	Pharmacy Benefit	Rheumatrex, Trexall	
J8650	Pharmacy Benefit	Nabilone	
J8655	Pharmacy Benefit	Akynzeo	
J8700	Pharmacy Benefit	Temodar	
J8705	Pharmacy Benefit	Hycamtin	
J8999	Pharmacy Benefit	Oral prescription drug chemo, NOS	
J9000	No Auth. required	Adriamycin, Rubex	
J9015	Auth Required	Proleukin	
J9017	No Auth. required	Trisenox	
J9019	No Auth. required	Erwinaze	
J9020	No Auth. required	Elspar	
J9023	Auth. Required	Bavencio	
J9025	Auth. Required	Vidaza	

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Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
J9027	No Auth. required	Clolar	
J9031	No Auth. required	Theracys,Tice BCG, BCG Vaccine	
J9032	Auth. Required	Beleodaq	
J9033	No Auth. required	Treanda	
J9034	Auth. Required	Bendeka	
J9035	Auth. Required	Avastin	
J9039	Auth. Required	Blincyto	
J9040	No Auth. required	Bleomycin	
J9041	No Auth. required	Velcade	
J9042	Auth. Required	Adcetris	
J9043	No Auth. required	Jevtana	
J9045	No Auth. required	Paraplatin	
J9047	Auth. Required	Kyprolis	
J9050	No Auth. required	Gliadel, Bicnu	
J9055	Auth. Required	Erbitux	
J9060	No Auth. required	Platinol	
J9065	No Auth. required	Leustatin	
J9070	No Auth. required	Cytoxan, Neosar	
J9098	No Auth. required	Depocyt	
J9100	No Auth. required	Cytosar-U, Tarabine PFS	
J9120	No Auth. required	Cosmegen	
J9130	No Auth. required	Dtic-Dome	
J9145	Auth Required	Darzalex	
J9150	No Auth. required	Cerubidine	
J9151	No Auth. required	Daunoxome	
J9155	Auth. Required	Firmagon	
J9160	No Auth. required	Ontak	
J9165	No Auth. required	DES	
J9171	No Auth. required	Taxotere	
J9175	No Auth. required	Elliott's B	
J9176	Auth Required	Empliciti	
J9178	No Auth. required	Ellence	
J9179	No Auth. required	Halaven	
J9181	No Auth. required	Vepesid, Toposar	
J9185	No Auth. required	Fludara	
J9190	No Auth. required	Adrucil	
J9200	No Auth. required	Fudr	
J9201	No Auth. required	Gemzar	
J9202	Auth. Required	Zoladex	
J9205	Auth Required	Onivyde	
J9206	No Auth. required	Camptosar	
J9207	No Auth. required	Ixempra	
J9208	No Auth. required	Ifex	
J9209	No Auth. required	Mesnex	
J9211	No Auth. required	Idamycin	
J9212	No Auth. required	Interferon alfacon-1	
J9213	No Auth. required	Roferon-A	
J9214	Auth. Required	Intron A	
J9215	Auth. Required	Alferon N	
J9216	Auth. Required	Actimmune	
J9217	Auth. Required	Lupron Depot, Eligard	Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyomota: every 84 days

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Authorization Requirements for Medications Under the Medical Benefit

Code	Indiana Medicaid	Drug name	QTY Limits
J9218	Auth. Required	Lupron	Endometriosis: -every 84 days -only 1 reauth permitted Uterine Fibroids/Leiomyomota: every 84 days
J9219	Auth. Required	Viadur	
J9225	Auth. Required	Vantas	
J9226	Auth. Required	Supprelin LA	Cannot be worked in NLX
J9228	Auth. Required	Yervoy	
J9230	No Auth. required	Mustargen	
J9245	No Auth. required	Alkeran, Evomela, Melphalan	
J9250	No Auth. required	Otrexup, Folex PFS,	
J9260	No Auth. required	Methotrexate	
J9261	No Auth. required	Arranon	
J9262	Auth. Required	Synribo	
J9263	No Auth. required	Eloxatin	
J9264	No Auth. required	Abraxane	
J9266	Auth. Required	Oncaspar	Dosing every 2 weeks; 1 billing unit= up to 3750IU
J9267	No Auth. required	Taxol	
J9268	No Auth. required	Nipent	
J9270	No Auth. required	Mithracin	
J9271	Auth. Required	Keytruda	
J9280	No Auth. required	Mutamycin	
J9293	Auth. Required	Novantrone	
J9299	Auth. Required	Opdivo	
J9203	Auth. Required	Mylotarg	
J9301	Auth. Required	Gazyva	
J9302	Auth. Required	Arzerra	
J9303	No Auth. required	Vectibix	
J9305	No Auth. required	Alimta	
J9306	Auth. Required	Perjeta	
J9307	No Auth. required	Folotyn	
J9308	Auth. Required	Cyramza	
J9310	Auth. Required	Rituxan	
J9315	No Auth required	Istodax	
J9320	No Auth. required	Zanosar	
J9325	Auth Required	Imlygic	
J9328	Auth. Required	Temodar	
J9330	Auth. Required	Torisel	
J9340	No Auth. required	Thioplex	
J9351	No Auth. required	Hycamtin	
J9352	Auth Required	Yondelis	Cannot be worked in NLX
J9354	Auth. Required	Kadcyla	
J9355	Auth. Required	Herceptin	
J9357	No Auth. required	Valstar	
J9360	No Auth. required	Vinblastine Sulfate	
J9370	No Auth. required	Oncovin, Vincasar	
J9371	Auth. Required	Marqibo	
J9390	No Auth. required	Navelbine	
J9395	No Auth. required	Faslodex	
J9400	Auth. Required	Zaltrap	
J9600	No Auth. required	Photofrin	
J9999	Auth. Required	Imfinzi	Cannot be worked in NLX
J9999	Auth. Required	Rituxan Hycela	Hycela is only covered for the oncology diagnoses. Cannot be worked in NLX
J9999	Auth. required	Unclassified antineoplastic drugs	Cannot be worked in NLX

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Code	Indiana Medicaid	Drug name	QTY Limits
P9041	No Auth required	Albutein 5%, Plasbumin 5, Albumin Human	
P9045	No Auth required	Buminate 5, Flexbumin 5, Albutein 5, Plasbumin 5	
P9046	No Auth required	Buminate 25, Albutein 25, Plasbumin 25	
P9047	No Auth required	Kedbumin 25, Flexbumin 25, Albutein 25, Plasbumin 25, Albumin 25, Albuked 25, Albuminar 25	
Q0138	No Auth. required	Feraheme	
Q0139	No Auth. required	Feraheme	
Q2040	Auth. Required (Exculded/Carve-out for IN MCD)	Kymirah	
Q2041	Auth. Required	Yescarta	
Q2043	Auth Required	Provenge	
Q2050	Auth Required	Doxil	
Q3028	Auth. Required	Rebif	
Q4081	No Auth required	Epogen	
Q5101	Auth. Required	Zarxio	
Q5103	Auth. Required	Inflectra	
Q5104	Auth Required	Renflexis	
Q5108	Auth. Required	Fulphila	
Q9950	Not Covered	Lumason	
Q9977	Pharmacy Benefit	Compounded Drug NOC	
Q9991	Pharmacy Benefit	Sublocade	
Q9992	Pharmacy Benefit	Sublocade	
Q9993	Auth. Required	Zilretta	
J7296	No Auth required	Kyleena	
J7320	Auth. Required	Genvisc	
S0028	No Auth required	Famotidine	Cannot be worked in NLX
S0030	No Auth required	Metronidazole	Cannot be worked in NLX
S0032	No Auth required	Nafcillin	Cannot be worked in NLX
S0039	No Auth required	sulfamethoxazole and trimethoprim	Cannot be worked in NLX
S0073	No Auth required	Azactam	Cannot be worked in NLX
S0077	No Auth. Required	Clindamycin	Cannot be worked in NLX
S0080	No Auth required	Pentamidine Isethate	Cannot be worked in NLX
S0164	No. Auth Required	Pantoprazole	Cannot be worked in NLX
S0171	No. Auth Required	Bumetanide	Cannot be worked in NLX
S5497	No Auth if billed with a J code		Cannot be worked in NLX
S5498	No Auth if billed with a J code		Cannot be worked in NLX
S5501	No Auth if billed with a J code		Cannot be worked in NLX
S5502	No Auth if billed with a J code		Cannot be worked in NLX
S5517	No Auth if billed with a J code		Cannot be worked in NLX
S9061	No Auth if billed with a J code		Cannot be worked in NLX
S9123	KY MCD NO PA- OH MCD PA IF OVER 8 UNITS/DAY		Cannot be worked in NLX
S9140	Auth. Required MM must review		Cannot be worked in NLX
S9145	No Auth. required		Cannot be worked in NLX
S9208	MM must review		Cannot be worked in NLX
S9211	MM must review		Cannot be worked in NLX
S9213	MM must review		Cannot be worked in NLX

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Code	Indiana Medicaid	Drug name	QTY Limits
S9214	MM must review		Cannot be worked in NLX
S9325	No Auth if billed with a J code		Cannot be worked in NLX
S9326	No Auth if billed with a J code		Cannot be worked in NLX
S9327	No Auth if billed with a J code		Cannot be worked in NLX
S9328	No Auth if billed with a J code		Cannot be worked in NLX
S9329	No Auth if billed with a J code		Cannot be worked in NLX
S9330	No Auth if billed with a J code		Cannot be worked in NLX
S9331	No Auth if billed with a J code		Cannot be worked in NLX
S9336	Auth. Required		Cannot be worked in NLX
S9338	AUTH. Required		Cannot be worked in NLX
S9345	No Auth if billed with a J code		Cannot be worked in NLX
S9346	Auth. Required		Cannot be worked in NLX
S9347	Auth. Required		Cannot be worked in NLX
S9348	No Auth if billed with a J code		Cannot be worked in NLX
S9351	No Auth if billed with a J code		Cannot be worked in NLX
S9353	No Auth if billed with a J code		Cannot be worked in NLX
S9355	No Auth if billed with a J code		Cannot be worked in NLX
S9357	Auth. Required		Cannot be worked in NLX
S9359	Auth. Required		Cannot be worked in NLX
S9361	No Auth if billed with a J code		Cannot be worked in NLX
S9363	No Auth if billed with a J code		Cannot be worked in NLX
S9364	No Auth. required		Cannot be worked in NLX
S9365	No Auth. required		Cannot be worked in NLX
S9366	No Auth. required		Cannot be worked in NLX
S9367	No Auth. required		Cannot be worked in NLX
S9368	No Auth. required		Cannot be worked in NLX
S9370	No Auth if billed with a J code		Cannot be worked in NLX
S9372	No Auth if billed with a J code		Cannot be worked in NLX
S9373	No Auth. Required up to 4 L per day		Cannot be worked in NLX
S9374	No Auth. required		Cannot be worked in NLX
S9375	No Auth. required		Cannot be worked in NLX
S9376	No Auth. required		Cannot be worked in NLX
S9377	No Auth. required		Cannot be worked in NLX
S9379	Auth. Required		Cannot be worked in NLX
S9490	No Auth if billed with a J code		Cannot be worked in NLX
S9494	No Auth if billed with a J code		Cannot be worked in NLX
S9500	No Auth if billed with a J code		Cannot be worked in NLX
S9501	No Auth if billed with a J code		Cannot be worked in NLX
S9502	No Auth if billed with a J code		Cannot be worked in NLX
S9503	No Auth if billed with a J code		Cannot be worked in NLX
S9504	No Auth if billed with a J code		Cannot be worked in NLX
S9537	Auth. Required		Cannot be worked in NLX
S9538	No Auth. Required		Cannot be worked in NLX
S9542	No Auth. required		Cannot be worked in NLX
S9558	Auth. Required		Cannot be worked in NLX
S9559	Auth. Required		Cannot be worked in NLX
S9560	No Auth if billed with a J code		Cannot be worked in NLX
S9560-SD	No Auth required		Cannot be worked in NLX
S9562	No Auth. required		Cannot be worked in NLX
S9590	No Auth if billed with a J code		Cannot be worked in NLX

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