



# Authorization Requirements for Medications Under the Medical Benefit

Code	Georgia Families and Peach Care For Kids	Georgia Planning for Health Babies and Inter-Pregnancy Care- <b>No Medical Coverage</b>	Drug name	QTY Limits
99501	Auth. Required	Not Covered		4 Units Within 180 days
99502	No Auth. Required	Not Covered		4 Units Within 180 days
99506	Auth. Required	Not Covered		
99600	No Auth. required	Not Covered		
99601	No Auth. required	Not Covered		Up to 2 hours per day
99602	No Auth. required	Not Covered		Up to 2 hours per day
90375	No Auth. Required	Not Covered	Hyperrab S/D	
90378	Auth. Required	Not Covered	Synagis (1 Unit=50mg)	Up to 5 treatments
90675 90676	No Auth. Required	Not Covered	Rabies Vaccine	
99501-TH	Auth. Required	Not Covered		4 units within 180 days
A9606	Auth Required	Not Covered	Xofigo	
B4102	No Auth. Required	Not Covered		
B4103	No Auth. Required	Not Covered		
C9014	Auth. Required	Not Covered	Brineura	
C9015	Auth. Required	Not Covered	Haegarda	
C9016	Auth. Required	Not Covered	Triptodur	
C9024	Auth. Required	Not Covered	Vyxeos	
C9028	Auth. Required	Not Covered	Besponsa	
C9029	Auth. Required	Not Covered	Tremfya	
C9257	Auth. Required	Not Covered	Avastin	
C9399 or J3590	Auth Required	Not Covered	Hemlibra	
C9399	Auth. Required	Not Covered	Unclassified drug or biological	
J1428	Auth. Required	Not Covered	Exondys	10mg= 1 billing unit
J9022	Auth. Required	Not Covered	Tecentriq	
J9285	Auth. Required	Not Covered	Lartuvo	
J1627	Auth. Required	Not Covered	Sustol	
C9488	Auth. Required	Not Covered	Vaprisol	
G0498	No Auth if billed with a J code	Not Covered	Administration code	
J0120	No Auth. required	Not Covered	Tetracycline	
J0129	Auth. Required	Not Covered	Orencia	Self-administered: 4 units per 28 days Infusion: 100 units per 28 days
J0130	No Auth. required	Not Covered	ReoPro	
J0131	No Auth. required	Not Covered	Ofirmev	
J0132	No Auth. required	Not Covered	Acetadote	
J0133	No Auth. required	Not Covered	Zovirax	
J0135	Pharmacy Benefit	Not Covered	Humira	4 per 28 days
J0153	No Auth. required	Not Covered	Adenosine	
J0171	No Auth. required	Not Covered	Adrenalin	
J0178	Auth. Required	Not Covered	Eylea	
J0180	Auth. Required	Not Covered	Fabrazyme	
J0190	No Auth. required	Not Covered	Akineton	
J0200	No Auth. required	Not Covered	Trovan	
J0202	Auth. Required	Not Covered	Lemtrada	
J0205	Auth. Required	Not Covered	Ceredase	
J0207	No Auth. required	Not Covered	Ethiol	
J0210	No Auth. required	Not Covered	Aldomet	
J0220	Auth. Required	Not Covered	Myozyme	
J0221	Auth. Required	Not Covered	Lumizyme	
J0256	Auth. Required	Not Covered	Zemaira, Prolastin, or Aralast	60mg/kg once weekly
J0257	Auth. Required	Not Covered	Glassia	60mg/kg once weekly
J0270	No Auth. required	Not Covered	Caverject	
J0275	No Auth. required	Not Covered	Muse	
J0278	No Auth. required	Not Covered	Amikin	
J0280	No Auth. required	Not Covered	Aminophylline	
J0282	No Auth. required	Not Covered	Cordarone, Pacerone	
J0285	No Auth. required	Not Covered	NovaPlus Amphotericin	
J0287	No Auth. required	Not Covered	Abelcet	
J0288	No Auth. required	Not Covered	Amphotec	
J0289	No Auth. required	Not Covered	Ambisome	
J0290	No Auth. required	Not Covered	Ampicillin	
J0295	No Auth. required	Not Covered	Unasyn	
J0300	No Auth. required	Not Covered	Amytal	
J0330	No Auth. required	Not Covered	Anectine, Quelicin	

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J0348	No Auth. required	Not Covered	Eraxis	
J0350	No Auth. required	Not Covered	Eminase	
J0360	No Auth. required	Not Covered	Apresoline	
J0364	Auth. Required	Not Covered	Apokyn	
J0365	No Auth. required	Not Covered	Trasylol	
J0380	No Auth. required	Not Covered	Aramine	
J0390	No Auth. required	Not Covered	Aralen	
J0395	No Auth. required	Not Covered	Genesa	
J0400	Auth. Required	Not Covered	Abilify	
J0401	Auth. Required	Not Covered	Abilify	
J0456	No Auth. required	Not Covered	Zithromax	
J0461	No Auth. required	Not Covered	Atropen	
J0470	No Auth. required	Not Covered	Bal in Oil	
J0475	No Auth. required	Not Covered	Gablofen	
J0476	No Auth. required	Not Covered	Lioresal	
J0480	No Auth. required	Not Covered	Simulect	
J0485	No Auth. required	Not Covered	Nulojix	
J0490	Auth. Required	Not Covered	Benlysta	
J0500	No Auth. required	Not Covered	Bentyl	
J0515	No Auth. required	Not Covered	Cogentin	
J0520	No Auth. required	Not Covered	Bethanechol chloride, Myotonachol or Urecholine	
J0558	No Auth. required	Not Covered	Bicillin C-R	
J0561	No Auth. required	Not Covered	Bicillin L-A	
J0565	No Auth. Required	Not Covered	Zinplava	
J0570	Auth Required	Not Covered	Probuphine Implant Kit	1 unit for 6 months with a 6 month reauth only
J0571	Pharmacy Benefit	Not Covered	Subutex	
J0572	Pharmacy Benefit	Not Covered	Suboxone	
J0573	Pharmacy Benefit	Not Covered	Suboxone	
J0574	Pharmacy Benefit	Not Covered	Suboxone	
J0575	Pharmacy Benefit	Not Covered	Suboxone	
J0583	No Auth. required	Not Covered	Angiomax	
J0585	Auth. Required	Not Covered	Botox	
J0586	Auth. Required	Not Covered	Dysport	
J0587	Auth. Required	Not Covered	Myobloc	
J0588	Auth. Required	Not Covered	Xeomin	
J0592	No Auth. required	Not Covered	Buprenex	
J0594	No Auth. required	Not Covered	Busulfex	
J0595	No Auth. required	Not Covered	Stadol	
J0596	Auth. Required	Not Covered	Ruconest	56mL per 30 days
J0597	Auth. Required	Not Covered	Berinert	Adult: 50mL per 30 days Pediatric: 30mL per 30 days
J0598	Auth. Required	Not Covered	Cinryze	
J0600	No Auth. required	Not Covered	Calcium Disodium Versenate	
J0604	No Auth. required	Not Covered	Sensipar	
J0606	Auth. Required	Not Covered	Parsabiv	
J0610	No Auth. required	Not Covered	Calcium Gluconate	
J0620	No Auth. required	Not Covered	Calphosan	
J0630	No Auth. required	Not Covered	Miacalcin	
J0636	No Auth. required	Not Covered	Calcitrol	
J0637	No Auth. required	Not Covered	Cancidas	
J0638	Pharmacy Benefit	Not Covered	Ilaris	2 units per 28 days
J0640	No Auth. required	Not Covered	Leucovorin Calcium	
J0641	No Auth. required	Not Covered	Fusilev	
J0670	No Auth. required	Not Covered	Polocaine	
J0690	No Auth. required	Not Covered	Cefazolin	
J0692	No Auth. required	Not Covered	Maxipime	
J0694	No Auth. required	Not Covered	Cefoxitin	
J0695	No Auth. required	Not Covered	Zerbaxa	
J0696	No Auth. required	Not Covered	Rocephin	
J0697	No Auth. required	Not Covered	Zinacef	
J0698	No Auth. required	Not Covered	Claforan	
J0702	No Auth. required	Not Covered	Celestone	
J0706	No Auth. required	Not Covered	Cafcit	
J0710	No Auth. required	Not Covered	Cefapirin	
J0712	No Auth. required	Not Covered	Teflaro	
J0713	No Auth. required	Not Covered	Ceptaz, Fortaz, Tazicef	
J0714	Auth. Required	Not Covered	Avycaz	
J0715	No Auth. required	Not Covered	Cefizox	
J0716	No Auth. required	Not Covered	Anascorp	
J0717	Pharmacy Benefit	Not Covered	Cimzia	1200 units per 28 days
J0720	No Auth. required	Not Covered	Chloromycetin	
J0725	Auth. Required	Not Covered	Novarel, Pregnyl	
J0735	No Auth. required	Not Covered	Duraclon	

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J0740	No Auth. required	Not Covered	Vistide	
J0743	No Auth. required	Not Covered	Primaxin	
J0744	No Auth. required	Not Covered	Cipro	
J0745	No Auth. required	Not Covered	Codeine Phosphate	
J0760	No Auth. required	Not Covered	Colchicine	
J0770	No Auth. required	Not Covered	Coly-mycin M	
J0775	Auth. Required	Not Covered	Xiaflex	
J0780	No Auth. required	Not Covered	Compazine	
J0795	No Auth. required	Not Covered	Acthrel	
J0800	Auth. Required	Not Covered	Acthar	
J0833	No Auth. required	Not Covered	Cosyntropin	
J0834	No Auth. required	Not Covered	Cortrosyn	
J0840	No Auth. required	Not Covered	Crofab	
J0850	Auth. Required	Not Covered	Cytogam	
J0875	Auth. Required	Not Covered	Dalvance	
J0878	No Auth. required	Not Covered	Cubicin	
J0881	Auth. Required	Not Covered	Aranesp	
J0882	No Auth. required	Not Covered	Aranesp	
J0885	Auth. Required	Not Covered	Epogen, Procrit	
J0886	Auth. Required	Not Covered	Epogen, Procrit	
J0887	Auth. Required	Not Covered	NeoRecormon, Mircera	
J0888	Auth. Required	Not Covered	NeoRecormon	
J0890	Auth. Required	Not Covered	Omontys	
J0894	Auth. Required	Not Covered	Dacogen	
J0895	Auth. Required	Not Covered	Desferal	
J0897	Auth. Required	Not Covered	Prolia	
J0897	Auth Required	Not Covered	Xgeva	
J0945	No Auth. required	Not Covered	Rymed	
J1000	No Auth. required	Not Covered	Depo-Estradiol	
J1020	No Auth. required	Not Covered	Depo-Medrol	
J1030	No Auth. required	Not Covered	Depo-Medrol	
J1040	No Auth. required	Not Covered	Depo-Medrol	
J1050	No Auth. required	Not Covered	Depo-Provera	
J1071	No Auth. required	Not Covered	Depo-Testosterone	
J1094	No Auth. required	Not Covered	Decadron LA, Dalalone DP	
J1100	No Auth. required	Not Covered	Decadron LA, Dalalone DP	
J1110	No Auth. required	Not Covered	D.H.E. 45	
J1120	No Auth. required	Not Covered	Diamox	
J1160	No Auth. required	Not Covered	Lanoxin	
J1162	No Auth. required	Not Covered	Digifab	
J1165	No Auth. required	Not Covered	Phenytoin Sodium	
J1170	No Auth. required	Not Covered	Dilaudid	
J1180	No Auth. required	Not Covered	Lufyllin	
J1190	No Auth. required	Not Covered	Zinecard	
J1200	No Auth. required	Not Covered	Benadryl	
J1205	No Auth. required	Not Covered	Diuril Sodium	
J1212	No Auth. required	Not Covered	Rimso-50	
J1230	No Auth. required	Not Covered	Dolophine	
J1240	No Auth. required	Not Covered	Dramamine, Dramanate, Dramocen	
J1245	No Auth. required	Not Covered	Persantine	
J1250	No Auth. required	Not Covered	Dobutrex	
J1260	No Auth. required	Not Covered	Anzemet	
J1265	No Auth. required	Not Covered	Intropin	
J1267	No Auth. required	Not Covered	Doribax	
J1270	No Auth. required	Not Covered	Hectorol	
J1290	Auth. Required	Not Covered	Kalbitor	6 mL per fill (18 mL per 30 days)
J1300	Auth. Required	Not Covered	Soliris	
J1320	No Auth. required	Not Covered	Elavil	
J1322	Auth. Required	Not Covered	Vimizim	
J1324	Auth. Required	Not Covered	Fuzeon	
J1325	Auth. Required	Not Covered	Fiolan, Veletri	
J1327	No Auth. required	Not Covered	Integrilin	
J1330	No Auth. required	Not Covered	Ergotrate	
J1335	No Auth. required	Not Covered	Invanz	
J1364	No Auth. required	Not Covered	Erythromycin Lactobionate	
J1380	No Auth. required	Not Covered	Delestrogen	
J1410	No Auth. required	Not Covered	Premarin	
J1430	No Auth. required	Not Covered	Ethamolin	
J1435	No Auth. required	Not Covered	Estrone	
J1436	No Auth. required	Not Covered	Didronel	
J1438	Pharmacy Benefit	Not Covered	Enbrel	8 unts per 28 days
J1439	No Auth. required	Not Covered	Injectafer	
J1442	Auth. Required	Not Covered	Neupogen	
J1443	No Auth. required	Not Covered	Triferic	
J1447	Auth. Required	Not Covered	Granix	
J1450	No Auth. required	Not Covered	Diflucan	
J1451	No Auth. required	Not Covered	Antizol	
J1452	No Auth. required	Not Covered	Vitravene	

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J1453	No Auth. required	Not Covered	Emend	
J1455	No Auth. required	Not Covered	Foscavir	
J1457	No Auth. required	Not Covered	Ganite	
J1458	Auth. Required	Not Covered	Naglazyme	
J1459	Auth. Required	Not Covered	Privigen	
J1460	Auth. Required	Not Covered	Gamunex-C	
J1555	Auth. Required	Not Covered	Cuvitru	
J1556	Auth. Required	Not Covered	Bivigam	
J1557	Auth. Required	Not Covered	Gammaplex	
J1559	Auth. Required	Not Covered	Hizentra	
J1560	Auth. Required	Not Covered	Gamastan S/D	
J1561	Auth. Required	Not Covered	Gamunex, Gamunex-C, Gammaked	
J1562	Auth. Required	Not Covered	Vivaglobin	
J1566	Auth. Required	Not Covered	Panglobulin, Gammagard S/D, Carimune NF	
J1568	Auth. Required	Not Covered	Octagam	
J1569	Auth. Required	Not Covered	Gammagard	
J1570	No Auth. required	Not Covered		
J1571	Auth. Required	Not Covered	Hepagam B I.M. use	
J1572	Auth. Required	Not Covered	Flebogamma, Flebogamma Dif	
J1573	Auth. Required	Not Covered	Hepagam B I.V. use	
J1575	Auth. Required	Not Covered	Hyqvia	
J1580	No Auth. required	Not Covered	Garamycin	
J1590	No Auth. required	Not Covered	Zymar	
J1595	Pharmacy Benefit	Not Covered	Copaxone	
J1599	Auth. Required	Not Covered	Immune globulin, intravenous, non-lyophilized, NOS	
J1600	No Auth. required	Not Covered	Mycochrysine, Aurolate	
J1602	Auth. Required	Not Covered	Simponi Aria is medical benefit (Simponi is pharmacy benefit only)	120 units every 56 days
J1610	No Auth. required	Not Covered	Glucagen, Glucagon	
J1626	No Auth. required	Not Covered	Kytril	
J1630	No Auth. required	Not Covered	Haldol	
J1631	No Auth. required	Not Covered	Haldol Deconate	
J1640	No Auth. required	Not Covered	Panhematin	
J1642	No Auth. required	Not Covered	Heparin	
J1644	No Auth. required	Not Covered	Heparin	
J1645	No Auth. required	Not Covered	Fragmin	
J1650	No Auth. required	Not Covered	Lovenox	
J1652	No Auth. required	Not Covered	Arixtra	
J1655	No Auth. required	Not Covered	Innohep	
J1670	No Auth. required	Not Covered	Hypertet S/D, Hyper-tet, Baytet	
J1675	No Auth. required	Not Covered	Histrelin acetate	
J1700	No Auth. required	Not Covered	Cortef, Hydrocortone	
J1710	No Auth. required	Not Covered	Solu Cortef	
J1720	No Auth. required	Not Covered	Solu-cortef, hydrocortisone, A-hydrocort	
J1726	No Auth. required	Not Covered	Makena	
J1729	No Auth. required	Not Covered	Geq or compounded	
J1730	No Auth. required	Not Covered	Proglycem	
J1740	Auth. Required	Not Covered	Boniva	
J1741	No Auth. required	Not Covered	Caldolor	
J1742	No Auth. required	Not Covered	Corvert	
J1743	Auth. Required	Not Covered	Elaprase	
J1744	Auth. Required	Not Covered	Firazyr	18mL per 30 days
J1745	Auth. Required	Not Covered	Remicade	5mg/kg every 8 weeks
J1750	No Auth. required	Not Covered	Infed	
J1756	No Auth. required	Not Covered	Venofer	
J1786	Auth. Required	Not Covered	Cerezyme	
J1790	No Auth. required	Not Covered	Inapsine	
J1800	No Auth. required	Not Covered	Inderal	
J1810	No Auth. required	Not Covered	Innovar	
J1815	Pharmacy Benefit	Not Covered	Humalog, Novolog, Novolog Mix, Humalog Mix, Lantus, Lispro, Humilin R, Novolin R, Humilin N, Novolin N, Apidra	
J1817	Pharmacy Benefit	Not Covered	Humilin R, Novolin R, Humalog, Novolog, Apidra	
J1826	Pharmacy Benefit only	Not Covered	Avonex	
J1830	Auth. Required	Not Covered	Betaseron, Extavia	
J1833	Pharmacy Benefit	Not Covered	Cresamba	
J1835	No Auth. required	Not Covered	Sporanox	
J1885	No Auth. required	Not Covered	Toradol	
J1890	No Auth. required	Not Covered	Cefalotin	

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J1930	Auth. Required	Not Covered	Somatuline	
J1931	Auth. Required	Not Covered	Aldurazyme	
J1940	No Auth. required	Not Covered	Lasix	
J1942	Auth Required	Not Covered	Aristada	
J1945	No Auth. required	Not Covered	Refludan	
J1950	Auth. Required	Not Covered	Lupron Depot	Endometriosis: -every 84 days -only 1 reauth permitted  Uterine Fibroids/Leiomyomota: every 84 days
J1953	No Auth. required	Not Covered	Keppra	
J1955	No Auth. required	Not Covered	Carnitor	
J1956	No Auth. required	Not Covered	Levaquin	
J1960	No Auth. required	Not Covered	Levo-Dromoran	
J1980	No Auth. required	Not Covered	Levsin	
J1990	No Auth. required	Not Covered	Librium	
J2001	No Auth. required	Not Covered	Xylocaine	
J2010	No Auth. required	Not Covered	Lincocin	
J2020	No Auth. required	Not Covered	Zyvox	
J2060	No Auth. required	Not Covered	Ativan	
J2150	No Auth. required	Not Covered	Osmitrol	
J2170	Auth. Required	Not Covered	Iplex, Increlex	
J2175	No Auth. required	Not Covered	Demerol	
J2180	No Auth. required	Not Covered	Mepergan	
J2182	Auth Required	Not Covered	Nucala	
J2185	No Auth. required	Not Covered	Merrem	
J2210	No Auth. required	Not Covered	Methergine	
J2212	Auth. Required	Not Covered	Relistor	
J2248	No Auth. required	Not Covered	Mycamine	
J2250	No Auth. required	Not Covered	Versed	
J2260	No Auth. required	Not Covered	Primacor	
J2265	No Auth. required	Not Covered	Minocin	
J2270	No Auth. required	Not Covered	Morphine sulfate	
J2274	No Auth. required	Not Covered	Astramorph	
J2278	Auth. Required	Not Covered	Prialt	
J2280	No Auth. required	Not Covered	Avelox	
J2300	No Auth. required	Not Covered	Nubain	
J2310	No Auth. required	Not Covered	Narcan	
J2315	No Auth. required	Not Covered	Vivitrol	
J2320	No Auth. required	Not Covered	Nandrolone Deconoate	
J2323	Auth. Required	Not Covered	Tysabri	300mg per 28 days
J2325	No Auth. required	Not Covered	Natreacor	
J2353	Auth. Required	Not Covered	SandoSTATIN LAR	
J2354	Auth. Required	Not Covered	Sandostatin, Octreotide Acetate	
J2355	Auth. Required	Not Covered	Neumega	
J2357	Auth. Required	Not Covered	Xolair	
J2358	No Auth. required	Not Covered	Zyprexa	
J2360	No Auth. required	Not Covered	Norflex	
J2370	No Auth. required	Not Covered	Neo-Synephrine	
J2400	No Auth. required	Not Covered	Nesacaine	
J2405	No Auth. required	Not Covered	Zofran	
J2407	Auth. Required	Not Covered	Orbactiv	
J2410	No Auth. required	Not Covered	Numorphan, Opana	
J2425	No Auth. required	Not Covered	Kepivance	
J2426	No Auth. required	Not Covered	Invega Sustenna	
J2430	Auth. Required	Not Covered	Aredia	
J2440	No Auth. required	Not Covered	Papaverine	
J2460	No Auth. required	Not Covered	Terramycin	
J2469	No Auth. required	Not Covered	Aloxi	
J2501	No Auth. required	Not Covered	Zemplar	
J2502	Auth. Required	Not Covered	Signifor LAR	
J2503	Auth. Required	Not Covered	Macugen	
J2504	Auth. Required	Not Covered	Adagen	
J2505	Auth. Required	Not Covered	Neulasta or Neulasta Onpro	
J2507	Auth. Required	Not Covered	Krystexxa	
J2510	No Auth. required	Not Covered	Wycillin	
J2513	No Auth. required	Not Covered	Pentastarch	
J2515	No Auth. required	Not Covered	Nembutal	
J2540	No Auth. required	Not Covered	Pfizerpen	
J2543	No Auth. required	Not Covered	Zosyn	
J2545	No Auth. required	Not Covered	Pentam, Nebupent	
J2547	Auth. Required	Not Covered	Rapivab	
J2550	No Auth. required	Not Covered	Phenergan	
J2560	No Auth. required	Not Covered	Luminal	
J2562	Auth. Required	Not Covered	Mozobil	
J2590	No Auth. required	Not Covered	Pitocin	
J2597	No Auth. required	Not Covered	DDAVP	

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J2650	No Auth. required	Not Covered	Omnipred, Pred Forte	
J2670	No Auth. required	Not Covered	Tolazine, Divascol	
J2675	No Auth. required	Not Covered	Progesterone	
J2680	No Auth. required	Not Covered	Fluphenazine	
J2690	No Auth. required	Not Covered	Pronestyl	
J2700	No Auth. required	Not Covered	Bactocill	
J2704	No Auth. required	Not Covered	Diprivan	
J2710	No Auth. required	Not Covered	Bloxiverz	
J2720	No Auth. required	Not Covered	Protamine Sulfate	
J2724	Auth. Required	Not Covered	Ceprotin	
J2725	No Auth. required	Not Covered	Protirelin	
J2730	No Auth. required	Not Covered	Protopam	
J2760	No Auth. required	Not Covered	Regitine, Oraverse	
J2765	No Auth. required	Not Covered	Reglan	
J2770	No Auth. required	Not Covered	Synercid	
J2778	Auth. Required	Not Covered	Lucentis	
J2780	No Auth. required	Not Covered	Zantac	
J2783	No Auth. required	Not Covered	Elitek	
J2785	No Auth. required	Not Covered	Lexiscan	
J2786	Auth Required	Not Covered	Cinqair	
J2788	No Auth. required	Not Covered	HyperRHO, MICRhoGAM	
J2790	No Auth. required	Not Covered	Hyperho S/D, RhoGAM	
J2791	Auth Required	Not Covered	Rhophylac	
J2792	No Auth. required	Not Covered	Winrho SDF	
J2793	Auth. Required	Not Covered	Arcalyst	
J2794	No Auth. required	Not Covered	Risperdal	
J2795	No Auth. required	Not Covered	Naropin	
J2796	Auth. Required	Not Covered	Nplate	
J2800	No Auth. required	Not Covered	Robaxin	
J2805	No Auth. required	Not Covered	Kinevac	
J2810	No Auth. required	Not Covered	Theophylline	
J2820	Auth Required	Not Covered	Leukine, Prokine	
J2840	Auth Required	Not Covered	Kanuma	
J2850	No Auth. required	Not Covered	Secreflo, Chirhostim	
J2860	Auth. Required	Not Covered	Sylvant	
J2910	No Auth. required	Not Covered	Solganal	
J2916	No Auth. required	Not Covered	Nulecit, Ferrlecit	
J2920	No Auth. required	Not Covered	A-Methapred, SOLU-medrol, MethylPREDNISolone Sodium Succ	
J2930	No Auth. required	Not Covered	A-Methapred, SOLU-medrol, MethylPREDNISolone Sodium Succ	
J2940	No Auth. required	Not Covered	Protoprin	
J2941	Pharmacy benefit	Not Covered	Tev-Tropin, Nutropin, Norditropin, Humatrope, Serostim, Saizen, Genotropin, Omnitrope, Nutropin AQ	
J2950	No Auth. required	Not Covered	Sparine	
J2993	No Auth. required	Not Covered	Retavase	
J2995	No Auth. required	Not Covered	Streptase	
J2997	No Auth. required	Not Covered	Activase	
J3000	No Auth. required	Not Covered	Streptomycin	
J3010	No Auth. required	Not Covered	Sublimaze	
J3030	No Auth. required	Not Covered	Imitrex	
J3060	Auth. Required	Not Covered	Elelyso	
J3070	No Auth. required	Not Covered	Talwin	
J3090	Auth. Required	Not Covered	Sivextro	
J3095	No Auth. required	Not Covered	Vibativ	
J3101	No Auth. required	Not Covered	Tnkase	
J3105	No Auth. required	Not Covered	Brethine	
J3110	Auth. Required	Not Covered	Forteo	
J3121	No Auth. required	Not Covered	Delatestryl	
J3145	No Auth. required	Not Covered	Aveed	
J3230	No Auth. required	Not Covered	Thorazine	
J3240	No Auth. required	Not Covered	Thyrogen, Thytropar	
J3243	No Auth. required	Not Covered	Tygacil	
J3246	No Auth. required	Not Covered	Aggrastat	
J3250	No Auth. required	Not Covered	Tigan	
J3260	No Auth. required	Not Covered	Nebcin	
J3262	Auth. Required	Not Covered	Actemra	3200 units per 28 days
J3265	No Auth. required	Not Covered	Demadex	
J3280	No Auth. required	Not Covered	Torecan	
J3285	Auth. Required	Not Covered	Remodulin	
J3300	No Auth. required	Not Covered	Triesence	
J3301	No Auth. required	Not Covered	Kenalog, Triesence, Ken-Jec	
J3302	No Auth. required	Not Covered	Aristocort, Clinacort	
J3303	No Auth. required	Not Covered	Aristospan	
J3305	No Auth. required	Not Covered	Neutrexin	
J3310	No Auth. required	Not Covered	Trilafon	
J3315	Auth. Required	Not Covered	Trelstar Depot	
J3350	No Auth. required	Not Covered	Urea	

Code	Georgia Families and Peach Care For Kids	Georgia Planning for Health Babies and Inter-Pregnancy Care- <b>No Medical Coverage</b>	Drug name	QTY Limits
J3355	Auth. Required	Not Covered	Fertinex, Metrodin, Bravelle	
J3357	Auth. Required	Not Covered	Stelara	90 units per 56 days after loading dose Subcutaneous Administration
J3358	Auth. Required	Not Covered	Stelara IV	IV administration
J3360	No Auth. required	Not Covered	Valium	
J3364	No Auth. required	Not Covered	Kinlytic, Abbokinase	
J3365	No Auth. required	Not Covered	Urokinase	
J3370	No Auth. required	Not Covered	Vancocin	
J3380	Auth. Required	Not Covered	Entyvio	300mg per infusion
J3385	Auth. Required	Not Covered	Vpriv	
J3396	Auth. Required	Not Covered	Visudyne	
J3400	No Auth. required	Not Covered	Vespirin	
J3410	No Auth. required	Not Covered	Vistaril, Vistazine	
J3411	No Auth. required	Not Covered	Thiamine	
J3415	No Auth. required	Not Covered	Vitamin B6, Doxine, Rodex	
J3420	No Auth. required	Not Covered	Vitamin B-12, Cyomin, Hydroxocobalamin, Shovite	
J3430	No Auth. required	Not Covered	Vitamin K, Aquamephyton, Phytiondione, Konakion	
J3465	No Auth. required	Not Covered	Vfend	
J3470	No Auth. required	Not Covered	Wydase, Hydase, Vitrase	
J3471	No Auth. required	Not Covered	Vitrax	
J3473	No Auth. required	Not Covered	Hylenex	
J3475	No Auth. required	Not Covered	Sulfa-Mag	
J3480	No Auth. required	Not Covered	Potassium Chloride	
J3485	No Auth. required	Not Covered	Retrovir	
J3486	No Auth. required	Not Covered	Geodon	
J3489	Auth. Required	Not Covered	Reclast, Zometa	
J3490	No Auth. Required with exception of Durolane	Not Covered	Unclassified Drugs	
J3520	No Auth. required	Not Covered	Endrate	
J3535	No Auth. required	Not Covered	Metered Dose Inhaler Drug	
J3570	No Auth. required	Not Covered	Laetrile, Amygdalin	
J3590	Pharmacy benefit	Not Covered	Kineret	
J3590	Auth Required	Not Covered	Fasenra	
J3590	Auth. Required	Not Covered	Raptiva, Vespida, Yellow Hornet Treatment, Yellow Jacket Treatment, Honey Bee Treatment, Hymenoptera Venom, Venomil, Albay Venomil, Anascorp, Tissuemend,	
J3590	Auth Required	Not Covered	Avastin	Avastin for <b>EYES only - DOES NOT NEED COST REVIEW</b>
J2350	Auth. Required	Not Covered	Ocrevus	600MG every 6 months
J2326	Auth. Required	Not Covered	Spinraza	12mg (5mL) per treatment
S0189	Auth. Required	Not Covered	Testopel	
J7030	No Auth. required	Not Covered	Sodium Chloride	
J7040	No Auth. required	Not Covered	Normal Saline Solution Sterile	
J7042	No Auth. required	Not Covered	Dextrose 5%/Normal saline	
J7050	No Auth. required	Not Covered	Normal Saline Solution	
J7060	No Auth. required	Not Covered	Dextrose	
J7070	No Auth. required	Not Covered	Dextrose	
J7100	No Auth. required	Not Covered	Gentran-40, Rheomacrodex, Dextran-40	
J7110	No Auth. required	Not Covered	Gentran-70, Dextran-70, Macrodex	
J7120	No Auth. required	Not Covered	Lactated Ringer's, Ringer's Injection	
J7121	No Auth. required	Not Covered	5% dextrose in lactated ringers	
J7131	No Auth. required	Not Covered	Hypertonic saline solution	
J7178	Auth. Required	Not Covered	Riastap	
J7179	Auth. Required	Not Covered	Vonvendi	
J7180	Auth. Required	Not Covered	Corifact	
J7181	Auth. Required	Not Covered	Tretten	
J7182	Auth. Required	Not Covered	NovoEight	
J7183	Auth. Required	Not Covered	Wilate	
J7185	Auth. Required	Not Covered	Xyntha	
J7186	Auth. Required	Not Covered	Alphanate/VWF Complex/Human	
J7187	Auth. Required	Not Covered	Humate-P	
J7188	Auth. Required	Not Covered	Obizur	

Code	Georgia Families and Peach Care For Kids	Georgia Planning for Health Babies and Inter-Pregnancy Care- <b>No Medical Coverage</b>	Drug name	QTY Limits
J7189	Auth. Required	Not Covered	Novoseven RT, Novoseven	
J7190	Auth. Required	Not Covered	Koate-DVI, Alphanate, Hemofil M, Monarc-M, Koate-HP, Monoclote-P	
J7191	Auth. Required	Not Covered	Alphanate	
J7192	Auth. Required	Not Covered	Genarc, Helixate, Bioclote, Advate, Recombinate, Kogenate FS, Refacto	
J7193	Auth. Required	Not Covered	Alphanine SD, Mononine	
J7194	Auth. Required	Not Covered	Profilnine, Profilnine SD, Bebulin, Konyne 80	
J7195	Auth. Required	Not Covered	Benefix, Ixinity	
J7196	Auth. Required	Not Covered	Atryn	
J7197	Auth. Required	Not Covered	Thrombate III	
J7198	Auth. Required	Not Covered	Feiba NF, Feiba-VH	
J7210	Auth. Required	Not Covered	Afstyla	
J7200	Auth. Required	Not Covered	Rixubis	
J7201	Auth. Required	Not Covered	Alprolix	
J7202	Auth. Required	Not Covered	Idelvion	
J7205	Auth. Required	Not Covered	Eloctate	
J7207	Auth. Required	Not Covered	Adynovate	
J7209	Auth. Required	Not Covered	Nuwiq	
J7211	Auth. Required	Not Covered	Kovaltry	
J7297	No Auth. required	Not Covered	Liletta (52 MG) 18.6 MCG/DAY IUD	
J7298	No Auth. required	Not Covered	Mirena (52 MG) 20 MCG/24HR IUD	
J7300	No Auth. required	Not Covered	Paragard T380A	
J7301	No Auth. required	Not Covered	Skyla	
J7303	No Auth. required	Not Covered	Nuvaring	
J7304	No Auth. required	Not Covered	Ortho Evra	
J7306	No Auth. required	Not Covered	Norplant	
J7307	No Auth. required	Not Covered	Nexplanon, Implanon	
J7308	No Auth. required	Not Covered	Levulan Kerastick	
J7309	No Auth. required	Not Covered	Metvixia	
J7310	No Auth. required	Not Covered	Cytovene, Vitrasert	
J7311	Auth. Required	Not Covered	Retisert	
J7312	Auth. Required	Not Covered	Ozurdex	
J7313	Auth. Required	Not Covered	Iluvien	
J7315	No Auth. required	Not Covered	Mitomycin	
J7316	Auth. Required	Not Covered	Jetrea	
J7321	Auth. Required	Not Covered	Hyalgan, Supartz, Provisc	5 injections
J7322	Auth. Required	Not Covered	Hymovis	1 injection (Non-Preferred)
J7323	Auth. Required	Not Covered	Euflexxa	3 injections (Non-Preferred)
J7324	Auth. Required	Not Covered	Orthovisc	4 injections (Non-Preferred)
J7325	Auth. Required	Not Covered	Synvisc, Synvisc-One	Synvisc: 3 injections Synvisc-One: 1 injection
J7326	Auth. Required	Not Covered	Gel-One	1 injection
J7327	Auth. Required	Not Covered	Monovisc	1 injection (Non-Preferred)
J7328	Auth. Required	Not Covered	Gel-Syn	3 injections
J7330	Auth. Required- Approve x90 days for INMCD	Not Covered	Carticel	
J7336	Auth. Required	Not Covered	Qutenza	
J7340	Auth. Required	Not Covered	Duopa	
J7342	Auth. Required	Not Covered	Otiprio	
J7345	Auth. Required	Not Covered	Ameluz	
J7500	Pharmacy Benefit	Not Covered	Imuran, Azasan	
J7501	No Auth. required	Not Covered	Imuran	
J7502	Pharmacy Benefit	Not Covered	Neoral, Gengraf, Sandimmune	
J7503	Pharmacy Benefit	Not Covered	Tacrolimus	
J7504	Auth Required	Not Covered	Atgam	
J7505	No Auth. required	Not Covered	Muromonab-CD3	

Code	Georgia Families and Peach Care For Kids	Georgia Planning for Health Babies and Inter-Pregnancy Care- <b>No Medical Coverage</b>	Drug name	QTY Limits
J7507	Pharmacy Benefit	Not Covered	Astagraf	
J7508	Pharmacy Benefit	Not Covered	Astagraf XL	
J7509	Pharmacy Benefit	Not Covered	Medrol	
J7510	Pharmacy Benefit	Not Covered	Cotolone	
J7511	No Auth. required	Not Covered	Thymoglobulin	
J7512	Pharmacy Benefit	Not Covered	Deltasone, Prednisone	
J7513	No Auth. required	Not Covered	Zenapax	
J7515	Pharmacy Benefit	Not Covered	Gengraf, Sandimmune, Neoral	
J7516	No Auth. required	Not Covered	Sandimmune	
J7517	No Auth. required	Not Covered	Cellcept	
J7518	Pharmacy Benefit	Not Covered	Myfortic	
J7520	Pharmacy Benefit	Not Covered	Rapamune	
J7525	No Auth. required	Not Covered	Prograf	
J7527	Pharmacy Benefit	Not Covered	Zortress	
J7599	No Auth. required	Not Covered	Immunosuppressive Drug, Not otherwise classified	
J7604	No Auth. required	Not Covered	Acetylcysteine	
J7605	No Auth. required	Not Covered	Brovana	
J7606	No Auth. required	Not Covered	Perforomist	
J7607	No Auth. required	Not Covered	Levalbuterol	
J7608	No Auth. required	Not Covered	Acetylcysteine 10 % SOLN	
J7609	No Auth. required	Not Covered	Albuterol	
J7610	No Auth. required	Not Covered	Albuterol	
J7611	No Auth. required	Not Covered	Albuterol Sulfate (5 MG/ML) 0.5% NEBU	
J7612	No Auth. required	Not Covered	Levalbuterol HCl 1.25 MG/0.5ML NEBU	
J7613	No Auth. required	Not Covered	Accuneb	
J7614	No Auth. required	Not Covered	Levalbuterol HCl 0.31 MG/3ML NEBU	
J7615	No Auth. required	Not Covered	Levalbuterol, inhalation solution, compounded product, administered through DME	
J7620	No Auth. required	Not Covered	Duoneb	
J7622	No Auth. required	Not Covered	Beclomethasone, inhalation solution, compounded product, administered through DME	
J7624	No Auth. required	Not Covered	Betamethasone, inhalation solution, compounded product, administered through DME	
J7626	No Auth. required	Not Covered	Pulmicort	
J7627	No Auth. required	Not Covered	Budesonide	
J7628	No Auth. required	Not Covered	Tornalate	
J7629	No Auth. required	Not Covered	Bitolterol mesylate	
J7631	No Auth. required	Not Covered	Cromolyn sodium	
J7632	No Auth. required	Not Covered	Cromolyn sodium, inhalation solution, compounded product, administered through DME	
J7634	No Auth. required	Not Covered	Budesonide, inhalation solution, compounded product, administered through DME	
J7635	No Auth. required	Not Covered	Atropine, inhalation solution, compounded product, administered through DME	
J7636	No Auth. required	Not Covered	Atropine, inhalation solution, compounded product, administered through DME	
J7637	No Auth. required	Not Covered	Dexamethasone Inhalation Solution Compounded	
J7638	No Auth. required	Not Covered	Dexamethasone Inhalation Solution Compounded	
J7639	Auth. Required	Not Covered	Pulmozyme	
J7640	No Auth. required	Not Covered	Formoterol	
J7641	No Auth. required	Not Covered	Flunisolide	
J7642	No Auth. required	Not Covered	Glycopyrrolate, inhalation solution, compounded product, administered through DME	
J7643	No Auth. required	Not Covered	Glycopyrrolate, inhalation solution, compounded product, administered through DME	
J7644	No Auth. required	Not Covered	Ipratropium bromide, inhalation solution, FDA-approved final product	
J7645	No Auth. required	Not Covered	Ipratropium bromide, inhalation solution, compounded product, administered through DME	
J7647	No Auth. required	Not Covered	Isoetharine HCL, inhalation solution, compounded product	
J7650	No Auth. required	Not Covered	Isoetharine HCL, inhalation solution, compounded product	
J7657	No Auth. required	Not Covered	Isoproterenol HCL, inhalation solution, compounded product, administered through DME	

Code	Georgia Families and Peach Care For Kids	Georgia Planning for Health Babies and Inter-Pregnancy Care- <b>No Medical Coverage</b>	Drug name	QTY Limits
J7660	No Auth. required	Not Covered	Isoproterenol HCL, inhalation solution, compounded product, administered through DME	
J7665	No Auth. required	Not Covered	Aridol	
J7667	No Auth. required	Not Covered	Metaproterenol sulfate, inhalation solution	
J7668	No Auth. required	Not Covered	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded	
J7669	No Auth. required	Not Covered	Metaproterenol Sulfate	
J7670	No Auth. required	Not Covered	Metaproterenol sulfate, inhalation solution, compounded product	
J7674	No Auth. required	Not Covered	Methacholine chloride	
J7676	No Auth. required	Not Covered	Pentamidine Isethate	
J7680	No Auth. required	Not Covered	Terbutaline sulfate, inhalation solution	
J7681	No Auth. required	Not Covered	Terbutaline sulfate, inhalation solution	
J7682	Auth. Required	Not Covered	Tobi	
J7683	No Auth. required	Not Covered	Triamcinolone, inhalation solution, compounded product	
J7684	No Auth. required	Not Covered	Triamcinolone, inhalation solution, compounded product	
J7685	No Auth. required	Not Covered	Tobramycin	
J7686	Auth. Required	Not Covered	Tyvaso	
J7699	Auth. Required	Not Covered	Causton	
J7799	No Auth. required	Not Covered	Non-inhalation drug for DME	
J7999	Not Covered	Not Covered	Unclassified	
J8498	No Auth. required	Not Covered	Antiemetic Drug, R/S, NOS	
J8499	Pharmacy Benefit	Not Covered		
J8501	Pharmacy Benefit	Not Covered	Emend	
J8510	Pharmacy Benefit	Not Covered	Myleran	
J8515	Pharmacy Benefit	Not Covered	Cabergoline	
J8520	Pharmacy Benefit	Not Covered	Xeloda	
J8521	Pharmacy Benefit	Not Covered	Xeloda	
J8530	Pharmacy Benefit	Not Covered	Cyclophosphamide	
J8540	Pharmacy Benefit	Not Covered	Baycadron, Dexamethasone	
J8560	Pharmacy Benefit	Not Covered	Etoposide	
J8565	Pharmacy Benefit	Not Covered	Iressa	
J8597	Pharmacy Benefit	Not Covered	Antiemetic Drug Oral, NOS	
J8600	Pharmacy Benefit	Not Covered	Alkeran	
J8610	Pharmacy Benefit	Not Covered	Rheumatrex, Trexall	
J8650	Pharmacy Benefit	Not Covered	Nabilone	
J8655	Pharmacy Benefit	Not Covered	Akynzeo	
J8700	Pharmacy Benefit	Not Covered	Temodar	
J8705	Pharmacy Benefit	Not Covered	Hycamtin	
J8999	Pharmacy Benefit	Not Covered	Oral prescription drug chemo, NOS	
J9000	No Auth. required	Not Covered	Adriamycin, Rubex	
J9015	Auth Required	Not Covered	Proleukin	
J9017	No Auth. required	Not Covered	Trisenox	
J9019	No Auth. required	Not Covered	Erwinaze	
J9020	No Auth. required	Not Covered	Elspar	
J9023	Auth. Required	Not Covered	Bavencio	
J9025	Auth. Required	Not Covered	Vidaza	
J9027	No Auth. required	Not Covered	Clolar	
J9031	No Auth. required	Not Covered	Theracys,Tice BCG, BCG Vaccine	
J9032	Auth. Required	Not Covered	Beleodaq	
J9033	No Auth. required	Not Covered	Treanda	
J9034	Auth. Required	Not Covered	Bendeka	
J9035	Auth. Required	Not Covered	Avastin	
J9039	Auth. Required	Not Covered	Blinicyto	
J9040	No Auth. required	Not Covered	Bleomycin	
J9041	No Auth. required	Not Covered	Velcade	
J9042	Auth. Required	Not Covered	Adcetris	
J9043	No Auth. required	Not Covered	Jevtana	
J9045	No Auth. required	Not Covered	Paraplatin	
J9047	Auth. Required	Not Covered	Kyprolis	
J9050	No Auth. required	Not Covered	Gliadel, Bicnu	
J9055	Auth. Required	Not Covered	Erbix	
J9060	No Auth. required	Not Covered	Platinol	
J9065	No Auth. required	Not Covered	Leustatin	
J9070	No Auth. required	Not Covered	Cytosan, Neosar	
J9098	No Auth. required	Not Covered	Depocyt	
J9100	No Auth. required	Not Covered	Cytosar-U, Tarabine PFS	
J9120	No Auth. required	Not Covered	Cosmegen	
J9130	No Auth. required	Not Covered	Dtic-Dome	
J9145	Auth Required	Not Covered	Darzalex	
J9150	No Auth. required	Not Covered	Cerubidine	
J9151	No Auth. required	Not Covered	Daunoxome	
J9155	Auth. Required	Not Covered	Firmagon	
J9160	No Auth. required	Not Covered	Ontak	

Code	Georgia Families and Peach Care For Kids	Georgia Planning for Health Babies and Inter-Pregnancy Care- <b>No Medical Coverage</b>	Drug name	QTY Limits
J9165	No Auth. required	Not Covered	DES	
J9171	No Auth. required	Not Covered	Taxotere	
J9175	No Auth. required	Not Covered	Elliott's B	
J9176	Auth Required	Not Covered	Empliciti	
J9178	No Auth. required	Not Covered	Ellence	
J9179	No Auth. required	Not Covered	Halaven	
J9181	No Auth. required	Not Covered	Vepesid, Toposar	
J9185	No Auth. required	Not Covered	Fludara	
J9190	No Auth. required	Not Covered	Adrucil	
J9200	No Auth. required	Not Covered	Fudr	
J9201	No Auth. required	Not Covered	Gemzar	
J9202	Auth. Required	Not Covered	Zoladex	
J9205	Auth Required	Not Covered	Onivyde	
J9206	No Auth. required	Not Covered	Camptosar	
J9207	No Auth. required	Not Covered	Ixempria	
J9208	No Auth. required	Not Covered	Ifex	
J9209	No Auth. required	Not Covered	Mesnex	
J9211	No Auth. required	Not Covered	Idamycin	
J9212	No Auth. required	Not Covered	Interferon alfacon-1	
J9213	No Auth. required	Not Covered	Roferon-A	
J9214	Auth. Required	Not Covered	Intron A	
J9215	Auth. Required	Not Covered	Alferon N	
J9216	Auth. Required	Not Covered	Actimmune	
J9217	Auth. Required	Not Covered	Lupron Depot, Eligard	Endometriosis: -every 84 days -only 1 reauth permitted  Uterine Fibroids/Leiomyomota: every 84 days
J9218	Auth. Required	Not Covered	Lupron	Endometriosis: -every 84 days -only 1 reauth permitted  Uterine Fibroids/Leiomyomota: every 84 days
J9219	Auth. Required	Not Covered	Viadur	
J9225	Auth. Required	Not Covered	Vantas	
J9226	Auth. Required	Not Covered	Supprelin LA	
J9228	Auth. Required	Not Covered	Yervoy	
J9230	No Auth. required	Not Covered	Mustargen	
J9245	No Auth. required	Not Covered	Alkeran, Evomela, Melphalan	
J9250	No Auth. required	Not Covered	Otrexup, Folex PFS,	
J9260	No Auth. required	Not Covered	Methotrexate	
J9261	No Auth. required	Not Covered	Arranon	
J9262	Auth. Required	Not Covered	Synribo	
J9263	No Auth. required	Not Covered	Eloxatin	
J9264	No Auth. required	Not Covered	Abraxane	
J9266	Auth. Required	Not Covered	Oncaspar	Dosing every 2 weeks
J9267	No Auth. required	Not Covered	Taxol	
J9268	No Auth. required	Not Covered	Nipent	
J9270	No Auth. required	Not Covered	Mithracin	
J9271	Auth. Required	Not Covered	Keytruda	
J9280	No Auth. required	Not Covered	Mutamycin	
J9293	Auth. Required	Not Covered	Novantrone	
J9299	Auth. Required	Not Covered	Opdivo	
J9203	Auth. Required	Not Covered	Mylotarg	
J9301	Auth. Required	Not Covered	Gazyva	
J9302	Auth. Required	Not Covered	Arzerra	
J9303	No Auth. required	Not Covered	Vectibix	
J9305	No Auth. required	Not Covered	Alimta	
J9306	Auth. Required	Not Covered	Perjeta	
J9307	No Auth. required	Not Covered	Folotyn	
J9308	Auth. Required	Not Covered	Cyramza	
J9310	Auth. Required	Not Covered	Rituxan	
J9315	No Auth. required	Not Covered	Istodax	
J9320	No Auth. required	Not Covered	Zanosar	
J9325	Auth Required	Not Covered	Imlygic	
J9328	Auth. Required	Not Covered	Temodar	
J9330	Auth. Required	Not Covered	Torisel	
J9340	No Auth. required	Not Covered	Thioplex	
J9351	No Auth. required	Not Covered	Hycamtin	
J9352	Auth Required	Not Covered	Yondelis	
J9354	Auth. Required	Not Covered	Kadcyla	
J9355	Auth. Required	Not Covered	Herceptin	
J9357	No Auth. required	Not Covered	Valstar	
J9360	No Auth. required	Not Covered	Vinblastine Sulfate	
J9370	No Auth. required	Not Covered	Oncovin, Vincasar	

Code	Georgia Families and Peach Care For Kids	Georgia Planning for Health Babies and Inter-Pregnancy Care- <b>No Medical Coverage</b>	Drug name	QTY Limits
J9371	Auth. Required	Not Covered	Marqibo	
J9390	No Auth. required	Not Covered	Navelbine	
J9395	No Auth. required	Not Covered	Faslodex	
J9400	Auth. Required	Not Covered	Zaltrap	
J9600	No Auth. required	Not Covered	Photofrin	
J9999	Auth. Required	Not Covered	Imfinzi	
J9999	Auth. Required	Not Covered	Rituxan Hycela	Hycela is only covered for the oncology diagnoses.
J9999	Auth. required	Not Covered	Unclassified antineoplastic drugs	
P9041	No Auth required	Not Covered	Albutein 5%, Plasbumin 5, Albumin Human	
P9045	No Auth required	Not Covered	Buminate 5, Flexbumin 5, Albutein 5, Plasbumin 5	
P9046	No Auth required	Not Covered	Buminate 25, Albutein 25, Plasbumin 25	
P9047	No Auth required	Not Covered	Kedbumin 25, Flexbumin 25, Albutein 25, Plasbumin 25, Albumin 25, Albuked 25, Albuminar 25	
Q0138	No Auth. required	Not Covered	Feraheme	
Q0139	No Auth. required	Not Covered	Feraheme	
Q2040	Auth. Required	Not Covered	Kymirah	
Q2043	Auth Required	Not Covered	Provenge	
Q2050	Auth Required	Not Covered	Doxil	
Q3028	Auth. Required	Not Covered	Rebif	
Q4081	No Auth required	Not Covered	Epogen	
Q5101	Auth. Required	Not Covered	Zarxio	
Q5103	Auth. Required	Not Covered	Inflectra	
Q9950	Not Covered	Not Covered	Lumason	
Q9977	Pharmacy Benefit	Not Covered	Compounded Drug NOC	
J7296	No Auth required	Not Covered	Kyleena	
J7320	Auth. Required	Not Covered	Genvisc	
S0028	No Auth required	Not Covered	Famotidine	
S0030	No Auth required	Not Covered	Metronidazole	
S0032	No Auth required	Not Covered	Nafcillin	
S0039	No Auth required	Not Covered	sulfamethoxazole and trimethoprim	
S0073	No Auth required	Not Covered	Azactam	
S0077	No Auth. Required	Not Covered	Clindamycin	
S0080	No Auth required	Not Covered	Pentamidine Isethate	
S5497	No Auth if billed with a J code	Not Covered		
S5498	No Auth if billed with a J code	Not Covered		
S5501	No Auth if billed with a J code	Not Covered		
S5502	No Auth if billed with a J code	Not Covered		
S5517	No Auth if billed with a J code	Not Covered		
S9061	No Auth if billed with a J code	Not Covered		
S9123	KY MCD NO PA- OH MCD PA IF OVER 8 UNITS/DAY	Not Covered		8 units /day OH MCD ONLY
S9140	Auth. Required MM must review	Not Covered		
S9145	No Auth. required	Not Covered		
S9208	MM must review	Not Covered		
S9211	MM must review	Not Covered		
S9213	MM must review	Not Covered		
S9214	MM must review	Not Covered		
S9325	No Auth if billed with a J code	Not Covered		
S9326	No Auth if billed with a J code	Not Covered		
S9327	No Auth if billed with a J code	Not Covered		
S9328	No Auth if billed with a J code	Not Covered		
S9329	No Auth if billed with a J code	Not Covered		
S9330	No Auth if billed with a J code	Not Covered		
S9331	No Auth if billed with a J code	Not Covered		
S9336	Auth. Required	Not Covered		
S9338	AUTH. Required	Not Covered		
S9345	No Auth if billed with a J code	Not Covered		
S9346	Auth. Required	Not Covered		
S9347	Auth. Required	Not Covered		
S9348	No Auth if billed with a J code	Not Covered		
S9351	No Auth if billed with a J code	Not Covered		
S9353	No Auth if billed with a J code	Not Covered		
S9355	No Auth if billed with a J code	Not Covered		
S9357	Auth. Required	Not Covered		
S9359	Auth. Required	Not Covered		
S9361	No Auth if billed with a J code	Not Covered		
S9363	No Auth if billed with a J code	Not Covered		

Code	Georgia Families and Peach Care For Kids	Georgia Planning for Health Babies and Inter- Pregnancy Care- <b>No Medical Coverage</b>	Drug name	QTY Limits
S9364	No Auth. required	Not Covered		
S9365	No Auth. required	Not Covered		
S9366	No Auth. required	Not Covered		
S9367	No Auth. required	Not Covered		
S9368	No Auth. required	Not Covered		
S9370	No Auth if billed with a J code	Not Covered		
S9372	No Auth if billed with a J code	Not Covered		
S9373	No Auth. Required up to 4 L per day	Not Covered		
S9374	No Auth. required	Not Covered		
S9375	No Auth. required	Not Covered		
S9376	No Auth. required	Not Covered		
S9377	No Auth. required	Not Covered		
S9379	Auth. Required	Not Covered		
S9490	No Auth if billed with a J code	Not Covered		
S9494	No Auth if billed with a J code	Not Covered		
S9500	No Auth if billed with a J code	Not Covered		
S9501	No Auth if billed with a J code	Not Covered		
S9502	No Auth if billed with a J code	Not Covered		
S9503	No Auth if billed with a J code	Not Covered		
S9504	No Auth if billed with a J code	Not Covered		
S9537	Auth. Required	Not Covered		7 DAYS
S9538	No Auth. Required	Not Covered		
S9542	No Auth. required	Not Covered		
S9558	Auth. Required	Not Covered		7 DAYS
S9559	Auth. Required	Not Covered		7 DAYS
S9560	No Auth if billed with a J code	Not Covered		
S9560-SD	No Auth required	Not Covered		
S9562	No Auth. required	Not Covered		
S9590	No Auth if billed with a J code	Not Covered		