Authorization Requirements for Medications Under the Kentucky Medicaid Prescription Benefit

Revision/review date: April 1, 2016 **Effective date: May 1, 2016**

The provided list is not all-inclusive. All medications may be subject to review. This list is updated quarterly.

Procedure code	Description	Kentucky Medicaid
J0120	Injection, tetracycline, up to 250 mg	No authorization required
J0129	Injection, abatacept, 10 mg (Do not use this code when drug is self-administered)	Authorization required
J0130	Injection, abciximab, 10 mg	No authorization required
J0131	Injection, acetaminophen, 10 mg	No authorization required
J0132	Injection, acetylcysteine, 100 mg	No authorization required
J0133	Injection, acyclovir, 5 mg	No authorization required
J0135	Injection, adalimumab, 20 mg	Authorization required
J0153	Injection, adenosine, 1 mg (Not to be used to report adenosine phosphate compounds)	No authorization required
J0171	Injection, adrenalin, epinephrine, 0.1 mg	No authorization required
J0178	Injection, aflibercept, 1 mg	Authorization required
J0180	Injection, agalsidase beta, 1 mg	Authorization required
J0190	Injection, biperiden lactate, per 5 mg	No authorization required
J0200	Injection, alatrofloxacin mesylate, 100 mg	No authorization required
J0202	Injection, alemtuzumab, 1 mg	Authorization required
J0205	Injection, alglucerase, per 10 units	Authorization required
J0207	Injection, amifostine, 500 mg	No authorization required
J0210	Injection, methyldopate HCl, up to 250 mg	No authorization required
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified (NOS)	Authorization required
J0221	Injection, alglucosidase alfa, 10 mg	Authorization required
J0256	Injection, alpha 1 proteinase inhibitor (human), NOS, 10 mg	Authorization required
J0257	Injection, alpha 1 proteinase inhibitor (human), glassia, 10 mg	Authorization required
J0270	Injection, alprostadil, 1.25 mcg (May not be used when drug is self-administered)	No authorization required
J0275	Alprostadil urethral suppository (May not be used when drug is self-administered)	No authorization required
J0278	Injection, amikacin sulfate, 100 mg	No authorization required
J0280	Injection, aminophyllin, up to 250 mg	No authorization required
J0282	Injection, amiodarone HCl, 30 mg	No authorization required
J0285	Injection, amphotericin B, 50 mg	No authorization required
J0287	Injection, amphotericin B lipid complex, 10 mg	No authorization required
J0288	Injection, amphotericin B cholesteryl sulfate complex, 10 mg	No authorization required
J0289	Injection, amphotericin B liposome, 10 mg	No authorization required
J0290	Injection, ampicillin sodium, 500 mg	No authorization required
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	No authorization required
J0300	Injection, amobarbital, up to 125 mg	No authorization required
J0330	Injection, succinylcholine chloride, up to 20 mg	No authorization required
J0348	Injection, anidulafungin, 1 mg	No authorization required
J0350	Injection, anistreplase, per 30 units	No authorization required
J0360	Injection, hydralazine HCl, up to 20 mg	No authorization required
J0364	Injection, apomorphine HCl, 1 mg	Authorization required
J0365	Injection, aprotinin, 10,000 kiu	No authorization required
J0380	Injection, metaraminol bitartrate, per 10 mg	No authorization required
J0390	Injection, chloroquine HCl, up to 250 mg	No authorization required
J0395	Injection, arbutamine HCl, 1 mg	No authorization required
J0400	Injection, aripiprazole, intramuscular, 0.25 mg	Authorization required
J0401	Injection, aripiprazole, extended release, 1 mg	Authorization required
J0456	Injection, azithromycin, 500 mg	No authorization required
J0461	Injection, atropine sulfate, 0.01 mg	No authorization required
J0470	Injection, dimercaprol, per 100 mg	No authorization required
J0475	Injection, baclofen, 10 mg	No authorization required
J0476	Injection, baclofen, 50 mcg for intrathecal trial	No authorization required
J0480	Injection, basiliximab, 20 mg	No authorization required
J0485	Injection, belatacept, 1 mg	No authorization required
J0490	Injection, belimumab, 10 mg	Authorization required
J0500	Injection, dicyclomine HCl, up to 20 mg	No authorization required
J0515	Injection, benztropine mesylate, per 1 mg	No authorization required
J0520	Injection, bethanechol chloride, myotonachol or urecholine, up to 5 mg	No authorization required
J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	No authorization required
J0561	Injection, penicillin G benzathine, 100,000 units	No authorization required
J0571	Buprenorphine/naloxone, oral, 1 mg	Authorization required
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	Authorization required
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 3.1 to 6 mg	Authorization required
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	Authorization required
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	Authorization required
J0583	Injection, bivalirudin, 1 mg	No authorization required
J0585	Injection, onabotulinumtoxinA, 1 unit	Authorization required
J0586	Injection, abobotulinumtoxinA, 5 units	Authorization required

Procedure code	Description	Kentucky Medicaid
J0587	Injection, rimabotulinumtoxinB, 100 units	Authorization required
J0588	Injection, incobotulinumtoxinA, 1 unit	Authorization required
J0592	Injection, buprenorphine HCl, 0.1 mg	No authorization required
J0594	Injection, busulfan, 1 mg	No authorization required
J0595	Injection, butorphanol tartrate, 1 mg	No authorization required
J0596	Injection, C-1 esterase inhibitor (recombinant), Ruconest, 10 units	Authorization required
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units	Authorization required
J0598	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units	Authorization required
J0600	Injection, edetate calcium disodium, up to 1,000 mg	No authorization required
J0610	Injection, calcium gluconate, per 10 ml	No authorization required
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml	No authorization required
J0630	Injection, calcitonin salmon, up to 400 units	No authorization required
J0636	Injection, calcitriol, 0.1 mcg	No authorization required
J0637	Injection, caspofungin acetate, 5 mg	No authorization required
J0638	Injection, canakinumab, 1 mg	Authorization required
J0640	Injection, leucovorin calcium, per 50 mg	No authorization required
J0641	Injection, levoleucovorin calcium, 0.5 mg	No authorization required
J0670	Injection, mepivacaine HCl, per 10 ml	No authorization required
J0690	Injection, cefazolin sodium, 500 mg	No authorization required
J0692	Injection, cefepime HCl, 500 mg	No authorization required
J0694	Injection, cefoxitin sodium, 1 gm	No authorization required
J0695	Inejction, ceftolozane 50 mg and tazobactam 25 mg	No authorization required
J0696	Inejction, ceftriaxone sodium, per 250 mg	No authorization required
J0697	Injection, sterile cefuroxime sodium, per 750 mg	No authorization required
J0698	Injection, cefotaxime sodium, per gm	No authorization required
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	No authorization required
J0706	Injection caffeine citrate, 5 mg	No authorization required
J0710	Injection, cephapirin sodium, up to 1 gm	No authorization required
J0712	Injection, ceftaroline fosamil, 10 mg	No authorization required
J0713	Injection, ceftazidime, per 500 mg	No authorization required
J0714	Injection, ceftazidime and avibactam, 0.5 gm/0.125 gm	Authorization required
J0715	Injection, ceftizoxime sodium, per 500 mg	No authorization required
J0716	Injeciton, centruroides immune f(ab)2, up to 120 mg	No authorization required
J0717	Injection, certolizumab pegol, 1 mg (Code may be used for Medicare when drug is administered under the direct supervision of a physician)	Authorization required
J0720	Injeciton, chloramphenicol sodium succinate, up to 1 gm	No authorization required
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	Authorization required
J0735	Injection, clonidine HCl, 1 mg	No authorization required
J0740	Injection, cidofovir, 375 mg	No authorization required
J0743	Injection, cilastatin sodium; imipenem, per 250 mg	No authorization required
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	No authorization required
J0745	Injection, codeine phosphate, per 30 mg	No authorization required
J0760	Injection, colchicine, per 1 mg	No authorization required
J0770	Injection, colistimethate sodium, up to 150 mg	No authorization required
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Authorization required
J0780	Injection, prochlorperazine, up to 10 mg	No authorization required
J0795	Injection, corticorelin ovine triflutate, 1 mcg	No authorization required
J0800	Injection, corticotropin, up to 40 units	Authorization required
J0833	Injection, cosyntropin, NOS, 0.25 mg	No authorization required
J0834	Injection, cosyntropin (Cortrosyn), 0.25 mg	No authorization required
J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gm	No authorization required
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	Authorization required
J0875	Injection, dalbavancin, 5 mg	Authorization required
J0878	Injection, daptomycin, 1 mg	No authorization required
J0881	Injection, darbepoetin alfa, 1 mcg, non-end-stage renial disease (ESRD) use	Authorization required
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	Authorization required
J0885	Injection, epoetin alfa (nonESRD use), 1,000 units	Authorization required
J0886	Injection, epoetin alfa, 1,000 units, (for ESRD on dialysis)	Authorization required
J0887	Injection, epoetin beta, 1 microgram (for ESRD on dialysis)	Authorization required
J0888	Injection, epoetin beta, 1 microgram (for nonESRD use)	Authorization required
J0890	Injection, peginesatide, 0.1 mg (for ESRD on dialysis)	Authorization required
J0894	Injectino, decitabine, 1 mg	Authorization required
J0895	Injection, deferoxamine mesylate, 500 mg	Authorization required
J0897	Injection, denosumab, 1 mg	Authorization required
J0945	Injection, brompheniramine maleate, per 10 mg	No authorization required
J1000	Injection, depo-estradiol cypionate, up to 5 mg	No authorization required
J1020	Injection, methylprednisolone acetate, 20 mg	No authorization required
J1030	Injection, methylprednisolone acetate, 40 mg	No authorization required
J1040	Injection, methylprednisolone acetate, 80 mg	No authorization required
J1050	Injection, medroxyprogesterone acetate, 1 mg	No authorization required
J1071	Injection, testosterone cypionate, 1 mg	No authorization required
J1094	Injection, dexamethasone acetate, 1 mg	No authorization required
J1100	Injection, dexamethasone sodium phosphate, 1 mg	No authorization required
J1110	Injection, dihydroergotamine mesylate, per 1 mg	No authorization required
J1120	Injection, acetazolamide sodium, up to 500 mg	No authorization required
J1160	Injection, digoxin, up to 0.5 mg	No authorization required
J1162	Injection, digoxin immune fab (ovine), per vial	No authorization required
J1165	Injection, phenytoin sodium, per 50 mg	No authorization required
J1170	Injection, hydromorphone, up to 4 mg	No authorization required

Procedure code	Description	Kentucky Medicaid
J1180	Injection, dyphylline, up to 500 mg	No authorization required
J1190	Injection, dexrazoxane HCl, per 250 mg	No authorization required
J1200	Injection, diphenhydramine HCl, up to 50 mg	No authorization required
J1205	Injection, chlorothiazide sodium, per 500 mg	No authorization required
J1212	Injection, DMSO, dimethyl sulfoxide, 50 percent, 50 ml	No authorization required
J1230	Injection, methadone HCl, up to 10 mg	No authorization required
J1240	Injection, dimenhydrinate, up to 50 mg	No authorization required
J1245	Injection, dipyridamole, per 10 mg	No authorization required
J1250	injection, dobutamine HCl, per 250 mg	No authorization required
J1260	Injection, dolasetron mesylate, 10 mg	No authorization required
J1265	Injection, dopamine HCl, 40 mg	No authorization required
J1267	Injection, doripenem, 10 mg	No authorization required
J1270	Injection, doxercalciferol, 1 mcg	No authorization required
J1290	Injection, ecallantide, 1 mg	Authorization required
J1300	Injection, eculizumab, 10 mg	Authorization required
J1320	Injection, amitriptyline HCl, up to 20 mg	No authorization required
J1322	Injection, elosulfase alfa, 1 mg	Authorization required
J1324	Injection, enfuvirtide, 1 mg	Authorization required
J1325	Injection, epoprostenol, 0.5 mg	Authorization required
J1327	Injection, eptifibatide, 5 mg	No authorization required
J1330	Injection, ergonovine maleate, up to 0.2 mg	No authorization required
J1335	Injection, ertapenem sodium, 500 mg	No authorization required
J1364	Injection, erythromycin lactobionate, per 500 mg	No authorization required
J1380	Injection, estradiol valerate, up to 10 mg	No authorization required
J1410	Injection, estrogen conjugated, per 25 mg	No authorization required
J1430	Injection, ethanolamine oleate, 100 mg	No authorization required
J1435	Injection, estrone, per 1 mg	No authorization required
J1436	Injection, etidronate disodium, per 300 mg	No authorization required
J1438	Injection, etanercept, 25 mg (Not for use when self administered)	Authorization required
J1439	Injection, ferric carboxymaltose, 1 mg	No authorization required
J1442	Injection, filgrastim, (G-CSF), 1 microgram	No authorization required
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	No authorization required
J1446	Injection, TBO-filgrastim, 5 micrograms	No authorization required
J1447	Injection, TBO-filgrastim, 1 microgram	Authorization required
J1450	Injection, fluconazole, 200 mg	No authorization required
J1451	Injection, fomepizole, 15 mg	No authorization required
J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg	No authorization required
J1453	Injection, fosaprepitant, 1 mg	No authorization required
J1455	Injection, foscarnet sodium, per 1,000 mg	No authorization required
J1457	Injection, gallium nitrate, 1 mg	No authorization required
J1458	Injection, galsulfase, 1 mg	Authorization required
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Authorization required
J1460	Injectoin, gamma globulin, intramuscular, 1 cc	Authorization required
J1556	Injection, immune globulin (Bivigam), 500 mg	Authorization required
J1557	Injection, immune globulin (Gammaplex,) intravenous, nonlyophilized, liquid, 500 mg	Authorization required
J1559	Injection, immune globulin (Hizentra), 100 mg	Authorization required
J1560	Injection, gamma globulin, intramuscular, over 10 cc	Authorization required
J1561	Injection, immune globulin (Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Authorization required
J1562	Injection, immune globulin, (Vivaglobin), 100 mg	Authorization required
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), NOS, 500 mg	Authorization required
J1568	Injection, immune globulin (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Authorization required
J1569	Injection, immune globulin (Gammagard liquid), nonlyophilized (e.g., liquid), 500 mg	Authorization required
J1570	Injection, ganciclovir sodium, 500 mg	No authorization required
J1571	Injection, hepatitis B immune globulin (HepaGam B), intramuscular, 0.5 ml	Authorization required
J1572	Injection, immune globulin (Flebogamma/Flebogamma DIF), intravenous, nonlyophilized (e.g., liquid),	Authorization required
J1573	Injection, hepatitis B immune globulin (HepaGam B), intravenous, 0.5 ml	Authorization required
J1575	Injection, immune globulin/hyaluronidase (Hyqvia), 100 mg immuneglobulin	Authorization required
J1580	Injection, garamycin, gentamicin, up to 80 mg	No authorization required
J1590	Injection, gatifloxacin, 10 mg	No authorization required
J1595	Injection, glatiramer acetate, 20 mg	Authorization required
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), NOS, 500 mg	Authorization required
J1600	Injection, gold sodium thiomalate, up to 50 mg	No authorization required
J1602	Injection, golimumab, 1 mg, for intravenous use	Authorization required
J1610	Injection, glucagon HCl, per 1 mg	No authorization required
J1620	Injection, gonadorelin HCl, per 100 mcg	No authorization required
J1626	Injection, granisetron HCl, 100 mcg	No authorization required
J1630	Injection, haloperidol, up to 5 mg	No authorization required
J1631	Injection, haloperidol decanoate, per 50 mg	No authorization required
J1640	Injection, hemin, 1 mg	No authorization required
J1642	Injection, heparin sodium (heparin lock flush), per 10 units	No authorization required
J1644	Injection, heparin sodium, per 1,000 units	No authorization required
J1645	Injection, dalteparin sodium, per 2,500 I.U.	No authorization required
J1650	Injection, enoxaparin sodium, 10 mg	No authorization required
J1652	Injection, fondaparinux sodium, 0.5 mg	No authorization required
J1655	Injection, tinzaparin sodium, 1,000 I.U.	No authorization required
J1670	Injection, tetanus immune globulin, human, up to 250 units	No authorization required
J1675	Injection, histrelin acetate, 10 mcg	No authorization required
J1700	Injection, hydrocortisone acetate, up to 25 mg	No authorization required
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg	No authorization required

Procedure code	Description	Kentucky Medicaid
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	No authorization required
J1725	Injection, hydroxyprogesterone caproate, 1 mg	Authorization required
J1730	Injection, diazoxide, up to 300 mg	No authorization required
J1740	Injection, ibandronate sodium, 1 mg	Authorization required
J1741	Injection, ibuprofen, 100 mg	No authorization required
J1742	Injection, ibutilide fumarate, 1 mg	No authorization required
J1743	Injection, idursulfase, 1 mg	Authorization required
J1744	Injection, icatibant, 1 mg	Authorization required
J1745	Injection, infliximab, 10 mg	Authorization required
J1750	Injection, iron dextran, 50 mg	No authorization required
J1756	Injection, iron sucrose, 1 mg	No authorization required
J1786	Injection, imiglucerase, 10 units	Authorization required
J1790	Injection, droperidol, up to 5 mg	No authorization required
J1800	Injection, propranolol HCl, up to 1 mg	No authorization required
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule	No authorization required
J1815	Injection, insulin, per 5 units	No authorization required
J1817	Insulin for administration through durable medical equipement (DME) provider (i.e., insulin pump), per 50 units	No authorization required
J1826	Injection, interferon beta-1a, 30 mcg	Authorization required
J1830	Injection, interferon beta-1b, 0.25 mg (Code may not be used when drug is self-administered)	Authorization required
J1833	Injection, isavuconazonium, 1 mg	Pharmacy benefit
J1835	Injection, itraconazole, 50 mg	No authorization required
J1840	Injection, kanamycin sulfate, up to 500 mg	No authorization required
J1850	Injection, kanamycin sulfate, up to 75 mg	No authorization required
J1885	Injection, ketorolac tromethamine, per 15 mg	No authorization required
J1890	Injection, cephalothin sodium, up to 1 gm	No authorization required
J1930	Injection, lanreotide, 1 mg	Authorization required
J1931	Injection, laronidase, 0.1 mg	Authorization required
J1940	Injection, furosemide, up to 20 mg	No authorization required
J1945	Injection, lepirudin, 50 mg	No authorization required
J1950	Injection, leuprolide acetate (depot suspension), per 3.75 mg	Authorization required
J1953	Injection, levetiracetam, 10 mg	No authorization required
J1955	Injection, levocarnitine, per 1 gm	No authorization required
J1956	Injection, levofloxacin, 250 mg	No authorization required
J1960	Injection, levorphanol tartrate, up to 2 mg	No authorization required
J1980	Injection, hyoscyamine sulfate, up to 0.25 mg	No authorization required
J1990	Injection, chlordiazepoxide HCl, up to 100 mg	No authorization required
J2001	Injection, lidocaine HCl, intravenous infusion, 10 mg	No authorization required
J2010	Injection, lincomycin HCl, up to 300 mg	No authorization required
J2020	Injection, linezolid, 200 mg	No authorization required
J2060	Injection, lorazepam, 2 mg	No authorization required
J2150	Injection, mannitol, 25 percent in 50 ml	No authorization required
J2170	Injection, mecasermin, 1 mg	Authorization required
J2175	Injection, meperidine HCl, per 100 mg	No authorization required
J2180	Injection, meperidine and promethazine HCl, up to 50 mg	No authorization required
J2185	Injection, meropenem, 100 mg	No authorization required
J2210	Injection, methylergonovine maleate, up to 0.2 mg	No authorization required
J2212	Injection, methylnaltrexone, 0.1 mg	Authorization required
J2248	Injection, micafungin sodium, 1 mg	No authorization required
J2250	Injection, midazolam HCl, per 1 mg	No authorization required
J2260	Injection, milrinone lactate, 5 mg	No authorization required
J2265	Injection, minocycline HCl, 1 mg	No authorization required
J2270	Injection, morphine sulfate, up to 10 mg	No authorization required
J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	No authorization required
J2278	Injection, ziconotide, 1 mcg	Authorization required
J2280	Injection, moxifloxacin, 100 mg	No authorization required
J2300	Injection, nalbuphine HCl, per 10 mg	No authorization required
J2310	Injection, naloxone HCl, per 1 mg	No authorization required
J2315	Injection, naltrexone, depot form, 1 mg	Authorization required
J2320	Injection, nandrolone decanoate, up to 50 mg	No authorization required
J2323	Injection, natalizumab, 1 mg	Authorization required
J2325	Injection, nesiritide, 0.1 mg	No authorization required
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Authorization required
J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	Authorization required
J2355	Injection, oprelvekin, 5 mg	Authorization required
J2357	Injection, omalizumab, 5 mg	Authorization required
J2358	Injection, olanzapine, long-acting, 1 mg	No authorization required
J2360	Injection, orphenadrine citrate, up to 60 mg	No authorization required
J2370	Injection, phenylephrine HCl, up to 1 ml	No authorization required
J2400	Injection, chloroprocaine HCl, per 30 ml	No authorization required
J2405	Injection, ondansetron HCl, per 1 mg	No authorization required
J2407	Injection, oritavancin, 10 mg	Authorization required
J2410	Injection, oxymorphone HCl, up to 1 mg	No authorization required
J2425	Injection, palifermin, 50 mcg	No authorization required
J2426	Injection, paliperidone palmitate, extended release, 1 mg	No authorization required
J2430	Injection, pamidronate disodium, per 30 mg	Authorization required
J2440	Injection, papaverine HCl, up to 60 mg	No authorization required
J2460	Injection, oxytetracycline HCl, up to 50 mg	No authorization required

Procedure code	Description	Kentucky Medicaid
J2469	Injection, palonosetron HCl, 25 mcg	No authorization required
J2501	Injection, paricalcitol, 1 mcg	No authorization required
J2502	Injection, pasireotide, long acting, 1 mg	Authorization required
J2503	Injection, pegaptanib sodium, 0.3 mg	Authorization required
J2504	Injection, pegademase bovine, 25 I.U.	Authorization required
J2505	Injection, pegfilgrastim, 6 mg	No authorization required
J2507	Injection, pegloticase, 1 mg	Authorization required
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units	No authorization required
J2513	Injection, pentastarch, 10 percent solution, 100 ml	No authorization required
J2515	Injection, pentobarbital sodium, per 50 mg	No authorization required
J2540	Injection, penicillin G potassium, up to 600,000 units	No authorization required
J2543	Injection, piperacillin sodium/tazobactam sodium, 1.125 gm	No authorization required
J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 300 mg	No authorization required
J2547	Injection, peramivir, 1 mg	Authorization required
J2550	Injection, promethazine HCl, up to 50 mg	No authorization required
J2560	Injection, phenobarbital sodium, up to 120 mg	No authorization required
J2562	Injection, plerixafor, 1 mg	Authorization required
J2590	Injection, oxytocin, up to 10 units	No authorization required
J2597	Injection, desmopressin acetate, per 1 mcg	No authorization required
J2650	Injection, prednisolone acetate, up to 1 ml	No authorization required
J2670	Injection, tolazoline HCl, up to 25 mg	No authorization required
J2675	Injection, progesterone, per 50 mg	No authorization required
J2680	Injection, fluphenazine decanoate, up to 25 mg	No authorization required
J2690	Injection, procainamide HCl, up to 1 gm	No authorization required
J2700	Injection, oxacillin sodium, up to 250 mg	No authorization required
J2704	Injection, propofol, 10 mg	No authorization required
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	No authorization required
J2720	Injection, protamine sulfate, per 10 mg	No authorization required
J2724	Injection, protein C concentrate, intravenous, human, 10 I.U.	Authorization required
J2725	Injection, protirelin, per 250 mcg	No authorization required
J2730	Injection, pralidoxime chloride, up to 1 gm	No authorization required
J2760	Injection, phentolamine mesylate, up to 5 mg	No authorization required
J2765	Injection, metoclopramide HCl, up to 10 mg	No authorization required
J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)	No authorization required
J2778	Injection, ranibizumab, 0.1 mg	Authorization required
J2780	Injection, ranitidine HCl, 25 mg	No authorization required
J2783	Injection, rasburicase, 0.5 mg	No authorization required
J2785	Injection, regadenoson, 0.1 mg	No authorization required
J2788	Injection, rho D immune globulin, human, minidose, 50 mcg (250 I.U.)	No authorization required
J2790	Injection, rho D immune globulin, human, full dose, 300 mcg (1500 I.U.)	No authorization required
J2792	Injection, rho D immune globulin, intravenous, human, solvent detergent, 100 I.U.	No authorization required
J2793	Injection, rilonacept, 1 mg	Authorization required
J2794	Injection, risperidone, long acting, 0.5 mg	No authorization required
J2795	Injection, ropivacaine HCl, 1 mg	No authorization required
J2796	Injection, romiplostim, 10 mcg	Authorization required
J2800	Injection, methocarbamol, up to 10 ml	No authorization required
J2805	Injection, sincalide, 5 mcg	No authorization required
J2810	Injection, theophylline, per 40 mg	No authorization required
J2820	Injection, sargramostim, granulocyte-macrophage colony-stimulating factor (GM-CSF), 50 mcg	No authorization required
J2850	Injection, secretin, synthetic, human, 1 mcg	No authorization required
J2860	Injection, siltuximab, 10 mg	Authorization required
J2910	Injection, aurothioglucose, up to 50 mg	No authorization required
J2916	Injection, sodium ferric gluconate complex in sucrose, 12.5 mg	No authorization required
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	No authorization required
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	No authorization required
J2940	Injection, somatrem, 1 mg	No authorization required
J2941	Injection, somatropin, 1 mg	Authorization required
J2950	Injection, promazine HCl, up to 25 mg	No authorization required
J2993	Injection, reteplase, 18.1 mg	No authorization required
J2995	Injection, streptokinase, per 250,000 I.U.	No authorization required
J2997	Injection, alteplase recombinant, 1 mg	No authorization required
J3000	Injection, streptomycin, up to 1 gm	No authorization required
J3010	Injection, fentanyl citrate, 0.1 mg	No authorization required
J3030	Injection, sumatriptan succinate, 6 mg (Code not for use when drug is self-administered)	No authorization required
J3060	Injection, taliglucerace alfa, 10 units	Authorization required
J3070	Injection, pentazocine, 30 mg	No authorization required
J3090	Injection, tedizolid phosphate, 1 mg	Authorization required
J3095	Injection, telavancin, 10 mg	No authorization required
J3101	Injection, tenecteplase, 1 mg	No authorization required
J3105	Injection, terbutaline sulfate, up to 1 mg	No authorization required
J3110	Injection, teriparatide, 10 mcg	Authorization required
J3121	Injection, testosterone enanthate, 1 mg	No authorization required
J3145	Injection, testosterone undecanoate, 1 mg	No authorization required
J3230	Injection, chlorpromazine HCl, up to 50 mg	No authorization required
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	No authorization required
J3243	Injection, tigecycline, 1 mg	No authorization required
J3246	Injection, tirofiban HCl, 0.25 mg	No authorization required

Procedure code	Description	Kentucky Medicaid
J3250	Injection, trimethobenzamide HCl, up to 200 mg	No authorization required
J3260	Injection, tobramycin sulfate, up to 80 mg	No authorization required
J3262	Injection, tocilizumab, 1 mg	Authorization required
J3265	Injection, torsemide, 10 mg/ml	No authorization required
J3280	Injection, thiethylperazine maleate, up to 10 mg	No authorization required
J3285	Injection, treprostinil, 1 mg	Authorization required
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	No authorization required
J3301	Injection, triamcinolone acetonide, NOS, 10 mg	No authorization required
J3302	Injection, triamcinolone diacetate, per 5 mg	No authorization required
J3303	Injection, triamcinolone hexacetonide, per 5 mg	No authorization required
J3305	Injection, trimetrexate glucuronate, per 25 mg	No authorization required
J3310	Injection, perphenazine, up to 5 mg	No authorization required
J3315	Injection, triptorelin pamoate, 3.75 mg	Authorization required
J3350	Injection, urea, up to 40 gm	No authorization required
J3355	Injection, urofollitropin, 75 I.U.	Authorization required
J3357	Injection, ustekinumab, 1 mg	Authorization required
J3360	Injection, diazepam, up to 5 mg	No authorization required
J3364	Injection, urokinase, 5,000 I.U. vial	No authorization required
J3365	Injection, urokinase, IV, 250,000 I.U. vial	No authorization required
J3370	Injection, vancomycin HCl, 500 mg	No authorization required
J3380	Injection, vedolizumab, 1 mg	Authorization required
J3385	Injection, velaglucerase alfa, 100 units	Authorization required
J3396	Injection, verteporfin, 0.1 mg	Authorization required
J3400	Injection, triflupromazine HCl, up to 20 mg	No authorization required
J3410	Injection, hydroxyzine HCl, up to 25 mg	No authorization required
J3411	Injection, thiamine HCl, 100 mg	No authorization required
J3415	Injection, pyridoxine HCl, 100 mg	No authorization required
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	No authorization required
J3430	Injection, phytonadione, (vitamin K), per 1 mg	No authorization required
J3465	Injection, voriconazole, 10 mg	No authorization required
J3470	Injection, hyaluronidase, up to 150 units	No authorization required
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)	No authorization required
J3472	Injection, hyaluronidase, ovine, preservative free, per 1,000 USP units	No authorization required
J3473	Injection, hyaluronidase, recombinant, 1 USP unit	No authorization required
J3475	Injection, magnesium sulfate, per 500 mg	No authorization required
J3480	Injection, potassium chloride, per 2 mEq	No authorization required
J3485	Injection, zidovudine, 10 mg	No authorization required
J3486	Injection, ziprasidone mesylate, 10 mg	No authorization required
J3489	Injection, zoledronic acid, 1 mg	Authorization required
J3490	Unclassified drugs	No authorization required
J3520	Injection, edetate disodium, per 150 mg	No authorization required
J3535	Drug administered through a metered dose inhaler	No authorization required
J3570	Laetrile, amygdalin, vitamin B-17	No authorization required
J3590	Unclassified biologics	Authorization required
J7030	Infusion, normal saline solution, 1,000 cc	No authorization required
J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)	No authorization required
J7042	5 percent dextrose/normal saline (500 ml = 1 unit)	No authorization required
J7050	Infusion, normal saline solution, 250 cc	No authorization required
J7060	5 percent dextrose/water (500 ml = 1 unit)	No authorization required
J7070	Infusion, d5w, 1,000 cc	No authorization required
J7100	Infusion, dextran 40, 500 ml	No authorization required
J7110	Infusion, dextran 75, 500 ml	No authorization required
J7120	Ringers lactate infusion, up to 1,000 cc	No authorization required
J7121	5 percent dextrose in lactated ringers infusion, up to 1,000 cc	No authorization required
J7131	Hypertonic saline solution, 1 ml	No authorization required
J7178	Injection, human fibrinogen concentrate, 1 mg	No authorization required
J7180	Injection, factor XIII (antihemophilic factor, human), 1 I.U.	No authorization required
J7181	Injection, factor XIII A-subunit (recombinant), per I.U.	No authorization required
J7182	Injection, factor VIII (antihemophilic factor, recombinant, NovoEight), per I.U.	No authorization required
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 I.U. vWF:RCo	No authorization required
J7185	Injection, factor VIII (antihemophilic factor, recombinant, Xyntha), per I.U.	No authorization required
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII I.U.	No authorization required
J7187	Injection, von Willebrand factor complex (Humate-P), per I.U. vwf:rco	No authorization required
J7188	Injection, factor VIII (antihemophilic factor, recombinant), per I.U.	No authorization required
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	No authorization required
J7190	Factor VIII (antihemophilic factor, human), per I.U.	No authorization required
J7191	Factor VIII (antihemophilic factor, porcine), per I.U.	No authorization required
J7192	Factor VIII (antihemophilic factor, recombinant), per I.U., NOS	No authorization required
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant), per I.U.	No authorization required
J7194	Factor IX complex, per I.U.	No authorization required
J7195	Injection, factor IX (antihemophilic factor, recombinant), per I.U., NOS	No authorization required
J7196	Injection, antithrombin recombinant, 50 I.U.	No authorization required
J7197	Antithrombin III (human), per I.U.	No authorization required
J7198	Anti-inhibitor, per I.U.	No authorization required
J7199	Hemophilia clotting factor, not otherwise classified	No authorization required
J7200	Injection, factor IX (antihemophilic factor, recombinant), Rixubis, per I.U.	No authorization required
J7201	Injection, factor IX, FC fusion protein (recombinant), per I.U.	No authorization required
J7205	Injection, factor VIII Fc fusion (recombinant), per I.U.	No authorization required
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration	No authorization required

Procedure code	Description	Kentucky Medicaid
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration	No authorization required
J7300	Intrauterine copper contraceptive	No authorization required
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg	No authorization required
J7303	Contraceptive supply, hormone-containing vaginal ring, each	No authorization required
J7304	Contraceptive supply, hormone-containing patch, each	No authorization required
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	No authorization required
J7307	Etonogestrel (contraceptive) implant, including implant and supplies	No authorization required
J7308	Aminolevulinic acid HCl for topical administration, 20 percent, single unit dosage form (354 mg)	No authorization required
J7309	Methyl aminolevulinate (MAL), for topical administration, 16.8 percent, 1 gm	No authorization required
J7310	Ganciclovir, 4.5 mg, long-acting implant	No authorization required
J7311	Fluocinolone acetonide, intravitreal implant	Authorization required
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	Authorization required
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	Authorization required
J7315	Mitomycin, opthalmic, 0.2 mg	No authorization required
J7316	Injection, ocriplasmin, 0.125 mg	Authorization required
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose	Authorization required
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injectin, per dose	Authorization required
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	Authorization required
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	Authorization required
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	Authorization required
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	Authorization required
J7328	Hyaluronan or derivative, Gel-Syn, for intra-articular injection, 0.1 mg	Authorization required
J7330	Autologous cultured chondrocytes, implant	Authorization required
J7336	Capsaicin 8 percent patch, per square centimeter	Authorization required
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension	Authorization required
J7500	Azathioprine, oral, 50 mg	No authorization required
J7501	Azathioprine, parenteral, 100 mg	No authorization required
J7502	Cyclosporine, oral, 100 mg	No authorization required
J7503	Tacrolimus, extended release (Envarsus XR), oral, 0.25 mg	Pharmacy benefit
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	No authorization required
J7505	Muromonab-CD3, parenteral, 5 mg	No authorization required
J7506	Prednisone, oral, per 5 mg	No authorization required
J7507	Tacrolimus, immediate release, oral, per 1 mg	No authorization required
J7508	Tacrolimus, extended release (Astagraf XL), oral, per 5 mg	Authorization required
J7509	Methylprednisolone, oral, per 4 mg	No authorization required
J7510	Prednisolone, oral, per 5 mg	No authorization required
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	No authorization required
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	Pharmacy benefit
J7513	Daclizumab, parenteral, 25 mg	No authorization required
J7515	Cyclosporine, oral, 25 mg	No authorization required
J7516	Cyclosporine, parenteral, 250 mg	No authorization required
J7517	Mycophenolate mofetil, oral, 250 mg	No authorization required
J7518	Mycophenolic acid, oral, 180 mg	No authorization required
J7520	Sirolimus, oral, 1 mg	No authorization required
J7525	Tacrolimus, parenteral, 5 mg	No authorization required
J7527	Everolimus, oral, 0.25 mg	No authorization required
J7599	Immunosuppressive drug, not otherwise classified	No authorization required
J7604	Acetylcysteine, inhalation solution, compounded, DME, unit dose form, per gm	No authorization required
J7605	Arformoterol, inhalation solution, FDA-approved final product, noncompounded, DME, unit dose form, 15 mcg	No authorization required
J7606	Formoterol fumarate, inhalation solution, FDA-approved final product, noncompounded, DME, unit dose form, 20 mcg	No authorization required
J7607	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg	No authorization required
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per gm	No authorization required
J7609	Albuterol, inhalation solution, compounded product, administered through DME, unit dose form, 1 mg	No authorization required
J7610	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg	No authorization required
J7611	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg	No authorization required
J7612	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg	No authorization required
J7613	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg	No authorization required
J7614	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg	No authorization required
J7615	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	No authorization required
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME	No authorization required
J7622	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No authorization required

Procedure code	Description	Kentucky Medicaid
J7624	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No authorization required
J7626	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg	No authorization required
J7627	Budesonide, inhalation solution, compounded product, adminstered through DME, unit dose form, up to 0.5 mg	No authorization required
J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No authorization required
J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No authorization required
J7631	Cromolyn sodium, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg	No authorization required
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg	No authorization required
J7633	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg	No authorization required
J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg	No authorization required
J7635	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No authorization required
J7636	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No authorization required
J7637	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No authorization required
J7638	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No authorization required
J7639	Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered thorugh DME, unit dose from, per mg	Authorization required
J7640	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg	No authorization required
J7641	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per mg	No authorization required
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No authorization required
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No authorization required
J7644	Ipratropium bromide, inhalation solution, FDA-approved product, noncompounded, administered through DME, unit dose form, per mg	No authorization required
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No authorization required
J7647	Isoetharine HCl, inhalation solution, compounded product, adminstered through DME, concentrated form, per mg	No authorization required
J7648	Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per mg	No authorization required
J7649	Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	No authorization required
J7650	Isoetharine HCl, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No authorization required
J7657	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No authorization required
J7658	Isoproterenol HCl, inhalation solution, FDA-approved final product, noncompounded, adminstered through DME, concentrated form, per mg	No authorization required
J7659	Isoproterenol HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	No authorization required
J7660	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No authorization required
J7665	Mannitol, administered through an inhaler, 5 mg	No authorization required
J7667	Metaproterenol sulfate, inhalation, compounded product, concentrated form, per 10 mg	No authorization required
J7668	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 10 mg	No authorization required
J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg	No authorization required
J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg	No authorization required
J7674	Methacholine chloride, administered as inhalation solution through a nebulizer, per 1 mg	No authorization required
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	No authorization required

Procedure code	Description	Kentucky Medicaid
J7680	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No authorization required
J7681	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No authorization required
J7682	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg	Authorization required
J7683	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	No authorization required
J7684	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	No authorization required
J7685	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	No authorization required
J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg	Authorization required
J7699	Not otherwise classified (NOC) drugs, inhalation solution administered through DME	Authorization required
J7799	NOC drugs, other than inhalation drugs, administered through DME	No authorization required
J7999	Compounded drug, not otherwise classified	Not covered
J8498	Antiemetic drug, rectal/suppository, NOS	No authorization required
J8499	Prescription drug, oral, nonchemotherapeutic, NOS	Authorization required
J8501	Aprepitant, oral, 5 mg	No authorization required
J8510	Busulfan, oral, 2 mg	No authorization required
J8515	Cabergoline, oral, 0.25 mg	No authorization required
J8520	Capecitabine, oral, 150 mg	Authorization required
J8521	Capecitabine, oral, 500 mg	Authorization required
J8530	Cyclophosphamide, oral, 25 mg	No authorization required
J8540	Dexamethasone, oral, 0.25 mg	No authorization required
J8560	Etoposide, oral, 50 mg	No authorization required
J8562	Fludarabine phosphate, oral, 10 mg	No authorization required
J8565	Gefitinib, oral, 250 mg	No authorization required
J8597	Antiemetic drug, oral, NOS	No authorization required
J8600	Melphalan, oral, 2 mg	No authorization required
J8610	Methotrexate, oral, 2.5 mg	No authorization required
J8650	Nabilone, oral, 1 mg	No authorization required
J8655	Netupitant 300 mg and palonosetron 0.5 mg	Pharmacy benefit
J8700	Temozolomide, oral, 5 mg	Authorization required
J8705	Topotecan, oral, 0.25 mg	Authorization required
J8999	Prescription drug, oral, chemotherapeutic, NOS	No authorization required
J9000	Injection, doxorubicin HCl, 10 mg	No authorization required
J9010	Injection, alemtuzumab, 10 mg	No authorization required
J9015	Injection, aldesleukin, per single use vial	No authorization required
J9017	Injection, arsenic trioxide, 1 mg	No authorization required
J9019	Injection, asparaginase (erwinaze), 1,000 I.U.	No authorization required
J9020	Injection, asparaginase, NOS, 10,000 units	No authorization required
J9025	Injection, azacitidine, 1 mg	Authorization required
J9027	Injection, clofarabine, 1 mg	No authorization required
J9031	Bacillus of calmette and guerin (BCG), intravesical, per instillation	No authorization required
J9032	Injection, belinostat, 10 mg	Authorization required
J9033	Injection, bendamustine HCl, 1 mg	No authorization required
J9035	Injection, bevacizumab, 10 mg	Authorization required
J9039	Injection, blinatumomab, 1 microgram	Authorization required
J9040	Injection, bleomycin sulfate, 15 units	No authorization required
J9041	Injection, bortezomib, 0.1 mg	No authorization required
J9042	Injection, brentuximab vedotin, 1 mg	Authorization required
J9043	Injection, cabazitaxel, 1 mg	No authorization required
J9045	Injection, carboplatin, 50 mg	No authorization required
J9047	Injection, carfilzomib, 1 mg	Authorization required
J9050	Injection, carmustine, 100 mg	No authorization required
J9055	Injection, cetuximab, 10 mg	Authorization required
J9060	Injection, cisplatin, powder or solution, 10 mg	No authorization required
J9065	Injection, cladribine, per 1 mg	No authorization required
J9070	Cyclophosphamide, 100 mg	No authorization required
J9098	Injection, cytarabine liposome, 10 mg	No authorization required
J9100	Injection, cytarabine, 100 mg	No authorization required
J9120	Injection, dactinomycin, 0.5 mg	No authorization required
J9130	Dacarbazine, 100 mg	No authorization required
J9150	Injection, daunorubicin, 10 mg	No authorization required
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	No authorization required
J9155	Injection, degarelix, 1 mg	Authorization required
J9160	Injection, denileukin diftitox, 300 mcg	No authorization required
J9165	Injection, diethylstilbestrol diphosphate, 250 mg	No authorization required
J9171	Injection, docetaxel, 1 mg	No authorization required
J9175	Injection, Elliotts' B solution, 1 ml	No authorization required
J9178	Injection, epirubicin HCl, 2 mg	No authorization required
J9179	Injection, eribulin mesylate, 0.1 mg	No authorization required
J9181	Injection, etoposide, 10 mg	No authorization required
J9185	Injection, fludarabine phosphate, 50 mg	No authorization required
J9190	Injection, fluorouracil, 500 mg	No authorization required

Procedure code	Description	Kentucky Medicaid
J9200	Injection, floxuridine, 500 mg	No authorization required
J9201	Injection, gemcitabine HCl, 200 mg	No authorization required
J9202	Goserelin acetate implant, per 3.6 mg	Authorization required
J9206	Injection, irinotecan, 20 mg	No authorization required
J9207	Injection, ixabepilone, 1 mg	No authorization required
J9208	Injection, ifosfamide, 1 gm	No authorization required
J9209	Injection, mesna, 200 mg	No authorization required
J9211	Injection, idarubicin HCl, 5 mg	No authorization required
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg	No authorization required
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	No authorization required
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Authorization required
J9215	Injection, interferon, alfa-n3 (human leukocyte derived), 250,000 I.U.	Authorization required
J9216	Injection, interferon, gamma 1-b, 3 million units	Authorization required
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Authorization required
J9218	Leuprolide acetate, per 1 mg	Authorization required
J9219	Leuprolide acetate implant, 65 mg	Authorization required
J9225	Histrelin implant (Vantas), 50 mg	Authorization required
J9226	Histrelin implant (Supprelin LA), 50 mg	Authorization required
J9228	Injection, ipilimumab, 1 mg	Authorization required
J9230	Injection, mechlorethamine HCl (nitrogen mustard), 10 mg	No authorization required
J9245	Injection, melphalan HCl, 50 mg	No authorization required
J9250	Methotrexate sodium, 5 mg	No authorization required
J9260	Methotrexate sodium, 50 mg	No authorization required
J9261	Injection, nelarabine, 50 mg	No authorization required
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Authorization required
J9263	Injection, oxaliplatin, 0.5 mg	No authorization required
J9264	Injection, paclitaxel protein-bound particles, 1 mg	No authorization required
J9266	Injection, pegaspargase, per single dose vial	Authorization required
J9267	Injection, paclitaxel, 1 mg	No authorization required
J9268	Injection, pentostatin, 10 mg	No authorization required
J9270	Injection, plicamycin, 2.5 mg	No authorization required
J9271	Injection, pembrolizumab, 1 mg	Authorization required
J9280	Injection, mitomycin, 5 mg	No authorization required
J9293	Injection, mitoxantrone HCl, per 5 mg	Authorization required
J9299	Injection, nivolumab, 1 mg	Authorization required
J9300	Injection, gemtuzumab ozogamicin, 5 mg	No authorization required
J9301	Injection, obinutuzumab, 10 mg	Authorization required
J9302	Injection, ofatumumab, 10 mg	Authorization required
J9303	Injection, panitumumab, 10 mg	No authorization required
J9305	Injection, pemetrexed, 10 mg	No authorization required
J9306	Injection, pertuzumab, 1 mg	Authorization required
J9307	Injection, pralatrexate, 1 mg	No authorization required
J9308	Injection, ramucirumab, 5 mg	Authorization required
J9310	Injection, rituximab, 100 mg	Authorization required
J9315	Injection, romidepsin, 1 mg	No authorization required
J9320	Injection, streptozocin, 1 gm	No authorization required
J9328	Injection, temozolomide, 1 mg	Authorization required
J9330	Injection, temsirolimus, 1 mg	Authorization required
J9340	Injection, thiotepa, 15 mg	No authorization required
J9351	Injection, topotecan, 0.1 mg	No authorization required
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Authorization required
J9355	Injection, trastuzumab, 10 mg	Authorization required
J9357	Injection, valrubicin, intravesical, 200 mg	No authorization required
J9360	Injection, vinblastine sulfate, 1 mg	No authorization required
J9370	Vincristine sulfate, 1 mg	No authorization required
J9371	Injection, vincristine sulfate liposome, 1 mg	Authorization required
J9390	Injection, vinorelbine tartrate, 10 mg	No authorization required
J9395	Injection, fulvestrant, 25 mg	No authorization required
J9400	Injection, ziv-aflibercept, 1 mg	Authorization required
J9600	Injection, porfimer sodium, 75 mg	No authorization required
J9999	Antineoplastic drugs, not otherwise classified	No authorization required
Q0138	Injection, ferumoxytol, for treatment of iron deviciency anemia, 1 mg (non-ERSD use)	No authorization required
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)	No authorization required
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	No authorization required
Q5101	Injection, filgrastim (G-CSF), Biosimilar, 1 microgram	Not covered
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	Not covered
Q9975	Injection, factor VIII, FC fusion protein (recombinant), per I.U.	Not covered
Q9976	Injection, ferric pyrophosphate citrate solution, 0.1 mg	Not covered
Q9977	Compounded drug, not otherwise classified	Not covered
Q9978	Netupitant 300 mg and palonosetron 0.5 mg	Not covered
Q9979	Injection, alemtuzumab, 1 mg	Not covered
Q9980	Hyaluronan or derivative (GenVisc 850), for intra-articular injection, 1 mg	Not covered
90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg	Authorization required
C9257	Injection, bevacizumab, 0.25 mg	Authorization required

Procedure code	Description	Kentucky Medicaid
	2016 Second quarter updates Updated codes: J2820, J2505, J1442, J1446 Deleted code: J7302	

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