

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
90375	No Prior Authorization Required	<b>HyperRab</b>	Rabies Immune Globulin (Human)	Rabies Immune Globulin (Human)
90378	Prior Authorization Required	<b>Synagis</b>	Palivizumab	
90380	No Prior Authorization Required	<b>Beyfortus</b>	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	RSV immune globulin
90381	No Prior Authorization Required	<b>Beyfortus</b>	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	RSV immune globulin
90480	No Prior Authorization Required	<b>(COVID-19 VACCINE)</b>	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	ADMN SARSCOV2 VACC 1 DOSE
90584	No Prior Authorization Required		Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use	Dengue vaccine
90675	No Prior Authorization Required	<b>Imovax, Rabavert</b>	Rabies vaccine, for intramuscular use (Code price is per 1 mL)	Rabies vaccine, for intramuscular use
90678	No Prior Authorization Required	<b>Abrysvo</b>	Respiratory syncytial virus vaccine, pref, subunit, bivalent, for intramuscular use	RSV vaccine solution
90679	No Prior Authorization Required	<b>Arexvy</b>	Respiratory syncytial virus vaccine, pref, recombinant, subunit, adjuvanted, for intramuscular use	RSV vaccine solution
91304	No Prior Authorization Required	<b>Novavax</b>	Novavax Covid-19 Vaccine, Adjuvanted (Aged 12 years and older)	SARSCOV2 VAC 5MCG/0.5ML IM
91318	No Prior Authorization Required	<b>(COVID-19 VACCINE)</b>	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation,	SARSCOV2 VAC 3MCG TRS-SUC IM
91319	No Prior Authorization Required	<b>(COVID-19 VACCINE)</b>	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation,	SARSCV2 VAC 10MCG TRS-SUC IM
91320	No Prior Authorization Required	<b>(COVID-19 VACCINE)</b>	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation,	SARSCV2 VAC 30MCG TRS-SUC IM
91321	No Prior Authorization Required	<b>(COVID-19 VACCINE)</b>	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use	SARSCOV2 VAC 25 MCG/.25ML IM
91322	No Prior Authorization Required	<b>(COVID-19 VACCINE)</b>	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use	SARSCOV2 VAC 50 MCG/0.5ML IM
96380	No Prior Authorization Required	<b>(RSV ADMIN)</b>	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care profe	ADMN RSV MONOC ANTB IM CNSL
96381	No Prior Authorization Required	<b>(RSV ADMIN)</b>	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	ADMN RSV MONOC ANTB IM NJX
99501	No Prior Authorization Required		Postpartum Maternal Newborn Assessment Service	Postpartum Maternal Newborn Assessment Service
99502	No Prior Authorization Required		Newborn Assessment	Newborn Assessment

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99506	No Prior Authorization Required		Home Nursing Visit for Medication Administration	Home Nursing Visit for Medication Administration
99600	Prior Authorization Required		17Alpha-hydroxyprogesterone Caproate (17P) Administration Nursing Service	17Alpha-hydroxyprogesterone Caproate (17P) Administration Nursing Service
99601	No Prior Authorization Required		Home infusion/specialty drug administration, per visit (up to 2 hours)	Home infusion/specialty drug administration, per visit (up to 2 hours)
99602	No Prior Authorization Required		Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code 99601 for primary procedure) (Use 99602 in conjunction with 99601)	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code 99601 for primary procedure) (Use 99602 in conjunction with 99601)
90623	No Prior Authorization Required		Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	
90683	No Prior Authorization Required		Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	
A4238	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Guardian</b>	Supply allowance for adjunctive continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	Adju cgm supply allowance
A4239	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Freestyle Libre Dexcom</b>	Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	Non-adju cgm supply allow
A9276	Prior Authorization Required	<b>(CGM)</b>	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	Disposable sensor, cgm sys
A9277	Prior Authorization Required	<b>(CGM)</b>	Transmitter; external, for use with interstitial continuous glucose monitoring system	External transmitter, cgm
A9278	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>(CGM)</b>	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	External receiver, cgm sys
A9513	Prior Authorization Required	<b>Lutathera</b>	Lutetium lu, dotatete, therapeutic, 1 millicurie	lutetium lu 177
A9543	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Y90 ibritumomab, rx
A9563	No Prior Authorization Required		Sodium phosphate p-32, therapeutic, per millicurie	P32 na phosphate
A9590	No Prior Authorization Required		Iodine i-131, iobenguane, 1 millicurie	Iodine i-131 iobenguane 1mci
A9600	Prior Authorization Required		Strontium sr-89 chloride, therapeutic, per millicurie	Sr89 strontium
A9604	Prior Authorization Required		Samarium sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	Sm 153 lexidronam
A9606	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Xofigo</b>	Radium Ra 223 dichloride	Xofigo
A9607	No Prior Authorization Required		Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Lutetium lu 177 vipivotide
A9615	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, pegulicanine, 1 mg	Inj, pegulicanine, 1 mg
B4148	No Prior Authorization Required		Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Enteral feed elastomer daily
B4164	No Prior Authorization Required		Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	Parenteral 50% dextrose solu

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B4168	No Prior Authorization Required		Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 3.
B4172	No Prior Authorization Required		Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 5.
B4176	No Prior Authorization Required		Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 7-
B4178	No Prior Authorization Required		Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	Parenteral sol amino acid >
B4180	No Prior Authorization Required		Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	Parenteral sol carb > 50%
B4185	No Prior Authorization Required	<b>Clinolipid, Nutrilipid, Smolipid, Intralipid</b>	Parenteral nutrition solution, not otherwise specified, 10 grams lipids	Pn soln nos 10 grams lipids
B4187	No Prior Authorization Required	<b>Omegaven</b>	Omegaven, 10 grams lipids	Omegaven, 10 grams lipids
B4189	No Prior Authorization Required		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Parenteral sol amino acid &
B4193	No Prior Authorization Required		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	Parenteral sol 52-73 gm prot
B4197	No Prior Authorization Required		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Parenteral sol 74-100 gm pro
B4199	No Prior Authorization Required		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Parenteral sol > 100gm prote
B4216	No Prior Authorization Required		Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day	Parenteral nutrition additiv
B4220	No Prior Authorization Required		Parenteral nutrition supply kit; premix, per day	Parenteral supply kit premix
B4222	No Prior Authorization Required		Parenteral nutrition supply kit; home mix, per day	Parenteral supply kit homemi
B4224	No Prior Authorization Required		Parenteral nutrition administration kit, per day	Parenteral administration ki
B5000	No Prior Authorization Required		Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-aminosyn-rf, nephramine, renamine-premix	Parenteral sol renal-amirosoy
B5100	No Prior Authorization Required		Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, hepatamine-premix	Parenteral solution hepatic
B5200	No Prior Authorization Required		Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-freamine-hbc-premix	Parenteral sol hepatic fream
B9006	No Prior Authorization Required		Parenteral nutrition infusion pump, stationary	Parenteral infus pump statio

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B9999	No Prior Authorization Required		Noc for parenteral supplies	Parenteral supp not othrws c
C9046	No Prior Authorization Required	<b>Cocaine, Goprelto</b>	Cocaine hydrochloride nasal solution for topical administration, 1 mg	Cocaine hcl nasal solution
C9047	No Prior Authorization Required	<b>Cablivi</b>	Injection, caplacizumab-yhdp, 1 mg	Injection, caplacizumab-yhdp
C9088	No Prior Authorization Required	<b>Zynrelef</b>	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Instill, bupivac and meloxic
C9089	No Prior Authorization Required	<b>Xaracoll</b>	Bupivacaine, collagen-matrix implant, 1 mg	Bupivacaine implant, 1 mg
C9092	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Xipere</b>	Injection, triamcinolone acetonide, suprachoroidal (Xipere), 1 mg	termed
C9095	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Kimmtrak</b>	Inj, tebentafusp-tebn, 1 mcg	termed
C9101	No Prior Authorization Required	<b>Olinvyk</b>	Injection, oliceridine, 0.1 mg	Inj, oliceridine 0.1 mg
C9143	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Numbrino</b>	Cocaine hydrochloride nasal solution (Numbrino), 1 mg	Cocaine hydrochloride solution
C9144	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Posimir</b>	Injection, bupivacaine (Posimir), 1 mg	Bupivacaine injection
C9145	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Aponvie</b>	Injection, aprepitant, (Aponvie), 1 mg	Inj, aponvie, 1 mg
C9173	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Inj, nypozi, 1 mcg
C9248	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Cleviprex</b>	Injection, clevidipine butyrate, 1 mg	Inj, clevidipine butyrate
C9254	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Vimpat</b>	Injection, lacosamide, 1 mg	Injection, lacosamide
C9257	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Avastin</b>	Injection, bevacizumab, 0.25 mg	Bevacizumab injection
C9285	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Synera</b>	Lidocaine 70 mg/tetracaine 70 mg, per patch	Patch, lidocaine/tetracaine
C9290	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Exparel</b>	Injection, bupivacaine liposome, 1 mg	Inj, bupivacaine liposome
C9293	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Voraxaze</b>	Injection, glucarpidase, 10 units	Injection, glucarpidase
C9399	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Unclassified code</b>	Unclassified drugs or biologicals	Unclassified drugs or biolog
C9460	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Kengreal</b>	Injection, cangrelor, 1 mg	Injection, cangrelor
C9462	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Baxdela</b>	Injection, delafloxacin, 1 mg	Injection, delafloxacin

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C9482	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, sotalol hydrochloride, 1 mg	Sotalol hydrochloride iv
C9488	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Vaprisol</b>	Injection, conivaptan hydrochloride, 1 mg	Conivaptan hcl
E2102	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Guardian</b>	Adjunctive, non-implanted continuous glucose monitor or receiver	Adju cgm receiver/monitor
E2103	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Freestyle Libre Dexcom</b>	Non-adjunctive, non-implanted continuous glucose monitor or receiver	Non-adju cgm receiver/mon
G0012	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection of pre-exposure prophylaxis (PrEP) drug for HIV prevention, under skin or into muscle	Injection of hiv prep drug
G0068	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	Adm iv infusion drug in home
G0069	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	Adm sq infusion drug in home
G0070	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes	Adm of chemo drug in home
G0088	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	Adm iv drug 1st home visit
G0089	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	Adm subq drug 1st home visit
G0090	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	Adm iv chemo 1st home visit

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G0278	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (list separately in addition to primary procedure)	Iliac art angio,cardiac cath
G0279	No Prior Authorization Required		Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)	Tomosynthesis, mammo
G0333	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary	Dispense fee initial 30 day
G0532	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Take-home supply of nasal nalmeferone hydrochloride; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of the services by a medicare-enrolled opioid treatment program); (list separately in addition to each primary code)	Take home supp nasal spray
G0533	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)	Buprenorphine inj weekly
G1028	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Naloxone</b>	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addit	Take home supply 8mg per 0.1
G2082	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation	Visit esketamine 56m or less
G2083	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation	Visit esketamine, > 56m
J0120	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Tetracycline</b>	Injection, tetracycline, up to 250 mg	Tetracyclin injection
J0121	No Prior Authorization Required	<b>Nuzyra</b>	Injection, omadacycline, 1 mg	Inj., omadacycline, 1 mg
J0122	No Prior Authorization Required	<b>Xerava</b>	Injection, eravacycline, 1 mg	Inj., eravacycline, 1 mg
J0129	Prior Authorization Required	<b>Orencia</b>	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Abatacept injection
J0130	No Prior Authorization Required		Injection abciximab, 10 mg	Abciximab injection

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J0131	No Prior Authorization Required	<b>Ofirmev</b>	Injection, acetaminophen, 10 mg	Acetaminophen injection
J0132	No Prior Authorization Required	<b>Mucomyst</b>	Injection, acetylcysteine, 100 mg	Acetylcysteine injection
J0133	No Prior Authorization Required	<b>Zovirax</b>	Injection, acyclovir, 5 mg	Acyclovir injection
J0134	No Prior Authorization Required	<b>Acetaminophen</b>	Injection, acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg	Inj acetaminophen -fresenius
J0135	Prior Authorization Required	<b>Humira</b>	Injection, adalimumab, 20 mg	Adalimumab injection
J0136	No Prior Authorization Required	<b>Acetaminophen</b>	Injection, acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg	Inj, acetaminophen (b braun)
J0137	No Prior Authorization Required	<b>Acetaminophen</b>	Injection, acetaminophen (Hikma) not therapeutically equivalent to J0131, 10 mg	Inj, acetaminophen (hikma)
J0139	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, adalimumab, 1 mg	Inj, adalimumab, 1 mg
J0153	No Prior Authorization Required	<b>Adenosine</b>	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	Adenosine inj 1mg
J0171	No Prior Authorization Required	<b>Epinephrine</b>	Injection, adrenalin, epinephrine, 0.1 mg	Adrenalin epinephrine inject
J0172	Prior Authorization Required	<b>Aduhelm</b>	Injection, aducanumab-awwa, 2 mg	Inj, aducanumab-awwa, 2 mg
J0173	No Prior Authorization Required	<b>Epinephrine Adrenaline</b>	Injection, epinephrine (Belcher) not therapeutically equivalent to J0171, 0.1 mg	Inj, epinephrine (belcher)
J0174	Prior Authorization Required	<b>Leqembi</b>	Injection, lecanemab-irmb, 1 mg	Inj, lecanemab-irmb, 1 mg
J0175	Prior Authorization Required	<b>Kisunla</b>	Injection, donanemab-azbt, 2 mg	Injection, donanemab-azbt, 2 mg
J0177	Prior Authorization Required	<b>Eylea HD</b>	Injection, aflibercept HD, 1 mg	Inj, aflibercept hd, 1 mg
J0178	Prior Authorization Required	<b>Eylea</b>	Injection, aflibercept, 1 mg	Aflibercept injection
J0179	Prior Authorization Required	<b>Beovu</b>	Inj, brolucizumab-dbl, 1 mg	Injection, brolucizumab-dbl, 1 mg
J0180	Prior Authorization Required	<b>Fabrazyme</b>	Injection, agalsidase beta, 1 mg	Agalsidase beta injection
J0184	No Prior Authorization Required	<b>Barhemsys</b>	Injection, amisulpride, 1 mg	Inj, amisulpride, 1 mg
J0185	No Prior Authorization Required	<b>Cinvanti</b>	Injection, aprepitant, 1 mg	Inj., aprepitant, 1 mg
J0190	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, biperiden lactate, per 5 mg	Injection, biperiden lactate, per 5 mg
J0200	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, alatrofloxacin mesylate, 100 mg	Alatrofloxacin mesylate
J0202	Prior Authorization Required	<b>Lemtrada</b>	Injection, alemtuzumab, 1 mg	Injection, alemtuzumab
J0205	No Prior Authorization Required	<b>Ceredase</b>	Injection, alglucerase, per 10 units	Alglucerase injection
J0206	No Prior Authorization Required	<b>Allopurinol</b>	Injection, allopurinol sodium, 1 mg	Inj allopurinol sodium 1 mg
J0207	No Prior Authorization Required	<b>Ethylol</b>	Injection, amifostine, 500 mg	Amifostine
J0208	No Prior Authorization Required	<b>PEDMARK</b>	Injection, sodium thiosulfate, 100 mg	Inj sodium thiosulfate 100mg
J0209	No Prior Authorization Required	<b>Pedmark</b>	Injection, sodium thiosulfate (Hope), 100 mg	Inj, sod thiosulfate (hope)
J0210	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, methylodopate hcl, up to 250 mg	Methylodopate hcl injection
J0211	No Prior Authorization Required	<b>Nithiodote</b>	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)	Inj, nithiodote, 3mg / 125mg
J0215	Prior Authorization Required	<b>AMEVIVE</b>	Injection, alefacept, 0.5 mg	Alefacept



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J0216	No Prior Authorization Required	<b>Alfentanil</b>	Injection, alfentanil HCl, 500 mcg	Inj, alfentanil hcl, 500mcg
J0217	Carve out to state	<b>Lamzedo</b>	Injection, velmanase alfa-tycv, 1 mg	Inj velmanase alfa-tycv 1 mg
J0218	Prior Authorization Required	<b>Xenpozyme</b>	Injection, olipudase alfa-rpcp, 1 mg	Inj olipudase alfa-rpcp 1mg
J0219	Prior Authorization Required	<b>Nexvazyme</b>	Injection, avalglucosidase alfa-ngpt, 4 mg	Inj aval alfa-nqpt 4mg
J0220	Prior Authorization Required	<b>Lumizyme</b>	Injection, alglucosidase alfa, 10 mg, not otherwise specified	Alglucosidase alfa injection
J0221	Prior Authorization Required	<b>Lumizyme</b>	Injection, alglucosidase alfa, (lumizyme), 10 mg	Lumizyme injection
J0222	Prior Authorization Required	<b>Onpattro</b>	Injection, patisiran, 0.1 mg	Inj., patisiran, 0.1 mg
J0223	No Prior Authorization Required	<b>Givlaari</b>	Inj givosiran 0.5 mg	Injection, givosiran, 0.5 mg
J0224	Prior Authorization Required	<b>Oxlumo</b>	Injection, lumasiran, 0.5 mg	Inj. lumasiran, 0.5 mg
J0225	No Prior Authorization Required	<b>AMVUTTRA</b>	Injection, vutrisiran, 1 mg	Inj, vutrisiran, 1 mg
J0248	No Prior Authorization Required	<b>Veklury</b>	Injection, remdesivir, 1 mg	Inj. remdesivir, 1 mg
J0256	Prior Authorization Required	<b>Aralast NP Prolastin-C</b>	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	Alpha 1 proteinase inhibitor
J0257	Prior Authorization Required	<b>Glassia</b>	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Glassia injection
J0270	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Edex</b>	Injection, alprostadil, 1.25 mcg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Alprostadil for injection
J0275	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Muse</b>	Alprostadil urethral suppository (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Alprostadil urethral suppos
J0278	No Prior Authorization Required	<b>Amikacin</b>	Injection, amikacin sulfate, 100 mg	Amikacin sulfate injection
J0280	No Prior Authorization Required	<b>Aminophylline</b>	Injection, aminophyllin, up to 250 mg	Aminophyllin 250 mg inj
J0282	No Prior Authorization Required	<b>Amiodarone</b>	Injection, amiodarone hydrochloride, 30 mg	Amiodarone hcl
J0283	No Prior Authorization Required	<b>NEXTERONE</b>	Injection, amiodarone HCl (Nexterone), 30 mg	Inj, amiodarone (nexterone)
J0285	No Prior Authorization Required	<b>Amphotericin B</b>	Injection, amphotericin b, 50 mg	Amphotericin b
J0287	No Prior Authorization Required	<b>Abelcet</b>	Injection, amphotericin b lipid complex, 10 mg	Amphotericin b lipid complex
J0288	No Prior Authorization Required		Injection, amphotericin b cholesteryl sulfate complex, 10 mg	Ampho b cholesteryl sulfate
J0289	No Prior Authorization Required	<b>Ambisome</b>	Injection, amphotericin b liposome, 10 mg	Amphotericin b liposome inj
J0290	No Prior Authorization Required	<b>Ampicillin</b>	Injection, ampicillin sodium, 500 mg	Ampicillin 500 mg inj
J0291	No Prior Authorization Required	<b>Zemdri</b>	Injection, plazomicin, 5 mg	Inj., plazomicin, 5 mg
J0295	No Prior Authorization Required	<b>Unasyn</b>	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	Ampicillin sulbactam 1.5 gm
J0300	No Prior Authorization Required	<b>Amytal</b>	Injection, amobarbital, up to 125 mg	Amobarbital 125 mg inj
J0330	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Succinylcholine</b>	Injection, succinylcholine chloride, up to 20 mg	Succinylcholine chloride inj
J0348	No Prior Authorization Required	<b>Eraxis</b>	Injection, anidulafungin, 1 mg	Anidulafungin injection
J0349	Prior Authorization Required	<b>Rezzayo</b>	Injection, rezafungin, 1 mg	Inj, rezafungin, 1 mg
J0350	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, anistreplase, per 30 units	Injection anistreplase 30 u
J0360	No Prior Authorization Required	<b>Apresoline</b>	Injection, hydralazine hcl, up to 20 mg	Hydralazine hcl injection



DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J0364	No Prior Authorization Required	<b>Apokyn</b>	Injection, apomorphine hydrochloride, 1 mg	Apomorphine hydrochloride
J0365	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, aprotonin, 10,000 kiu	Aprotonin, 10,000 kiu
J0380	No Prior Authorization Required		Injection, metaraminol bitartrate, per 10 mg	Inj metaraminol bitartrate
J0390	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, chloroquine hydrochloride, up to 250 mg	Chloroquine injection
J0391	No Prior Authorization Required	<b>Artesunate</b>	Injection, artesunate, 1 mg	Inj, artesunate, 1mg
J0395	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, arbutamine hcl, 1 mg	Arbutamine hcl injection
J0400	No Prior Authorization Required	<b>Abilify</b>	Injection, aripiprazole, intramuscular, 0.25 mg	Aripiprazole injection
J0401	No Prior Authorization Required	<b>Abilify Maintena</b>	Injection, aripiprazole, extended release, 1 mg	Inj aripiprazole ext rel 1mg
J0402	No Prior Authorization Required	<b>Abilify Asimtufii</b>	Injection, aripiprazole (Abilify Asimtufii), 1 mg	Inj, abilify asimtufii, 1 mg
J0456	No Prior Authorization Required	<b>Zithromax</b>	Injection, azithromycin, 500 mg	Azithromycin
J0457	No Prior Authorization Required	<b>AZACTAM</b>	Injection, aztreonam, 100 mg	Injection, aztreonam, 100 mg
J0461	No Prior Authorization Required	<b>Atropine</b>	Injection, atropine sulfate, 0.01 mg	Atropine sulfate injection
J0470	No Prior Authorization Required	<b>Ban in Oil</b>	Injection, dimercaprol, per 100 mg	Dimecaprol injection
J0475	No Prior Authorization Required	<b>Lioresal</b>	Injection, baclofen, 10 mg	Baclofen 10 mg injection
J0476	No Prior Authorization Required	<b>Lioresal IT</b>	Injection, baclofen, 50 mcg for intrathecal trial	Baclofen intrathecal trial
J0480	No Prior Authorization Required	<b>Simulect</b>	Injection, basiliximab, 20 mg	Basiliximab
J0485	No Prior Authorization Required	<b>Nulojix</b>	Injection, belatacept, 1 mg	Belatacept injection
J0490	Prior Authorization Required	<b>Benlysta</b>	Injection, belimumab, 10 mg	Belimumab injection
J0491	Prior Authorization Required	<b>Saphnelo</b>	Injection, anifrolumab-fnia, 1 mg	Inj anifrolumab-fnia 1mg
J0500	No Prior Authorization Required	<b>Bentyl</b>	Injection, dicyclomine hcl, up to 20 mg	Dicyclomine injection
J0515	No Prior Authorization Required	<b>Cogentin</b>	Injection, benztropine mesylate, per 1 mg	Inj benztropine mesylate
J0517	Prior Authorization Required	<b>Fasenra</b>	Injection, benralizumab, 1 mg	Inj., benralizumab, 1 mg
J0520	Prior Authorization Required		Injection, bethanechol chloride, myotonachol or urecholine, up to 5 mg	Bethanechol chloride inject
J0558	No Prior Authorization Required	<b>Bicillin C-R</b>	Injection, penicillin g benzathine and penicillin g procaine, 100,000 units	PenG benzathine/procaine inj
J0561	No Prior Authorization Required	<b>Bicillin L-A</b>	Injection, penicillin g benzathine, 100,000 units	Penicillin g benzathine inj
J0565	Prior Authorization Required	<b>Zinplava</b>	Injection, bezlotoxumab, 10 mg	Inj, bezlotoxumab, 10 mg
J0567	Prior Authorization Required	<b>Brineura</b>	Injection, cerliponase alfa, 1 mg	Inj., cerliponase alfa 1 mg
J0570	No Prior Authorization Required	<b>Probuphine</b>	Buprenorphine implant, 74.2 mg	Buprenorphine implant 74.2mg
J0571	No Prior Authorization Required	<b>Subutex</b>	Buprenorphine, oral, 1 mg	Buprenorphine oral 1mg
J0572	No Prior Authorization Required	<b>Suboxone</b>	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	Bupren/nal up to 3mg bupreno
J0573	No Prior Authorization Required	<b>Suboxone</b>	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	Bupren/nal 3.1 to 6mg bupren
J0574	No Prior Authorization Required	<b>Suboxone</b>	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	Bupren/nal 6.1 to 10mg bupre

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J0575	No Prior Authorization Required	<b>Suboxone</b>	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	Bupren/nal over 10mg bupreno
J0577	No Prior Authorization Required	<b>Brixadi</b>	Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy	Inj, brixadi, 7 days or less
J0578	No Prior Authorization Required	<b>Brixadi</b>	Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy	Inj brixadi, more than 7 day
J0583	No Prior Authorization Required	<b>Angiomax</b>	Injection, bivalirudin, 1 mg	Bivalirudin
J0584	Prior Authorization Required	<b>Crysvita</b>	Injection, burosumab-twza 1 mg	Injection, burosumab-twza 1m
J0586	Prior Authorization Required	<b>Dysport</b>	Injection, abobotulinumtoxin a, 5 units	Abobotulinumtoxin a
J0587	Prior Authorization Required	<b>Myobloc</b>	Injection, rimabotulinumtoxin b, 100 units	Inj, rimabotulinumtoxin b
J0588	Prior Authorization Required	<b>Xeomin</b>	Injection, incobotulinumtoxin a, 1 unit	Incobotulinumtoxin a
J0589	Prior Authorization Required	<b>Daxxify</b>	Injection, daxibotulinumtoxina-lanm, 1 unit	Inj daxibotulinumtoxina-lanm
J0591	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Kybella</b>	Inj deoxycholic acid, 1 mg	Injection, deoxycholic acid, 1 mg
J0592	No Prior Authorization Required	<b>Buprenex</b>	Injection, buprenorphine hydrochloride, 0.1 mg	Buprenorphine hydrochloride
J0593	Prior Authorization Required	<b>Takhzyro</b>	Injection, lanadelumab-flyo, 1 mg (code may be used for medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	Inj., lanadelumab-flyo, 1 mg
J0594	No Prior Authorization Required	<b>Busulfex</b>	injection, busulfan, 1 mg	Busulfan injection
J0595	No Prior Authorization Required	<b>Stadol</b>	Injection, butorphanol tartrate, 1 mg	Butorphanol tartrate 1 mg
J0596	Prior Authorization Required	<b>Ruconest</b>	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Injection, ruconest
J0597	Prior Authorization Required	<b>Berinert</b>	Injection, c-1 esterase inhibitor (human), berinert, 10 units	C-1 esterase, berinert
J0598	Prior Authorization Required	<b>Cinryze</b>	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	C-1 esterase, cinryze
J0599	Prior Authorization Required	<b>Haegarda</b>	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Inj., haegarda 10 units
J0600	No Prior Authorization Required	<b>Calcium Disodium Versenate</b>	Injection, edetate calcium disodium, up to 1000 mg	Edetate calcium disodium inj
J0601	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)	Sevelamer carbonate 20 mg
J0602	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20 mg (for esrd on dialysis)	Sevelamer carbonate pdr 20mg
J0603	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)	Sevelamer hydrochloride 20mg
J0604	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Sensipar</b>	Cinacalcet, oral, 1 mg, (for esrd on dialysis)	Cinacalcet, esrd on dialysis
J0605	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Sucroferric oxyhydroxide, oral, 5 mg (for esrd on dialysis)	Sucroferric oxyhydroxide 5mg
J0606	No Prior Authorization Required	<b>Parsabiv</b>	Injection, etelcalcetide, 0.1 mg	Inj, etelcalcetide, 0.1 mg
J0607	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Lanthanum carbonate, oral, 5 mg (for esrd on dialysis)	Lanthanum carbonate oral 5mg

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J0608	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to j0607 (for esrd on dialysis)	Lanthanum carbonate pwdr 5mg
J0609	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ferric citrate, oral, 3 mg ferric iron, (for esrd on dialysis)	Ferric citrate orl 3 mg iron
J0612	No Prior Authorization Required	<b>Calcium gluconate</b>	Injection, calcium gluconate (Fresenius Kabi), per 10 mg	Calcium glucon (fresenius)
J0613	No Prior Authorization Required	<b>Calcium gluconate - sodium chloride</b>	Injection, calcium gluconate (WG Critical Care), per 10 mg	Calcium glucon (wg critical)
J0615	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Calcium acetate, oral, 23 mg (for esrd on dialysis)	Calcium acetate, oral, 23 mg
J0620	No Prior Authorization Required		Injection, calcium glycerophosphate and calcium lactate, per 10 ml	Calcium glycer & lact/10 ml
J0630	No Prior Authorization Required	<b>Miacalcin</b>	Injection, calcitonin salmon, up to 400 units	Calcitonin salmon injection
J0636	No Prior Authorization Required	<b>Calcitriol</b>	Injection, calcitriol, 0.1 mcg	Inj calcitriol per 0.1 mcg
J0637	No Prior Authorization Required	<b>Cancidas</b>	Injection, caspofungin acetate, 5 mg	Caspofungin acetate
J0638	Prior Authorization Required	<b>Ilaris</b>	Injection, canakinumab, 1 mg	Canakinumab injection
J0640	No Prior Authorization Required	<b>Leucovorin Calcium</b>	Injection, leucovorin calcium, per 50 mg	Leucovorin calcium injection
J0641	No Prior Authorization Required	<b>Fusilev</b>	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Inj levoleucovorin nos 0.5mg
J0642	No Prior Authorization Required	<b>Khazory</b>	Injection, levoleucovorin (khazory), 0.5 mg	Injection, khazory, 0.5 mg
J0650	No Prior Authorization Required	<b>Levothyroxine sodium</b>	Injection, levothyroxine sodium, not otherwise specified, 10 mcg	Inj, levothyroxine nos 10mcg
J0651	No Prior Authorization Required	<b>Levothyroxine sodium</b>	Injection, levothyroxine sodium (Fresenius Kabi) not therapeutically equivalent to J0650, 10 mcg	Inj, levothyroxine, freskabi
J0652	No Prior Authorization Required	<b>Levothyroxine sodium</b>	Injection, levothyroxine sodium (Hikma) not therapeutically equivalent to J0650, 10 mcg	Inj, levothyroxine, hikma
J0665	No Prior Authorization Required	<b>Marcaine</b>	Injection, bupivacaine, not otherwise specified, 0.5 mg	Inj, bupivacaine, nos, 0.5mg
J0666	No Prior Authorization Required		Injection, bupivacaine liposome, 1 mg	Inj, bupivacaine liposome
J0670	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Carbocaine</b>	Injection, mepivacaine hydrochloride, per 10 ml	Inj mepivacaine hcl/10 ml
J0687	No Prior Authorization Required	<b>Cefazolin</b>	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	Inj cefazolin (wg crit care)
J0688	No Prior Authorization Required	<b>Ancef Kefzol</b>	Injection, cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg	Inj cefazolin sodium, hikma
J0689	No Prior Authorization Required	<b>Cefazolin sodium - dextrose</b>	Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg	Inj cefazolin sodium, baxter
J0690	No Prior Authorization Required	<b>Kefzol</b>	Injection, cefazolin sodium, 500 mg	Cefazolin sodium injection
J0691	No Prior Authorization Required	<b>Xenleta</b>	Inj lefamulin 1 mg	Injection, lefamulin, 1 mg
J0692	No Prior Authorization Required	<b>Maxipime</b>	Injection, cefepime hydrochloride, 500 mg	Cefepime hcl for injection
J0694	No Prior Authorization Required	<b>Cefoxitin</b>	Injection, cefoxitin sodium, 1 gm	Cefoxitin sodium injection
J0695	No Prior Authorization Required	<b>Zerbaxa</b>	Injection, ceftolozane 50 mg and tazobactam 25 mg	Inj ceftolozane tazobactam
J0696	No Prior Authorization Required	<b>Rocephil</b>	Injection, ceftriaxone sodium, per 250 mg	Ceftriaxone sodium injection
J0697	No Prior Authorization Required	<b>Zinacef</b>	Injection, sterile cefuroxime sodium, per 750 mg	Sterile cefuroxime injection
J0698	No Prior Authorization Required	<b>Claforan</b>	Injection, cefotaxime sodium, per gm	Cefotaxime sodium injection

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J0699	No Prior Authorization Required	<b>Fetroja</b>	Injection, cefiderocol, 10 mg	Inj, cefiderocol, 10 mg
J0701	No Prior Authorization Required	<b>Cefepime</b>	Injection, cefepime HCl (Baxter), not therapeutically equivalent to Maxipime, 500 mg	Inj. cefepime hcl (baxter)
J0702	No Prior Authorization Required	<b>Celestone Soluspan</b>	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Betamethasone acet&sod phosp
J0703	No Prior Authorization Required	<b>Cefepime - dextrose</b>	Injection, cefepime HCl (B. Braun), not therapeutically equivalent to Maxipime, 500 mg	Inj, cefepime hcl (b braun)
J0706	No Prior Authorization Required	<b>Cafcit</b>	Injection, caffeine citrate, 5 mg	Caffeine citrate injection
J0710	No Prior Authorization Required		Injection, cephalixin sodium, up to 1 gm	Cephalexin sodium injection
J0712	No Prior Authorization Required	<b>Teflaro</b>	Injection, ceftaroline fosamil, 10 mg	Ceftaroline fosamil inj
J0713	No Prior Authorization Required	<b>Fortaz Tazicef</b>	Injection, ceftazidime, per 500 mg	Inj ceftazidime per 500 mg
J0714	No Prior Authorization Required	<b>Avycaz</b>	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	Ceftazidime and avibactam
J0715	No Prior Authorization Required		Injection, ceftiozime sodium, per 500 mg	Ceftiozime sodium / 500 mg
J0716	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Anascorp</b>	Injection, centruroides immune f(ab)2, up to 120 milligrams	Centruroides immune f(ab)
J0717	Prior Authorization Required	<b>Cimzia</b>	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Certolizumab pegol inj 1mg
J0720	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Chloramphenicol</b>	Injection, chloramphenicol sodium succinate, up to 1 gm	Chloramphenicol sodium injec
J0725	Prior Authorization Required	<b>Novarel Pregnyl</b>	Injection, chorionic gonadotropin, per 1,000 usp units	Chorionic gonadotropin/1000u
J0735	No Prior Authorization Required	<b>Duraclon</b>	Injection, clonidine hydrochloride, 1 mg	Clonidine hydrochloride
J0736	No Prior Authorization Required	<b>CLEOCIN</b>	Injection, clindamycin phosphate, 300 mg	Inj, clindamycin phosp 300mg
J0737	No Prior Authorization Required	<b>Clindamycin</b>	Injection, clindamycin phosphate (Baxter), not therapeutically equivalent to J0736, 300 mg	Inj, clindamycin (baxter)
J0739	Carve out to state	<b>Apretude</b>	Injection, cabotegravir, 1 mg	Hiv prep, inj, cabotegravir
J0740	No Prior Authorization Required	<b>Cidofovir</b>	Injection, cidofovir, 375 mg	Cidofovir injection
J0741	Carve out to state	<b>Cabenuva</b>	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	Inj, cabote rilpivir 2mg 3mg
J0742	No Prior Authorization Required	<b>Recarbrio</b>	Inj imip 4 cilas 4 releb 2mg	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg
J0743	No Prior Authorization Required	<b>Timentin</b>	Injection, cilastatin sodium; imipenem, per 250 mg	Cilastatin sodium injection
J0744	No Prior Authorization Required	<b>Cipro</b>	Injection, ciprofloxacin for intravenous infusion, 200 mg	Ciprofloxacin iv
J0745	No Prior Authorization Required		Injection, codeine phosphate, per 30 mg	Inj codeine phosphate /30 mg
J0750	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Truvada</b>	Emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	Hiv prep, ftc/tdf 200/300mg
J0751	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Descovy</b>	Emtricitabine 200 mg and tenofovir alafenamide 25 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	Hiv prep, ftc/taf 200/25mg
J0770	No Prior Authorization Required	<b>Coly-Mycin M</b>	Injection, colistimethate sodium, up to 150 mg	Colistimethate sodium inj
J0775	No Prior Authorization Required	<b>Xiaflex</b>	Injection, collagenase, clostridium histolyticum, 0.01 mg	Collagenase, clost hist inj

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J0780	No Prior Authorization Required	<b>Compazine</b>	Injection, prochlorperazine, up to 10 mg	Prochlorperazine injection
J0791	No Prior Authorization Required	<b>Adakveo</b>	Inj crizanlizumab-tmca 5mg	Injection, crizanlizumab-tmca, 5 mg
J0795	No Prior Authorization Required	<b>Acthrel</b>	Injection, corticorelin ovine triflutate, 1 microgram	Corticorelin ovine triflutal
J0799	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		FDA-approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified	Hiv prep, fda approved, noc
J0801	Prior Authorization Required	<b>Acthar</b>	Injection, corticotropin (Acthar Gel), up to 40 units	Inj. acthar gel to 40 units
J0802	Prior Authorization Required	<b>Cortrophin</b>	Injection, corticotropin (ANI), up to 40 units	Inj. (ani), up to 40 units
J0834	No Prior Authorization Required	<b>Cosyntropin</b>	Injection, cosyntropin, 0.25 mg	Inj., cosyntropin, 0.25 mg
J0840	No Prior Authorization Required	<b>CroFab</b>	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram	Crotalidae poly immune fab
J0841	No Prior Authorization Required	<b>Anavip</b>	Injection, crotalidae immune f(ab') <sub>2</sub> (equine), 120 mg	Inj crotalidae im f(ab') <sub>2</sub> eq
J0850	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Cytogam</b>	Injection, cytomegalovirus immune globulin intravenous (human), per vial	Cytomegalovirus imm iv /vial
J0870	Prior Authorization Required		Injection, imetelstat, 1 mg	Injection, imetelstat, 1 mg
J0872	No Prior Authorization Required	<b>Daptomycin</b>	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to J0878 or J0873, 1 mg	Daptomycin (xellia) unrefrig
J0873	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Daptomycin</b>	Injection, daptomycin (Xellia), not therapeutically equivalent to J0878, 1 mg	Inj daptomycin (xellia)
J0874	No Prior Authorization Required	<b>Daptomycin</b>	Injection, daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg	Inj, daptomycin (baxter)
J0875	No Prior Authorization Required	<b>Dalvance</b>	Injection, dalbavancin, 5 mg	Injection, dalbavancin
J0877	No Prior Authorization Required	<b>Hospira</b>	Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg	Inj, daptomycin (hospira)
J0878	No Prior Authorization Required	<b>Cubicin</b>	Injection, daptomycin, 1 mg	Daptomycin injection
J0879	Prior Authorization Required	<b>Korsuva</b>	Injection, difelikefalin, 0.1 microgram, (for ESRD on dialysis)	Difelikefalin, esrd on dialy
J0881	No Prior Authorization Required	<b>Aranesp</b>	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Darbepoetin alfa, non-esrd
J0882	No Prior Authorization Required	<b>Aranesp</b>	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	Darbepoetin alfa, esrd use
J0883	No Prior Authorization Required	<b>Argatroban</b>	Injection, argatroban, 1 mg (for non-esrd use)	Argatroban nonesrd use 1mg
J0884	No Prior Authorization Required	<b>Argatroban</b>	Injection, argatroban, 1 mg (for esrd on dialysis)	Argatroban esrd dialysis 1mg
J0885	No Prior Authorization Required	<b>Epogen Procrit</b>	Injection, epoetin alfa, (for non-esrd use), 1000 units	Epoetin alfa, non-esrd
J0887	No Prior Authorization Required	<b>Mircera</b>	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	Epoetin beta esrd use
J0888	No Prior Authorization Required	<b>Mircera</b>	Injection, epoetin beta, 1 microgram, (for non esrd use)	Epoetin beta non esrd
J0889	Prior Authorization Required	<b>Jesduvroq</b>	Daprodustat, oral, 1 mg, (for ESRD on dialysis)	Daprodustat oral 1mg esrd
J0890	No Prior Authorization Required	<b>OMONYTYS</b>	Injection, peginesatide, 0.1 mg (for esrd on dialysis)	Peginesatide injection
J0891	No Prior Authorization Required	<b>Argatroban</b>	Injection, argatroban (Accord), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)	Argatroban nonesrd (accord)
J0892	No Prior Authorization Required	<b>Argatroban</b>	Injection, argatroban (Accord), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)	Argatroban dialysis (accord)

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J0893	No Prior Authorization Required	<b>Decitabine</b>	Injection, decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg	Inj, decitabine (sun pharma)
J0894	No Prior Authorization Required	<b>Dacogen</b>	Injection, decitabine, 1 mg	Decitabine injection
J0895	No Prior Authorization Required	<b>Desferal</b>	Injection, deferoxamine mesylate, 500 mg	Deferoxamine mesylate inj
J0896	No Prior Authorization Required	<b>Reblozyl</b>	Inj luspatercept-aamt 0.25mg	Injection, luspatercept-aamt, 0.25 mg
J0897	No Prior Authorization Required	<b>Prolia Xgeva</b>	Injection, denosumab, 1 mg	Denosumab injection
J0898	No Prior Authorization Required	<b>Argatroban</b>	Injection, argatroban (AuroMedics), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)	Argatroban nonesrd (auromed)
J0899	No Prior Authorization Required	<b>Argatroban</b>	Injection, argatroban (AuroMedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)	Argatroban dialysis, auromed
J0901	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Vadadustat, oral, 1 mg (for esrd on dialysis)	Vadadustat oral 1mg for esrd
J0911	No Prior Authorization Required	<b>Drfencath</b>	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	Inst tauro 1.35mg/hep 100u
J0945	No Prior Authorization Required		Injection, brompheniramine maleate, per 10 mg	Brompheniramine maleate inj
J1000	No Prior Authorization Required	<b>Depo-Estradiol</b>	Injection, depo-estradiol cypionate, up to 5 mg	Depo-estradiol cypionate inj
J1010	No Prior Authorization Required	<b>Depo-Medrol</b>	Injection, methylprednisolone acetate, 1 mg	Inj, methylpred acetate 1 mg
J1050	No Prior Authorization Required	<b>Depo-Provera</b>	Injection, medroxyprogesterone acetate, 1 mg	Medroxyprogesterone acetate
J1071	No Prior Authorization Required	<b>Depo-Testosterone</b>	Injection, testosterone cypionate, 1 mg	Inj testosterone cypionate
J1094	No Prior Authorization Required		Injection, dexamethasone acetate, 1 mg	Inj dexamethasone acetate
J1095	No Prior Authorization Required	<b>Dexycu</b>	Injection, dexamethasone 9 percent, intraocular, 1 microgram	Injection, dexamethasone 9%
J1096	No Prior Authorization Required	<b>Dextenza</b>	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Dexametha oph insert 0.1 mg
J1097	No Prior Authorization Required	<b>Omidria</b>	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	Phenylep ketorolac oph soln
J1100	No Prior Authorization Required	<b>Decadron</b>	Injection, dexamethasone sodium phosphate, 1 mg	Dexamethasone sodium phos
J1105	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Igalmi</b>	Dexmedetomidine, oral, 1 mcg	Dexmedetomidine film, 1 mcg
J1110	No Prior Authorization Required	<b>D.H.E.</b>	Injection, dihydroergotamine mesylate, per 1 mg	Inj dihydroergotamine mesylt
J1120	No Prior Authorization Required	<b>Acetazolamide</b>	Injection, acetazolamide sodium, up to 500 mg	Acetazolamid sodium injectio
J1130	No Prior Authorization Required		Injection, diclofenac sodium, 0.5 mg	Inj diclofenac sodium 0.5mg
J1160	No Prior Authorization Required	<b>Lanoxin</b>	Injection, digoxin, up to 0.5 mg	Digoxin injection
J1162	No Prior Authorization Required	<b>Digifab</b>	Injection, digoxin immune fab (ovine), per vial	Digoxin immune fab (ovine)
J1165	No Prior Authorization Required	<b>Dilantin</b>	Injection, phenytoin sodium, per 50 mg	Phenytoin sodium injection
J1170	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Dilaudid</b>	Injection, hydromorphone, up to 4 mg	Hydromorphone injection
J1180	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, dyphylline, up to 500 mg	Dyphylline injection
J1190	No Prior Authorization Required	<b>Zinecard</b>	Injection, dexrazoxane hydrochloride, per 250 mg	Dexrazoxane hcl injection
J1200	No Prior Authorization Required	<b>Benadryl</b>	Injection, diphenhydramine hcl, up to 50 mg	Diphenhydramine hcl injectio



DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J1201	No Prior Authorization Required	<b>Quzyttir</b>	Inj. cetirizine hcl 0.5mg	Injection, cetirizine hydrochloride, 0.5 mg
J1202	No Prior Authorization Required	<b>Opfolda</b>	Miglustat, oral, 65 mg	Miglustat oral 65 mg
J1203	No Prior Authorization Required	<b>Pombiliti</b>	Injection, cipaglucosidase alfa-atga, 5 mg	Inj, cipaglucosidase, 5 mg
J1205	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Diuril</b>	Injection, chlorothiazide sodium, per 500 mg	Chlorothiazide sodium inj
J1212	No Prior Authorization Required	<b>Rimso-50</b>	Injection, dmsol, dimethyl sulfoxide, 50%, 50 ml	Dimethyl sulfoxide 50% 50 ml
J1230	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Methadone</b>	Injection, methadone hcl, up to 10 mg	Methadone injection
J1240	No Prior Authorization Required	<b>Dimenhydrinate</b>	Injection, dimenhydrinate, up to 50 mg	Dimenhydrinate injection
J1245	No Prior Authorization Required	<b>Persantine</b>	Injection, dipyridamole, per 10 mg	Dipyridamole injection
J1250	No Prior Authorization Required	<b>Dobutamine</b>	Injection, dobutamine hydrochloride, per 250 mg	Inj dobutamine hcl/250 mg
J1260	No Prior Authorization Required		Injection, dolasetron mesylate, 10 mg	Dolasetron mesylate
J1265	No Prior Authorization Required	<b>Dopamine</b>	Injection, dopamine hcl, 40 mg	Dopamine injection
J1267	No Prior Authorization Required		Injection, doripenem, 10 mg	Doripenem injection
J1270	No Prior Authorization Required	<b>Hecterol</b>	Injection, doxercalciferol, 1 mcg	Injection, doxercalciferol
J1290	Prior Authorization Required	<b>Kalbitor</b>	Injection, ecallantide, 1 mg	Ecallantide injection
J1300	Prior Authorization Required	<b>Soliris</b>	Injection, eculizumab, 10 mg	Eculizumab injection
J1301	Prior Authorization Required	<b>Radicava</b>	Injection, edaravone, 1 mg	Injection, edaravone, 1 mg
J1302	Prior Authorization Required	<b>Enjaymo</b>	Injection, sutimlimab-jome, 10 mg	Inj, sutimlimab-jome, 10 mg
J1303	Prior Authorization Required	<b>Ultomiris</b>	Injection, ravulizumab-cwvz, 10 mg	Inj., ravulizumab-cwvz 10 mg
J1304	No Prior Authorization Required	<b>QALSODY 100MG/15ML Solution</b>	Injection, tofersen, 1 mg	Inj tofersen intrathec 1 mg
J1305	Prior Authorization Required	<b>Evkeeza</b>	Injection, evinacumab-dgnb, 5 mg	Inj, evinacumab-dgnb, 5mg
J1306	Prior Authorization Required	<b>Leqvio</b>	Injection, inclisiran, 1 mg	Injection, inclisiran, 1 mg
J1307	Prior Authorization Required		Injection, crovalimab-akkz, 10 mg	Inj, crovalimab-akkz, 10 mg
J1320	No Prior Authorization Required		Injection, amitriptyline hcl, up to 20 mg	Amitriptyline injection
J1322	Carve out to state	<b>Vimizim</b>	Injection, elosulfase alfa, 1 mg	Elosulfase alfa, injection
J1323	No Prior Authorization Required	<b>Elfrexio</b>	Injection, elranatamab-bcmm, 1 mg	Inj, elranatamab-bcmm, 1 mg
J1324	No Prior Authorization Required	<b>Fuzeon</b>	Injection, enfuvirtide, 1 mg	Enfuvirtide injection
J1325	Prior Authorization Required	<b>Flolan Veletri</b>	Injection, epoprostenol, 0.5 mg	Epoprostenol injection
J1327	No Prior Authorization Required	<b>Integrilin</b>	Injection, eptifibatide, 5 mg	Eptifibatide injection
J1330	No Prior Authorization Required		Injection, ergonovine maleate, up to 0.2 mg	Ergonovine maleate injection
J1335	No Prior Authorization Required	<b>Invanz</b>	Injection, ertapenem sodium, 500 mg	Ertapenem injection
J1364	No Prior Authorization Required	<b>Erythrocin Lactobionate</b>	Injection, erythromycin lactobionate, per 500 mg	Erythro lactobionate /500 mg
J1380	No Prior Authorization Required	<b>Delestrogen</b>	Injection, estradiol valerate, up to 10 mg	Estradiol valerate 10 mg inj
J1410	No Prior Authorization Required	<b>Premarin</b>	Injection, estrogen conjugated, per 25 mg	Inj estrogen conjugate 25 mg
J1411	Carve out to state	<b>Hemgenix</b>	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Inj, hemgenix, per tx dose



DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J1412	Prior Authorization Required	<b>ROCTAVIAN Suspension</b>	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 <sup>&lt;sup&gt;13&lt;/sup&gt;</sup> vector genomes	Inj roctavian ml 2x10 <sup>13</sup> vc g
J1413	Carve out to state	<b>ELEVIDYS Kit</b>	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Inj delandistrogene mox rokl
J1414	Prior Authorization Required		Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Inj, beqvez, per tx dose
J1426	Carve out to state	<b>Amondys 45</b>	Injection, casimersen, 10 mg	Injection, casimersen, 10 mg
J1427	Carve out to state	<b>Viltepso</b>	Injection, viltolarsen, 10 mg	Inj. viltolarsen
J1428	Carve out to state	<b>Exondys</b>	Injection, eteplirsen, 10 mg	Inj, eteplirsen, 10 mg
J1429	Carve out to state	<b>Vyondys 53</b>	Inj golodirsen 10 mg	Injection, golodirsen, 10 mg
J1430	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Ethamolin</b>	Injection, ethanolamine oleate, 100 mg	Ethanolamine oleate 100 mg
J1434	No Prior Authorization Required	<b>Focinvez</b>	Injection, fosaprepitant (Focinvez), 1 mg	Inj, focinvez, 1mg
J1435	No Prior Authorization Required		Injection, estrone, per 1 mg	Injection estrone per 1 mg
J1436	No Prior Authorization Required		Injection, etidronate disodium, per 300 mg	Etidronate disodium inj
J1437	Prior Authorization Required	<b>Monoferic</b>	Inj. fe derisomaltose 10 mg	Injection, ferric derisomaltose, 10 mg
J1438	Prior Authorization Required	<b>Enbrel</b>	Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Etanercept injection
J1439	No Prior Authorization Required	<b>Injectafer</b>	Injection, ferric carboxymaltose, 1 mg	Inj ferric carboxymaltos 1mg
J1440	No Prior Authorization Required	<b>REBYOTA</b>	Fecal microbiota, live - jslm, 1 ml	Fecal microbiota jslm 1 ml
J1442	No Prior Authorization Required	<b>Neupogen</b>	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Inj filgrastim excl biosimil
J1443	No Prior Authorization Required	<b>Triferic</b>	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Inj ferric pyrophosphate cit
J1444	No Prior Authorization Required	<b>Triferic</b>	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	Fe pyro cit pow 0.1 mg iron
J1445	No Prior Authorization Required	<b>Triferic</b>	Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron	Inj triferic avnu 0.1mg iron
J1447	No Prior Authorization Required	<b>Granix</b>	Injection, tbo-filgrastim, 1 microgram	Inj tbo filgrastim 1 microg
J1448	No Prior Authorization Required	<b>Cosela</b>	Injection, trilaciclib, 1 mg	Injection, trilaciclib, 1mg
J1449	No Prior Authorization Required	<b>Rolvedon</b>	Injection, eflapegrastim-xnst, 0.1 mg	Inj eflapegrastim-xnst 0.1mg
J1450	No Prior Authorization Required	<b>Diflucan</b>	Injection fluconazole, 200 mg	Fluconazole
J1451	No Prior Authorization Required	<b>Antizole</b>	Injection, fomepizole, 15 mg	Fomepizole, 15 mg
J1452	No Prior Authorization Required		Injection, fomivirsin sodium, intraocular, 1.65 mg	Intraocular fomivirsin na
J1453	No Prior Authorization Required	<b>Emend</b>	Injection, fosaprepitant, 1 mg	Fosaprepitant injection
J1454	No Prior Authorization Required	<b>Akynzeo</b>	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Inj fosnetupitant, palonoset
J1455	No Prior Authorization Required	<b>Foscavir</b>	Injection, foscarnet sodium, per 1000 mg	Foscarnet sodium injection
J1456	No Prior Authorization Required		Injection, fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg	Inj, fosaprepitant (teva)
J1457	No Prior Authorization Required		Injection, gallium nitrate, 1 mg	Gallium nitrate injection
J1458	Prior Authorization Required	<b>Naglazyme</b>	Injection, galsulfase, 1 mg	Galsulfase injection
J1459	Prior Authorization Required	<b>Privigen</b>	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Inj ivig privigen 500 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J1460	Prior Authorization Required	<b>Gamastan</b>	Injection, gamma globulin, intramuscular, 1 cc	Gamma globulin 1 cc inj
J1551	Prior Authorization Required	<b>Cutaquig</b>	Injection, immune globulin (cutaquig), 100 mg	Inj cutaquig 100 mg
J1552	Prior Authorization Required		Injection, immune globulin (alyglo), 500 mg	Inj, alyglo, 500 mg
J1554	Prior Authorization Required	<b>Asceniv</b>	Injection, immune globulin (asceniv), 500 mg	Inj. asceniv
J1555	Prior Authorization Required	<b>Cuvitru</b>	Injection, immune globulin (cuvitru), 100 mg	Inj cuvitr, 100 mg
J1556	Prior Authorization Required	<b>Bivigam</b>	Injection, immune globulin (bivigam), 500 mg	Inj, imm glob bivigam, 500mg
J1557	Prior Authorization Required	<b>Gammaplex</b>	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammaplex injection
J1558	Prior Authorization Required	<b>Xembify</b>	Inj. xembify, 100 mg	Injection, immune globulin (xembify), 100 mg
J1559	Prior Authorization Required	<b>Hizentra</b>	Injection, immune globulin (hizentra), 100 mg	Hizentra injection
J1560	Prior Authorization Required	<b>Gamastan</b>	Injection, gamma globulin, intramuscular, over 10 cc	Gamma globulin > 10 cc inj
J1561	Prior Authorization Required	<b>Gamunex-C Gammaked</b>	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Gamunex-c/gammaked
J1562	Prior Authorization Required	<b>Vivaglobin</b>	Injection, immune globulin (vivaglobin), 100 mg	Vivaglobin, inj
J1566	Prior Authorization Required	<b>Carimune NF Panglobulin NF Gammagard S/D</b>	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Immune globulin, powder
J1568	Prior Authorization Required	<b>Octagam</b>	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Octagam injection
J1569	Prior Authorization Required	<b>Gammagard</b>	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Gammagard liquid injection
J1570	No Prior Authorization Required	<b>Cytovene</b>	Injection, ganciclovir sodium, 500 mg	Ganciclovir sodium injection
J1571	No Prior Authorization Required	<b>Hepagam B</b>	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml	Hepagam b im injection
J1572	Prior Authorization Required	<b>Flebogamma</b>	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Flebogamma injection
J1573	No Prior Authorization Required	<b>Hepagam B</b>	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml	Hepagam b intravenous, inj
J1574	No Prior Authorization Required	<b>Excela</b>	Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg	Inj, ganciclovir (exela)
J1575	Prior Authorization Required	<b>Hyqvia</b>	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Hyqvia 100mg immunoglobulin
J1576	Prior Authorization Required	<b>Panzyga</b>	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Inj, panzyga, 500 mg
J1580	No Prior Authorization Required	<b>Garamycin</b>	Injection, garamycin, gentamicin, up to 80 mg	Garamycin gentamicin inj
J1595	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Glatopa</b>	Injection, glatiramer acetate, 20 mg	Injection glatiramer acetate
J1596	No Prior Authorization Required	<b>GLYCOPYRROLATE 0.2MG/ML Solution</b>	Injection, glycopyrrolate, 0.1 mg	Inj, glycopyrrolate, 0.1 mg
J1597	No Prior Authorization Required	<b>Glyrx-PF</b>	Injection, glycopyrrolate (glyrx-pf), 0.1 mg	Inj glycopyrrolate, glyrx-pf
J1598	No Prior Authorization Required		Injection, glycopyrrolate (fresenius kabi), not therapeutically equivalent to j1596, 0.1 mg	Inj glycopyrrolate fres kabi
J1599	Prior Authorization Required	<b>Panzyga</b>	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Ivig non-lyophilized, nos
J1600	No Prior Authorization Required		Injection, gold sodium thiomalate, up to 50 mg	Gold sodium thiomaleate inj

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J1602	Prior Authorization Required	<b>Simponi Aria</b>	Injection, golimumab, 1 mg, for intravenous use	Golimumab for iv use 1mg
J1610	No Prior Authorization Required	<b>Glucagen Hypokit</b>	Injection, glucagon hydrochloride, per 1 mg	Glucagon hydrochloride/1 mg
J1611	No Prior Authorization Required	<b>Glucagon Emergency Kit</b>	Injection, glucagon HCl (Fresenius Kabi), not therapeutically equivalent to J1610, per 1 mg	Inj glucagon hcl, fresenius
J1620	No Prior Authorization Required		Injection, gonadorelin hydrochloride, per 100 mcg	Gonadorelin hydroch/ 100 mcg
J1626	No Prior Authorization Required	<b>Kytril</b>	Injection, granisetron hydrochloride, 100 mcg	Granisetron hcl injection
J1627	No Prior Authorization Required	<b>Sustol</b>	Injection, granisetron, extended-release, 0.1 mg	Inj, granisetron, xr, 0.1 mg
J1628	Prior Authorization Required	<b>Tremfya</b>	Injection, guselkumab, 1 mg	Inj., guselkumab, 1 mg
J1630	No Prior Authorization Required	<b>Haldol Decanoate</b>	Injection, haloperidol, up to 5 mg	Haloperidol injection
J1631	No Prior Authorization Required	<b>Haldol Decanoate</b>	Injection, haloperidol decanoate, per 50 mg	Haloperidol decanoate inj
J1632	No Prior Authorization Required	<b>Zulresso</b>	Inj., brexanolone, 1 mg	Injection, brexanolone, 1 mg
J1640	No Prior Authorization Required	<b>Panhematin</b>	Injection, hemin, 1 mg	Hemin, 1 mg
J1642	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Heparin Lock Flush</b>	Injection, heparin sodium, (heparin lock flush), per 10 units	Inj heparin sodium per 10 u
J1643	No Prior Authorization Required	<b>Porcine</b>	Injection, heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units	Inj heparin, pfizer, 1000u
J1644	No Prior Authorization Required	<b>Heparin</b>	Injection, heparin sodium, per 1000 units	Inj heparin sodium per 1000u
J1645	No Prior Authorization Required	<b>Fragmin</b>	Injection, dalteparin sodium, per 2500 iu	Dalteparin sodium
J1650	No Prior Authorization Required	<b>Lovonox</b>	Injection, enoxaparin sodium, 10 mg	Inj enoxaparin sodium
J1652	No Prior Authorization Required	<b>Arixtra</b>	Injection, fondaparinux sodium, 0.5 mg	Fondaparinux sodium
J1655	No Prior Authorization Required		Injection, tinzaparin sodium, 1000 iu	Tinzaparin sodium injection
J1670	No Prior Authorization Required	<b>Hypertet</b>	Injection, tetanus immune globulin, human, up to 250 units	Tetanus immune globulin inj
J1675	No Prior Authorization Required		Injection, histrelin acetate, 10 micrograms	Histrelin acetate
J1700	No Prior Authorization Required		Injection, hydrocortisone acetate, up to 25 mg	Hydrocortisone acetate inj
J1710	No Prior Authorization Required		Injection, hydrocortisone sodium phosphate, up to 50 mg	Hydrocortisone sodium ph inj
J1720	No Prior Authorization Required	<b>Solu-Cortef</b>	Injection, hydrocortisone sodium succinate, up to 100 mg	Hydrocortisone sodium succ i
J1726	NOT FDA APPROVED	<b>Makena</b>	Injection, hydroxyprogesterone caproate, (makena), 10 mg	Makena, 10 mg
J1729	No Prior Authorization Required	<b>Hydroxyprogesterone Caproate</b>	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Inj hydroxyprogst caproat nos
J1730	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, diazoxide, up to 300 mg	Diazoxide injection
J1738	No Prior Authorization Required	<b>Anjeso</b>	Inj. meloxicam 1 mg	Injection, meloxicam, 1 mg
J1740	No Prior Authorization Required	<b>Boniva</b>	Injection, ibandronate sodium, 1 mg	Ibandronate sodium injection
J1741	No Prior Authorization Required	<b>Caldolor</b>	Injection, ibuprofen, 100 mg	Ibuprofen injection
J1742	No Prior Authorization Required	<b>Corvert</b>	Injection, ibutilide fumarate, 1 mg	Ibutilide fumarate injection
J1743	Prior Authorization Required	<b>Elaprase</b>	Injection, idursulfase, 1 mg	Idursulfase injection
J1744	Prior Authorization Required	<b>Firazyr</b>	Injection, icatibant, 1 mg	Icatibant injection
J1745	Prior Authorization Required	<b>Remicade</b>	Injection, infliximab, excludes biosimilar, 10 mg	Infliximab not biosimil 10mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J1746	Carve out to state	<b>Trogarzo</b>	Injection, ibalizumab-uiyk, 10 mg	Inj., ibalizumab-uiyk, 10 mg
J1747	Prior Authorization Required	<b>Spevigo</b>	Injection, spesolimab-sbzo, 1 mg	Inj, spesolimab-sbzo, 1 mg
J1748	Prior Authorization Required	<b>Zymfentra</b>	Injection, infliximab-dyyb (zymfentra), 10 mg	Inj, zymfentra, 10 mg
J1750	No Prior Authorization Required	<b>Infed</b>	Injection, iron dextran, 50 mg	Inj iron dextran
J1756	No Prior Authorization Required	<b>Venofer</b>	Injection, iron sucrose, 1 mg	Iron sucrose injection
J1786	Prior Authorization Required	<b>Cerezyme</b>	Injection, imiglucerase, 10 units	Imuglucerase injection
J1790	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Inapsine</b>	Injection, droperidol, up to 5 mg	Droperidol injection
J1800	No Prior Authorization Required	<b>Inderal</b>	Injection, propranolol hcl, up to 1 mg	Propranolol injection
J1805	No Prior Authorization Required	<b>BREVIBLOC</b>	Injection, esmolol HCl, 10 mg	Inj, esmolol hcl, 10mg
J1806	No Prior Authorization Required	<b>Esnolol</b>	Injection, esmolol HCl (WG Critical Care) not therapeutically equivalent to J1805, 10 mg	Inj esmolol hcl wg crit care
J1810	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, droperidol and fentanyl citrate, up to 2 ml ampule	Droperidol/fentanyl inj
J1811	No Prior Authorization Required	<b>Fiasp</b>	Insulin (Fiasp) for administration through DME (i.e., insulin pump) per 50 units	Fiasp for insulin pump use
J1812	No Prior Authorization Required	<b>Fiasp Flextouch</b>	Insulin (Fiasp), per 5 units	Inj. insulin (fiasp)
J1813	No Prior Authorization Required	<b>LYUMJEV</b>	Insulin (Lyumjev) for administration through DME (i.e., insulin pump) per 50 units	Lyumjev for insulin pump use
J1814	No Prior Authorization Required	<b>LYUMJEV</b>	Insulin (Lyumjev), per 5 units	Inj. insulin (lyumjev)
J1815	No Prior Authorization Required	<b>Insulin</b>	Injection, insulin, per 5 units	Insulin injection
J1817	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Insulin</b>	Insulin for administration through dme (i.e., insulin pump) per 50 units	Insulin for insulin pump use
J1823	No Prior Authorization Required	<b>Uplizna</b>	Injection, inebilizumab-cdon, 1 mg	Inj. inebilizumab-cdon, 1 mg
J1826	Prior Authorization Required	<b>Avonex</b>	Injection, interferon beta-1a, 30 mcg	Interferon beta-1a inj
J1830	Prior Authorization Required	<b>Betaseron</b>	Injection, interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Interferon beta-1b / .25 mg
J1833	No Prior Authorization Required	<b>Cresemba</b>	Injection, isavuconazonium, 1 mg	Injection, isavuconazonium
J1835	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, itraconazole, 50 mg	Itraconazole injection
J1836	No Prior Authorization Required	<b>Metronidazole</b>	Injection, metronidazole, 10 mg	Inj, metronidazole, 10 mg
J1885	No Prior Authorization Required	<b>Torodal</b>	Injection, ketorolac tromethamine, per 15 mg	Ketorolac tromethamine inj
J1890	No Prior Authorization Required		Injection, cephalothin sodium, up to 1 gram	Cephalothin sodium injection
J1920	No Prior Authorization Required	<b>Labetalol</b>	Injection, labetalol HCl, 5 mg	Inj, labetalol hcl, 5mg
J1921	No Prior Authorization Required	<b>Labetalol</b>	Injection, labetalol HCl (Hikma) not therapeutically equivalent to J1820, 5 mg	Inj labetalol hcl hikma, 5mg
J1930	No Prior Authorization Required	<b>Somatuline Depot</b>	Injection, lanreotide, 1 mg	Lanreotide injection
J1931	Prior Authorization Required	<b>Aldurazyme</b>	Injection, laronidase, 0.1 mg	Laronidase injection
J1932	No Prior Authorization Required	<b>Cipla</b>	Injection, lanreotide, (cipla), 1 mg	Inj, lanreotide, (cipla) 1mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J1939	No Prior Authorization Required	<b>BUMETANIDE</b> 0.25MG/ML Solution	Injection, bumetanide, 0.5 mg	Inj, bumetanide, 0.5 mg
J1940	No Prior Authorization Required	<b>Lasix</b>	Injection, furosemide, up to 20 mg	Furosemide injection
J1941	No Prior Authorization Required	<b>FUROSCIX</b>	Injection, furosemide (Furoscix), 20 mg	Inj, furoscix, 20 mg
J1943	No Prior Authorization Required	<b>Aristada</b>	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	Inj., aristada initio, 1 mg
J1944	No Prior Authorization Required	<b>Aristada</b>	Injection, aripiprazole lauroxil, (aristada), 1 mg	Aripiprazole lauroxil 1 mg
J1945	No Prior Authorization Required		Injection, lepirudin, 50 mg	Lepirudin
J1950	No Prior Authorization Required	<b>Lupron Depot</b>	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Leuprolide acetate / 3.75 mg
J1951	Prior Authorization Required	<b>Fensolvi</b>	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	Inj fensolvi 0.25 mg
J1952	No Prior Authorization Required	<b>Camcevi</b>	Leuprolide injectable, camcevi, 1 mg	Leuprolide inj, camcevi, 1mg
J1953	No Prior Authorization Required	<b>Keppra</b>	Injection, levetiracetam, 10 mg	Levetiracetam injection
J1954	No Prior Authorization Required	<b>Leuprolide</b>	Injection, leuprolide acetate for depot suspension (Lutrate), 7.5 mg	Leuprolide depot cipla 7.5mg
J1955	No Prior Authorization Required	<b>Carnitor</b>	Injection, levocarnitine, per 1 gm	Inj levocarnitine per 1 gm
J1956	No Prior Authorization Required	<b>Levaquin</b>	Injection, levofloxacin, 250 mg	Levofloxacin injection
J1960	No Prior Authorization Required		Injection, levorphanol tartrate, up to 2 mg	Levorphanol tartrate inj
J1961	Carve out to state	<b>Sunlenca</b>	Injection, lenacapavir, 1 mg	Inj, lenacapavir, 1 mg
J1980	No Prior Authorization Required	<b>Levsin</b>	Injection, hyoscyamine sulfate, up to 0.25 mg	Hyoscyamine sulfate inj
J1990	No Prior Authorization Required		Injection, chlordiazepoxide hcl, up to 100 mg	Chlordiazepoxide injection
J2001	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Lidocaine</b>	Injection, lidocaine hcl for intravenous infusion, 10 mg	Lidocaine injection
J2010	No Prior Authorization Required	<b>Lincocin</b>	Injection, lincomycin hcl, up to 300 mg	Lincomycin injection
J2020	No Prior Authorization Required	<b>Zyvox</b>	Injection, linezolid, 200 mg	Linezolid injection
J2021	No Prior Authorization Required	<b>Zyvox</b>	Injection, linezolid (Hospira) not therapeutically equivalent to J2020, 200 mg	Inj, linezolid (hospira)
J2060	No Prior Authorization Required	<b>Ativan</b>	Injection, lorazepam, 2 mg	Lorazepam injection
J2062	No Prior Authorization Required	<b>Adasuve</b>	Loxapine for inhalation, 1 mg	Loxapine for inhalation 1 mg
J2150	No Prior Authorization Required	<b>Mannitol</b>	Injection, mannitol, 25% in 50 ml	Mannitol injection
J2170	Prior Authorization Required	<b>Increlex</b>	Injection, mecasermin, 1 mg	Mecasermin injection
J2175	No Prior Authorization Required	<b>Demerol</b>	Injection, meperidine hydrochloride, per 100 mg	Meperidine hydrochl /100 mg
J2180	No Prior Authorization Required		Injection, meperidine and promethazine hcl, up to 50 mg	Meperidine/promethazine inj
J2182	Prior Authorization Required	<b>Nucala</b>	Injection, mepolizumab, 1 mg	Injection, mepolizumab, 1mg
J2183	No Prior Authorization Required	<b>Meropenem</b>	Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg	Inj meropenem (wg crit care)
J2184	No Prior Authorization Required	<b>Meropenem</b>	Injection, meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg	Inj, meropenem (b. braun)
J2185	No Prior Authorization Required	<b>Merrem</b>	Injection, meropenem, 100 mg	Meropenem
J2186	No Prior Authorization Required	<b>Vabomere</b>	Injection, meropenem and vaborbactam, 10mg/10mg (20mg)	Inj., meropenem, vaborbactam
J2210	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Methergine</b>	Injection, methylergonovine maleate, up to 0.2 mg	Methylergonovin maleate inj

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J2212	No Prior Authorization Required	<b>Relistor</b>	Injection, methylnaltrexone, 0.1 mg	Methylnaltrexone injection
J2246	No Prior Authorization Required	<b>Micafungin</b>	Injection, micafungin in sodium (baxter), not therapeutically equivalent to J2248, 1 mg	Inj, micafungin (baxter)
J2247	No Prior Authorization Required	<b>Byfavo</b>	Injection, micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg	Inj, micafungin (par pharm)
J2248	No Prior Authorization Required	<b>Mycamine</b>	Injection, micafungin sodium, 1 mg	Micafungin sodium injection
J2249	No Prior Authorization Required	<b>BYFAVO</b>	Injection, remimazolam, 1 mg	Inj, remimazolam, 1 mg
J2250	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Versed</b>	Injection, midazolam hydrochloride, per 1 mg	Inj midazolam hydrochloride
J2251	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Midazolam</b>	Injection, midazolam HCl (WG Critical Care) not therapeutically equivalent to J2250, per 1 mg	Inj midazolam (wg crit care)
J2260	No Prior Authorization Required	<b>Primacor</b>	Injection, milrinone lactate, 5 mg	Inj milrinone lactate / 5 mg
J2265	No Prior Authorization Required	<b>Minocin</b>	Injection, minocycline hydrochloride, 1 mg	Minocycline hydrochloride
J2267	Prior Authorization Required	<b>Omvo</b>	Injection, mirikizumab-mrkz, 1 mg	Inj, mirikizumab-mrkz, 1 mg
J2270	No Prior Authorization Required	<b>Morphin</b>	Injection, morphine sulfate, up to 10 mg	Morphine sulfate injection
J2272	No Prior Authorization Required	<b>Morphine sulfate</b>	Injection, morphine sulfate (Fresenius Kabi) not therapeutically equivalent to J2270, up to 10 mg	Inj, morphine (fresenius)
J2274	No Prior Authorization Required	<b>Duramorph</b>	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	Inj morphine pf epid ithc
J2277	No Prior Authorization Required	<b>Aphexda</b>	Injection, motixafortide, 0.25 mg	Inj, motixafortide, 0.25 mg
J2278	Prior Authorization Required	<b>Prialt</b>	Injection, ziconotide, 1 microgram	Ziconotide injection
J2280	No Prior Authorization Required	<b>Avelox</b>	Injection, moxifloxacin, 100 mg	Inj, moxifloxacin 100 mg
J2281	No Prior Authorization Required	<b>Moxifloxacin</b>	Injection, moxifloxacin (Fresenius Kabi) not therapeutically equivalent to J2280, 100 mg	Inj moxifloxacin (fres kabi)
J2290	No Prior Authorization Required		Injection, nafcillin sodium, 20 mg	Inj, nafcillin sodium, 20 mg
J2300	No Prior Authorization Required	<b>Nubain</b>	Injection, nalbuphine hydrochloride, per 10 mg	Inj nalbuphine hydrochloride
J2305	No Prior Authorization Required		Injection, nitroglycerin, 5 mg	Inj, nitroglycerin, 5 mg
J2310	No Prior Authorization Required	<b>Narcan</b>	Injection, naloxone hydrochloride, per 1 mg	Inj naloxone hydrochloride
J2311	No Prior Authorization Required	<b>Zimhi</b>	Injection, naloxone HCl (Zimhi), 1 mg	Inj, naloxone hcl (zimhi)
J2315	No Prior Authorization Required	<b>Vivitrol</b>	Injection, naltrexone, depot form, 1 mg	Naltrexone, depot form
J2320	No Prior Authorization Required		Injection, nandrolone decanoate, up to 50 mg	Nandrolone decanoate 50 mg
J2323	Prior Authorization Required	<b>Tysabri</b>	Injection, natalizumab, 1 mg	Natalizumab injection
J2325	No Prior Authorization Required		Injection, nesiritide, 0.1 mg	Nesiritide injection
J2326	Carve out to state	<b>Spinraza</b>	Injection, nusinersen, 0.1 mg	Inj, nusinersen, 0.1mg
J2327	No Prior Authorization Required	<b>Skyrizi</b>	Injection, risankizumab-rzaa, intravenous, 1 mg	Inj risankizumab-rzaa 1 mg
J2329	Prior Authorization Required	<b>Briumvi</b>	Injection, ublituximab-xiiy, 1mg	Inj ublituximab-xiiy, 1 mg
J2350	Prior Authorization Required	<b>Ocrevus</b>	Injection, ocrelizumab, 1 mg	Injection, ocrelizumab, 1 mg
J2353	No Prior Authorization Required	<b>Sandostatin LAR</b>	Injection, octreotide, depot form for intramuscular injection, 1 mg	Octreotide injection, depot



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J2354	No Prior Authorization Required	<b>Sandostatin</b>	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Octreotide inj, non-depot
J2355	No Prior Authorization Required	<b>NEUMEGA</b>	Injection, oprelvekin, 5 mg	Oprelvekin injection
J2356	Prior Authorization Required	<b>Tezspire</b>	Injection, tezepelumab-ekko, 1 mg	Inj tezepelumab-ekko, 1mg
J2357	Prior Authorization Required	<b>Xolair</b>	Injection, omalizumab, 5 mg	Omalizumab injection
J2358	No Prior Authorization Required	<b>Zyprexa Relprevv</b>	Injection, olanzapine, long-acting, 1 mg	Olanzapine long-acting inj
J2359	No Prior Authorization Required	<b>Zyprexa</b>	Injection, olanzapine, 0.5 mg	Inj. olanzapine, 0.5mg
J2360	No Prior Authorization Required	<b>Norflex</b>	Injection, orphenadrine citrate, up to 60 mg	Orphenadrine injection
J2371	No Prior Authorization Required	<b>VAZCULEP</b>	Injection, phenylephrine HCl, 20 mcg	Inj phenylephrine hcl 20 mcg
J2372	No Prior Authorization Required	<b>Biorphen</b>	Injection, phenylephrine HCl (Biorphen), 20 mcg	Inj, biorphen, 20 micrograms
J2373	No Prior Authorization Required	<b>Immphentiv</b>	Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms	Inj, immphentiv, 20 mcg
J2401	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Nesacaine</b>	Injection, chloroprocaine HCl, per 1 mg	Chloroprocaine hcl injection
J2402	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Clorotekal</b>	Injection, chloroprocaine HCl (Clorotekal), per 1 mg	Chloroprocaine (clorotekal)
J2403	Prior Authorization Required	<b>lheezo</b>	Chloroprocaine HCl ophthalmic, 3% gel, 1 mg	Chloroprocaine opht gel, 1mg
J2404	No Prior Authorization Required	<b>NICARDIPINE HCL 2.5MG/ML Solution</b>	Injection, nicardipine, 0.1 mg	Inj, nicardipine 0.1 mg
J2405	No Prior Authorization Required	<b>Zofran</b>	Injection, ondansetron hydrochloride, per 1 mg	Ondansetron hcl injection
J2406	No Prior Authorization Required	<b>Kimyrsa</b>	Injection, oritavancin, 10 mg	Injection, oritavancin 10 mg
J2407	No Prior Authorization Required	<b>Orbactiv</b>	Injection, oritavancin, 10 mg	Injection, oritavancin
J2410	No Prior Authorization Required		Injection, oxymorphone hcl, up to 1 mg	Oxymorphone hcl injection
J2425	No Prior Authorization Required	<b>Kepivance</b>	Injection, palifermin, 50 micrograms	Palifermin injection
J2426	No Prior Authorization Required	<b>Invega Sustenna</b>	Injection, paliperidone palmitate extended release, 1 mg	Paliperidone palmitate inj
J2427	No Prior Authorization Required	<b>Invega Trinza</b>	Injection, paliperidone palmitate extended release (Invega Hafyera or Invega Trinza), 1 mg	Inj, invega hafyera/trinza
J2430	No Prior Authorization Required	<b>Pamidronate disodium</b>	Injection, pamidronate disodium, per 30 mg	Pamidronate disodium /30 mg
J2440	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Papaverine</b>	Injection, papaverine hcl, up to 60 mg	Papaverin hcl injection
J2460	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, oxytetracycline hcl, up to 50 mg	Oxytetracycline injection
J2468	No Prior Authorization Required		Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to j2469, 25 micrograms	Inj, palonosetron (avyxa)
J2469	No Prior Authorization Required	<b>Aloxi</b>	Injection, palonosetron hcl, 25 mcg	Palonosetron hcl
J2470	No Prior Authorization Required	<b>Protonix</b>	Injection, pantoprazole sodium, 40 mg	Inj pantoprazole sodium 40mg
J2471	No Prior Authorization Required	<b>Pantoprazole</b>	Injection, pantoprazole (hikma), not therapeutically equivalent to j2470, 40 mg	Inj pantoprazole(hikma) 40mg
J2472	No Prior Authorization Required		Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	Inj, pantoprazole sodium chl
J2501	No Prior Authorization Required	<b>Zemplar</b>	Injection, paricalcitol, 1 mcg	Paricalcitol



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J2502	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Signifor LAR</b>	Injection, pasireotide long acting, 1 mg	Inj, pasireotide long acting
J2503	Prior Authorization Required	<b>Macugen</b>	Injection, pegaptanib sodium, 0.3 mg	Pegaptanib sodium injection
J2504	No Prior Authorization Required	<b>ADAGEN</b>	Injection, pegademase bovine, 25 iu	Pegademase bovine, 25 iu
J2506	No Prior Authorization Required	<b>Neulasta</b>	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Inj pegfilgrast ex bio 0.5mg
J2507	Prior Authorization Required	<b>Krystexxa</b>	Injection, pegloticase, 1 mg	Pegloticase injection
J2508	Prior Authorization Required	<b>ELFABRIO 20MG/10ML Solution</b>	Injection, pegunigalsidase alfa-iwxj, 1 mg	Pegunigalsidase alfa-iwxj
J2510	No Prior Authorization Required	<b>Penicillin G Procaine</b>	Injection, penicillin g procaine, aqueous, up to 600,000 units	Penicillin g procaine inj
J2513	No Prior Authorization Required		Injection, pentastarch, 10% solution, 100 ml	Pentastarch 10% solution
J2515	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Nembutal</b>	Injection, pentobarbital sodium, per 50 mg	Pentobarbital sodium inj
J2540	No Prior Authorization Required	<b>Penicillin G Potassium</b>	Injection, penicillin g potassium, up to 600,000 units	Penicillin g potassium inj
J2543	No Prior Authorization Required	<b>Zosyn</b>	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	Piperacillin/tazobactam
J2545	No Prior Authorization Required	<b>Nebupent</b>	Pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 300 mg	Pentamidine non-comp unit
J2547	No Prior Authorization Required	<b>Rapivab</b>	Injection, peramivir, 1 mg	Injection, peramivir
J2550	No Prior Authorization Required	<b>Phenergan</b>	Injection, promethazine hcl, up to 50 mg	Promethazine hcl injection
J2560	No Prior Authorization Required	<b>Phenobarbital</b>	Injection, phenobarbital sodium, up to 120 mg	Phenobarbital sodium inj
J2561	No Prior Authorization Required	<b>Sezaby</b>	Injection, phenobarbital sodium (Sezaby), 1 mg	Inj, sezaby, 1 mg
J2562	No Prior Authorization Required	<b>Mozobil</b>	Injection, plerixafor, 1 mg	Plerixafor injection
J2590	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Pitocin</b>	Injection, oxytocin, up to 10 units	Oxytocin injection
J2597	No Prior Authorization Required	<b>DDAVP</b>	Injection, desmopressin acetate, per 1 mcg	Inj desmopressin acetate
J2598	No Prior Authorization Required	<b>Vasopressin</b>	Injection, vasopressin, 1 unit	Inj, vasopressin, 1 unit
J2599	No Prior Authorization Required	<b>Vasopressin</b>	Injection, vasopressin (American Regent) not therapeutically equivalent to J2598, 1 unit	Inj vasopressin (am reg) 1 u
J2650	No Prior Authorization Required		Injection, prednisolone acetate, up to 1 ml	Prednisolone acetate inj
J2670	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, tolazoline hcl, up to 25 mg	Totazoline hcl injection
J2675	No Prior Authorization Required	<b>Progesterone</b>	Injection, progesterone, per 50 mg	Inj progesterone per 50 mg
J2679	No Prior Authorization Required	<b>FLUPHENAZINE HCL 2.5MG/ML Solution</b>	Injection, fluphenazine HCl, 1.25 mg	Inj fluphenazine hcl 1.25 mg
J2680	No Prior Authorization Required	<b>Prolixin</b>	Injection, fluphenazine decanoate, up to 25 mg	Fluphenazine decanoate 25 mg
J2690	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Procainamide</b>	Injection, procainamide hcl, up to 1 gm	Procainamide hcl injection
J2700	No Prior Authorization Required	<b>Oxacillin</b>	Injection, oxacillin sodium, up to 250 mg	Oxacillin sodium injection
J2704	No Prior Authorization Required	<b>Diprivan</b>	Injection, propofol, 10 mg	Inj, propofol, 10 mg

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J2710	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Bloxiverz</b>	Injection, neostigmine methylsulfate, up to 0.5 mg	Neostigmine methylsulfate inj
J2720	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Protamine</b>	Injection, protamine sulfate, per 10 mg	Inj protamine sulfate/10 mg
J2724	No Prior Authorization Required	<b>Ceprothin</b>	Injection, protein c concentrate, intravenous, human, 10 iu	Protein c concentrate
J2725	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, protirelin, per 250 mcg	Inj protirelin per 250 mcg
J2730	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Protopam</b>	Injection, pralidoxime chloride, up to 1 gm	Pralidoxime chloride inj
J2760	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Regitine</b>	Injection, phentolamine mesylate, up to 5 mg	Phentolamine mesylate inj
J2765	No Prior Authorization Required	<b>Reglan</b>	Injection, metoclopramide hcl, up to 10 mg	Metoclopramide hcl injection
J2770	No Prior Authorization Required	<b>Synercid</b>	Injection, quinupristin/dalfopristin, 500 mg (150/350)	Quinupristin/dalfopristin
J2777	Prior Authorization Required	<b>Vabysmo</b>	Injection, faricimab-svoa, 0.1 mg	Inj, faricimab-svoa, 0.1mg
J2778	Prior Authorization Required	<b>Lucentis</b>	Injection, ranibizumab, 0.1 mg	Ranibizumab injection
J2779	Prior Authorization Required	<b>Suvismo</b>	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Inj, susvimo 0.1 mg
J2781	Prior Authorization Required	<b>Syfovre</b>	Injection, pegcetacoplan, intravitreal, 1 mg	Inj, pegcetacoplan, 1mg
J2782	No Prior Authorization Required	<b>Izervay</b>	Injection, avacincaptad pegol, 0.1 mg	Inj avacincaptad pegol 0.1mg
J2783	No Prior Authorization Required	<b>Elitek</b>	Injection, rasburicase, 0.5 mg	Rasburicase
J2785	No Prior Authorization Required	<b>Lexiscan</b>	Injection, regadenoson, 0.1 mg	Regadenoson injection
J2786	Prior Authorization Required	<b>Cinqair</b>	Injection, reslizumab, 1 mg	Injection, reslizumab, 1mg
J2787	No Prior Authorization Required	<b>Photrexa</b>	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	Riboflavin 5'phos ophth<=3ml
J2788	No Prior Authorization Required	<b>HyperRho S/D, Micrhogam Ultra-Filtered Plus</b>	Injection, rho d immune globulin, human, minidose, 50 micrograms (250 i.u.)	Rho d immune globulin 50 mcg
J2790	No Prior Authorization Required	<b>HyperRho S/D, Rhogam Ultra-Filtered Plus</b>	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)	Rho d immune globulin inj
J2791	No Prior Authorization Required	<b>Rhophylac</b>	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	Rhophylac injection
J2792	No Prior Authorization Required	<b>WinRho</b>	Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	Rho(d) immune globulin h, sd
J2793	Prior Authorization Required	<b>Arcalyst</b>	Injection, rilonecept, 1 mg	Rilonecept injection
J2794	No Prior Authorization Required	<b>Risperdal Consta</b>	Injection, risperidone (risperdal consta), 0.5 mg	Inj risperdal consta, 0.5 mg
J2795	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Naropin</b>	Injection, ropivacaine hydrochloride, 1 mg	Ropivacaine hcl injection
J2796	Prior Authorization Required	<b>Nplate</b>	Injection, romiplostim, 10 micrograms	Romiplostim injection
J2797	Prior Authorization Required	<b>VARUBI</b>	Injection, rolapitant, 0.5 mg	Inj., rolapitant, 0.5 mg
J2798	No Prior Authorization Required	<b>Perseris</b>	Injection, risperidone, (perseris), 0.5 mg	Inj., perseris, 0.5 mg
J2799	No Prior Authorization Required	<b>UZEDY 25MG/0.07ML Suspension, Extended Release</b>	Injection, risperidone (Uzedy), 1 mg	Inj, uzedy, 1 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J2800	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Robaxin</b>	Injection, methocarbamol, up to 10 ml	Methocarbamol injection
J2801	No Prior Authorization Required	<b>Rykindo</b>	Injection, risperidone (Rykindo), 0.5 mg	Inj, rykindo, 0.5 mg
J2802	No Prior Authorization Required		Injection, romiplostim, 1 microgram	Inj, romiplostim 1 microgram
J2805	No Prior Authorization Required	<b>Kinevac</b>	Injection, sincalide, 5 micrograms	Sincalide injection
J2806	No Prior Authorization Required	<b>Sincalide</b>	Injection, sincalide (MAIA) not therapeutically equivalent to J2805, 5 mcg	Inj sincalide, maia, 5 mcg
J2810	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Theophylline</b>	Injection, theophylline, per 40 mg	Inj theophylline per 40 mg
J2820	No Prior Authorization Required	<b>Leukine</b>	Injection, sargramostim (gm-csf), 50 mcg	Sargramostim injection
J2840	Prior Authorization Required	<b>Kanuma</b>	Injection, sebelipase alfa, 1 mg	Inj sebelipase alfa 1 mg
J2850	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Chirhostim</b>	Injection, secretin, synthetic, human, 1 microgram	Inj secretin synthetic human
J2860	No Prior Authorization Required	<b>Sylvant</b>	Injection, siltuximab, 10 mg	Injection, siltuximab
J2910	No Prior Authorization Required		Injection, aurothioglucose, up to 50 mg	Aurothioglucose injecton
J2916	No Prior Authorization Required	<b>Ferlecit</b>	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Na ferric gluconate complex
J2919	No Prior Authorization Required	<b>Solu-Medrol</b>	Injection, methylprednisolone sodium succinate, 5 mg	Inj, methylpred sod succ 5mg
J2940	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, somatrem, 1 mg	Somatrem injection
J2941	Prior Authorization Required	<b>Humatrope, Genotropin, Genotropin Miniquick, Norditropin, Omnitrope, Serostim, Saizen, Zorbitive, Nutropin AQ Nuspin, Zomacton</b>	Somatropin injection	Injection, somatropin, 1 mg
J2950	No Prior Authorization Required		Injection, promazine hcl, up to 25 mg	Promazine hcl injection
J2993	No Prior Authorization Required	<b>Retavase</b>	Injection, reteplase, 18.1 mg	Reteplase injection
J2995	No Prior Authorization Required		Injection, streptokinase, per 250,000 iu	Inj streptokinase /250000 iu
J2997	No Prior Authorization Required	<b>Cathflo</b>	Injection, alteplase recombinant, 1 mg	Alteplase recombinant
J2998	Prior Authorization Required	<b>Ryplazim</b>	Injection, plasminogen, human-tvmh, 1 mg	Inj plasminogen tvmh 1mg
J3000	No Prior Authorization Required	<b>Streptomycin</b>	Injection, streptomycin, up to 1 gm	Streptomycin injection
J3010	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Fentanyl</b>	Injection, fentanyl citrate, 0.1 mg	Fentanyl citrate injection
J3030	No Prior Authorization Required	<b>Imitrex</b>	Injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Sumatriptan succinate / 6 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J3031	Prior Authorization Required	<b>Ajovy</b>	Injection, fremanezumab-vfrm, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Inj., fremanezumab-vfrm 1 mg
J3032	Prior Authorization Required	<b>Vyepti</b>	Inj. eptinezumab-jjmr 1 mg	Injection, eptinezumab-jjmr, 1 mg
J3055	No Prior Authorization Required	<b>Talvey</b>	Injection, talquetamab-tgvs, 0.25 mg	Inj talquetamab-tgvs 0.25 mg
J3060	Prior Authorization Required	<b>Elelyso</b>	Injection, taliglucerase alfa, 10 units	Inj, taliglucerase alfa 10 u
J3070	No Prior Authorization Required		Injection, pentazocine, 30 mg	Pentazocine injection
J3090	No Prior Authorization Required	<b>Sivextro</b>	Injection, tedizolid phosphate, 1 mg	Inj tedizolid phosphate
J3095	No Prior Authorization Required	<b>Vibativ</b>	Injection, telavancin, 10 mg	Telavancin injection
J3101	No Prior Authorization Required	<b>Tnkase</b>	Injection, tenecteplase, 1 mg	Tenecteplase injection
J3105	No Prior Authorization Required	<b>Brethine</b>	Injection, terbutaline sulfate, up to 1 mg	Terbutaline sulfate inj
J3110	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Forteo</b>	Injection, teriparatide, 10 mcg	Teriparatide injection
J3111	Prior Authorization Required	<b>Evenity</b>	Injection, romosozumab-aqqg, 1 mg	Inj. romosozumab-aqqg 1 mg
J3121	No Prior Authorization Required	<b>Testosterone Enanthate</b>	Injection, testosterone enanthate, 1 mg	Inj testostero enanthate 1mg
J3145	No Prior Authorization Required	<b>Aveed</b>	Injection, testosterone undecanoate, 1 mg	Testosterone undecanoate 1mg
J3230	No Prior Authorization Required	<b>Thorazine</b>	Injection, chlorpromazine hcl, up to 50 mg	Chlorpromazine hcl injection
J3240	No Prior Authorization Required	<b>Thyrogen</b>	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	Thyrotropin injection
J3241	No Prior Authorization Required	<b>Tepezza</b>	Inj. teprotumumab-trbw 10 mg	Injection, teprotumumab-trbw, 10 mg
J3243	No Prior Authorization Required	<b>Tygacil</b>	Injection, tigecycline, 1 mg	Tigecycline injection
J3244	No Prior Authorization Required	<b>Tigecycline</b>	Injection, tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg	Inj. tigecycline (accord)
J3245	Prior Authorization Required	<b>Ilumya</b>	Injection, tildrakizumab, 1 mg	Inj., tildrakizumab, 1 mg
J3246	No Prior Authorization Required	<b>Aggrastat</b>	Injection, tirofiban hcl, 0.25 mg	Tirofiban hcl
J3247	Prior Authorization Required	<b>Cosentyx</b>	Injection, secukinumab, intravenous, 1 mg	Inj secukinumab intrav 1mg
J3250	No Prior Authorization Required	<b>Tigan</b>	Injection, trimethobenzamide hcl, up to 200 mg	Trimethobenzamide hcl inj
J3260	No Prior Authorization Required	<b>Tobramycin</b>	Injection, tobramycin sulfate, up to 80 mg	Tobramycin sulfate injection
J3262	No Prior Authorization Required	<b>Actemra</b>	Injection, tocilizumab, 1 mg	Tocilizumab injection
J3263	No Prior Authorization Required	<b>Loqtorzi</b>	Injection, toripalimab-tpzi, 1 mg	Inj, toripalimab-tpzi, 1 mg
J3265	No Prior Authorization Required		Injection, torsemide, 10 mg/ml	Injection torsemide 10 mg/ml
J3280	No Prior Authorization Required		Injection, thiethylperazine maleate, up to 10 mg	Thiethylperazine maleate inj
J3285	Prior Authorization Required	<b>Remodulin</b>	Injection, treprostinil, 1 mg	Treprostinil injection
J3299	No Prior Authorization Required	<b>Xipere</b>	Injection, triamcinolone acetonide (xipere), 1 mg	Inj xipere 1 mg
J3300	No Prior Authorization Required	<b>Triesence</b>	Injection, triamcinolone acetonide, preservative free, 1 mg	Triamcinolone a inj prs-free
J3301	No Prior Authorization Required	<b>Kenalog</b>	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	Triamcinolone acet inj nos
J3302	No Prior Authorization Required		Injection, triamcinolone diacetate, per 5 mg	Triamcinolone diacetate inj
J3303	No Prior Authorization Required	<b>Hexatrione</b>	Injection, triamcinolone hexacetonide, per 5 mg	Triamcinolone hexacetonl inj

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J3304	Prior Authorization Required	<b>Zilretta</b>	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Inj triamcinolone ace xr 1mg
J3305	No Prior Authorization Required		Injection, trimetrexate glucuronate, per 25 mg	Inj trimetrexate glucuronate
J3310	No Prior Authorization Required		Injection, perphenazine, up to 5 mg	Perphenazine injecton
J3315	No Prior Authorization Required	<b>Trelstar</b>	Injection, triptorelin pamoate, 3.75 mg	Triptorelin pamoate
J3316	No Prior Authorization Required	<b>Triptodur</b>	Injection, triptorelin, extended-release, 3.75 mg	Inj., triptorelin xr 3.75 mg
J3320	No Prior Authorization Required		Injection, spectinomycin dihydrochloride, up to 2 gm	Spectinomycin di-hcl inj
J3350	No Prior Authorization Required		Injection, urea, up to 40 gm	Urea injection
J3355	No Prior Authorization Required	<b>BRAVELLE</b>	Injection, urofollitropin, 75 iu	Urofollitropin, 75 iu
J3357	Prior Authorization Required	<b>Stelara</b>	Ustekinumab, for subcutaneous injection, 1 mg	Ustekinumab sub cu inj, 1 mg
J3358	Prior Authorization Required	<b>Stelara</b>	Ustekinumab, for intravenous injection, 1 mg	Ustekinumab, iv inject, 1 mg
J3360	No Prior Authorization Required	<b>Valium</b>	Injection, diazepam, up to 5 mg	Diazepam injection
J3364	No Prior Authorization Required		Injection, urokinase, 5000 iu vial	Urokinase 5000 iu injection
J3365	No Prior Authorization Required		Injection, iv, urokinase, 250,000 i.u. vial	Urokinase 250,000 iu inj
J3370	No Prior Authorization Required	<b>Vancomycine</b>	Injection, vancomycin hcl, 500 mg	Vancomycin hcl injection
J3371	No Prior Authorization Required	<b>Vancomycin</b>	Injection, vancomycin HCl (Mylan) not therapeutically equivalent to J3370, 500 mg	Inj, vancomycin hcl (mylan)
J3372	No Prior Authorization Required	<b>Vancomycin</b>	Injection, vancomycin HCl (Xellia) not therapeutically equivalent to J3370, 500 mg	Inj, vancomycin hcl (xellia)
J3380	Prior Authorization Required	<b>Entyvio</b>	Injection, vedolizumab, 1 mg	Injection, vedolizumab
J3385	Prior Authorization Required	<b>Vpriv</b>	Injection, velaglycerase alfa, 100 units	Velaglycerase alfa
J3392	Carve out to state	<b>Casgev</b>	Injection, exagamglogene autotemcel, per treatment	Inj, exagamglogene autotem
J3393	Carve out to state	<b>Zynteglo</b>	Injection, betibeglogene autotemcel, per treatment	Inj, betibeglogene autotemce
J3394	Carve out to state	<b>Lyfgenia</b>	Injection, lovetibeglogene autotemcel, per treatment	Inj, lovetibeglogene autotem
J3396	No Prior Authorization Required	<b>Visudyne</b>	Injection, verteporfin, 0.1 mg	Verteporfin injection
J3397	Prior Authorization Required	<b>Mepsevii</b>	Injection, vestronidase alfa-vjkb, 1 mg	Inj., vestronidase alfa-vjkb
J3398	Carve out to state	<b>Luxturna</b>	Injection, voretigene neparovec-rzyl, 1 billion vector genomes	Inj luxturna 1 billion vec g
J3399	Carve out to state	<b>Zolgensma</b>	Inj onase abepar-xioi treat	Injection, onasemnogene abeparovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes
J3400	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, triflupromazine hcl, up to 20 mg	Triflupromazine hcl inj
J3401	Prior Authorization Required	<b>VYJUVEK Gel</b>	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> PFU/ml vector genomes, per 0.1 ml	Vyjuvek 5x10 <sup>9</sup> pfu/ml, 0.1 ml
J3410	No Prior Authorization Required	<b>Vistaril</b>	Injection, hydroxyzine hcl, up to 25 mg	Hydroxyzine hcl injection
J3411	No Prior Authorization Required	<b>Thiamine</b>	Injection, thiamine hcl, 100 mg	Thiamine hcl 100 mg
J3415	No Prior Authorization Required	<b>Pyridoxine</b>	Injection, pyridoxine hcl, 100 mg	Pyridoxine hcl 100 mg
J3420	No Prior Authorization Required	<b>Cyanocobalamine</b>	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg	Vitamin b12 injection
J3424	No Prior Authorization Required	<b>Cyanokit</b>	Injection, hydroxocobalamin, IV, 25 mg	Inj hydroxocobalamin iv 25mg
J3425	No Prior Authorization Required	<b>HYDROXOCOBALAMIN 1000MCG/ML Solution</b>	Injection, hydroxocobalamin, 10 mcg	Inj, hydroxocobalamin

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J3430	No Prior Authorization Required	<b>Mephyton</b>	Injection, phytonadione (vitamin k), per 1 mg	Vitamin k phytonadione inj
J3465	No Prior Authorization Required	<b>Vfend</b>	Injection, voriconazole, 10 mg	Injection, voriconazole
J3470	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Amphadase</b>	Injection, hyaluronidase, up to 150 units	Hyaluronidase injection
J3471	No Prior Authorization Required	<b>Vitrase</b>	Injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)	Ovine, up to 999 usp units
J3472	No Prior Authorization Required		Injection, hyaluronidase, ovine, preservative free, per 1000 usp units	Ovine, 1000 usp units
J3473	No Prior Authorization Required	<b>Hylanex</b>	Injection, hyaluronidase, recombinant, 1 usp unit	Hyaluronidase recombinant
J3475	No Prior Authorization Required	<b>Magnesium Sulfate</b>	Injection, magnesium sulfate, per 500 mg	Inj magnesium sulfate
J3480	No Prior Authorization Required	<b>Potassium Chloride</b>	Injection, potassium chloride, per 2 meq	Inj potassium chloride
J3485	No Prior Authorization Required	<b>Retrovir</b>	Injection, zidovudine, 10 mg	Zidovudine
J3486	No Prior Authorization Required	<b>Geodan</b>	Injection, ziprasidone mesylate, 10 mg	Ziprasidone mesylate
J3489	No Prior Authorization Required	<b>Reclast Zometa</b>	Injection, zoledronic acid, 1 mg	Zoledronic acid 1mg
J3490	No Prior Authorization Required	<b>Unclassified code</b>	Unclassified drugs	Drugs unclassified injection
J3490	No Prior Authorization Required	<b>Exparel</b>	Exparel 1.3% Susp	Exparel
J3520	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Edetate disodium, per 150 mg	Edetate disodium per 150 mg
J3530	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Nasal vaccine inhalation	Nasal vaccine inhalation
J3535	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Unclassified code</b>	Drug administered through a metered dose inhaler	Metered dose inhaler drug
J3570	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Laetrile, amygdalin, vitamin b17	Laetrile amygdalin vit b17
J3590	Prior Authorization Required	<b>Unclassified code</b>	Unclassified biologics	Unclassified biologics
J3590	Prior Authorization Required	<b>Skysona</b>	elivaldogene autotemcel	
J3590	Prior Authorization Required	<b>Casgevy</b>	Exagamglogene autotemcel	Exagamglogene autotemcel
J3591	No Prior Authorization Required	<b>Unclassified code</b>	Unclassified drug or biological used for esrd on dialysis	Esrd on dialysi drug/bio noc
J7030	No Prior Authorization Required	<b>Sodium Chloride 0.9%</b>	Infusion, normal saline solution , 1000 cc	Normal saline solution infus
J7040	No Prior Authorization Required	<b>Sodium Chloride 0.9%</b>	Infusion, normal saline solution, sterile (500 ml = 1 unit)	Normal saline solution infus
J7042	No Prior Authorization Required	<b>Dextrose Sodium Chloride 5%-0.9%</b>	5% dextrose/normal saline (500 ml = 1 unit)	5% dextrose/normal saline
J7050	No Prior Authorization Required	<b>Sodium Chloride 0.9%</b>	Infusion, normal saline solution, 250 cc	Normal saline solution infus
J7060	No Prior Authorization Required	<b>Dextrose 5%</b>	5% dextrose/water (500 ml = 1 unit)	5% dextrose/water
J7070	No Prior Authorization Required	<b>Dextrose 5%</b>	Infusion, d5w, 1000 cc	D5w infusion
J7100	No Prior Authorization Required	<b>LMD in D5W 10%</b>	Infusion, dextran 40, 500 ml	Dextran 40 infusion



DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J7110	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Infusion, dextran 75, 500 ml	Dextran 75 infusion
J7120	No Prior Authorization Required	<b>Lactated Ringers</b>	Ringers lactate infusion, up to 1000 cc	Ringers lactate infusion
J7121	No Prior Authorization Required	<b>Dextrose in Lactated Ringers 5%</b>	5% dextrose in lactated ringers infusion, up to 1000 cc	5% dextrose in lac ringers
J7131	No Prior Authorization Required	<b>Sodium Chloride</b>	Hypertonic saline solution, 1 ml	Hypertonic saline sol
J7165	No Prior Authorization Required	<b>Balfaxar</b>	Injection, prothrombin complex concentrate, human-lans, per IU of Factor IX activity	Inj, human-lans, per i.u
J7168	No Prior Authorization Required	<b>Kcentra</b>	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity	Prothrombin complex kcentra
J7169	No Prior Authorization Required	<b>Andexxa</b>	Inj andexxa, 10 mg	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg
J7170	Prior Authorization Required	<b>Hemlibra</b>	Injection, emicizumab-kxwh, 0.5 mg	Inj., emicizumab-kxwh 0.5 mg
J7171	Prior Authorization Required	<b>Adzyna</b>	Injection, adams13, recombinant-krhn, 10 iu	Inj, adzyna, 10 iu
J7175	Prior Authorization Required	<b>Coagadex</b>	Injection, factor x, (human), 1 i.u.	Inj, factor x, (human), 1iu
J7177	No Prior Authorization Required	<b>Fibryga</b>	Injection, human fibrinogen concentrate (fibryga), 1 mg	Inj., fibryga, 1 mg
J7178	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>RiaStap</b>	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Inj human fibrinogen con nos
J7179	Prior Authorization Required	<b>Vonvendi</b>	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rho	Vonvendi inj 1 iu vwf:rho
J7180	Prior Authorization Required	<b>Corifact</b>	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	Factor xiii anti-hem factor
J7181	Prior Authorization Required	<b>Tretten</b>	Injection, factor xiii a-subunit, (recombinant), per iu	Factor xiii recomb a-subunit
J7182	Prior Authorization Required	<b>Novoeight</b>	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	Factor viii recomb novoeight
J7183	Prior Authorization Required	<b>Wilate</b>	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rho	Wilate injection
J7185	Prior Authorization Required	<b>Xyntha</b>	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	Xyntha inj
J7186	Prior Authorization Required	<b>Alphanate</b>	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	Antihemophilic viii/vwf comp
J7187	Prior Authorization Required	<b>Humate P</b>	Injection, von willebrand factor complex (humate-p), per iu vwf:rho	Humate-p, inj
J7188	Prior Authorization Required	<b>Obizur</b>	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Factor viii recomb obizur
J7189	Prior Authorization Required	<b>Novoseven</b>	Factor viia (antihemophilic factor, recombinant), per 1 microgram	Factor viia
J7190	Prior Authorization Required	<b>Hemophil M Koate Monoclate</b>	Factor viii (antihemophilic factor, human) per i.u.	Factor viii
J7191	Prior Authorization Required		Factor viii (antihemophilic factor (porcine)), per i.u.	Factor viii (porcine)
J7192	Prior Authorization Required	<b>Advate Kogenate FS Recombinate</b>	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	Factor viii recombinant nos
J7193	Prior Authorization Required	<b>Alphanine SD Mononine</b>	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	Factor ix non-recombinant
J7194	Prior Authorization Required	<b>Profilnine</b>	Factor ix, complex, per i.u.	Factor ix complex
J7195	Prior Authorization Required	<b>Ixinity Benefix</b>	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	Factor ix recombinant nos
J7196	Prior Authorization Required	<b>Atryn</b>	Injection, antithrombin recombinant, 50 i.u.	Antithrombin recombinant
J7197	Prior Authorization Required	<b>Thrombate III</b>	Antithrombin iii (human), per i.u.	Antithrombin iii injection
J7198	Prior Authorization Required	<b>Feiba NF</b>	Anti-inhibitor, per i.u.	Anti-inhibitor



DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J7199	Prior Authorization Required		Hemophilia clotting factor, not otherwise classified	Hemophilia clot factor noc
J7200	Prior Authorization Required	<b>Rixubis</b>	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Factor ix recombinan rixubis
J7201	Prior Authorization Required	<b>Alprolix</b>	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	Factor ix alprolix recomb
J7202	Prior Authorization Required	<b>Idelvion</b>	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Factor ix idelvion inj
J7203	Prior Authorization Required	<b>Rebinyn</b>	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Factor ix recomb gly rebinyn
J7204	No Prior Authorization Required	<b>Esperocet</b>	Inj recombin esperoct per iu	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu
J7205	Prior Authorization Required	<b>Eloctate</b>	Injection, factor viii fc fusion protein (recombinant), per iu	Factor viii fc fusion recomb
J7207	Prior Authorization Required	<b>Adynovate</b>	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Factor viii pegylated recomb
J7208	Prior Authorization Required	<b>Jivi</b>	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucI, (jivi), 1 i.u.	Inj. jivi 1 iu
J7209	Prior Authorization Required	<b>Nuwiq</b>	Injection, factor viii, (antihemophilic factor, recombinant), (nuwig), 1 i.u.	Factor viii nuwig recomb 1iu
J7210	Prior Authorization Required	<b>Afstyla</b>	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	Inj, afstyla, 1 i.u.
J7211	Prior Authorization Required	<b>Kovaltry</b>	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.	Inj, kovaltry, 1 i.u.
J7212	No Prior Authorization Required	<b>Sevenfact</b>	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Factor viia recomb sevenfact
J7213	Prior Authorization Required	<b>Ixinity</b>	Injection, coagulation factor IX (recombinant), ixinity, 1 IU	Inj, ixinity, 1 i.u.
J7214	Prior Authorization Required	<b>Altuviio</b>	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviio), per Factor VIII IU	Altuviio per factor viii iu
J7294	Prior Authorization Required	<b>Annovera</b>	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea	Seg acet and eth estr yearly
J7295	Prior Authorization Required	<b>Nuvaring EluRyng</b>	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea	Eth estr and eton monthly
J7296	No Prior Authorization Required	<b>Kyleena</b>	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg	Kyleena, 19.5 mg
J7297	No Prior Authorization Required	<b>Liletta</b>	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg	Liletta, 52 mg
J7298	No Prior Authorization Required	<b>Mirena</b>	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg	Mirena, 52 mg
J7300	No Prior Authorization Required	<b>Paragard</b>	Intrauterine copper contraceptive	Intraut copper contraceptive
J7301	No Prior Authorization Required	<b>Skyla</b>	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg	Skyla, 13.5 mg
J7304	No Prior Authorization Required	<b>Xulane</b>	Contraceptive supply, hormone containing patch, each	Contraceptive hormone patch
J7306	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Levonorgestrel (contraceptive) implant system, including implants and supplies	Levonorgestrel implant sys
J7307	No Prior Authorization Required	<b>Nexplanon</b>	Etonogestrel (contraceptive) implant system, including implant and supplies	Etonogestrel implant system
J7308	No Prior Authorization Required	<b>Levulan Kerastick</b>	Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)	Aminolevulinic acid hcl top
J7309	No Prior Authorization Required		Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 gram	Methyl aminolevulinate, top
J7310	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ganciclovir, 4.5 mg, long-acting implant	Ganciclovir long act implant
J7311	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Retisert</b>	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	Inj., retisert, 0.01 mg
J7312	No Prior Authorization Required	<b>Ozurdex</b>	Injection, dexamethasone, intravitreal implant, 0.1 mg	Dexamethasone intra implant

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J7313	No Prior Authorization Required	<b>Iluvien</b>	Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg	Inj., iluvien, 0.01 mg
J7314	No Prior Authorization Required	<b>Yutiq</b>	Injection, fluocinolone acetonide, intravitreal implant (yutiq), 0.01 mg	Inj., yutiq, 0.01 mg
J7315	No Prior Authorization Required	<b>Mitosol</b>	Mitomycin, ophthalmic, 0.2 mg	Ophthalmic mitomycin
J7316	Prior Authorization Required	<b>Jetrea</b>	Injection, ocriplasmin, 0.125 mg	Inj, ocriplasmin, 0.125 mg
J7318	Prior Authorization Required	<b>Durolane</b>	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Inj, durolane 1 mg
J7320	Prior Authorization Required	<b>GenVisc</b>	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Genvisc 850, inj, 1mg
J7321	Prior Authorization Required	<b>Hyalgan Supartz</b>	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Hyalgan supartz visco-3 dose
J7321	Prior Authorization Required	<b>Hyalgan Supartz Visco-3</b>	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Hyalgan supartz visco-3 dose
J7322	Prior Authorization Required	<b>Hymovis</b>	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Hymovis injection 1 mg
J7323	Prior Authorization Required	<b>Euflexxa</b>	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Euflexxa inj per dose
J7324	Prior Authorization Required	<b>Orthovisc</b>	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Orthovisc inj per dose
J7325	Prior Authorization Required	<b>Synvisc Synvisc-One</b>	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Synvisc or synvisc-one
J7326	Prior Authorization Required	<b>Gel-One</b>	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Gel-one
J7327	Prior Authorization Required	<b>Monovisc</b>	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Monovisc inj per dose
J7328	Prior Authorization Required	<b>Gelsyn-3</b>	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	Gelsyn-3 injection 0.1 mg
J7329	Prior Authorization Required	<b>Trivisc</b>	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Inj, trivisc 1 mg
J7330	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>MACI</b>	Autologous cultured chondrocytes, implant	Cultured chondrocytes implnt
J7331	No Prior Authorization Required	<b>Synjoynt</b>	Hyaluronan or derivative, synjoynt, for intra-articular injection, 1 mg	Synjoynt, inj., 1 mg
J7332	Prior Authorization Required	<b>Triluron</b>	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Inj., triluron, 1 mg
J7336	Prior Authorization Required	<b>Qutenza</b>	Capsaicin 8% patch, per square centimeter	Capsaicin 8% patch
J7340	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Duopa</b>	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Carbidopa levodopa ent 100ml
J7342	No Prior Authorization Required	<b>Otiprio</b>	Instillation, ciprofloxacin otic suspension, 6 mg	Ciprofloxacin otic susp 6 mg
J7345	No Prior Authorization Required	<b>Ameluz</b>	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg	Aminolevulinic acid, 10% gel
J7351	Prior Authorization Required	<b>Durysta</b>	Inj bimatoprost itc imp1mcg	Injection, bimatoprost, intracameral implant, 1 microgram
J7352	Prior Authorization Required	<b>Scenesse</b>	Afamelanotide implant, 1 mg	Afamelanotide implant, 1 mg

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J7353	Prior Authorization Required	<b>Nexobrid</b>	Anacaulase-bcdb, 8.8% gel, 1 gm	Anacaulase-bcdb 8.8% gel 1 g
J7354	No Prior Authorization Required	<b>Ycanth</b>	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Cantharidin top, applicator
J7355	Prior Authorization Required	<b>iDose TR</b>	Injection, travoprost, intracameral implant, 1 microgram	Inj travoprost intra impl
J7402	Prior Authorization Required	<b>Sinuva</b>	Mometasone furoate sinus implant, (sinuva), 10 micrograms	Mometasone sinus sinuva
J7500	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Imuran</b>	Azathioprine, oral, 50 mg	Azathioprine oral 50mg
J7501	No Prior Authorization Required	<b>Azathioprine</b>	Azathioprine, parenteral, 100 mg	Azathioprine parenteral
J7502	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Neoral Sandimmune</b>	Cyclosporine, oral, 100 mg	Cyclosporine oral 100 mg
J7503	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Envarsus Rx</b>	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	Tacrol envarsus ex rel oral
J7504	No Prior Authorization Required	<b>Atgam</b>	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	Lymphocyte immune globulin
J7505	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Muromonab-cd3, parenteral, 5 mg	Monoclonal antibodies
J7507	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Prograf</b>	Tacrolimus, immediate release, oral, 1 mg	Tacrolimus imme rel oral 1mg
J7508	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Astagraf XL</b>	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	Tacrol astagraf ex rel oral
J7509	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Medrol</b>	Methylprednisolone oral, per 4 mg	Methylprednisolone oral
J7510	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Orapred Pediapred</b>	Prednisolone oral, per 5 mg	Prednisolone oral per 5 mg
J7511	No Prior Authorization Required	<b>Thymoglobulin</b>	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Antithymocyte globulin rabbit
J7512	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Prednisone</b>	Prednisone, immediate release or delayed release, oral, 1 mg	Prednisone ir or dr oral 1mg
J7513	No Prior Authorization Required		Daclizumab, parenteral, 25 mg	Daclizumab, parenteral
J7514	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Mycophenolate mofetil (myhibbin), oral suspension, 100 mg	Mycophenol (myhibbin) 100 mg
J7515	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Neoral Sandimmune</b>	Cyclosporine, oral, 25 mg	Cyclosporine oral 25 mg
J7516	No Prior Authorization Required	<b>Sandimmune</b>	Cyclosporin, parenteral, 250 mg	Cyclosporin parenteral 250mg
J7517	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Cellcept</b>	Mycophenolate mofetil, oral, 250 mg	Mycophenolate mofetil oral
J7518	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Myfortic</b>	Mycophenolic acid, oral, 180 mg	Mycophenolic acid

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J7519	No Prior Authorization Required	<b>Cellcept</b>	Injection, mycophenolate mofetil, 10 mg	Inj. mycophenolate mofetil
J7520	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Rapamune</b>	Sirolimus, oral, 1 mg	Sirolimus, oral
J7525	No Prior Authorization Required	<b>Prograf</b>	Tacrolimus, parenteral, 5 mg	Tacrolimus injection
J7527	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Zortress</b>	Everolimus, oral, 0.25 mg	Oral everolimus
J7599	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Unclassified code</b>	Immunosuppressive drug, not otherwise classified	Immunosuppressive drug noc
J7601	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	Ensifentrine inh 3 mg
J7604	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Acetylcysteine, inhalation solution, compounded product, administered through dme, unit dose form, per gram	Acetylcysteine comp unit
J7605	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Brovana</b>	Arformoterol, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 15 micrograms	Arformoterol non-comp unit
J7606	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Perforomist</b>	Formoterol fumarate, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 20 micrograms	Formoterol fumarate, inh
J7607	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Levalbuterol, inhalation solution, compounded product, administered through dme, concentrated form, 0.5 mg	Levalbuterol comp con
J7608	No Prior Authorization Required	<b>Acetylcysteine</b>	Acetylcysteine, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per gram	Acetylcysteine non-comp unit
J7609	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Albuterol Sulfate</b>	Albuterol, inhalation solution, compounded product, administered through dme, unit dose, 1 mg	Albuterol comp unit
J7610	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Albuterol Sulfate</b>	Albuterol, inhalation solution, compounded product, administered through dme, concentrated form, 1 mg	Albuterol comp con
J7611	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Ventolin Proventil</b>	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 1 mg	Albuterol non-comp con
J7612	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 0.5 mg	Levalbuterol non-comp con
J7613	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Ventolin Proventil</b>	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 1 mg	Albuterol non-comp unit
J7614	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Levalbuterol</b>	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 0.5 mg	Levalbuterol non-comp unit
J7615	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Levalbuterol</b>	Levalbuterol, inhalation solution, compounded product, administered through dme, unit dose, 0.5 mg	Levalbuterol comp unit
J7620	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Ipratropium Albuterol</b>	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, non-compounded, administered through dme	Albuterol ipratrop non-comp

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J7622	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Beclomethasone</b>	Beclomethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Beclomethasone comp unit
J7624	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Betamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Betamethasone comp unit
J7626	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Pulmicort</b>	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 0.5 mg	Budesonide non-comp unit
J7627	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Budesonide, inhalation solution, compounded product, administered through dme, unit dose form, up to 0.5 mg	Budesonide comp unit
J7628	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Bitolterol mesylate comp con
J7629	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Bitolterol mesylate comp unit
J7631	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Cromolyn sodium, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	Cromolyn sodium noncomp unit
J7632	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Cromolyn sodium, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	Cromolyn sodium comp unit
J7633	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Pulmicort</b>	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 0.25 milligram	Budesonide non-comp con
J7634	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Budesonide, inhalation solution, compounded product, administered through dme, concentrated form, per 0.25 milligram	Budesonide comp con
J7635	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Atropine, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Atropine comp con
J7636	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Atropine, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Atropine comp unit
J7637	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Dexamethasone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Dexamethasone comp con
J7638	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Dexamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Dexamethasone comp unit
J7639	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Pulmozyme</b>	Dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Dornase alfa non-comp unit
J7640	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Formoterol, inhalation solution, compounded product, administered through dme, unit dose form, 12 micrograms	Formoterol comp unit
J7641	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Flunisolide, inhalation solution, compounded product, administered through dme, unit dose, per milligram	Flunisolide comp unit
J7642	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Glycopyrrrolate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Glycopyrrrolate comp con

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J7643	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Glycopyrrolate comp unit
J7644	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Ipratropium Bromide</b>	Ipratropium bromide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Ipratropium bromide non-comp
J7645	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Atrovent</b>	Ipratropium bromide, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Ipratropium bromide comp
J7647	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Isoetharine hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Isoetharine comp con
J7648	No Prior Authorization Required		Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	Isoetharine non-comp con
J7649	No Prior Authorization Required		Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Isoetharine non-comp unit
J7650	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Isoetharine hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Isoetharine comp unit
J7657	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Isoproterenol comp con
J7658	No Prior Authorization Required		Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	Isoproterenol non-comp con
J7659	No Prior Authorization Required		Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Isoproterenol non-comp unit
J7660	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Isoproterenol comp unit
J7665	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Mannitol</b>	Mannitol, administered through an inhaler, 5 mg	Mannitol for inhaler
J7667	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams	Metaproterenol comp con
J7668	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Alupent</b>	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 10 milligrams	Metaproterenol non-comp con
J7669	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	Metaproterenol non-comp unit
J7670	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compounded Product</b>	Metaproterenol sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	Metaproterenol comp unit
J7674	No Prior Authorization Required	<b>Provocholine</b>	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	Methacholine chloride, neb
J7676	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Pentam</b>	Pentamidine isethionate, inhalation solution, compounded product, administered through dme, unit dose form, per 300 mg	Pentamidine comp unit dose



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J7677	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Yupelri	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through dme, 1 microgram	Revefenacin inh non-com 1mcg
J7680	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Terbutaline sulf comp con
J7681	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Terbutaline sulf comp unit
J7682	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Tobi	Tobramycin, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams	Tobramycin non-comp unit
J7683	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Triamcinolone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Triamcinolone comp con
J7684	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Triamcinolone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Triamcinolone comp unit
J7685	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Tobramycin, inhalation solution, compounded product, administered through dme, unit dose form, per 300 milligrams	Tobramycin comp unit
J7686	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Tyvaso	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	Treprostinil, non-comp unit
J7699	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Noc drugs, inhalation solution administered through dme	Inhalation solution for dme
J7799	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Noc drugs, other than inhalation drugs, administered through dme	Non-inhalation drug for dme
J7999	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Compounded drug, not otherwise classified	Compounded drug, noc
J8498	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Antiemetic drug, rectal/suppository, not otherwise specified	Antiemetic rectal/supp nos
J8499	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Prescription drug, oral, non chemotherapeutic, nos	Oral prescrip drug non chemo
J8501	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Emend	Aprepitant, oral, 5 mg	Oral aprepitant
J8510	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Myleran	Busulfan; oral, 2 mg	Oral busulfan
J8515	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Dostinex	Cabergoline, oral, 0.25 mg	Cabergoline, oral 0.25mg
J8520	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Xeloda	Capecitabine, oral, 150 mg	Capecitabine, oral, 150 mg
J8521	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Xeloda	Capecitabine, oral, 500 mg	Capecitabine, oral, 500 mg



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J8530	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Cytosan</b>	Cyclophosphamide; oral, 25 mg	Cyclophosphamide oral 25 mg
J8540	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Decadron</b>	Dexamethasone, oral, 0.25 mg	Oral dexamethasone
J8560	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Vpesid</b>	Etoposide; oral, 50 mg	Etoposide oral 50 mg
J8562	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Fludarabine phosphate, oral, 10 mg	Oral fludarabine phosphate
J8565	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Iressa</b>	Gefitinib, oral, 250 mg	Gefitinib oral
J8597	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Unclassified code</b>	Antiemetic drug, oral, not otherwise specified	Antiemetic drug oral nos
J8600	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Alkeran</b>	Melphalan; oral, 2 mg	Melphalan oral 2 mg
J8610	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Rheumatrex</b>	Methotrexate; oral, 2.5 mg	Methotrexate oral 2.5 mg
J8611	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Methotrexate (jylamvo), oral, 2.5 mg	Oral methotrexate (jylamvo)
J8612	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Methotrexate (xatmep), oral, 2.5 mg	Oral methotrexate (xatmep)
J8650	No Prior Authorization Required	<b>CESAMET</b>	Nabilone, oral, 1 mg	Nabilone oral
J8655	No Prior Authorization Required	<b>Akynzeo</b>	Netupitant 300 mg and palonosetron 0.5 mg, oral	Oral netupitant, palonosetron
J8670	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Varubi</b>	Rolapitant, oral, 1 mg	Varubi
J8700	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Temodar</b>	Temozolomide, oral, 5 mg	Temozolomide
J8705	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Hycamtin</b>	Topotecan, oral, 0.25 mg	Topotecan oral
J8999	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Unclassified code</b>	Prescription drug, oral, chemotherapeutic, nos	Oral prescription drug chemo
J9000	No Prior Authorization Required	<b>Adriamycin</b>	Injection, doxorubicin hydrochloride, 10 mg	Doxorubicin hcl injection
J9015	No Prior Authorization Required	<b>Proleukin</b>	Injection, aldesleukin, per single use vial	Aldesleukin injection
J9017	No Prior Authorization Required	<b>Trisenox</b>	Injection, arsenic trioxide, 1 mg	Arsenic trioxide injection
J9019	No Prior Authorization Required	<b>Erwinaze</b>	Injection, asparaginase (erwinaze), 1,000 iu	Erwinaze injection
J9020	No Prior Authorization Required		Injection, asparaginase, not otherwise specified, 10,000 units	Asparaginase, nos
J9021	No Prior Authorization Required	<b>Rylaze</b>	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	Inj, aspara, rylaze, 0.1 mg
J9022	No Prior Authorization Required	<b>Tecentriq</b>	Injection, atezolizumab, 10 mg	Inj, atezolizumab, 10 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J9023	No Prior Authorization Required	<b>Bavencio</b>	Injection, avelumab, 10 mg	Injection, avelumab, 10 mg
J9025	No Prior Authorization Required	<b>Vidaza</b>	Injection, azacitidine, 1 mg	Azacitidine injection
J9026	No Prior Authorization Required		Injection, tarlatamab-dlle, 1 mg	Inj, tarlatamab-dlle, 1 mg
J9027	No Prior Authorization Required	<b>Clolar</b>	Injection, clofarabine, 1 mg	Clofarabine injection
J9028	No Prior Authorization Required		Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Inj, nogapendekin pmln, 1mcg
J9029	No Prior Authorization Required	<b>Adstiladrin</b>	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	Inj, adstiladrin, per tx dos
J9030	No Prior Authorization Required	<b>Tice BCG</b>	Bcg live intravesical instillation, 1 mg	Bcg live intravesical 1mg
J9032	No Prior Authorization Required	<b>Beleodaq</b>	Injection, belinostat, 10 mg	Injection, belinostat, 10mg
J9033	No Prior Authorization Required	<b>Treanda</b>	Injection, bendamustine hcl (treanda), 1 mg	Inj., treanda 1 mg
J9034	No Prior Authorization Required	<b>Bendeka</b>	Injection, bendamustine hcl (bendeka), 1 mg	Inj., bendeka 1 mg
J9035	No Prior Authorization Required	<b>Avastin</b>	Injection, bevacizumab, 10 mg	Bevacizumab injection
J9036	No Prior Authorization Required	<b>Belrapzo</b>	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Inj. belrapzo/bendamustine
J9037	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Blenrep</b>	Injection, belantamab mafodotin-blmf, 0.5 mg	Inj belantamab mafodont blmf
J9039	No Prior Authorization Required	<b>Blincyto</b>	Injection, blinatumomab, 1 microgram	Injection, blinatumomab
J9040	No Prior Authorization Required	<b>Bleomycin</b>	Injection, bleomycin sulfate, 15 units	Bleomycin sulfate injection
J9041	No Prior Authorization Required	<b>Velcade</b>	Injection, bortezomib (velcade), 0.1 mg	Inj., velcade 0.1 mg
J9042	No Prior Authorization Required	<b>Adcetris</b>	Injection, brentuximab vedotin, 1 mg	Brentuximab vedotin inj
J9043	No Prior Authorization Required	<b>Jevtana</b>	Injection, cabazitaxel, 1 mg	Cabazitaxel injection
J9045	No Prior Authorization Required	<b>Paraplatin</b>	Injection, carboplatin, 50 mg	Carboplatin injection
J9046	No Prior Authorization Required	<b>Bortezomib</b>	Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg	Inj, bortezomib, dr. reddy's
J9047	No Prior Authorization Required	<b>Kyprolis</b>	Injection, carfilzomib, 1 mg	Injection, carfilzomib, 1 mg
J9048	No Prior Authorization Required	<b>Brotezomib</b>	Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg	Inj, bortezomib freseniuskab
J9049	No Prior Authorization Required	<b>Brotezomib</b>	Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg	Inj, bortezomib, hospira
J9050	No Prior Authorization Required	<b>BICNU</b>	Injection, carmustine, 100 mg	Carmustine injection
J9051	No Prior Authorization Required	<b>Brotezomib</b>	Injection, bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg	Inj, bortezomib (maia)
J9052	No Prior Authorization Required	<b>CARMUSTINE 50MG Solution Reconstituted</b>	Injection, carmustine (Accord), not therapeutically equivalent to J9050, 100 mg	Inj, carmustine (accord)
J9055	No Prior Authorization Required	<b>Erbix</b>	Injection, cetuximab, 10 mg	Cetuximab injection
J9056	No Prior Authorization Required	<b>Vivimusta</b>	Injection, bendamustine HCl (Vivimusta), 1 mg	Inj, bendamustine, 1 mg
J9057	No Prior Authorization Required	<b>Aliqopa</b>	Injection, copanlisib, 1 mg	Inj., copanlisib, 1 mg
J9058	No Prior Authorization Required	<b>Bendamustine</b>	Injection, bendamustine HCl (Apotex), 1 mg	Inj apotex/bendamustine 1 mg
J9059	No Prior Authorization Required	<b>Bendamustine</b>	Injection, bendamustine HCl (Baxter), 1 mg	Inj bendamustine, baxter 1mg
J9060	No Prior Authorization Required	<b>Platinol</b>	Injection, cisplatin, powder or solution, 10 mg	Cisplatin 10 mg injection
J9061	No Prior Authorization Required	<b>Rybrevant</b>	Injection, amivantamab-vmjw, 2 mg	Inj, amivantamab-vmjw
J9063	No Prior Authorization Required	<b>Elahere</b>	Injection, mirvetuximab soravtansine-gynx, 1 mg	Inj, elahere, 1 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J9064	No Prior Authorization Required		Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg	Inj, cabazitaxel (sandoz)
J9065	No Prior Authorization Required	<b>Mavenclad</b>	Injection, cladribine, per 1 mg	Inj cladribine per 1 mg
J9071	No Prior Authorization Required	<b>Cyclophosphamide</b>	Injection, cyclophosphamide, (AuroMedics), 5 mg	Inj cyclophosphamd auromedic
J9072	No Prior Authorization Required	<b>Cyclophosphamide</b>	Injection, cyclophosphamide, (Dr. Reddys), 5 mg	Inj cyclophos dr.reddy's 5mg
J9073	No Prior Authorization Required	<b>Cyclophosphamide</b>	Injection, cyclophosphamide (Ingenus), 5 mg	Inj cyclophosphamd (ingenus)
J9074	No Prior Authorization Required	<b>Cyclophosphamide</b>	Injection, cyclophosphamide (Sandoz), 5 mg	Inj, cyclophosphamd, sandoz
J9075	No Prior Authorization Required	<b>Cyclophosphamide</b>	Injection, cyclophosphamide, not otherwise specified, 5 mg	Inj, cyclophosphamide, nos
J9076	No Prior Authorization Required		Injection, cyclophosphamide (baxter), 5 mg	Inj, cyclophos (baxter) 5mg
J9098	No Prior Authorization Required		Injection, cytarabine liposome, 10 mg	Cytarabine liposome inj
J9100	No Prior Authorization Required	<b>Cytosar</b>	Injection, cytarabine, 100 mg	Cytarabine hcl 100 mg inj
J9118	No Prior Authorization Required	<b>Asparlas</b>	Injection, calaspargase pegol-mknl, 10 units	Inj. calaspargase pegol-mknl
J9119	No Prior Authorization Required	<b>Libtayo</b>	Injection, cemiplimab-rwlc, 1 mg	Inj., cemiplimab-rwlc, 1 mg
J9120	No Prior Authorization Required	<b>Cosmegen</b>	Injection, dactinomycin, 0.5 mg	Dactinomycin injection
J9130	No Prior Authorization Required	<b>DTIC-Dome</b>	Dacarbazine, 100 mg	Dacarbazine 100 mg inj
J9144	No Prior Authorization Required	<b>Darzalex</b>	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Daratumumab, hyaluronidase
J9145	No Prior Authorization Required	<b>Darzalex</b>	Injection, daratumumab, 10 mg	Injection, daratumumab 10 mg
J9150	No Prior Authorization Required	<b>Daunorubicin</b>	Injection, daunorubicin, 10 mg	Daunorubicin injection
J9151	No Prior Authorization Required		Injection, daunorubicin citrate, liposomal formulation, 10 mg	Daunorubicin citrate inj
J9153	No Prior Authorization Required	<b>Vyxeos</b>	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Inj daunorubicin, cytarabine
J9155	No Prior Authorization Required	<b>Firmagon</b>	Injection, degarelix, 1 mg	Degarelix injection
J9165	No Prior Authorization Required	<b>Not available in the U.S.</b>	Injection, diethylstilbestrol diphosphate, 250 mg	Diethylstilbestrol injection
J9171	No Prior Authorization Required	<b>Taxotere</b>	Injection, docetaxel, 1 mg	Docetaxel injection
J9172	No Prior Authorization Required	<b>Docivyx</b>	Injection, docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg	Docetaxel (ingenus), 1 mg
J9173	No Prior Authorization Required	<b>Imfinzi</b>	Injection, durvalumab, 10 mg	Inj., durvalumab, 10 mg
J9175	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Elliotts B Solution</b>	Injection, elliotts' b solution, 1 ml	Elliotts b solution per ml
J9176	No Prior Authorization Required	<b>Empliciti</b>	Injection, elotuzumab, 1 mg	Injection, elotuzumab, 1mg
J9177	No Prior Authorization Required	<b>Padvec</b>	Inj enfort vedo-ejfv 0.25mg	Injection, enfortumab vedotin-ejfv, 0.25 mg
J9178	No Prior Authorization Required	<b>Ellence</b>	Injection, epirubicin hcl, 2 mg	Inj, epirubicin hcl, 2 mg
J9179	No Prior Authorization Required	<b>Halaven</b>	Injection, eribulin mesylate, 0.1 mg	Eribulin mesylate injection
J9181	No Prior Authorization Required	<b>Etopophos</b>	Injection, etoposide, 10 mg	Etoposide injection
J9185	No Prior Authorization Required	<b>Fludara</b>	Injection, fludarabine phosphate, 50 mg	Fludarabine phosphate inj
J9190	No Prior Authorization Required	<b>Adrucil</b>	Injection, fluorouracil, 500 mg	Fluorouracil injection
J9196	No Prior Authorization Required	<b>Gemcitabine</b>	Injection, gemcitabine hydrochloride (Accord), not therapeutically equivalent to J9201, 200 mg	Inj gemcitabine hcl (accord)
J9198	No Prior Authorization Required	<b>Infugem</b>	Inj. infugem, 100 mg	Injection, gemcitabine hydrochloride, (infugem), 100 mg
J9200	No Prior Authorization Required	<b>FUDR</b>	Injection, floxuridine, 500 mg	Floxuridine injection

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J9201	No Prior Authorization Required	<b>Gemzar</b>	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	In gemcitabine hcl nos 200mg
J9202	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Zoladex</b>	Goserelin acetate implant, per 3.6 mg	Goserelin acetate implant
J9203	No Prior Authorization Required	<b>Mylotarg</b>	Injection, gemtuzumab ozogamicin, 0.1 mg	Gemtuzumab ozogamicin 0.1 mg
J9204	No Prior Authorization Required	<b>Poteligeo</b>	Injection, mogamulizumab-kpkc, 1 mg	Inj mogamulizumab-kpkc, 1 mg
J9205	No Prior Authorization Required	<b>Onivyde</b>	Injection, irinotecan liposome, 1 mg	Inj irinotecan liposome 1 mg
J9206	No Prior Authorization Required	<b>Camptosar</b>	Injection, irinotecan, 20 mg	Irinotecan injection
J9207	No Prior Authorization Required	<b>Ixempra</b>	Injection, ixabepilone, 1 mg	Ixabepilone injection
J9208	No Prior Authorization Required	<b>Ifex</b>	Injection, ifosfamide, 1 gram	Ifosfamide injection
J9209	No Prior Authorization Required	<b>Mesnex</b>	Injection, mesna, 200 mg	Mesna injection
J9210	Prior Authorization Required	<b>Gamifant</b>	Injection, emapalumab-lzsg, 1 mg	Inj., emapalumab-lzsg, 1 mg
J9211	No Prior Authorization Required	<b>Idamycin</b>	Injection, idarubicin hydrochloride, 5 mg	Idarubicin hcl injection
J9212	Prior Authorization Required		Injection, interferon alfacon-1, recombinant, 1 microgram	Interferon alfacon-1 inj
J9213	No Prior Authorization Required		Injection, interferon, alfa-2a, recombinant, 3 million units	Interferon alfa-2a inj
J9214	No Prior Authorization Required	<b>Intron A</b>	Injection, interferon, alfa-2b, recombinant, 1 million units	Interferon alfa-2b inj
J9215	No Prior Authorization Required	<b>Alferon N</b>	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	Interferon alfa-n3 inj
J9216	No Prior Authorization Required	<b>Actimmune</b>	Injection, interferon, gamma 1-b, 3 million units	Interferon gamma 1-b inj
J9217	No Prior Authorization Required	<b>Eligard</b>	Leuprolide acetate (for subcutaneous inj kit), 7.5 mg	Leuprolide acetate suspension
J9217	No Prior Authorization Required	<b>Eligard</b>	Leuprolide acetate (for subcutaneous inj kit), 22.5 mg	Leuprolide acetate suspension
J9217	No Prior Authorization Required	<b>Eligard</b>	Leuprolide acetate (for subcutaneous inj kit), 30 mg	Leuprolide acetate suspension
J9217	No Prior Authorization Required	<b>Eligard</b>	Leuprolide acetate (for subcutaneous inj kit), 45 mg	Leuprolide acetate suspension
J9217	No Prior Authorization Required	<b>Lupron Depot</b>	Leuprolide acetate (for depot suspension), 7.5 mg	Leuprolide acetate suspension
J9218	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Leuprolide</b>	Leuprolide acetate, per 1 mg	Leuprolide acetate injection
J9219	No Prior Authorization Required		Leuprolide acetate implant, 65 mg	Leuprolide acetate implant
J9223	No Prior Authorization Required	<b>Zepzelca</b>	Injection, lurbinectedin, 0.1 mg	Inj. lurbinectedin, 0.1 mg
J9225	No Prior Authorization Required	<b>Vantas</b>	Histrelin implant (vantas), 50 mg	Vantas implant
J9226	Prior Authorization Required	<b>Supprelin LA</b>	Histrelin implant (supprelin la), 50 mg	Supprelin la implant
J9227	No Prior Authorization Required	<b>Sarclisa</b>	Inj. isatuximab-irfc 10 mg	Injection, isatuximab-irfc, 10 mg
J9228	No Prior Authorization Required	<b>Yervoy</b>	Injection, ipilimumab, 1 mg	Ipilimumab injection
J9229	No Prior Authorization Required	<b>Besponsa</b>	Injection, inotuzumab ozogamicin, 0.1 mg	Inj inotuzumab ozogam 0.1 mg
J9230	No Prior Authorization Required	<b>Mustargen</b>	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	Mechlorethamine hcl inj
J9245	No Prior Authorization Required	<b>Alkeran</b>	Injection, melphalan hydrochloride, 50 mg	Inj melphalan hydrochl 50 mg
J9246	No Prior Authorization Required	<b>Evomela</b>	Inj., evomela, 1 mg	Injection, melphalan (evomela), 1 mg
J9247	No Prior Authorization Required	<b>Alkeran, Evomela</b>	Injection, melphalan flufenamide, 1 mg	Inj, melphalan flufenami 1mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J9248	No Prior Authorization Required	<b>Hepzato</b>	Injection, melphalan (Hepzato), 1 mg	Inj melphalan (hepzato) 1 mg
J9249	No Prior Authorization Required	<b>Alkeran</b>	Injection, melphalan (Apotex), 1 mg	Inj, melphalan (apotex) 1 mg
J9255	No Prior Authorization Required		Injection, methotrexate (Accord), not therapeutically equivalent to J9250 and J9260, 50 mg	Inj, methotrexate (accord)
J9258	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Abraxane</b>	Injection, paclitaxel protein-bound particles (Teva), not therapeutically equivalent to J9264, 1 mg	Paclitaxel (teva)
J9259	No Prior Authorization Required	<b>Paclitaxel</b>	Injection, paclitaxel protein-bound particles (American Regent) not therapeutically equivalent to J9264, 1 mg	Paclitaxel (american regent)
J9260	No Prior Authorization Required	<b>Methotrexate</b>	Methotrexate sodium, 50 mg	Methotrexate sodium inj
J9261	No Prior Authorization Required	<b>Arranon</b>	Injection, nelarabine, 50 mg	Nelarabine injection
J9262	No Prior Authorization Required	<b>Synribo</b>	Injection, omacetaxine mepesuccinate, 0.01 mg	Inj, omacetaxine mep, 0.01mg
J9263	No Prior Authorization Required	<b>Eloxatin</b>	Injection, oxaliplatin, 0.5 mg	Oxaliplatin
J9264	No Prior Authorization Required	<b>Abraxane</b>	Injection, paclitaxel protein-bound particles, 1 mg	Paclitaxel protein bound
J9266	No Prior Authorization Required	<b>Oncaspar</b>	Injection, pegaspargase, per single dose vial	Pegaspargase injection
J9267	No Prior Authorization Required	<b>Taxol</b>	Injection, paclitaxel, 1 mg	Paclitaxel injection
J9268	No Prior Authorization Required	<b>Nipent</b>	Injection, pentostatin, 10 mg	Pentostatin injection
J9269	No Prior Authorization Required	<b>Elzonris</b>	Injection, tagraxofusp-erzs, 10 micrograms	Inj. tagraxofusp-erzs 10 mcg
J9270	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, plicamycin, 2.5 mg	Plicamycin (mithramycin) inj
J9271	No Prior Authorization Required	<b>Keytruda</b>	Injection, pembrolizumab, 1 mg	Inj pembrolizumab
J9272	No Prior Authorization Required	<b>Jemperli</b>	Injection, dostarlimab-gxly, 10 mg	Inj, dostarlimab-gxly, 10 mg
J9273	No Prior Authorization Required	<b>Tivdak</b>	Injection, tisotumab vedotin-tftv, 1 mg	Inj tisotu vedotin-tftv, 1mg
J9274	No Prior Authorization Required	<b>Kimmtrak</b>	Injection, tebentafusp-tebn, 1 microgram	Inj, tebentafusp-tebn, 1 mcg
J9280	No Prior Authorization Required	<b>Mitomycin</b>	Injection, mitomycin, 5 mg	Mitomycin injection
J9281	No Prior Authorization Required	<b>Jemlyto</b>	Mitomycin pyelocalyceal instillation, 1 mg	Mitomycin instillation
J9285	No Prior Authorization Required	<b>Lartruvo</b>	Injection, olaratumab, 10 mg	Inj, olaratumab, 10 mg
J9286	No Prior Authorization Required	<b>COLUMVI 2.5MG/2.5ML Solution</b>	Injection, glofitamab-gxbm, 2.5 mg	Inj glofitamab gxbm, 2.5 mg
J9292	No Prior Authorization Required		Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	Inj, pemetrexed (avyxa) 10mg
J9293	No Prior Authorization Required	<b>Novantrone</b>	Injection, mitoxantrone hydrochloride, per 5 mg	Mitoxantrone hydrochl / 5 mg
J9294	No Prior Authorization Required		Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed, hospira 10mg
J9295	No Prior Authorization Required	<b>Portrazza</b>	Injection, necitumumab, 1 mg	Injection, necitumumab, 1 mg
J9296	No Prior Authorization Required		Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (accord) 10mg
J9297	No Prior Authorization Required		Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (sandoz) 10mg
J9298	No Prior Authorization Required	<b>Opdualag</b>	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Inj nivol relatlimab 3mg/1mg
J9299	No Prior Authorization Required	<b>Opdivo</b>	Injection, nivolumab, 1 mg	Injection, nivolumab

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J9301	No Prior Authorization Required	<b>Gazyva</b>	Injection, obinutuzumab, 10 mg	Obinutuzumab inj
J9302	No Prior Authorization Required	<b>Arzerra</b>	Injection, ofatumumab, 10 mg	Ofatumumab injection
J9303	No Prior Authorization Required	<b>Vectibix</b>	Injection, panitumumab, 10 mg	Panitumumab injection
J9304	No Prior Authorization Required	<b>Pemfexy</b>	Inj. pemetrexed, 10 mg	Injection, pemetrexed (pemfexy), 10 mg
J9305	No Prior Authorization Required	<b>Alimta</b>	Injection, pemetrexed, 10 mg	Pemetrexed injection
J9306	No Prior Authorization Required	<b>Perjeta</b>	Injection, pertuzumab, 1 mg	Injection, pertuzumab, 1 mg
J9307	No Prior Authorization Required	<b>Folotyn</b>	Injection, pralatrexate, 1 mg	Pralatrexate injection
J9308	No Prior Authorization Required	<b>Cyramza</b>	Injection, ramucirumab, 5 mg	Injection, ramucirumab
J9309	No Prior Authorization Required	<b>Polivy</b>	Injection, polatuzumab vedotin-piiq, 1 mg	Inj, polatuzumab vedotin 1mg
J9311	No Prior Authorization Required	<b>Rituxan Hycela</b>	Injection, rituximab 10 mg and hyaluronidase	Inj rituximab, hyaluronidase
J9312	No Prior Authorization Required	<b>Rituxan</b>	Injection, rituximab, 10 mg	Inj., rituximab, 10 mg
J9313	No Prior Authorization Required	<b>Lumoxiti</b>	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Inj., lumoxiti, 0.01 mg
J9314	No Prior Authorization Required		Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (teva) 10mg
J9316	No Prior Authorization Required	<b>Phesgo</b>	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Pertuzu, trastuzu, 10 mg
J9317	No Prior Authorization Required	<b>Trodelyv</b>	Injection, sacituzumab govitecan-hziy, 2.5 mg	Sacituzumab govitecan-hziy
J9318	No Prior Authorization Required	<b>Istodax</b>	Injection, romidepsin, nonlyophilized, 0.1 mg	Inj romidepsin non-lyo 0.1mg
J9319	No Prior Authorization Required	<b>Istodax</b>	Injection, romidepsin, lyophilized, 0.1 mg	Inj romidepsin lyophil 0.1mg
J9320	No Prior Authorization Required	<b>Zanosar</b>	Injection, streptozocin, 1 gram	Streptozocin injection
J9321	No Prior Authorization Required	<b>Epkinly</b>	Injection, epcoritamab-bysp, 0.16 mg	Inj epcoritamab-bysp 0.16 mg
J9322	No Prior Authorization Required		Injection, pemetrexed (BluePoint) not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (bluepoint)
J9323	No Prior Authorization Required		Injection, pemetrexed (Hospira) not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed ditromethamin
J9324	No Prior Authorization Required	<b>Pemrydi RTU</b>	Injection, pemetrexed (Pemrydi RTU), 10 mg	Inj, pemrydi rtu, 10 mg
J9325	No Prior Authorization Required	<b>Imlygic</b>	Injection, talimogene laherparepvec, per 1 million plaque forming units	Inj talimogene laherparepvec
J9328	No Prior Authorization Required	<b>Temodar</b>	Injection, temozolomide, 1 mg	Temozolomide injection
J9330	No Prior Authorization Required	<b>Torisel</b>	Injection, temsirolimus, 1 mg	Temsirolimus injection
J9331	No Prior Authorization Required	<b>Fyarro</b>	Injection, sirolimus protein-bound particles, 1 mg	Inj sirolimus prot part 1 mg
J9332	Prior Authorization Required	<b>Vyvgart</b>	Injection, efgartigimod alfa-fcab, 2mg	Inj efgartigimod 2mg
J9333	No Prior Authorization Required	<b>RYSTIGGO 140MG/ML Solution</b>	Injection, rozanolixizumab-noli, 1 mg	Inj ronzanolixizum-noli 1 mg
J9334	Prior Authorization Required	<b>Vyvgart Hytrulo</b>	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Inj efgart-alfa 2mg hya-qvfc
J9340	No Prior Authorization Required	<b>Tepadina</b>	Injection, thiotepa, 15 mg	Thiotepa injection
J9345	Prior Authorization Required	<b>Zynyz</b>	Injection, retifanlimab-dlwr, 1 mg	Inj, retifanlimab-dlwr, 1 mg
J9347	No Prior Authorization Required	<b>Imjudo</b>	Injection, tremelimumab-actl, 1 mg	Inj, tremelimumab-actl, 1 mg
J9348	No Prior Authorization Required	<b>Danyelza</b>	Injection, naxitamab-gqgk, 1 mg	Inj. naxitamab-gqgk, 1 mg
J9349	No Prior Authorization Required	<b>Monjuvi</b>	Injection, tafasitamab-cxix, 2 mg	Inj., tafasitamab-cxix
J9350	No Prior Authorization Required		Injection, mosunetuzumab-axgb, 1 mg	Inj mosunetuzumab-axgb, 1 mg



DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J9351	No Prior Authorization Required	<b>Hycamtin</b>	Injection, topotecan, 0.1 mg	Topotecan injection
J9352	No Prior Authorization Required	<b>Yondelis</b>	Injection, trabectedin, 0.1 mg	Injection trabectedin 0.1mg
J9353	No Prior Authorization Required	<b>Margenza</b>	Injection, margetuximab-cmkb, 5 mg	Inj. margetuximab-cmkb, 5 mg
J9354	No Prior Authorization Required	<b>Kadcyla</b>	Injection, ado-trastuzumab emtansine, 1 mg	Inj, ado-trastuzumab emt 1mg
J9355	No Prior Authorization Required	<b>Herceptin</b>	Injection, trastuzumab, excludes biosimilar, 10 mg	Inj trastuzumab excl biosimi
J9356	No Prior Authorization Required	<b>Herceptin Hylecta</b>	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Inj. herceptin hylecta, 10mg
J9357	No Prior Authorization Required	<b>Valstar</b>	Injection, valrubicin, intravesical, 200 mg	Valrubicin injection
J9358	No Prior Authorization Required	<b>Enhertu</b>	Inj fam-trastu deru-nxki 1mg	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
J9358	No Prior Authorization Required	<b>Enhertu</b>	Inj fam-trastu deru-nxki 1mg	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
J9359	No Prior Authorization Required	<b>Zynlonta</b>	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Inj lon tesirin-lpyl 0.075mg
J9360	No Prior Authorization Required	<b>Velban</b>	Injection, vinblastine sulfate, 1 mg	Vinblastine sulfate inj
J9361	No Prior Authorization Required		Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Inj, efbemalenograstim alfa-
J9370	No Prior Authorization Required	<b>Vincasar PFS</b>	Vincristine sulfate, 1 mg	Vincristine sulfate 1 mg inj
J9376	No Prior Authorization Required	<b>Veopoz</b>	Injection, pozelimab-bbfg, 1 mg	Inj pozelimab-bbfg, 1 mg
J9380	No Prior Authorization Required	<b>Tecvayli</b>	Injection, teclistamab-cqyv, 0.5 mg	Inj teclistamab cqyv 0.5 mg
J9381	No Prior Authorization Required	<b>Tziel</b>	Injection, teplizumab-mzwv, 5 mcg	Inj teplizumab mzwv 5 mcg
J9390	No Prior Authorization Required	<b>Navelbine</b>	Injection, vinorelbine tartrate, 10 mg	Vinorelbine tartrate inj
J9393	No Prior Authorization Required	<b>Fulvestrant</b>	Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg	Inj, fulvestrant (teva)
J9394	No Prior Authorization Required	<b>Fulvestrant</b>	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg	Inj, fulvestrant (fresenius)
J9395	No Prior Authorization Required	<b>Faslodex</b>	Injection, fulvestrant, 25 mg	Injection, fulvestrant
J9400	No Prior Authorization Required	<b>Zaltrap</b>	Injection, ziv-aflibercept, 1 mg	Inj, ziv-aflibercept, 1mg
J9600	No Prior Authorization Required	<b>Photofrin</b>	Injection, porfimer sodium, 75 mg	Porfimer sodium injection
J9999	No Prior Authorization Required	<b>Unclassified code</b>	Not otherwise classified, antineoplastic drugs	Chemotherapy drug
M0201	No Prior Authorization Required	<b>Home vaccine admin</b>	Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home	Covid-19 vaccine home admin
M0220	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>AstraZeneca</b>	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring	Tixagev and cilgav inj

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
M0221	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Tixagev and cilgav inj hm
M0222	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Eli Lilly	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	Bebtelovimab injection
M0223	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Eli Lilly	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Bebtelovimab injection home
M0224	No Prior Authorization Required		Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	Pemivibart infusion
M0240	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	Casiri and imdev repeat
M0241	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses	Casiri and imdev repeat hm
M0243	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	Casirivi and imdevi inj
M0244	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Casirivi and imdevi inj hm
M0245	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	Bamlan and etesev infusion

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
M0246	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider based to the hospital during the covid 19 public health emergency	Bamlan and etesev infus home
M0247	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	Sotrovimab infusion
M0248	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Sotrovimab inf, home admin
M0249	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Genentech	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	Adm Tocilizu COVID-19 1st
M0250	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Genentech	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose	Adm Tocilizu COVID-19 2nd
Q0112	No Prior Authorization Required		All potassium hydroxide (koh) preparations	Potassium hydroxide preps
Q0138	No Prior Authorization Required	Feraheme	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Ferumoxytol, non-esrd
Q0139	No Prior Authorization Required	Feraheme	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	Ferumoxytol, esrd use
Q0144	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Zithromax	Azithromycin dihydrate, oral, capsules/powder, 1 gram	Azithromycin dihydrate, oral
Q0155	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Dronabinol (syndros), 0.1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Dronabinol (syndros) 0.1 mg
Q0161	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Thorazine	Chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Chlorpromazine hcl 5mg oral
Q0162	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Zofran	Ondansetron 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Ondansetron oral

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Q0163	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Benadryl</b>	Diphenhydramine hydrochloride, 50 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	Diphenhydramine hcl 50mg
Q0164	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compazine</b>	Prochlorperazine maleate, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Prochlorperazine maleate 5mg
Q0166	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Kytril</b>	Granisetron hydrochloride, 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	Granisetron hcl 1 mg oral
Q0167	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Inapsine</b>	Dronabinol, 2.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Dronabinol 2.5mg oral
Q0169	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Phenergan</b>	Promethazine hydrochloride, 12.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Promethazine hcl 12.5mg oral
Q0175	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Trilafon</b>	Perphenazine, 4 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Perphenazine 4mg oral
Q0177	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Vistaril</b>	Hydroxyzine pamoate, 25 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Hydroxyzine pamoate 25mg
Q0180	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Anzemet</b>	Dolasetron mesylate, 100 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	Dolasetron mesylate oral
Q0181	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Unspecified oral dosage form, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for a iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Unspecified oral anti-emetic
Q0220	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>AstraZeneca</b>	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg	Tixagev and cilgav, 300mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
Q0221	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>AstraZeneca</b>	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg	Tixagev and cilgav, 600mg
Q0222	No Prior Authorization Required	<b>bebtelovimab</b>	Injection, bebtelovimab, 175 mg	Bebtelovimab 175 mg
Q0222	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Eli Lilly</b>	Injection, bebtelovimab, 175 mg	Bebtelovimab 175 mg
Q0224	No Prior Authorization Required		Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to covid-19 vaccination, 4500 mg	Inj, pemivibart, 4500 mg
Q0240	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, casirivimab and imdevimab, 600 mg	Casirivi and imdevi 600 mg
Q0243	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, casirivimab and imdevimab, 2400 mg	Casirivimab and imdevimab
Q0244	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, casirivimab and imdevimab, 1200 mg	Casirivi and imdevi 1200 mg
Q0245	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, bamlanivimab and etesevimab, 2100 mg	Bamlanivimab and etesevima
Q0247	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Sotrovimab</b>	Injection, sotrovimab, 500 mg	Sotrovimab
Q0249	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Genentech</b>	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	Tocilizumab for COVID-19
Q0510	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	Dispens fee immunosuppressive
Q0511	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period	Sup fee antiem,antica,immuno
Q0513	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy dispensing fee for inhalation drug(s); per 30 days	Disp fee inhal drugs/30 days

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
Q0514	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy dispensing fee for inhalation drug(s); per 90 days	Disp fee inhal drugs/90 days
Q0516	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 30-days	Supply fee hiv prep 30-days
Q0517	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 60-days	Supply fee hiv prep 60-days
Q0518	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 90-days	Supply fee hiv prep 90-days
Q0521	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription	Supply fee hiv prep fda appr
Q2004	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Renacidin</b>	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml	Bladder calculi irrig sol
Q2009	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Cerebyx</b>	Injection, fosphenytoin, 50 mg phenytoin equivalent	Fosphenytoin inj pe
Q2017	No Prior Authorization Required	<b>Teniposide</b>	Injection, teniposide, 50 mg	Teniposide, 50 mg
Q2039	No Prior Authorization Required		Influenza virus vaccine, not otherwise specified	Influenza virus vaccine, nos
Q2041	Carve out to state	<b>Yescarta</b>	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Axicabtagene ciloleucel car+
Q2042	Carve out to state	<b>Kymriah</b>	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Tisagenlecleucel car-pos t
Q2043	No Prior Authorization Required	<b>Provenge</b>	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Sipuleucel-t auto cd54+
Q2050	No Prior Authorization Required	<b>Doxil</b>	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Doxorubicin inj 10mg
Q2053	Carve out to state	<b>Tecartus</b>	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Brexucabtagene car pos t
Q2054	Carve out to state	<b>Breyanzi</b>	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Lisocabtagene mara car pos t
Q2055	Carve out to state	<b>Abecma</b>	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, p	Idecabtagene vicleucel car
Q2056	Carve out to state	<b>Carvykti</b>	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Ciltacabtagene car-pos t
Q3027	No Prior Authorization Required	<b>Avonex</b>	Injection, interferon beta-1a, 1 mcg for intramuscular use	Inj beta interferon im 1 mcg



DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
Q3028	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Rebif</b>	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Inj beta interferon sq 1 mcg
Q4074	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Ventavis</b>	Iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms	Iloprost non-comp unit dose
Q4081	No Prior Authorization Required	<b>Epogen Procrit</b>	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Epoetin alfa, 100 units esrd
Q5101	No Prior Authorization Required	<b>Zarxio</b>	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Injection, zarxio 1mcg
Q5103	No Prior Authorization Required	<b>Inflectra</b>	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Injection, inflectra 10mg
Q5104	No Prior Authorization Required	<b>Renflexis</b>	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Injection, renflexis 10mg
Q5105	No Prior Authorization Required	<b>Retacrit</b>	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Inj retacrit esrd on dialysi
Q5106	Prior Authorization Required	<b>Retacrit</b>	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Inj retacrit non-esrd use
Q5107	No Prior Authorization Required	<b>Mvasi</b>	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Inj mvasi 10 mg
Q5108	No Prior Authorization Required	<b>Fulphila</b>	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Injection, fulphila 0.5mg
Q5109	Prior Authorization Required	<b>Ixifi</b>	Injection, infliximab-qbtz, biosimilar, (ixifi), 10 mg	Injection, ixifi, 10 mg
Q5110	No Prior Authorization Required	<b>Nivestym</b>	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Injection, Nivestym 1mcg
Q5111	No Prior Authorization Required	<b>Udenyca</b>	Injection, pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg	Injection, udenyca 0.5 mg
Q5112	No Prior Authorization Required	<b>Ontruzant</b>	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	Inj ontruzant 10 mg
Q5113	No Prior Authorization Required	<b>Herzuma</b>	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Inj herzuma 10 mg
Q5114	No Prior Authorization Required	<b>Ogivri</b>	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	Inj ogivri 10 mg
Q5115	No Prior Authorization Required	<b>Truxima</b>	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Inj truxima 10 mg
Q5116	No Prior Authorization Required	<b>Trazimera</b>	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10mg	Inj, Trazimera 10mg
Q5117	No Prior Authorization Required	<b>Kanjinti</b>	Injection, trastuzumab-anns, biosimilar, (trazimera), 10mg	Inj, Kanjinti, 10mg
Q5118	No Prior Authorization Required	<b>Zirabev</b>	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10mg	Inj, Zirabev, 10mg
Q5119	No Prior Authorization Required	<b>Ruxience</b>	Inj ruxience, 10 mg	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg
Q5119	No Prior Authorization Required	<b>Ruxience</b>	Inj ruxience, 10 mg	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg
Q5120	No Prior Authorization Required	<b>Ziextenzo</b>	Inj pegfilgrastim-bmez 0.5mg	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg
Q5121	Prior Authorization Required	<b>Avsola</b>	Inj. avsola, 10 mg	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg
Q5122	No Prior Authorization Required	<b>Nyvepria</b>	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	Inj, nyvepria
Q5123	No Prior Authorization Required	<b>Riabni</b>	Injection, rituximab-arrr, biosimilar, (riabni), 10 mg	Inj. riabni, 10 mg
Q5123	No Prior Authorization Required	<b>Riabni</b>	Injection, rituximab-arrr, biosimilar, (Riabni), 10 mg	Inj. riabni, 10 mg
Q5124	Prior Authorization Required	<b>Byooviz</b>	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg	Inj. byooviz, 0.1 mg
Q5125	No Prior Authorization Required	<b>Releuko</b>	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Inj, releuko 1 mcg
Q5126	No Prior Authorization Required	<b>Alymsys</b>	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg	Inj alymsys 10 mg
Q5127	Prior Authorization Required	<b>Stimufend</b>	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	Inj, stimufend, 0.5 mg
Q5128	Prior Authorization Required	<b>Cimerli</b>	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	Inj, cimerli, 0.1 mg
Q5129	No Prior Authorization Required	<b>Vegzelma</b>	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg	Inj, vegzelma, 10 mg
Q5130	Prior Authorization Required	<b>Fynetra</b>	Injection, pegfilgrastim-pbbk (Fynetra), biosimilar, 0.5 mg	Inj, fynetra, 0.5 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
Q5131	Prior Authorization Required	<b>Idacio</b>	Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg	Inj, idacio, 20 mg
Q5132	No Prior Authorization Required	<b>ABRILADA 40MG/0.8ML Solution</b>	Injection, adalimumab-afzb (Abrilada), biosimilar, 10 mg	Inj, abrilada, 10 mg
Q5133	No Prior Authorization Required	<b>Tofidence</b>	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	Inj, tofidence, 1 mg
Q5134	No Prior Authorization Required	<b>Tyruko</b>	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	Inj, tyruko, 1 mg
Q5137	Prior Authorization Required	<b>Wezlana</b>	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	Inj, wezlana, sub cu, 1 mg
Q5138	Prior Authorization Required	<b>Wezlana</b>	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	Inj, wezlana, iv, 1 mg
Q5139	Prior Authorization Required		Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	Inj, eculizumab-aeeb, 10 mg
Q5140	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, adalimumab-fkjp, biosimilar, 1 mg	Inj adalimumab-fkjp, 1 mg
Q5141	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, adalimumab-aaty, biosimilar, 1 mg	Inj adalimumab-aaty, 1 mg
Q5142	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, adalimumab-ryvk biosimilar, 1 mg	Inj adalimumab-ryvk, 1 mg
Q5143	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, adalimumab-adbm, biosimilar, 1 mg	Inj adalimumab-adbm, 1 mg
Q5144	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Inj, idacio, 1 mg
Q5145	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	Inj, abrilada, 1 mg
Q5146	No Prior Authorization Required		Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Inj, hercessi, 10 mg
Q9950	No Prior Authorization Required	<b>Lumason</b>	Injection, sulfur hexafluoride lipid microspheres, per ml	Inj sulf hexa lipid microsph
Q9957	No Prior Authorization Required	<b>Definity</b>	Injection, perflutren lipid microspheres, per ml	Inj perflutren lip micros,ml
Q9960	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Conray</b>	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	Hocm 200-249mg/ml iodine,1ml
Q9961	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Conray</b>	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	Hocm 250-299mg/ml iodine,1ml
Q9963	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Gastrografin</b>	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	Hocm 350-399mg/ml iodine,1ml
Q9965	No Prior Authorization Required	<b>Omnipaque</b>	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	Locm 100-199mg/ml iodine,1ml
Q9966	No Prior Authorization Required	<b>Optiray</b>	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	Locm 200-299mg/ml iodine,1ml
Q9967	No Prior Authorization Required	<b>Optiray</b>	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	Locm 300-399mg/ml iodine,1ml
Q9968	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Methylene Blue Isosulfan Blue</b>	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg	Visualization adjunct
Q9969	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Tc-99m from non-highly enriched uranium source, full cost recovery add-on, per study dose	Non-heu tc-99m add-on/dose

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
Q9991	No Prior Authorization Required	<b>Sublocade</b>	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	Buprenorph xr 100 mg or less
Q9992	No Prior Authorization Required	<b>Sublocade</b>	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	Buprenorphine xr over 100 mg
Q9996	Prior Authorization Required		Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Ustekinumab- ttwe sub cu inj
Q9997	Prior Authorization Required		Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	Ustekinumab-ttwe iv inj 1 mg
Q9998	Prior Authorization Required		Injection, ustekinumab-aekn (selarsdi), 1 mg	Ustekinumab-aekn inj
S0012	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Stadol Nasal</b>	Butorphanol tartrate, nasal spray, 25 mg	Butorphanol tartrate, nasal
S0013	No Prior Authorization Required	<b>Spravato</b>	Esketamine, nasal spray, 1 mg	Esketamine, nasal spray
S0014	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Tacrine hydrochloride, 10 mg	Tacrine hydrochloride, 10 mg
S0017	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Amicar</b>	Injection, aminocaproic acid, 5 grams	Injection, aminocaproic acid
S0021	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, cefoperazone sodium, 1 gram	Injection, cefoperazone sod
S0023	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, cimetidine hydrochloride, 300 mg	Injection, cimetidine hydroc
S0028	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Pepcid</b>	Injection, famotidine, 20 mg	Injection, famotidine, 20 mg
S0032	No Prior Authorization Required	<b>Nafcillin</b>	Injection, nafcillin sodium, 2 grams	Injection, nafcillin sodium
S0034	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, ofloxacin, 400 mg	Injection, ofloxacin, 400 mg
S0039	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Septra</b>	Injection, sulfamethoxazole and trimethoprim, 10 ml	Injection, sulfamethoxazole
S0040	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, ticarcillin disodium and clavulanate potassium, 3.1 grams	Injection, ticarcillin disod
S0074	No Prior Authorization Required	<b>Cefotan</b>	Injection, cefotetan disodium, 500 mg	Injection, cefotetan disodiu
S0078	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Cerebyx</b>	Injection, fosphenytoin sodium, 750 mg	Injection, fosphenytoin sodi
S0080	No Prior Authorization Required	<b>Pentam</b>	Injection, pentamidine isethionate, 300 mg	Injection, pentamidine iseth
S0081	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, piperacillin sodium, 500 mg	Injection, piperacillin sodi
S0088	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Gleevec</b>	Imatinib, 100 mg	Imatinib 100 mg
S0090	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Viagra</b>	Sildenafil citrate, 25 mg	Sildenafil citrate, 25 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S0091	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Kytril</b>	Granisetron hydrochloride, 1 mg (for circumstances falling under the medicare statute, use q0166)	Granisetron 1mg
S0092	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Dilaudid</b>	Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump)	Hydromorphone 250 mg
S0093	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Morphine</b>	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)	Morphine 500 mg
S0104	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Retrovir</b>	Zidovudine, oral, 100 mg	Zidovudine, oral, 100 mg
S0106	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Wellbutrin SR</b>	Bupropion hcl sustained release tablet, 150 mg, per bottle of 60 tablets	Bupropion hcl sr 60 tablets
S0108	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Purixan</b>	Mercaptopurine, oral, 50 mg	Mercaptopurine 50 mg
S0109	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Dolophine</b>	Methadone, oral, 5 mg	Methadone oral 5mg
S0117	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Retin A</b>	Tretinoin, topical, 5 grams	Tretinoin topical 5 g
S0119	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Zofran</b>	Ondansetron, oral, 4 mg (for circumstances falling under the medicare statute, use hcpcs q code)	Ondansetron 4 mg
S0122	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Menopur</b>	Injection, menoprogens, 75 iu	Inj menoprogens 75 iu
S0126	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Gonal F</b>	Injection, follitropin alfa, 75 iu	Inj follitropin alfa 75 iu
S0128	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Follistim AQ</b>	Injection, follitropin beta, 75 iu	Inj follitropin beta 75 iu
S0132	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Ganirelix Acetate</b>	Injection, ganirelix acetate, 250 mcg	Inj ganirelix acetate 250 mcg
S0136	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Clozaril</b>	Clozapine, 25 mg	Clozapine, 25 mg
S0137	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Videx EC</b>	Didanosine (ddi), 25 mg	Didanosine, 25 mg
S0138	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Proscar</b>	Finasteride, 5 mg	Finasteride, 5 mg
S0139	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Minoxidil</b>	Minoxidil, 10 mg	Minoxidil, 10 mg
S0140	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Saquinavir, 200 mg	Saquinavir, 200 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S0142	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Colistimethate sodium, inhalation solution administered through dme, concentrated form, per mg	Colistimethate inh sol mg
S0145	No Prior Authorization Required	<b>Pegasys</b>	Injection, pegylated interferon alfa-2a, 180 mcg per ml	Peg interferon alfa-2a/180
S0148	No Prior Authorization Required	<b>Peg-Intron</b>	Injection, pegylated interferon alfa-2b, 10 mcg	Peg interferon alfa-2b/10
S0155	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Fiolan Diluent</b>	Sterile dilutant for epoprostenol, 50 ml	Epoprostenol dilutant
S0156	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Aromasin</b>	Exemestane, 25 mg	Exemestane, 25 mg
S0157	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Regranex</b>	Becaplermin gel 0.01%, 0.5 gm	Becaplermin gel 1%, 0.5 gm
S0160	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Zenzedi</b>	Dextroamphetamine sulfate, 5 mg	Dextroamphetamine
S0169	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Rocaltrol</b>	Calcitrol, 0.25 microgram	Calcitrol
S0170	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Arimidex</b>	Anastrozole, oral, 1 mg	Anastrozole 1 mg
S0172	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Leukeran</b>	Chlorambucil, oral, 2 mg	Chlorambucil 2 mg
S0174	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Anzemet</b>	Dolasetron mesylate, oral 50 mg (for circumstances falling under the medicare statute, use q0180)	Dolasetron 50 mg
S0175	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Flutamide</b>	Flutamide, oral, 125 mg	Flutamide 125 mg
S0176	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Hydrea</b>	Hydroxyurea, oral, 500 mg	Hydroxyurea 500 mg
S0177	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Levamisole hydrochloride, oral, 50 mg	Levamisole 50 mg
S0178	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Gleostine</b>	Lomustine, oral, 10 mg	Lomustine 10 mg
S0179	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Megace</b>	Megestrol acetate, oral, 20 mg	Megestrol 20 mg
S0182	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Matulane</b>	Procarbazine hydrochloride, oral, 50 mg	Procarbazine, oral
S0183	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Compazine</b>	Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the medicare statute, use q0164)	Prochlorperazine 5 mg
S0187	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Nolvadex</b>	Tamoxifen citrate, oral, 10 mg	Tamoxifen 10 mg
S0189	No Prior Authorization Required	<b>Testopel</b>	Testosterone pellet, 75 mg	Testosterone pellet 75 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S0190	No Prior Authorization Required	<b>Mifeprex</b>	Mifepristone, oral, 200 mg	Mifepristone, oral, 200 mg
S0191	No Prior Authorization Required	<b>Cytotec</b>	Misoprostol, oral, 200 mcg	Misoprostol, oral, 200 mcg
S0194	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Renal Caps</b>	Dialysis/stress vitamin supplement, oral, 100 capsules	Vitamin suppl 100 caps
S0197	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	<b>Prenatal Vitamins</b>	Prenatal vitamins, 30-day supply	Prenatal vitamins 30 day
S0316	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Disease management program, follow-up/reassessment	Follow-up/reassessment
S4990	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Nicotine patches, legend	Nicotine patch legend
S4991	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Nicotine patches, non-legend	Nicotine patch nonlegend
S4993	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Contraceptive pills for birth control	Contraceptive pills for bc
S5000	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Prescription drug, generic	Prescription drug, generic
S5001	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Prescription drug, brand name	Prescription drug,brand name
S5010	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		5% dextrose and 0.45% normal saline, 1000 ml	5% dextrose and 0.45% saline
S5012	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		5% dextrose with potassium chloride, 1000 ml	5% dextrose with potassium
S5013	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	5%dextrose/0.45%saline1000ml
S5014	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	D5w/0.45ns w kcl and mgs04
S5497	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cath care noc
S5498	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	Hit simple cath care



DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S5501	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit complex cath care
S5502	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	Hit interim cath care
S5517	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, all supplies necessary for restoration of catheter patency or declothing	Hit declothing kit
S5518	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, all supplies necessary for catheter repair	Hit cath repair kit
S5520	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion	Hit picc insert kit
S5521	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Hit midline cath insert kit
S5522	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing services only (no supplies or catheter included)	Hit picc insert no supp
S5523	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	Hit midline cath insert kit
S5550	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin, rapid onset, 5 units	Insulin rapid 5 u
S5551	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin, most rapid onset (lispro or aspart); 5 units	Insulin most rapid 5 u
S5552	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin, intermediate acting (nph or lente); 5 units	Insulin intermed 5 u
S5553	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin, long acting; 5 units	Insulin long acting 5 u
S5560	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin delivery device, reusable pen; 1.5 ml size	Insulin reuse pen 1.5 ml
S5561	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin delivery device, reusable pen; 3 ml size	Insulin reuse pen 3 ml
S5565	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin cartridge for use in insulin delivery device other than pump; 150 units	Insulin cartridge 150 u
S5566	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin cartridge for use in insulin delivery device other than pump; 300 units	Insulin cartridge 300 u

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S5570	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin delivery device, disposable pen (including insulin); 1.5 ml size	Insulin dispos pen 1.5 ml
S5571	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin delivery device, disposable pen (including insulin); 3 ml size	Insulin dispos pen 3 ml
S8490	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin syringes (100 syringes, any size)	100 insulin syringes
S9061	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home administration of aerosolized drug therapy (e.g., pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Medical supplies and equipme
S9325	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with s9326, s9327 or s9328)	Hit pain mgmt per diem
S9326	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont pain per diem
S9327	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit int pain per diem
S9328	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit pain imp pump diem
S9329	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with s9330 or s9331)	Hit chemo per diem
S9330	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont chem diem
S9331	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit intermit chemo diem

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S9335	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem	Ht hemodialysis diem
S9336	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont anticoag diem
S9338	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit immunotherapy diem
S9339	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit periton dialysis diem
S9345	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit anti-hemophil diem
S9346	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit alpha-1-proteinase diem
S9347	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit longterm infusion diem
S9348	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit sympathomim diem
S9349	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit tocolysis diem
S9351	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	Hit cont antiemetic diem

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S9353	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont insulin diem
S9355	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit chelation diem
S9357	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit enzyme replace diem
S9359	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit anti-tnf per diem
S9361	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit diuretic infus diem
S9363	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit anti-spasmodic diem
S9364	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, total parenteral nutrition (tpn); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes s9365-s9368 using daily volume scales)	Hit tpn total diem
S9365	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, total parenteral nutrition (tpn); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn 1 liter diem

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S9366	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn 2 liter diem
S9367	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn 3 liter diem
S9368	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn over 3l diem
S9370	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj antiemetic diem
S9372	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home therapy; intermittent anticoagulant injection therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)	Ht inj anticoag diem
S9373	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes s9374-s9377 using daily volume scales)	Hit hydra total diem
S9374	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit hydra 1 liter diem
S9375	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit hydra 2 liter diem

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S9376	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit hydra 3 liter diem
S9377	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	Hit hydra over 3l diem
S9379	Prior Authorization Required		Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit noc per diem
S9430	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy compounding and dispensing services	Pharmacy comp/disp serv
S9490	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit corticosteroid/diem
S9494	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules s9497-s9504)	Hit antibiotic total diem
S9497	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q3h diem
S9500	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q24h diem
S9501	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q12h diem
S9502	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q8h diem



DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S9503	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q6h diem
S9504	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q4h diem
S9537	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, g-csf, gm-csf); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht hem horm inj diem
S9538	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	Hit blood products diem
S9542	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj noc per diem
S9558	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj growth horm diem
S9559	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit inj interferon diem
S9560	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home injectable therapy; hormonal therapy (e.g.; leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj hormone diem
S9562	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj palivizumab diem
S9563	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj immuno diem

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S9590	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht irrigation diem
S9810	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	Ht pharm per hour