

**Bureau for Medical Services**  
**Medications Approved to Bill HCPCS J3490**  
**Updated 3/20/20**  
**Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

<b>Billing instructions: For services billed using J3490, all claims are billed as paper claims and must include the NDC, the drug name and strength, and cost invoice where applicable. See below for medications that may have special instructions beyond this requirement.</b>														
Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Allopurinol Sodium 500 mg	Aloprim Zyloprim		X	X	X									<b>Effective 10/1/2015 ICD-10</b> diagnosis codes C50.911, C50.912, C50.919, E79.0, R78.71, R78.79, R78.89, R79.0, R79.89 or R79.9 plus ICD-10-CM for Neoplasm required on claim. Drug must be billed with the code for Chemotherapy. <b>ICD-9</b> codes 174.9 or 790.6 plus ICD-9-CM for Neoplasm required on claim. <b>Drug must be billed with the code for Chemotherapy.</b>
17 Alpha-hydroxy-progesterone					X	X	X							<b>Closed 12/31/11. See J1725 after this date.</b> See Q2042, effective 7/1/11. Effective 1/1/07. Cost invoice required with claim. Pay lesser of billed charges and cost invoice. ICD-9 code V23.41 required on claim form. Service limit is one per week at 16-36 weeks gestation.
Aminocaproic Acid 250mg			X	X										
Apomorphine HCl 10mg	Apokyn		X	X										Deleted from list effective 12/31/06. See J0364.
Aztreonam 500 mg	Azactam	Antibiotic	X	X	X		X		X					
Betamethasone acetate		Anti-inflam.	X	X	X									<b>Cost invoice</b> required with claim. Pay lesser of billed charges or cost invoice.
Bevacizumab 1.25 mg.	Avastin	Anti-neoplastic						X						<b>Effective 10/1/17---</b> H35.3110, H35.3111, H35.3112, H35.3113, H35.3114, H35.3120, H35.3121, H35.3122, H35.3123, H35.3124, H35.3130, H35.3131, H35.3132, H35.3133, H35.3134, H35.3210, H35.3211, H35.3212, H35.3213, H35.2220, H35.2221, H35.2222, H35.2223, H35.3230, H35.3231, H35.3232, H35.3233. <b>Effective 10/1/2015 ICD-10 diagnosis codes</b> E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3291, E08.3292, E08.3293, E08.3311, E08.3312, E08.3313, E08.3391, E08.3392, E08.3393, E08.3411, E08.3412, E08.3413, E08.3491, E08.3492, E08.3493, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3291, E09.3292, E09.3293, E09.3311, E09.3312, E09.3313, E09.3391, E09.3392, E09.3393, E09.3411, E09.3412, E09.3413, E09.3491, E09.3492, E09.3493, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3311, E10.3312, E10.3313, E10.3411, E10.3412, E10.3413, E10.3511, E10.3512, E10.3513, E11.311, E11.312, E11.313, E11.3211, E11.3212, E11.3213, E11.3291, E11.3292, E11.3311, E11.3312, E11.3313, E11.3391, E11.3392, E11.3411, E11.3412, E11.3413, E11.3491, E11.3492, E11.3493, E11.3511, E11.3512, E11.3513, E11.3591, E11.3592, E11.3593, E13.311, E13.319, H34.8110, H34.8120, H34.8130, H34.819, H34.8310, H34.8320, H34.8330, H34.8390, H34.9, H35.051 - H35.053, H35.059, H35.071 - H35.073, H35.079, H35.20 - H35.23, H35.30, ; H35.351 - H35.353, H35.359, H35.72 - H35.723, H35.729, H35.81, H35.82 or H40.89. <b>Effective 1/1/07 to Ophthalmology. ICD-9 diagnosis code 362.5 - 362.52 must be included on claim form. Effective 5/15/09, Ophthalmology specialty approved for ICD-9 codes 362.01-362.07, 362.15, 362.16, 362.29, 362.30, 362.35, 362.36, 362.42, 362.52, 362.53, 362.83, 362.84, 365.63, and 365.89. Must include approved diagnosis on claim form. Limit of 2 per eye per month</b>
Bretium 0.25 mg	Tosylate	Anti-arrhythmic	X	X	X		X							<b>Effective 10/1/2015 ICD-10 diagnosis codes</b> E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3291, E08.3292, E08.3293, E08.3311, E08.3312, E08.3313, E08.3391, E08.3392, E08.3393, E08.3411, E08.3412, E08.3413, E08.3491, E08.3492, E08.3493, E09.311, E09.3

**Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.**

**Bureau for Medical Services**  
**Medications Approved to Bill HCPCS J3490**  
**Updated 3/20/20**  
**Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Bumetanide 0.25 mg	Bumex	Antihyper-tensive	X	X	X		X							
Bupivacaine 0.75%, 1 ml	Marcaine Sensor-caine	Peripheral Nerve Block	X	X	X		X							0.75% / 10ml allowed when billed with 62310, 62311, 62318, 62319, 64400 - 64530. Not payable when billed with other procedures.
Cefotetan	Cefotan	Antibiotic	X	X										Cost invoice with NDC required with claim. Pay lesser of billed charges and cost invoice.
Cimetidine HCl 150 mg	Tagamet	Anti-histamine	X	X	X		X							Effective 10/1/2015 ICD-10 diagnosis codes R11.0, R11.2, or R11.10 - R11.12 ICD-9 codes 787.01, 787.02 or 787.03 required on claim form.
Clavulanate Potassium Ticarcillin Disodium 0.1 - 3G	Timentin	Antibiotic	X	X	X		X		X					
Clindamycin Phosphate 150 mg	Cleocin Clindamax	Antibiotic	X	X	X		X		X					
Dantrolene Sodium 20mg	Dantrium	Antidote	X	X	X		X							Cost invoice with NDC required with claim. Pay lesser of billed charges and cost invoice.
Dextrose 50% 50ml			X	X	X		X							
Diltiazem HCl 5mg	Cardizem	Antianginal	X	X	X		X							
Edrophonium Chloride 10mg	Tensilon Reverso	Antidote	X	X	X		X							Effective 10/1/2015 ICD-10 diagnosis codes G70.00 or G70.01 ICD-9 358.00 - 358.01 required on claim form.
Enalaprilat 1.25mg	Vasotec	Antihyper-tensive	X	X	X									
Esmolol HC 10 mg	Brevibloc	Anti-arrhythmic	X	X	X		X							Effective 10/1/2015 ICD-10 diagnosis code I49.8 or R00.1 ICD-9 427.89 required on claim form.
Ethacrynate Sodium 50 mg	Edecrin	Diuretic	X	X	X		X							Cost invoice required with claim. Pay lesser of billed charges and cost invoice.
Famotidine 10 mg	Pepcid		X	X	X		X							
Flumazenil 0.1 mg	Romazicon Mazicon	Antidote	X	X	X		X							Effective 10/1/2015 ICD-10 diagnosis codes T50.901A - T50.904A ICD-9 977.9 required on claim form.
Folic Acid 5mg	Folate		X	X	X		X							
Glycopyrrrolate 0.2 mg	Robinul	Antichole-nergic	X	X	X		X							
Isoproterenol HCl 0.2 mg	Isuprel	Bronchodil-ator	X	X	X		X							Cost invoice with NDC required with claim. Pay lesser of billed charges and cost invoice.
Labetalol HCl 5 mg	Trandate Normo-dyne		X	X	X		X							Effective 10/1/2015 ICD-10 diagnosis code I10 Covered for IV in office only. ICD-9 code 401.0 required on claim form.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services  
Medications Approved to Bill HCPCS J3490  
Updated 3/20/20  
Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Lidocaine 1 ml			X	X	X									<b>Covered separately when billed on same day as 62310, 62311, 62318, 62319, 64400-64484, 64505-64530. Not payable when billed with other procedures.</b>
Metoprolol Tartrate 1 mg	Lopressor	Antihyper-tensive	X	X	X							X		<b>Covered only when given IV with Dobutamine J1250 during Dobutamine Stress Test. J3490 &amp; J1250 must be billed on same date of service.</b>
Metronidazole 500 mg	Flagyl	Amebicide	X	X	X		X							
Minocycline HCl 100 mg	Dynacin Minocin	Antibiotic	X	X	X		X		X					<b>Cost invoice with NDC required with claim. Pay lesser of billed charges and cost invoice.</b>
Morrhuate Sodium 50mg		Sclerosing Agent	X	X	X									<b>Bill with CPT codes 43204 and 46500</b>
Nafcillin Sodium 1 g	Unipen Nallpen	Anitbiotic	X	X	X		X		X					
Nitroglycerine 5 mg	Nitrostat	Anti-anginal	X	X	X		X							
Pantoprazole Sodium 40mg	Protonix	Gastric Acid Secretion Inhibitor	X	X	X		X							
Potassium Acetate 2 mEq	Klor-Con	Electrolyte Supple-ment			X		X							
Rifampin 600 mg	Rifacin Rimactane	Antibiotic	X	X	X		X							
Sodium Acetate 2 mEq		Alkalinizing Agent			X		X							
Sodium Bicarbonate 8.4%, 50 ml		Alkalini-zing Agent			X		X							
Valproate Sodium 100 mg	Depacon		X	X	X		X							<b>Effective 10/1/2015 ICD-10 diagnosis codes G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801 - G40.804, G40.811 - G40.814, G40.821 - G40.824, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A01, G40.A09, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11 or G40.B19</b> <b>ICD-9 code 345.00 - 345.91 required on claim form.</b>
Vasopressin 20 u	Pitressin	Antidiuretic	X	X	X		X							
Verapamil HCl 2.5 mg	Calan Calan SR Isoptin SR	Anti-anginal	X	X	X		X							
Ferumoxylol Injection 510 mg.	Feraheme	Iron therapy	X	X	X		X			X				<b>Closed 12/31/09(not billable with J3490). See Q0138 &amp; Q0139 afer this date. Effective 6/30/09. Claim must be billed with ICD-9 codes 585.1- 585.9 and 280.0 - 280.9. 1 unit = 1 vial.</b>

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services**  
**Medications Approved to Bill HCPCS J3490**  
**Updated 3/20/20**  
**Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Testosterone pellet, 75 mg.	Testopel	Hormone replacement	X	X	X		X							<b>Effective 10/1/2015</b> ICD-10 diagnosis codes E29.1, E29.8, or E29.9 <b>Effective 1/1/09.</b> Restricted to <b>ICD-9</b> codes 257.2, 257.8, 257.9. Minimum age 18. 1 unit = 1 pellet.
Regadenoson 0.1 mg.	Lexiscan	Vasodilator	X	X	X									Closed 12/31/08. See J2785 after this date. Effective 10/1/08. Cost invoice with NDC required.
Pralatrexate injection	Folotyng	Metabolic inhibitor	X	X	X									<b>Closed 12/31/10.</b> See J9307 after this date. Outpatient hospital must use C9259, effective 4/1/10 - 12/31/10. Effective 9/25/09. Cost invoice with NDC required. Restricted to ICD-9 codes 202.70 - 202.78. Minimum age restriction of 18 years.
Remifentanyl HCl	Ultiva	Anesthetic/Analgesic	X	X										<b>Effective 1/1/09.</b> Cost invoice with NDC required.
Lacosamide 1 mg. injection	Vimpat	Anti-convulsive	X	X							X			<b>Effective 10/1/2015 ICD-10 diagnosis codes</b> G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801 - G40.804, G40.811 - G40.814, G40.821 - G40.824, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A01, G40.A09, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11 or G40.B19 <b>Effective 1/1/10.</b> Cost invoice with NDC required. <b>ICD-9</b> restriction of 345.00 - 345.91. Minimum age restriction of 17 years. Service limit of 400 mg. daily applies.
Paliperidone palmitate 1 mg. injection	Invega Sustenna	Anti-psychotic	X	X	X						X			<b>Closed 12/31/10.</b> See J2426 after this date. Outpatient hospital must use C9255, effective 1/1/10 - 12/31/10. Effective 1/1/10. Cost invoice with NDC required. ICD-9 restriction of 295.00 - 295.95. Minimum age restriction of 18 years. Service limit of 234 mg. daily applies.
Dexamethasone intravitreal implant	Ozurdex	Anti-inflammatory	X	X				X						<b>Closed 12/31/10.</b> See J7312 after this date. Outpatient hospital must use C9256, effective 1/1/10 - 12/31/10. Effective 1/1/10. Cost invoice with NDC required. ICD-9 restriction of 362.83 and 362.35, or 362.83 and 362.36. <b>New ICD-9 diagnosis 363.00 - 363.08 effective 9/24/10.</b> Minimum age restriction of 16 years.
C1 esterase inhibitor (human) injection	Berinert	Protein C-1 inhibitor	X	X	X		X				X			<b>Closed 12/31/10.</b> See J0597 after this date. Effective 10/9/09(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 277.6. Minimum age restriction of 12 years.
Olanzapine pamoate LA, injection	Zyprexa Relprevv	Anti-psychotic	X	X	X		X				X			<b>Closed 12/31/10.</b> See J2358 after this date. Effective 12/11/09(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 295.00 - 295.95. Minimum age restriction of 18 years. Service limit of 405 mg. in 28 days applies.
Ofatumumab, injection	Arzerra	Anti-neoplastic			X									<b>Closed 12/31/10.</b> See J9302 after this date. Effective 10/26/09(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 204.10 - 204.12. Minimum age restriction of 18 years. Service limit of 2000 mg. in 7 days applies.
Collagenase clostridium histolyticum, injection	Xiaflex	Enzymatic	X	X	X		X							<b>Closed 12/31/10.</b> See J0775 after this date. Outpatient hospital must use C9266, effective 7/1/10 - 12/31/10. Effective 2/2/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 728.6. Minimum age restriction of 18 years.
Telavancin, injection	Vibativ	Anti-bacterial	X	X	X		X				X			<b>Closed 12/31/10.</b> See J3095 after this date. Outpatient hospital must use C9258, effective 4/1/10 - 12/31/10. Effective 9/11/09(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 680.0 - 686.9 and 041.0 - 041.9. Minimum age restriction of 18 years.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services**  
**Medications Approved to Bill HCPCS J3490**  
**Updated 3/20/20**  
**Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Ecaltantide, injection	Kalbitor	Kallikrein inhibitor	X	X	X		X				X			<b>Closed 12/31/10.</b> See J1290 after this date. Outpatient hospital must use C9263, effective 4/1/10 - 12/31/10. Effective 11/27/09(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 277.6. Minimum age restriction of 16 years. Service limit of 30 mg. per day applies.
Alglucosidase alfa, injection	Lumizyme	Enzymatic	X	X	X									<b>Closed 12/31/11.</b> See J0221. Effective 5/24/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 271.0. Minimum age restriction of 8 years and above. Outpatient hospital must use C9277, effective 1/1/11.
Ustekinumab, injection	Stelara	Antipsoriatic	X	X	X									<b>Closed 12/31/10.</b> See J3357 after this date. Effective 9/25/09(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 696.0 - 696.8. Minimum age restriction of 18 and above.
Denosumab, injection	Prolia	Osteoporotic	X	X	X									<b>Closed 12/31/11.</b> See J0897. Effective 6/1/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 733.01. Service limit of 60 mg. twice yearly(every six months) applies. Outpatient hospital must use C9272, effective 10/1/10.
Tocilizumab, injection	Actemra	Immunologic	X	X	X									<b>Closed 12/31/10. See J3262. Effective 1/8/10(FDA approval). Cost invoice with NDC required. ICD-9</b> restricton of 714.0 - 714.2. Minimum age restriction of 16 years and above. Service limit of 800 mg. once monthly(every 28 days) applies.
von Willebrand/Factor VIII complex (human)	Wilate	Coagulation factor	X	X	X									<b>Closed 12/31/10.</b> See J7184 after this date. Outpatient hospital must use C9267, effective 7/1/10 - 12/31/10. Effective 12/4/09(FDA approval). Cost invoice with NDC required. Submit physician's order with claim. ICD-9 restriction of 286.4. Minimum age restriction of 5 years and above.
Capsaicin 8% patch	Qutenza	Analgesic	X	X	X									<b>Closed 12/31/10.</b> See J7335 after this date. Outpatient hospital must use C9268, effective 7/1/10 - 12/31/10. Effective 11/16/09(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 053.19. Minimum age restriction of 18 years and above. Service limit not to exceed once every 3 months.
Cabazitaxel, injection	Jevtana	Antineoplastic	X	X	X									<b>Closed 12/31/11. See J9043.</b> Effective 6/17/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 185.0. Outpatient hospital must use C9276, effective 1/1/11.
Sodium hyaluronate, injection	Synvisc 1	Viscosupplementation	X	X	X		X							<b>Closed 12/31/09.</b> See J7325 after this date. Effective 2/26/09(FDA approval). Cost invoice required. ICD-9 restriction of 715.00 - 715.98 or 716.00 - 716.99. Service limit of 1 injection each knee in 6 months(4 injections total per year).
Injection, romidepsin, 1 mg	Istodax	Antineoplastic	X	X	X						X			<b>Closed 12/31/10.</b> See J9315 after this date. Outpatient hospital must use C9265, effective 7/1/10 - 12/31/10. Effective 11/5/09(FDA approval). Physician provider type is Oncology specialty only. Cost invoice with NDC required. Restricted to <b>ICD-9</b> diagnosis 202.10 - 202.28. Restricted to age 18 and above.
Injection, denosumab, 120 mg	Xgeva	Osteoporotic	X	X	X						X			<b>Closed 12/31/11.</b> See J0897. Effective 6/1/10(FDA approval). Cost invoice with NDC required. <b>ICD-9 restriction of 162.0 - 162.9, 174.0 - 174.9, 175.0 - 175.9, 185, 189.0, 189.1, 193, 198.5, 733.01 - 733.19 for Hospital and Physician.</b> ICD-9 restriction of 733.01 - 733.19 only for Home infusion provider. Minimum age restriction 18 years and above. Service limit of 120 mg. (1 unit) monthly applies. Outpatient hospital must use C9272, effective 10/1/10.
Injection, velaglucerase alfa, 100 u.	Vpriv	Enzymatic	X	X	X									<b>Closed 12/31/10.</b> See J3385 after this date. Outpatient hospital must use C9271, effective 10/1/10 - 12/31/10. Effective 2/26/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 272.7. Minimum age restriction of 4 years. Service limit of 1650 units per month applies.
Injection, eribulin mesylate, 1 mg.	Halaven	Antineoplastic	X	X	X									<b>Closed 12/31/11.</b> See J9179. Effective 11/15/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 174.0 - 175.9 or 198.81. Minimum age restriction of 18 years and above. Service limit of 8 mg. in 21 days applies. Outpatient hospital must use C9280, effective 4/1/11.

**Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.**

**Bureau for Medical Services**  
**Medications Approved to Bill HCPCS J3490**  
**Updated 3/20/20**  
**Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Injection, pegloticase, 1 mg.	Krystexxa	Hyperuricemic	X	X	X						X			<b>Closed 12/31/11.</b> See J2507. Effective 9/14/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 274.0 - 274.89. Minimum age restriction of 18 years and above. Service limit of 16 mg. monthly applies. Outpatient hospital must use C9281, effective 4/1/11.
Injection, ceftaroline fosamil, 10 mg.	Teflaro	Antibacterial	X	X	X						X			<b>Closed 12/31/11.</b> See J0712. Effective 10/29/10(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 041.00 - 041.89 or 482.0 - 482.89. Minimum age restriction of 18 years and above. Service limit of 1200 mg. daily applies. Outpatient hospital must use C9282, effective 4/1/11.
Injection, belimumab	Benlysta	Immunologic	X	X	X						X			<b>Closed 12/31/11.</b> See J0490. Effective 3/10/11(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 710.0. Minimum age restriction of 16 years. Service limit of 2600 mg. monthly applies.
Alpha-1 Proteinase inhibitor (Human)	Glassia	Enzymatic	X	X	X						X			<b>Closed 12/31/11.</b> See J0257. Effective 7/1/10(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 492.8. Minimum age restriction of 16 years. Service limit of 8200 mg. weekly applies.
Injection, sipuleucel-T	Provenge	Antineoplastic	X	X	X						X			<b>Closed 6/30/11.</b> See Q2043. Effective 4/29/10(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 185. Minimum age restriction of 18 years. Service limit of 1 infusion bag every two weeks.
Hemophilic Factor XIII (Human)	Corifact	Anti-hemophilic	X	X	X						X			<b>Closed 12/31/11.</b> See J7180. Effective 2/14/11(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 286.3.
Injection, ipilimumab	Yervoy	Antibody	X	X	X						X			<b>Closed 12/31/11.</b> See J9228. Effective 3/25/11(FDA approval). Cost invoice with NDC required. <b>ICD-9 diagnosis restriction of 154.2, 154.3, 172.0 - 172.9, 184.0 - 184.4, 187.1 - 187.9, 196.0 - 196.9, 197.0 - 197.8, 198.0 - 198.8.</b> Minimum age restriction of 16 years. Service limit of 400 mg. every 21 days applies. Out patient hospital must use C9284, effective 7/1/11.
Patch, lidocaine 70 mg., tetracaine 70 mg.	Synera	Local Anesthetic			X									<b>Effective 7/1/11. Cost invoice with NDC required. Outpatient hospital must use C9285, effective 7/1/11.</b>
Injection, belatacept 250 mg.	Nulojix	Organ rejection prophylaxis	X	X	X									<b>Closed 12/31/12. See J0483 after this date.</b> Effective 6/15/11. Cost invoice with NDC required. Must bill with V42.0 Minimum age restriction of 18 years. Service limit of 1350 mg. per dose applies. <b>Outpatient hospital must use C9286, effective 10/1/11.</b>
Injection, brentuximab vedotin 1 mg.	Adcetris	Antineoplastic	X	X	X						X			<b>Closed 12/31/12. See J9042 after this date.</b> Effective 8/19/11(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 200.60 - 200.68 or 201.00 - 201.98. Minimum age restriction of 18 years. Service limit of 180 mg. per day applies. Outpatient hospital must use C9287, effective 1/1/12.
Injection, asparaginase (Erwinia chrysanthemi)	Erwinaze	Antineoplastic	X	X	X						X			<b>Closed 12/31/12. See J9019 after this date.</b> Effective 11/18/11(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 204.00 - 204.02. Outpatient hospital must use C9289, effective 4/1/12.
Injection, intravitreal, aflibercept, 2 mg.	Eylea	Neovascular (AWD)	X	X	X									<b>Closed 6/30/12. See Q2046 after this date.</b> Effective 11/18/11(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 362.52. Minimum age restriction of 16 years. Service limit of 4 mg. weekly applies. Outpatient hospital must use C9291, effective 4/1/12.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services  
Medications Approved to Bill HCPCS J3490  
Updated 3/20/20  
Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Injection, peginesatide	Omontys	Erythropoiesis stimulating agent								X				<b>Closed 6/30/12. See Q2047 after this date.</b> Effective 3/27/12(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 285.21 and 585.6. Minimum age restriction of 16 years.
Injection, taliglucerase alfa, 200 u.	Elelyso	Enzymatic	X	X	X									<b>Closed 12/31/13. See J3060 after this date.</b> Effective 5/1/12(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 272.7. Minimum age restriction of 16 years. Service limit of 41 units every two weeks applies. Outpatient hospital must use C9294, effective 1/1/13.
Injection, pertuzumab, 420 mg.	Perjeta	Anti-neoplastic	X	X	X									<b>Closed 12/31/13. See J9306 after this date.</b> Effective 6/8/12(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 174.0 - 175.9. Minimum age restriction of 16 years. Service limit of 2 units every three weeks applies. Outpatient hospital must use C9292, effective 10/1/12.
Injection, carfilzomib 60 mg.	Kyprolis	Anti-neoplastic	X	X	X									<b>Closed 12/31/13. See J9047 after this date.</b> Effective 7/20/12(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 203.02. Minimum age restriction of 16 years. Outpatient hospital must use C9295, effective 1/1/13.
Injection, ziv-aflibercept 25 mg.	Zaltrap	Anti-neoplastic	X	X	X									<b>Closed 12/31/13. See J9400 after this date.</b> Effective 8/3/12(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 153.0 - 153.9, 154.0, 154.1, or 154.8. Minimum age restriction of 16 years. Service limit of 550 mg. per 14 days applies. Outpatient hospital must use C9296, effective 1/1/13.
Injection, omacetaxine mepesuccinate 0.01 mg.	Synribo	Anti-neoplastic	X	X	X									<b>Closed 12/31/13. See J9262 after this date.</b> Effective 10/26/12(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 205.10 - 205.12. Minimum age restriction of 16 years. Outpatient hospital must use C9297 after 4/1/13.
Injection, ocriplasmin intravitreal, 2.5 mg.	Jetrea	Ophthalmic	X	X				X						<b>Closed 12/31/13. See J7316 after this date.</b> Effective 10/17/12(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 379.27. Minimum age restriction of 16 years. Outpatient hospital must use C9298 after 4/1/13.
Pooled plasma, human, solution for IV	Octaplas	Blood product	X	X	X									<b>Effective 10/1/2015 ICD-10 diagnosis codes D68.32, D68.4 or M31.1</b> <b>Effective 1/17/13(FDA approval). Cost invoice with NDC required.</b> ICD-9 diagnosis restriction of 286.7 or 446.6. Minimum age restriction of 16 years.
Injection, ado-trastuzumab emtansine	Kadcyla	Antineoplastic	X	X	X									<b>Closed 12/31/13. See J9354 after this date.</b> Effective 2/22/13(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 174.0 - 174.9 or 175.0 - 175.9. Minimum age restriction of 16 years. Outpatient hospital must use C9131 after 7/1/13.
Intrauterine, Levonorgestrel, 13.5 mg.	Skyla	Contraceptive	X	X	X	X	X							<b>Closed 12/31/13. See J7301. See Q0090, effective 7/1/13.</b> Effective 1/9/13(FDA approval). Cost invoice with NDC required. Minimum age restriction of 16 years. Service limit of 1 insertion per 3 year period.
Injection, Radium Ra-223 dichloride	Xofigo	Antineoplastic	X	X	X									<b>Effective 10/1/2015 ICD-10 diagnosis codes C61, C79.51, or C79.52</b> <b>Effective 5/15/13 (FDA approval). Cost invoice with NDC required.</b> ICD-9 diagnosis restriction of 185 or 198.5.
Injection, Coagulation factor IX, (recombinant)	Rixubis	Antihemophilic	X	X	X									<b>Closed 12/31/14. See J7200 after this date.</b> Effective 6/26/13(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 286.1. Minimum age restriction removed, effective 9/12/14.

**Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.**

**Bureau for Medical Services**  
**Medications Approved to Bill HCPCS J3490**  
**Updated 3/20/20**  
**Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Botulinum Antitoxin Heptavalent(A, B, C, D, E, F, G), equine	BAT	Antitoxin	X	X	X									<b>Effective 10/1/2015 ICD-10 diagnosis codes A05.1 or A48.51</b> <b>Effective 3/22/13 (FDA approval). Cost invoice with NDC required.</b> ICD-9 diagnosis restriction of 005.1 or 040.41.
Injection, Prothrombin Complex concentrate(human)	Kcentra	Coagulant	X	X	X									<b>Effective 10/1/2015 ICD-10 diagnosis code D68.32 or D68.4</b> <b>Effective 4/29/13(FDA approval). Cost invoice with NDC required.</b> ICD-9 diagnosis restriction of 286.7. Minimum age restriction of 16 years.
Injection, ferric carboxymaltose	Injectafer	Iron therapy	X	X	X									<b>Closed 6/30/14. See Q9970 after this date.</b> Effective 7/25/13(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 280.1 - 280.9. Minimum age restriction of 16 years. Service limit of 750 mg. per dose (15 ml. vial) applies. Outpatient hospital must use C9441 after 1/1/14.
Injection, tbo-filgrastim, 5 mcg.	Granix	Leukocyte stimulant	X	X	X									<b>Effective 10/1/2015 ICD-10 diagnosis codes D70.8</b> <b>Effective 8/29/12 (FDA approval). Cost invoice with NDC required.</b> ICD-9 diagnosis restriction of 288.09. Minimum age restriction of 16 years.
Injection, golimumab, 12.5 mg.	Simponi Aria	TNF inhibitor	X	X	X		X							<b>Effective 10/1/2015 ICD-10 diagnosis codes M05.711, M05.712, M05.719, M05.721, M05.722, M05.729, M05.731, M05.732, M05.739, M05.741, M05.742, M05.749, M05.751, M05.752, M05.759, M05.761, M05.762, M05.769, M05.811, M05.812, M05.819, M05.821, M05.822, M05.829, M05.831, M05.832, M05.839, M05.841, M05.842, M05.849, M05.851, M05.852, M05.859, M05.861, M05.862, M05.869, M06.071, M06.072, M06.079, M06.211, M06.212, M06.219, M06.221, M06.222, M06.229, M06.231, M06.232, M06.239, M06.241, M06.242, M06.249, M06.251, M06.252, M06.259, M06.261, M06.262, M06.269, M06.811, M06.812, M06.819, M06.821, M06.822, M06.829, M06.831, M06.832, M06.839, M06.841, M06.842, M06.849, M06.851, M06.852, M06.859, M06.861, M06.862, M06.869, M06.871, M06.872, M06.879 or M06.9</b> <b>Effective 7/18/13 (FDA approval). Cost invoice with NDC required.</b> ICD-9 diagnosis restriction of 714.0. Minimum age restriction of 18 years.
Injection, vinCRISine sulfate, liposomal, 0.16 mg.	Marqibo	Antineoplastic	X	X	X									<b>Effective 10/1/2015 ICD-10 diagnosis codes C91.00 - C91.02, C91.10 - C91.12, C91.30 - C91.32, C91.50 - C91.52, C91.60 - C91.62, C91.90 - C91.92, C91.A0 - C91.A2, or C91.Z0 - C91.Z2</b> <b>Effective 8/9/12 (FDA approval). Cost invoice with NDC required.</b> ICD-9 diagnosis restriction of 204.00 - 204.92. Minimum age restriction of 16 years.
Injection, obinutuzumab, 25 mg.	Gazyva	Antineoplastic	X	X	X									<b>Closed 12/31/14. See J9301 after this date.</b> Effective 11/1/13(FDA approval date). Cost invoice with NDC required. ICD-9 diagnosis restriction of 204.10. Minimum age restriction of 16 years. Service limit--maximum dosage of 1000 mg. applies.
Injection, Coagulation factor XIIIa, recombinant	Tretten	Antihemophilic	X	X	X									<b>Closed 12/31/14. See J7181 after this date.</b> Effective 12/23/13(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 286.3. Outpatient hospital must use C9134 after 7/1/14.
Injection, Elosulfase alfa, 5 mg/5 ml.	Vimizim	Enzymatic	X	X	X									<b>Closed 12/31/14. See J1322 after this date.</b> Effective 2/14/14(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 277.5. Minimum age restriction of 5 years. Outpatient hospital must use C9022 after 7/1/14.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.



Bureau for Medical Services  
 Medications Approved to Bill HCPCS J3490  
 Updated 3/20/20  
 Version 46

Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Injection, Coagulation factor IX, (recombinant), Fc Fusion protein	Alprolix	Antihemophilic	X	X	X									<b>Closed 12/31/14. See J7201 after this date.</b> Effective 3/28/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 286.1. <b>Outpatient hospital must use C9135 after 10/1/15.</b>
Injection, siltuximab, 100 mg.	Sylvant	Monoclonal antibody	X	X	X									<b>Closed 12/31/15. See J2860 after this date.</b> Effective 10/1/2015 ICD-10 diagnosis codes R59.0, R59.1 or R59.9 Effective 4/22/14(FDA approval) Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 785.6. Minimum age restriction of 16 years. Outpatient hospital must use C9455 after 7/1/15.
Injection, C1 esterase inhibitor (recombinant)	Ruconest	Enzymatic	X	X	X									<b>Closed 12/31/15. See J0596 after this date.</b> Effective 10/1/2015 ICD-10 diagnosis codes D81.810 or D84.1 Effective 7/16/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 277.6. Minimum age restriction of 13 years. <span style="float: right;">Outpatient</span> hospital must use C9445 after 4/1/15.
Injection, Coagulation factor VIII, (recombinant), Fc Fusion protein	Eloctate	Antihemophilic	X	X	X									<b>Closed 3/31/15. See Q9975, effective 4/1/15.</b> Effective 6/6/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 286.0. Minimum age restriction of 2 years. Outpatient hospital must use C9136 after 1/1/15.
Injection, belinostat 500 mg.	Beleodaq	Antineoplastic	X	X	X									<b>Closed 12/31/15. See J9032 after this date.</b> Effective 10/1/2015 ICD-10 diagnosis codes C84.40 - C84.49 Effective 7/3/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 202.7. Minimum age restriction of 16 years. <span style="float: right;">Out</span> patient hospital must use C9442 after 1/1/15.
Injection, vedolizumab, 300 mg.	Entyvio	Monoclonal antibody	X	X	X									<b>Closed 12/31/15. See J3380 after this date.</b> Effective 10/1/2015 ICD-10 diagnosis codes K50.00, K50.011 - K50.014, K50.018, K50.019, K50.10, K50.111 - K50.114, K50.118, K50.119, K50.80, K50.811 - K50.814, K50.818, K50.819, K50.90, K50.911 - K50.914, K50.918, K50.919, K51.00, K51.011 - K51.014, K51.018, K51.019, K51.20, K51.211 - K51.214, K51.218, K51.219, K51.30, K51.311 - K51.314, K51.318, K51.319, K51.40, K51.411 - K51.414, K51.418, K51.419, K51.50, K51.511 - K51.514, K51.518, K51.519, K51.80, K51.811 - K51.814, K51.818, K51.819, K51.90, K51.911 - K51.914, K51.918 or K51.919 Effective 5/20/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 555.0 - 556.9. Minimum age restriction of 16 years. Service limit of 300 mg. daily applies. Outpatient hospital must use C9026 after 10/1/14.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services**  
**Medications Approved to Bill HCPCS J3490**  
**Updated 3/20/20**  
**Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Injection, ramucirumab, 100 mg./10 ml.	Cyramza	Antineoplastic	X	X	X									<p><b>Closed 12/31/15. See J9308 after this date.</b></p> <p>Effective 10/1/2015 ICD-10 diagnosis codes C16.0 - C16.6, C16.8, C16.9, C18.0 - C18.9, C19, C20, C21.0 - C21.2, C21.8, C33, C34.00 - C34.02, C34.10 - C34.12, C34.2, C34.30 - C34.32, or C34.80 - C34.82</p> <p><b>Effective 4/14/15, ICD-9 diagnosis of 153.0 - 154.8 added. Effective 12/12/14, ICD-9 diagnosis restriction of 162.0 - 162.8 added. Effective 4/21/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 151.0 - 151.9. Minimum age restriction of 16 years. Outpatient hospital must use C9025 after 10/1/14.</b></p>
Injection, oritavancin diphosphate, 400 mg.	Orbactiv	Anti-infective	X	X	X									<p><b>Closed 12/31/15. See J2407 after this date.</b></p> <p>Effective 10/1/2015 ICD-10 diagnosis codes B78.1, K12.2, L01.00 - L01.03, L01.09, L01.1 - L02.03, L02.11 - L02.13, L02.211 - L02.216, L02.219, L02.221 - L02.226, L02.229, L02.231 - L02.236, L02.239, L02.31 - L02.33, L02.411 - L02.416, L02.419, L02.421 - L02.426, L02.429, L02.431 - L02.436, L02.439, L02.511, L02.512, L02.519, L02.521, L02.522, L02.529, L02.531, L02.532, L02.539, L02.611, L02.612, L02.619, L02.621, L02.622, L02.629, L02.631, L02.632, L02.639, L02.811, L02.818, L02.821, L02.828, L02.831, L02.838, L02.91 - L02.93, L03.011, L03.012, L03.019, L03.021, L03.022, L03.029, L03.031, L03.032, L03.039, L03.041, L03.042, L03.049, L03.111 - L03.116, L03.119, L03.121 - L03.126, L03.129, L03.211, L03.212, L03.221, L03.222, L03.311 - L03.316, L03.317, L03.319, L03.321 - L03.326, L03.327, L03.329, L03.811, L03.818, L03.891, L03.898, L03.90, L03.91, L04.0 - L04.3, L04.8, L04.9, L05.01, L05.02, L05.91, L05.92, L08.0, L08.81, L08.82, L08.89, L08.9, L88, L92.8, L98.0 or L98.3</p> <p><b>Effective 8/6/14 (FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 680.0 - 686.9. Minimum age restriction of 18 years. Outpatient hospital must use C9444 after 1/1/15.</b></p>
Injection, pembrolizumab, 50 mg.	Keytruda	Antineoplastic	X	X	X									<p><b>Closed 12/31/15. See J9271 after this date.</b></p> <p>Effective 10/1/2015 ICD-10 diagnosis codes C00.5, C43.0, C43.10 - C43.12, C43.20, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59 - C43.62, C43.70 - C43.72, C43.8, C43.9, C44.00 - C44.02, C44.09, C44.101, C44.102, C44.109, C44.111, C44.112, C44.119, C44.121, C44.122, C44.129, C44.191, C44.192, C44.199, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.291, C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.390, C44.391, C44.399, C44.40 - C44.42, C44.49, C44.500, C44.501, C44.509 - C44.511, C44.519 - C44.521, C44.529, C44.590, C44.591, C44.599, C44.601, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.692, C44.699, C44.701, C44.702, C44.709, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.791, C44.792, C44.799, C44.80 - C44.82, C44.89 - C44.92, C44.99, C4A.4, D03.0, D03.10 - D03.12, D03.20 - D03.22, D03.30, D03.39, D03.4, D03.51, D03.52, D03.59, D03.60 - D03.62, D03.70 - D03.72, D03.8 or D03.9</p> <p><b>Effective 9/4/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 172.0 - 172.9, 173.0 - 173.9. Minimum age restriction of 16 years. Outpatient hospital must use C9027 after 1/1/15.</b></p>

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services  
Medications Approved to Bill HCPCS J3490  
Updated 3/20/20  
Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Injection, Antihemophilic factor IX, (recombinant), porcine	Obizur	Antihemophilic	X	X	X									<b>Closed 12/31/15. See J7188 after this date.</b> Effective 10/1/2015 ICD-10 diagnosis codes D68.32 or D68.4 Effective 10/23/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 286.7. Minimum age restriction of 16 years.
Injection, dalbavancin HCl, 500 mg.	Dalvance	Anti-infective	X	X	X									<b>Closed 12/31/15. See J0875 after this date.</b> Effective 10/1/2015 ICD-10 diagnosis codes B78.1, K12.2, L01.00 - L01.03, L01.09, L01.1 - L02.03, L02.11 - L02.13, L02.211 - L02.216, L02.219, L02.221 - L02.226, L02.229, L02.231 - L02.236, L02.239, L02.31 - L02.33, L02.411 - L02.416, L02.419, L02.421 - L02.426, L02.429, L02.431 - L02.436, L02.439, L02.511, L02.512, L02.519, L02.521, L02.522, L02.529, L02.531, L02.532, L02.539, L02.611, L02.612, L02.619, L02.621, L02.622, L02.629, L02.631, L02.632, L02.639, L02.811, L02.818, L02.821, L02.828, L02.831, L02.838, L02.91 - L02.93, L03.011, L03.012, L03.019, L03.021, L03.022, L03.029, L03.031, L03.032, L03.039, L03.041, L03.042, L03.049, L03.111 - L03.116, L03.119, L03.121 - L03.126, L03.129, L03.211, L03.212, L03.221, L03.222, L03.311 - L03.316, L03.317, L03.319, L03.321 - L03.326, L03.327, L03.329, L03.811, L03.818, L03.891, L03.898, L03.90, L03.91, L04.0 - L04.3, L04.8, L04.9, L05.01, L05.02, L05.91, L05.92, L08.0, L08.81, L08.82, L08.89, L08.9, L88, L92.8, L98.0 or L98.3 Effective 5/23/14 (FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 680.0 - 686.9. Minimum age restriction of 16 years. Outpatient hospital must use C9443 after 1/1/15.
Injection, nivolumab, 10 mg./ml.	Opdivo	Antineoplastic	X	X	X									<b>Closed 12/31/15. See J9299 after this date.</b> Effective 11/23/15, C64.1, C64.2, C64.9 added. Effective 10/1/2015 ICD-10 diagnosis codes C00.5, C33, C34.00 - C34.02, C34.10 - C34.12, C34.2, C34.30 - C34.32, C34.80 - C34.82, C43.0, C43.10 - C43.12, C43.20 - C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59 - C43.62, C43.70 - C43.72, C43.8, C43.9, C44.00 - C44.02, C44.09, C44.101, C44.102, C44.109, C44.111, C44.112, C44.119, C44.121, C44.122, C44.129, C44.191, C44.192, C44.199, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.291, C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.390, C44.391, C44.399, C44.40 - C44.42, C44.49, C44.500, C44.501, C44.509 - C44.511, C44.519 - C44.521, C44.529, C44.590, C44.591, C44.599, C44.601, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.692, C44.699, C44.701, C44.702, C44.709, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.791, C44.792, C44.799, C44.80 - C44.82, C44.89 - C44.92, C44.99, C4A.4, D03.0, D03.10 - D03.12, D03.20 - D03.22, D03.30, D03.39, D03.4, D03.51, D03.52, D03.59, D03.60 - D03.62, D03.70 - D03.72, D03.8 or D03.9 Effective 3/4/15, diagnosis restriction of 162.0 - 162.8 added. Effective 12/22/14 (FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 172.0 - 172.9 or 173.0 - 173.9. Minimum age restriction of 16 years. Outpatient hospital must use C9453 after 7/1/15.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services**  
**Medications Approved to Bill HCPCS J3490**  
**Updated 3/20/20**  
**Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Injection, peramivir 200 mg./20 ml.	Rapivab	Anti-influenza	X	X	X		X							<b>Closed 12/31/15. See J2547 after this date.</b> Effective 10/1/2015 ICD-10 diagnosis codes J09.X1, J09.X2, J09.X3, J09.X9, J10.00, J10.01, J10.08, J10.1, J10.2, J10.81, J10.89, J11.00, J11.08, J11.1, J11.2, J11.81, or J11.89 Effective 12/19/14 (FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 487.0 - 487.8 or 488. Minimum age restriction of 18 years. Service limit of 600 mg. per day applies. Outpatient hospital must use C9451 after 4/1/15.
Injection, blinatumomab, 35 mcg.	Blinicyto	Antineoplastic	X	X	X									<b>Closed 12/31/15. See J0939 after this date.</b> Effective 10/1/2015 ICD-10 diagnosis codes C91.00 - C91.02 Effective 12/3/14 (FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 204.00 - 204.02. Outpatient hospital must use C9449 after 4/1/15.
Injection, alemtuzumab, 12 mg./1.2 ml.	Lemtrada	Multiple sclerosis agent	X	X	X		X							<b>Closed 9/30/15. See Q9979 after this date.</b> Effective 11/14/14 (FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 340. Minimum age restriction of 17 years.
Injection, ceftolozane 50 mg. and tazobactam 25 mg.	Zerbaxa	Anti-infective	X	X	X		X							<b>Closed 12/31/15. See J0695 after this date.</b> Effective 12/19/14 (FDA approval). Cost invoice with NDC required. Minimum age restriction of 18 years.. Outpatient hospital must use C9452 after 4/1/15.
Fluocinolone acetonide, 0.19 mg. intravitreal implant	Iluvien	Anti-inflammatory	X	X	X									<b>Closed 12/31/15. See J7313 after this date.</b> Effective 10/1/2015 ICD-10 diagnosis code E11.311 Effective 9/26/14 (FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 362.07. Outpatient hospital must use C9450 after 4/1/15.
Injection, ceftazidime-avibactam 2.5 G	Avycaz	Anti-infective	X	X	X		X							<b>Closed 12/31/15. See J0714 after this date.</b> Effective 2/25/15 (FDA approval). Cost invoice with NDC required. Minimum age restriction of 18 years.
Injection, Coagulation Factor IX, (recombinant)	Ixinity	Anti-hemophilic	X	X	X									<b>Effective 4/27/15 (FDA approval). Cost invoice with NDC required.</b> Restricted to diagnosis of ICD-9 286.1 or ICD-10 D67. Minimum age restriction of 12 years.
Injection, propofol 10 mg.	Diprivan	Sedating agent	X	X	X									<b>Closed 12/31/14. See J2704 after this date.</b> Effective 1/1/14. Cost invoice with NDC required.
Injection, isavuconazonium sulfate, 1 mg.	Cresemba vial	Anti-infective	X	X	X									<b>Closed 12/31/15. See 1833 after this date.</b> Effective 3/6/15 (FDA approval). Cost invoice with NDC required. Restricted to diagnosis of ICD-9 117.3 or ICD-10 B44.0, B44.1, B44.2, B44.7, B44.89, B44.9, B48.4. Minimum age restriction of 18 years. Outpatient hospital use C9456 after 10/1/15.
Injection, dinutuximab, 17.5 mg./5 ml.	Unituxin	Anti-neoplastic	X	X	X									<b>Effective 3/10/15 (FDA approval). Cost invoice with NDC required.</b> Restricted to diagnosis of ICD-9 194.0 - 194.9 or ICD-10 C74.00, C74.01, C74.02, C74.10, C74.11, C74.12, C74.90, C74.91, C74.92, C75.0, C75.1, C75.2, C75.3, C75.4, C75.5, C75.8, C75.9.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services**  
**Medications Approved to Bill HCPCS J3490**  
**Updated 3/20/20**  
**Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Injection, Coagulation Factor X, human	Coagadex	Anti-hemophilic	X	X	X									<b>Closed 12/31/16. See J7175 after this date.</b> Effective 10/20/15 (FDA approval). Cost invoice with NDC required. Restricted to diagnosis of ICD-10 D68.2. Minimum age restriction of 12 years.
Injection, Antihemophilic factor VIII, (recombinant)	Nuwiq	Anti-hemophilic	X	X	X									<b>Closed 12/31/16. See J7209 after this date.</b> Effective 9/4/15 (FDA approval). Cost invoice with NDC required. Restricted to diagnosis of ICD-9 286.0 or ICD-10 D66. Minimum age of 2 years. Outpatient hospital use C9138 after 4/1/16.
Injection, mepolizumab, 100 mg.	Nucala	Anti-asthmatic	X	X	X		X							<b>Closed 12/31/16. See J2182 after this date.</b> Effective 11/4/15 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 diagnosis of J45.50. Minimum age of 12 years. Outpatient hospital use C9473 after 4/1/16.
Injection, talimogene laherparepvec	Imlygic	Anti-neoplastic	X	X	X									<b>Closed 12/31/16. See J9325 after this date.</b> Effective 10/27/15 (FDA approval). Cost invoice with NDC required. Minimum age of 16 years. Outpatient hospital use C9472 after 4/1/16.
Injection, trabectedin 1 mg.	Yondelis	Anti-neoplastic	X	X	X									<b>Closed 12/31/16. See J9352 after this date.</b> Effective 10/23/15 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 diagnosis of C49.9. Minimum age of 16 years. Outpatient hospital use C9480 after 7/1/16.
Injection, irinotecan liposomal 43 mg./10 ml.	Onivyde	Anti-neoplastic	X	X	X									<b>Closed 12/31/16. See J9205 after this date.</b> Effective 10/22/15 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 diagnosis of C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9. Minimum age of 16 years. Outpatient hospital use C9474 after 4/1/16.
Injection, Antihemophilic factor VIII, (recombinant)	Adynovate	Anti-hemophilic	X	X	X									<b>Closed 12/31/16. See J7207 after this date.</b> Effective 11/13/15 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 diagnosis of D66. Minimum age of 12 years. Outpatient hospital use C9137 after 4/1/16.
Injection, elotuzumab	Empliciti	Anti-neoplastic	X	X	X									<b>Closed 12/31/16. See J9176 after this date.</b> Effective 11/30/15 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 diagnosis of C90.00, C90.01, C90.02. Minimum age of 16 years. Outpatient hospital use C9477 after 7/1/16.
Injection, necitumumab 800 mg./50 ml.	Portrazza	Anti-neoplastic	X	X	X									<b>Closed 12/31/16. See J9295 after this date.</b> Effective 11/24/15 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 diagnosis of C34.01, C34.02, C34.11, C34.12, C34.2, C34.31, C34.32, C34.81, C34.82, C34.91, C34.92, C38.4, C78.01, C78.02. Minimum age of 16 years. Service limitation of 800 mg. daily applies. Outpatient hospital use C9475 after 4/1/16.
Injection, sebelipase alfa, 20 mg./10 ml.	Kanuma	Enzymatic	X	X	X									<b>Closed 12/31/16. See J2840 after this date.</b> Effective 12/8/15 (FDA approval). Cost invoice with NDC required. Outpatient hospital use C9478 after 7/1/16.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services**  
**Medications Approved to Bill HCPCS J3490**  
**Updated 3/20/20**  
**Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Injection, daratumumab, 100 mg./5 ml.	Darzalex	Anti-neoplastic	X	X	X									<b>Closed 12/31/16. See J9145 after this date.</b> Effective 11/16/15 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C90.02. Minimum age restriction of 16 years. Service limit of 2100 mg. daily applies. Outpatient hospital use C9145 after 7/1/16.
Injection, antihemophilia factor VIII, recombinant, single-chain	Afstyla	Anti-hemophilic	X	X	X									<b>Effective 5/25/16 (FDA approval). Cost invoice with NDC required.</b> Restricted to ICD-10 D66. <b>Outpatient hospital use C9140 after 1/1/17.</b>
Injection, defibrotide sodium, 200 mg./2.5 ml.	Defitelio	Thrombolytic	X	X	X									<b>Effective 3/30/16 (FDA approval). Cost invoice with NDC required.</b> Restricted to ICD-10 K76.5. Service limit of 4000 mg. daily applies.
Injection, ciprofloxacin otic susp., 6% vial	Otiprio	Anti-infective	X	X	X		X							<b>Closed 12/31/16. See J7342 after this date.</b> Effective 12/10/15 (FDA approval). Cost invoice with NDC required. Covered to Ambulatory Surgical Centers (ASC). Outpatient hospital use C9479 after 7/1/16.
Injection, reslizumab 100 mg./10 ml.	Cinqair	Anti-asthmatic	X	X	X		X							<b>Closed 12/31/16. See J2786 after this date.</b> Effective 3/23/16 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 J45.50. Minimum age of 18 years. Outpatient hospital use C9481 after 10/1/16.
Injection, atezolizumab 1200 mg./20 ml.	Tecentriq	Anti-neoplastic	X	X	X									<b>Closed 12/31/17. See J9022 after this date.</b> Effective 10/18/16, approved ICD-10 diagnoses of C34.00 - C34.92. Effective 5/18/16 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C65.1, C65.2, C65.9, C66.1, C66.2, C66.9, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.6, C67.7, C67.8, C67.9, C68.0. Minimum age restriction of 16 years. Service limit of 1200 mg. daily applies. Outpatient hospital use C9483 after 10/1/16.
Injection, coagulation Factor IX, albumin fusion protein	Idelvion	Anti-hemophilic	X	X	X									<b>Closed 12/31/16. See J7202 after this date.</b> Effective 3/4/16 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 D67. Outpatient hospital use C9139 after 10/1/16.
Buprenorphine implant, 74.2 mg.	Probuphine	Anti-dependence			X									<b>Closed 12/31/16. See J0570 after this date.</b> Effective 5/26/16 (FDA approval). Restricted to ICD-10 diagnosis F11.20, F11.21, F11.229, F11.259, F11.23, F11.93. Minimum age of 16 years. Service limit of 8 units per year applies. 1. Must have demonstrated six months compliance with oral buprenorphine products. 2. Prescriber must be a WV Medicaid Approved Prescriber of buprenorphine/buprenorphine-naloxone products.
Nusinersen 12 mg./5 ml. injection	Spinraza	Protein Deficiency agent	X	X										<b>Closed, effective 6/30/17. Refer to Point of Sale (POS) pharmacy coverage.</b> <b>Effective 12/23/16 (FDA approval). Cost invoice with NDC required.</b> Restricted to ICD-10 diagnosis of G12.0 or G12.1.

**Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.**

**Bureau for Medical Services**  
**Medications Approved to Bill HCPCS J3490**  
**Updated 3/20/20**  
**Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Intrauterine, levonorgestrel 19.5 mg.	Kyleena	Contraceptive	X	X	X	X	X							<b>Closed, effective 6/30/17. See Q9984 after this date. Effective 9/16/16 (FDA approval). Cost invoice with NDC required.</b> Service limit of once every five years applies.
Eteplirsen 100 mg./2 ml. injection	Exondys 51	Anti-neoplastic	X	X										<b>Closed 12/31/17. See J1428 after this date.</b> Effective 9/19/16 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 diagnosis G71.0. Outpatient hospital use C9484 after 4/1/17.
Olaratumab 500 mg./50 ml. injection	Lartruvo	Anti-neoplastic	X	X	X									<b>Closed 12/31/17. See J0985 after this date.</b> Effective 10/19/16 (FDA approval). Cost invoice with NDC required. Outpatient hospital use C9483 after 4/1/17.
Injection, ocrelizumab 300 mg./10 ml.	Ocrevus	Multiple sclerosis agent	X	X	X									<b>Closed 12/31/17. See J2350 after this date.</b> Effective 3/28/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 G35. Service limit of 600 mg. applies. Outpatient hospital use C9485 after 4/1/17.
Injection, avelumab, 10 mg.	Bavencio	Anti-neoplastic	X	X	X									<b>Closed 12/31/17. See J9023 after this date.</b> Effective 3/23/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C4A.0, C4A.10 - C4A.12, C4A.20 - C4A.22, C4A.30 - C4A.39, C4A.4, C4A.51 - C4A.59, C4A.60 - C4A.62, C4A.70 - C4A.72, C4A.8, C4A.9. Minimum age restriction of 12 years. Outpatient hospital use C9491 after 10/1/17.
Injection, durvalumab, 10 mg.	Imfinzi	Anti-neoplastic	X	X	X									<b>Closed 12/31/18. See J9173 after this date.</b> Effective 2/16/18, NSCLC ICD-10 diagnosis added: C33, C34.01, C34.02, C34.11, C34.12, C34.2, C34.31, C34.32, C34.81, C34.82, C34.91, C34.91. Effective 5/1/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C65.1, C65.2, C66.1, C66.2, C67 - C67.9, C68.0, C68.8. Minimum age of 16 years. Outpatient hospital use C9492 after 10/1/17.
Injection, edaravone, 1 mg.	Radicava	Anti-neoplastic	X	X	X									<b>Closed 12/31/18. See J1301 after this date.</b> Effective 5/5/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 G12.21. Minimum age of 16 years. Outpatient hospital use C9493 after 10/1/17.
Injection, bezlotoxumab 10 mg.	Zinplava	Anti-infective	X	X	X									<b>Closed 12/31/17. See J0565 after this date.</b> Effective 10/21/16 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 A04.71, A04.72. Minimum age of 18 years. <b>Outpatient hospital use C9490 after 7/1/17.</b>
Injection, etelcalcetide, 0.1 mg.	Parsabiv	Hyperparathyroidism	X	X	X									<b>Closed 12/31/17. See J0606 after this date.</b> Effective 2/17/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 E21.1. Minimum age of 16 years.
Injection, cerliponase alfa, 1 mg.	Brineura	Liposome deficiency	X	X	X									<b>Closed 12/31/18. See J0567 after this date.</b> Effective 4/27/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 E75.4. Minimum age of 3 years. Outpatient hospital use C9014 after 1/1/18.

**Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.**

**Bureau for Medical Services**  
**Medications Approved to Bill HCPCS J3490**  
**Updated 3/20/20**  
**Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Vyxeos	Antineoplastic	X	X	X									<b>Closed 12/31/18. See J9154 after this date.</b> Effective 8/3/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C92.00 - C92.02. Minimum age of 16 years. Outpatient hospital use C9024 after 1/1/18.
Injection, inotuzumab ozogamicin, 0.1 mg.	Besponsa	Antineoplastic	X	X	X									<b>Closed 12/31/18. See J9229 after this date.</b> Effective 8/17/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C91.00 - C91.02. Minimum age of 16 years. Outpatient hospital use C9028 after 1/1/18.
Injection, immune globulin, 100 mg	Cuvitru	Immunologic	X	X	X									<b>Closed 12/31/17. See J1555 after this date.</b> Effective 7/24/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 D83.0 - D83.9. Minimum age of 2 years.
Injection, benralizumab 30 mg./ml.	Fasenra	Anti-asthmatic	X	X	X									<b>Closed 12/31/18. See J0517 after this date.</b> Effective 11/14/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 J45.50. Minimum age of 12 years. Outpatient hospital use C9466 after 4/1/18.
Injection, sugammadex sodium 100 mg./ml.	Bridion	Relaxant binding agent	X	X	X								X	<b>Effective 12/15/15 (FDA approval). Cost invoice with NDC required.</b>
Injection, delafloxacin 300 mg. vial	Baxdela	Anti-infective	X	X	X		X							<b>Effective 6/19/17 (FDA approval). Cost invoice with NDC required.</b> <b>Outpatient hospital use C9462 after 4/1/18.</b>
Injection, rituximab hyaluronidase	Rituxan Hycela	Antineoplastic	X	X	X									<b>Closed 12/31/18. See J9311 after this date.</b> Effective 6/22/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 diagnosis of C82.00 - C82.99, C83.30 - C83.39, C91.10, C91.12. Minimum age of 16 years. Outpatient hospital use C9467 after 4/1/18.
Injection, triamcinolone acetonide 32 mg.	Zilretta	Anti-inflammatory	X	X	X		X							<b>Closed 6/30/18. See Q9993 after this date.</b> <b>Effective 10/6/17 (FDA approval). Cost invoice with NDC required.</b> Restricted to ICD-10 diagnosis of M17.1 - M17.9. Once yearly service limit applies. <b>Outpatient hospital use C9469 after 4/1/18.</b>
Injection, copanlisib 1 mg.	Aliqopa	Antineoplastic	X	X	X									<b>Closed 12/31/18. See J9057 after this date.</b> Effective 9/4/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 diagnosis of C82.00 - C82.99. Minimum age of 16 years. Service limit of 60 mg. daily applies. Outpatient hospital use C9030 after 7/1/18.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.



**Bureau for Medical Services**  
**Medications Approved to Bill HCPCS J3490**  
**Updated 3/20/20**  
**Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Injection, burosumab-twza	Crysvita	Growth factor antibody	X	X	X									<b>Closed 12/31/18. See J0584 after this date.</b> Effective 4/17/18 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 diagnosis E83.31. Service limit of 90 mg. daily applies.
Injection, mogamulizumab-kpkc, 20 mg./5 ml.	Poteligeo	Antineoplastic	X	X	X									<b>Closed 9/30/19. See J9204 after this date.</b> Effective 8/8/18 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C84.01 - C84.09, C84.11 - C84.19. Out patient hospital use C9038 after 1/1/19.
Injection, triptorelin extended release, 3.75 mg	Triptodur	Gonadotropin	X	X	X									<b>Closed 12/31/18. See J3316 after this date.</b> Effective 6/29/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 E30.1 Minimum age of 2 years. Service limit of 6 units every 23 weeks applies.
Injection, patisiran, 0.1 mg	Onpattro	Amyloidosis agent	X	X	X									<b>Closed 9/30/19. See J0222 after this date.</b> Effective 8/10/18 (FDA approval). Restricted to ICD-10 E85.1. Minimum age of 18 years. Service limit of 300 units. Outpatient hospital use C9036 after 1/1/19.
Injection, aprepitant, 1 mg	Cinvanti 130 mg.	Anti-emetic	X	X	X									<b>Closed 12/31/18. See J0185 after this date.</b> Effective 11/9/17 (FDA approval). Cost invoice with NDC required. Outpatient hospital use C9463 after 4/1/18.
Injection, levoleucovorin	Khapzory	Folate analog	X	X	X									<b>Closed 9/30/19. See J0642 after this date.</b> Effective 10/19/18 (FDA approval). Cost invoice with NDC required.
Injection, cemiplimab-rwlc	Libtayo	Antineoplastic	X	X	X									<b>Closed 9/30/19. See J9119 after this date.</b> Effective 9/28/18 (FDA approval). Cost invoice with NDC required. Minimum age of 16 years. Service limit of 350 mg daily.
Injection, moxetumomab pasudotox-tdfk	Lumoxiti 1 mg.	Antineoplastic	X	X	X									<b>Closed 9/30/19. See J9313 after this date.</b> Effective 9/13/18 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 diagnosis C91.40, C91.41, C91.42. Minimum age of 16 years.
Injection, tagaxofusp-erzs, 1000 mcg.	Elzonris	Antineoplastic	X	X	X									<b>Closed 9/30/19. See J9269 after this date.</b> Effective 12/21/18 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C86.4. Minimum age of 2 years. Outpatient hospital use C9049 after 7/1/19.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services**  
**Medications Approved to Bill HCPCS J3490**  
**Updated 3/20/20**  
**Version 46**

**Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.**

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Injection, trastuzumab/hyaluronidase-oysk, 600 mg./10K units	Herceptin Hylecta	Antineoplastic	X	X	X									<b>Closed 6/30/19. See J9356 after this date.</b> Effective 2/28/19 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C50.01, C50.02, C50.11, or C50.12. Minimum age of 16 years.
Injection, romosozumab-aqqg, 105 mg./1.17 ml.	Evenity	Bone resorption suppressant	X	X	X		X							<b>Closed 9/30/19. See J3111 after this date.</b> Effective 4/9/19 (FDA approval). Cost invoice with NDC required.
Injection, ravulizumab-cwvz, 10 mg	Ultomiris	Anti-anemia	X	X	X									<b>Closed 9/30/19. See J1303 after this date.</b> Effective 12/21/18 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 D59.5. Minimum age of 16 years Service limit of 360 units applies. Outpatient hospital use C9052 after 7/1/19.
Injection, givosiran sodium, 189 mg./ml.	Givlaari	Acute hepatic porphyria	X	X	X									<b>Effective 11/20/19 (FDA approval).</b> Cost invoice with NDC required. Restricted to ICD-10 of E80.21. Minimum age of 16 years. Service limit of 2 ml. per month.
Injection, polatuzumab vedtin-piiq., 140 mg.	Polivy	Anti-neoplastic	X	X	X									<b>Closed 12/31/19. See J9309 after this date.</b> Effective 6/10/19 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C83.30 - C83.39. Minimum age of 16 years. Service limit of 2 units (vials) daily.
Injection, crizanlizumab-tmca, 100 mg/10 ml.	Adakveo	Hemolytic anemias	X	X	X									<b>Effective 11/15/19 (FDA approval).</b> Cost invoice with NDC required. Restricted to ICD-10 282.60 - 282.69. Minimum age of 16 years.
Injection, trastuzumab-anns	Kanjinti	Anti-neoplastic	X	X	X									<b>Closed 9/30/19. See Q5117 after this date.</b> Effective 11/4/19 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C50.011 - C50.911, C50.021 - C50.921, C16.0 - C16.9. Minimum age 16 years.
Injection, brolicizumab-dbl, 6 mg/0.05 ml	Beovu	Anti-inflammatory	X	X	X									<b>Closed 12/31/19. See J0179 after this date.</b> Effective 10/7/19 (FDA approval). Cost invoice with NDC required. Service limit of 6 mg. daily.
Injection, Factor Xa, inactivated-zhzd	Andexxa	Anticoagulant reversal	X	X	X									<b>Effective 5/3/18 (FDA approval).</b> Cost invoice with NDC required. <b>Note: Reimbursement of drug is separately billed from hospital emergency visit on a UB claim by using bill type 0111 for this service. Outpatient billing uses bill type 0131 on the UB claim form.</b>

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

Bureau for Medical Services  
 Medications Approved to Bill HCPCS J3490  
 Updated 3/20/20  
 Version 46

Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Injection, enfortumab vedotin-ejfv	Padcev	Anti-neoplastic	X	X	X									<b>Effective 12/18/19 (FDA approval).</b> Cost invoice with NDC required. Restricted to ICD-10 C65.1, C65.2, C65.9, C66.1, C66.2, C66.9, C67.0 - C67.9, C68.0. Minimum age 16 years.
Injection, fam-trastuzumab deruxtecan-nxki	Enhertu	Anti-neoplastic	X	X	X									<b>Effective 12/20/19 (FDA approval).</b> Cost invoice with NDC required. Restricted to ICD-10 C50.011 - C50.929, Z85.3, C77.0 - C77.9, C78.00 - C78.39, C78.7, C79.31, C79.32, C79.51, C79.52. Minimum age 16 years.
*AC/OP-Acute Care/Out Patient Hospital														
*CAH/OP-Critical Access/Out Patient Hospital														
*P - Physician														
*NP - Nurse Practitioner														
*MW - Nurse Midwife														
*OPH - Ophthalmologist														
*POD - Podiatrist														
*IDTF - Independent Diagnostic Treatment Facility														
*DC - Dialysis Centers														
*HI - Home Infusion Centers														

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.