Bureau for Medical Services Medications Approved to bill J3490 v. 58

Revised 6/10/22

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

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.

Description	Brand	Category	* AC	*CAH	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Allopurinal	Aloprim		X	X	X									**Effective 10/1/2015 ICD-10** diagnosis codes C50.911, C50.912, C50.919, E79.0, R78.71, R78.79, R78.89,
17 Alpha-					X	X	X							**Closed 12/31/11. See J1725 after this date.** See Q2042, effective 7/1/11. Effective 1/1/07. Cost
Aminocaproic			X	X										
Apomorphine	Apokyn		X	X										Deleted from list effective 12/31/06. See J0364.
Aztreonam 500	Azactam	Antibiotic	X	X	X		X		X					
Betametha-		Anti-inflam.	X	X	X									**Cost invoice** required with claim. Pay lesser of billed charges or cost invoice.
Bevacizumab 1.25 mg.	Avastin	Anti-neoplastic						X						**Effective 10/1/21, ICD-10 E10.3591 - E10.3593 added.** **Effective 12/1/18,** ICD-10 E11.311, E11.319, E3211 - E3213, E11.3291 - E11.3293, E11.3311 - E11.3313, E11.3391 - E11.3393, E11.3411 - E11.3413, E11.3491 - E11.3493, E11.3511 - E11.3513, E11.3521 - E11.3523, E11.3531 - E11.3533, E11.3541 - E11.3543, E11.3551 - E11.3553, E11.3591 - E11.3593 added. **Effective 10/1/17---**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. **Effective 10/1/2015 ICD-10 diagnosis codes** 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, ~~E11.319~~, E11.3211, E11.3212, E11.3213, ~~E11.329~~, E11.3311, E11.3312, E11.3313, ~~E11.339~~, E11.3411, E11.3412, E11.3413, ~~E11.349~~, E11.3511, E11.3512, E11.3513, ~~E11.359~~, 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. Effective 1/1/07 to **Ophthalmology. ICD-9** diagnosis code 362.5 - 362.52 must be included on claim form. Effective **5/15/09**, **Opthalmology** 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
Bretylium	Tosylate	Anti-arrhythmic	X	X	X		X							Effective 10/1/2015 ICD-10 diagnosis codes E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3291,
Bumetanide	Bumex	Antihyper-	X	X	X		X							
Bupivicaine	Marcaine	Peripheral	X	X	X		X							0.75% / 10ml **allowed when billed** with 62310, 62311, 62318, 62319, 64400 - 64530. **Not payable when**
Cefotetan	Cefotan	Antibiotic	X	X										**Cost invoice with NDC required with claim.** Pay lesser of billed charges and cost invoice**.**

Cimetidine HCl	Tagamet	Anti-histamine	X	X	X		X							**Effective 10/1/2015 ICD-10 diagnosis codes** R11.0, R11.2, or R11.10 - R11.12
Clavulanate	Timentin	Antibiotic	X	X	X		X		X					
Clindamycin	Cleocin	Antibiotic	X	X	X		X		X					
Dantrolene	Dantrium	Antidote	X	X	X		X							**Cost invoice** with NDC required with claim. Pay lesser of billed charges and cost invoice.
Dextrose 50%			X	X	X		X							
Diltiazem HCl	Cardizem	Antianginal	X	X	X		X							
Edrophonium	Tensilon	Antidote	X	X	X		X							**Effective 10/1/2015 ICD-10 diagnosis codes** G70.00 or G70.01
Enalaprilat	Vasotec	Antihyper-	X	X	X									
Esmolol HC 10	Brevibloc	Anti-arrhythmic	X	X	X		X							**Effective 10/1/2015 ICD-10 diagnosis code** I49.8 or R00.1
Ethacrynate	Edecrin	Diuretic	X	X	X		X							**Cost invoice required with claim.** Pay lesser of billed charges and cost invoice.
Famotidine	Pepcid		X	X	X		X							
Flumazenil	Romazicon	Antidote	X	X	X		X							**Effective 10/1/2015 ICD-10 diagnosis codes** T50.901A - T50.904A
Folic Acid 5mg	Folate		X	X	X		X							
Glycopyrrolate	Robinul	Antichole-	X	X	X		X							
Isoproterenol	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	Trandate		X	X	X		X							**Effective 10/1/2015 ICD-10 diagnosis code** I10
Lidocaine 1 ml			X	X	X									**Covered separately when billed** on same day as 62310, 62311, 62318, 62319, 64400-64484, 64505-
Metoprolol	Lopressor	Antihyper-	X	X	X							X		**Covered only** when given IV with Dobutamine J1250 during Dobutamine Stress Test. **J3490 & J1250**
Metronidazole	Flagyl	Amebicide	X	X	X		X							
Minocycline HCl	Dynacin	Antibiotic	X	X	X		X		X					**Cost invoice with NDC required with claim.** Pay lesser of billed charges and cost invoice.
Morrhuate		Sclerosing	X	X	X									**Bill with** CPT codes 43204 and 46500
Nafcillin Sodium	Unipen	Anitbiotic	X	X	X		X		X					
Nitroglycerine 5	Nitrostat	Anti-anginal	X	X	X		X							
Pantoprazole	Protonix	Gastric Acid	X	X	X		X							
Potassium	Klor-Con	Electrolyte			X		X							
Rifampin 600	Rifacin	Antibiotic	X	X	X		X							
Sodium Acetate		Alkalinizing			X		X							
Sodium		Alkalini-zing			X		X							
Valproate	Depacon		X	X	X		X							**Effective 10/1/2015 ICD-10 diagnosis codes** G40.001, G40.009, G40.011, G40.019, G40.101, G40.109,
Vasopressin 20	Pitressin	Antidiuretic	X	X	X		X							
Verapamil HCl	Calan	Anti-anginal	X	X	X		X							
Ferumoxytol	Feraheme	Iron therapy	X	X	X		X			X				Closed 12/31/09(not billable with J3490). See Q0138 & Q0139 afer this date. Effective 6/30/09. Claim
Testosterone	Testopel	Hormone	X	X	X		X							**Effective 10/1/2015** ICD-10 diagnosis codes E29.1, E29.8, or E29.9
Regadenoson	Lexiscan	Vasodilater	X	X	X									Closed 12/31/08. See J2785 after this date. Effective 10/1/08. Cost invoice with NDC required.
Pralatrexate	Folotyn	Metabolic	X	X	X									**Closed 12/31/10.** See J9307 afer this date. Outpatient hospital must use C9259, effective 4/1/10 -
Remifentanil	Ultiva	Anesthetic/Ana	X	X										**Effective 1/1/09. Cost invoice with NDC required.**
Lacosamide 1	Vimpat	Anti-convulsive	X	X							X			**Effective 10/1/2015 ICD-10 diagnosis codes** G40.001, G40.009, G40.011, G40.019, G40.101, G40.109,
Paliperidone	Invega	Anti-psychotic	X	X	X						X			**Closed 12/31/10.** See J2426 after this date. Outpatient hosptial must use C9255, effective 1/1/10 -
Dexametha-	Ozurdex	Anti-	X	X				X						**Closed 12/31/10.** See J7312 after this date. Outpatient hospital must use C9256, effective 1/1/10 -
C1 esterase	Berinert	Protein C-1	X	X	X		X				X			**Closed 12/31/10.** See J0597 after this date. Effective 10/9/09(FDA approval). Cost invoice with NDC
Olanzapine	Zyprexa	Anti-psychotic	X	X	X		X				X			**Closed 12/31/10.** See J2358 after this date. Effective 12/11/09(FDA approval). Cost invoice with NDC
Ofatumumab,	Arzerra	Anti-neoplastic			X									**Closed 12/31/10.** See J9302 after this date. Effective 10/26/09(FDA approval). Cost invoice with NDC
Collagenase	Xiaflex	Enyzmatic	X	X	X		X							**Closed 12/31/10.** See J0775 after this date. Outpatient hospital must use C9266, effective 7/1/10 -
Telavancin,	Vibativ	Anti-bacterial	X	X	X		X				X			**Closed 12/31/10.** See J3095 after this date. Outpatient hospital must use C9258, effective 4/1/10 -
Ecallantide,	Kalbitor	Kallikrein	X	X	X		X				X			**Closed 12/31/10.** See J1290 after this date. Outpatient hospital must use C9263, effective 4/1/10 -

Alglucosidase	Lumizyme	Enzymatic	X	X	X									**Closed 12/31/11.** See J0221. Effective 5/24/10(FDA approval). Cost invoice with NDC required. ICD-9
Ustekinumab,	Stelara	Antipsoriatic	X	X	X									**Closed 12/31/10.** See J3357 after this date. Effective 9/25/09(FDA approval). Cost invoice with NDC
Denosumab,	Prolia	Osteoporotic	X	X	X									**Closed 12/31/11.** See J0897**.** Effective 6/1/10(FDA approval). Cost invoice with NDC required. ICD-9
Tocilizumab,	Actemra	Immunologic	X	X	X									**Closed 12/31/10. See J3262. Effective 1/8/10(FDA approval). Cost invoice with NDC required. ICD-**
von	Wilate	Coagulation	X	X	X									**Closed 12/31/10.** See J7184 after this date. Outpatient hospital must use C9267, effective 7/1/10 -
Capsaicin 8%	Qutenza	Analgesic	X	X	X									**Closed 12/31/10.** See J7335 after this date. Outpatient hospital must use C9268, effective 7/1/10 -
Cabazitaxel,	Jevtana	Antineoplastic	X	X	X									**Closed 12/31/11. See J9043.** Effective 6/17/10(FDA approval). Cost invoice with NDC required. ICD-9
Sodium	Synvisc 1	Viscosuppleme	X	X	X		X							**Closed 12/31/09.** See J7325 after this date. Effective 2/26/09(FDA approval). Cost invoice required. ICD-
Injection,	Istodax	Antineoplastic	X	X	X						X			**Closed 12/31/10.** See J9315 after this date. Outpatient hospital must use C9265, effective 7/1/10 -
Injection,	Xgeva	Osteoporotic	X	X	X						X			**Closed 12/31/11.** See J0897. Effective 6/1/10(FDA approval). Cost invoice with NDC required. **ICD-9**
Injection,	Vpriv	Enzymatic	X	X	X									**Closed 12/31/10.** See J3385 after this date. Outpatient hospital must use C9271, effective 10/1/10 -
Injection,	Halaven	Antineoplastic	X	X	X									**Closed 12/31/11.** See J9179. Effective 11/15/10(FDA approval). Cost invoice with NDC required. ICD-9
Injection,	Krystexxa	Hyperuricemic	X	X	X						X			**Closed 12/31/11.** See J2507. Effective 9/14/10(FDA approval). Cost invoice with NDC required. ICD-
Injection,	Teflaro	Antibacterial	X	X	X						X			**Closed 12/31/11.** See J0712. Effective 10/29/10(FDA approval). Cost invoice with NDC required. ICD-9
Injection,	Benlysta	Immunologic	X	X	X						X			**Closed 12/31/11.** See J0490**.** Effective 3/10/11(FDA approval). Cost invoice with NDC required. ICD-9
Alpha-1	Glassia	Enzymatic	X	X	X						X			**Closed 12/31/11.** See J0257. Effective 7/1/10(FDA approval). Cost invoice with NDC required. ICD-9
Injection,	Provenge	Antineoplastic	X	X	X						X			**Closed 6/30/11.** See Q2043**.** Effective 4/29/10(FDA approval). Cost invoice with NDC required. ICD-9
Hemophilic	Corifact	Anti-hemophilic	X	X	X						X			**Closed 12/31/11.** See J7180**.** Effective 2/14/11(FDA approval). Cost invoice with NDC required. ICD-9
Injection,	Yervoy	Antibody	X	X	X						X			**Closed 12/31/11.** See J9228**.** Effective 3/25/11(FDA approval). Cost invoice with NDC required. **ICD-9**
Patch, lidocaine	Synera	Local			X									**Effective 7/1/11. Cost invoice with NDC required.**
Injection,	Nulojix	Organ rejection	X	X	X									**Closed 12/31/12. See J0483 after this date.** Effective 6/15/11. Cost invoice with NDC required. Must
Injection,	Adcetris	Antineoplastic	X	X	X						X			**Closed 12/31/12. See J9042 after this date.** Effective 8/19/11(FDA approval). Cost invoice with NDC
Injection,	Erwinaze	Antineoplastic	X	X	X						X			**Closed 12/31/12. See J9019 after this date.** Effective 11/18/11(FDA approval). Cost invoice with NDC
Injection,	Eylea	Neovascular	X	X	X									**Closed 6/30/12. See Q2046 after this date.** Effective 11/18/11(FDA approval). Cost invoice with NDC
Injection,	Omontys	Erythropoiesis								X				**Closed 6/30/12. See Q2047 after this date.** Effective 3/27/12(FDA approval). Cost invoice with NDC
Injection,	Elelyso	Enzymatic	X	X	X									**Closed 12/31/13. See J3060 after this date.** Effective 5/1/12(FDA approval). Cost invoice with NDC
Injection,	Perjeta	Anti-neoplastic	X	X	X									**Closed 12/31/13. See J9306 after this date.** Effective 6/8/12(FDA approval). Cost invoice with NDC
Injection,	Kyprolis	Anti-neoplastic	X	X	X									**Closed 12/31/13. See J9047 after this date.** Effective 7/20/12(FDA approval). Cost invoice with NDC
Injection, ziv-	Zaltrap	Anti-neoplastic	X	X	X									**Closed 12/31/13. See J9400 after this date.** Effective 8/3/12(FDA approval). Cost invoice with NDC
Injection,	Synribo	Anti-neoplastic	X	X	X									**Closed 12/31/13. See J9262 after this date.** Effective 10/26/12(FDA approval). Cost invoice with NDC
Injection,	Jetrea	Ophthalmic	X	X				X						**Closed 12/31/13. See J7316 after this date.** Effective 10/17/12(FDA approval). Cost invoice with NDC
Pooled plasma,	Octaplas	Blood product	X	X	X									**Effective 10/1/2015 ICD-10 diagnosis codes** D68.32, D68.4 or M31.1
Injection, ado-	Kadcyla	Antineoplastic	X	X	X									**Closed 12/31/13. See J9354 after this date.** Effective 2/22/13(FDA approval). Cost invoice with NDC
Intrauterine, Levonorgestrel, 13.5 mg.	Skyla	Contraceptive	X	X	X	X	X							**Closed 12/31/13. See J7301. See Q0090, effective 7/1/13.** 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,	Xofigo	Antineoplastic	X	X	X									**Effective 10/1/2015 ICD-10 diagnosis codes** C61, C79.51, or C79.52
Injection,	Rixubis	Antihemophilic	X	X	X									**Closed 12/31/14. See J7200 after this date.** Effective 6/26/13(FDA approval). Cost invoice with NDC
Botulinim	BAT	Antitoxin	X	X	X									**Effective 10/1/2015 ICD-10 diagnosis codes** A05.1 or A48.51
Injection,	Kcentra	Coagulant	X	X	X									**Effective 10/1/2015 ICD-10 diagnosis code** D68.32 or D68.4
Injection, ferric carboxymaltose	Injectafer	Iron therapy	X	X	X									**Closed 6/30/14. See Q9970 after this date.** 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-	Granix	Leukocyte	X	X	X									**Effective 10/1/2015 ICD-10 diagnosis codes** D70.8

Injection,	Simponi	TNF inhibitor	X	X	X		X							**Effective 10/1/2015 ICD-10 diagnosis codes** M05.711, M05.712, M05.719, M05.721, M05.722, M05.729,
Injection,	Marqibo	Antineoplastic	X	X	X									**Effective 10/1/2015 ICD-10 diagnosis codes** C91.00 - C91.02, C91.10 - C91.12, C91.30 - C91.32,
Injection,	Gazyva	Antineoplastic	X	X	X									**Closed 12/31/14. See J9301 after this date.** Effective 11/1/13(FDA approval date). Cost invoice with
Injection,	Tretten	Antihemophilic	X	X	X									**Closed 12/31/14. See J7181 after this date.** Effective 12/23/13(FDA approval). Cost invoice with NDC
Injection,	Vimizim	Enzymatic	X	X	X									**Closed 12/31/14. See J1322 after this date.** Effective 2/14/14(FDA approval). Cost invoice with NDC
Injection, Coagulation factor IX, (recombinant), Fc Fusion protein	Alprolix	Antihemophilic	X	X	X									**Closed 12/31/14. See J7201 after this date.** Effective 3/28/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 286.1. **Outpatient hospital must use C9135 after 10/1/15.**
Injection, siltuximab, 100 mg.	Sylvant	Monoclonal antibody	X	X	X									**Closed 12/31/15. See J2860 after this date.** 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									**Closed 12/31/15. See J0596 after this date.** 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. Outpatient hospital must use C9445 after 4/1/15.
Injection, Coagulation factor VIII, (recombinant), Fc Fusion protein	Eloctate	Antihemophilic	X	X	X									**Closed 3/31/15. See Q9975, effective 4/1/15.** 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									**Closed 12/31/15. See J9032 after this date.** 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. Out patient hospital must use C9442 after 1/1/15.
Injection,	Entyvio	Monoclonal	X	X	X									**Closed 12/31/15. See J3380 after this date.**
Injection, ramucirumab, 100 mg./10 ml.	Cyramza	Antineoplastic	X	X	X									**Closed 12/31/15. See J9308 after this date.** 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 **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.
Injection,	Orbactiv	Anti-infective	X	X	X									**Closed 12/31/15. See J2407 after this date.**

Injection, pembrolizumab, 50 mg.	Keytruda	Antineoplastic	X	X	X									**Closed 12/31/15. See J9271 after this date.** 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 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.
Injection, Antihemophilic factor IX, (recombinant), porcine	Obizur	Antihemophilic	X	X	X									**Closed 12/31/15. See J7188 after this date.** 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,	Dalvance	Anti-infective	X	X	X									**Closed 12/31/15. See J0875 after this date.**
Injection,	Opdivo	Antineoplastic	X	X	X									**Closed 12/31/15. See J9299 after this date.**
Injection,	Rapivab	Anti-influenza	X	X	X		X							**Closed 12/31/15. See J2547 after this date.**
Injection,	Blincyto	Antineoplastic	X	X	X									**Closed 12/31/15. See J0939 after this date.**
Injection, alemtuzumab, 12 mg./1.2 ml.	Lemtrada	Multiple schlerosis agent	X	X	X		X							**Closed 9/30/15. See Q9979 after this date.** Effective 11/14/14 (FDA aproval). 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							**Closed 12/31/15. See J0695 after this date.** Effective 12/19/14 (FDA approval). Cost invoice with NDC required. Minimum age restriciton 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									**Closed 12/31/15. See J7313 after this date.** 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							**Closed 12/31/15. See J0714 after this date.** 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									**Effective 4/27/15 (FDA approval). Cost invoice with NDC required.** 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									**Closed 12/31/14. See J2704 after this date.** Effective 1/1/14. Cost invoice with NDC required.
Injection, isavuconazonium sulfate, 1 mg.	Cresemba vial	Anti-infective	X	X	X									**Closed 12/31/15. See 1833 after this date.** 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									**Effective 3/10/15 (FDA approval). Cost invoice with NDC required.** 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.
Injection, Coagulation Factor X, human	Coagadex	Anti-hemophilic	X	X	X									**Closed 12/31/16. See J7175 after this date.** 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									**Closed 12/31/16. See J7209 after this date.** 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							**Closed 12/31/16. See J2182 after this date.** 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									**Closed 12/31/16. See J9325 after this date.** 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									**Closed 12/31/16. See J9352 after this date.** 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									**Closed 12/31/16. See J9205 after this date.** 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									**Closed 12/31/16. See J7207 after this date.** 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									**Closed 12/31/16. See J9176 after this date.** 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									**Closed 12/31/16. See J9295 after this date.** 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									**Closed 12/31/16. See J2840 after this date.** Effective 12/8/15 (FDA approval). Cost invoice with NDC required. Outpatient hospital use C9478 after 7/1/16.
Injection, daratumumab, 100 mg./5 ml.	Darzalex	Anti-neoplastic	X	X	X									**Closed 12/31/16. See J9145 after this date.** Effective 11/16/15 (FDA approval). Cost invoce 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									**Effective 5/25/16 (FDA approval). Cost invoice with NDC required.** Restricted to ICD-10 D66. **Outpatient hospital use C9140 after 1/1/17.**
Injection, defibrotide sodium, 200 mg./2.5 ml.	Defitelio	Thrombolytic	X	X	X									**Effective 3/30/16 (FDA approval). Cost invoice with NDC required.** 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							**Closed 12/31/16. See J7342 after this date.** 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							**Closed 12/31/16. See J2786 after this date.** 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									**Closed 12/31/17. See J9022 after this date.** 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									**Closed 12/31/16. See J7202 after this date.** 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									**Closed 12/31/16. See J0570 after this date.** 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										***Closed, effective 6/30/17. Refer to Point of Sale (POS) pharmacy coverage.*** **Effective 12/23/16 (FDA approval). Cost invoice with NDC required**. Restricted to ICD-10 diagnosis of G12.0 or G12.1.
Intrauterine, levonorgestrel 19.5 mg.	Kyleena	Contraceptive	X	X	X	X	X							***Closed, effective 6/30/17. See Q9984 after this date.*** **Effective 9/16/16 (FDA approval). Cost invoice with NDC required.** Service limit of once every five years applies.
Eteplirsen 100 mg./2 ml. injection	Exondys 51	Muscular dystrophy agent	X	X										**Closed 12/31/17. See J1428 after this date.** 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									**Closed 12/31/17. See J0985 after this date.** 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 schlerosis agent	X	X	X									**Closed 12/31/17. See J2350 after this date.** 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 4/1/1/7.
Injection, avelumab, 10 mg.	Bavencio	Anti-neoplastic	X	X	X									**Closed 12/31/17. See J9023 after this date.** 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									***Closed 12/31/18. See J9173 after this date.*** 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									***Closed 12/31/18. See J1301 after this date.*** 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									**Closed 12/31/17. See J0565 after this date.** Effective 10/21/16 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 A04.71, A04.72. Minimum age of 18 years. **Outpatient hospital use C9490 after 7/1/17.**
Injection, etelcalcetide, 0.1 mg.	Parsabiv	Hyperparathyroidism	X	X	X									**Closed 12/31/17. See J0606 after this date.** Effective 2/17/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 E21.1. Miniimum age of 16 years.
Injection, cerliponase alfa, 1 mg.	Brineura	Liposome deficiency	X	X	X									***Closed 12/31/18. See J0567 after this date.*** 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.
Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Vyxeos	Antineoplastic	X	X	X									***Closed 12/31/18. See J9154 after this date.*** 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									***Closed 12/31/18. See J9229 after this date.*** Effective 8/17/17 (FDA approval). Cost invoice with NDC required. Rrestricted 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									**Closed 12/31/17. See J1555 after this date.** 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									***Closed 12/31/18. See J0517 after this date.*** 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 afte**r 4/1/18.**
Injection, sugammadex sodium 100 mg./ml.	Bridion	Relaxant binding agent	X	X	X								X	**Effective 12/15/15 (FDA approval). Cost invoice with NDC required.**
Injection, delafloxacin 300 mg. vial	Baxdela	Anti-infective	X	X	X		X							**Effective 6/19/17 (FDA approval). Cost invoice with NDC required. Outpatient hospital use C9462 after 4/1/18.**

Injection, rituximab hyaluronidase	Rituxan Hycela	Antineoplastic	X	X	X									***Closed 12/31/18. See J9311 after this date.*** 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							**Closed 6/30/18. See Q9993 after this date.** **Effective 10/6/17 (FDA approval). Cost inivoice with NDC required.** Restricted to ICD-10 diagnosis of M17.1 - M17.9. Once yearly service limit applies. **Outpatient hospital use C9469 after 4/1/18.**
Injection, copanlisib 1 mg.	Aliqopa	Antineoplastic	X	X	X									***Closed 12/31/18. See J9057 after this date.*** 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.
Injection, burosumab-twza	Crysvita	Growth factor antibody	X	X	X									***Closed 12/31/18. See J0584 after this date.*** 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									***Closed 9/30/19. See J9204 after this date.*** 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									***Closed 12/31/18. See J3316 after this date.*** 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.
0	Onpattro	Amyloidosis agent	X	X	X									***Closed 9/30/19. See J0222 after this date .*** 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									***Closed 12/31/18. See J0185 after this date .*** 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									***Closed 9/30/19. See J0642 after this date.*** Effective 10/19/18 (FDA apprvoal). Cost invoice with NDC required.
Injection, cemiplimab-rwlc	Libtayo	Antineoplastic	X	X	X									***Closed 9/30/19. See J9119 after this date.*** 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									***Closed 9/30/19. See J9313 after this date.*** 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									***Closed 9/30/19. See J9269 after this date.*** 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.
Injection, trastuzumab/hyaluronidase-oysk, 600 mg./10K units	Herceptin Hylecta	Antineoplastic	X	X	X									**Closed 6/30/19. See J9356 after this date.** 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							**Closed 9/30/19. See J3111 after this date.** Effective 4/9/19 (FDA approval). Cost invoice with NDC required.
Injection, ravulizumab-cwvz, 10 mg	Ultomiris	Anti-anemia	X	X	X									***Closed 9/30/19. See J1303 after this date .*** 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									**Closed 6/30/20. See J0223 after this date.** Effective 11/20/19 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 of E80.21. Minimum age of 16 years. Service limit of 2 ml. per month. Outpatient hospital use C9056 after 4/1/20.
Injection, polatuzumab vedtin-piiq,, 140 mg.	Polivy	Anti-neoplastic	X	X	X									**Closed 12/31/19. See J9309 after this date.** 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	Sickle cell disease	X	X	X									**Closed 6/30/20. See J0791 after this date.** Effective 11/15/19 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 D57.0 - D57.819. Minimum age of 16 years. Outpatient hospital use C9053 after 4/1/20.

Injection, trastuzumab-anns	Kanjinti	Anti-neoplastic	X	X	X									**Closed 9/30/19. See Q5117 after this date.** 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. Mimimum age 16 years.
Injection, brolucizumab-dbll, 6 mg/0.05 ml	Beovu	Anti-inflammatory	X	X	X									**Closed 12/31/19. See J0179 after this date.** 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									**Closed 6/30/20. See J7169 after this date.** Effective 5/3/18 (FDA approval). Cost invoice with NDC required. 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. Outpatient hospital use C9041 after 4/1/19.
Injection, enfortumab vedotin-ejfv	Padcev	Anti-neoplastic	X	X	X									**Closed 6/30/20. See J9177 after this date.** Effective 12/18/19 (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 - C67.9, C68.0. Minimum age 16 years.
Injection, fam-traztuzumab deruxtecan-nxki	Enhertu	Anti-neoplastic	X	X	X									**Closed 6/30/20. See JJ9358 after this date.** Effective 12/20/19 (FDA approval). 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.
Injection, pegfilgrastim-bmez, biosimilar, 0.5 mg	Ziextenzo	Colony stimulating factor	X	X	X									**Closed 6/30/20. See Q5120 after this date.** Effective 11/4/19 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 D70.1, T45.1X5A, T45.1X5D, T45.1X5S. Minimum age of 16 years. Outpatient hospital use C9058 after 4/1/20.
Injection, isatuximab-irfc, 100 mg./5 ml.	Sarclisa	Anti-neoplastic	X	X	X									**Closed 9/30/20. See J9227 after this date.** Effective 3/2/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C90.00 - C90.02. Minimum age of 16 years.
Injection, cefiderocol sulfate tosylate, 1 GM	Fetroja	Anti-infective	X	X	X									***Closed 12/31/20. See J0693 after this date .*** Effective 11/14/19 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 N10, N11.0 - N11.9, N12, N13.6, N16, N30.00, N30.01, N30.20, N30.21, N30.80, N30.81, N30.90, N30.91, N34.1, N34.2, N39.0. Minimum age of 18 years.
Injection, rituximab-pvvr, biosimilar, 100 mg./10 ml.	Ruxience	Anti-neoplastic	X	X	X									**Closed 6/30/20. See Q5119 after this date.** Effective 7/23/19 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C82.00 - C82.99, C83.00 - C83.89, C85.10 - C85.19, C85.80 - C85.89, C85.90 - C85.99, C91.10, C91.12, M31.7, M31.30, M31.31. Miminum age 16 years.

Injection, trastuzumab-qyyp, biosimilar, 420 mg.	Trazimera	Anti-neoplastic	X	X	X									**Effective 3/11/19 (FDA approval).** Cost invoice with NDC required. Restricted to ICD-10 C16.0 - C16.9, C50.011 - C50.929. Mimimum age 16 years.
Injection, teprotumumab-trbw, 500 mg.	Tepezza	Ophthalmic	X	X	X									**Closed 9/30/20. See J3241 after this date.** Effective 1/21/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 E05.00. Minimum age of 16 years. Outpatient hospital use C9061 after 6/30/20.
Injection, eptinezumab-jjmr, 100 mg/ml	Vyepti	CGRP inhibitor	X	X	X		X							**Closed 9/30/20. See J3032 after this date.** Effective 2/21/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 G43.001 - G43.919, G43.B0, G43.B1. Minimum age of 16 years. Service limit of 300 mg. Outpatient hospital use C9063 after 6/30/20.
Injection, sacituzumab govitecan-hziy, 180 mg	Trodelvy	Anti-neoplastic	X	X	X									***Closed 12/31/20. See J9317 after this date .*** Effective 4/22/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C50.0 - C50.929. Minimum age of 16 years. Outpatient hospital use C9066 after 10/1/20.
Mometasone furoate sinus implant, 1350 mcg	Sinuva	Steroidal	X	X	X		X							***Closed 3/31/21. See J7402 after this date.*** Effective 12/8/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 J33.0 - J33.9. Minimum age of 18 years. Service limit of 1. Outpatient hospital use C9122 after 6/30/20.
Injection, imipenem/cilastatin/relebactam, 1.25 G	Recarbrio	Antibiotic	X	X	X									**Closed 6/30/20. See J0742 after this date.** Effective 7/16/19 (FDA approval). Cost invoice with NDC required. Minimum age restriction of 18 years. Service limit of 5 G daily applies.
Injection, golodirsen, 100 mg./2 ml	Vyondys 53	Muscular dystrophy agent	X	X	X									**Closed 6/30/20. See J1429 after this date.** Effective 12/12/19 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 G71.0. Minimum age of 6 years.
Injection, melphalan HCl/detadex sbes, 50 mg	Evomela	Anti-neoplastic	X	X	X									**Closed 6/30/20. See J9246 after this date.** Effective 3/10/16 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C90.00 - C90.02.
Injection, immune globulin, 100 mg	Xembify	Immune globulin	X	X	X									**Closed 6/30/20. See J1558 after this date.** Effective 7/3/19 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 D80.0 - D80.9, D81.0 - D81.9, D82.0 - D82.9. Minimum age of 2 years.

Injection, lurbinectedin, 4 mg	Zepzelca	Anti-neoplastic	X	X	X									***Closed 12/31/20. See J9223 after this date.*** Effective 6/15/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C34.0 - C34.92. Minimum age of 16 years.
Aminolevulinic acid 10% gel	Ameluz	Anti-neoplastic	X	X	X									**Closed 6/30/20. See J7345 after this date.** Effective 5/10/16 (FDA approval). Cost invoice with NDC required. Minimum age of 18 years.
Injection, pertuzumab-trastuzumab-hy-zzxf, 600-600 mg	Phesgo	Anti-neoplastic	X	X	X									***Closed 12/31/20. See J9316 after this date.*** Effective 6/29/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C50.011 - C50.929. Minimum age of 16 years. Service limit of 1200 mg. pertuzumab.
Injection, tafasitamab-cxix, 200 mg	Monjuvi	Anti-neoplastic	X	X	X									***Closed 3/31/21. See J9349 after this date .*** Effective 7/31/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C83.30 - C83.39. Minimum age of 16 years. Outpatient hospital use C9070 after 12/31/20.
Injection, belantamab mafotodin-blmf 100 mg	Blenrep	Anti-neoplastic	X	X	X									***Closed 3/31/21. See J9037 after this date.*** Effective 8/5/20 (FDA approval date). Cost invoice with NDC required. Restricted to ICD-10 C90.00 - C90.02. Minimum age of 16 years. Outpatient hospital use C9069 after 12/31/20.
Injection, vitolarsen 250 mg/5 ml	Viltepso	Muscular dystrophy agent	X	X	X									***Closed 3/31/21. See J1427 after this date.*** Effective 8/12/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 G71.01. Minimum age of 4 years. Outpatient hospital use C9071 after 12/31/20.
Injection, bimatoprost, intracameral implant, 1 mcg	Durysta	Anti-miotic	X	X	X									**Closed 9/30/20. See J7351 after this date.** Effective 3/4/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 H40.10X0 - H40.10X4, H40.1110 - H40.1114, H40.1120 - H40.1124, H40.1130 - H40.1134, H40.1310 - H40.1314, H40.1320 - H40.1324, H40.1330 - H40.1334, H40.1410 - H40.1414, H40.1420 - H40.1424, H40.1430 - H40.1434, H40.051, H40.052, H40.053. Service limit of 20 units daily applies.
Mitomycin pyelocalyceal instillation, 1 mg	Jelmyto	Anti-neoplastic	X	X	X									***Closed 12/31/20. See J9281 after this date .*** Effective 4/15/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C65.1, C65.2. Minimum age of 16 years. Service limit of 60 units weekly. Outpatient hospital use C9064 after 10/1/20.

Injection, daratumumab 10 mg and hyaluronidase-fihj	Darzalex Faspro	Anti-neoplastic	X	X	X									***Closed 12/31/20. See J9144 after this date .*** Effective 5/1/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C90.00 - C90.02. Minimum age of 16 years. Service limit of 180 units weekly applies. Outpatient hospital use C9062 after 10/1/20.
Injection, immune globulin, 500 mg	Asceniv	Immune globulin	X	X	X									***Closed 3/31/21. See J1554 after this date.*** Effective 10/15/19 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 D80.0 - D80.9, D81.0 - D81.4, D81.7, D81.89, D81.9, D82.0 - D82.9, D83.0, D83.2, D83.8, D83.9. Minimum age of 12 years. Outpatient hospital cliams use C9072 after 1/1/21.
Injection, inebilizumab-cdon, 1 mg	Uplizna	Immunosuppressive	X	X	X									**Closed 12/31/20. See J1823 after this date.** Effective 6/11/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 G36.0. Minimum age of 16 years. Service limit of 300 units daily applies.
Injection, cabotegravir/rilpivirine	Cabenuva	Antiretroviral	X	X	X									**Closed 9/30/21. See J0741 after this date.** Effective 1/21/21 (FDA approval) Cost invoice with NDC required. Restricted to ICD-10 B20. Minimum age of 16 years. Outpatient hospital use C9077 after 6/30/21.
Injection, rituximab-arrx, 100 mg/10 ml	Riabni	Antineoplastic	X	X	X									**Closed 6/30/21. See Q5123 after this date.** Effective 12/17/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C83.00 - C83.09, C83.30 - C83.39, C85.80 - C85.89, C85.90 - C85.99, C91.10, C91.12, C95.9.
Injection, evinacumab-dgnb	Evkeeza	Antihyperlipidemic	X	X	X									**Closed 9/30/21. See J1305 after this date.** Effective 2/11/21 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 E78.01. Minimum age of 12 years. Outpatient hospital use C9079 after 6/30/21.
Injection, trilaciclib dihydrochloride, 300 mg	Cosela	Antineoplastic	X	X	X									**Closed 9/30/21. See J1448 after this date.** Effective 2/12/21 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C34.00 - C34.02, C34.10 - C34.12, C34.2, C34.30 - C34.92. Minimum age of 16 years. Outpatient hospital use C9078 after 6/30/21.
Injection, melphalan flufenamide hydrochloride, 1 mg	Pepaxto	Antineoplastic	X	X	X									**Closed 9/30/21. See J9247 after this date.** Effective 2/26/21 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C90.00, C90.02. Minimum age of 16 years. Service limit of 40 units daily applies. Outpatient hospital use C9080 after 6/30/21.

Injection, amivantamab-vmjw, 350 m/7 ml	Rybrevant	Antineoplastic	X	X	X									**Closed 12/31/21. See J9061 after this date.** Effective 6/2/21 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C34.10 - C34.12, C34.2, C34.30 - C34.32, C34.80 - C34.82, C34.90 - C34.92. Minimum age of 16 years. Service limit of 1400 mg. daily. Outpatient hospital use C9083 after 9/30/21.
Injection, dostarlimab-gxly, 500 mg/10 ml	Jemperli	Antineoplastic	X	X	X									**Closed 12/31/21. See J9272 after this date.** Effective 5/3/21 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C54.1. Minimum age of 16 years. Service limit of 500 mg. daily. Outpatient hospial use C9082 after 9/30/21.
Injection, loncastuximab tesirine-lpyl, 10 mg	Zynlonta	Antineoplastic	X	X	X									**Closed 3/31/22. See J9359 after this date.** Effective 5/11/21 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C83.30 - C83.39. Minimum age of 16 years. **Outpatient hospital use C9084 after 9/30/21.**
Injection, oritivancin diphosphate, 1200 mg.	Kimyrsa	Anti-infective	X	X	X		X							**Closed 9/30/21. See J2406 after this date.** Effective 7/2/21 (Federal drug rebate date). Cost invoice with NDC required. Minimum age of 18 years. Service limit of 1200 mg. daily.
Injection, anifrolumab-fnia, 300 mg/2 ml	Saphnelo	Immunosuppressive	X	X	X									**Closed 3/31/22. See J0491 after this date.** Effective 8/16/21 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 M32.10 - M32.19, M32.8, M32.9. Minimum age of 18 years. Service limit of 300 mg. daily. Outpatient hospital use C9086 after 12/31/21.
Injection, avalglucosidase alfa-ngpt, 100 mg	Nexviazyme	Enzymatic	X	X	X									**Closed 3/31/22. See J0219 after this date.** Effective 8/19/21 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 E74.02. Minimum age of 1 year. Outpatient hospital use C9085 after 12/31/21.
Injection, crotalidae immune F (ab) 2, equine	Anavip	Anti-venin	X	X										**Effective 12/1/21. Cost invoice required, but NDC is not required.** **Note: Reimbursement of product is separately billed from hospital in-patient on a UB claim by using bill type 0111 for this service. Outpatient billing uses bill type 0131 on the UB claim form.**
Injection, ranibizumab 10 mg/0.1 ml	Susvimo	VEGF inhibitor	X	X	X									**Effective 11/29/21 (Federal drug rebate date). Cost invoice with NDC required.** Restricted to ICD-10 H35.3210 - H35.3212, H35.3220 - H35.3222, H35.3230 - H35.3232, H35.3290 - H35.3292. **Outpatent hospital use C9093 after 3/31/22.**

Injection, efgartigmod alfa-fcab 400 mg/20 ml	Vyvgart	Anti-myasthenic	X	X	X		X							**Effective 12/28/21 (Federal drug rebate date). Cost invoice with NDC required.** Restricted to ICD-10 G70.00 or G70.01.
Injection, tezepelumab-ekko, 210 mg/1.91 ml	Tezspire	Anti-asthmatic	X	X	X		X							**Effective 1/6/22 (Federal drug rebate date). Cost invoice with NDC required.** Restricted to ICD-10 J45.50 or J45.52. Minimum age of 12 years.
Injection, amisulpride 5 mg/2 ml	Barhemsys	Antiemetic	X	X	X		X							**Effective 2/26/20 (Federal drug rebate date). Cost invoice with NDC required.** Service limit of 10 mg.
Injection, tebentafusp-tebn, 100 mcg/0.5 ml	Kimmtrak	Antineoplastic	X	X	X									**Effective 2/25/22 (Federal drug rebate date). Cost invoice with NDC required.** Restricted to ICD-10 C69.30, C69.31, C69.32, C69.40, C69.41, C69.42, C69.60, C69.61, C69.62, C69.90, C69.91, C69.92, Z51.11, Z51.89, Z51.840. Minimum age of 16 years. Service limit of 68 mcg. daily applies.
Injection, cabotegravir, 600 mg/3 ml	Apretude ER	Antiretroviral	X	X	X		X							**Effective 1/24/22 (Federal drug rebate date). Cost invoice with NDC required.** Minimum age of 12 years.
Injection, triamcinolone acetonide, suprachoroidal, 1 mg	Xipere	Anti-inflammatory	X	X	X									**Effective 1/27/22 (Federal drug rebarte date). Cost invoice with NDC required.** Restricted to ICD-10 H20.011 - H20.043, H20.11 - H20.23, H20.821, H20.822, H20.823, H30.001 - H30.043, H30.101 - H30.133, H30.21, H30.22, H30.23, H30.811, H30.812, H30.813, H30.891, H30.892, H30.893, H30.91, H30.92, H30.93, H35.021, H35.022, H35.023, H35.061, H35.062, H35.063, H43.89, H44.001 - H44.023, H44.111, H44.112, H44.113. **Outpatient hospital use C9092 after 3/31/22.**
Injection, sirolimus protein-bound particles, 1 mg	Fyarro	Antineoplastic	X	X	X									**Effective 2/23/22 (Federal drug rebate date). Cost invoice with NDC required.** Restricted to ICD-10 C49.4, C49.6, C49.8, or C49.9. Minimum of 16 years. **Outpatient hospital use C9091 after 3/31/22.**
Injection, faricimab-svoa, 6 mg/0.05 ml	Vabysmo	VEGF inhibitor	X	X	X									**Effective 2/8/22 (Federal drug rebate date). Cost invoice with NDC required.** Restricted to ICD-10 H35.3210 - H35.3213, H35.3220 - H35.3223, H35.3230 - H35.3233, H35.3290 - H3293 or E08.311, E08.321, E08.331, E08.341, E08.351, E09.311, E09.321, E09.331, E09.341, E09.351, E10.311, E10.321, E10.331, E10.341, E10.351, E11.311, E11.321, E11.331, E11.341, E11.351, E13.311, E13.321, E13.331, E13.341, E13.351. Minimum of 16 years.
Injection, tisotumab vedotin, tftv, 40 mg	Tivdak	Antineoplastic	X	X	X									**Closed 3/31/22. See J9273 after this date.** Effective 9/27/21 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C53.0 - C53.9, D06.0 - D06.9, R87.610 - R87.619. Minimum age of 16 years. Service limit of 200 mg applies.

Injection, nivolumab-relatlimab-rmbw, 240-80 mg/20 ml	Opdualag	Antineoplastic	X	X	X									**Effective 3/23/22 (Federal drug rebate date). Cost invoice with NDC required.** Restricted to ICD-10 C21.0, C21.1, C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.5, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, C51.0, C51.1, C51.2, C51.9, C52, C57, C57.7, C57.8, C57.9, C60.0, C60.1, C60.8, C60.9, C63, C63.00, C63.01, C63.02, C63.10, C63.11, C63.12, C63.2, C63.7, C63,8, C63.9, Z51.12. Minimum age of 12 years.
Injection, LU-177 vipivotide tetraxetan, 1000 MBQ (27 MCI)/ml	Pluvicto	Radioactive therapeutic agent	X	X	X									**Effective 4/5/22 (Federal drug rebate date). Cost invoice with NDC required.** Restricted to ICD-10 C61. Minimum age of 16 years**.**
Injection, sutimlimab-jome, 1100 mg/22 ml	Enjaymo	Complement inhibitor	X	X	X									**Effective 3/16/22 (Federal drug rebate date). Cost invoicw with NDC required.** Restricted to ICD-10 D59.12. Miniimum age of 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														
*ASC - Ambulatory Surgery Center														