Bureau for Medical Services Medications Approved to bill J3490 v. 66 Revised 11/27/23

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

Billing instructions: Claims must include the NDC, the drug name and strength, and cost invoice where applicable.

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 | | Χ | Х | Х | | | | | | | | | Effective 10/1/2015 ICD-10 diagnosis codes C50.911, C50.912, C50.919, E79.0, R78.71, R78.79, R78.89, |
| 17 Alpha- | | | | | Х | Χ | Χ | | | | | | | Closed 12/31/11. See J1725 after this date. See Q2042, effective 7/1/11. Effective 1/1/07. Cost |
| Aminocaproic | | | Χ | Χ | | | | | | | | | | |
| | Apokyn | | Χ | Χ | | | | | | | | | | Deleted from list effective 12/31/06. See J0364. |
| Aztreonam 500 | Azactam | Antibiotic | Χ | Χ | X | | Χ | | Х | | | | | |
| Betametha- | | Anti-inflam. | Χ | Χ | Х | | | | | | | | | Cost invoice required with claim. Pay lesser of billed charges or cost invoice. |
| Bevacizumab | Avastin | Anti-neoplastic | | | | | | Х | | | | | | Effective 10/1/21, ICD-10 E10.3591 - E10.3593 added. |
| 1.25 mg. | | | | | | | | | | | | | | 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 10/1/17H35.3110, 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, E09.3211, E09.3212, |
| | | | | | | | | | | | | | | E09.3213, E09.3291, E09.3292, E09.3293, E09.3311, E09.3312, E09.3313, E09.3391, E09.3392, |
| | | | | | | | | | | | | | | E09.3213, E09.3291, E09.3292, E09.3293, E09.3511, E09.3512, E09.3513, E09.3591, 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, E11.3519, 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 | Χ | Χ | Х | | Χ | | | | | | | Effective 10/1/2015 ICD-10 diagnosis codes E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3291, |
| Bumetanide | Bumex | Antihyper- | Χ | Х | Х | | Χ | | | | | | | |
| Bupivicaine | Marcaine | Peripheral | Χ | Χ | Χ | | Χ | | | | | | | 0.75% / 10ml allowed when billed with 62310, 62311, 62318, 62319, 64400 - 64530. Not payable when |
| Cefotetan | Cefotan | Antibiotic | Χ | Х | | | | | | | | | | Cost invoice with NDC required with claim. Pay lesser of billed charges and cost invoice. |
| Cimetidine HCI | Tagamet | Anti-histamine | Χ | Х | Х | | Χ | | | | | | | Effective 10/1/2015 ICD-10 diagnosis codes R11.0, R11.2, or R11.10 - R11.12 |
| Clavulanate | Timentin | Antibiotic | Χ | X | Х | | Χ | | Χ | | | | | |

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. 1

See

| Clindamycin | Cleocin | Antibiotic | Х | Х | Х | | X | | Х | | | | |
|------------------|-----------|-----------------|---|---|---|----------|---|---|---|---|----------|---|--|
| Dantrolene | Dantrium | Antidote | X | X | X | | X | | | | | | Cost invoice with NDC required with claim. Pay lesser of billed charges and cost invoice. |
| Dextrose 50% | Dantilani | , unudoto | X | X | Х | | X | | | | | | Cost invoice with the required with daint. They leader of billed charges and cost invoice. |
| Diltiazem HCI | Cardizem | Antianginal | Х | Х | Х | | X | | | | | | |
| Edrophonium | Tensilon | Antidote | Х | Х | Х | | X | | | | | | Effective 10/1/2015 ICD-10 diagnosis codes G70.00 or G70.01 |
| Enalaprilat | Vasotec | Antihyper- | Х | Х | Х | | | | | | | | |
| Esmolol HC 10 | Brevibloc | Anti-arrhythmic | Χ | Х | Х | | X | | | | | | Effective 10/1/2015 ICD-10 diagnosis code 149.8 or R00.1 |
| Ethacrynate | Edecrin | Diuretic | Χ | Х | Х | | X | | | | | | Cost invoice required with claim. Pay lesser of billed charges and cost invoice. |
| Famotidine | Pepcid | | Χ | Х | Х | | X | | | | | | |
| Flumazenil | Romazicon | Antidote | Χ | Х | Х | | X | | | | | | Effective 10/1/2015 ICD-10 diagnosis codes T50.901A - T50.904A |
| Folic Acid 5mg | Folate | | Χ | Х | Х | 1 | X | | | | | | |
| Glycopyrrolate | Robinul | Antichole- | Χ | Χ | Х | 2 | X | | | | | | |
| Isoproterenol | Isuprel | Bronchodil-ator | Χ | Х | Х | | X | | | | | | Cost invoice with NDC required with claim. Pay lesser of billed charges and cost invoice. |
| Labetalol HCI 5 | Trandate | | Χ | Х | Χ | | X | | | | | | Effective 10/1/2015 ICD-10 diagnosis code 10 |
| Lidocaine 1 ml | | | Χ | Х | Х | | | | | | | | Covered separately when billed on same day as 62310, 62311, 62318, 62319, 64400-64484, 64505- |
| Metoprolol | Lopressor | Antihyper- | Χ | Х | Х | | | | | | | Х | Covered only when given IV with Dobutamine J1250 during Dobutamine Stress Test. J3490 & J1250 |
| Metronidazole | Flagyl | Amebicide | Χ | Х | Х | 2 | X | | | | | | |
| Minocycline HCI | Dynacin | Antibiotic | Χ | Х | Х | | X | | Χ | | | | Cost invoice with NDC required with claim. Pay lesser of billed charges and cost invoice. |
| Morrhuate | | Sclerosing | Χ | Х | Х | | | | | | | | Bill with CPT codes 43204 and 46500 |
| Nafcillin Sodium | Unipen | Anitbiotic | Χ | X | Х | | X | | Χ | | | | |
| Nitroglycerine 5 | Nitrostat | Anti-anginal | Χ | Х | Х | | X | | | | | | |
| Pantoprazole | Protonix | Gastric Acid | Χ | Х | Х | | X | | | | | | |
| Potassium | Klor-Con | Electrolyte | | | Х | | X | | | | | | |
| Rifampin 600 | Rifacin | Antibiotic | Χ | Х | Х | | X | | | | | | |
| Sodium Acetate | | Alkalinizing | | | Х | | X | | | | | | |
| Sodium | | Alkalini-zing | | | Х | | X | | | | | | |
| Valproate | Depacon | | Χ | Χ | Х | | X | | | | | | Effective 10/1/2015 ICD-10 diagnosis codes G40.001, G40.009, G40.011, G40.019, G40.101, G40.10 |
| Vasopressin 20 | | Antidiuretic | Χ | Х | Х | | X | | | | | | |
| Verapamil HCI | Calan | Anti-anginal | Х | Х | Х | | X | | | | | | |
| Ferumoxytol | Feraheme | Iron therapy | Х | Х | Х | | X | | | Χ | | | Closed 12/31/09(not billable with J3490). See Q0138 & Q0139 afer this date. Effective 6/30/09. Claim |
| Testosterone | Testopel | Hormone | Χ | Х | Х | | X | | | | | | Effective 10/1/2015 ICD-10 diagnosis codes E29.1, E29.8, or E29.9 |
| Regadenoson | Lexiscan | Vasodilater | X | Х | Х | | | | | | | | Closed 12/31/08. See J2785 after this date. Effective 10/1/08. Cost invoice with NDC required. |
| Pralatrexate | Folotyn | Metabolic | Х | Х | Х | | | | | | | | 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, G40.10 |
| Paliperidone | Invega | Anti-psychotic | X | X | Х | | | | | | Х | | Closed 12/31/10. See J2426 after this date. Outpatient hosptial must use C9255, effective 1/1/10 - |
| Dexametha- | Ozurdex | Anti- | X | X | | <u> </u> | | 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 | Х | | 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 | Х | Х | Х | | X | | | | Х | | Closed 12/31/10. See J2358 after this date. Effective 12/11/09(FDA approval). Cost invoice with NDC |
| Ofatumumab, | Arzerra | Anti-neoplastic | | | Х | <u> </u> | | | | | | | Closed 12/31/10. See J9302 after this date. Effective 10/26/09(FDA approval). Cost invoice with NDC |
| Collagenase | Xiaflex | Enyzmatic | X | X | Х | | 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 | Х | | X | | | | Х | | Closed 12/31/10. See J1290 after this date. Outpatient hospital must use C9263, effective 4/1/10 - |
| Alglucosidase | Lumizyme | Enzymatic | X | X | Х | | | | | | | | Closed 12/31/11. See J0221. Effective 5/24/10(FDA approval). Cost invoice with NDC required. ICD- |
| 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 | Х | | | | | | | | Closed 12/31/11. See J0897. Effective 6/1/10(FDA approval). Cost invoice with NDC required. ICD-9 |
| Tocilizumab, | Actemra | Immunologic | Χ | Χ | Χ | | | | | | <u> </u> | | Closed 12/31/10. See J3262. Effective 1/8/10(FDA approval). Cost invoice with NDC required. IC |

| von | Wilate | Coagulation | Χ | Χ | Х | | | | | | | | Closed 12/31/10. See J7184 after this date. Outpatient hospital must use C9267, effective 7/1/10 - |
|-------------------|--------------|-----------------|---|---|---|---|---|---|---|----------|----------|---|--|
| Capsaicin 8% | Qutenza | Analgesic | Χ | Χ | Х | | | | | | | | Closed 12/31/10. See J7335 after this date. Outpatient hospital must use C9268, effective 7/1/10 - |
| Cabazitaxel, | Jevtana | Antineoplastic | Χ | Χ | Х | | | | | | | | Closed 12/31/11. See J9043. Effective 6/17/10(FDA approval). Cost invoice with NDC required. ICD-9 |
| Sodium | Synvisc 1 | Viscosuppleme | Χ | Х | Χ | | Χ | | | | | | Closed 12/31/09. See J7325 after this date. Effective 2/26/09(FDA approval). Cost invoice required. ICD |
| Injection, | Istodax | Antineoplastic | Χ | Х | Χ | | | | | | Х | | Closed 12/31/10. See J9315 after this date. Outpatient hospital must use C9265, effective 7/1/10 - |
| Injection, | Xgeva | Osteoporotic | Χ | Х | Χ | | | | | | Χ | | Closed 12/31/11. See J0897. Effective 6/1/10(FDA approval). Cost invoice with NDC required. ICD-9 |
| Injection, | Vpriv | Enzymatic | Х | Χ | Х | | | | | | | | Closed 12/31/10. See J3385 after this date. Outpatient hospital must use C9271, effective 10/1/10 - |
| Injection, | Halaven | Antineoplastic | Χ | Х | Х | | | | | | | | Closed 12/31/11. See J9179. Effective 11/15/10(FDA approval). Cost invoice with NDC required. ICD-9 |
| Injection, | Krystexxa | Hyperuricemic | Х | Χ | Х | | | | | | Х | | Closed 12/31/11. See J2507. Effective 9/14/10(FDA approval). Cost invoice with NDC required. ICD- |
| Injection, | Teflaro | Antibacterial | Χ | Χ | Х | | | | | | Х | | Closed 12/31/11. See J0712. Effective 10/29/10(FDA approval). Cost invoice with NDC required. ICD-9 |
| Injection, | | Immunologic | Χ | Χ | Х | | | | | | Х | | Closed 12/31/11. See J0490. Effective 3/10/11(FDA approval). Cost invoice with NDC required. ICD-9 |
| Alpha-1 | | Enzymatic | Χ | Χ | Х | | | | | | Х | | Closed 12/31/11. See J0257. Effective 7/1/10(FDA approval). Cost invoice with NDC required. ICD-9 |
| | Provenge | Antineoplastic | Х | Х | Х | | | | | | Х | | 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. | Yervov | Antibody | X | X | X | | | | | | X | | Closed 12/31/11. See J9228. Effective 3/25/11(FDA approval). Cost invoice with NDC required. ICD-9 |
| | Synera | Local | | | X | | | | 1 | | <u> </u> | + | Effective 7/1/11. Cost invoice with NDC required. |
| Injection, | Nulojix | Organ rejection | Х | Х | X | | | | 1 | 1 | 1 | - | 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 | | | | | | Х | | 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 |
| | Evlea | | X | X | X | | | | | | ^ | | |
| Injection, | , | Neovascular | ^ | ^ | ^ | | | | | Х | | | Closed 6/30/12. See Q2046 after this date. Effective 11/18/11(FDA approval). Cost invoice with NDC |
| Injection, | Omontys | Erythropoiesis | V | Х | | | | | | ^ | | | Closed 6/30/12. See Q2047 after this date. Effective 3/27/12(FDA approval). Cost invoice with NDC |
| Injection, | Elelyso | Enzymatic | 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 | Х | | | | | | | | 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 | Х | | | | | | | | 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 | Х | Х | Х | | | | | | | | Closed 12/31/13. See J9262 after this date. Effective 10/26/12(FDA approval). Cost invoice with NDC |
| Injection, | Jetrea | Ophthalmic | Х | Х | | | | Χ | | | | | Closed 12/31/13. See J7316 after this date. Effective 10/17/12(FDA approval). Cost invoice with NDC |
| Pooled plasma, | Octaplas | Blood product | Χ | Х | Х | | | | | | | | Effective 10/1/2015 ICD-10 diagnosis codes D68.32, D68.4 or M31.1 |
| Injection, ado- | Kadcyla | Antineoplastic | Χ | Х | Χ | | | | | | | | Closed 12/31/13. See J9354 after this date. Effective 2/22/13(FDA approval). Cost invoice with NDC |
| Intrauterine, | Skyla | Contraceptive | Х | Х | Χ | Х | Х | | | | | | Closed 12/31/13. See J7301. See Q0090, effective 7/1/13. Effective 1/9/13(FDA approval). Cost |
| Levonorgestrel, | | | | | | | | | | | | | invoice with NDC required. Minimum age restriction of 16 years. Service limit of 1 insertion per 3 year |
| 13.5 mg. | | | | | | | | | | | | | period. |
| Injection, | Xofigo | Antineoplastic | Х | Х | Х | | | | | | | | 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 |
| | | | X | X | X | | | | | | | | |
| Injection, | | Coagulant | X | X | X | | | | 1 | <u> </u> | <u> </u> | - | Effective 10/1/2015 ICD-10 diagnosis code D68.32 or D68.4 |
| Injection, ferric | Injectafer | Iron therapy | ^ | ^ | ^ | | | | | | | | Closed 6/30/14. See Q9970 after this date. Effective 7/25/13(FDA approval). Cost invoice with NDC |
| carboxymaltose | | | | | | | | | | | | | 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 | Χ | Χ | Х | | | | | | | | Effective 10/1/2015 ICD-10 diagnosis codes D70.8 |
| Injection, | Simponi Aria | TNF inhibitor | Χ | Χ | Х | | Χ | | | | | | Effective 10/1/2015 ICD-10 diagnosis codes M05.711, M05.712, M05.719, M05.721, M05.722, M05.729, |
| Injection, | Marqibo | Antineoplastic | Χ | Χ | Х | | | | | | | | Effective 10/1/2015 ICD-10 diagnosis codes C91.00 - C91.02, C91.10 - C91.12, C91.30 - C91.32, |
| Injection, | Gazyva | Antineoplastic | Х | Χ | Х | | | | | | | | Closed 12/31/14. See J9301 after this date. Effective 11/1/13(FDA approval date). Cost invoice with |
| Injection, | Tretten | Antihemophilic | Χ | Χ | Х | | | | | | | | Closed 12/31/14. See J7181 after this date. Effective 12/23/13(FDA approval). Cost invoice with NDC |
| Injection, | Vimizim | Enzymatic | Χ | Χ | Х | | | | | | | 1 | 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 | Х | Х | Х | | | 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 | Х | Х | Х | | | 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 | Х | Х | 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 | Х | Х | Х | | | 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, Injection, ramucirumab, 100 mg./10 ml. | Entyvio Cyramza | Monoclonal Antineoplastic | X | X | X | | | Closed 12/31/15. See J3380 after this date. 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 | Χ | Х | Х | | | Closed 12/31/15. See J2407 after this date. |

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| | Keytruda | Antineoplastic | Х | Х | X | | | | | Closed 12/31/15. See J9271 after this date. |
| pembrolizumab, | | | | | | | | | | Effective 10/1/2015 ICD-10 diagnosis codes C00.5, C43.0, C43.10 - C43.12, C43.20, C43.22, C43.30, |
| 50 mg. | | | | | | | | | | 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. |
| | | | | | | | | | | <u>'</u> |
| Injection, | Obizur | Antihemophilic | Х | Х | X | | | | | Closed 12/31/15. See J7188 after this date. |
| Antihemophilic | | | | | | | | | | Effective 10/1/2015 ICD-10 diagnosis codes D68.32 or D68.4 |
| factor IX, | | | | | | | | | | Effective 10/23/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of |
| (recombinant), | | | | | | | | | | 286.7. Minimum age restriction of 16 years. |
| porcine | | | | | | | | | | |
| | Dalvance | Anti-infective | Х | Х | Х | | | | | Closed 12/31/15. See J0875 after this date. |
| | Opdivo | Antineoplastic | Χ | Χ | Х | | | | | Closed 12/31/15. See J9299 after this date. |
| Injection, | Rapivab | Anti-influenza | Χ | Χ | Х | Χ | | | | Closed 12/31/15. See J2547 after this date. |
| Injection, | Blincyto | Antineoplastic | Χ | Х | Х | | | | | Closed 12/31/15. See J0939 after this date. |
| Injection, | Lemtrada | Multiple | Χ | Х | Х | Χ | | | | Closed 9/30/15. See Q9979 after this date. |
| alemtuzumab. | | schlerosis | | | | | | | | Effective 11/14/14 (FDA aproval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 340. |
| 12 mg./1.2 ml. | | agent | | | | | | | | Minimum age restriction of 17 years. |
| Injection, | Zerbaxa | Anti-infective | Х | Х | Х | Х | | | | Closed 12/31/15. See J0695 after this date. |
| ceftolozane 50 | Zerbaxa | Anti-infective | | | | ^ | | | | |
| | | | | | | | | | | Effective 12/19/14 (FDA approval). Cost invoice with NDC required. Minimum age restriciton of 18 years |
| mg. and | | | | | | | | | | Outpatient hospital must use C9452 after 4/1/15. |
| tazobactam 25 | | | | | | | | | | |
| mg. | | | | | | | | | | |
| Fluocinolone | Iluvien | Anti- | Х | Х | X | | | | | Closed 12/31/15. See J7313 after this date. |
| acetonide, 0.19 | | inflammatory | | | | | | | | Effective 10/1/2015 ICD-10 diagnosis code E11.311 |
| mg. intravitreal | | , | | | | | | | | Effective 9/26/14 (FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of |
| implant | | | | | | | | | | 362.07. Outpatient hospital must use C9450 after 4/1/15. |
| 1 | Avycaz | Anti-infective | Х | Х | Х | Х | + | - | | Closed 12/31/15. See J0714 after this date. |
| ceftazidime- | , wycaz | , and micouve | | ^ | `` | ^ | | | | |
| | | | | | | | | | | Effective 2/25/15 (FDA approval). Cost invoice with NDC required. Minimum age restriction of 18 years. |
| avibactam 2.5 G | | | | | | | | | | |
| Injection, | Ixinity | Anti-hemophilic | Х | Х | Х | | | | | Effective 4/27/15 (FDA approval). Cost invoice with NDC required. Restricted to diagnosis of ICD-9 |
| Coagulation | I All IIILY | Anti-nemophilic | ^ | _ ^ | ^ | | | | | |
| | | | | | | | | | | 286.1 or ICD-10 D67. Minimum age restriction of 12 years. |
| Factor IX, | | | | | | | | | | |
| (recombinant) | | | | | | | | | | |
| 1 | | • | | | | | • | | • | · |

| Injection, propofol 10 mg. | Diprivan | Sedating agent | Х | Х | Х | | | Closed 12/31/14. See J2704 after this date. Effective 1/1/14. Cost invoice with NDC required. |
|---|------------------|-----------------|---|---|---|---|--|---|
| Injection, isavuconazoniu m sulfate, 1 mg. | Cresemba vial | Anti-infective | Х | Х | Х | | | 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 | Х | Х | 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 | Х | Х | Х | | | 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 | Х | Х | Х | | | 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 | Х | Х | Х | Х | | 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 | Х | Х | Х | | | 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 | Х | Х | Х | | | 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 | Х | Х | | | 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 | Х | Х | | | 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 | Х | Х | | | 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. |

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| 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 | Х | 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 | Х | Х | | | 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 | Х | Х | Х | | | 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 | Х | Х | Х | | | 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 | Х | Х | Х | Х | | 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 | Х | Х | Х | Х | | 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 | Х | Х | Х | | | 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 | Х | Х | Х | | | 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 | Probuphine | Anti- | | | Х | | | | Closed 12/31/16. See J0570 after this date. Effective 5/26/16 (FDA approval). Restricted to ICD-10 |
|---|------------|---------------------------------|---|---|---|---|---|--|--|
| implant, 74.2 mg. | · | dependence | | | | | | | 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 |
| Nusinersen 12 | Spinraza | Protein | Х | Х | | | | | products. Closed, effective 6/30/17. Refer to Point of Sale (POS) pharmacy coverage. |
| mg./5 ml. injection | | Deficiency agent | | | | | | | 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 | Х | Х | Х | Х | Х | | 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 | Х | Х | | | | | 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 | Х | Х | Х | | | | 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 | Х | Х | Х | | | | 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 4/1/17. |
| Injection, avelumab, 10 mg. | Bavencio | Anti-neoplastic | Х | Х | Х | | | | 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 | Х | Х | Х | | | | 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 | Х | Х | Х | | | | 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 | Hyperparathyro idism | Х | Х | 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 | Х | Х | | | | | 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 | Х | 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 | Х | Х | 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 | Х | Х | Х | | | | | 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 | Х | Х | Х | | | | | 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 after 4/1/18. |
| Injection, sugammadex sodium 100 mg./ml. | Bridion | Relaxant binding agent | Х | Х | X | | | | Х | Effective 12/15/15 (FDA approval). Cost invoice with NDC required. |
| Injection, delafloxacin 300 mg. vial | Baxdela | Anti-infective | Х | Х | Х | Х | | | | 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 | Х | Х | Х | | | | | 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 | Х | X | Х | Х | | | | 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, | Aliqopa | Antineoplastic | Х | Х | Х | | | | Closed 12/31/18. See J9057 after this date. |
|------------------|--------------|-----------------|----------|-----|----|-----|----|----------|---|
| copanlisib 1 mg. | ,qopa | , | | | | | | | Effective 9/4/17 (FDA approval). Cost invoice with NDC required. |
| coparmon ring. | | | | | | | | | 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, | Crysvita | Growth factor | Х | Х | Х | | | | Closed 12/31/18. See J0584 after this date. |
| burosumab-twza | , | antibody | `` | | '` | | | | Effective 4/17/18 (FDA approval). Cost invoice with NDC required. |
| barosamab twza | | artibody | | | | | | | Restricted to ICD-10 diagnosis E83.31. |
| | | | | | | | | | Service limit of 90 mg, daily applies. |
| Injection, | Poteligeo | Antineoplastic | Х | Х | Х | | | | Closed 9/30/19. See J9204 after this date. |
| mogamulizumab | | , | | | | | | | Effective 8/8/18 (FDA approval). Cost invoice with NDC required. |
| kpkc, 20 mg./5 | | | | | | | | | Restricted to ICD-10 C84.01 - C84.09, C84.11 - C84.19. |
| ml. | | | | | | | | | Out patient hospital use C9038 after 1/1/19. |
| Injection, | Triptodur | Gonadotropin | Х | Х | Х | | | | Closed 12/31/18. See J3316 after this date. |
| triptorelin | Triptoddi | Conadotropin | | | | | | | Effective 6/29/17 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 E30.1 |
| extended | | | | | | | | | Minimum age of 2 years. |
| release, 3.75 | | | | | | | | | Service limit of 6 units every 23 weeks applies. |
| mg | | | | | | | | | Service little of 6 utilis every 25 weeks applies. |
| | Onpattro | Amyloidosis | Х | Х | Х | | | | Closed 9/30/19. See J0222 after this date. |
| , | Oripattio | agent | `` | | '` | | | | Effective 8/10/18 (FDA approval). Restricted to ICD-10 E85.1. |
| | | agont | | | | | | | Minimum age of 18 years. |
| | | | | | | | | | Service limit of 300 units. |
| | | | | | | | | | Outpatient hospital use C9036 after 1/1/19. |
| Injection, | Cinvanti 130 | Anti-emetic | Х | Х | Х | | | | Closed 12/31/18. See J0185 after this date. |
| aprepitant, 1 mg | | , and official | | | | | | | Effective 11/9/17 (FDA approval). Cost invoice with NDC required. |
| apropitant, 1 mg | 9. | | | | | | | | Outpatient hospital use C9463 after 4/1/18. |
| Injection, | Vhonzon/ | Folate analog | Х | Х | Х | | | | Closed 9/30/19. See J0642 after this date. |
| levoleucovorin | Khapzory | Folate arialog | ^ | _ ^ | ^ | | | | Effective 10/19/18 (FDA apprvoal). Cost invoice with NDC required. |
| levoleucovoriri | | | | | | | | | Effective 10/19/16 (FDA apprivoar). Cost invoice with NDC required. |
| Injection, | Libtayo | Antineoplastic | Х | Х | Х | | | | Closed 9/30/19. See J9119 after this date. |
| cemiplimab-rwlc | Librayo | , anaireopiaeae | | | | | | | Effective 9/28/18 (FDA approval). Cost invoice with NDC required. |
| complima i wie | | | | | | | | | Minimum age of 16 years. |
| | | | | | | | | | Service limit of 350 mg daily. |
| Injection, | Lumoxiti 1 | Antineoplastic | Х | Х | Х | | | | Closed 9/30/19. See J9313 after this date. |
| moxetumomab | mg. | Antineopiastic | _ ^ | ^ | | | | | Effective 9/13/18 (FDA approval). Cost invoice with NDC required. |
| pasudotox-tdfk | g. | | | | | | | | Restricted to ICD-10 diagnosis C91.40, C91.41, C91.42. |
| pasadolox-talk | | | | | | | | | Minimum age of 16 years. |
| Injection, | Elzonris | Antineoplastic | Х | Х | Х | | | | Closed 9/30/19. See J9269 after this date. |
| tagaxofusp-erzs. | LIZUIIIIS | Antineopiastic | _ ^ | ^ | | | | | Effective 12/21/18 (FDA approval). Cost invoice with NDC required. |
| 1000 mcg. | | | | | | | | | Restricted to ICD-10 C86.4. |
| 1000 ilicy. | | | | | | | | | |
| | | | | | | | | | Minimum age of 2 years. Outpatient hospital use C9049 after 7/1/19. |
| | l . | 1 | <u> </u> | I | 1 | l l | ll | <u> </u> | Toutoatient hospital use 0:3049 after 7/1719. |

| | | , | | | | | | | | |
|-------------------|-----------|-----------------|----|-----|----|---|---|----------|------|--|
| | Herceptin | Antineoplastic | Χ | Х | Х | | | | | Closed 6/30/19. See J9356 after this date. |
| trastuzumab/hya | Hylecta | | | | | | | | | Effective 2/28/19 (FDA approval). Cost invoice with NDC required. |
| luronidase-oysk, | | | | | | | | | | Restricted to ICD-10 C50.01, C50.02, C50.11, or C50.12. |
| 600 mg./10K | | | | | | | | | | Minimum age of 16 years. |
| units | | | | | | | | | | 1 1011 |
| Injection, | Evenity | Bone | Χ | Χ | Χ | | Х | | | Closed 9/30/19. See J3111 after this date. |
| romosozumab- | | resorption | | | | | | | | Effective 4/9/19 (FDA approval). Cost invoice with NDC required. |
| aggg, 105 | | suppressant | | | | | | | | |
| mg./1.17 ml. | | 1 '' | | | | | | | | |
| ŭ | Ultomiris | Anti-anemia | Х | Х | Х | | | | | Closed 9/30/19. See J1303 after this date. |
| ravulizumab- | Onomino | , and anoma | | | | | | | | Effective 12/21/18 (FDA approval). Cost invoice with NDC required. |
| cwvz, 10 mg | | | | | | | | | | Restricted to ICD-10 D59.5. |
| GWVZ, 10 mg | | | | | | | | | | Minimum age of 16 years |
| | | | | | | | | | | |
| | | | | | | | | | | Service limit of 360 units applies. |
| Lata artica | 0: 1 | A | V | · · | V | | | | | Outpatient hospital use C9052 after 7/1/19. |
| , , | Givlaari | Acute hepatic | Х | Х | Х | | | | | Closed 6/30/20. See J0223 after this date. |
| givosiran | | porphyria | | | | | | | | Effective 11/20/19 (FDA approval). Cost invoice with NDC required. |
| sodium, 189 | | | | | | | | | | Restricted to ICD-10 of E80.21. |
| mg./ml. | | | | | | | | | | Minimum age of 16 years. |
| | | | | | | | | | | Service limit of 2 ml. per month. |
| | | | | | | | | | | Outpatient hospital use C9056 after 4/1/20. |
| Injection, | Polivy | Anti-neoplastic | Χ | Х | Х | | | | | Closed 12/31/19. See J9309 after this date. |
| polatuzumab | | | | | | | | | | Effective 6/10/19 (FDA approval). Cost invoice with NDC required. |
| vedtin-piiq,, 140 | | | | | | | | | | Restricted to ICD-10 C83,39 - C83,39. |
| mg. | | | | | | | | | | Minimum age of 16 years. |
| 3 | | | | | | | | | | Service limit of 2 units (vials) daily. |
| Injection, | Adakveo | Sickle cell | Х | Х | Х | | | | | Closed 6/30/20. See J0791 after this date. |
| crizanlizumab- | ridaitvoo | disease | ,, | , , | ,, | | | | | Effective 11/15/19 (FDA approval). Cost invoice with NDC required. |
| tmca, 100 | | uiscasc | | | | | | | | Restricted to ICD-10 D57.0 - D57.819. |
| mg/10 ml. | | | | | | | | | | |
| mg/ to mi. | | | | | | | | | | Minimum age of 16 years. |
| | | | | | | | | | | Outpatient hospital use C9053 after 4/1/20. |
| , , | Kanjinti | Anti-neoplastic | X | Х | Х | | | | | Closed 9/30/19. See Q5117 after this date. |
| trastuzumab- | | | | | | | | | | Effective 11/4/19 (FDA approval). Cost invoice with NDC required. |
| anns | | | | | | | | | | Restricted to ICD-10 C50.011 - C50.911, C50.021 - C50.921, C16.0 - C16.9. |
| | | | | | | | | | | Mimimum age 16 years. |
| Injection, | Beovu | Anti- | Χ | Х | Х | T | | | | Closed 12/31/19. See J0179 after this date. |
| brolucizumab- | | inflammatory | | | | | | | | Effective 10/7/19 (FDA approval). Cost invoice with NDC required. |
| dbll, 6 mg/0.05 | | | | | | | | 1 | | Service limit of 6 mg. daily. |
| ml | | | | | | | | | | |
| Injection, Factor | Andexxa | Anticoagulant | Χ | Х | Х | | | | | Closed 6/30/20. See J7169 after this date. |
| Xa. inactivated- | | reversal | | | | | | 1 | | Effective 5/3/18 (FDA approval). Cost invoice with NDC required. |
| zhzd | | | | | | | | | | 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. |
| | | 1 | | 1 | 1 | | | <u> </u> | | Companions recognized door of the first of t |

| Injection, enfortumab vedotin-ejfv | Padcev | Anti-neoplastic | Х | Х | 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 | Х | Х | Х | | | 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 | Х | Х | | | 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 | Х | Х | | | 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 | Х | Х | Х | | | 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 | Х | Х | Х | | | 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 | Х | Х | Х | | | 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 | Х | Х | Х | | | 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. |

| petinezumab- jimr, 100 mg/ml | | 1 | 1 | | | | | , , | | |
|--|------------------|------------|-----------------|---|---|---|------|-----|------|---|
| Restricted to ICD-10 G43.001 - G43.919, G43.80, G43.81 Restricted to ICD-10 G43.001 - G43.919, G43.91 | Injection, | Vyepti | CGRP inhibitor | Х | Х | X | X | | | |
| Minimum age of 16 years. Service limit of 300 mg. Outpatient hospital use C9063 after 6/30/20. Outpatient hospital use C9063 after 0/30/20. Outpatient hospital use C9063 after 10/1/20. Outpatient hospital use C9060 after 10/1/20. Outpatient his d | | | | | | | | | | |
| Injection, ascituzumab ascituzumab ascituzumab ascituzumab governam-hziy, alter desperance in the properties of the prop | jjmr, 100 mg/ml | | | | | | | | | |
| Injection, sachtzurab govitecan-hzly, illocition, sachtzu | | | | | | | | | | |
| Injection, sacituzumab govitecan-hzly, and provided in the pro | | | | | | | | | | |
| Effective 4/22/20 (FDA approval). Cost invoice with NDC required. govinican-hzly, 180 mg Sinuva Steroidal X X X X X X X X X X X X X X X X X X X | | | | | | | | | | |
| govitecan-hziy, and some govitecan-hziy, and s | Injection, | Trodelvy | Anti-neoplastic | Х | Х | Х | | | | |
| Mometasone funcile sinus implant, 150 mgg Sinuva Steroidal X X X X X X X X X X X X X X X X X X X | | | | | | | | | | |
| Outpatient hospital use C9066 after 101/20. Mometasone furoate sinus Sinuva Steroidal X X X X X X X X X X X X X X X X X X X | J , | | | | | | | | | |
| Mometasone (furoate sinus miplant, 1350 meg Recarbrio (miplenemicilast attividebactam, 1.25 G.) Restricted (note) (PDA approval). Cost invoice with NDC required. (Mirimum age of 16 years. Service limit of 5 G daily applies. Closed 6/30/20. See J1429 after this date. (Restricted to ICD-10 G71.0.) Restricted to ICD-10 G90.00 - C90.02. Restricted to ICD-10 C90.00 - C90.02. Restricted to ICD-10 C90.00 - C90.02. Restricted to ICD-10 C90.00 - C90.02. Restricted to ICD-10 D80.0 - D80.9, D81.0 - D81.9, D82.0 - D82.9, Minimum age of 2 years. Closed 6/30/20. See J1429 after this date. (Restricted in ICD-10 D80.0 - D80.9, D81.0 - D81.9, D82.0 - D82.9, Minimum age of 2 years. Closed 16/30/20. See J1558 after this date. (Restricted in ICD-10 D80.0 - D80.9, D81.0 - D81.9, D82.0 - D82.9, Minimum age of 2 years. Closed 16/30/20. See J1420. Se | 180 mg | | | | | | | | | · · |
| turoate sinus implant, 1350 mgg Restricted to ICD-10 Gray Service limit of 1. Vyondys 53 Muscular dystrophy agent agent agent More agent | | | | | | | | | | · |
| implant, 1350 mcg Restricted to ICD-10 J.33.0 - J.33.9. Minimum age of 18 years. Service limit of 1. Outoatient hosoidal use C3122 after R/30/20. Closed 6/30/20. See J.742 after this date. Effective 7/16/19 (FDA approval). Cost invoice with NDC required. Minimum age of 18 years. Service limit of 5. Glaily applies. Injection, mg/J. and Injection, mg/J. and Injection, mg/J. and Injection, limited agent Injection, mg/J. and Injection, limited agent Injection, limite | Mometasone | Sinuva | Steroidal | Х | Х | Х | Х | | | Closed 3/31/21. See J7402 after this date. |
| Minimum age of 18 years. Service limit of 1. Outpatient hospital use C9122 after 6/30/20. Closed 6/30/20. See J0742 after this date. Effective 7/16/19 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 280.0 - D80.9, D81.0 - D81.9, D82.0 - D82.9. Minimum age of 16 years. Service limit of 5 G daproval). Cost invoice with NDC required. Minimum age of 16 years. Service limit of 5 G daproval). Cost invoice with NDC required. Minimum age of 18 years. Service limit of 5 G daproval). Cost invoice with NDC required. Minimum age of 18 years. Service limit of 5 G daproval. Cost invoice with NDC required. Minimum age of 18 years. Service limit of 5 G daproval. Cost invoice with NDC required. Minimum age of 6/30/20. See J1429 after this date. Effective 12/12/19 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C90.00 - C90.02. See J246 after this date. Effective 3/10/16 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C90.00 - D80.9, D81.0 - D81.9, D82.0 - D82.9. Minimum age of 2 years. Service limit of 5 G daproval. Cost invoice with NDC required. Restricted to ICD-10 C90.00 - D80.9, D81.0 - D81.9, D82.0 - D82.9. Minimum age of 16 years. Closed 6/30/20. See J9223 after this date. Effective 6/15/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C90.00 - C90.02. See J923 after this date. Effective 6/15/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C90.00 - C90.02. See J923 after this date. Effective 6/15/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C90.00 - C90.02. See J923 after this date. Effective 6/15/20 (FDA approval). Cost invoice with NDC required. See J923 after this date. Effective 6/15/20 (FDA approval). Cost invoice with NDC required. See J923 after this date. Effective 6/15/20 (FDA approval). Cost invoice with NDC required. See J923 after this date. Effective 5/10/16 (FDA approval). Cost invo | furoate sinus | | | | | | | | | Effective 12/8/17 (FDA approval). Cost invoice with NDC required. |
| Service limit of 1. Outostient hospital use C3122 after 6/30/20. Outostient hospital use C3122 after this date. Effective 7/16/19 (FDA approval). Cost invoice with NDC required. Amilinous miles of 6/30/20. See J742 after this date. Outostic of 30/20 after 1/3/19 (FDA approval). Cost invoice with NDC required. Outostic of 30/20. See J7429 after this date. Outostic of 30/20. Outosti | implant, 1350 | | | | | | | | | Restricted to ICD-10 J33.0 - J33.9. |
| Injection, Recarbrio imipenem/cilast atin/relebactam, 1.25 G | mcg | | | | | | | | | Minimum age of 18 years. |
| Injection, imperemy/cilast atin/relebactam, 1.25 G Imperential agent with relebactam, 1.25 G Imperential agent with release agent with | | | | | | | | | | Service limit of 1. |
| imipenem/cilast attin/relebactam, 1.25 G Injection, golodirsen, 100 mg/2 ml Injection, elevant in the properties of the | | | | | | | | | | |
| atin/relebactam, 1.25 G Injection, polodirsen, 100 mg/2 ml Evomela Martin-neoplastic X X X X X X X X X X X X X X X X X X X | | Recarbrio | Antibiotic | Х | Х | X | | | | |
| 1.25 G | | | | | | | | | | |
| Injection, golodirsen, 100 mg/2 ml Separation Separa | | | | | | | | | | , |
| golodirsen, 100 mg./2 ml dystrophy agent dystr | | | | | | | | | | |
| mg/2 ml agent agent Restricted to ICD-10 G71.0. Injection, Evomela Anti-neoplastic X X X X Effective 3/10/16 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 G90.00 - C90.02. Sees, 50 mg Injection, Injection | | Vyondys 53 | | Х | Х | Х | | | | Closed 6/30/20. See J1429 after this date. |
| Injection, melphalan HCl/detadex sbes, 50 mg Injection, immune globulin, 100 mg Injection, lurbinectedin, 4 mg Anti-neoplastic X X X X X X X X X X X X X X X X X X X | , | | | | | | | | | |
| Injection, melphalan HCl/detadex sbees, 50 mg Injection, immune globulin, 100 mg Zepzelca Anti-neoplastic X X X X X X X X X X X X X X X X X X X | mg./2 ml | | agent | | | | | | | Restricted to ICD-10 G71.0. |
| melphalan HCl/detadex sbes, 50 mg Injection, immune globulin, 100 mg Injection, lurbinectedin, 4 mg Aminolevulinic acid 10% gel melphalan HCl/detadex sbes, 50 mg Effective 3/10/16 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C90.00 - C90.02. 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. Closed 12/31/20. See J9223 after this date. Effective 6/15/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C90.00 - C90.02. Closed 1/20/20 (FDA approval). Cost invoice with NDC required. Restricted to ICD-10 C90.00 - C90.02. Closed 1/20/20 (FDA approval). Cost invoice with NDC required. Minimum age of 16 years. Closed 6/30/20. See J7345 after this date. Effective 5/10/16 (FDA approval). Cost invoice with NDC required. Closed 6/30/20. See J7345 after this date. Effective 5/10/16 (FDA approval). Cost invoice with NDC required. | | | | | | | | | | |
| HCl/detadex sbes, 50 mg Injection, immune globulin 100 mg Injection, Injectio | Injection, | Evomela | Anti-neoplastic | Х | Х | Х | | | | Closed 6/30/20. See J9246 after this date. |
| sbes, 50 mg Injection, immune globulin | melphalan | | | | | | | | | Effective 3/10/16 (FDA approval). Cost invoice with NDC required. |
| Injection, immune globulin | HCI/detadex | | | | | | | | | Restricted to ICD-10 C90.00 - C90.02. |
| immune globulin, 100 mg globulin g | sbes, 50 mg | | | | | | | | | |
| globulin, 100 mg Restricted to ICD-10 D80.0 - D80.9, D81.0 - D81.9, D82.0 - D82.9. Minimum age of 2 years. Injection, Iurbinectedin, 4 mg Aminolevulinic acid 10% gel Restricted to ICD-10 D80.0 - D80.9, D81.0 - D81.9, D82.0 - D82.9. Restricted to ICD-10 D80.0 - D80.9, D81.0 - D81.9, D82.0 - D82.9. Minimum age of 2 years. Closed 12/31/20. See J9223 after this date. Effective 6/15/20 (FDA approval). Cost invoice with NDC required. Minimum age of 16 years. Closed 6/30/20. See J7345 after this date. Effective 5/10/16 (FDA approval). Cost invoice with NDC required. | Injection, | Xembify | Immune | X | Х | Χ | | | | Closed 6/30/20. See J1558 after this date. |
| Minimum age of 2 years. Injection, Iurbinectedin, 4 mg Aminolevulinic acid 10% gel Minimum age of 2 years. Molimum age of 2 years. 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. Closed 6/30/20. See J7345 after this date. Effective 5/10/16 (FDA approval). Cost invoice with NDC required. | immune | | globulin | | | | | | | Effective 7/3/19 (FDA approval). Cost invoice with NDC required. |
| Injection, Iurbinectedin, 4 mg Aminolevulinic acid 10% gel Anti-neoplastic X X X X X X X X X X X X X X X X X X X | globulin, 100 mg | | | | | | | | | Restricted to ICD-10 D80.0 - D80.9, D81.0 - D81.9, D82.0 - D82.9. |
| lurbinectedin, 4 mg | | | | | | | | | | |
| Restricted to ICD-10 C34.0 - C34.92. Minimum age of 16 years. Aminolevulinic acid 10% gel Ameluz Anti-neoplastic X X X X Closed 6/30/20. See J7345 after this date. Effective 5/10/16 (FDA approval). Cost invoice with NDC required. | Injection, | Zepzelca | Anti-neoplastic | Χ | X | Х | | | | Closed 12/31/20. See J9223 after this date. |
| mg Restricted to ICD-10 C34.0 - C34.92. Minimum age of 16 years. Aminolevulinic acid 10% gel Ameluz Anti-neoplastic X X X X Closed 6/30/20. See J7345 after this date. Effective 5/10/16 (FDA approval). Cost invoice with NDC required. | lurbinectedin, 4 | | | | | | | | | Effective 6/15/20 (FDA approval). Cost invoice with NDC required. |
| Aminolevulinic Ameluz Anti-neoplastic X X X X Closed 6/30/20. See J7345 after this date. acid 10% gel Closed 6/30/20. See J7345 after this date. Effective 5/10/16 (FDA approval). Cost invoice with NDC required. | mg | | | | | | | | | Restricted to ICD-10 C34.0 - C34.92. |
| Aminolevulinic Ameluz Anti-neoplastic X X X X Closed 6/30/20. See J7345 after this date. acid 10% gel Closed 6/30/20. See J7345 after this date. Effective 5/10/16 (FDA approval). Cost invoice with NDC required. | | | | | | | | | | Minimum age of 16 years. |
| acid 10% gel Effective 5/10/16 (FDA approval). Cost invoice with NDC required. | Aminolevulinic | Ameluz | Anti-neoplastic | Х | Х | Х | | | | |
| • • • • • • • • • • | acid 10% gel | | | | | | | | | Effective 5/10/16 (FDA approval). Cost invoice with NDC required. |
| | 1. 3. | | | | | | | | | |
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|--------------------|----------|-------------------|----|---|--------|--|------|---|---|
| Injection, | Phesgo | Anti-neoplastic | Х | Х | X | | | | Closed 12/31/20. See J9316 after this date. |
| pertuzumab- | | | | | | | | | Effective 6/29/20 (FDA approval). Cost invoice with NDC required. |
| trastuzumab-hy- | | | | | | | | | Restricted to ICD-10 C50.011 - C50.929. |
| zzxf, 600-600 | | | | | | | | | Minimum age of 16 years. |
| mg | | | | | | | | | Service limit of 1200 mg. pertuzumab. |
| Injection, | Monjuvi | Anti-neoplastic | Χ | Χ | Х | | | | Closed 3/31/21. See J9349 after this date. |
| tafasitamab- | | | | | | | | | Effective 7/31/20 (FDA approval). Cost invoice with NDC required. |
| cxix, 200 mg | | | | | | | | | Restricted to ICD-10 C83.30 - C83.39. |
| | | | | | | | | | Minimum age of 16 years. |
| | | | | | | | | | Outpatient hospital use C9070 after 12/31/20. |
| Injection, | Blenrep | Anti-neoplastic | Χ | Χ | Х | | | | Closed 3/31/21. See J9037 after this date. |
| belantamab | | • | | | | | | | Effective 8/5/20 (FDA approval date). Cost invoice with NDC required. |
| mafotodin-blmf | | | | | | | | | Restricted to ICD-10 C90.00 - C90.02. |
| 100 mg | | | | | | | | | Minimum age of 16 years. |
| | | | | | | | | | Outpatient hospital use C9069 after 12/31/20. |
| Injection, | Viltepso | Muscular | Х | Х | Х | | | | Closed 3/31/21. See J1427 after this date. |
| vitolarsen 250 | | dystrophy | | | | | | | Effective 8/12/20 (FDA approval). Cost invoice with NDC required. |
| mg/5 ml | | agent | | | | | | | Restricted to ICD-10 G71.01. |
| 9 | | 1.90 | | | | | | | Minimum age of 4 years. |
| | | | | | | | | | Outpatient hospital use C9071 after 12/31/20. |
| Injection, | Durysta | Anti-miotic | Х | Х | Х | | | | Closed 9/30/20. See J7351 after this date. |
| bimatoprost, | 2 ar you | , | | | | | | | Effective 3/4/20 (FDA approval). Cost invoice with NDC required. |
| intracameral | | | | | | | | | Restricted to ICD-10 H40.10X0 - H40.10X4, H40.1110 - H40.1114, H40.1120 - H40.1124, H40.1130 - |
| implant, 1 mcg | | | | | | | | | H40.1134, H40.1310 - H40.1314, H40.1320 - H40.1324, H40.1330 - H40.1334, H40.1410 - H40.1414, |
| implant, 1 mog | | | | | | | | | H40.1420 - H40.1424, H40.1430 - H40.1434, H40.051, H40.052, H40.053. |
| | | | | | | | | | Service limit of 20 units daily applies. |
| Mitomycin | Jelmyto | Anti-neoplastic | Χ | Х | Х | | | | Closed 12/31/20. See J9281 after this date. |
| pyelocalyceal | , | | | | | | | | Effective 4/15/20 (FDA approval). Cost invoice with NDC required. |
| instillation, 1 mg | | | | | | | | | 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, | Darzalex | Anti-neoplastic | Х | Х | Х | | | | Closed 12/31/20. See J9144 after this date. |
| daratumumab | Faspro | 7 tita Hoopiaotio | | | | | | | Effective 5/1/20 (FDA approval). Cost invoice with NDC required. |
| 10 mg and | | | | | | | | | Restricted to ICD-10 C90.00 - C90.02. |
| hyaluronidase- | | | | | | | | | Minimum age of 16 years. |
| fihj | | | | | | | | | Service limit of 180 units weekly applies. |
| , | | | | | | | | | Outpatient hospital use C9062 after 10/1/20. |
| Injection, | Asceniv | Immune | Х | Х | Х | | | | Closed 3/31/21. See J1554 after this date. |
| immune | , GOOTHV | globulin | ^` | | ^ | | | | Effective 10/15/19 (FDA approval). Cost invoice with NDC required. |
| globulin, 500 mg | | giobaiii | | | | | | | 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, |
| giobaili, 500 mg | | | | | | | | | D83.8, D83.9. |
| | | | | | | | | | Minimum age of 12 years. |
| | | | | | | | | | Outpatient hospital cliams use C9072 after 1/1/21. |
| | <u> </u> | | | | 1 | | I I | I | routoatient nosotial chartis use C9077 after 1/1771. |

| Injection, | Uplizna | Immunosuppre | Х | Х | Х | | Closed 12/31/20. See J1823 after this date. |
|--|-------------|-----------------|----|-----|----|--|--|
| inebilizumab- | | ssive | | | | | Effective 6/11/20 (FDA approval). Cost invoice with NDC required. |
| cdon, 1 mg | | | | | | | Restricted to ICD-10 G36.0. |
| , 3 | | | | | | | Minimum age of 16 years. |
| | | | | | | | Service limit of 300 units daily applies. |
| Injection, | Cabenuva | Antiretroviral | Х | Х | Х | | Closed 9/30/21. See J0741 after this date. |
| cabotegravir/rilpi | | , and other han | | | | | Effective 1/21/21 (FDA approval) Cost invoice with NDC required. |
| virine | | | | | | | Restricted to ICD-10 B20. |
| | | | | | | | Minimum age of 16 years. |
| | | | | | | | Outpatient hospital use C9077 after 6/30/21. |
| Injection, | Riabni | Antineoplastic | Х | Х | X | | Closed 6/30/21. See Q5123 after this date. |
| rituximab-arrx. | Riabili | Antineopiastic | ^ | ^ | ^ | | 12/17/20 (FDA approval). Cost invoice with NDC required. |
| , , | | | | | | | |
| 100 mg/10 ml | | | | | | | 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, | Evkeeza | Antihyperlipide | Х | X | Х | | Closed 9/30/21. See J1305 after this date. |
| evinacumab- | | mic | | | | | Effective 2/11/21 (FDA approval). Cost invoice with NDC required. |
| dgnb | | | | | | | Restricted to ICD-10 E78.01. |
| | | | | | | | Minimum age of 12 years. Outpatient |
| | | | | | | | hospital use C9079 after 6/30/21. |
| Injection, | Cosela | Antineoplastic | Х | Х | Х | | Closed 9/30/21. See J1448 after this date. |
| trilaciclib | | · | | | | | Effective 2/12/21 (FDA approval). Cost invoice with NDC required. |
| dihydrochloride, | | | | | | | Restricted to ICD-10 C34.00 - C34.02, C34.10 - C34.12, C34.2, C34.30 - C34.92. |
| 300 mg | | | | | | | Minimum age of 16 years. Outpatient |
| , and the second | | | | | | | hospital use C9078 after 6/30/21. |
| Injection, | Pepaxto | Antineoplastic | Х | Х | Х | | Closed 9/30/21. See J9247 after this date. |
| melphalan | | | | | | | Effective 2/26/21 (FDA approval). Cost invoice with NDC required. |
| flufenamide | | | | | | | Restricted to ICD-10 C90.00, C90.02. |
| hydrochloride, 1 | | | | | | | Minimum age of 16 years. Service limit of 40 units daily applies. |
| mg | | | | | | | Outpatient hospital use C9080 after 6/30/21. |
| Injection, | Rybrevant | Antineoplastic | Х | Х | Х | | Closed 12/31/21. See J9061 after this date. |
| amivantamab- | , typiovani | | ^` | ^` | `` | | Effective 6/2/21 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C34.10 |
| vmjw, 350 m/7 | | | | | | | C34.12, C34.2, C34.30 - C34.32, C34.80 - C34.82, C34.90 - C34.92. |
| ml | | | | | | | Minimum age of 16 years. |
| | | | | | | | Service limit of 1400 mg. daily. Outpatien |
| | | | | | | | hospital use C9083 after 9/30/21. |
| 1.2 | 1 | A . C l C . | | · · | V | | |
| Injection, | Jemperli | Antineoplastic | Х | Х | Х | | Closed 12/31/21. See J9272 after this date. |
| dostarlimab- | | | | | | | Effective 5/3/21 (Federal drug rebate date). Cost invoice with NDC required. |
| gxly, 500 mg/10 | | | | | | | Restricted to ICD-10 C54.1. |
| ml | | | | | | | 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 | Х | Х | 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 | Х | Х | X | X | | Closed 9/30/21. See J2406 after this date. 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 | Immunosuppre ssive | Х | Х | 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 | Х | Х | 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 | Х | Х | | | | 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 | Х | Х | Х | | | Closed 6/30/22. See J2779 after this date. 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, efgartigimod alfa fcab 400 mg/20 ml | Vyvgart - | FCRN | Х | Х | Х | Х | | Closed 6/30/22. See J9332 after this date. 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 | Х | Х | Х | | Closed 6/30/22. See J2356 after this date. 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 | Х | Х | Х | Х | | Effective 2/26/20 (Federal drug rebate date). Cost invoice with NDC required. Service limit of 10 mg. Out patient hospital use C9153 after 10/1/23. |

| tebentafusp- tebn, 100 mcg/0.5 ml | Kimmtrak | Antineoplastic | X | X | X | | | Closed 9/30/22. See J9274 after this date. 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. Out patient hospital use C9095 after 7/1/22. |
|--|----------------|-----------------------|---|---|---|---|--|--|
| Injection, cabotegravir, 600 mg/3 ml | Apretude ER | Antiretroviral | Х | X | X | X | | Closed 6/30/22. See J0739 after this date. 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 | Х | Х | X | | | Closed 6/30/22. See J3299 after this date. 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 | Х | Х | Х | | | Closed 6/30/22. See J9331 after this date. 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 | Х | X | | | Closed 9/30/22. See J2777 after this date. 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. Outpatient hospital use C9097 after 7/1/22. |
| Injection, tisotumab vedotin, tftv, 40 mg | Tivdak | Antineoplastic | Х | Х | Х | | | 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 | | | Closed 9/30/22. See J9298 after this date. 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- F | Pluvicto | Radioactive | Х | Х | Х | | | | Closed 9/30/22. See A9607 after this date. |
|-------------------|-----------|-----------------|---|---|---|---|-----|--|---|
| 177 vipivotide | Piuvicio | therapeutic | ^ | ^ | ^ | | | | Effective 4/5/22 (Federal drug rebate date). Cost invoice with NDC required. |
| tetraxetan, 1000 | | agent | | | | | | | Restricted to ICD-10 C61. |
| MBQ (27 | | agent | | | | | | | |
| MCI)/mI | | | | | | | | | Minimum age of 16 years. |
| | = | 0 | Х | Х | Х | | | | 0. 10.000 0. 10.000 0. 11.11 |
| | Enjaymo | Complement | X | X | ^ | | | | Closed 9/30/22. See J1302 after this date. |
| sutimlimab- | | inhibitor | | | | | | | Effective 3/16/22 (Federal drug rebate date). Cost invoicw with NDC required. |
| jome, 1100 | | | | | | | | | Restricted to ICD-10 D59.12. |
| mg/22 ml | | | | | | | | | Minimum age of 16 years. Outpatient |
| | | | | | | | | | hospital use C9094 after 7/1/22. |
| Injection, N | Neoprofen | NSAID | Χ | Χ | Х | Х | | | Effective 1/1/21. Cost invoice with NDC required. |
| ibuprofen lysine, | | | | | | | | | Restricted to ICD-10 Q25.0. |
| 20 mg/2 ml | | | | | | | | | |
| Injection A | A lumouro | Antinocalasti - | Х | Х | Х | | + + | | Closed 12/31/22. See Q5126 after this date. |
| | Alymsys | Antineoplastic | ^ | ^ | ^ | | | | |
| bevacizumab- | | | | | | | | | Effective 5/31/22 (Federal drug rebate date). Cost invoice with NDC required. |
| maly, 100 mg/4 | | | | | | | | | Restricted to ICD-10 C18.0 - C18.9, C19, C20, C33, C34.01 - C34.92, C53.0 - C53.9, C56.1 - C56.3, |
| ml | | | | | | | | | C65.1, C62.2, C66.1, C66.2, C67.0 - C67.9, C68.0, C68.8, C71.0 - C71.9. |
| | | | | | 1 | | | | Outpatient hospital use C9142 after 9/30/22. |
| | Byooviz | Ophthalmic | Х | Х | X | | | | Effective 6/1/22 (Federal drug rebate date). Cost invoice with NDC required. |
| ranibizumab- | | | | | | | | | Restricted to ICD-10 H34.8110 - H34.8130, H34.8310 - H34.8330, H35.3210 - H35.3230, H35.3211 - |
| nuna 0.5 | | | | | | | | | H35.3231, H35.3212 - H35.3232, H35.3213 - H35.3233, H44.2A1 -H44.2A3. |
| mg/0.05 ml | | | | | | | | | |
| Injection, S | Spevigo | Antipsoriatic | Х | Х | Х | | | | Closed 3/31/23. See J1747 after this date. |
| spesolimab- | | | | | | | | | Effective 9/2/22 (Federal drug rebate date). Cost invoice with NDC required. |
| sbzo, 450 | | | | | | | | | Restricted to ICD-10 L40.1. |
| mg/7.5 ml | | | | | | | | | Minimum age of 16 years. |
| Injection, C | Cimerli | Ophthalmic | Χ | Χ | Х | | | | Closed 3/31/23. See Q5128 after this date. |
| ranibizumab- | | | | | | | | | Effective 10/3/22 (Federal drug rebate date). Cost invoice with NDC required. |
| egrn, 0.5 | | | | | | | | | Service limit of 0.05 ml daily. |
| mg/0.05 ml | | | | | | | | | |
| Injection, F | Pedmark | Antidote | Х | Х | | | | | Closed 3/31/23. See J0208 after this date. |
| sodium | | | | | | | | | Effective 10/19/22 (Federal drug rebate date). Cost invoice with NDC required. |
| thiosulfate, 12.5 | | | | | | | | | Restricted to ICD-10 T45.1X5A, T45.1X5D, T45.1X5S. |
| G/100 ml | | | | | | | | | |
| | Imiudo | Antineoplastic | Х | Х | Х | | | | Closed 6/30/23. See J9347 after this date. |
| tremelimumab- | , | | | | | | | | Effective 11/17/22 (Federal drug rebate date). Cost invoice with NDC required. |
| actl, 25 mg/1.25 | | | | | | | | | Restricted to ICD10 C22.0, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, |
| ml | | | | | | | | | C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92. |
| ''" | | | | | | | | | Minimum age of 16 years. |
| | | | | | | | | | Outpatient hospital use C9147 after 4/1/23. |
| | | | | | | | | | Outpatient nospital use C3147 after 4/1/25. |

| Injection, teclistamab- cqyv, 30 mg or 153 mg | Tecvayli | Antineoplastic | Х | X | X | | | Closed 6/30/23. See J9380 after this date. 11/7/22 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C90.00, C90.02. Minimum age of 16 years. Outpatient hospital use C9148 after 4/1/23. |
|---|---------------------------------|---------------------------------|---|---|---|--|--|---|
| Injection, tranexamic acid, 1000 mg/10 ml | Cyklokapron | AntifibrInoyItic | Х | Х | Х | | | Effective 6/29/21 (Federal drug rebate date). Cost invoice with NDC required. |
| Injection, olipudase alfa- rpcp, 20 mg. | Xenpozyme | Enzymatic | Х | Х | Х | | | Closed 3/31/23. See J0218 after this date. Effective 9/16/22 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 E75.240, E75.241, E75.244, E75.248, or E75.249. |
| Injection, mirvetuximab- soravtansine- gynx, 100 mg/20 ml | Elahere | Antineoplastic | X | Х | X | | | Effective 12/8/22 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C48.1, C48.8, C56.1, C56.2, C56.3, C57.01, C57.02, C57.11, C57.12, C57.21, C57.22, C57.3, C57.4, C57.8, C79.61, C79.62, C79.63. Minimum age of 16 years. Out patient hospital use C9146 after 4/1/23. |
| Injection, teplizumab- mzwv, 2 mg/2 ml | Tzield | Anti-diabetic | х | X | X | | | Closed 6/30/23. See J9381 after this date. Effective 12/8/22 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 diagnosis of E10.10, E10.21, E10.22, E10.29, E10.3211, E10.3212, E10.3213, E10.3291, E10.3292, E10.3293, E10.3311, E10.3312, E10.3213, E10.3391, E10.3392, E10.3393, E10.3411, E10.3412, E10.3413, E10.3491, E10.3492, E10.3493, E10.3511, E10.3512, E10.3513, E10.3521, E10.3522, E10.3523, E10.3531, E10.3532, E10.3533, E10.3541, E10.3542, E10.3543, E10.3551, E10.3552, E10.3553, E10.3592, E10.3593, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.39, E10.41, E10.42, E10.43, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622 E10.628, E10.630, E10.638, E10.649, E10.65, E10.69, E10.9, O24.011, O24.012, O24.013, O24.02, O24.03. Outpatient hospital use C9149 after 4/1/23. |
| Fecal microbiota, live- jslm | Rebyota rectal suspension | Fecal transplantation | X | Х | Х | | | Effective 1/23/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 A04.71, A04.72. Minimum age 18 years. |
| Injection, mosunetuzumab axgb 1 mg/1ml | Lunsumio | Antineoplastic | X | Х | Х | | | Effective 1/9/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C82.00 - C82.09, C82.10 - C82.19, C82.30 - C82.39, C82.80 - C82.89, C82.99. Minimum age of 16 years. |
| Injection, ublituximab-xiiy 150 mg/6 ml | Briumvi | Multiple schlerosis agent | Х | Х | Х | | | Effective 1/23/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 G35. Minimum age of 16 years. |

| Injection, lecanemab- irmb, 100 mg/1 ml | Leqembi | Alzheimer agent | Х | X | X | | | Effective 1/18/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 G30.0, G30.1, G30.8, G30.9, G31.84. |
|---|--------------------|----------------------|---|---|---|--|--|---|
| Injection, velmamase alfa- tycv 10 mg | Lamzede | Enzymatic | Х | Х | Х | | | Effective 4/4/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 diagnosis E77.1. Minimum age of 3 years. |
| Injection, pegcetacoplan, 15 gm/0.1 ml | Syfovre | Complement inhibitor | Х | Х | X | | | Closed 9/30/23. See J2781 after this date. Effective 2/27/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 H35.3113, H35.3123, H35.3133 or H35.3114, H35.3124, H35.3134. Service limit of 30 mg. daily applies. Outpatient hospital use C9151 after 7/1/23. |
| Injection, toferesen, 100 mg/15 ml | Qalsody | ALS agent | Х | Х | Х | | | Effective 5/1/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to G12.21. hospital use C9157 after 10/1/23. Outpatient |
| Injection, epcoritamab- bysp, 4 mg/0.8 ml | Epkinly | Antineoplastic | Х | Х | Х | | | Effective 6/2/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C83.30 - C83.39. Minimum of 16 years. hospital use C9155 after 10/1/23. |
| Injection, glofitamab- gxbm, 2.5 mg/2.5 ml | Columvi | Antineoplastic | Х | Х | Х | | | Effective 6/27/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C83.30 - C83.39. Minimum of 16 years. |
| Injection, rozanolixizumab- noli, 280 mg/2ml | | FCRN | Х | Х | Х | | | Efffective 7/20/23 (Federal drug rebate date). Cost invoice with NDC requied. Restricted to ICD-10 G70.00, G70.01. Minimum of 16 years. |
| Injection, retifanlimab- dlwr, 500 mg/20 ml | Zynyz | Antineoplastic | х | Х | X | | | Closed 9/30/23. See J9345 after this date. 4/6/23 (Federal drug rebate date). Cost invoice with NDC rrequired. Restricted to ICD-10 diagnosis of C4A.0, C4A.10, C4A.111, C4A.112, C4A.121, C4A.122, C4A.20, C4A.21, C4A.22, C4A.30, C4A.31, C4A.39, C4A.4, C4A.51, C4A.52, C4A.59, C4A.60, C4A.61, C4A.62, C4A.70, C4A.71, C4A.72, C4A.8, C7B.1. Service limit of 500 mg. applies. |
| Injection, glycopyrrolate- neostigmine, 3- 0.6mg/3 ml | Prevduo | Anticholenergic | Х | Х | Х | | | Effective 5/31/23 (Federal drug rebate date). Cost invoice with NDC required. |
| Injection, efgartigimod- hyaluronidase- qvfc, 1008- 11,200 mg/5.6 | Vyvgart Hytrulo | FCRN | Х | Х | Х | | | Effective 7/10/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 G70.00 or G70.01. |

| Injection, valoctogene roxaparvovc- rvox, 16X10E13 VG/8 ml | Roctavian | Gene therapy | X | X | | | | 1 | Effective 8/16/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 D66. |
|--|-----------|----------------------|---|---|---|--|--|---|--|
| Injection, elranatamab- bcmm | Elrexfio | Antineoplastic | Х | Х | Х | | | | Effective 8/23/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C90.00, C90.01, or C90.02. |
| Injection, delandistrogene moxeparvovec- rokl, susp. | Elevidys | Gene therapy | X | Х | | | | | Effective 8/4/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 G71.01. |
| Injection, aflibercept 8 mg/0.07 ml | Eylea HD | Neovascular (AWD) | X | X | X | | | | Effective 8/21/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10: E08.3211 - E08.3213, E08.3311 - E08.3313, E08.3411 - E08.3413, E08.3511 - E08.3513, E08.311, E09.3211 - E09.3213, E09.3311 - E09.3313, E09.3411 - E09.3413, E09.3511 - E09.3513, E09.311, E10.3211 - E10.3213, E10.3311 - E10.3313, E10.3411 - E10.3413, E3511 - E3513, E10.311, E11.3211 - E11.3213, E11.3311 - E11.3313, E11.3411 - E11.3413, E11.3511 - E11.3513, E11.311, E13.3211 - E13.3213, E13.3311 - E13.3313, E13.3411 - E13.3413, E13.3511 - E13.3513, E13.311, E08.3291 - E08.3293, E08.3391 - E08.3393, E08.3491 - E08.3493, E08.3521 - E08.3523, E08.3531 - E08.3533, E08.3541 - E08.3543, E08.3551 - E08.3553, E08.3591 - E09.3523, E09.3391 - E09.3393, E09.3491 - E09.3493, E09.3521 - E09.3523, E09.3531 - E09.3533, E09.3541 - E09.3553, E09.3551 - E09.3553, E09.3591 - E09.3523, E09.3591 - E09.3523, E09.3591 - E09.3523, E09.3591 - E09.3523, E09.3591 - E09.3593, E09.3591 - E09.3593, E09.3591 - E10.3291 - E10.3293, E10.3391 - E10.3393, E10.3491 - E10.3493, E10.3521 - E10.3523, E10.3531 - E10.3533, E10.3591 - E10.3593, E10.3591 - E10.3593, E11.3591 - E11.3593, E11.3591 - E11.3593, E11.3591 - E11.3593, E11.3591 - E11.3523, E11.3531 - E11.3533, E11.3541 - E11.3543, E11.3551 - E11.3553, E11.3591 - E3593, E11.319, E13.3591 - E13.3593, E13.3391 - E13.3593, E13.3591 - E13.3593, |
| Injection, talquetamab- tgvs | Talvey | Antineoplastic | Х | Х | Х | | | | Effective 8/10/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C90.00 or C90.02. |
| Injection, avacincaptad pegol., 2 mg/0.1 | Izervay | Complement inhibitor | Х | Х | X | | | | Effective 9/8/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 H35.3113, H35.3123, H35.3133, H35.3114, H35.3124, or H35.3134. Service limit of 4 mg. daily applies. |

*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 Cer | ter | | | | |