

Bureau for Medical Services Medications Approved to bill J3490 v. 70

Revised 8/27/24

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.

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
Allopurinol	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						<p>Effective 10/1/21, ICD-10 E10.3591 - E10.3593 added.</p> <p>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.</p> <p>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.</p> <p>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, E11.311, E11.311, E11.311, E11.3211, E11.3212, E11.3213, E11.3291, E11.3311, E11.3312, E11.3313, E11.3391, E11.3392, E11.3393, E11.3411, E11.3412, E11.3413, E11.3491, E11.3492, E11.3493, E11.3511, E11.3512, E11.3513, E11.3591, E11.3592, E11.3593, E13.311, E13.319, H34.8110, H34.8120, H34.8130, H34.819, H34.8310, H34.8320, H34.8330, H34.8390, H34.9, H35.051 - H35.053, H35.059, H35.071 - H35.073, H35.079, H35.20 - H35.23, H35.30, ; H35.351 - H35.353, H35.359, H35.72 - H35.723, H35.729, H35.81, H35.82 or H40.89.</p> <p>Effective 1/1/07 to Ophthalmology. ICD-9 diagnosis code 362.5 - 362.52 must be included on claim form.</p> <p>Effective 5/15/09, Ophthalmology specialty approved for ICD-9 codes 362.01-362.07, 362.15, 362.16, 362.29, 362.30, 362.35, 362.36, 362.42, 362.52, 362.53, 362.83, 362.84, 365.63, and 365.89. Must include approved diagnosis on claim form. Limit of 2 per eye per month</p>
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							
Bupivacaine	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.

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. Minimum 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. Restricted to ICD-10 C91.00 - C91.02. Minimum age of 16 years. Outpatient hospital use C9028 after 1/1/18.
Injection, immune globulin, 100 mg	Cuvitru	Immunologic	X	X	X															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 after 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 invoice 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	Khazory	Folate analog	X	X	X															Closed 9/30/19. See J0642 after this date. Effective 10/19/18 (FDA approval). 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. Minimum age 16 years.
Injection, brolocizumab-dbl, 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-trastuzumab 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. Miminum 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-ijmr, 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 claims use C9072 after 1/1/21.
Injection, inebilizumab-ndon, 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. 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. 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 hospital 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, oritavancin 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										Closed 6/30/22. See J2779 after this date. 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. hospital use C9093 after 3/31/22.	Effective Outpatient
Injection, efgartigimod alfa-fcab 400 mg/20 ml	Vyvgart	FCRN	X	X	X		X								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	X	X		X								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	X	X	X		X								Closed 12/31/23. See J0184 after this date. 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.	
Injection, 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	X	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	X	X	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	X	X	X										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	X	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	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. limit of 200 mg applies. Service
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-177 vipivotide tetraxetan, 1000 MBQ (27 MCI)/ml	Pluvicto	Radioactive therapeutic agent	X	X	X														Closed 9/30/22. See A9607 after this date. 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														Closed 9/30/22. See J1302 after this date. Effective 3/16/22 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 D59.12. Minimum age of 16 years. Outpatient hospital use C9094 after 7/1/22.
Injection, ibuprofen lysine, 20 mg/2 ml	Neoprofen	NSAID	X	X	X		X												Effective 1/1/21. Cost invoice with NDC required. Restricted to ICD-10 Q25.0.
Injection, bevacizumab-maly, 100 mg/4 ml	Alymsys	Antineoplastic	X	X	X														Closed 12/31/22. See Q5126 after this date. Effective 5/31/22 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C18.0 - C18.9, C19, C20, C33, C34.01 - C34.92, C53.0 - C53.9, C56.1 - C56.3, C65.1, C62.2, C66.1, C66.2, C67.0 - C67.9, C68.0, C68.8, C71.0 - C71.9. Outpatient hospital use C9142 after 9/30/22.

Injection, ranibizumab-nuna 0.5 mg/0.05 ml	Byooviz	Ophthalmic	X	X	X															Effective 6/1/22 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 H34.8110 - H34.8130, H34.8310 - H34.8330, H35.3210 - H35.3230, H35.3211 - H35.3231, H35.3212 - H35.3232, H35.3213 - H35.3233, H44.2A1 -H44.2A3.
Injection, spesolimab-sbzo, 450 mg/7.5 ml	Spevigo	Antipsoriatic	X	X	X															Closed 3/31/23. See J1747 after this date. Effective 9/2/22 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 L40.1. Minimum age of 16 years.
Injection, ranibizumab-eqrn, 0.5 mg/0.05 ml	Cimerli	Ophthalmic	X	X	X															Closed 3/31/23. See Q5128 after this date. Effective 10/3/22 (Federal drug rebate date). Cost invoice with NDC required. Service limit of 0.05 ml daily.
Injection, sodium thiosulfate, 12.5 G/100 ml	Pedmark	Antidote	X	X																Closed 3/31/23. See J0208 after this date. Effective 10/19/22 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 T45.1X5A, T45.1X5D, T45.1X5S.
Injection, tremelimumab-actl, 25 mg/1.25 ml	Imjudo	Antineoplastic	X	X	X															Closed 6/30/23. See J9347 after this date. Effective 11/17/22 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD--10 C22.0, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, 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.
Injection, teclistamab-cqyv, 30 mg or 153 mg	Tecvayli	Antineoplastic	X	X	X															Closed 6/30/23. See J9380 after this date. Effective 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. Effective
Injection, tranexamic acid, 1000 mg/10 ml	Cyklokapron	Antifibrinolytic	X	X	X															Effective 6/29/21 (Federal drug rebate date). Cost invoice with NDC required.
Injection, olipudase alfa-rpcp, 20 mg.	Xenpozyme	Enzymatic	X	X	X															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	X	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	Tziend	Anti-diabetic	X	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. Minimum age 8 years. Outpatient hospital use C9149 after 4/1/23.
Fecal microbiota, live-jslm	Rebyota rectal suspension	Fecal transplantation	X	X	X														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	X	X														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, C82.90 - C82.99. Minimum age of 16 years.
Injection, ublituximab-xiiy 150 mg/6 ml	Briumvi	Multiple sclerosis agent	X	X	X														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	X	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, velmase alfa-tycv 10 mg	Lamzede	Enzymatic	X	X	X														Closed 12/31/23. See J0217 after this date. 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	X	X	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, tofersen, 100 mg/15 ml	Qalsody	ALS agent	X	X	X														Closed 12/31/23. See J1304 after this date. Effective 5/1/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to G12.21. Outpatient hospital use C9157 after 10/1/23.

Injection, epcoritamab-bysp, 4 mg/0.8 ml	Epkinly	Antineoplastic	X	X	X																Closed 12/31/23. See J9321 after this date. 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.	Outpatient
Injection, glofitamab-gxbm, 2.5 mg/2.5 ml	Columvi	Antineoplastic	X	X	X																Closed 12/31/23. See J9286 after this date. 6/27/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C83.30 - C83.39. Minimum of 16 years.	Effective
Injection, rozanolixizumab-noli, 280 mg/2ml	Rystiggo	FCRN	X	X	X																Closed 12/31/23. See J9333 after this date. Effective 7/20/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 G70.00, G70.01. Minimum of 16 years.	
Injection, retifanlimab-dlwr, 500 mg/20 ml	Zynyz	Antineoplastic	X	X	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.	Effective
Injection, glycopyrrolate-neostigmine, 3-0.6mg/3 ml	Prevduo	Anticholinergic	X	X	X																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	X	X	X																Closed 12/31/23. See J9334 after this date. 7/10/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 G70.00 or G70.01.	Effective
Injection, valoctogene roxaparvovc-rvox, 16X10E13 VG/8 ml	Roctavian	Gene therapy	X	X																	Closed 12/31/23. See J1412 after this date. Effective 8/16/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 D66.	
Injection, elranatamab-bcmm	Elrexio	Antineoplastic	X	X	X																Closed 3/31/24. See J1323 after this date. Effective 8/23/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C90.00, C90.01, or C90.02. Out patient hospital use C9165 after 1/1/24.	
Injection, delandistrogene moxeparvovec-rokl, susp.	Elevidys	Gene therapy	X	X																	Closed 12/31/23. See J1413 after this date. Effective 8/4/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 G71.01.	

Injection, afibercept 8 mg/0.07 ml	Eylea HD	Neovascular (AWD)	X	X	X															<p>Closed 3/31/24. See J0177 after this date. 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 - E08.3593, E08.319, E09.3291 - E09.3293, E09.3391 - E09.3393, E09.3491 - E09.3493, E09.3521 - E09.3523, E09.3531 - E09.3533, E09.3541 - E09.3543, E09.3551 - E09.3553, E09.3591 - E09.3593, E09.319, E10.3291 - E10.3293, E10.3391 - E10.3393, E10.3491 - E10.3493, E10.3521 - E10.3523, E10.3531 - E10.3533, E10.3541 - E10.3543, E10.3551 - E10.3553, E10.3591 - E10.3593, E10.319, E11.33291 - E11.3293, E11.3391 - E11.3393, E11.3491 - E11.3493, E11.3521 - E11.3523, E11.3531 - E11.3533, E11.3541 - E11.3543, E11.3551 - E11.3553, E11.3591 - E3593, E11.319, E13.3291 - E13.3293, E13.3391 - E13.3393, E13.3491 - E13.3493, E13.3521 - E13.3523, E13.3531 - E13.3533, E13.3541 - E13.3543, E13.3551 - E13.3553, E13.3591 - E13.3593, E13.319, H35.3211 - H35.3231, H35.3212 - H35.3232, H35.3213 - H35.3233, H35.3210 - H35.3230. Out patient hospital use C9161 after 1/1/24.</p>
Injection, talquetamab-tgvs	Talvey	Antineoplastic	X	X	X															<p>Closed 3/31/24. See J3055 after this date. Effective 8/10/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C90.00 or C90.02. Out patient hospital use C9163 after 1/1/24.</p>
Injection, avacincaptad pegol., 2 mg/0.1 ml	Izervay	Complement inhibitor	X	X	X															<p>Closed 3/31/24. See J2782 after this date. 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. Out patient hospital use C9162 after 1/1/24.</p>
Injection, cipaglucosidase alfa-atga, 105 mg	Pombiliti	Enzymatic	X	X	X															<p>Closed 3/31/24. See J1203 after this date. Effective 10/12/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 E74.02. Minimum age of 16 years.</p>
Injection, adams13, recombinant-krhn, 500 u.	Adzynma	Thrombolytic	X	X	X															<p>Closed 6/30/24. See J7171 after this date. Effective 11/28/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 M31.19. Minimum age of 2 years. Outpatient hospital use C9167 after 4/1/24.</p>
Injection, betibeglogene autotemecel	Zynteglo	Gene therapy	X	X																<p>Closed 6/30/24. See J3393 after this date. Effective 3/9/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 D56.1. Minimum age of 4 years.</p>

Injection, ombidubicel- onlv	Omisirge	Gene therapy	X	X												Effective 5/25/23 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C81.0 - C96.9. Minimum age of 12 years.
Injection, nogapendekin alfa inbakic-pmln, 400 mcg/0/4 ml	Anktiva	Antineoplastic	X	X	X											Effective 6/3/24 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C67.0 - C67.9, D09.0, Z85.81. Minimum age of 18 years.
Injection, tarlatamab-dlle, 10 mg	Imdelltra	Antineoplastic	X	X	X											Effective 5/21/24 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 C34.00 - C34.02, C34.10 - C34.12, C34. 2, C34.30 - C34.32, C34.80 - C34.82, C34.90 - C34.92. Minimum age of 16 years.
Injection, exagamglogene autotemcel	Casgevy	Gene therapy	X	X												Effective 3/19/24 (Federal drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 D56.1, D56.5, D57.00 - D57.09, D57.1, D57.20, D57.211 - D57.219, D57.40, D57.411 - D57.419, D57.42, D57.431 - D57.439, D57.44, D57.451 - D57.459, D57.80, D57.811 - D57.819. Minimum age of 12 years.
Injection, zilucoplan sodium	Zilbrysq	Complement inhibitor	X	X	X											Effective 1/3/24 (Earliest federal NDC drug rebate date). Cost invoice with NDC required. Restricted to ICD-10 G70.00 or G70.01. Minimum 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																