

INJECTABLE MEDICATIONS LIST

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GENERAL INFORMATION

Injectable medications covered by Medicaid are identified in this list. Reimbursement to physicians for these medications is made at 5% below Medicare's participating physician's allowable cost.

Office visits solely for the administration of medication are not a benefit. An injection code which covers the cost of the syringe, needle and administration of the medication may be used with the medication code when medication administration is the only reason for an office call.

When an office service is provided for other purposes, in addition to medication administration, only the office visit and a medications code may be used to bill for the service provided. Either the office visit procedure code or the injection code will be reimbursed, not both.

LIMITATIONS

1. J3490 may be used ONLY for new or unlisted drugs that do not have a specific code.
2. J9999 may be used ONLY for an unlisted anti-neoplastic drug.

Billing for J3490 or J9999:

If the claim is submitted on a paper claim form, identify the name of the drug, the strength and quantity on the claim. If the claim is submitted electronically, a Medicaid customer service representative will contact you to obtain specific information needed.

BILLING INSTRUCTIONS *(Updated 10/1/11)*

In order to comply with the provisions of the Deficit Reductions Act (DRA) of 2006, section 6002, billings for medications administered in the physician's office must include the National Drug Code (NDC) from the container from which the medication is obtained, and the number of units administered in addition to the "J" Code normally used. Billings for all drugs administered in the physician's office without the NDC information will be denied for payment beginning with the reporting deadline of January 1, 2007, specified in the DRA for single source drugs.

The following information must be provided on a CMS-1500 (08/05) Claim Form when billing for office administered drugs:

- A. NDC - Box 24D, shaded area
- B. Drug Unit Price - Box 24F, shaded area
- C. Basis of Measurement Qualifier and Units - Box 24G, shaded area. Use the following qualifiers:
 - ME - for milligrams
 - ML - for milliliters
 - GR - for grams

- UN - for units

Outpatient hospital departments that are billing individually for drugs must also provide the NDC when billing Medicaid on the UB-04 claim form.

When billing a procedure that requires a NDC code (done under contract with a payer), enter the NDC on the line immediately below the REV Code and Procedure Code (Form locator 43), the Units preceded by a qualifier (Form locator 46), and the Unit Price (Form locator 47).

When billing the CMS-1500 (08/05) or the UB-04 electronically, the information needs to be reported in the following X12 fields (contact your software vendor for specific information):

2410 LIN03= NDC number preceded with N4 (LIN02=N4).

2410 CTP05-1= Units qualifier (GR, ML, ME, UN)

2410 CTP04= Number of units (place the number of units immediately after the units qualifier)

2410 CTP03= Cost or Unit Price

Medicaid currently edits if the NDC submitted is valid. The NDC must be entered with 11 digits in a 5-4-2 digit format. The first five digits of the NDC are the manufacturer's labeler code, the middle four digits are the product code, and the last two digits are the package size. If you are given an NDC that is less than 11 digits, add the missing digits as follows:

For a 4-4-2 digit number, add a 0 to the beginning.

For a 5-3-2 digit number, add a 0 as the sixth digit.

For a 5-4-1 digit number, add a 0 as the tenth digit.

CODING NOTES

Codes newly added to the list are in **bold print**.

An asterisk (*) marks where a code is newly removed.

The numeral 1 refers to the footnote at the bottom of the page which states, "Refer to Criteria And Limits For Injectable Medications, page 20."

ALPHABETICAL LIST OF INJECTABLE MEDICATIONS

A

- J0725 A.P.L.1000 USP units
J1710 A-HydroCort, up to 50 mg
J0129 Abatacept, 10 mg
J3364 Abbokinase, 5000 IU vial
J0130 Abciximab, 10 mg
J1120 Acetazolamide Sodium, up to 500mg
J0132 Acetylcysteine, 100 mg
J7608 Acetylcysteine, inhalation solution administered through DME, unit dose form, per gram
J0120 Achromycin, up to 250 mg
J0800 ACTH, up to 40 units
J0800 ACTHAR, up to 40 units
J9216 Actimmune, 3 million units
J9120 Actinomycin, 0.5 mg
J0133 Acyclovir, 5 mg
J0150 Adenosine for therapeutic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)
J0170 Adrenalin, up to 1 ml ampule
J9000 Adriamycin, 10 mg
J9190 Adrucil, 500 mg
J0190 Akineton, 5 mg
J0200 Alatrofloxacin mesylate, 100 mg
J9015 Aldesleukin, per single use vial
J0210 Aldomet, up to 250 mg
J0205 Alglucerase, per 10 units
J0256 Alpha 1 - Proteinase Inhibitor - Human, per 500 mg
J0270 Alprostadil, per 1.25 mcg
J2997 Alteplase Recombinant, 1 mg
J0278 Amikacin sulfate, 100 mg
J0280 Aminophyllin, up to 250 mg
J0282 Amiodarone Hydrochloride, 30 mg
J1320 Amitriptyline HCL, up to 20 mg
J0300 Amobarbital, up to 125 mg
J0290 Ampicillin Sodium, 500 mg
J0285 Amphotericin B, 50 mg
J0286 Amphotericin B, any lipid formulation, 50 mg
J0290 Ampicillin Sodium, 500 mg
J0295 Ampicillin Sodium/Sulbactam Sodium, per 1.5 GM
J0300 Amytal Sodium, up to 125 mg
J2320 Anabolin L, up to 50 mg
J0690 Ancef, 500 mg
J2320 Androlone LA, up to 50 mg
J1070 Andronate, 100 mg
J1080 Andronate, 200 mg
J3130 Andryl, 200 mg
J0330 Anectine, up to 20 mg
J0350 Anistreplase, per 30 units
J0500 Antispas, up to 20 mg
J0364 Apomorphine Hydrochloride, 1 mg
J0360 Apresoline, up to 20 mg
J0365 Aprotonin, 10,000 KIU
J9100 Arabinosylcytosine, 100 mg
J9110 Arabinosylcytosine, 500 mg
J0390 Aralen, up to 250 mg
J0380 Aramine, up to 10 mg
J0395 Arbutamine HCL, 1 mg
J3302 Aristocort Forte, per 5 mg
J3303 Aristospan, per 5 mg
J9020 Asparaginase, up to 10,000 units
J9017 Arsenic trioxide, 1 mg
J2060 Ativan, up to 2 mg
J7635 Atropine, inhalation solution administered through DME, concentrated form, per milligram
J7636 Atropine, inhalation solution administered through DME, unit dose form, per milligram
J0460 Atropine sulfate, up to 0.3 mg
J2910 Aurothioglucose, up to 50 mg
J9025 Azacitidine, 1 mg
J7501 Azathioprine (Imuran) 100 mg, 20 ml ea
J0456 Azithromycin, 500 mg
J0475 Baclofen, 10 mg
J0476 Baclofen, 50 mcg for intrathecal trial
J2700 Bactocill, up to 250 mg
J0470 Bal in oil, per 100 mg
J0480 Basiliximab, 20 mg
J1200 Benadryl, up to 50 mg
J0500 Bentyl, up to 20 mg
J0515 Benzotropine Mesylate
J0702 Betamethasone Acetate and Beta-methasone Sodium Phosphate, per 3 mg
J0704 Betamethasone Sodium Phosphate, per 4 mg

B

J1830 Betaseron, per 0.25 mg
J0520 Bethanechol Chloride, up to 5 mg
J0530 Bicillin CR, up to 600,000 units
J0540 Bicillin CR, up to 1,200,000 units
J0550 Bicillin CR, up to 2,400,000 units
J0560 Bicillin LA, up to 600,000 units
J0570 Bicillin LA, up to 1,200,000 units
J0580 Bicillin LA, up to 2,400,000 units
J9050 BICNU, 100 mg
J0190 Biperiden lactate, 5 mg
J7628 Bitolterol mesylate, inhalation solution administered through DME, concentrated form, per milligram
J7629 Bitolterol mesylate, inhalation solution administered through DME, unit dose form, per milligram
J9040 Blenoxane, 15 units ampule
J9040 Bleomycin Sulfate, 15 units ampule
J0585 Botox 1
J0585 Botulinum toxin Type A, per 100 units 1
J0587 Botulinum toxin type b, per 100 units
J3105 Brethine, up to 1 mg
J3105 Bricanyl Subcutaneous, up to 1 mg
J0945 Brompheniramine Maleate, 10 mg
J0594 Busulfan, 1 mg
Z0137 Butorphanol Tartrate (Stadol)

C

J0706 Caffeine citrate, 5mg
J0630 Calcimar, up to 400 units
J0630 Calcitonin Salmon, up to 400 units
J0600 Calcium Disodium Versenate, up to 1000 mg
J0610 Calcium Gluconate, up to 10 mg
J0620 Calcium Glycerophosphate and Calcium lactate, per 10 ml
J0635 Calcitriol, 1 Mcg ampule
J0620 Calphosan, up to 10 ml
J0670 Carbocaine, 10 ml.
J9045 Carboplatin, per 50 mg
J9050 Carmustine, 100 mg
J0690 Cefazolin Sodium, 500 mg
J0692 Cefepime hydrochloride, 500 mg
J0715 Cefizox, 500 mg
J0698 Cefotaxime Sodium, per 1 gm
J0694 Cefoxitin Sodium, 1 gm
J0713 Ceftazidime, per 500 mg
J0715 Ceftizoxime Sodium, per 500 mg
J0696 Ceftriaxone Sodium, per 250 mg

J0697 Cefuroxime Sodium sterile, per 750 mg
J0704 Celestone Phosphate, 4 mg
J0702 Celestone Soluspan
J1890 Cephalothin, Sodium, up to 1 gm
J0710 Cephapirin Sodium, up to 1 gm
J9150 Cerubidine, 10 mg
J0720 Chloramphenicol Sodium Succinate, up to 1 gm
J1990 Chlordiazepoxide HCL, up to 100 mg
J0720 Chloromycetin, up to 1 gm
J0390 Chloroquine HCL, up to 250 mg
J1205 Chlorothiazide Sodium, per 500 mg
J3230 Chlorpromazine HCL, up to 50 mg
J0725 Chorionic gonadatropin, 1000 USP units
J0743 Cilastatin sodium, 250 mg
J0744 Ciprofloxacin for intravenous infusion, 200 mg
J9060 Cisplatin, 10 mg vial
J9062 Cisplatin, 50 mg
J9065 Cladribine, per 1 mg
J9027 Clofarabine, 1 mg
J0745 Codeine Phosphate per 30 mg
J0945 Codimal A Mesylate, 10 mg
J0515 Cogentin, 1 mg.
J0760 Colchicine, per 1 mg
J0770 Colistimethate Sodium, up to 150 mg
J0770 Coly-Mycin M, up to 150 mg
J0780 Compazine, up to 10 mg
J0795 Corticorelin ovine triflutate, 1 mcg
J0800 Corticotropin, up to 40 units
J9120 Cosmegen, 0.5 mg
0835 Cosyntropin, per 0.25 mg
J7631 Cromolyn sodium, inhalation solution administered through DME, unit dose form, Per 10 milligrams
J2510 Crysticillin, up to 600,000 units
J3420 Cyanocobalamin, up to 1000 mcg for Pernicious Anemia
J9070 Cyclophosphamide, 10cc or 100 mg
J9080 Cyclophosphamide, 20cc or 200 mg
J9090 Cyclophosphamide, 500 mg
J9091 Cyclophosphamide, 1.0 gram
J9092 Cyclophosphamide, 2.0 gram per milligram
J9093 Cyclophosphamide, lyophilized, 100 mg
J9094 Cyclophosphamide, lyophilized, 200 mg
J9095 Cyclophosphamide, lyophilized, 500 mg
J9096 Cyclophosphamide, lyophilized, 1.0 gram
J9097 Cyclophosphamide, lyophilized, 2.0 gram
J7516 Cyclosporine, parenteral, 250 mg
J9100 Cystosar-U, 100 mg

J9110 Cystosar-U 500 mg
J9100 Cytarabine HCL, 100 mg
J0850 Cytomegalovirus Immune Globulin
Intravenous (Human), per vial
J9091 Cytoxan, 1.0 gm
J9092 Cytoxan, 2.0 gm
J9093 Cytoxan, lyophilized 100 mg
J9094 Cytoxan, lyophilized 200 mg
J9095 Cytoxan, lyophilized, 500 mg
J9096 Cytoxan, lyophilized 1 gm
J9097 Cytoxan, lyophilized 2 gm

D

J1110 D.H.E., (Dihydroergotamine), 1 mg
J7070 D5W, Infusion, 1000 cc
J9130 Dacarbazine, 100 mg
J9140 Dacarbazine, 200 mg
J7513 Daclizumab, parenteral, 25 mg
J9120 Dactinomycin, 0.5 mg
J1645 Dalteparin sodium, per 2500 IU
J0881 Darbepoetin alfa, 1 mcg gm
J9150 Daunorubicin HCL, 10 mg
J9151 Daunorubicin Citrate, liposomal form, 10 mg
J0894 Decitabine, 1 mg
J0895 Deferoxamine mesylate, 500 mg
J0945 Dehist, 10 mg
J2320 Dela-Durabolin, up to 50 mg
J2321 Dela-Durabolin, up to 100 mg
J2322 Dela-Durabolin, up to 200 mg
J0900 Deladumone, up to 1 cc
J3120 Delatest, up to 100 mg
J3130 Delatest, up to 200 mg
J0900 Delatestradiol, up to 1 cc
J0970 Delestrogen, up to 40 mg
J1380 Delestrogen, up to 10 mg
J1390 Delestrogen, up to 20 mg
J2175 Demerol, 100 mg
J9160 Denileukin Diftitox, 300 mcg
J1000 Depgynogen, up to 5 mg
J1000 Depo-Estradiol Cypionate, up to 5 mg
J1020 Depo-Medrol 20 mg
J1030 Depo-Medrol 40 mg
J1040 Depo-Medrol 80mg
J1050 Depo-Provera, 100 mg
J1055 Depo-Provera, 150 mg
J1055 Depo-Provera-C (contraceptive) 150 mg
J1060 Depo-Testadiol, up to 1 ml
J1070 Depo-Testosterone up to 100 mg
J1080 Depo-Testosterone up to 200 mg
J3120 Depo-Testosterone, up to 100 mg

J1000 Depogen, up to 5 mg
J1080 Depotest, 1cc 200 mg
J2597 Desmopressin acetate, per 4 mcg
J1095 Dexamethasone acetate, per 8 mg
J7637 Dexamethasone, inhalation solution
administered through DME,
concentrated form, per milligram
J7638 Dexamethasone, inhalation solution
administered through DME, unit dose
form, per milligram
J1100 Dexamethasone Sodium Phosphate, 1mg
J1190 Dexrazoxane hydrochloride, per 250 mg
J7100 Dextran 40, 500 ml
J7110 Dextran 75, 500 ml
J7042 Dextrose 5%/Normal Saline, Infusion, 500 ml
J7060 Dextrose 5%/Water, Infusion, 500 cc
J9110 Cytarabine HCL, 500 mg
J1120 Diamox, up to 500 mg
J3360 Diazepam, up to 5 mg
J1730 Diazoxide, up to 300 mg
J0500 Dicyclamine HCL, up to 20 mg
J9165 Diethylstilbestrol Diphosphate, per 250 mg
J1162 Digoxin immune fab (ovine), per vial
J1160 Digoxin, up to 0.5 mg
J1110 Dihydroergotamine mesylate, 1 mg
J1165 Dilantin, 50 mg
J1170 Dilaudid, up to 4 mg
J1180 Dilor, up to 500 mg
J1240 Dimenhydrinate, up to 50 mg
J0470 Dimercaprol, per 100 mg
J0945 Dimetane, 10 mg
J1200 Diphenhydramine, HCL, up to 50 mg
J1245 Dipyridamole, per 10 mg
J1205 Diuril Sodium, 500 mg
J1250 Dobutamine hydrochloride, per 250 mg
J1260 Dolasetron Mesylate, 10 mg
J1230 Dolophine, HCL, up to 10 mg
J1265 Dopamine HCL, 40 mg
J7639 Dornase alpha, inhalation solution
J1270 Doxercalciferol, 1 mcg
J9000 Doxorubicin HCL, 10 mg
J9001 Doxorubicin hydrochloride, all lipid
formulations, 10 mg
J1240 Dramamine, up to 50 mg
J1790 Droperidol, up to 5 mg
1810 Droperidol and Fentanyl Citrate, up to 2 ml ampule
J9130 DTIC-DOME, 100 mg
J9140 DTIC-DOME, 200 mg

J2270 Dura-Morph, up to 10 mg
J2510 Duracillin, up to 600,000 units
J1080 Duratest, 1cc, 200 mg
J1070 Duratest, up to 100 mg
J1180 Dyphylline, up to 500 mg

E

J3520 Edatate Disodium, per 150 mg
J0600 Edetate Calcium Disodium, up to 1000 mg
J1320 Elavil, up to 20 mg
J9175 Elliotts B solution, 1 ml
J9020 Elspar, up to 10,000 units
J1324 Enfuvirtide, 1 mg
J1650 Enoxaparin Sodium, 10 mg
Q0136 Epoetin alpha, (for non ESRD use), per 1000 units
J1438 Etanercept, 26 mb
J1452 Etanercept, 25 mg Fomivirsen Sodium, Intraocular, 1.65 mg 1
J0170 Epinephrine, up to 1 ml ampule
J0885 Epoetin alfa, non-ESRD use, 1,000 units
J1327 Eptifibatide, 5 mg
J1330 Ergonovine Maleate, up to 0.2 mg units
J1364 Erythromycin Lactobionate, up to 500 mg
J0970 Estradiol Valerate, up to 40 mg
J1000 Estradiol Cypionate, up to 5 mg
J1380 Estradiol Valerate, up to 10 mg
J1390 Estradiol Valerate, up to 20 mg
J1410 Estrogen Conjugated, per 25 mg
J1435 Estrone, per 1 mg
J1435 Estronol, per 1 mg
J1436 Etidronate Disodium, per 300 mg
J9181 Etoposide, 10 mg mg
J9182 Etoposide, 100 mg

F

J3010 Fentanyl Citrate, 0.1 mg
J1440 Filgrastim (G-CSF), 300 mcg
J1441 Filgrastim (G-CSF), 480 mcg
J1450 Fluconazole, 200 mg
J9185 Fludarabine phosphate, 50 mg
J7311 Fluocinolone Acetonide, intravitreal implant
J9190 Fluorouracil, 500 mg
J2680 Fluphenazine Decanoate, up to 25 mg
J9200 Fluxuridine, 500 mg
J9250 Folex, 5 mg
J0725 Follutein, 1000 USP units
J1451 Fomepizole, 15 mg

J0713 Fortaz, per 500 mg
J1455 Fosarnet Sodium, per 1000 mg
J1455 Foscavir, per 1000 mg
J9200 FUDR, 500 mg
J1940 Furosemide, up to 20 mg

G

J1458 Galsulfase, 1 mg
J1500 Gamastan, 5 ml
J1561 Gamimune N, per 500 mg administered through DME, unit dose form,
J1460 Gamma Globulin, Intramuscular, 1cc per milligram
J1470 Gamma Globulin, Intramuscular, 2cc
J1480 Gamma Globulin, Intramuscular, 3cc
J1490 Gamma Globulin, Intramuscular, 4cc
J1500 Gamma Globulin, Intramuscular, 5cc formulations, 10 mg
J1510 Gamma Globulin, Intramuscular, 6cc
J1520 Gamma Globulin, Intramuscular, 7cc
J1530 Gamma Globulin, Intramuscular, 8cc
J1540 Gamma Globulin, Intramuscular, 9cc
J1550 Gamma Globulin, Intramuscular, 10cc
J1560 Gamma Globulin, Intramuscular, over 10cc
J1561 Gammagard, per 500 mg
J1500 Gammar
J1570 Ganciclovir Sodium, 500 mg
J1590 Gatifloxacin, 10 mg
S0085 Gatifloxacin, 200 mg
J9300 Gemtuzumab ozogamicin, 5 mg
J1580 Gentamicin, up to 80 mg
J0725 Glukor, up to 1000 USP units
J1600 Gold Sodium Thiomalate, up to 50 mg
J1610 Glucagon Hydrochloride, per 1 mg
J1620 Gonadorelin Hydrochloride, per 100 mcg
J1625 Granisetron Hydrochloride, per 1 mg
J0970 Gynogen LA, up to 40 mg
J1380 Gynogen, up to 10 mg units

H

J1630 Haldol, up to 5 mg
J1631 Haldol Decanoate, per 50 mg
J1630 Haloperidol, up to 5 mg
J1631 Haloperidol Decanoate, per 50 mg
J1640 Hemin, 1 mg
J1642 Heparin Sodium, (Heparin Lock Flush), per 10 units
J1644 Heparin Sodium, per 1000 units
J1675 Histrelin acetate, 10 mcg

J1820 Humulin, up to 100 units
J3472 Hyaluronidase, ovine, per 1,000 USP units
J3471 Hyaluronidase, ovine, up to 999 USP units
J3473 Hyaluronidase, recombinant, 1 USP unit
J3470 Hyaluronidase, up to 150 units
J0360 Hydralazine HCL, up to 20 mg
J1710 Hydrocortisone Sodium Phosphate, up to 50 mg
J1720 Hydrocortisone Sodium Succinate, up to 100 mg
J1700 Hydrocortone Acetate, up to 25 mg
J1170 Hydromorphone, up to 4 mg
J3410 Hydroxyzine HCL, up to 25 mg
J7320 Hylan G-F 20, 16 mg, for intra articular inj
J1980 Hyoscyamine Sulfate, up to .25 mg
J1670 Hyper-Tet, up to 250 units
J1730 Hyperstat IV, up to 300 mg

I

J1740 Ibandronate Sodium, 1 mg
J9211 Idarubicin HCL, 5 mg mg
J9208 Ifosfamide, 1 gram
J1820 Iletin, up to 100 units
J1785 Imiglucerase, per unit
J0743 Imipenem-Cilastatin Sodium, 250 mg
J3030 Imitrex, 6 mg (Sumatriptan Succinate, 6 mg) administered under direct physician supervision, excludes self administration
J1561 Immune Globulin, Intravenous, per 500 mg
J1563 Immune Globulin, Intravenous, 1 g
J1567 Immune Globulin, IV, non-lyophilized, 500 mg
J7500 Imuran, 50 mg
J1790 Inapsine, up to 5 mg
J1800 Inderal, up to 1 mg
J1810 Innovar, up to 2 ml ampule
J1820 Insulin, up to 100 units
J9213 Interferon, Alfa-2A, Recombinant, 3 million units
J9214 Interferon, Alfa-2B, Recombinant, 1 million units
J9215 Interferon, Alfa-N3, (Human Leukocyte globulin, equine, parenteral, 250 mg Derived), 250,000 IU
J9212 Interferon Alfacon-1, Recombinant, 1 mcg
J1825 Interferon Beta-1A, 33 mcg

J1830 Interferon Beta-1B, 0.25 mg
J9216 Interferon, Gamma 1-B, 3 million units
J7300 Intrauterine Copper Contraceptive
J7644 Ipratropium bromide, inhalation solution administered through DME, unit dose form, per milligram
J1750 Iron dextran, 50 mg
J1751 Iron dextran 165, 50 mg
J1755 Iron sucrose, 20 mg
J7648 Isoetharine hcl, inhalation solution administered through DME, concentrated form, per milligram
J7649 Isoetharine hcl, inhalation solution Mg administered through DME, unit dose form, per milligram
J7658 Isoproterenol HCL, inhalation solution administered through DME, concentrated form, per milligram
J7659 Isoproterenol HCL, inhalation solution administered through DME, unit dose form, per milligram
J1835 Itraconazole, 50 mg

K

J2995 Kabikinase, 250,000 IU
J1840 Kanamycin Sulfate, up to 500 mg
J1850 Kanamycin Sulfate, up to 75 mg
J1840 Kantrex, up to 500 mg
J1890 Keflin, up to 1 gm
J0697 Kefurox, per 750 mg
J0690 Kefzol, 500 mg
J3301 Kenalog, 10 mg
J1885 Ketoralac Tromethamine, per 15 mg
J1840 Klebcil, up to 500 mg

L

J1940 Lasix, up to 20 mg
J1945 Lepirudin, 50 mg
J0640 Leucovorin Calcium, per 50 mg
J1950 Leuprolide Acetate (for Depot Suspension), per 3.75 mg
J9217 Leuprolide Acetate, per 7.5 mg
J9218 Leuprolide Acetate, per 1 mg
J1960 Levo-Dromoran, up to 2 mg
J1955 Levocarnitine, per 1 gm
J1956 Levofloxacin, 250 mg
J7302 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
J1960 Levorphanol Tartrate, up to 2 mg
J1980 Levsin, up to .25 mg
J1990 Librium, up to 100 mg

J2010 Lincocin, up to 300 mg
J2010 Lincomycin HCL, up to 300 mg
J2020 Linezolid, 200 mg
J0475 Lioresal, 10 mg
J1644 Liguamin Sodium, up to 1000 units
J2060 Lorazepam, 2 mg
J1180 Lufyllin, up to 500 mg
J2560 Luminal sodium, up to 120 mg
J9218 Lupron, per 1 mg
J9217 Lupron Depot 7.5 mg
J1950 Lupron Depot 3.75 mg
J7504 Lymphocyte immune globulin,
antithymocyte globulin, equine,
parenteral, 250 mg

M

J3475 Magnesium sulfate, per 500 mg
J2150 Mannitol, 25% in 50 ml
J2170 Mecasermin, 1 mg
J9230 Mechlorethamine HCL, 10 mg
J1020 Medralone, 20 mg
J1050 Medroxyprogesterone, 100 mg
J1055 Medroxyprogesterone Acetate for
Contraceptive use, 150 mg
J1056 Medroxyprogesterone Acetate / Estradiol
Cypionate, 5mg / 25mg
J0694 Mefoxin, 1 gm
J9245 Melphalan Hydrochloride, 50 mg
J2180 Mepergan, up to 50 mg
J2175 Meperidine HCL, per 100 mg
J2180 Meperidine and Promethazine HCL, up to
50 mg
J0670 Mepivacaine HCL, per 10 ml
J9209 Mesna per 200 mg
J9209 Mesnex, per 200 mg
J7668 Metaproterenol sulfate, inhalation
solution administered through DME,
concentrated form, per 10 milligrams
J7669 Metaproterenol sulfate, inhalation
solution administered through DME,
unit dose form, per 10 milligrams
J0380 Metaraminol, up to 10 mg
J1230 Methadone HCL, up to 10 mg
J2210 Methergine, up to .2 mg
J2800 Methocarbamol, up to 10 ml
J9250 Methotrexate sodium, 5 mg
J9260 Methotrexate Sodium, 50 mg
J0210 Methylodopate HCL, up to 250 mg
A9535 Methylene blue, 1 ml
J1020 Methylprednisolone Acetate, 20 mg
J1030 Methylprednisolone Acetate, 40 mg

J1040 Methylprednisolone Acetate, 80 mg
J2920 Methylprednisolone Sodium Succinate,
up to 40 mg
J2930 Methylprednisolone Sodium Succinate,
up to 125 mg
J2765 Metoclopramide HCL, up to 10 mg
J0630 Miacalcin, up to 400 units
J2248 Micafungin Sodium, 1 mg
J2250 Midazolam hydrochloride, per 1 mg
J2260 Milrinone Lactate, 5 mg
J9270 Mithracin, 2500 mcg
J9270 Mithramycin, 2500 mcg
J9280 Mitomycin, 5 mg
J9290 Mitomycin, 20 mg
J9291 Mitomycin, 40 mg
J9293 Mitoxantrone HCL, 5 mg
J2270 Morphine Sulfate, up to 10 mg
J2271 Morphine Sulfate, 100 mg
J2275 Morphine sulfate, preservative free
solution, per 10 mg
J7505 Muromonab-cd3, Parenteral, 5 mg
J9230 Mustargen, 10 mg units
J9280 Mutomycin, 5 mg
J9290 Mutomycin, 20 mg
J9291 Mutomycin, 40 mg
J1600 Myochrysine, up to 50 mg

N

J2300 Nalbuphine hydrochloride, per 10 mg
J2310 Naloxone hydrochloride, per 1 mg
J2315 Naltrexone, depot form, 1 mg
J2320 Nandrolone Decanoate, up to 50 mg
J2321 Nandrolone Decanoate, up to 100 mg
J2322 Nandrolone Decanoate, up to 200 mg
J2310 Narcan, 1 mg
J9390 Navelbine, 10 mg
J3260 Nebcin, up to 80 mg
J2545 Nebupent, 300 mg
J9261 Nelarabine, 50 mg
J2515 Nembutal Sodium, per 50 mg
J2370 Neo-synephrine, up to 1 ml
J2710 Neostigmine Methylsulfate, up to .5 mg
J2400 Nesacaine, 30 ml
J2325 Nesiritide, 0.1 mg
J3490 Neulasta, 10mg/ml
J1440 Neupogen, 300 mcg
J9230 2Nitrogen Mustard, HN , 10 mg
J1200 Nordryl, up to 50 mg
J2360 Norflex, up to 60 mg
J9999 Not otherwise classified, antineoplastic
drugs

J9293 Novantrone, per 5 mg
J1820 Novolin R, up to 100 units
J2300 Nubain, per 10 ml
J2410 Numorphan, up to 1 mg

O

J2405 Onadsetron HCL, 1 mg
J9370 Oncovin, 1 mg/1ml (1 ml vial)
J9375 Oncovin, 2 mg/2 ml (2 ml vial)
J2355 Oprelvekin, 5 mg
J2360 Orphenadrine, up to 60mg
J2700 Oxacillin Sodium, up to 250 mg
J2410 Oxymorphone HCL, up to 1 mg
J2460 Oxytetracycline HCL, up to 50 mg
J2590 Oxytocin, up to 10 units

P

J9265 Paclitaxel, 30 mg
J9264 Paclitaxel, protein-BND particles, 1 mg
J2425 Palifermin, 50 mcg
90378 Palivizumab, intramuscular¹
J2430 Pamidronate Disodium, per 30 mg
J2440 Papaverine HCL, up to 60mg
J9045 Paraplatin, per 50 mg
J2504 Pegademase bovine, 25 IU
J2503 Pegaptanib sodium, 0.3 mg
J9266 Pegaspargase, per single dose vial
J2510 Penicillin G Procaine, Aqueous, up to 600,000 units
J2540 Penicillin G Potassium, up to 600,000
J0530 Penicillin G Benzathine and Penicillin Procaine, 600,000 units
J0540 Penicillin G Benzathine and Penicillin Procaine, up to 1,200,000 units
J0560 Pen. G Benzathine, up to 600,000 units
J0570 Penicillin G Benzathine, up to 1,200,000 units
J0580 Penicillin G Benzathine, up to 2,400,000 units
J0550 Penicillin G Benzathine and Penicillin Procaine, up to 2,400,000 units
J2545 Pentamidine isethionate, 300 mg
J2513 Pentastarch, 10% solution, 100 ml
J3070 Pentazocine HCL, up to 30mg
J2515 Pentobarbital Sodium, per 50 mg
J9268 Pentostatin, per 10 mg
J0560 Permapen, up to 600,000 units
J3310 Perphenazine, up to 5 mg
J1245 Persantine IV, per 10 mg
J2540 Pfizerpen, up to 600,000 units
J2550 Phenergan, up to 50 mg

J2560 Phenobarbital Sodium, up to 120 mg
J2760 Phentolamine Mesylate, up to 5 mg
J2370 Phenylephrine HCL, up to 1 ml
J1165 Phenytoin Sodium, 50 mg
J3430 Phytionadione, 1 mg.
J2543 Piperacillin Sodium/tazobactam Sodium, 1Gram/0.125 Grams (1.125)
J2590 Pitocin, up to 10 units
J9060 Platinol, 10 mg vial
J9062 Platinol, 50 mg vial
J9270 Plicamycin, 2500 mcg
J0290 Polycillin-N, 500 mg
J3480 Potassium chloride, per 2 meq
J2730 Pralidoxime Chloride, up to 1 gm
J2650 Prednisolone Acetate, up to 1 ml
J0725 Pregnyl, 1000 USP units
J1410 Premarin, per 25 mg
J2670 Priscoline HCL, up to 25 mg
J0743 Primaxin, per 250 mg.
J2690 Procainamide HCL, up to 1 gm
J0780 Prochlorperazine, up to 10 mg
J0256 Prolastin, 500 mg.
J2680 Prolixin Decanoate, up to 25 mg
J2950 Promazine HCL , up to 25 mg
J2550 Promethazine HCL, up to 50 mg
J2690 Pronestyl, up to 1 gm
J1800 Propanolol HCL, up to 1 mg
J2700 Prostaphlin, up to 250 mg
J2710 Prostigmin, up to 0.5 mg
J2720 Protamine Sulfate, per 10 mg
J2725 Protirelin, per 250 mcg
J2730 Protopam Chloride, up to 1 gm
J9015 Pruleukin, per single dose vial

Q

J0330 Quelicin, up to 20 mg
J2770 Quinupristin/dalfopristin, 500 Mg (150/350)

R

J2780 Ranitidine hydrochloride, 25 mg
J2760 Regitine, up to 5 mg
J2765 Reglan, up to 10 mg
90378 Respigam (RSV-1gl-M), intramuscular¹
90378 Respiratory Syncytial Virus Immune Globulin (RSV-1gl-M), intramuscular¹
J2993 Reteplase, 18.1 Mg 1
J2790 Rho Gam, one dose package
J2790 Rho D Immune Globulin, Human, 1 dose pack
J7120 Ringers Lactate, infusion, up to 1000 cc

J9310 Rituximab, 100 mg
J2800 Robaxin, up to 10 ml
J0696 Rocephin, per 250 mg
Z0205 Rocephin, 1 gm
J9213 Roferon-A, 3 million IU vial
J2795 Ropivacaine Hydrochloride, 1 mg
90680 Rotavirus vaccine, tetravalent, live, for oral use (Rotashield) 1

S

J2820 Sagramostim (GM-CSF), 250 mcg
J7042 Saline Solution, 5% dextrose, 500 ml
J7050 Saline Solution, infusion, 250 ml
J7030 Saline Solution, infusion, 1000 ml
J1561 Sandoglobulin, 500 mg
J2850 Secretin, synthetic, human, 1 mcg
Q0515 Sermorelin acetate, 1 mcg
J2805 Sincalide, 5 mcg
J7520 Sirolimus, Oral, 1 Mg
J2912 Sodium Chloride,, 0.9%, per 2 ml mg
J2915 Sodium Ferric Gluconate Complex in Sucrose Injection, 62.5 mg
J7316 Sodium hyaluronate, 5 mg for intra-articular injection
J2910 Solganal, up to 50 mg
J1710 Solu-Cortef, 50 mg
J2920 Solu-Medrol, up to 40 mg
J2930 Solu-Medrol, up to 125 mg
J2940 Somatrem, 1 mg
J2941 Somatropin, 1 mg
J2950 Sparine, up to 25 mg
J3320 Spectinomycin hydrochloride, up to 2 gm
Z0137 Stadol
J9320 Streptozocin, 1 gm
J7051 Sterile saline or water, up to 5 cc
J9165 Stilphostrol, per 250 mg
J2590 Syntocinon, up to 10 units
J2995 Streptase
J2995 Streptokinase, 250,000 u
J3000 Streptomycin, up to 1 gm
J3005 Strontium-89 Chloride, per 10 ml
J0330 Succinylcholine Chloride, up to 20 mg
J0330 Sucostrin, up to 20 mg
J3030 Sumatriptan Succinate, 6 mg, administered under direct physician supervision, excludes self administration
J0170 Susphrine, up to 1 ml ampule
90378 Synagis, intramuscular use 1
J3430 Synkayvite, up to 1 mg

T

J7525 Tacrolimus, Parenteral, 5 mg
J3070 Talwin, up to 30 mg
J8700 Temozolmide, Oral, 5 mg
J3100 Tenecteplase, 50 mg
J7680 Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per milligram
J7681 Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per milligram
J3105 Terbutaline Sulfate, up to 1 mg
J2460 Terramycin IM, up to 50 mg
J3130 Testone, up to 200 mg
J0900 Testosterone Enanthate and Estradiol Valerate, up to 1 cc
J1060 Testosterone Cypionate and Estradiol Cypionate, up to 1 mg
J1070 Testosterone Cypionate, up to 100 mg
J1080 Testosterone Cypionate, 200 mg
J3120 Testosterone Enanthate, up to 100 mg
J3130 Testosterone Enanthate, up to 200 mg
J3140 Testosterone Suspension, up to 50 mg
J3150 Testosterone Propionate, up to 100 mg
J0120 Tetracycline, up to 250 mg
J1430 Thanolamine oleate, 100 mg
J1435 Theelin, per 1 mg.
J2810 Theophylline, per 40 mg.
J3280 Thiethylperazine Maleate, up to 10 mg
J9340 Thiotepa, 5 mg
J3230 Thorazine, up to 50 mg
J3240 Thytropar, 0.9 mg
J3240 Thyrotropin Alfa, 0.9 mg
J3250 Tigan, up to 200 mg
J3243 Tigecycline, 1 mg
J1655 Tinzaparin sodium, 1000 IU
J7682 Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME
J3260 Tobramycin Sulfate, up to 80 mg
J2670 Tolazoline HCL, up to 25 mg
J3280 Torecan, up to 10 mg
J3265 Torsemide, 10 mg/ml
J0290 Totacillin-N, 500 mg
J9355 Trastuzumab, 10 mg
J3490 TRELSTAR®
J3285 Treprostiril, 1 mg
J3301 Triamcinolone acetonide, per 10 mg
J3302 Triamcinolone diacetate, 5 mg
J3303 Triamcinolone hexacetonide, 5 mg
J3400 Triflupromazine HCL, up to 20 mg
J3310 Trilafon, up to 5 mg

J3302 Trilone, 5 mg
J3250 Trimethobenzamide HCL, up to 200 mg
J3305 Trimetrexate glucuronate, per 25 mg
J3320 Trobicin, up to 2 gm
J9340 TSPA, 5 mg

U

J3490 Unclassified drugs - See "Limitations,
page 1"
J3350 Urea, up to 40 gm
J3350 Ureaphil, up to 40 gm

NUMERICAL LIST OF INJECTABLE MEDICATIONS

- 0835 Cosyntropin, per 0.25 mg
1810 Droperidol and Fentanyl Citrate, up to 2 ml ampule
90378 Palivizumab, intramuscular¹
90378 Respigam (RSV-1gl-M), intramuscular¹
90378 Respiratory Syncytial Virus Immune Globulin (RSV-1gl-M), intramuscular¹
90378 Synagis, intramuscular use 1
90680 Rotavirus vaccine, tetravalent, live, for oral use (Rotashield) 1
- A9535 Methylene blue, 1 ml
J0120 Achromycin, up to 250 mg
J0120 Tetracycline, up to 250 mg
J0129 Abatacept, 10 mg
J0130 Abciximab, 10 mg
J0132 Acetylcysteine, 100 mg
J0133 Acyclovir, 5 mg
J0150 Adenosine for therapeutic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)
J0170 Adrenalin, up to 1 ml ampule
J0170 Epinephrine, up to 1 ml ampule
J0170 Susphrine, up to 1 ml ampule
J0190 Akineton, 5 mg
J0190 Biperiden lactate, 5 mg
J0200 Alatrofloxacin mesylate, 100 mg
J0205 Alglucerase, per 10 units
J0210 Aldomet, up to 250 mg
J0210 Methyldopate HCL, up to 250 mg
J0256 Alpha 1 - Proteinase Inhibitor - Human, per 500 mg
J0256 Prolastin, 500 mg.
J0270 Alprostadil, per 1.25 mcg
J0278 Amikacin sulfate, 100 mg
J0280 Aminophyllin, up to 250 mg
J0282 Amiodarone Hydrochloride, 30 mg
J0285 Amphotericin B, 50 mg
J0286 Amphotericin B, any lipid formulation, 50 mg
J0290 Ampicillin Sodium, 500 mg Totacillin-N, 500 mg, Polycillin-N, 500 mg, OminipenN)
J0295 Ampicillin Sodium/Sulbactam Sodium, per 1.5 GM
- J0300 Amobarbital, up to 125 mg
J0300 Amytal Sodium, up to 125 mg
J0330 Anectine, up to 20 mg
J0330 Quelicin, up to 20 mg
J0330 Succinylcholine Chloride, up to 20 mg
J0330 Sucostrin, up to 20 mg
J0350 Anistreplase, per 30 units
J0360 Apresoline, up to 20 mg
J0360 Hydralazine HCL, up to 20 mg
J0364 Apomorphine Hydrochloride, 1 mg
J0365 Aprotonin, 10,000 KIU
J0380 Aramine, up to 10 mg
J0380 Metaraminol, up to 10 mg
J0390 Aralen, up to 250 mg
J0390 Chloroquine HCL, up to 250 mg
J0395 Arbutamine HCL, 1 mg
J0456 Azithromycin, 500 mg
J0460 Atropine sulfate, up to 0.3 mg
J0470 Bal in oil, per 100 mg
J0470 Dimercaprol, per 100 mg
J0475 Baclofen, 10 mg
J0475 Lioresal, 10 mg
J0476 Baclofen, 50 mcg for intrathecal trial
J0480 Basiliximab, 20 mg
J0500 Antispas, up to 20 mg
J0500 Bentlyl, up to 20 mg
J0500 Dicyclamine HCL, up to 20 mg
J0515 Benztropine Mesylate
J0515 Cogentin, 1 mg.
J0520 Bethanechol Chloride, up to 5 mg
J0530 Bicillin CR, up to 600,000 units
J0540 Bicillin CR, up to 1,200,000 units
J0540 Penicillin G Benzathine and Penicillin Procaine, up to 1,200,000 units
J0550 Penicillin G Benzathine and Penicillin
J0550 Bicillin CR, up to 2,400,000 units
J0560 Bicillin LA, up to 600,000 units
J0560 Pen. G Benzathine, up to 600,000 units
J0560 Permapen, up to 600,000 units
J0570 Bicillin LA, up to 1,200,000 units
J0570 Penicillin G Benzathine, up to 1,200,000 units
J0580 Bicillin LA, up to 2,400,000 units
J0580 Penicillin G Benzathine, up to 2,400,000 units

J0585 Botox ¹	J0743 Imipenem-Cilastatin Sodium, 250 mg
J0585 Botulinum toxin Type A, per 100 units ¹	J0743 Primaxin, per 250 mg.
J0587 Botulinum toxin type b, per 100 units	J0744 Ciprofloxacin for intravenous infusion, 200 mg
J0594 Busulfan, 1 mg	J0745 Codeine Phosphate per 30 mg
J0600 Calcium Disodium Versenate, up to 1000 mg	J0760 Colchicine, per 1 mg
J0600 Edetate Calcium Disodium, up to 1000 mg	J0770 Colistimethate Sodium, up to 150 mg
J0610 Calcium Gluconate, up to 10 mg	J0770 Coly-Mycin M, up to 150 mg
J0620 Calcium Glycerophosphate and Calcium lactate, per 10 ml	J0780 Compazine, up to 10 mg
J0620 Calphosan, up to 10 ml	J0780 Prochlorperazine, up to 10 mg
J0630 Calcimar, up to 400 units	J0795 Corticorelin ovine triflutate, 1 mcg
J0630 Calcitonin Salmon, up to 400 units	J0800 ACTH, up to 40 units
J0630 Miacalcin, up to 400 units	J0800 ACTHAR, up to 40 units
J0635 Calcitriol, 1 Mcg ampule	J0800 Corticotropin, up to 40 units
J0640 Leucovorin Calcium, per 50 mg	J0850 Cytomegalovirus Immune Globulin Intravenous (Human), per vial
J0670 Carbocaine, 10 ml.	J0881 Darbepoetin alfa, 1 mcg gm
J0670 Mepivacaine HCL, per 10 ml	J0885 Epoetin alfa, non-ESRD use, 1,000 units
J0690 Ancef, 500 mg	J0894 Decitabine, 1 mg
J0690 Cefazolin Sodium, 500 mg, (Kefzol, Ancef), up to 500 mg	J0895 Deferoxamine mesylate, 500 mg
J0692 Cefepime hydrochloride, 500 mg	J0900 Deladumone, up to 1 cc
J0694 Cefoxitin Sodium, 1 gm	J0900 Delatestradiol, up to 1 cc
J0694 Mefoxin, 1 gm	J0900 Testosterone Enanthate and Estradiol Valerate, up to 1 cc
J0696 Ceftriaxone Sodium, per 250 mg	J0945 Brompheniramine Maleate, 10 mg
J0696 Rocephin, per 250 mg	J0945 Codimal A Mesylate, 10 mg
J0697 Cefuroxime Sodium sterile, per 750 mg	J0945 Dehist, 10 mg
J0697 Kefurox, per 750 mg	J0945 Dimetane, 10 mg
J0698 Cefotaxime Sodium, per 1 gm	J0970 Delestrogen, up to 40 mg
J0702 Betamethasone Acetate and Beta- methasone Sodium Phosphate, per 3 mg	J0970 Estradiol Valerate, up to 40 mg
J0702 Celestone Soluspan	J0970 Gynogen LA, up to 40 mg
J0704 Betamethasone Sodium Phosphate, per 4 mg	J1000 Depgynogen, up to 5 mg
J0704 Celestone Phosphate, 4 mg	J1000 Depo-Estradiol Cypionate, up to 5 mg
J0706 Caffeine citrate, 5mg	J1020 Depo-Medrol 20 mg
J0710 Cephapirin Sodium, up to 1 gm	J1000 Depogen, up to 5 mg
J0713 Ceftazidime, per 500 mg	J1000 Estradiol Cypionate, up to 5 mg
J0713 Fortaz, per 500 mg	J1020 Medralone, 20 mg
J0715 Cefizox, 500 mg	J1020 Methylprednisolone Acetate, 20 mg
J0715 Ceftizoxime Sodium, per 500 mg	J1030 Depo-Medrol 40 mg
J0720 Chloramphenicol Sodium Succinate, up to 1 gm	J1030 Methylprednisolone Acetate, 40 mg
J0720 Chloromycetin, up to 1 gm	J1040 Depo-Medrol 80mg
J0725 Chorionic gonadatropin, 1000 USP units	J1040 Methylprednisolone Acetate, 80 mg
J0725 A.P.L.1000 USP units	J1050 Depo-Provera, 100 mg
J0725 Follutein, 1000 USP units	J1050 Medroxyprogesterone, 100 mg
J0725 Glukor, up to 1000 USP units	J1055 Depo-Provera, 150 mg
J0725 Pregnyl, 1000 USP units	J1055 Depo-Provera-C (contraceptive) 150 mg
J0743 Cilastatin sodium, 250 mg	J1055 Medroxyprogesterone Acetate for Contraceptive use, 150 mg
	J1056 Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg / 25 mg
	J1060 Depo-Testadiol, up to 1 ml

J1060 Testosterone Cypionate and Estradiol
Cypionate, up to 1 mg
J1070 Andronate, 100 mg
J1070 Depo-Testosterone up to 100 mg
J1070 Duratest, up to 100 mg
J1070 Testosterone Cypionate, up to 100 mg
J1080 Andronate, 200 mg
J1080 Depotest, 1cc 200 mg
J1080 Depo-Testosterone up to 200 mg
J1080 Duratest, 1cc, 200 mg
J1080 Testosterone Cypionate, 200 mg
J1095 Dexamethasone acetate, per 8 mg
J1100 Dexamethasone Sodium Phosphate, 1mg
J1190 Dexrazoxane hydrochloride, per 250 mg
J1110 D.H.E., (Dihydroergotamine), 1 mg
J1110 Dihydroergotamine mesylate, 1 mg
J1120 Acetazolamide Sodium, up to 500mg
J1120 Diamox, up to 500 mg
J1160 Digoxin, up to 0.5 mg
J1162 Digoxin immune fab (ovine), per vial
J1165 Dilantin, 50 mg
J1165 Phenytoin Sodium, 50 mg
J1170 Dilaudid, up to 4 mg
J1170 Hydromorphone, up to 4 mg
J1180 Dilor, up to 500 mg
J1180 Dyphylline, up to 500 mg
J1180 Lufyllin, up to 500 mg
J1200 Benadryl, up to 50 mg
J1200 Diphenhydramine, HCL, up to 50 mg
J1200 Nordryl, up to 50 mg
J1205 Chlorothiazide Sodium, per 500 mg
J1205 Diuril Sodium, 500 mg
J1230 Dolophine, HCL, up to 10 mg
J1230 Methadone HCL, up to 10 mg
J1240 Dimenhydrinate, up to 50 mg
J1240 Dramamine, up to 50 mg
J1245 Dipyridamole, per 10 mg
J1245 Persantine IV, per 10 mg
J1250 Dobutamine hydrochloride, per 250 mg
J1260 Dolasetron Mesylate, 10 mg
J1265 Dopamine HCL, 40 mg
J1270 Doxercalciferol, 1 mcg
J1320 Amitriptyline HCL, up to 20 mg
J1320 Elavil, up to 20 mg
J1324 Enfuvirtide, 1 mg
J1327 Eptifibatide, 5 mg
J1330 Ergonovine Maleate, up to 0.2 mg
J1364 Erythromycin Lactobionate, up to 500 mg
J1380 Delestrogen, up to 10 mg
J1380 Estradiol Valerate, up to 10 mg
J1380 Gynogen, up to 10 mg units
J1390 Delestrogen, up to 20 mg
J1390 Estradiol Valerate, up to 20 mg
J1410 Estrogen Conjugated, per 25 mg
J1410 Premarin, per 25 mg
J1430 Thanolamine oleate, 100 mg
J1435 Estrone, per 1 mg
J1435 Estronol, per 1 mg
J1435 Theelin, per 1 mg.
J1436 Etidronate Disodium, per 300 mg
J1438 Etanercept, 26 mb
J1440 Filgrastim (G-CSF), 300 mcg
J1440 Neupogen, 300 mcg
J1441 Filgrastim (G-CSF), 480 mcg
J1450 Fluconazole, 200 mg
J1451 Fomepizole, 15 mg
J1452 Etanercept, 25 mg Fomivirsen Sodium,
Intraocular, 1.65 mg l
J1455 Foscarnet Sodium, per 1000 mg
J1455 Foscavir, per 1000 mg
J1458 Galsulfase, 1 mg
J1460 Gamma Globulin, Intramuscular, 1cc
J1470 Gamma Globulin, Intramuscular, 2cc
J1480 Gamma Globulin, Intramuscular, 3cc
J1490 Gamma Globulin, Intramuscular, 4cc
J1500 Gamastan, 5 ml
J1500 Gamma Globulin, Intramuscular, 5cc
formulations, 10 mg
J1500 Gammar
J1510 Gamma Globulin, Intramuscular, 6cc
J1520 Gamma Globulin, Intramuscular, 7cc
J1530 Gamma Globulin, Intramuscular, 8cc
J1540 Gamma Globulin, Intramuscular, 9cc
J1550 Gamma Globulin, Intramuscular, 10cc
J1560 Gamma Globulin, Intramuscular, over
10cc
J1561 Gamimune N, per 500 mg
J1561 Gammagard, per 500 mg
J1561 Immune Globulin, Intravenous, per 500
mg
J1561 Sandoglobulin, 500 mg
J1563 Immune Globulin, Intravenous, 1 g
J1567 Immune Globulin, IV, non-lyophilized,
500 mg
J1570 Ganciclovir Sodium, 500 mg
J1580 Gentamicin, up to 80 mg
J1590 Gatifloxacin, 10 mg
J1600 Gold Sodium Thiomalate, up to 50 mg
J1600 Myochrysine, up to 50 mg
J1610 Glucagon Hydrochloride, per 1 mg
J1620 Gonadorelin Hydrochloride, per 100 mcg
J1625 Granisetron Hydrochloride, per 1 mg

J1630 Haldol, up to 5 mg
J1630 Haloperidol, up to 5 mg
J1631 Haldol Decanoate, per 50 mg
J1631 Haloperidol Decanoate, per 50 mg
J1640 Hemin, 1 mg
J1642 Heparin Sodium, (Heparin Lock Flush),
per 10 units
J1644 Heparin Sodium, per 1000 units
J1644 Liquaemin Sodium, up to 1000 units
J1645 Dalteparin sodium, per 2500 IU
J1650 Enoxaparin Sodium, 10 mg
J1655 Tinzaparin sodium, 1000 IU
J1670 Hyper-Tet, up to 250 units
J1675 Histrelin acetate, 10 mcg
J1700 Hydrocortone Acetate, up to 25 mg
J1710 A-HydroCort, up to 50 mg
J1710 Hydrocortisone Sodium Phosphate, up to
50 mg
J1710 Solu-Cortef, 50 mg
J1720 Hydrocortisone Sodium Succinate, up to
100 mg
J1730 Diazoxide, up to 300 mg
J1730 Hyperstat IV, up to 300 mg
J1740 Ibandronate Sodium, 1 mg
J1750 Iron dextran, 50 mg
J1751 Iron dextran 165, 50 mg
J1755 Iron sucrose, 20 mg
J1785 Imiglucerase, per unit
J1790 Droperidol, up to 5 mg
J1790 Inapsine, up to 5 mg
J1800 Inderal, up to 1 mg
J1800 Propranolol HCl, up to 1 mg
J1810 Innovar, up to 2 ml ampule
J1820 Humulin, up to 100 units
J1820 Iletin, up to 100 units
J1820 Insulin, up to 100 units
J1820 Novolin R, up to 100 units
J1825 Interferon Beta-1A, 33 mcg
J1830 Betaseron, per 0.25 mg
J1830 Interferon Beta-1B, 0.25 mg
J1835 Itraconazole, 50 mg
J1840 Kanamycin Sulfate, up to 500 mg
J1840 Kantrex, up to 500 mg
J1840 Klebcil, up to 500 mg
J1850 Kanamycin Sulfate, up to 75 mg
J1885 Ketoralac Tromethamine, per 15 mg
J1890 Cephalothin, Sodium, up to 1 gm
J1890 Keflin, up to 1 gm
J1940 Furosemide, up to 20 mg
J1940 Lasix, up to 20 mg
J1945 Lepirudin, 50 mg
J1950 Leuprolide Acetate (for Depot
Suspension), per 3.75 mg
J1950 Lupron Depot 3.75 mg
J1955 Levocarnitine, per 1 gm
J1956 Levofloxacin, 250 mg
J1960 Levo-Dromoran, up to 2 mg
J1960 Levorphanol Tartrate, up to 2 mg
J1980 Hyoscyamine Sulfate, up to .25 mg
J1980 Levsin, up to .25 mg
J1990 Chlordiazepoxide HCL, up to 100 mg
J1990 Librium, up to 100 mg
J2010 Lincocin, up to 300 mg
J2010 Lincomycin HCL, up to 300 mg
J2020 Linezolid, 200 mg
J2060 Ativan, up to 2 mg
J2060 Lorazepam, 2 mg
J2150 Mannitol, 25% in 50 ml
J2170 Mecasermin, 1 mg
J2175 Demerol, 100 mg
J2175 Meperidine HCL, per 100 mg
J2180 Mepergan, up to 50 mg
J2180 Meperidine and Promethazine HCL, up to
50 mg
J2210 Methergine, up to .2 mg
J2248 Micafungin Sodium, 1 mg
J2250 Midazolam hydrochloride, per 1 mg
J2260 Milrinone Lactate, 5 mg
J2270 Dura-Morph, up to 10 mg
J2270 Morphine Sulfate, up to 10 mg
J2271 Morphine Sulfate, 100 mg
J2275 Morphine sulfate, preservative free
solution, per 10 mg
J2300 Nalbuphine hydrochloride, per 10 mg
J2300 Nubain, per 10 ml
J2310 Naloxone hydrochloride, per 1 mg
J2310 Narcan, 1 mg
J2315 Naltrexone, depot form, 1 mg
J2320 Anabolin L, up to 50 mg
J2320 Androlone LA, up to 50 mg
J2320 Dela-Durabolin, up to 50 mg
J2320 Nandrolone Decanoate, up to 50 mg
J2321 Dela-Durabolin, up to 100 mg
J2321 Nandrolone Decanoate, up to 100 mg
J2322 Dela-Durabolin, up to 200 mg
J2322 Nandrolone Decanoate, up to 200 mg
J2325 Nesiritide, 0.1 mg
J2355 Oprelvekin, 5 mg
J2360 Norflex, up to 60 mg
J2360 Orphenadrine, up to 60mg
J2370 Neo-syneprine, up to 1 ml
J2370 Phenylephrine HCL, up to 1 ml

J2400 Nesacaine, 30 ml	J2760 Phentolamine Mesylate, up to 5 mg
J2405 Onadsetron HCL, 1 mg	J2760 Regitine, up to 5 mg
J2410 Numorphan, up to 1 mg	J2765 Metoclopramide HCL, up to 10 mg
J2410 Oxymorphone HCL, up to 1 mg	J2765 Reglan, up to 10 mg
J2425 Palifermin, 50 mcg	J2770 Quinupristin/dalfopristin, 500 Mg (150/350)
J2430 Pamidronate Disodium, per 30 mg	J2780 Ranitidine hydrochloride, 25 mg
J2440 Papaverine HCL, up to 60mg	J2790 Rho D Immune Globulin, Human, 1 dose pack
J2460 Oxytetracycline HCL, up to 50 mg	J2790 Rho Gam, one dose package
J2460 Terramycin IM, up to 50 mg	J2795 Ropivacaine Hydrochloride, 1 mg
J2503 Pegaptanib sodium, 0.3 mg	J2800 Methocarbamol, up to 10 ml
J2504 Pegademase bovine, 25 IU	J2800 Robaxin, up to 10 ml
J2510 Crysticillin, up to 600,000 units	J2805 Sincalide, 5 mcg
J2510 Duracillin, up tp 600,000 units	J2810 Theophylline, per 40 mg.
J2510 Penicillin G Procaine, Aqueous, up to 600,000 units	J2820 Sagramostim (GM-CSF), 250 mcg
J2513 Pentastarch, 10% solution, 100 ml	J2850 Secretin, synthetic, human, 1 mcg
J2515 Nembutal Sodium, per 50 mg	J2910 Aurothioglucose, up to 50 mg
J2515 Pentobarbital Sodium, per 50 mg	J2910 Solganal, up to 50 mg
J2540 Penicillin G Potassium, up to 600,000	J2912 Sodium Chloride,, 0.9%, per 2 ml mg
J0530 Penicillin G Benzathine and Penicillin Procaine, 600,000 units	J2915 Sodium Ferric Gluconate Complex in Sucrose Injection, 62.5 mg
J0530 Penicillin G Benzathine and Penicillin	J2920 Methylprednisolone Sodium Succinate, up to 40 mg
J2540 Pfizerpen, up to 600,000 units	J2920 Solu-Medrol, up to 40 mg
J2543 Piperacillin Sodium/tazobactam Sodium, 1Gram/0.125 Grams (1.125)	J2930 Methylprednisolone Sodium Succinate, up to 125 mg
J2545 Nebupent, 300 mg	J2930 Solu-Medrol, up to 125 mg
J2545 Pentamidine isethionate, 300 mg	J2940 Somatrem, 1 mg
J2550 Phenergan, up to 50 mg	J2941 Somatropin, 1 mg
J2550 Promethazine HCL, up to 50 mg	J2950 Promazine HCL , up to 25 mg
J2560 Luminal sodium, up to 120 mg	J2950 Sparine, up to 25 mg
J2560 Phenobarbital Sodium, up to 120 mg	J2993 Reteplase, 18.1 Mg 1
J2590 Oxytocin, up to 10 units	J2995 Kabikinase, 250,000 IU
J2590 Pitocin, up to 10 units	J2995 Streptase
J2590 Syntocinon, up to 10 units	J2995 Streptokinase, 250,000 u
J2597 Desmopressin acetate, per 4 mcg	J2997 Alteplase Recombinant, 1 mg
J2650 Prednisolone Acetate, up to 1 ml	J3000 Streptomycin, up to 1 gm
J2670 Priscoline HCL, up to 25 mg	J3005 Strontium-89 Chloride, per 10 ml
J2670 Tolazoline HCL, up to 25 mg	J3010 Fentanyl Citrate, 0.1 mg
J2680 Fluphenazine Decanoate, up to 25 mg	J3030 Imitrex, 6 mg (Sumatriptan Succinate, 6 mg) administered under direct physician
J2680 Prolixin Decanoate, up to 25 mg	J3030 Sumatriptan Succinate, 6 mg, administered under direct physician supervision, excludes self administration
J2690 Procainamide HCL, up to 1 gm	J3070 Pentazocine HCL, up to 30mg
J2690 Pronestyl, up to 1 gm	J3070 Talwin, up to 30 mg
J2700 Bactocill, up to 250 mg	J3100 Tenecteplase, 50 mg
J2700 Oxacillin Sodium, up to 250 mg	J3105 Brethine, up to 1 mg
J2700 Prostaphlin, up to 250 mg	J3105 Bricanyl Subcutaneous, up to 1 mg
J2710 Neostigmine Methylsulfate, up to .5 mg	J3105 Terbutaline Sulfate, up to 1 mg
J2710 Prostigmin, up to 0.5 mg	
J2720 Protamine Sulfate, per 10 mg	
J2725 Protirelin, per 250 mcg	
J2730 Pralidoxime Chloride, up to 1 gm	
J2730 Protopam Chloride, up to 1 gm	

- J3120 Delatest, up to 100 mg
- J3120 Depo-Testosterone, up to 100 mg
- J3120 Testosterone Enanthate, up to 100 mg
- J3130 Andryl, 200 mg
- J3130 Delatest, up to 200 mg
- J3130 Testone, up to 200 mg
- J3130 Testosterone Enanthate, up to 200 mg
- J3140 Testosterone Suspension, up to 50 mg
- J3150 Testosterone Propionate, up to 100 mg
- J3230 Chlorpromazine HCL, up to 50 mg
- J3230 Thorazine, up to 50 mg
- J3240 Thyrotropin Alfa, 0.9 mg
- J3240 Thytropar, 0.9 mg
- J3243 Tigecycline, 1 mg
- J3250 Tigan, up to 200 mg
- J3250 Trimethobenzamide HCL, up to 200 mg
- J3260 Nebcin, up to 80 mg
- J3260 Tobramycin Sulfate, up to 80 mg
- J3265 Torsemide, 10 mg/ml
- J3280 Thiethylperazine Maleate, up to 10 mg
- J3280 Torecan, up to 10 mg
- J3285 Treprostinil, 1 mg
- J3301 Kenalog, 10 mg
- J3301 Triamcinolone acetonide, per 10 mg
- J3302 Aristocort Forte, per 5 mg
- J3302 Triamcinolone diacetate, 5 mg
- J3302 Trilone, 5 mg
- J3303 Aristospan, per 5 mg
- J3303 Triamcinolone hexacetonide, 5 mg
- J3305 Trimetrexate glucuronate, per 25 mg
- J3310 Perphenazine, up to 5 mg
- J3310 Trilafon, up to 5 mg
- J3320 Spectinomycin hydrochloride, up to 2 gm
- J3320 Trobicin, up to 2 gm
- J3350 Urea, up to 40 gm
- J3350 Ureaphil, up to 40 gm
- J3360 Diazepam, up to 5 mg
- J3364 Abbokinase, 5000 IU vial
- J3400 Triflupromazine HCL, up to 20 mg
- J3410 Hydroxyzine HCL, up to 25 mg
- J3420 Cyanocobalamin, up to 1000 mcg for
Pernicious Anemia
- J3430 Phytonadione, 1 mg.
- J3430 Synkayvite, up to 1 mg
- J3470 Hyaluronidase, up to 150 units
- J3471 Hyaluronidase, ovine, up to 999 USP
units
- J3472 Hyaluronidase, ovine, per 1,000 USP
units
- J3473 Hyaluronidase, recombinant, 1 USP unit
- J3475 Magnesium sulfate, per 500 mg
- J3480 Potassium chloride, per 2 meq
- J3490 Neulasta, 10mg/ml
- J3490 TRELSTAR®
- J3490 Unclassified drugs - See "Limitations,
page 1"
- J3520 Edatate Disodium, per 150 mg
- J7030 Saline Solution, infusion, 1000 ml
- J7042 Dextrose 5%/Normal Saline, Infusion, 500
ml
- J7042 Saline Solution, 5% dextrose, 500 ml
- J7050 Saline Solution, infusion, 250 ml
- J7051 Sterile saline or water, up to 5 cc
- J7060 Dextrose 5%/Water, Infusion, 500 cc
- J9110 Cytarabine HCL, 500 mg
- J7070 D5W, Infusion, 1000 cc
- J7100 Dextran 40, 500 ml
- J7110 Dextran 75, 500 ml
- J7120 Ringers Lactate, infusion, up to 1000 cc
- J7300 Intrauterine Copper Contraceptive
- J7302 Levonorgestrel-releasing intrauterine
- J7311 Fluocinolone Acetonide, intravitreal
implant
- J7316 Sodium hyaluronate, 5 mg for intra-
articular injection
- J7320 Hylan G-F 20, 16 mg, for intra articular
inj
- J7500 Imuran, 50 mg
- J7501 Azathioprine (Imuran) 100 mg, 20 ml ea
- J7504 Lymphocyte immune globulin,
antithymocyte globulin, equine,
parenteral, 250 mg
- J7505 Muromonab-cd3, Parenteral, 5 mg
- J7513 Daclizumab, parenteral, 25 mg
- J7516 Cyclosporine, parenteral, 250 mg
- J7520 Sirolimus, Oral, 1 Mg
- J7525 Tacrolimus, Parenteral, 5 mg
- J7608 Acetylcysteine, inhalation solution
administered through DME, unit dose
form, per gram
- J7628 Bitolterol mesylate, inhalation solution
administered through DME,
concentrated form, per milligram
- J7629 Bitolterol mesylate, inhalation solution
administered through DME, unit dose
form, per milligram
- J7631 Cromolyn sodium, inhalation solution
administered through DME, unit dose
form, Per 10 milligrams
- J7635 Atropine, inhalation solution administered
through DME, concentrated form, per
milligram

J7636 Atropine, inhalation solution administered through DME, unit dose form, per milligram	J9020 Elspar, up to 10,000 units
J7637 Dexamethasone, inhalation solution administered through DME, concentrated form, per milligram	J9025 Azacitidine, 1 mg
J7638 Dexamethasone, inhalation solution administered through DME, unit dose form, per milligram	J9027 Clofarabine, 1 mg
J7639 Dornase alpha, inhalation solution administered through DME, unit dose form, per milligram	J9040 Blenoxane, 15 units ampule
J7644 Ipratropium bromide, inhalation solution administered through DME, unit dose form per milligram	J9040 Bleomycin Sulfate, 15 units ampule
J7648 Isoetharine hcl, inhalation solution administered through DME, concentrated form, per milligram	J9045 Carboplatin, per 50 mg
J7649 Isoetharine hcl, inhalation solution administered through DME, unit dose form, per milligram	J9045 Paraplatin, per 50 mg
J7658 Isoproterenol HCL, inhalation solution administered through DME, concentrated form, per milligram	J9050 BICNU, 100 mg
J7659 Isoproterenol HCL, inhalation solution administered through DME, unit dose form, per milligram	J9050 Carmustine, 100 mg
J7668 Metaproterenol sulfate, inhalation solution administered through DME, concentrated form, per 10 milligrams	J9060 Cisplatin, 10 mg vial
J7669 Metaproterenol sulfate, inhalation solution administered through DME, unit dose form, per 10 milligrams	J9060 Platinol, 10 mg vial
J7680 Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per milligram	J9062 Cisplatin, 50 mg
J7681 Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per milligram	J9062 Platinol, 50 mg vial
J7682 Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME	J9065 Cladribine, per 1 mg
J8700 Temozolamide, Oral, 5 mg	J9070 Cyclophosphamide, 10cc or 100 mg
J9000 Adriamycin, 10 mg	J9080 Cyclophosphamide, 20cc or 200 mg
J9000 Doxorubicin HCL, 10 mg	J9090 Cyclophosphamide, 500 mg
J9001 Doxorubicin hydrochloride, all lipid formulations, 10 mg	J9091 Cyclophosphamide, 1.0 gram
J9015 Aldesleukin, per single use vial	J9091 Cytosan, 1.0 gm
J9015 Pruleukin, per single dose vial	J9092 Cyclophosphamide, 2.0 gram per milligram
J9017 Arsenic trioxide, 1 mg	J9092 Cytosan, 2.0 gm
J9020 Asparaginase, up to 10,000 units	J9093 Cyclophosphamide, lyophilized, 100 mg
	J9093 Cytosan, lyophilized 100 mg
	J9094 Cyclophosphamide, lyophilized, 200 mg
	J9094 Cytosan, lyophilized 200 mg
	J9095 Cyclophosphamide, lyophilized, 500 mg
	J9095 Cytosan, lyophilized, 500 mg
	J9096 Cyclophosphamide, lyophilized, 1.0 gram
	J9096 Cytosan, lyophilized 1 gm
	J9097 Cyclophosphamide, lyophilized, 2.0 gram
	J9097 Cytosan, lyophilized 2 gm
	J9100 Arabinosylcytosine, 100 mg
	J9100 Cystosar-U, 100 mg
	J9100 Cytarabine HCL, 100 mg
	J9110 Arabinosylcytosine, 500 mg
	J9110 Cystosar-U 500 mg
	J9120 Actinomycin, 0.5 mg
	J9120 Cosmegen, 0.5 mg
	J9120 Dactinomycin, 0.5 mg
	J9130 Dacarbazine, 100 mg
	J9130 DTIC-DOME, 100 mg
	J9140 Dacarbazine, 200 mg
	J9140 DTIC-DOME, 200 mg
	J9150 Cerubidine, 10 mg
	J9150 Daunorubicin HCL, 10 mg
	J9151 Daunorubicin Citrate, liposomal form, 10 mg
	J9160 Denileukin Diftitox, 300 mcg
	J9165 Diethylstilbestrol Diphosphate, per 250 mg

J9165 Stilphostrol, per 250 mg
J9175 Elliotts B solution, 1 ml
J9181 Etoposide, 10 mg mg
J9182 Etoposide, 100 mg
J9185 Fludarabine phosphate, 50 mg
J9190 Adrucil, 500 mg
J9190 Fluorouracil, 500 mg
J9200 Fluxuridine, 500 mg
J9200 FUDR, 500 mg
J9208 Ifosfamide, 1 gram
J9209 Mesna per 200 mg
J9209 Mesnex, per 200 mg
J9211 Idarubicin HCL, 5 mg mg
J9212 Interferon Alfacon-1, Recombinant, 1
mcg
J9213 Interferon, Alfa-2A, Recombinant, 3
million units
J9213 Roferon-A, 3 million IU vial
J9214 Interferon, Alfa-2B, Recombinant, 1
million units
J9215 Interferon, Alfa-N3, (Human Leukocyte
Derived), 250,000 IU
J9216 Actimmune, 3 million units
J9216 Interferon, Gamma 1-B, 3 million units
J9217 Leuprolide Acetate, per 7.5 mg
J9217 Lupron Depot 7.5 mg
J9218 Leuprolide Acetate, per 1 mg
J9218 Lupron, per 1 mg
J9230 2Nitrogen Mustard, HN ,10 mg
J9230 Mechlorethamine HCL,10 mg
J9230 Mustargen, 10 mg units
J9245 Melphalan Hydrochloride, 50 mg
J9250 Folex, 5 mg
J9250 Methotrexate sodium, 5 mg
J9260 Methotrexate Sodium, 50 mg
J9261 Nelarabine, 50 mg
J9264 Paclitaxel, protein-BND particles, 1 mg
J9265 Paclitaxel, 30 mg
J9266 Pegaspargase, per single dose vial
J9268 Pentostatin, per 10 mg
J9270 Mithracin, 2500 mcg
J9270 Mithramycin, 2500 mcg
J9270 Plicamycin, 2500 mcg
J9280 Mitomycin, 5 mg
J9280 Mutomycin, 5 mg
J9290 Mitomycin, 20 mg
J9290 Mutomycin, 20 mg
J9291 Mitomycin, 40 mg
J9291 Mutomycin, 40 mg
J9293 Mitoxantrone HCL, 5 mg
J9293 Novantrone, per 5 mg
J9300 Gemtuzumab ozogamicin, 5 mg
J9310 Rituximab, 100 mg
J9320 Streptozocin, 1 gm
J9340 Thiotepa, 5 mg
J9340 TSPA, 5 mg
J9355 Trastuzumab, 10 mg
J9370 Oncovin, 1 mg/1ml (1 ml vial)
J9375 Oncovin, 2 mg/2 ml (2 ml vial)
J9390 Navelbine, 10 mg
J9999 Not otherwise classified, antineoplastic
drugs
Q0136 Epoetin alpha, (for non ESRD use), per
1000 units
Q0515 Sermorelin acetate, 1 mcg
S0085 Gatifloxacin, 200 mg
supervision, excludes self administration
units
Z0137 Butorphanol Tartrate (Stadol)
Z0137 Stadol
Z0205 Rocephin, 1 gm

CRITERIA AND LIMITS FOR INJECTABLE MEDICATIONS *(Updated 10/1/11)*

The pages which follow describe conditions of coverage and limits for the medications listed.

DRUG	CRITERIA & INSTRUCTIONS
Amevive (J0215)	<p>Amevive:</p> <ul style="list-style-type: none"> • Minimum age requirement: 18 years old • Documented diagnosis of moderate to severe chronic plaque psoriasis. • History of incomplete response or intolerance to at least one appropriate systemic agent or photo therapy. • Negative TB skin test or history of treatment for latent TB infection. • Absence of active bacterial or viral infection, malignancy, or immunosuppressive condition. • Dermatology consultation within the last 60 days. • To be given in clinic setting only. Provider will bill with code J3490 and PA number. • Patients with HMO's (except Select Health) will have to make arrangements with their HMO for coverage. • Initial authorization is for 12 weekly injections. • Additional 12 weeks course may be initiated provided CD4 + T lymphocyte counts are within normal range and a minimum of 12 weeks have passed since the previous course of treatment. • Maximum annual coverage is 24 weeks. • Available to Non-Traditional Medicaid clients.
Avastin (J9035)	<p>Avastin:</p> <ul style="list-style-type: none"> • Minimum age - 18 years old. • Documentation of diagnosis of metastatic carcinoma of colon or rectum OR non-squamous, non-small cell lung cancer; OR • Metastatic HER2 negative breast cancer with no prior chemotherapy; OR • Glioblastoma with progressive disease following prior therapy; OR • Macular degeneration. <p>Initial authorization may be granted for 1 year - renewal requires an updated letter of medical necessity.</p>
Botulinum Toxins (various)	<p>Botulinum Toxins:</p> <p>Botulinum toxins are available without restriction when billing by J-code as a physician administered drug. When obtained as a pharmacy benefit, botulinum toxins require prior authorization. Those criteria can be found in the Drug Criteria and Limits attachment to the Medicaid Pharmacy Services Manual.</p>
Fomivirsen Sodium, Intraocular (J1452)	<p>Fomivirsen Sodium:</p> <ul style="list-style-type: none"> • Minimum age requirement: 19 years old. • Diagnosis of cytomegalovirus (CMV) retinitis secondary to diagnosed AIDS.

<p>Krystexxa (C9281)</p>	<ul style="list-style-type: none"> • Minimum age requirement: 18 years old. • Documented failure on or contraindication to allopurinol. • Documented failure on or contraindication to probenecid. • Documented failure on or contraindication to colchicine. • Prescribed by a rheumatologist or nephrologist informed about proper procedures. • Completion of a G6PD screen before treatment initiation (submit results) • Dose not to exceed one 8mg infusion every 14 days. • Description of the anaphylactic measures to be taken prior to infusion. • Description of the proper resuscitative procedures in place to treat anaphylaxis. • Krystexxa is NOT indicated to treat asymptomatic gout or prophylaxis of gouty attacks. Requests for such indications will be denied. • As per indication, treatment to prevent anaphylaxis MUST be given with EACH Krystexxa infusion. • The initial prior authorization will be approved for 3 months. • Reauthorization criteria: <ul style="list-style-type: none"> ○ Documentation from progress notes describing positive response to treatment and lack of serious anaphylaxis or side effects. ○ Reauthorization will not be given if a patient has more than 2 serum uric acid levels over 6mg/dl after treatment initiation. ○ Reauthorizations will be approved for 6 months.
<p>Remicaid (J1745)</p>	<p>Remicaid for Crohn’s Disease:</p> <ul style="list-style-type: none"> • Minimum age requirement: 6 years old. • Diagnosis of moderate to severely active Crohn’s Disease. • Documented inadequate response to conventional therapy (i.e. 5-aminosalicylates, antibiotic, MTX, 6-mercaptopurine, azathioprine, corticosteroids, or budesonide). • Remicaid may not be given with other biologic agents such as Interferon, experimental medications, or combinations. • Remicaid may not be given with Enbrel or Kineret. • Negative TB skin test or history of treatment for latent TB infection. • Absence of active bacterial or viral infection, malignancy, or immunosuppressive condition. • To be given in clinic setting only and billed using code J1745 and PA number. • Patients in HMO’s (other than Select Health) will need to make arrangements with their HMO for coverage. Initial authorization is for 1 year. • Re-authorization requires an updated letter of medical necessity or progress notes showing improvement or maintenance on medication. • Available to Non-Traditional Medicaid clients. <p>Remicaid for Plaque Psoriasis:</p> <ul style="list-style-type: none"> • Minimum age requirement: 18 years old. • Documented diagnosis of moderate to severe chronic plaque psoriasis. • History of incomplete response or intolerance to at least one appropriate systemic agent or photo therapy. • Negative TB skin test or history of treatment for latent TB infection. • Absence of active bacterial or viral infection, malignancy, or immunosuppressive condition. • Dermatology consultation within the last 60 days. • Remicaid may not be given with other biologic agents such as Interferon, experimental medications, or combinations. • Remicaid may not be given with Enbrel or Kineret. • To be given in clinic setting only and billed using code J1745 and PA number. • Patients in HMO’s (other than Select Health) will need to make arrangements with their HMO for coverage. • Initial authorization is for 1 year.

	<ul style="list-style-type: none"> • Re-authorization requires an updated letter of medical necessity or progress notes showing improvement or maintenance on medication. • Available to Non-Traditional Medicaid clients. <p>Remicaid for Rheumatoid Arthritis or Psoriatic Arthritis:</p> <ul style="list-style-type: none"> • Minimum age requirement: 18 years old. • Diagnosis of moderate to severe rheumatoid arthritis or psoriatic arthritis. • History of treatment, incomplete response, or intolerance to methotrexate or one other DMARD or second line drug (i.e. azathioprine, sulphadiazine, leflunomide, penicillamine, hydroxychloroquine, etc.) • The number of swollen joints must be 6 or more (WRITE SPECIFIC NUMBER IN NOTES OR LETTER). • The number of tender joints must be 9 or more (WRITE SPECIFIC NUMBER IN NOTES OR LETTER). • Negative TB skin test or history of treatment for latent TB infection. • Absence of active bacterial or viral infection, malignancy, or immunosuppressive condition. • Rheumatology consultation within the last 60 days. • Remicaid may not be given with other biologic agents such as Interferon, experimental medications, or combinations. • Remicaid may not be given with Enbrel or Kineret. • To be given in clinic setting only and billed using code J1745 and PA number. • Patients in HMO's (other than Select Health) will need to make arrangements with their HMO for coverage. • Initial authorization is for 1 year. • Re-authorization requires an updated letter of medical necessity or progress notes showing improvement or maintenance on medication. • Available to Non-Traditional Medicaid clients. <p>Remicaid for Ankylosing Spondylitis:</p> <ul style="list-style-type: none"> • Minimum age requirement: 18 years old. • Documented diagnosis of ankylosing spondylitis. • Negative TB skin test or history of treatment for latent TB infection. • Absence of active bacterial or viral infection, malignancy, or immunosuppressive condition. • Rheumatology consultation within the last 60 days. • Remicaid may not be given with other biologic agents such as Interferon, experimental medications, or combinations. • Remicaid may not be given with Enbrel or Kineret. • To be given in clinic setting only and billed using code J1745 and PA number. • Patients in HMO's (other than Select Health) will need to make arrangements with their HMO for coverage. • Initial authorization is for 1 year. • Re-authorization requires an updated letter of medical necessity or progress notes showing improvement or maintenance on medication. • Available to Non-Traditional Medicaid clients. <p>Remicaid for Ulcerative Colitis:</p> <ul style="list-style-type: none"> • Minimum age requirement: 18 years old. • Diagnosis of moderate to severe ulcerative colitis. • Documented inadequate response to conventional therapy (i.e. 5-aminosalicylates, antibiotic, MTX, 6-mercaptopurine, azathioprine, corticosteroids, or budesonide). • Remicaid may not be given with other biologic agents such as Interferon, experimental medications, or combinations. • Remicaid may not be given with Enbrel or Kineret. • Negative TB skin test or history of treatment for latent TB infection. • Absence of active bacterial or viral infection, malignancy, or immunosuppressive
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	<p>condition.</p> <ul style="list-style-type: none"> • To be given in clinic setting only and billed using code J1745 and PA number. • Patients in HMO's (other than Select Health) will need to make arrangements with their HMO's for coverage. • Initial authorization is for 1 year. • Re-authorization requires an updated letter of medical necessity or progress notes showing improvement or maintenance on medication. • Available to Non-Traditional Medicaid clients. <p>Remicaid for Juvenile Idiopathic Arthritis:</p> <ul style="list-style-type: none"> • Minimum age requirement: 4 years old. • Diagnosis of Juvenile Idiopathic Arthritis. • Documentation of failed treatment on at least one DMARD. • Negative TB skin test or history of treatment for latent TB infection. • Absence of active bacterial or viral infection, malignancy, or immunosuppressive condition. • Rheumatology consultation within the last 60 days. • May not be given with other biologic agents such as Interferon, experimental medications, or combinations. • To be given in a clinic setting only, and billed using code J1745 and PA number. • Patients in HMO's (other than Select Health) will need to make arrangements with their HMO's for coverage. • Initial authorization is for 1 year. • Re-authorization requires an updated letter of medical necessity or progress notes showing improvement or maintenance on medication. • Available to Non-Traditional Medicaid clients.
<p>Retelpase (J2997)</p>	<p>Retelpase:</p> <ul style="list-style-type: none"> • Minimum age requirement: 19 years old. • Covered by a retroactive telephone PA for an acute myocardial infarction when administered through a physician's office. • ER and ambulance administration are covered through a DRG and should not be billed by J-code.
<p>Soliris (J1300)</p>	<p>Soliris:</p> <ul style="list-style-type: none"> • Documented diagnosis of paroxysmal nocturnal hemoglobinuria. • Documented failure of or intolerance to other PNH treatments, including transfusion. Review by the DUR Board.

<p>Synagis (90378)</p>	<p>Synagis:</p> <ul style="list-style-type: none"> • Infants of 28 week gestation may receive Synagis prophylactically during the first year of life. • Infants of 29-35 weeks gestation may receive Synagis prophylactically during the 1st to 6th month of life. • Any children under 24 months may receive Synagis if they have either <ol style="list-style-type: none"> 1. Clinical diagnosis of Broncho Pulmonary Dysplasia (BPD) requiring ongoing medical treatment OR 2. Hemodynamically significant Congenital Heart Disease (CHD) requiring ongoing treatment. • Additional criteria for coverage through a pharmacy: <ol style="list-style-type: none"> 1. Be home bound; and, 2. The pharmacy must bill using correct NDC numbers. • Synagis is not available to any child with active RSV. • The Utah Medicaid Synagis season is for a 6 month period beginning November 1. • A total of 5 immunizations during this 6 month period will be approved, except when the patient begins the immunizations late in the season. • A child who has started the series and then turns 2 may continue to a total of 5 immunizations or to the end of the season, whichever comes first. • No approval will be given to a child 24 months of age or older. <p>Physicians who provide the vaccine in the office should use code 90378 and the appropriate administration code for reimbursement. The diagnosis of the condition requiring Synagis prophylaxis and the code v04.82 MUST be included with the procedure codes.</p>
<p>Tysabri (J2323)</p>	<p>Multiple Sclerosis PA:</p> <ul style="list-style-type: none"> • Minimum age requirement: 18 years old. • Documented diagnosis of Multiple Sclerosis. • Documented inadequate response or intolerance to a first-line Multiple Sclerosis drug, such as Interferon or Glatiramer. <p>Crohn's Disease PA:</p> <ul style="list-style-type: none"> • Minimum age requirement: 18 years old. • Documented diagnosis of Crohn's disease. • Documented inadequate response to conventional therapy (i.e., 5-aminosalicylates, antibiotics, MTX, 6-mercaptopurine, or azathioprine). • Documented inadequate response to at least one Anti-TNF. <p>For both diagnoses: Initial authorization is given for one year. Re-authorization requires an updated letter of medical necessity.</p>
<p>Vectibix (J9303)</p>	<p>Vectibix:</p> <ul style="list-style-type: none"> • Minimum age - 18 years old. • Diagnosis of metastatic colorectal cancer. • Disease progression on or following fluoropyrimidine-, oxplatin-, and irinotecan-containing chemotherapy regimens. • Initial authorization may be granted for 1 year - renewal requires an updated letter of medical necessity.

<p>Vivitrol (J2315)</p>	<p><u>Criteria for Treatment of Alcohol Abuse:</u></p> <ul style="list-style-type: none"> • Diagnosis of alcohol abuse. • Negative urine screen for opioids or passed naloxone challenge. • Description of psychosocial support to be received by the patient, as indicated by chart notes or a brief letter of medical necessity. <p><u>Criteria for Prevention of Relapse to Opioid Dependence:</u></p> <ul style="list-style-type: none"> • Diagnosis of opioid dependence. • Description of opioid detoxification measures. • Description of psychosocial support to be received by the patient, as indicated by chart notes or a brief letter of medical necessity. <p><u>Information:</u></p> <ul style="list-style-type: none"> • Vivitrol to be given by substance abuse treatment program providers. • Providers should bill with J-code J2315, NDC 65757-0300-01, and a PA number. • Initial authorization (for both indications) is six months. <p>Reauthorizations require an updated letter of medical necessity..</p>
<p>Xolair (J2357)</p>	<p>Xolair:</p> <ul style="list-style-type: none"> • Minimum age requirement: 12 years old. • Patient must have tried all other therapies for a time period generously adequate (at least 4 months) to establish indisputable failure of each. • The request must include the following information: <ul style="list-style-type: none"> ○ Documentation of all failed therapies tried, and reason for requesting Xolair. ○ Include the desired starting dose of Xolair in the request. ○ Include the patient’s baseline IgE value and weight in the written request. • The patient must have regular appointments to receive the medication in the prescriber’s office. • The patient must remain in the office for a minimum of 90 minutes to allow for observation and treatment of anaphylaxis, if necessary. • If/when any change of dose is requested, the prescriber must indicate, in writing, the reasoning for the dose increase. <p>Initial authorization is for 6 months; renewal is given by telephone request from the prescriber’s office.</p>