PRESBYTERIAN

Presbyterian Health Plan
Presbyterian Insurance Company, Inc.

The medications listed below are Specialty Pharmaceuticals (self-administered) and Medical Drugs (provider administered).
Some of these medications may involve unique distribution and may be provided by Presbyterian's Specialty Care Pharmacy.
Prior Authorization or Medical Exception may be required on some medications, see the listing below for drugs that have this requirement.
This list is maintained and updated by Presbyterian's Pharmacy and Therapeutics Committee.
For Provider questions, please contact the Presbyterian Pharmacy Call Center at (505)923-5500, or
For Member questions, please contact the Presbyterian Customer Service Center at (505)923-5757
Monday through Friday from 8:00 a.m. to 5:00 p.m.
Effective 02/01/2013

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
C1178	Busulfex	BUSULFAN, PER 6 MG	Yes		Yes					IV
C9113	Protonix	PANTOPRAZOLE SODIUM, PER VIAL	Yes		Yes	No				IV
C9121	Argatroban	ARGATROBAN, PER 5 MG	Yes		Yes	No				IV
C9220	Hyalgan, Supartz, Euflexxa	SODIUM HYALURONATE PER 30 MG DOSE, FOR INTRA-ARTICULAR INJECTION	Yes		No	code deleted			code deleted 01/01/2007	Intra-articular
C9224	Naglazyme	GALSULFASE, PER 5 MG	Yes		Yes	code deleted			code deleted 01/01/2007	IV
C9225	Retisert	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT, PER 0.59 MG	Yes		No	code deleted			code deleted 01/01/2007	Intravitreal
C9227	Mycamine	MICAFUNGIN SODIUM, PER 1 MG	Yes		Yes	code deleted			code deleted 01/01/2007	IV
C9228	Tygacil	TIGECYCLINE, PER 1 MG	Yes		Yes	code deleted			code deleted 01/01/2007	IV
C9229	Boniva	IBANDRONATE SODIUM, PER 1 MG	Yes		Yes	code deleted			code deleted 01/01/2007	IV
C9230	Orencia	ABATACEPT, PER 10 MG	Yes	Yes	Yes	code deleted			code deleted 01/01/2007	IV
C9231	Dacogen	DECITABINE, PER 1 MG	Yes		Yes	code deleted			code deleted 01/01/2007	IV
C9232	Elaprase	IDURSULFASE, 1 MG	Yes		Yes	code deleted			code deleted 01/01/2008	IV
C9233	Lucentis	RANIBIZUMAB, 0.5 MG	Yes		No	code deleted			code deleted 01/01/2008	Intravitreal
C9234	Myozyme, Lumizyme	ALGLUCOSIDASE ALFA, 10 MG	Yes		Yes	code deleted			code deleted 01/01/2008	IV
C9235	Vectibix	PANITUMUMAB, 10 MG	Yes		Yes	code deleted			code deleted 01/01/2008	IV
C9236	Soliris	ECULIZUMAB, 10 MG	Yes		Yes	code deleted			code deleted 01/01/2008	IV
C9237	Somatuline	LANREOTIDE ACETATE, 1 MG	Yes		No	code deleted			code deleted 01/01/2009	SC
C9238	Keppra	LEVETIRACETAM, 10 MG	Yes		Yes	code deleted			code deleted 01/01/2009	IV
C9239	Torisel	TEMSIROLIMUS, 1 MG	Yes		Yes	code deleted			code deleted 01/01/2009	IV
C9240	Ixempra Kit	IXABEPILONE, 1 MG	Yes		Yes	code deleted			code deleted 01/01/2009	IV
C9241	Doribax	DORIPENEM, 10 MG	Yes		Yes	code deleted			code deleted 01/01/2009	IV
C9242	Emend	FOSAPREPITANT, 1 MG	Yes		Yes	code deleted			code deleted 01/01/2009	IV

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C9243	Treanda	BENDAMUSTINE HCL, 1 MG	Yes		Yes	code deleted			code deleted 01/01/2009	IV
C9244	Lexiscan	REGADENOSON, 0.4 MG	Yes		No	code deleted			code deleted 01/01/2009	IV
C9245	Nplate	ROMIPLOSTIM, 10 MCG	Yes	Yes	Yes	code deleted			code deleted 01/01/2010	SC
C9246	Eovist	GADOXETATE DISODIUM, PER ML	Yes		Yes	code deleted			code deleted 01/01/2010	IV
C9248	Cleviprex	CLEVIDIPINE BUTYRATE, 1 MG	Yes		Yes	No				IV
C9249	Cimzia	CERTOLIZUMAB PEGOL, 1 MG	Yes		Pharmacy	code deleted			code deleted 01/01/2010	SC
C9251	Cinryze	C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	Yes		Yes	code deleted			code deleted 01/01/2010	IV
C9252	Mozobil	PLERIXAFOR, 1 MG	Yes			code deleted			code deleted 01/01/2010	SC
C9253	Temodar	TEMOZOLOMIDE, 1 MG	Yes		Yes	code deleted			code deleted 01/01/2010	IV
C9254	Vimpat	LACOSAMIDE, 1 MG	Yes		Yes	No				IV
C9255	Invega	PALIPERIDONE PALMITATE, 1 MG	Yes		No	code deleted			code deleted 01/01/2011	IM
C9256	Ozurdex	DEXAMETHASONE INTRAVITREAL IMPLANT, 0.1 MG	Yes		No	code deleted			code deleted 01/01/2011	Intravitreal
C9257	Avastin	BEVACIZUMAB, 0.25 MG	Yes		Yes	Prior Auth		No approval needed for DX codes: 362.01-362.07, 362.15, 362.16, 362.29, 362.30, 362.35, 362.36. 362.52, 362.53, 362.60-362.66, 362.83, 362.84, 364.42, 365.63, 365.89, 250.50, 250.51, 250.52, 250.53, effective 9/15/11	Prior Auth effective 01/01/11	IV
C9258	Vibativ	TELAVANCIN, 10 MG	Yes		Yes	Med Excep			Code effective 10/01/10, code deleted 01/01/2011	IV
C9259	Folotyn	PRALATREXATE, 1 MG	Yes		Yes	Med Excep			Code effective 10/01/10, code deleted 01/01/2011	IV
C9260	Arzerra	OFATUMUMAB, 10 MG	Yes		Yes	Prior Auth			Code effective 10/01/10, code deleted 01/01/2011	IV
C9261	Stelara	USTEKINUMAB	Yes	Yes	Pharmacy	Med Excep			Code effective 10/01/10, code deleted 01/01/2011	SC
C9263	Kalbitor	ECALLANTIDE, 1 MG	Yes	Yes	No	Med Excep	Yes		Code effective 10/01/10, code deleted 01/01/2011	SC
C9264	Actemra	TOCILIZUMAB, 1 MG	Yes		Yes	Med Excep			Code effective 10/01/10, code deleted 01/01/2011	IV
C9265	Istodax	ROMIDEPSIN, 1 MG	Yes		Yes	Med Excep			Code effective 10/01/10, code deleted 01/01/2011	IV

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C9266	Xiaflex	COLLAGENASE CLOSTRIDIUM HISTOLYTICUM, 0	Yes	Yes	No	Med Excep	Yes		Code effective 10/01/10, code deleted 01/01/2011	Intralesional
C9272	Prolia, Xgeva	Denosumab 60 mg/mL soln Sub-Q	Yes	Yes	No	Prior Auth	Yes		Code effective 01/01/2011, Code deleted 01/01/2012	Sub-Q
C9273	Provenge	Sipuleucel-T susp IV	Yes	Yes	Yes	Med Excep			Code effective 1/1/2011, Code deleted 07/01/2011	IV
C9274	Crofab	Crotalidae polyvalent immune fab (ovine), 1 vial (IV)	Yes	Yes	Yes	No			Code effective 01/01/2011, Code deleted 01/01/2012	IV
C9275	Cysview	hexaminolevulinate hydrochloride, 100 mg	Yes		no	No			Code effective 01/01/2011	
C9276	Jevtana	Cabazitaxel 60mg/1.5mL IV	Yes	Yes	Yes	Med Excep			Code effective 01/01/2011, Code deleted 01/01/2012	IV
C9277	Lumizyme	Alglucosidase alfa IV	Yes	Yes	Yes	Med Excep			Code effective 01/01/2011, Code deleted 01/01/2012	IV
C9278	Xeomin	incobotulinumtoxinA soln	Yes	Yes	No	Med Excep			Code effective 1/1/2011 code deleted 04/01/2011	IM
C9279	Caldolor	Injection, ibuprofen, 100 mg IV	Yes	Yes	Yes	No			Code effective 01/01/2011, **Code deleted 01/01/13, See J1741**	IV
C9280	Halaven	Injection, eribulin mesylate, IV	Yes	Yes	Yes	Prior Auth			Prior Auth effective 01/11 P&T Code effective 4/1/2011, Code deleted 01/01/2012	IV
C9281	Krystexxa	Injection, pegloticase, IV	Yes	Yes	Yes	Med Excep			Med Excep effective 01/11 P&T Code effective 4/1/2011, Code deleted 01/01/2012	IV
C9282	Teflaro	Inj, ceftaroline fosamil	Yes	Yes	Yes	Med Excep			Med Excep effective 01/11 P&T Code effective 4/1/2011, Code deleted 01/01/2012	IV
C9283	Ofirmev	ACETAMINOPHEN IV SOLN 10 MG/ML	Yes	Yes	Yes	No			New Code effective 7/1/11, Code deleted 01/01/2012	IV
C9284	Yervoy	IPILIMUMAB SOLN FOR IV INFUSION	Yes	Yes	Yes	Prior Auth			Prior Auth effective 05/11 P&T, Code deleted 01/01/2012	IV
C9286	Nulojix	BELATACEPT FOR IV INFUSION 250 MG	Yes	Yes	Yes	Med Excep			Medical Exception 07/11 P&T New code effective 10/1/11, **Code deleted 01/01/13, See J0485**	IV
C9287	Adcetris	BRENTUXIMAB VEDOTIN FOR IV SOLN 50 MG	Yes	Yes	Yes	Med Excep			Medical Exception 09/11 P&T, New code effective 01/01/12, **Code deleted 01/01/13, See J9042**	IV

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C9288	Anascorp	CENTRUROIDES (SCORPION) IMMUNE F(AB)2 (EQUINE), 1 VIAL, IV	Yes	Yes	Yes	No	No		New Code effective 04/01/12, **Code deleted 01/01/13, See J0716**	IV
C9289	Erwinaze	Asparaginase Erwinia Chrysanthemi, 1000 international units, IM	Yes	Yes	Yes	Prior Auth	Yes		New Code effective 04/01/12, Prior Auth 01/12 P&T, **Code deleted 01/01/13, See J9019**	IM
C9290	Exparel	Bupivacaine liposome, 1mg, injection	Yes	Yes	No	No	No		New Code effective 04/01/12	
C9292	Perjeta	Pertuzumab, injection, IV	Yes	Yes	Yes	Prior Auth	Yes		New Code effective 10/01/12, Prior Auth 07/12 P&T	IV
C9293	Voraxaze	Glucarpidase injection, IV	Yes	Yes	Yes	Med Excep	Yes		New code effective 10/01/12, Medical Exception 05/12 P&T	IV
C9294	Elelyso	TALIGLUCERASE ALFA 10 u, INJECTION, iv	Yes	Yes	Yes	Med Excep	No		New code effective 01/01/13, Medical Exception 07/12 P&T	IV
C9295	Kyprolis	CARFILZOMIB INJECTION, 1MG, IV	Yes	Yes	Yes	Prior Auth	Yes		New code effective 01/01/13, Medical Exception 09/12 P&T	IV
C9296	Zaltrap	ZIV-AFLIBERCEPT INJECTION 1MG, IV	Yes	Yes	Yes	Prior Auth	Yes		New code effective 01/01/13, Prior Auth 09/12 P&T	IV
C9399		UNCLASSIFIED DRUGS OR BIOLOGICALS	Yes		Yes	Med Excep				
J0120		TETRACYCLINE, UP TO 250 MG	Yes	Yes	Yes	No				IM, IV, IP
J0128	Plenaxis	ABARELIX, 10 MG	Yes	Yes	No	code deleted			code deleted 01/01/2011	IM
J0129	Orencia	ABATACEPT, 10 MG	Yes	Yes	Yes	Prior Auth	Yes			IV
J0130	Reopro	INJECTION ABCIXIMAB, 10 MG	Yes	No	Yes	No				IV
J0131	Ofirmev	ACETAMINOPHEN IV SOLN 10 MG/ML	Yes	Yes	Yes	No			New code effective 01/01/2012	IV
J0132	Acetadote	ACETYLCYSTEINE, 100 MG	Yes	No	Yes	No				IV
J0133	Acyclovir	ACYCLOVIR, 5 MG	Yes	Yes	Yes	No				IV
J0135	Humira	ADALIMUMAB, 20 MG	Yes	Yes	No	Prior Auth	Yes			SC
J0150	Adenocard	ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	Yes	No	Yes	No				IV
J0152	Adenocard	ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	Yes	No	Yes	No				IV
J0170	Adrenalin	ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	Yes	No	No	code deleted			code deleted 01/01/2011	IM, IO, IV, SC

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J0171	Adrenalin	adrenalin, epinephrine, 0.1mg	Yes	Yes	Yes	No			New code effective 1/1/2011	
J0178	EYLEA	AFLIBERCEPT INJECTION 1MG INTRAVITREAL	Yes	Yes	No	Med Excep	Yes		New code effective 01/01/13, Med Exception 01/12 P&T	Intravitreal
J0180	Fabrazyme	AGALSIDASE BETA, 1 MG	Yes	Yes	Yes	No	No			IV
J0190		BIPERIDEN LACTATE, PER 5 MG	Yes	Yes	Yes	No				IM, IV
J0200		ALATROFLOXACIN MESYLATE, 100 MG	Yes	Yes	Yes	No				IV
J0205	Ceredase	ALGLUCERASE, PER 10 UNITS	Yes	Yes	Yes	No	No			IV
J0207	Ethyol	AMIFOSTINE, 500 MG	Yes	Yes	Yes	Prior Auth			Prior Auth effective 01/01/2011	IV
J0210	Methyldopate	METHYLDOPATE HCL, UP TO 250 MG	Yes	Yes	Yes	No				IV
J0215	Amevive	ALEFACEPT, 0.5 MG	Yes	Yes	No	Med Excep	No			IM
J0220	Myozyme	ALGLUCOSIDASE ALFA, 10 MG	Yes	Yes	Yes	Med Excep	No			IV
J0221	Lumizyme	Alglucosidase alfa IV, 10mg	Yes	Yes	Yes	Med Excep	No		New code effective 01/01/2012	IV
J0256	Aralast, Prolastin,	ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	Yes	Yes	Yes	Med Excep	No			IV
J0257	Glassia	Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg (IV)	Yes	Yes	Yes	Med Excep	No		New code effective 01/01/2012	IV
J0270	Caverject	ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	Yes	No	Med Excep	Yes			INTRACAVERNOUSLY
J0275	Muse	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	Yes	No	Med Excep	Yes			INTRAURETHRAL
J0278	Amikacin	AMIKACIN SULFATE, 100 MG	Yes	Yes	Yes	No				IM, IV
J0280	Aminophylline	AMINOPHYLLIN, UP TO 250 MG	Yes	Yes	Yes	No				IV
J0282	Amiodarone	AMIODARONE HYDROCHLORIDE, 30 MG	Yes	Yes	Yes	No				IV
J0285	Amphotericin	AMPHOTERICIN B, 50 MG	Yes	Yes	Yes	No				IV
J0287	Abelcet	AMPHOTERICIN B LIPID COMPLEX, 10 MG	Yes	Yes	Yes	No				IV
J0288	Amphotec	AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	Yes	Yes	Yes	No				IV

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J0289	Ambisone	AMPHOTERICIN B LIPOSOME, 10 MG	Yes	Yes	Yes	No				IV
J0290	Ampicillin	AMPICILLIN SODIUM, 500 MG	Yes	Yes	Yes	No				IM, IV
J0295	Unasyn	AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	Yes	Yes	Yes	No				IM, IV
J0300	Amytal	AMOBARBITAL, UP TO 125 MG	Yes	No	Yes	No				IM, IV
J0330	Quelicin, Anectine	SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	Yes	No	Yes	No				IM, IV
J0348	Eraxis	ANIDULAFUNGIN, 1 MG	Yes	Yes	Yes	No				IV
J0350		ANISTREPLASE, PER 30 UNITS	Yes	No	Yes	No				IV
J0360	Hydralazine	HYDRALAZINE HCL, UP TO 20 MG	Yes	Yes	Yes	No				IM, IV
J0364	Apokyn	APOMORPHINE HYDROCHLORIDE, 1 MG	Yes	Yes	No	Prior Auth	No		Prior Auth effective 01/01/2011	SC
J0365	Trasylol	APROTONIN, 10,000 KIU	Yes	No	Yes	No				IV
J0380	Aramine	METARAMINOL BITARTRATE, PER 10 MG	Yes	No	Yes	No				IM, IV, SC
J0390		CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	Yes	Yes	No	No				IM
J0395		ARBUTAMINE HCL, 1 MG	Yes	No	Yes	No				IV
J0400	Abilify	ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG	Yes	Yes	No	No				IM
J0456	Zithromax	AZITHROMYCIN, 500 MG	Yes	Yes	Yes	No				IV
J0460	Atropen	ATROPINE SULFATE, UP TO 0.3 MG	Yes	Yes	No	code deleted			code deleted 01/01/2010	IM
J0461	Atropine	ATROPINE SULFATE, 0.01 MG	Yes	Yes	Yes	No				IV, IM, SC
J0470	BAL in oil	DIMERCAPROL, PER 100 MG	Yes	Yes	No	No				IM
J0475	Lioresal	BACLOFEN, 10 MG	Yes	Yes	Yes	No				IT
J0476	Lioresal Intrathecal	BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	Yes	Yes	No	No				IT
J0480	Simulect	BASILIXIMAB, 20 MG	Yes	No	Yes	No				IV
J0485	Nulojix	Belatacept FOR IV INFUSION 250 MG	Yes	Yes	Yes	Med Excep	No		New code effective 01/01/13, Medical Exception 10/11 P&T	IV
J0490	Benlysta	Belimumab injection, 10 mg (IV)	Yes	Yes	Yes	Prior Auth			Prior Auth effective 09/11 P&T, New code effective 01/01/2012	IV
J0500	Bentyl	DICYCLOMINE HCL, UP TO 20 MG	Yes	Yes	No	No				IM
J0515	Cogentin	BENZTROPINE MESYLATE, PER 1 MG	Yes	Yes	Yes	No				IV, IM
J0520		BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	Yes	Yes	No	No				SC

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J0530	Bicillin C-R	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS	Yes	Yes	No					IM
J0540	Bicillin C-R	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	Yes	Yes	No					IM
J0550	Bicillin C-R	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,000 UNITS	Yes	Yes	No					IM
J0558	Bicillin C-R	penicillin G benzathine and penicillin G procaine, 100000 units	Yes	Yes	No	No			New code effective 1/1/2011	IM
J0559	Bicillin C-R	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 2500 UNITS	Yes	Yes	No					IM
J0560	Bicillin L-A	PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	Yes	Yes	No					IM
J0561	Bicillin L-A	penicillin G benzathine, 100,000 units	Yes	Yes	No	No			New code effective 1/1/2011	IM
J0570	Bicillin L-A	PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	Yes	Yes	No					IM
J0580	Bicillin L-A	PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	Yes	Yes	No					IM
J0583	Angiomax	BIVALIRUDIN, 1 MG	Yes	Yes	Yes	No				IV
J0585	Botox	ONABOTULINUMTOXINA, 1 UNIT	Yes	Yes	No	Prior Auth	No			IM
J0586	Dysport	ABOBOTULINUMTOXINA, 5 UNITS	Yes	Yes	No	Med Excep				IM
J0587	Myobloc	RIMABOTULINUMTOXINB, 100 UNITS	Yes	Yes	No	No	No			IM
J0588	Xeomin	Injection, Incobotulinumtoxin A, 1 unit (IM)	Yes	Yes	No	Med Excep			New code effective 01/01/2012	IM
J0592	Buprenex	BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	Yes	Yes	Yes	No				IV, IM
J0594	Busulfex	BUSULFAN, 1 MG	Yes	Yes	Yes	Yes				IV
J0595	Stadol	BUTORPHANOL TARTRATE, 1 MG	Yes	No	Yes	No				IV, IM
J0597	Berinert	C-1 esterase inhibitor human IV	Yes	Yes	Yes	Med Excep			Effective 1/1/2011	IV
J0598	Cinryze	C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	Yes	Yes	Yes	Prior Auth			Prior Auth effective 11/10	IV
J0600	Calcium Disodium	EDETATE CALCIUM DISODIUM, UP TO 1000 MG	Yes	Yes	Yes	No				IV
J0610	Calcium	CALCIUM GLUCONATE, PER 10 ML	Yes			No				IV
J0620	Calphosan	CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	Yes		yes	No				IV, IM

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J0630	Miacalcin	CALCITONIN SALMON, UP TO 400 UNITS	Yes	Yes	No	No				IM, SC
J0636	Calcijex	CALCITRIOL, 0.1 MCG	Yes	Yes	Yes	No				IV
J0637	Cancidas	CASPOFUNGIN ACETATE, 5 MG	Yes	Yes	Yes	No				IV
J0638	Ilaris	Canakinumab, Sub-Q	Yes	Yes	No	Med Excep	Yes		Effective 01/01/2011	Sub-Q
J0640	Leucovorin	LEUCOVORIN CALCIUM, PER 50 MG	Yes	Yes	Yes	No				IV, IM
J0641	Fusilev	LEVOLEUCOVORIN CALCIUM, 0.5 MG	Yes	Yes	Yes	Med Excep				IV
J0670	Carbocaine	MEPIVACAINE HYDROCHLORIDE, PER 10 ML	Yes	No	Yes	No				IV
J0690	Ancef	CEFAZOLIN SODIUM, 500 MG	Yes	Yes	Yes	No				IV, IM
J0692	Maxipime	CEFEPIME HYDROCHLORIDE, 500 MG	Yes	Yes	Yes	No				IV, IM
J0694	Cefoxitin	CEFOXITIN SODIUM, 1 GM	Yes	Yes	Yes	No				IV
J0696	Rocephin	CEFTRIAXONE SODIUM, PER 250 MG	Yes	Yes	Yes	No				IV, IM
J0697	Zinacef	STERILE CEFUROXIME SODIUM, PER 750 MG	Yes	Yes	Yes	No				IV, IM
J0698	Claforan	CEFOTAXIME SODIUM, PER GM	Yes	Yes	Yes	No				IV, IM
J0702	Celestone	BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	Yes	Yes	No	No				Intra-articular, IM
J0704		BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG	Yes	Yes	No					Intra-articular, IM
J0706	Cafcit	CAFFEINE CITRATE, 5MG	Yes	Yes	Yes	No				IV
J0710		CEPHAPIRIN SODIUM, UP TO 1 GM	Yes	Yes	Yes	No				IV, IM
J0712	Teflaro	Injection, ceftaroline fosamil, 10 mg (IV)	Yes	Yes	Yes	Med Excep			New code effective 01/01/2012, Med Excep 01/11 P&T	IV
J0713	Fortaz	CEFTAZIDIME, PER 500 MG	Yes	Yes	Yes	No				IV, IM
J0715	Cefizox	CEFTIZOXIME SODIUM, PER 500 MG	Yes	Yes	Yes	No				IV
J0716	Anascorp	CENTRUROIDES (SCORPION) IMMUNE F(AB)2 (EQUINE), INJECTIONS, IV	Yes	Yes	Yes	No	No		New code effective 01/01/13	IV
J0718	Cimzia	CERTOLIZUMAB PEGOL, 1 MG	Yes	Yes	No	Med Excep				SC
J0720	Chloramphen	CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	Yes	Yes	Yes	No				IV
J0725	Pregnyl, Novarel	CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	Excluded	Follow Infertility Benefit	No	Prior Auth	Yes			IM
J0735	Duraclon	CLONIDINE HYDROCHLORIDE, 1 MG	Yes	Yes	No	No				Epidural
J0740	Vistide	CIDOFOVIR, 375 MG	Yes	Yes	Yes	No				IV

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
J0743	Primaxin	CILASTATIN SODIUM; IMIPENEM, PER 250 MG	Yes	Yes	Yes	No				IV, IM
J0744	Cipro	CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	Yes	Yes	Yes	No				IV
J0745	Codeine Phosphate	CODEINE PHOSPHATE, PER 30 MG	Yes	Yes	No	No				IM, SC
J0760		COLCHICINE, PER 1MG	Yes	Yes	Yes	No			Recalled by FDA 2/08/08	IV
J0770	Coly-Mycin	COLISTIMETHATE SODIUM, UP TO 150 MG	Yes	Yes	Yes	No				IV, IM
J0775	Xiaflex	Injection, collagenase, clostridium histolyticum, 0.01 mg	Yes	Yes	No	Med Excep	Yes		Effective 01/01/2011	Injection
J0780	Prochlorperazine	PROCHLORPERAZINE, UP TO 10 MG	Yes	Yes	Yes	No				IV, IM
J0795	Acthrel	CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	Yes	No	Yes	No				IV
J0800	Acthar HP	CORTICOTROPIN, UP TO 40 UNITS	Yes		No	Med Excep			Effective 11/15/2012	IM, SC
J0833	Cosyntropin	COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG	Yes	No	Yes	No				IV, IM
J0834	Cortrosyn	COSYNTROPIN (CORTROSYN), 0.25 MG	Yes	No	Yes	No				IV, IM
J0835	Cortrosyn	COSYNTROPIN, PER 0.25 MG	Yes	Yes	Yes					IV, IM
J0840	Crofab	Injection, crotalidae polyvalent immune fab (Ovine), up to 1 gram (IV)	Yes	Yes	Yes	No				IV
J0850	Cytogam	CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	Yes	No	Yes	Prior Auth				IV
J0878	Cubicin	DAPTOMYCIN, 1 MG	Yes	Yes	Yes	No				IV
J0881	Aranesp	DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Yes	Yes	No	Prior Auth	Effective 4/1/2012, for Medicare members.	Approved when billed with 585.6, 140.0 - 239.9, 284.89		SC
J0882	Aranesp	DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	Yes	No	Yes	No				IV, SC
J0885	Epogen, Procrit	EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	Yes	Yes	No	Prior Auth	Effective 4/1/2012, for Medicare members.	Approved when billed with 585.6, 140.0 - 239.9, 284.89		SC
J0886	Epogen, Procrit	EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)	Yes	No	Yes	No				IV, SC
J0890	OMONTYS	PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS), Injection, IV or Sub-q	Yes	Yes	Yes	Med Excep			New code effective 01/01/13	IV, SC

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J0894	Dacogen	DECITABINE, 1 MG	Yes	Yes	Yes	Prior Auth			effective 07/01/2011	IV
J0895	Desferal	DEFEROXAMINE MESYLATE, 500 MG	Yes	Yes	Yes	No				IV, IM, SC
J0897	Prolia, Xgeva	Injection, denosumab, 1 mg (Sub-Q)	Yes	Yes	No	Prior Auth	Yes		New code effective 01/01/2012	SC
J0900		TESTOSTERONE ENANTHATE AND ESTRADIOL VALERATE, UP TO 1 CC	Yes	Yes	No	Yes				IM
J0945		BROMPHENIRAMINE MALEATE, PER 10 MG	Yes	Yes	Yes	No				IM, IV, SC
J0970	Delestrogen	ESTRADIOL VALERATE, UP TO 40 MG	Yes	Yes	No	No				IM
J1000	Depo-Estradiol	DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	Yes	Yes	No	No				IM
J1020	Depo-Medrol	METHYLPREDNISOLONE ACETATE, 20 MG	Yes		No	No				IM, Intrasynovial, intra-articular, soft tissue, intralesional
J1030	Depo-Medrol	METHYLPREDNISOLONE ACETATE, 40 MG	Yes		No	No				IM, Intrasynovial, intra-articular, soft tissue, intralesional
J1040	Depo-Medrol	METHYLPREDNISOLONE ACETATE, 80 MG	Yes		No	No				IM, Intrasynovial, intra-articular, soft tissue, intralesional
J1050	Depo-Provera	Medroxyprogesterone acetate 1 mg Injection, IM	Yes	Yes	No	No			New Code effective 01/01/13	IM
J1051	Depo-Provera	MEDROXYPROGESTERONE ACETATE, 50 MG	Yes		No	No				SC
J1055	Depo-Provera	MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	Yes	Yes	No	No				IM
J1056		MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	Yes	Yes	No	No				IM
J1060		TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	Yes	Yes	No	Yes				IM
J1070	Depo-Testosterone	TESTOSTERONE CYPIONATE, UP TO 100 MG	Yes	Yes	No	Prior Auth				IM
J1080	Depo-Testosterone	TESTOSTERONE CYPIONATE, 1 CC, 200 MG	Yes	Yes	No	Prior Auth				IM
J1094	Solurex LA	DEXAMETHASONE ACETATE, 1 MG	Yes		Yes	No				IV, IM
J1100	Dexamethasone	DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Yes		yes	No				IV,IM

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J1110	DHE	DIHYDROERGOTAMINE MESYLATE, PER 1 MG	Yes		yes	No				IV, IM, SC
J1120	Acetazolamide	ACETAZOLAMIDE SODIUM, UP TO 500 MG	Yes		Yes	No				IV
J1160	Lanoxin	DIGOXIN, UP TO 0.5 MG	Yes		Yes	No				IV
J1162	Digibind, Digifab	DIGOXIN IMMUNE FAB (OVINE), PER VIAL	Yes		Yes	No				IV
J1165	Phenytoin	PHENYTOIN SODIUM, PER 50 MG	Yes		Yes	No				IV, IM
J1170	Dilaudid	HYDROMORPHONE, UP TO 4 MG	Yes		yes	No			IM and SC use lyophilized high potency formulation	IV, IM,SC
J1180	Dilor	DYPHYLLINE, UP TO 500 MG	Yes		No	No				IM
J1190	Zinecard, Totect	DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	Yes		Yes	No				IV
J1200	Benadryl	DIPHENHYDRAMINE HCL, UP TO 50 MG	Yes		Yes	No				IV, IM
J1205	Diuril	CHLOROTHIAZIDE SODIUM, PER 500 MG	Yes		Yes	No				IV
J1212	DMSO	DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	Yes	Yes	No	No				Intravesical
J1230	Methadone	METHADONE HCL, UP TO 10 MG	Yes		yes	No				IV, IM, SC
J1240	Dimenhydrin	DIMENHYDRINATE, UP TO 50 MG	Yes		No	No				IM
J1245	Dipyridamole	DIPYRIDAMOLE, PER 10 MG	Yes		Yes	No				IV
J1250	Dobutamine	DOBUTAMINE HYDROCHLORIDE, PER 250 MG	Yes		Yes	No				IV
J1260	Anzemet	DOLASETRON MESYLATE, 10 MG	Yes		Yes	Yes				IV
J1265	Dopamine	DOPAMINE HCL, 40 MG	Yes		Yes	No				IV
J1267	Doribax	DORIPENEM, 10 MG	Yes	No	Yes	No	No			IV
J1270	Hectorol	DOXERCALCIFEROL, 1 MCG	Yes	Yes	Yes	No				IV
J1290	Kalbitor	ecallantide, injection, 1mg, sub-Q	Yes	Yes	No	Med Excep	Yes		Effective 01/01/2011	Sub-Q
J1300	Soliris	ECULIZUMAB, 10 MG	Yes	Yes	Yes	Prior Auth	Effective 4/1/2012, for			IV
J1320		AMITRIPTYLINE HCL, UP TO 20 MG	Yes		No	No				IM
J1324	Fuzeon	ENFUVIRTIDE, 1 MG	Yes	Yes	No	Med Excep	No			SC
J1325	Flolan	EPOPROSTENOL, 0.5 MG	Yes	YES	YES	Med Excep	No			IV
J1327	Integrilin	EPTIFIBATIDE, 5 MG	Yes		Yes	No				IV
J1330		ERGONOVINE MALEATE, UP TO 0.2 MG	Yes		Yes	No				IV, IM
J1335	Invanz	ERTAPENEM SODIUM, 500 MG	Yes		Yes	No				IV, IM
J1364	Erythrocin	ERYTHROMYCIN LACTOBIONATE, PER 500 MG	Yes		Yes	No				IV
J1380	Delestrogen	ESTRADIOL VALERATE, UP TO 10 MG	Yes		No	No				IM

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J1390	Delestrogen	ESTRADIOL VALERATE, UP TO 20 MG	Yes		No					IM
J1410	Premarin	ESTROGEN CONJUGATED, PER 25 MG	Yes		Yes	No				IV
J1430	Ethamolin	ETHANOLAMINE OLEATE, 100 MG	Yes		Yes	No				IV
J1435		ESTRONE, PER 1 MG	Yes		No	No				IM
J1436		ETIDRONATE DISODIUM, PER 300 MG	Yes		Yes	No				IV
J1438	Enbrel	ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	Yes	No	Prior Auth	Yes			SC
J1440	Neupogen	FILGRASTIM (G-CSF), 300 MCG	Yes	Yes	Yes	Prior Auth	Effective 4/1/2012, for Medicare members.	No approval needed when billed with DX codes 140.0 - 239.9 or V66.2	Dx 140.0-239.9 06/01/2010 Dx V66.2 07/01/2011	IV, SC
J1441	Neupogen	FILGRASTIM (G-CSF), 480 MCG	Yes	Yes	Yes	Prior Auth	Effective 4/1/2012, for Medicare members.	No approval needed when billed with DX codes 140.0 - 239.9 or V66.2	Dx 140.0-239.9 06/01/2010 Dx V66.2 07/01/2011	IV,SC
J1450	Diflucan	INJECTION FLUCONAZOLE, 200 MG	Yes		Yes	No				IV
J1451	Antizol	FOMEPIZOLE, 15 MG	Yes		Yes	No				IV
J1452		FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	Yes		No	No				Intravitreal
J1453	Emend	FOSAPREPITANT, 1 MG	Yes		Yes	Prior Auth				IV
J1455	Foscarnet	FOSCARNET SODIUM, PER 1000 MG	Yes		Yes	No				IV
J1457	Ganite	GALLIUM NITRATE, 1 MG	Yes		Yes	No				IV
J1458	Naglazyme	GALSULFASE, 1 MG	Yes		Yes	No				IV
J1459	Privigen	IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500MG	Yes	Yes	Yes	Prior Auth	No			IV
J1460	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	Yes		No	No	Yes			IM
J1470	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, 2 CC	Yes		No	code deleted			Code deleted 01/01/2011	IM
J1480	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, 3 CC	Yes		No	code deleted			Code deleted 01/01/2011	IM

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J1490	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, 4 CC	Yes		No	code deleted			Code deleted 01/01/2011	IM
J1500	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, 5 CC	Yes		No	code deleted			Code deleted 01/01/2011	IM
J1510	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, 6 CC	Yes		No	code deleted			Code deleted 01/01/2011	IM
J1520	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, 7 CC	Yes		No	code deleted			Code deleted 01/01/2011	IM
J1530	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, 8 CC	Yes		No	code deleted			Code deleted 01/01/2011	IM
J1540	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, 9 CC	Yes		No	code deleted			Code deleted 01/01/2011	IM
J1550	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, 10 CC	Yes		No	code deleted			Code deleted 01/01/2011	IM
J1557	Gammaplex	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. Liquid), 500 mg (IV)	Yes	Yes	Yes	Prior Auth			Code effective 01/01/2012	IV
J1559	Hizentra	Immune globulin 20% soln Sub-Q	Yes	Yes	No	Prior Auth			Effective 01/01/2011	Sub-Q
J1560	Gamastan S/D	GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	Yes		No	Yes	Yes			IM
J1561	Gamunex, Gammagard, Carimune NF, Flebogamma, Octagam	IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500MG	Yes	Yes	Yes	Prior Auth	No			IV
J1562	Vivaglobin	IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	Yes	Yes	Yes	Prior Auth	No			IV
J1565		RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN, INTRAVENOUS, 50 MG	Yes	Yes	Yes	Yes				IV
J1566	Carimune NF, Gammagard SD	IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500MG	Yes	Yes	Yes	Prior Auth	No			IV
J1567	Gammagard, Gamunex, Privigen, Flebogamma,	IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Yes	Yes	Yes	Prior Auth	Yes			IV
J1568	Octagam	IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500MG	Yes	Yes	Yes	Prior Auth				IV

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J1569	Gammagard	IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID), 500MG	Yes	Yes	Yes	Prior Auth				IV
J1570	Cytovene	GANCICLOVIR SODIUM, 500 MG	Yes	Yes	Yes	Med Excep				IV
J1571	Hepagam B	HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	Yes	Yes	Yes	Prior Auth				IV
J1572	Flebogamma, Flebogamma DIF	IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500MG	Yes	Yes	Yes	Prior Auth				IV
J1573	Hepagam B	HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	Yes	Yes	Yes	Prior Auth				IV
J1580	Gentamicin	GARAMYCIN, GENTAMICIN, UP TO 80 MG	Yes		Yes	No				IV
J1590	Tequin	GATIFLOXACIN, 10MG	Yes		Yes	No			Recalled by manufacturer 2006	IV
J1595	Copaxone	GLATIRAMER ACETATE, 20 MG	Yes	Yes	No	No	Yes			SC
J1599	Flebogamma, Gammaplex	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500mg	Yes	Yes	Yes	Prior Auth			New code effective 01/01/2011	IV
J1600	Myochrysine	GOLD SODIUM THIOMALATE, UP TO 50 MG	Yes		No					IM
J1610	Glucagon Kit	GLUCAGON HYDROCHLORIDE, PER 1 MG	Yes		yes	No				IV, IM, SC
J1620		GONADORELIN HYDROCHLORIDE, PER 100 MCG	Yes		Per infertility Benefit	No				IV, SC
J1626	Kytril	GRANISETRON HYDROCHLORIDE, 100 MCG	Yes	Yes	Yes	No				IV, SC
J1630	Haldol	HALOPERIDOL, UP TO 5 MG	Yes		No	No				IM
J1631	Haldol Decanoate	HALOPERIDOL DECANOATE, PER 50 MG	Yes		No	No				IM
J1640	Panhematin	HEMIN, 1 MG	Yes		Yes	No				IV
J1642	Heparin Lock	HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	Yes	Yes	Yes	No				IV, SC
J1644	Heparin Sodium	HEPARIN SODIUM, PER 1000 UNITS	Yes	Yes	Yes	No				IV, SC
J1645	Fragmin	DALTEPARIN SODIUM, PER 2500 IU	Yes	Yes	No	Med Excep				SC
J1650	Lovenox	ENOXAPARIN SODIUM, 10 MG	Yes	Yes	Yes	PA WHEN USED OVER 14 DAYS				IV, SC
J1652	Arixtra	FONDAPARINUX SODIUM, 0.5 MG	Yes	Yes	No	Prior Auth				SC

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J1655	Innohep	TINZAPARIN SODIUM, 1000 IU	Yes	Yes	No	Med Excep				SC
J1670	Hypertet	TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	Yes		No	No				IM
J1675	Supprelin LA	HISTRELIN ACETATE, 10 MICROGRAMS	Yes		No	No				SC
J1680	Riastap	HUMAN FIBRINOGEN CONCENTRATE, 100 MG	Yes		Yes	No			code deleted 07/01/12	IV
J1700		HYDROCORTISONE ACETATE, UP TO 25 MG	Yes		No	No				Intra-articular, intralesional, soft tissue
J1710		HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	Yes		Yes	No				IV, IM
J1720	Solu-Cortef	HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	Yes		Yes	No				IV, IM
J1725	Makena	Injection, hydroxyprogesterone caproate, 1 mg (IM)	Yes	Yes	No	Med Excep	No		Med Excep 03/11 P&T, New code effective 01/01/2012	IM
J1730		DIAZOXIDE, UP TO 300 MG	Yes		Yes	No				IV
J1740	Boniva	IBANDRONATE SODIUM, 1 MG	Yes	Yes	Yes	Med Excep	Yes			IV
J1741	Caldolor	Ibuprofen injection, 100mg IV	Yes	Yes	Yes	No	No		New code effective 01/01/13	IV
J1742	Corvert	IBUTILIDE FUMARATE, 1 MG	Yes		Yes	No				IV
J1743	Elaprase	IDURSULFASE, 1 MG	Yes		Yes	No				IV
J1744	Firazyr	ICATIBANT ACETATE INJ 30 MG/3ML (BASE EQUIVALENT)SUB-Q	Yes	Yes	No	Prior Auth	Yes		Medical Exception 09/11 P&T, Prior Authorization 09/12 P&T, **New code J1744 effective 01/01/13**	SC
J1745	Remicade	INJECTION INFLIXIMAB, 10 MG	Yes	Yes	Yes	Prior Auth	Yes			IV
J1750	Dexferrum, Infed	IRON DEXTRAN, 50 MG	Yes	Yes	Yes	Prior Auth		Approved when billed with 585.6, 140.0 - 239.9, 284.89	effective 06/01/2010	IV, IM
J1751		IRON DEXTRAN 165, 50 MG	Yes	Yes	Yes	Prior Auth		Approved when billed with 585.6, 140.0 - 239.9, 284.89	Code Deleted 01/01/2009 effective 06/01/2010	IV, IM
J1752		IRON DEXTRAN 267, 50 MG	Yes	Yes	Yes	Prior Auth		Approved when billed with 585.6, 140.0 - 239.9, 284.89	code deleted 01/01/2009 effective 06/1/2010	IV, IM
J1756	Venofer	IRON SUCROSE, 1 MG	Yes	Yes	Yes	Prior Auth		Approved when billed with 585.6, 140.0 - 239.9, 284.89	effective 06/01/2010	IV

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J1785	Cerezyme	IMIGLUCERASE, PER UNIT	Yes	Yes	Yes	No	Yes			IV
J1786	Cerezyme	Injection, imiglucerase, 10 units	Yes	Yes	Yes	No	Yes		Effective 01/01/2011	IV
J1790	Droperidol	DROPERIDOL, UP TO 5 MG	Yes		Yes	No				IV, IM
J1800	Propranolol	PROPRANOLOL HCL, UP TO 1 MG	Yes		Yes	No				IV
J1810		DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	Yes		Yes	No				IV
J1815		INSULIN, PER 5 UNITS	Yes		No	No				SC
J1817		INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	Yes		No	No				SC
J1825	Rebif	INTERFERON BETA-1A, 33 MCG	Yes		No	Prior Auth	Yes		Prior Auth effective 07/11 P&T code deleted 01/01/2011	IM
J1826	Avonex	Injection, interferon beta-1a, 30mcg	Yes	Yes	No	No	Yes		Code effective 1/1/2011, Prior Auth removed effective 8/15/11	IM
J1830	Extavia, Betaseron	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes		No	Prior Auth	Yes			SC
J1835		ITRACONAZOLE, 50 MG	Yes		Yes	No			Product discontinued February 2008	IV
J1840	Kanamycin	KANAMYCIN SULFATE, UP TO 500 MG	Yes		yes	No				IV, IM, intraperitoneal
J1850	Kanamycin	KANAMYCIN SULFATE, UP TO 75 MG	Yes		yes	No				IV, IM, intraperitoneal
J1885	Ketorolac	KETOROLAC TROMETHAMINE, PER 15 MG	Yes		Yes	No				IV, IM
J1890		CEPHALOTHIN SODIUM, UP TO 1 GRAM	Yes		yes	No			No longer available in US	IV, IM, intraperitoneal
J1930	Somatuline	LANREOTIDE, 1 MG	Yes	No	No	Med Excep				SC
J1931	Aldurazyme	LARONIDASE, 0.1 MG	Yes	Yes	Yes	Med Excep				IV
J1940	Furosemide	FUROSEMIDE, UP TO 20 MG	Yes	Yes	Yes	No				IV, IM
J1945	Refludan	LEPIRUDIN, 50 MG	Yes	Yes	No	Med Excep				SC
J1950	Lupron Depot, Eligard	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	Yes	Yes	No	No	No			IM
J1953	Keppra	LEVETIRACETAM, 10 MG	Yes	Yes	Yes	No				IV
J1955	Carnitor	LEVOCARNITINE, PER 1 GM	Yes	Yes	Yes	No				IV
J1956	Levaquin	LEVOFLOXACIN, 250 MG	Yes	Yes	Yes	No				IV

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J1960		LEVORPHANOL TARTRATE, UP TO 2 MG	Yes	Yes	Yes	No				IV, IM, SC
J1980	Levsin	HYOSCYAMINE SULFATE, UP TO 0.25 MG	Yes		Yes	No				IV, IM
J1990		CHLORDIAZEPOXIDE HCL, UP TO 100 MG	Yes		Yes	No				IV, IM
J2001	Lidocaine	LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	Yes	No	Yes	No				IV
J2010	Lincocin	LINCOMYCIN HCL, UP TO 300 MG	Yes		Yes	No				IV, IM
J2020	Zyvox	LINEZOLID, 200MG	Yes		Yes	Prior Auth				IV
J2060	Ativan	LORAZEPAM, 2 MG	Yes		Yes	No				IV, IM
J2150	Mannitol	MANNITOL, 25% IN 50 ML	Yes		Yes	No				IV
J2170	Increlex	MECASERMIN, 1 MG	Yes	Yes	No	Prior Auth			PA Effective 01/01/2011	SC
J2175	Demerol	MEPERIDINE HYDROCHLORIDE, PER 100 MG	Yes		yes	No				IV, IM, SC
J2180		MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	Yes		Yes	No				IV, IM
J2185	Merrem	MEROPENEM, 100 MG	Yes		Yes	No				IV
J2210	Methergine	METHYLERGONOVINE MALEATE, UP TO 0.2 MG	Yes		Yes	No				IV, IM
J2212	Relistor	METHYLNALTREXONE 0.1MG INJECTIONS, SUB-Q	Yes	Yes	No	Med Excep	No		New code effective 01/01/13	SC
J2248	Mycamine	MICAFUNGIN SODIUM, 1 MG	Yes		Yes	No				IV
J2250	Midazolam	MIDAZOLAM HYDROCHLORIDE, PER 1 MG	Yes		Yes	No				IV, IM
J2260	Milrinone	MILRINONE LACTATE, 5 MG	Yes		Yes	No				IV
J2265	Minocin	Minocycline hydrochloride, 1mg IV	Yes	Yes	Yes	No			New code effective 01/01/2012	IV
J2270	Morphine	MORPHINE SULFATE, UP TO 10 MG	Yes		Yes	No				IV, epidural, intrathecal
J2271	Morphine	MORPHINE SULFATE, 100MG	Yes		Yes	No				
J2275	Morphine Sulfate	MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	Yes		Yes	No				IV, epidural, intrathecal
J2278	Prialt	ZICONOTIDE, 1 MICROGRAM	Yes		No	Med Excep				Intrathecal
J2280	Avelox	MOXIFLOXACIN, 100 MG	Yes		Yes	No				IV
J2300	Nubain	NALBUPHINE HYDROCHLORIDE, PER 10 MG	Yes		yes	No				IV, IM, SC
J2310	Narcan	NALOXONE HYDROCHLORIDE, PER 1 MG	Yes		yes	No				IV, IM, SC
J2315	Vivitrol	NALTREXONE, DEPOT FORM, 1 MG	Yes	Yes	No	Prior Auth	Yes			IM
J2320		NANDROLONE DECANOATE, UP TO 50 MG	Yes	Yes	No	No			Discontinued by manufacturer 3/27/07	IM

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
J2321		NANDROLONE DECANOATE, UP TO 100 MG	Yes	Yes	No	No			Discontinued by manufacturer 3/27/07	IM
J2322		NANDROLONE DECANOATE, UP TO 200 MG	Yes	Yes	No	No			Discontinued by manufacturer 3/27/07, Code deleted 01/01/2011	IM
J2323	Tysabri	NATALIZUMAB, 1 MG	Yes	Yes	Yes	Med Excep				IV
J2325	Natrecor	NESIRITIDE, 0.1 MG	Yes	Yes	Yes	No				IV
J2353	Sandostatin LAR	OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR 1 MG	Yes	Yes	No	No	Effective 4/1/2012, for			IM
J2354	Sandostatin	OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS 25 MCG	Yes	Yes	Yes	No	Effective 4/1/2012, for Medicare			IV, SC
J2355	Neumega	OPRELVEKIN, 5 MG	Yes	Yes	No	Prior Auth			PA Effective 01/01/2011	SC
J2357	Xolair	OMALIZUMAB, 5 MG	Yes	Yes	No	Prior Auth	Yes			SC
J2358	Zyprexa	injection, olanzapine, long-acting, 1mg	Yes	Yes	No	Med Excep			Effective 01/01/2011	IM
J2360	Norflex	ORPHENADRINE CITRATE, UP TO 60 MG	Yes	Yes	Yes	No				IV, IM
J2370	Neo-synephrine	PHENYLEPHRINE HCL, UP TO 1 ML	Yes		yes	No				IV, IM, SC
J2400	Nesacaine	CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	Yes	No	Yes	No				IV
J2405	Zofran	ONDANSETRON HYDROCHLORIDE, PER 1 MG	Yes	Yes	Yes	No				IV
J2410	Opana	OXYMORPHONE HCL, UP TO 1 MG	Yes		yes	No				IV, IM, SC
J2425	Kepivance	PALIFERMIN, 50 MICROGRAMS	Yes		Yes	Med Excep				IV
J2426	Invega Sustenna	injection, paliperidone palmitate extended release, 1mg	Yes	Yes	No	Med Excep			Effective 01/01/2011	IM
J2430	Aredia	PAMIDRONATE DISODIUM, PER 30 MG	Yes		Yes	No	Effective 4/1/2012, for			IV
J2440	Papaverine	PAPAVERINE HCL, UP TO 60 MG	Yes		yes	Med Excep				IV, IM, Intracavernosal
J2460		OXYTETRACYCLINE HCL, UP TO 50 MG	Yes		Yes	No				IV, IM
J2469	Aloxi	PALONOSETRON HCL, 25 MCG	Yes	Yes	Yes	Prior Auth	Effective 4/1/2012, for		effective 06/01/2010	IV
J2501	Zemplar	PARICALCITOL, 1 MCG	Yes	Yes	Yes	No				IV
J2503	Macugen	PEGAPTANIB SODIUM, 0.3 MG	Yes		No	Med Excep	Yes			Intravitreal
J2504	Adagen	PEGADEMASE BOVINE, 25 IU	Yes		No	Med Excep				IM
J2505	Neulasta	PEGFILGRASTIM, 6 MG	Yes	Yes	No	Prior Auth	Effective 4/1/2012, for Medicare members.	No Approval needed when billed with DX codes 140.0 - 239.9 or V66.2	Dx 140.0-239.9 6/1/2010 Dx V66.2 07/01/2011	SC

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
J2507	Krystexxa	Injection, pegloticase, (IV)	Yes	Yes	Yes	Med Excep			Med Excep 01/11 P&T, New code effective 01/01/2012	IV
J2510	Pen G	PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	Yes		No	No				IM
J2513	Pentaspan	PENTASTARCH, 10% SOLUTION, 100 ML	Yes		Yes	No	Discontinued			IV
J2515	Nembutal	PENTOBARBITAL SODIUM, PER 50 MG	Yes		Yes	No				IV, IM
J2540	Penicillin GK	PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	Yes		yes	No				IV, IM, Intraplueral
J2543	Zosyn	PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	Yes		Yes	No				IV
J2545	Nebupent	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300MG	Yes	Yes	Yes	No				Inhalation
J2550	Promethazine	PROMETHAZINE HCL, UP TO 50 MG	Yes		Yes	No				IV, IM
J2560	Luminal	PHENOBARBITAL SODIUM, UP TO 120 MG	Yes		Yes	No				IV, IM
J2562	Mozobil	PLERIXAFOR, 1 MG	Yes	Yes	No	Med Excep				SC
J2590	Pitocin	OXYTOCIN, UP TO 10 UNITS	Yes	No	Yes	No				IV, IM
J2597	DDAVP	DESMOPRESSIN ACETATE, PER 1 MCG	Yes	Yes	Yes	No			PA removed effective 11/01/11	IV
J2650		PREDNISOLONE ACETATE, UP TO 1 ML	Yes		No	No			Discontinued - available for veterinary use	IM, Intra-articular
J2670		TOTAZOLINE HCL, UP TO 25 MG	Yes		Yes	No				IV
J2675	Progesterone	PROGESTERONE, PER 50 MG	Yes		No	No				IM
J2680	Fluphenazine	FLUPHENAZINE DECANOATE, UP TO 25 MG	Yes		No	No				IM, SC
J2690	Procainamide	PROCAINAMIDE HCL, UP TO 1 GM	Yes		Yes	No				IV, IM
J2700	Bactocill	OXACILLIN SODIUM, UP TO 250 MG	Yes		Yes	No				IV, IM
J2710	Prostigmin	NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	Yes		yes	No				IV, IM, SC
J2720	Protamine	PROTAMINE SULFATE, PER 10 MG	Yes		Yes	No				IV
J2724	Ceprotin	PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	Yes		Yes	No				IV
J2725	Thyrel TRH	PROTIRELIN, PER 250 MCG	Yes		Yes	No				IV
J2730	Pralidoxime	PRALIDOXIME CHLORIDE, UP TO 1 GM	Yes		Yes	No				IV

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J2760	Phentolamine	PHENTOLAMINE MESYLATE, UP TO 5 MG	Yes		Yes	No				IV, IM
J2765	Reglan	METOCLOPRAMIDE HCL, UP TO 10 MG	Yes		Yes	No				IV, IM
J2770	Synercid	QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	Yes		Yes	No				IV
J2778	Lucentis	RANIBIZUMAB, 0.1 MG	Yes	Yes	No	No	Yes			Intravitreal
J2780	Zantac	RANITIDINE HYDROCHLORIDE, 25 MG	Yes		Yes	No				IV
J2783	Elitek	RASBURICASE, 0.5 MG	Yes		Yes	No				IV
J2785	Lexiscan	REGADENOSON, 0.1 MG	Yes		Yes	No				IV
J2788	RHOGAM	RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	Yes	Yes	No	No				IM
J2790	RHOGAM	RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	Yes	Yes	No	No				IM
J2791	WINRHO	RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100IU	Yes	Yes	Yes	No	Yes			IV, IM
J2792	RHOGAM	RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	Yes	Yes	Yes	No				IV
J2793	ARCALYST	RILONACEPT, 1 MG	Yes	Yes	No	Prior Auth			PA Effective 01/01/2011	SC
J2794	RISPERDAL CONSTA	RISPERIDONE, LONG ACTING, 0.5 MG	Yes	Yes	No	Med Excep	Yes			IM
J2795	Naropin	ROPIVACAINE HYDROCHLORIDE, 1 MG	Yes		No	No				Epidural, Nerve block, Field block, infiltration
J2796	Nplate	ROMIPLOSTIM, 10 MICROGRAMS	Yes	Yes	No	Med Excep	No			SC
J2800	Robaxin	METHOCARBAMOL, UP TO 10 ML	Yes		Yes	No				IV, IM
J2805	Kinevac	SINCALIDE, 5 MICROGRAMS	Yes		Yes	No				IV
J2810	Theophylline	THEOPHYLLINE, PER 40 MG	Yes		Yes	No				IV
J2820	Leukine	SARGRAMOSTIM (GM-CSF), 50 MCG	Yes		Yes	Prior Auth				IV, SC
J2850	Secreflo	SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM	Yes		Yes	No				IV
J2910		AUROTHIOGLUCOSE, UP TO 50 MG	Yes		No	No				IM
J2912	Sodium	SODIUM CHLORIDE, 0.9%, PER 2 ML	Yes		Yes					IV
J2916	Ferrlecit, Nulecit	SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE 12.5 MG	Yes		Yes	Prior Auth		Approved when billed with 585.6, 140.0 - 239.9, 284.89	effective 06/01/2010	IV

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J2920	Solu-Medrol	METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	Yes		Yes	No				IV
J2930	Solu-Medrol	METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	Yes		Yes	No				IV
J2940		SOMATREM, 1 MG	Yes		No	No				IM, SC
J2941	Nutropin	SOMATROPIN, 1 MG	Yes		No	Med Excep	Yes			IM, SC
J2950		PROMAZINE HCL, UP TO 25 MG	Yes		No	No				IM
J2993	Retavase	RETEPLASE, 18.1 MG	Yes		Yes	No				IV
J2995		STREPTOKINASE, PER 250,000 IU	Yes		Yes	No				IV, Intracoronary, Intrapleurally
J2997	Cathflo,	ALTEPLASE RECOMBINANT, 1 MG	Yes		Yes	No				IV
J3000	Streptomycin	STREPTOMYCIN, UP TO 1 GM	Yes		No	No				IM
J3010	Fentanyl	FENTANYL CITRATE, 0.1 MG	Yes		Yes	No				IV
J3030	Imitrex	SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes		No	No				SC
J3070	Talwin	PENTAZOCINE, 30 MG	Yes		yes	No				IV, IM, SC
J3095	Vibativ	Injection, telavancin, 10mg	Yes	Yes	Yes	No				IV
J3100	Tnkase	TENECTEPLASE, 50MG	Yes		Yes	No				IV
J3101	Tnkase	TENECTEPLASE, 1 MG	Yes		Yes	No				IV
J3105	Terbutaline	TERBUTALINE SULFATE, UP TO 1 MG	Yes		yes	No				IV, SC
J3110	Forteo	TERIPARATIDE, 10 MCG	Yes	Yes	No	Prior Auth	Yes			SC
J3120	Delatestryl	TESTOSTERONE ENANTHATE, UP TO 100 MG	Yes	Yes	No	Prior Auth				IM
J3130	Delatestryl	TESTOSTERONE ENANTHATE, UP TO 200 MG	Yes	Yes	No	Prior Auth				IM
J3140	DEPO Testosterone	TESTOSTERONE SUSPENSION, UP TO 50 MG	Yes	Yes	No	Prior Auth				IM
J3150		TESTOSTERONE PROPIONATE, UP TO 100 MG	Yes	Yes	No	Prior Auth				IM
J3230	Chlorpromazine	CHLORPROMAZINE HCL, UP TO 50 MG	Yes		yes	No				IV, IM
J3240	Thyrogen	THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	Yes		No	No	Effective 4/1/2012, for			IM
J3243	Tygacil	TIGECYCLINE, 1 MG	Yes		Yes	No				IV
J3246	Aggrastat	TIROFIBAN HCL, 0.25MG	Yes		Yes	No				IV

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J3250	Tigan	TRIMETHOBENZAMIDE HCL, UP TO 200 MG	Yes		No	No	Recalled			IM
J3260	Tobramycin	TOBRAMYCIN SULFATE, UP TO 80 MG	Yes		Yes	No				IV
J3262	Actemra	Injection, tocilizumab, 1mg, IV	Yes	Yes	Yes	Med Excep			Effective 01/01/2011	IV
J3265	Torsemide	TORSEMIDE, 10 MG/ML	Yes		Yes	No				IV
J3280		THIETHYLPERAZINE MALEATE, UP TO 10 MG	Yes		No	No				IM
J3285	Remodulin	TREPROSTINIL, 1 MG	Yes		yes	Med Excep				IV, SC
J3300	Triesence	TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	Yes		No	Med Excep				IM, Intra-articular
J3301	Kenalog-40	TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	Yes		No	No				IM, Intra-articular
J3302	Aristo Forte	TRIAMCINOLONE DIACETATE, PER 5MG	Yes		No	No				SC, Intra-articular, Intrasynovial, Intralesional, Sublesional, Soft tissue injection
J3303	Aristospan	TRIAMCINOLONE HEXACETONIDE, PER 5MG	Yes		No	No				Intralesional, Sublesional
J3305	Neutrexan	TRIMETREXATE GLUCURONATE, PER 25 MG	Yes		Yes	Med Excep				IV
J3310		PERPHENAZINE, UP TO 5 MG	Yes		yes	No				IV, IM
J3315	Trelstar Depot, Trelstar LA	TRIPTORELIN PAMOATE, 3.75 MG	Yes		No	No				IM
J3320		SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	Yes		No	No				IM
J3350		UREA, UP TO 40 GM	Yes		Yes	No				IV
J3355	Bravelle	UROFOLLITROPIN, 75 IU	EXCLUDED	Follow Infertility Benefit	Follow Infertility Benefit	Med Excep	Yes			IM, SC
J3357	Stelara	USTEKINUMAB	Yes	Yes	No	Med Excep			Effective 01/01/2011	Sub-Q
J3360	Diazepam	DIAZEPAM, UP TO 5 MG	Yes		Yes	No				IV, IM
J3364		UROKINASE, 5000 IU VIAL	Yes		Yes	No				IV
J3365	Kinlytic	IV, UROKINASE, 250,000 I.U. VIAL	Yes		Yes	No				IV
J3370	Vancomycin	VANCOMYCIN HCL, 500 MG	Yes		Yes	No				IV
J3385	Vpriv	Injection, velaglucerase alfa, 100 units, IV	Yes	Yes	Yes	Med Excep			Effective 01/01/2011	IV
J3396	Visudyne	VERTEPORFIN, 0.1 MG	Yes		Yes	No				IV
J3400		TRIFLUPROMAZINE HCL, UP TO 20 MG	Yes		Yes	No				IM, IV
J3410	Hydroxyzine	HYDROXYZINE HCL, UP TO 25 MG	Yes		No	No				IM

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J3411	Thiamine	THIAMINE HCL, 100 MG	Yes		yes	No				IV, IM
J3415	Pyridoxine	PYRIDOXINE HCL, 100 MG	Yes		yes	No				IV, IM
J3420	Cyanocobalamin	VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	Yes		No	No				IM, SC
J3430	Vitamin K1	PHYTONADIONE (VITAMIN K), PER 1 MG	Yes		yes	No				IV, IM, SC
J3465	Vfend	VORICONAZOLE, 10 MG	Yes		Yes	No				IV
J3470	Vitrase	HYALURONIDASE, UP TO 150 UNITS	Yes		No	Med Excep				SC
J3471	Vitrase	HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)	Yes		No	Med Excep				SC
J3472	Vitrase	HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	Yes		No	Med Excep				SC
J3473		HYALURONIDASE, RECOMBINANT, 1 USP UNIT	Yes		No	Med Excep				SC
J3475	Magnesium Sulfate	MAGNESIUM SULFATE, PER 500 MG	Yes		Yes	No				IV, IM
J3480	Potassium Chloride	POTASSIUM CHLORIDE, PER 2 MEQ	Yes		Yes	No				IV
J3485	Retrovir	ZIDOVUDINE, 10 MG	Yes		Yes	No				IV
J3486	Geodon	ZIPRASIDONE MESYLATE, 10 MG	Yes		No	Med Excep				IM
J3487	Zometa	ZOLEDRONIC ACID (ZOMETA), 1 MG	Yes	Yes	Yes	Prior Auth (for non-oncology uses)	Effective 4/1/2012, for Medicare	Approved when billed with 140.0-239.9		IV
J3488	Reclast	ZOLEDRONIC ACID (RECLAST), 1 MG	Yes	Yes	Yes	Prior Auth	Effective 4/1/2012, for			IV
J3490		UNCLASSIFIED DRUGS	Yes	Yes	Yes	Med Excep				
J3490	Nexterone	AMIODARONE HCL IN DEXTROSE IV SOLN 360 MG/200ML	Yes	Yes	Yes	Med Excep			Medical Exception 07/11 P&T	IV
J3490	Firazyr	ICATIBANT ACETATE INJ 30 MG/3ML (BASE EQUIVALENT)SUB-Q	Yes	Yes	No	Med Excep	Yes		Medical Exception 09/11 P&T, **New code J1744 effective 01/01/13**	SC
J3490	Docefrez	DOCETAXEL FOR INJ 20 MG	Yes	Yes	Yes	Med Excep			Medical Exception 09/11 P&T	
J3490 J3590	Elelyso	TALIGLUCERASE ALFA IV	Yes	Yes	Yes	Med Excep			Medical Exception 07/12 P&T, **New code C9294 effective 01/01/13**	IV
J3490 J3590	Gablofen	Baclofen Intrathecal Injec	Yes	Yes	no	Med Excep			Med Excep effective 01/11 P&T	IT
J3490 J3590	Sylatron	PEGINTERFERON ALFA-2B FOR INJ	Yes	Yes	No	Prior Auth	Yes		Prior Auth effective 05/11 P&T	Sub-Q

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
J3490 J3590 J9999	Perjeta	PERTUZUMAB, IV	Yes	Yes	Yes	Prior Auth	Yes		Prior Auth effective 07/12 P&T, **New code C9292 effective 01/01/13**	IV
J3520	Endrate	EDETATE DISODIUM, PER 150 MG	Yes		Yes	No				IV
J3530	Flumist	NASAL VACCINE INHALATION	Yes		No	No				Inhalation
J3535		DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	Yes		No	No				Inhalation
J3570		LAETRILE, AMYGDALIN, VITAMIN B17	Yes		Yes	No				IV
J3590		UNCLASSIFIED BIOLOGICS	Yes	Yes	Yes	Med Excep				IV
J3590	Egrifta	TESAMORELIN ACETATE FOR INJ 1 MG (BASE EQUIV)	Yes	Yes	No	Not Covered effective 03/11 P&T			Not covered 03/11 P&T	SC
J7030	Sodium Chloride	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	Yes		Yes	No				IV
J7040	Sodium Chloride	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	Yes		Yes	No				IV
J7042	D5W/NaCl	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	Yes		Yes	No				IV
J7050	Sodium Chloride	INFUSION, NORMAL SALINE SOLUTION , 250 CC	Yes		Yes	No				IV
J7060	D5W	5% DEXTROSE/WATER (500 ML = 1 UNIT)	Yes		Yes	No				IV
J7070	D5W	INFUSION, D5W, 1000 CC	Yes		Yes	No				IV
J7100		INFUSION, DEXTRAN 40, 500 ML	Yes		Yes	No				IV
J7110		INFUSION, DEXTRAN 75, 500 ML	Yes		Yes	No				IV
J7120	Lactated Ringer's	RINGERS LACTATE INFUSION, UP TO 1000 CC	Yes		Yes	No				IV
J7130		HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	Yes		Yes	No				IV
J7131	Hyper-Sal	Hypertonic saline solution, 1 ml	Yes	Yes	No	No			New code effective 01/01/2012	
J7178	Riastap	HUMAN FIBRINOGEN CONCENTRATE. 1MG, IV	Yes	Yes	Yes	No	No		New code effective 01/01/13	IV
J7180	Corifact	Injection, Factor XIII (antihemophilic factor, human), 1 i.u. (IV)	Yes	Yes	Yes	No			New code effective 01/01/2012	IV
J7183	Wilate	Injection, von Willebrand factor complex (human), 1 i.u.	Yes	Yes	Yes	No			New code effective 01/01/2012	IV
J7184	Wilate	Injection, von Willebrand factor complex	Yes	Yes	Yes	No			Effective 01/01/2011	IV

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J7185	Xyntha	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	Yes	Yes	Yes	No				IV
J7186	Humate-P, Wilate, Alphanate	ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	Yes	Yes	Yes	No				IV
J7187	Humate-P, Alphanate	VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	Yes	Yes	Yes	No				IV
J7188	Humate-P, Wilate,	VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	Yes	Yes	Yes	No				IV
J7189	Novoseven, Novoseven RT	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	Yes	Yes	Yes	No				IV
J7190	Monoclate-P, Hemofil M, Koate-DVI	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	Yes	Yes	Yes	No				IV
J7191		FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.	Yes	Yes	Yes	No				IV
J7192	Kogenate FS, Helixate FS, Recombinate, Advate, Refacto	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	Yes	Yes	Yes	No				IV
J7193	Mononine, Alphanine SD	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	Yes	Yes	Yes	No				IV
J7194	Profilnine	FACTOR IX, COMPLEX, PER I.U.	Yes	Yes	Yes	No				IV
J7195	Benefix	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	Yes	Yes	Yes	No				IV
J7196	Atryn	Injection, antithrombin recombinant, 50 I.U	Yes	Yes	Yes	No				IV
J7197	Thrombat III	ANTITHROMBIN III (HUMAN), PER I.U.	Yes	Yes	Yes	No				IV
J7198	Feiba VH, Feiba NF	ANTI-INHIBITOR, PER I.U.	Yes	Yes	Yes	No				IV
J7199		HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	Yes	Yes	Yes	No				IV
J7300	Paragard IUD	INTRAUTERINE COPPER CONTRACEPTIVE	Yes	Process according to EOC	Process according to EOC	No				Intrauterine

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7302	Mirena	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	Yes	Process according to EOC	Process according to EOC	No				Intrauterine
J7303	Nuvaring	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH	Yes	Pharmacy	Pharmacy	Med Excep				Intravaginally
J7304	Ortho Evra	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	Yes	Pharmacy	Pharmacy	Med Excep				Transdermally
J7306		LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	Yes	Process according to EOC	Process according to EOC	No				Subdermal
J7307	Implanon, Nexplanon	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	Yes	Process according to EOC	Process according to EOC	No			Remove PA 01/01/2011	Subdermal
J7308	Levulan Kerastick	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354MG)	Yes		No	No				Topical
J7309	Metvixia	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 gram	Yes	Yes	No	No			PA Effective 01/01/2011 PA Removed effective 11/01/11	Topical
J7310	Vitrasert Implant	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	Yes		No	No				Intravitreal
J7311	Retisert implant	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	Yes		No	No				Intravitreal
J7312	Ozurdex	Injection, dexamethasone intravitreal implant, 0.1 mg	Yes	Yes	No	Med Excep			Effective 01/01/2011	Implant
J7317	Hyalgan	SODIUM HYALURONATE, PER 20 TO 25 MG DOSE FOR INTRA-ARTICULAR INJECTION	Yes		No	code deleted	Yes		code deleted 01/01/2007	Intra-articular
J7319	Hyalgan	HYALURONAN (SODIUM HYALURONATE) OR DERIVATIVE, INTRA-ARTICULAR PER INJECTION	Yes		No	code deleted			code deleted 04/01/2007	Intra-articular
J7320		HYLAN G-F 20, 16 MG, FOR INTRA-ARTICULAR INJECTION	Yes		No	code deleted	Yes		code deleted 01/01/2007	Intra-articular
J7315	Mitosol	MITOMYCIN OPHTHALMIC 0.2MG TOPICAL	Yes	Yes	No	No			New code effective 01/01/13	Topical

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J7321	Hyalgan & Supartz	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR PER DOSE	Yes	Yes	No	Med Excep	Yes		Med Excep effective 05/11 P&T	Intra-articular
J7322	Synvisc	HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR PER DOSE	Yes	Yes	No	No	Yes			Intra-articular
J7323	Euflexxa	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR PER DOSE	Yes	Yes	No	No	Yes			Intra-articular
J7324	Orthovisc	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR PER DOSE	Yes		No	Med Excep	Yes		Med Excep effective 05/11 P&T	Intra-articular
J7325	Synvisc, Synvisc One	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR 1MG	Yes	Yes	No	No	Yes			Intra-articular
J7326	Gel-One	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose (IA)	Yes	Yes	No	Med Excep	Yes		New code effective 01/01/2012	Intra-articular
J7330	Carticel	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	Yes		no	**See Medical Benefit Cert guide**				
J7335	Qutenza	Capsaicin 8% patch, per 10 square centimeters	Yes	Yes	No	Med Excep			Effective 01/01/2011	Patch
J7340	Apligraf	DERMAL AND EPIDERMAL, (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT	Yes		no				Code deleted 01/01/2009	
J7340	Apligraf	BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER	Yes		no				Code deleted 01/01/2009	
J7340	Apligraf	SQUARE CENTIMETER	Yes		no				Code deleted 01/01/2009	
J7341		DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER	Yes		no				Code deleted 01/01/2009	
J7341		BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER	Yes		no				Code deleted 01/01/2009	
J7341		SQUARE CENTIMETER	Yes		no				Code deleted 01/01/2009	
J7342	Dermagraft	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED	Yes		no				Code deleted 01/01/2009	

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J7342	Dermagraft	OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	Yes		no				Code deleted 01/01/2009	
J7343		DERMAL AND EPIDERMAL, (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT	Yes		no				Code deleted 01/01/2009	
J7343		OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE	Yes		no				Code deleted 01/01/2009	
J7343		ELEMENTS, PER SQUARE CENTIMETER	Yes		no				Code deleted 01/01/2009	
J7344	Transcyte	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED	Yes		no				Code deleted 01/01/2009	
J7344	Transcyte	OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE	Yes		no				Code deleted 01/01/2009	
J7344	Transcyte	CENTIMETER	Yes		no				Code deleted 01/01/2009	
J7345		DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER	Yes		no				Code deleted 01/01/2008	
J7345		BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER	Yes		no				Code deleted 01/01/2008	
J7345		SQUARE CENTIMETER	Yes		no				Code deleted 01/01/2008	
J7346		DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, INJECTABLE, WITH OR WITHOUT OTHER	Yes		no				Code deleted 01/01/2009	
J7346		BIOENGINEERED OR PROCESSED ELEMENTS, BUT WITHOUT METABOLICALLY ACTIVE ELEMENTS,	Yes		no				Code deleted 01/01/2009	
J7346		1 CC	Yes		no				Code deleted 01/01/2009	
J7347		DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER	Yes		no				Code deleted 01/01/2009	

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7347		BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS	Yes		no				Code deleted 01/01/2009	
J7347		(INTEGRA MATRIX), PER SQUARE CENTIMETER	Yes		no				Code deleted 01/01/2009	
J7348		DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER	Yes		no				Code deleted 01/01/2009	
J7348		BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS	Yes		no				Code deleted 01/01/2009	
J7348		(TISSUEMEND), PER SQUARE CENTIMETER	Yes		no				Code deleted 01/01/2009	
J7349		DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER	Yes		no				Code deleted 01/01/2009	
J7349		BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS	Yes		no				Code deleted 01/01/2009	
J7349		(PRIMATRIX), PER SQUARE CENTIMETER	Yes		no				Code deleted 01/01/2009	
J7350		DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, INJECTABLE, WITH OR WITHOUT OTHER	Yes		no				Code deleted 01/01/2007	
J7350		BIOENGINEERED OR PROCESSED ELEMENTS, BUT WITHOUT METABOLIZED ACTIVE ELEMENTS,	Yes		no				Code deleted 01/01/2007	
J7350		PER 10 MG	Yes		no				Code deleted 01/01/2007	
J7500	Imuran	AZATHIOPRINE, ORAL, 50 MG	Yes		No	No				Oral
J7501	Azathioprine	AZATHIOPRINE, PARENTERAL, 100 MG	Yes		Yes	No				IV
J7502	Sandimmune, Neoral	CYCLOSPORINE, ORAL, 100 MG	Yes		No	No				Oral
J7504	Atgam	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	Yes		Yes	No	Yes			IV
J7505	Orthoclone	MUROMONAB-CD3, PARENTERAL, 5 MG	Yes		Yes	No				IV
J7506		PREDNISONE, ORAL, PER 5MG	Yes	Yes	No	No				Oral

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J7507	Prograf	TACROLIMUS, ORAL, PER 1 MG	Yes	Yes	No	No				Oral
J7509	Medrol	METHYLPREDNISOLONE ORAL, PER 4 MG	Yes	Yes	No	No				Oral
J7510	Millipred	PREDNISOLONE ORAL, PER 5 MG	Yes	Yes	No	No				Oral
J7511	Thymoglobulin	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	Yes	Yes	Yes	No				IV
J7513	Zenapax	DACLIZUMAB, PARENTERAL, 25 MG	Yes	Yes	Yes	No			Discontinued in US	IV
J7515	Sandimmune, Neoral	CYCLOSPORINE, ORAL, 25 MG	Yes	Yes	No	No				Oral
J7516	Sandimmune	CYCLOSPORIN, PARENTERAL, 250 MG	Yes	Yes	Yes	No				IV
J7517	CellCept	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	Yes	Yes	No	No				Oral
J7518	Myfortic	MYCOPHENOLIC ACID, ORAL, 180 MG	Yes	Yes	No	No				Oral
J7520	Rapamune	SIROLIMUS, ORAL, 1 MG	Yes	Yes	No	No				Oral
J7525	Prograf	TACROLIMUS, PARENTERAL, 5 MG	Yes		Yes	No				IV
J7527	Zortress	EVEROLIMUS ORAL 0.25MG IMMUNOSUPPRESSANT	Yes	Yes	No	Med Excep			New code effective 01/01/13	Oral
J7599		IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	Yes		yes	Med Excep				N/A
J7602	Albuterol Neb, Levalbuterol Neb	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION,	Yes		Yes				Code deleted 01/01/2009	Inhalation
J7602	Albuterol Neb, Levalbuterol Neb	FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME,	Yes		Yes				Code deleted 01/01/2009	N/A
J7602	Albuterol Neb, Levalbuterol Neb	CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	Yes		Yes				Code deleted 01/01/2009	N/A
J7603	Albuterol Neb, Levalbuterol Neb	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION,	Yes		Yes				Code deleted 01/01/2009	Inhalation
J7603	Albuterol Neb, Levalbuterol	DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	Yes		Yes				Code deleted 01/01/2009	N/A
J7603	Albuterol Neb, Levalbuterol Neb	FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT	Yes		Yes				Code deleted 01/01/2009	N/A

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7604		ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes		Yes	No				Inhalation
J7604		DME, UNIT DOSE FORM, PER GRAM	Yes		Yes	No				
J7605	Brovana	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes		Yes	No				Inhalation
J7605	Brovana	ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	Yes		Yes	No				Inhalation
J7606	Perforomist	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT,	Yes		Yes	Med Excep				Inhalation
J7606	Perforomist	NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	Yes		Yes	Med Excep				
J7607		LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes		Yes	No				Inhalation
J7607		DME, CONCENTRATED FORM, 0.5 MG	Yes		Yes	No				
J7608	Acetylcysteine Neb	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	Yes		Yes	No				Inhalation
J7608	Acetylcysteine Neb	NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	Yes		Yes	No				Inhalation
J7609		ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	Yes		Yes	No				Inhalation
J7609		UNIT DOSE, 1 MG	Yes		Yes	No				
J7610		ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	Yes		Yes	No				Inhalation
J7610		CONCENTRATED FORM, 1 MG	Yes		Yes	No				

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J7611	Albuterol Neb	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes		Yes	No				Inhalation
J7611	Albuterol Neb	ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	Yes		Yes	No				
J7612	Xopenex Neb	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes		Yes	No				Inhalation
J7612	Xopenex Neb	ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	Yes		Yes	No				
J7613	Albuterol Neb	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes		Yes	No				Inhalation
J7613	Albuterol Neb	ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	Yes		Yes	No				
J7614	Xopenex Neb	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	Yes		Yes	No				Inhalation
J7615		LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes		Yes	No				Inhalation
J7615		DME, UNIT DOSE, 0.5 MG	Yes		Yes	No				
J7620	Duoneb	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED	Yes		Yes	No				Inhalation
J7620	Duoneb	FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	Yes		Yes	No				
J7622		BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes		Yes	No				Inhalation
J7622		DME, UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				
J7624		BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes		Yes	No				Inhalation

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J7624		DME, UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				
J7626	Pulmicort Neb	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes		Yes	No				Inhalation
J7626	Pulmicort Neb	ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	Yes		Yes	No				
J7627		BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	Yes		Yes	No				Inhalation
J7627		UNIT DOSE FORM, UP TO 0.5 MG	Yes		Yes	No				
J7628		BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	Yes		Yes	No				Inhalation
J7628		THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes		Yes	No				
J7629		BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	Yes		Yes	No				Inhalation
J7629		THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				
J7631	Cromolyn Neb	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	Yes		Yes	No				Inhalation
J7631	Cromolyn Neb	NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	Yes		Yes	No				
J7632	Cromolyn Neb	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes		Yes	No				Inhalation
J7632	Cromolyn Neb	DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	Yes		Yes	No				
J7633	Pulmicort Neb	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes		Yes	No				Inhalation

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J7633	Pulmicort Neb	ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM	Yes		Yes	No				
J7634		BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	Yes		Yes	No				Inhalation
J7634		CONCENTRATED FORM, PER 0.25 MILLIGRAM	Yes		Yes	No				
J7635		ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	Yes		Yes	No				Inhalation
J7635		CONCENTRATED FORM, PER MILLIGRAM	Yes		Yes	No				
J7636		ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	Yes		Yes	No				Inhalation
J7636		UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				
J7637		DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes		Yes	No				Inhalation
J7637		DME, CONCENTRATED FORM, PER MILLIGRAM	Yes		Yes	No				
J7638		DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes		Yes	No				Inhalation
J7638		DME, UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				
J7639	Pulmozyme	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes		Yes	No				Inhalation
J7639	Pulmozyme	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				
J7640		FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	Yes		Yes	No				Inhalation

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J7640		UNIT DOSE FORM, 12 MICROGRAMS	Yes		Yes	No				
J7641		FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	Yes		Yes	No				Inhalation
J7641		UNIT DOSE, PER MILLIGRAM	Yes		Yes	No				
J7642		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes		Yes	No				Inhalation
J7642		DME, CONCENTRATED FORM, PER MILLIGRAM	Yes		Yes	No				
J7643		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes		Yes	No				Inhalation
J7643		DME, UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				
J7644	Ipratropium Neb	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	Yes		Yes	No				Inhalation
J7644	Ipratropium Neb	NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				
J7645		IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	Yes		Yes	No				Inhalation
J7645		THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				
J7647		ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes		Yes	No				Inhalation
J7647		DME, CONCENTRATED FORM, PER MILLIGRAM	Yes		Yes	No				
J7648		ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	Yes		Yes	No				Inhalation

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J7648		NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes		Yes	No				
J7649		ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	Yes		Yes	No				Inhalation
J7649		NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				
J7650		ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes		Yes	No				Inhalation
J7650		DME, UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				
J7657		ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	Yes		Yes	No				Inhalation
J7657		THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes		Yes	No				
J7658		ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	Yes		Yes	No				Inhalation
J7658		NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes		Yes	No				
J7659		ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	Yes		Yes	No				Inhalation
J7659		NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				
J7660		ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	Yes		Yes	No				Inhalation
J7660		THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7665	Aridol	Mannitol, administered through an inhaler, 5mg	Yes	No	Yes	No	No		New code effective 01/01/2012	Inhalation
J7667		METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED	Yes		Yes	No				Inhalation
J7667		FORM, PER 10 MILLIGRAMS	Yes		Yes	No				
J7668		METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	Yes		Yes	No				Inhalation
J7668		NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 10 MILLIGRAMS	Yes		Yes	No				
J7669		METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	Yes		Yes	No				Inhalation
J7669		NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	Yes		Yes	No				
J7670		METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	Yes		Yes	No				Inhalation
J7670		THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	Yes		Yes	No				
J7674	Provocholine	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER,	Yes		Yes	No				Inhalation
J7674	Provocholine	PER 1 MG	Yes		Yes	No				
J7676	Pentam	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	Yes		Yes	No				Inhalation
J7676	Pentam	THROUGH DME, UNIT DOSE FORM, PER 300 MG	Yes		Yes	No				
J7680		TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	Yes		Yes	No				Inhalation

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
J7680		THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes		Yes	No				
J7681		TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	Yes		Yes	No				Inhalation
J7681		THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				
J7682	Tobi Neb	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes		Yes	No				Inhalation
J7682	Tobi Neb	UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	Yes		Yes	No				
J7683		DME, CONCENTRATED FORM, PER MILLIGRAM	Yes		Yes	No				
J7683		TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes		Yes	No				Inhalation
J7684		TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	Yes		Yes	No				Inhalation
J7684		DME, UNIT DOSE FORM, PER MILLIGRAM	Yes		Yes	No				
J7685		TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	Yes		Yes	No				Inhalation
J7685		UNIT DOSE FORM, PER 300 MILLIGRAMS	Yes		Yes	No				
J7686	Tyvaso	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	Yes	Yes	yes	Med Excep			Effective 01/01/2011	Inhalation
J7699		NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	Yes		Yes	Med Excep				Inhalation
J7799		NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	Yes		Yes	No				

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
J8498		ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	Yes		No	No				PR
J8499		PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	Yes		No	Med Excep				Oral
J8501	Emend	APREPITANT, ORAL, 5 MG	Yes	Yes	No	Prior Auth				Oral
J8510	Myleran	BUSULFAN; ORAL, 2 MG	Yes		Yes	Prior Auth	Yes			Oral
J8515	Cabergoline	CABERGOLINE, ORAL, 0.25 MG	Yes		No	No				Oral
J8520	Xeloda	CAPECITABINE, ORAL, 150 MG	Yes	Yes	Yes	Prior Auth	Yes			Oral
J8521	Xeloda	CAPECITABINE, ORAL, 500 MG	Yes	Yes	Yes	Prior Auth	Yes			Oral
J8530	Cyclophosphamide	CYCLOPHOSPHAMIDE; ORAL, 25 MG	Yes	Yes	Yes	No				Oral
J8540	Dexamethason	DEXAMETHASONE, ORAL, 0.25 MG	Yes		No	No				Oral
J8560	Etoposide	ETOPOSIDE; ORAL, 50 MG	Yes	Yes	Yes	No				Oral
J8562	Oforta	Fludarabine phosphate, oral, 10mg	Yes	Yes	Yes	Prior Auth	Yes		Effective 01/01/2011	Oral
J8561	Zortress	Everolimus, oral, 0.25mg	Yes	No	No	Med Excep			New code effective 01/01/12, **Code deleted 01/01/13, See J7527**	Oral
J8565	Iressa	GEFITINIB, ORAL, 250 MG	Yes		Yes	Prior Auth	Yes			Oral
J8597		ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED	Yes	Yes	Yes	Med Excep				Oral
J8600	Alkeran	MELPHALAN; ORAL, 2 MG	Yes	Yes	Yes	No				Oral
J8610	Trexall	METHOTREXATE; ORAL, 2.5 MG	Yes	Yes	Yes	No				Oral
J8650	Cesamet	NABILONE, ORAL, 1 MG	Yes		No	No				Oral
J8700	Temodar	TEMOZOLOMIDE, ORAL, 5 MG	Yes	Yes	Yes	Prior Auth	Yes			Oral
J8705	Hycamtin	TOPOTECAN, ORAL, 0.25 MG	Yes	Yes	Yes	Med Excep	Yes			Oral
J8999		PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	Yes	Yes	Yes	Med Excep				Oral
J9000	Adriamycin	DOXORUBICIN HYDROCHLORIDE, 10 MG	Yes	Yes	Yes	No	No			IV
J9001	Doxil	DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG	Yes	Yes	Yes	No			code deleted 07/01/12	IV
J9002	Doxil	DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL INJECTION, DOXIL, 10 MG, IV	Yes	Yes	Yes	No	No		New code effective 01/01/13	IV
J9010	Campath	ALEMTUZUMAB, 10 MG	Yes	Yes	Yes	Prior Auth				IV
J9015	Proleukin	ALDESLEUKIN, PER SINGLE USE VIAL	Yes	Yes	Yes	No				IV
J9017	Trisenox	ARSENIC TRIOXIDE, 1 MG	Yes	Yes	Yes	No				IV
J9019	Erwinaze	Asparaginase Erwinia chrysanthemi, Injection, 1,000 international units (I.U.), IM	Yes	Yes	No	Prior Auth	Yes		New code effective 01/01/13	IM

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
J9020	Elspar	ASPARAGINASE, 10,000 UNITS	Yes	Yes	Yes	No				IV, IM
J9025	Vidaza	AZACITIDINE, 1 MG	Yes	Yes	Yes	No				IV, SC
J9027	Clolar	CLOFARABINE, 1 MG	Yes	Yes	Yes	No				IV
J9031	Tice BCG, Theracys	BCG (INTRAVESICAL) PER INSTILLATION	Yes	Yes	No	No				Intravesical
J9033	Treanda	BENDAMUSTINE HCL, 1 MG	Yes	Yes	Yes	No				IV
J9035	Avastin	BEVACIZUMAB, 10 MG	Yes	Yes	Yes	Prior Auth		No approval needed for DX codes: 362.01-362.07, 362.15, 362.16, 362.29, 362.30, 362.35, 362.36. 362.52, 362.53, 362.60-362.66, 362.83, 362.84, 364.42, 365.63, 365.89, 250.50, 250.51, 250.52, 250.53, effective 9/15/11	Prior Auth effective 01/01/11	IV
J9040	Bleomycin	BLEOMYCIN SULFATE, 15 UNITS	Yes	Yes	Yes	No				IV, IM, SC, Intrapleural
J9041	Velcade	BORTEZOMIB, 0.1 MG	Yes	Yes	Yes	No				IV
J9042	Adcetris	BRENTUXIMAB VEDOTIN, 1 MG INJECTION, IV	Yes	Yes	Yes	Med Excep			New code effective 01/01/13	IV
J9043	Jevtana	Injection, cabazitaxel, 1mg (IV)	Yes	Yes	Yes	Med Excep			New code effective 01/01/2012	IV
J9045	Paraplatin	CARBOPLATIN, 50 MG	Yes	Yes	Yes	No				IV
J9050	Bicnu	CARMUSTINE, 100 MG	Yes	Yes	Yes	No				IV
J9055	Erbitux	CETUXIMAB, 10 MG	Yes	Yes	Yes	No				IV
J9060	Cisplatin	CISPLATIN, POWDER OR S0LUTION, PER 10 MG	Yes	Yes	Yes	No				IV
J9062	Cisplatin	CISPLATIN, 50 MG	Yes	Yes	Yes	No			code deleted 01/01/2011	IV
J9065	Leustatin	CLADRIBINE, PER 1 MG	Yes	Yes	Yes	No				IV
J9070		CYCLOPHOSPHAMIDE, 100 MG	Yes	Yes	Yes	No				IV, IM, Intrapleural, Intraperitoneal
J9080		CYCLOPHOSPHAMIDE, 200 MG	Yes	Yes	Yes	code deleted			code deleted 01/01/2011	IV, IM, Intrapleural, Intraperitoneal
J9090	Cyclophosphamide	CYCLOPHOSPHAMIDE, 500 MG	Yes	Yes	Yes	code deleted			code deleted 01/01/2011	IV, IM, Intrapleural, Intraperitoneal
J9091	Cyclophosphamide	CYCLOPHOSPHAMIDE, 1.0 GRAM	Yes	Yes	Yes	code deleted			code deleted 01/01/2011	IV, IM, Intrapleural, Intraperitoneal
J9092	Cyclophosphamide	CYCLOPHOSPHAMIDE, 2.0 GRAM	Yes	Yes	Yes	code deleted			code deleted 01/01/2011	IV, IM, Intrapleural, Intraperitoneal

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
J9093		CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG	Yes	Yes	Yes	code deleted			code deleted 01/01/2011	IV, IM, Intrapleural, Intraperitoneal
J9094		CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG	Yes	Yes	Yes	code deleted			code deleted 01/01/2011	IV, IM, Intrapleural, Intraperitoneal
J9095	Cyclophosphamide	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	Yes	Yes	Yes	code deleted			code deleted 01/01/2011	IV, IM, Intrapleural, Intraperitoneal
J9096	Cyclophosphamide	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	Yes	Yes	Yes	code deleted			code deleted 01/01/2011	IV, IM, Intrapleural, Intraperitoneal
J9097	Cyclophosphamide	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	Yes	Yes	Yes	code deleted			code deleted 01/01/2011	IV, IM, Intrapleural, Intraperitoneal
J9098	Depocyt	CYTARABINE LIPOSOME, 10 MG	Yes	Yes	Yes	No				Intrathecal
J9100	Dacarbazine, Cytarabine	CYTARABINE, 100 MG	Yes	Yes	Yes	No				IV, SC, Intrathecal
J9110	Dacarbazine, Cytarabine	CYTARABINE, 500 MG	Yes	Yes	Yes	No			code deleted 01/01/2011	IV, SC, Intrathecal
J9120	Cosmegen	DACTINOMYCIN, 0.5 MG	Yes	Yes	Yes	No				IV
J9130	Dacarbazine	DACARBAZINE, 100 MG	Yes	Yes	Yes	No				IV
J9140	Dacarbazine	DACARBAZINE, 200 MG	Yes	Yes	Yes	No			code deleted 01/01/2011	IV
J9150	Cerubidine	DAUNORUBICIN, 10 MG	Yes	Yes	Yes	No				IV
J9151	Daunoxome	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	Yes	Yes	Yes	No				IV
J9155	Firmagon	DEGARELIX, 1 MG	Yes	Yes	Yes	No	No		updated 06/30/11	SC
J9160	Ontak	DENILEUKIN DIFTITOX, 300 MICROGRAMS	Yes	Yes	Yes	No				IV
J9165		DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	Yes	Yes	Yes	No				IV
J9165		Diethylstilbestrol injection, 250mg	Yes	Yes	Yes	No				IV
J9171	Taxotere	DOCETAXEL, 1 MG	Yes	Yes	Yes	No				IV
J9175		ELLIOTTS' B SOLUTION, 1 ML	Yes	Yes	No	No				Intrathecal
J9178	Ellence	EPIRUBICIN HCL, 2 MG	Yes	Yes	Yes	No				IV
J9179	Halaven	Injection, eribulin mesylate, 1mg (IV)	Yes	Yes	Yes	Prior Auth			Prior auth 01/11 P&T, New code effective 01/01/2012	IV
J9181	Toposar	ETOPOSIDE, 10 MG	Yes	Yes	Yes	No				IV
J9182	Etopophos	ETOPOSIDE, 100 MG	Yes	Yes	Yes	No				IV
J9185	Fludara	FLUDARABINE PHOSPHATE, 50 MG	Yes	Yes	Yes	No				IV
J9190	Adrucil	FLUOROURACIL, 500 MG	Yes	Yes	Yes	No				IV
J9200	FUDR	FLOXURIDINE, 500 MG	Yes	Yes	Yes	No				Intra-arterial
J9201	Gemzar	GEMCITABINE HYDROCHLORIDE, 200 MG	Yes	Yes	Yes	No				IV
J9202	Zoladex	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Yes	Yes	Yes	No	No			SC
J9206	Camptosar	IRINOTECAN, 20 MG	Yes	Yes	Yes	No				IV

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
J9207	Ixempra Kit	IXABEPILONE, 1 MG	Yes	Yes	Yes	No				IV
J9208	Ifex	IFOSFAMIDE, 1 GRAM	Yes	Yes	Yes	No				IV
J9209	Mesnex	MESNA, 200 MG	Yes	Yes	Yes	No				IV
J9211	Idamycin	IDARUBICIN HYDROCHLORIDE, 5 MG	Yes	Yes	Yes	No				IV
J9212	Infergen	INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	Yes	Yes	Yes	No	Yes			SC
J9213		INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	Yes	Yes	Yes	No	Yes			IM, SC
J9214	Intron-A	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	Yes	Yes	Yes	No	Effective 4/1/2012, for Medicare members.	No Approval needed when billed with DX codes 140.0 - 239.9 or V66.2	Dx codes effective 9/1/12	IM, SC
J9215	Alferon N	INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	Yes	Yes	No	No	Yes			Intralesional
J9216	Actimmune	INTERFERON, GAMMA 1-B, 3 MILLION UNITS	Yes	Yes	Yes	No	Yes			SC
J9217	Eligard, Lupron Depot, Lupron Depot-Ped	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	Yes	Yes	Yes	No	No			IM, SC
J9218	Lupron	LEUPROLIDE ACETATE, PER 1 MG	Yes	Yes	Yes	No	No			SC
J9219		LEUPROLIDE ACETATE IMPLANT, 65 MG	Yes	Yes	Yes	No	Yes			SC
J9225	Vantas Kit, Supprelin LA	HISTRELIN IMPLANT (VANTAS), 50 MG	Yes	Yes	Yes	No				SC
J9226	Vantas Kit, Lupprelin LA Kit	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	Yes	Yes	Yes	No				SC
J9228	Yervoy	Injection, Ipilimumab, 1 mg (IV)	Yes	Yes	Yes	Prior Auth			Prior Auth 05/11 P&T, New code effective 01/01/2012	IV
J9230	Mustargen	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	Yes	Yes	Yes	No				IV, intrapleural, intraperitoneal, intrapericardial
J9245	Alkeran	MELPHALAN HYDROCHLORIDE, 50 MG	Yes	Yes	Yes	No				IV, intrapleural, intraperitoneal, intrapericardial
J9250	Methotrexate	METHOTREXATE SODIUM, 5 MG	Yes	Yes	Yes	No				IV, intrathecal
J9260	Methotrexate	METHOTREXATE SODIUM, 50 MG	Yes	Yes	Yes	No				IV, intrathecal
J9261	Arranon	NELARABINE, 50 MG	Yes	Yes	Yes	No				IV
J9263	Eloxatin	OXALIPLATIN, 0.5 MG	Yes	Yes	Yes	No				IV
J9264	Abraxane	PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	Yes	Yes	Yes	No				IV

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J9265	Onxol	PACLITAXEL, 30 MG	Yes	Yes	Yes	No				IV
J9266	Oncaspar	PEGASPARGASE, PER SINGLE DOSE VIAL	Yes	Yes	Yes	No				IV, IM
J9268	Nipent	PENTOSTATIN, 10 MG	Yes	Yes	Yes	No				IV
J9270		PLICAMYCIN, 2.5 MG	Yes	Yes	Yes	No				IV
J9280	Mitomycin	MITOMYCIN, 5 MG	Yes	Yes	Yes	No				IV, intravesical
J9290	Mitomycin	MITOMYCIN, 20 MG	Yes	Yes	Yes	No				IV, intravesical
J9291	Mitomycin	MITOMYCIN, 40 MG	Yes	Yes	Yes	No				IV, intravesical
J9293	Novantrone	MITOXANTRONE HYDROCHLORIDE, PER 5 MG	Yes	Yes	Yes	No				IV
J9300	Mylotarg	GEMTUZUMAB OZOGAMICIN, 5 MG	Yes	Yes	Yes	No				IV
J9302	Arzerra	injection, ofatumumab, 10mg	Yes	Yes	Yes	Prior Auth			Prior Auth effective 01/01/2011	IV
J9303	Vectibix	PANITUMUMAB, 10 MG	Yes	Yes	Yes	No				IV
J9305	Alimta	PEMETREXED, 10 MG	Yes	Yes	Yes	Prior Auth			Prior Auth effective 01/01/2011	IV
J9307	Folotyn	Injection, pralatrexate, 1mg	Yes	Yes	Yes	Med Excep			Effective 01/01/2011	IV
J9310	Rituxan	RITUXIMAB, 100 MG	Yes	Yes	Yes	Prior Auth (for non-oncology uses)		No approval needed for DX codes 140.0-239.9		IV
J9315	Istodax	Injection, romidepsin, 1mg	Yes	Yes	Yes	Med Excep			Effective 01/01/2011	IV
J9320	Zanosar	STREPTOZOCIN, 1 GRAM	Yes	Yes	Yes	No				IV
J9328	Temodar	TEMOZOLOMIDE, 1 MG	Yes	Yes	Yes					IV
J9330	Torisel	TEMSIROLIMUS, 1 MG	Yes	Yes	Yes	No				IV
J9340	Thiotepa	THIOTEPA, 15 MG	Yes	Yes	Yes	No				IV
J9350	Hycamtin	TOPOTECAN, 4 MG	Yes	Yes	Yes	No			code deleted 01/01/2011	IV, PO
J9351	Hycamtin	Injection, topotecan, 0.1mg	Yes	Yes	Yes	Med Excep			Effective 01/01/2011	IV
J9355	Herceptin	TRASTUZUMAB, 10 MG	Yes	Yes	Yes	No				IV
J9357	Valstar	VALRUBICIN, INTRAVESICAL, 200 MG	Yes	Yes	Yes	No				Intravesical
J9360	Vinblastine	VINBLASTINE SULFATE, 1 MG	Yes	Yes	Yes	No				IV
J9370	Vincasar PFS	VINCRISTINE SULFATE, 1 MG	Yes	Yes	Yes	No				IV
J9375	Vincasar PFS	VINCRISTINE SULFATE, 2 MG	Yes	Yes	Yes	No			code deleted 01/01/2011	IV
J9380	Vincasar PFS	VINCRISTINE SULFATE, 5 MG	Yes	Yes	Yes	No			code deleted 01/01/2011	IV
J9390	Navelbine	VINORELBINE TARTRATE, 10 MG	Yes	Yes	Yes	No				IV
J9395	Faslodex	FULVESTRANT, 25 MG	Yes	Yes	No	No	Effective 4/1/2012, for			IM
J9600	Photofrin	PORFIMER SODIUM, 75 MG	Yes	Yes	Yes	No				IV
J9999		NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	Yes	Yes	Yes	Med Excep				N/A

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
Q0138	Feraheme	FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Yes	Yes	Yes	Prior Auth		Approved when billed with 585.6, 140.0 - 239.9, 284.89	effective 06/01/2010	IV
Q0139	Feraheme	FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)	Yes	Yes	Yes	Prior Auth		Approved when billed with 585.6, 140.0 - 239.9, 284.89	effective 06/01/2010	IV
Q0144		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	Yes	No	No	No				Oral
Q0162		Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Yes	No	No	No	No		New code effective 01/01/2012	Oral
Q0163		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION	Yes	No	No	No				Oral
Q0163		ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC	Yes	No	No	No				
Q0163		AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	No				
Q0164		PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	Yes	No	No	No				Oral
Q0164		FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME	Yes	No	No	No				
Q0164		OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	No				
Q0165		PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	Yes	No	No	No				Oral

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
Q0165		FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME	Yes	No	No	No				
Q0165		OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	No				
Q0166	Kytril	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	Yes	No	No	Prior Auth				Oral
Q0166	Kytril	FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME	Yes	No	No	Prior Auth				
Q0166	Kytril	OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	Yes	No	No	Prior Auth				
Q0167		DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	Yes	No	No	Prior Auth				Oral
Q0167		COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF	Yes	No	No	Prior Auth				
Q0167		CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	Prior Auth				
Q0168		DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	Yes	No	No	Prior Auth				Oral
Q0168		COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF	Yes	No	No	Prior Auth				
Q0168		CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	Prior Auth				
Q0169		PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION	Yes	No	No	No				Oral
Q0169		ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC	Yes	No	No	No				

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
Q0169		AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	No				
Q0170		PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION	Yes	No	No	No				Oral
Q0170		ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC	Yes	No	No	No				
Q0170		AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	No				
Q0171		CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION	Yes	No	No	No				Oral
Q0171		ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC	Yes	No	No	No				
Q0171		AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	No				
Q0172		CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION	Yes	No	No	No				Oral
Q0172		ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC	Yes	No	No	No				
Q0172		AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	No				
Q0173		TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION	Yes	No	No	No				Oral
Q0173		ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC	Yes	No	No	No				

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
Q0173		AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	No				
Q0174		THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	Yes	No	No	No				Oral
Q0174		FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME	Yes	No	No	No				
Q0174		OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	No				
Q0175		PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	Yes	No	No	No				Oral
Q0175		COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF	Yes	No	No	No				
Q0175		CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	No				
Q0176		PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	Yes	No	No	No				Oral
Q0176		COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF	Yes	No	No	No				
Q0176		CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	No				
Q0177	Vistaril	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	Yes	No	No	No				Oral
Q0177	Vistaril	USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF	Yes	No	No	No				
Q0177	Vistaril	CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	No				

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
Q0178	Vistaril	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	Yes	No	No	No				Oral
Q0178	Vistaril	USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF	Yes	No	No	No				
Q0178	Vistaril	CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	No				
Q0179	Zofran	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	Yes	No	No	No			Code deleted 01/01/2012	Oral
Q0179	Zofran	FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME	Yes	No	No	No			Code deleted 01/01/2012	
Q0179	Zofran	OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	No	No	No			Code deleted 01/01/2012	
Q0180	Anzemet	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	Yes	No	No	Prior Auth				Oral
Q0180	Anzemet	USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF	Yes	No	No	Prior Auth				
Q0180	Anzemet	CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	Yes	No	No	Prior Auth				
Q0181		UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS	Yes		No	Med Excep				
Q0181		A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF	Yes		No	Med Excep				
Q0181		CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes		No	Med Excep				
Q0515	GEREF	SERMORELIN ACETATE, 1 MICROGRAM	Yes		Yes	Med Excep				IV

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
Q2004		IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN,	Yes		No	No				
Q2004		PER 500 ML	Yes		No	No				
Q2009	Cerebyx	FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	Yes		Yes	No				IV, IM
Q2017	Vumon	TENIPOSIDE, 50 MG	Yes		Yes	No				IV
Q2023	Xyntha	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	Yes		Yes	No			code deleted 01/01/2010	IV
Q2024	Avastin	BEVACIZUMAB, 0.25 MG	Yes		Yes	Prior Auth		No approval needed for DX codes: 362.01-362.07, 362.15, 362.16, 362.29, 362.30, 362.35, 362.36. 362.52, 362.53, 362.60-362.66, 362.83, 362.84, 364.42, 365.63, 365.89, 250.50, 250.51, 250.52, 250.53, effective 9/1/11	code deleted 2010	IV
Q2025	Oforta	FLUDARABINE PHOSPHATE, ORAL , 1 MG	Yes	Yes	Yes	Prior Auth	Yes		Effective 10/01/10, Code deleted 01/01/2011	Oral
Q2034	Agri Flu	Influenza Virus Vaccine, Split Virus, Intramuscular use	No	No	No	Med Excep	No		Code effective 07/01/2012	IM
Q2040	Xeomin	incobotulinumtoxinA soln	Yes	Yes	No	Med Excep			Effective 04/01/2011, Code deleted 01/01/2012	IM
Q2042	Makena	HYDROXYPROGESTERONE CAPROATE IM IN OIL 250 MG/ML			No	Med Excep			Med Excep 03/11 P&T, Code deleted 01/01/2012	IM
Q2043	Provenge	SIPULEUCEL-T SUSPENSION FOR IV INFUSION	Yes	Yes	Yes	Med Excep			Effective 01/01/2011	IV
Q2044	Benlysta	BELIMUMAB FOR IV SOLN	Yes	Yes	Yes	Med Excep			Med Excep effective 5/11 P&T, Code deleted 01/01/2012	IV
Q2045	Riastap	HUMAN FIBRINOGEN CONCENTRATE. 1MG, IV	Yes	Yes	Yes	No			Code effective 07/01/2012, Code deleted 01/01/2013, **See J7178**	IV

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
Q2046	Eylea	AFLIBERCEPT INTRAVITREAL INJ 2 MG/0.05ML (40 MG/ML)	Yes	Yes	No	Med Excep	No		Med Excep 01/12 P&T, New Code effective 07/01/12, **Code Deleted 01/01/13, See J0178**	Intravitreal
Q2047	Omontys	PEGINESATIDE, 0.1MG (FOR ESRD ON DIALYSIS)	Yes	Yes	Yes	Med Excep	No		Medical Exception 05/12 P&T, Code effective 07/01/2012, **Code deleted 01/01/13, See J0890**	IV, SC
Q2048	Doxil	DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, 10MG, IV	Yes	Yes	Yes	No	No		Code effective 07/01/12, **Code deleted 01/01/13, See J9002**	IV
Q2049	Imported Lipodox	DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10MG	Yes	Yes	Yes	No	No		Code effective 07/01/12	IV
Q4074	Ventavis	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes		Yes	Med Excep				Inhalation
Q4074	Ventavis	ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS	Yes		Yes	Med Excep				Inhalation
Q4079	Tysabri	NATALIZUMAB, 1 MG	Yes	Yes	Yes	Med Excep				IV
Q4080	Ventavis	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	Yes		Yes	Med Excep			Code deleted 1/01/2010	Inhalation
Q4080	Ventavis	ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	Yes		Yes	Med Excep			Code deleted 1/01/2010	Inhalation
Q4081	Epogen, Procrit	EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	Yes	Yes	Yes	No				IV, SC
Q4082		DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE	Yes		no	No				
Q4082		ACQUISITION PROGRAM (CAP)	Yes		no	No				
Q4083	Hyalgan, Supartz	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION,	Yes	Yes	No	code deleted			code deleted 01/01/2008	Intra-articular
Q4083	Hyalgan,	PER DOSE	Yes	Yes	Yes	code deleted			code deleted 01/01/2008	
Q4084	Synvisc	HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR PER DOSE	Yes	Yes	No	code deleted			code deleted 01/01/2008	Intra-articular

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Q4085	Euflexxa	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR PER DOSE	Yes	Yes	No	code deleted			code deleted 01/01/2008	Intra-articular
Q4086	Orthovisc	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR PER DOSE	Yes	Yes	No	code deleted			code deleted 01/01/2008	Intra-articular
Q4087	Octagam	IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G.	Yes	Yes	Yes	Prior Auth			code deleted 01/01/2008	IV
Q4087	Octagam	LIQUID), 500 MG	Yes	Yes	Yes	Prior Auth			code deleted 01/01/2008	
Q4088	Gammagard	IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED,	Yes	Yes	Yes	Prior Auth			code deleted 01/01/2008	IV
Q4088	Gammagard	(E.G. LIQUID), 500 MG	Yes	Yes	Yes	Prior Auth			code deleted 01/01/2008	
Q4089	Rhophylac	RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR	Yes	Yes	Yes	No			code deleted 01/01/2008	IV, IM
Q4089	Rhophylac	INTRAVENOUS, 100 IU	Yes	Yes	Yes	No			code deleted 01/01/2008	
Q4090	Hepagam B	HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	Yes		No	Prior Auth			code deleted 01/01/2008	IM
Q4091	Flebogamma	IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED, (E.G.	Yes	Yes	Yes	Prior Auth			code deleted 01/01/2008	IV
Q4091	Flebogamma	LIQUID), 500 MG	Yes	Yes	Yes	Prior Auth			code deleted 01/01/2008	
Q4092	Gamunex	IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G.	Yes	Yes	Yes	Prior Auth			code deleted 01/01/2008	IV
Q4092	Gamunex	LIQUID), 500 MG	Yes	Yes	Yes	Prior Auth			code deleted 01/01/2008	
Q4093	Albuterol, Xopenex	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION,	Yes		Yes	No			code deleted 01/01/2008	Inhalation
Q4093	Albuterol, Xopenex	FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME,	Yes		Yes	No			code deleted 01/01/2008	
Q4093	Albuterol, Xopenex	CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	Yes		Yes	No			code deleted 01/01/2008	
Q4094	Albuterol, Xopenex	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION,	Yes		Yes	No			code deleted 01/01/2008	Inhalation

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Q4094	Albuterol, Xopenex	FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT	Yes		Yes	No			code deleted 01/01/2008	
Q4094	Albuterol, Xopenex	DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	Yes		Yes	No			code deleted 01/01/2008	
Q4095	Reclast	ZOLEDRONIC ACID (RECLAST), 1 MG	Yes	Yes	Yes	Prior Auth	Effective 4/1/2012, for		code deleted 01/01/2008	IV
Q4096	Humate-P, Wilate, Alphanate	VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT	Yes		Yes	No			code deleted 01/01/2009	IV
Q4096	Humate-P, Wilate,	OTHERWISE SPECIFIED), PER I.U. VWF: RCO	Yes		Yes	No			code deleted 01/01/2009	
Q4097	Privigen	IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.	Yes	Yes	Yes	Prior Auth			code deleted 01/01/2009	IV
Q4097	Privigen	LIQUID), 500 MG	Yes	Yes	Yes	Prior Auth			code deleted 01/01/2009	
Q4098	Dexferrum,	IRON DEXTRAN, 50 MG	Yes	Yes	Yes	Prior Auth			effective 6/1/2010	IV
Q4099	Perforomist	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT,	Yes	Yes	yes	Med Excep			code deleted 01/01/2009	Inhalation
Q4099	Perforomist	NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	Yes	Yes	no	Med Excep			code deleted 01/01/2009	
S0012		BUTORPHANOL TARTRATE, NASAL SPRAY, 25 MG	Yes		No	No				Intranasal
S0014		TACRINE HYDROCHLORIDE, 10 MG	Yes	No	No	No				Oral
S0017		AMINOCAPROIC ACID, 5 GRAMS	Yes		Yes	No				IV
S0020		BUPIVICAINE HYDROCHLORIDE, 30 ML	Yes		No	No				Epidural, Intrapleural
S0021		CEFOPERAZONE SODIUM, 1 GRAM	Yes		yes	No				IV, IM
S0023		CIMETIDINE HYDROCHLORIDE, 300 MG	Yes		Yes	No				IV
S0028		FAMOTIDINE, 20 MG	Yes		Yes	No				IV
S0030		METRONIDAZOLE, 500 MG	Yes		Yes	No				IV
S0032		NAFCILLIN SODIUM, 2 GRAMS	Yes		Yes	No				IM, IV
S0034		OFLOXACIN, 400 MG	Yes		Yes	No				IV
S0039		SULFAMETHOXAZOLE AND TRIMETHOPRIM, 10 ML	Yes		Yes	No				IV

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S0040		TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, 3.1 GRAMS	Yes		Yes	No				IV
S0073		AZTREONAM, 500 MG	Yes		Yes	No				IM, IV
S0074		CEFOTETAN DISODIUM, 500 MG	Yes		Yes	No				IM, IV
S0077		CLINDAMYCIN PHOSPHATE, 300 MG	Yes		Yes	No				IM, IV
S0078		FOSPHENYTOIN SODIUM, 750 MG	Yes		Yes	No				IM, IV
S0080		PENTAMIDINE ISETHIONATE, 300 MG	Yes		Yes	No				IM, IV
S0081		PIPERACILLIN SODIUM, 500 MG	Yes		Yes	No				IM, IV
S0088	Gleevec	IMATINIB, 100 MG & 400MG	Yes		Yes	Med Excep	Yes			Oral
S0090		SILDENAFIL CITRATE, 25 MG	Yes		no	No				Oral
S0091		GRANISETRON HYDROCHLORIDE, 1MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE	Yes		Yes	No				IV
S0091		STATUTE, USE Q0166)	Yes		no	No				
S0092		HYDROMORPHONE HYDROCHLORIDE, 250 MG (LOADING DOSE FOR INFUSION PUMP)	Yes		No	No				IM, SC
S0093		MORPHINE SULFATE, 500 MG (LOADING DOSE FOR INFUSION PUMP)	Yes		No	No				IT, Epidural
S0104		ZIDOVUDINE, ORAL, 100 MG	Yes	No	No	No				Oral
S0106		BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS	Yes	No	No	No				Oral
S0108		MERCAPTOPURINE, ORAL, 50 MG	Yes	No	No	No				Oral
S0109		METHADONE, ORAL, 5 MG	Yes	No	No	No				Oral

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S0116	Avastin	BEVACIZUMAB, 100 MG	Yes	Yes	Yes	Prior Auth		No approval needed for DX codes: 362.01-362.07, 362.15, 362.16, 362.29, 362.30, 362.35, 362.36. 362.52, 362.53, 362.60-362.66, 362.83, 362.84, 364.42, 365.63, 365.89, 250.50, 250.51, 250.52, 250.53, effective 9/15/11	Prior Auth effective 01/01/11, Code deleted 07/01/2006	IV
S0117		TRETINOIN, TOPICAL, 5 GRAMS	Yes	No	No	No				Topical
S0122		MENOTROPINS, 75 IU	EXCLUDED	Follow Infertility Benefit	Follow Infertility Benefit	Prior Auth	Yes			IM, SC
S0126		FOLLITROPIN ALFA, 75 IU	EXCLUDED	Follow Infertility Benefit	Follow Infertility Benefit	Prior Auth	Yes			SC
S0128		FOLLITROPIN BETA, 75 IU	EXCLUDED	Follow Infertility Benefit	Follow Infertility Benefit	Prior Auth	Yes			IM, SC
S0132		GANIRELIX ACETATE, 250 MCG	EXCLUDED	Follow Infertility Benefit	Follow Infertility Benefit	Prior Auth	Yes			SC
S0133		HISTRELIN, IMPLANT, 50 MG	Yes	Yes	Yes					SC
S0136		CLOZAPINE, 25 MG	Yes	No	No	No				Oral
S0137		DIDANOSINE (DDI), 25 MG	Yes	No	No	No				Oral
S0138		FINASTERIDE, 5 MG	Yes	No	No	No				Oral
S0139		MINOXIDIL, 10 MG	Yes	No	No	No				Oral
S0140		SAQUINAVIR, 200 MG	Yes	No	No	No				Oral
S0141		ZALCITABINE (DDC), 0.375 MG	Yes	No	No					Oral
S0142		COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME,	Yes		Yes	No				Inhalation
S0142		CONCENTRATED FORM, PER MG	Yes		Yes	No				Inhalation
S0143		AZTREONAM, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER	Yes		Yes				Code deleted 01/01/2009	Inhalation
S0143		GRAM	Yes		Yes				Code deleted 01/01/2009	
S0145	Pegasys	PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML	Yes	Yes	Yes	Prior Auth	Yes			SC

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
S0146		PEGYLATED INTERFERON ALFA-2B, 10 MCG PER 0.5 ML	Yes	Yes	Yes	Yes			Code deleted 10/01/2010	SC
S0147	Myozyme, Lumizyme	ALGLUCOSIDASE ALFA, 20 MG	Yes	Yes	Yes				Code deleted 01/01/2008	IV
S0155		STERILE DILUTANT FOR EPOPROSTENOL, 50ML	Yes		Yes	No				IV
S0156		EXEMESTANE, 25 MG	Yes		Yes	No				Oral
S0157		BECAPLERMIN GEL 0.01%, 0.5 GM	Yes		No	No				Topical
S0160		DEXTROAMPHETAMINE SULFATE, 5 MG	Yes		No	No				Oral
S0161		CALCITROL, 0.25 MG	Yes		No				Code deleted 10/01/2010	Oral
S0162	Raptiva	EFALIZUMAB, 125 MG	Yes		No	No			Withdrawn from market June 2008	SC
S0164		PANTOPRAZOLE SODIUM, 40 MG	Yes		Yes	No				IV
S0166		OLANZAPINE, 2.5 MG	Yes		No	No				IM
S0167		APOMORPHINE HYDROCHLORIDE, 1 MG	Yes		No				Code deleted 04/01/2007	SC
S0170		ANASTROZOLE, ORAL, 1MG	Yes		yes	No				Oral
S0171		BUMETANIDE, 0.5MG	Yes		Yes	No				IV
S0172	Leukeran	CHLORAMBUCIL, ORAL, 2MG	Yes		yes	Prior Auth	Yes			Oral
S0174	Anzemet	DOLASETRON MESYLATE, ORAL 50MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE	Yes		No	Prior Auth				Oral
S0174	Anzemet	STATUTE, USE Q0180)	Yes		No	Prior Auth				Oral
S0175		FLUTAMIDE, ORAL, 125MG	Yes		yes	No				Oral
S0176		HYDROXYUREA, ORAL, 500MG	Yes		yes	No				Oral
S0177		LEVAMISOLE HYDROCHLORIDE, ORAL, 50MG	Yes		No	No				Oral
S0178	CeeNU	LOMUSTINE, ORAL, 10MG	Yes		yes	No	Yes			Oral
S0179		MEGESTROL ACETATE, ORAL, 20MG	Yes		No	No				Oral
S0180	Implanon	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	Yes	Process according to EOC	Process according to EOC	No			Remove PA 01/01/2011, Code deleted 01/01/2008	Subdermal
S0181		ONDANSETRON HYDROCHLORIDE, ORAL, 4MG (FOR CIRCUMSTANCES FALLING UNDER THE	Yes		No	No			Code deleted 01/01/2012	Oral
S0181		MEDICARE STATUTE, USE Q0179)	Yes		No	No			Code deleted 01/01/2012	
S0182	Matulane	PROCARBAZINE HYDROCHLORIDE, ORAL, 50MG	Yes		No	Prior Auth	Yes			Oral

HCPCS Code	BrandName	Code Description	Coinsurance taken for Medicare	Coinsurance taken for Medical	Federal employee coinsurance taken for Medical	Prior Authorization or Medical Exception (as of)	Specialty Pharmacy Dispensing	Prior Authorization Exception Notes	Other Notes	Route of Administration
S0183		PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE	Yes		No	No				Oral
S0183		MEDICARE STATUTE, USE Q0164 - Q0165)	Yes		No	No				
S0187		TAMOXIFEN CITRATE, ORAL, 10MG	Yes		yes	No				Oral
S0189	Testopel	TESTOSTERONE PELLET, 75MG	Yes	Yes	No	Prior Auth			Prior Auth 05/12 P&T	IM
S0190		MIFEPRISTONE, ORAL, 200 MG	Yes		No	No				Oral
S0191		MISOPROSTOL, ORAL, 200 MCG	Yes		No	No				Oral
S0198	Macugen	PEGAPTANIB SODIUM, 0.3 MG	Yes		No	Med Excep	Yes		Code deleted 07/01/2006	Intravitreous
S0199		MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL	Yes		No	No				
S9359		INFLIXIMAB); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE	Yes		No	No				IV