

471-000-540 Nebraska Medicaid Practitioner Fee Schedule for Injectables

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 18-004.28.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT®). CPT® is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT® numeric identifying codes for reporting medical services and procedures.

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Further instructions for the injectable fee schedule includes:

1. An "X" in the prior authorization (PA) column indicates a prior authorization for the medication is required. For prior authorization of most injectables, use the MS-77 form found at <http://dhhs.ne.gov/Documents/471-000-206.pdf>. For respiratory syncytial virus prophylaxis, Omalizumb (IgE) blocker therapy, or Natalizumab, the injectable authorization forms can be found at <http://dhhs.ne.gov/medicaid/Pages/Practitioner-Injectable-Medication-Prior-Authorization-Forms.aspx>.

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

2. An authorization request may be faxed to 402-471-9092 or, Attn: Pharmacy Services E-Fax to 402-742-2348 and should include the following:
  - a. Name of medication,
  - b. Dosage requested,
  - c. Documentation of medical necessity of medication, and
  - d. Applicable CPT or HCPCS code.

The authorization decision will be faxed back to the requesting provider. Claims submitted without the required prior authorization will not be reimbursed for the medication. If the client is covered under a Medicaid Managed Care Plan, please obtain such authorizations directly through that plan.

3. Injectable medications not included in this fee schedule will not be reimbursed, with the exception of a unique encounter which has been pre-approved through the Medical Director.
4. When billing for medications administered, the physician must use the appropriate HCPCS code and the correct HCPCS units. The correct CPT for administration must also be submitted.
5. NDC #s must be included with any claim submission for injectable medications. Drugs that are not rebate able will not be reimbursed. The NDC # must be accompanied with the appropriate qualifier (F2 = International Unit, GR = Gram, ML = Milliliter, UN = Unit/Each) and the appropriate quantity of that qualifier. NDCs are not required for vaccines.
6. IC noted in Medicaid allowable column of the fee schedule below indicates "invoice cost" and the medication purchase invoice must be submitted with the claim. IC Limited indicates "invoice cost within a limit" and the medication purchase invoice must be submitted with the claim.
7. MP noted in Medicaid allowable column of the fee schedule below indicates "manual pricing".

**MEDICAID FEE SCHEDULE 471-000-540 INJECTABLES  
REV. APRIL 1, 2017**

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
A9515		CHOLINE 11, DIAGNOSTIC, PER STUDY DOSE UP TO 20 MILLICURIES CHOLINE -11		NOT COVERED		
A9575		INJECTION, GADOTERATE MEGLUMINE, 0.1 ML				\$0.19
A9576		INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML				\$1.72
A9577		INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML		MEDICAL RECORDS REQUIRED		\$2.08
A9578		INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML				\$1.98
A9579		INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED (NOS), PER ML				\$1.92
A9581		INJECTION, GADOXETATE DISODIUM, 1 ML				\$13.93
A9583		INJECTION, GADOFOSVESET TRISODIUM, 1 ML				\$18.55
A9585		INJECTION, GADOBUTROL, 0.1 ML				\$0.38
A9587		GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE				\$67.24
A9588		FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE				\$392.48
A9606		RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE				\$132.30
C9140		INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (AFSTYLA), 1 I.U.		SEND DOCUMENTATION AND INVOICE		\$1.76
C9257		INJECTION, BEVACIZUMAB, 0.25 MG		FOR MACULAR DEGENERATION.		\$1.98
C9484		INJECTIN, ETEPLIRSEN, 10 MG		NOT COVERED		
C9487		USTEKINUMAB, INTRAVENOUS INJECTION 1MG		OUTPATIENT SETTING. NOT FOR SELF-ADMINISTRATION		\$13.15

J0129		ABATACEPT INJECTION		10 MG		\$46.85
J0130		INJECTION ABCIXIMAB, 10MG				\$1,152.18
J0132		ACETYLCYSTEINE INJECTION		100 MG		\$1.38
J0133		ACYCLOVIR INJECTION		5 MG		\$0.07
J0135		ADALIMUMAB INJECTION		20 MG		\$1,185.81
J0153		INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)				\$0.55
J0171		ADRENALIN EPINEPHRINE INJECT		0.1 MG		\$0.40
J0178		INJECTION, AFLIBERCEPT, 1 MG				\$980.14
J0180		AGALSIDASE BETA INJECTION	X	1 MG		\$166.05
J0202		INJECTION, ALEMTUZUMAB, 1 MG	X	PRIOR AUTHORIZATION		\$1,753.02
J0207		AMIFOSTINE		500 MG		\$519.00
J0220		INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	X	NO ACTIVE NDCS		\$208.26
J0221		INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	X	10 MG		\$159.73
J0256		ALPHA 1 PROTEINASE INHIBITOR		10 MG		\$4.81
J0257		INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG		10 MG		\$4.35
J0270		ALPROSTADIL		PROSTIN VR ONLY NOT COVERED FOR SELF ADMINISTRATION		\$0.67
J0278		AMIKACIN SULFATE INJECTION		100 MG		\$1.69
J0280		AMINOPHYLLIN INJECTION		250 MG		\$8.50
J0282		AMIODARONE HCL		30 MG		\$0.46
J0285		AMPHOTERICIN B		50 MG		\$32.85
J0287		AMPHOTERICIN B LIPID COMPLEX		10 MG		\$13.18
J0289		AMPHO B LIPOSOME INJECTION		10 MG		\$19.53
J0290		AMPICILLIN INJECTION		500 MG		\$1.15
J0295		AMPICILLIN SODIUM		1.5 GM		\$2.57
J0300		AMOBARBITAL, UP TO 125 MG (AMYTAL)		125 MG		\$195.72
J0330		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG				\$2.05

J0348		ANIDULAFUNGIN		1 MG		\$0.52
J0360		HYDRALAZINE HCL INJECTION		20 MG		\$3.12
J0364		APOMORPHINE HYDROCHLORIDE		1 MG		\$35.88
J0401		INJECTION, ARIPIRAZOLE, EXTENDED RELEASE, 1 MG	X			\$4.58
J0456		AZITHROMYCIN		500 MG		\$3.59
J0461		ATROPINE SULFATE INJECTINO		0.3 MG		\$0.05
J0470		DIMECAPROL INJECTION		100 MG		\$46.60
J0475		BACLOFEN INJECTION		10 MG		\$168.68
J0476		BACLOFEN INTRATHECAL TRIAL		50 MCG		\$76.83
J0480		BASILIXIMAB		20 MG		\$3,357.34
J0485		INJECTION, BELATACEPT, 1 MG		1 MG		\$3.82
J0490		INJECTION, BELIMUMAB, 10 MG		10 MG		\$42.58
J0500		DICYCLOMINE INJECTION		20 MG		\$69.11
J0515		BENZTROPINE MESYLATE INJECTINO		1 MG		\$25.36
J0558		PENG BENZATHINE/PROCAINE INJ		100,000 UNITS		\$8.54
J0561		PENICILLIN G BENZATHINE INJ		100,000 UNITS		\$10.74
J0570		BUPRENORPHINE IMPLANT 74.2MG	X	REQUIRES PRIOR AUTHORIZATION		\$1,260.59
J0583		BIVALIRUDIN		1 MG		\$1.47
J0585		BOTULINUMTOXIN A INJECTION	X	PA REQUIRED. ONLY FDA APPROVED INDICATIONS/USE APPROVED. DOCUMENT REQUESTED NUMBER OF UNITS PER MUSCLE. MAX 400U EVERY 3 MONTHS.		\$5.94
J0586		ABOBOTULINUMTOXIN A INJECTION	X	PRIOR AUTHORIZATION. ONLY FOR FDA APPROVED USE/INDICATIONS.		\$7.96
J0587		RIMABOTULINUMTOXIN B	X	PRIOR AUTHORIZATION. ONLY FOR FDA APPROVED USE/INDICATIONS.		\$11.74

J0588		INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	X	1 UNIT		\$4.93
J0592		BUPRENORPHINE HYDROCHLORIDE (BUPRENEX)		0.1 MG		\$3.41
J0594		BUSULFAN INJECTION		1 MG		\$36.50
J0595		BUTORPHANOL TARTRATE		1 MG		\$2.31
J0596		INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS				\$29.03
J0597		C-1 ESTERASE, INHIBITER(BERINERT)	X	10 UNITS		\$48.69
J0598		C1 ESTERASE INHIBITOR (CINRYZE)	X	10 IU		\$55.53
J0600		EDETATE CALCIUM DISODIUM INJECTION		1000 MG		\$5,594.42
J0610		CALCIUM GLUCONATE INJECTION		10 ML		\$3.41
J0630		CALCITONIN SALMON INJECTION		400 UNITS		\$2,267.89
J0636		CALCITRIOL INJECTION		0.1 MCG		\$0.60
J0637		CASPUFUNGIN ACETATE		5 MG		\$10.56
J0638		INJECTION, CANAKINUMAB, 1 MG		1 MG		\$92.50
J0640		LEUCOVORIN CALCIUM INJECTION		50 MG		\$3.02
J0641		LEVOLEUCOVORIN INJECTION		0.5 MG		\$0.70
J0670		MEPIVACAINE HCL INJECTION		10 ML		\$2.80
J0690		CEFAZOLIN SODIUM INJECTION		500 MG		\$0.82
J0692		CEFEPIME HCL FOR INJECTION		500 MG		\$2.28
J0694		CEFOXITIN SODIUM INJECTION				\$4.63
J0696		CEFTRIAXONE SODIUM INJECTION				\$0.66
J0697		STERILE CEFUROXIME INJECTION				\$2.38
J0698		CEFOTAXIME SODIUM INJECTION		PER GRAM		\$2.35
J0702		BETAMETHASONE ACET & SOD PHOSP		3 MG		\$6.06
J0706		CAFFEINE CITRATE INJECTION		5 MG		\$2.01
J0712		INJECTION, CEFTAROLINE FOSAMIL, 10 MG		10 MG		\$2.46
J0713		CEFTAZIDIME INJECTION		500 MG		\$2.32
J0714		INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G				\$79.90

J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRCT SUPERVISION OF A PHYSICIAN	NOT FOR USE WHEN SELF-ADMINISTERED.	\$7.34
J0720	CHLORAMPHENICOL SODIUM INJECTION	1 GM	\$39.44
J0725	CHORIONIC GONADOTROPIN	1000 UNITS	\$21.84
J0735	CLONIDINE HCL	1 MG	\$13.97
J0740	CIDOFOVIR INJECTION	375 MG	\$522.11
J0743	CILASTATIN SODIUM INJECTION	250 MG	\$4.00
J0744	CIPROFLOXACIN IV	200 MG	\$1.37
J0770	COLISTIMETHATE SODIUM INJECTION	150 MG	\$12.99
J0775	COLLAGENASE, CLOST HIST INJ	0.01MG	\$40.69
J0780	PROCHLORPERAZINE INJECTION	10 MG	\$12.48
J0795	CORTICORELIN OVINE TRIFLUTAL	1 MCG	\$8.12
J0800	CORTICOTROPIN INJECTION	40 UNITS	\$3,537.09
J0833	COSYNTROPIN INJECTION NOS		\$89.90
J0834	COSYNTROPIN CORTROSYN INJECTION	0.25 MG	\$45.85
J0840	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GM	UP TO 1 GM	\$2,869.92
J0850	CYTOMEGALOVIRUS IMM IV	PER VIAL	\$1,127.74
J0875	INJECTION, DALBAVANCIN, 5MG		\$14.72
J0878	DAPTOMYCIN INJECTION	1 MG	\$0.67
J0881	DARBEOETIN ALFA, NON-ESRD	1 MCG	\$3.85
J0882	DARBEOETIN ALFA, ESRD USE	1 MCG	\$3.85
J0883	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	SEND INVOICE	\$4.77
J0884	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	SEND INVOICE	\$4.77
J0885	EPOETIN ALFA, NON-ESRD	1000 UNITS	\$13.61
J0887	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	FOR ESRD USE. SEND INVOICE	\$1.31
J0888	INJECTIN, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)	FOR NON-ESRD USE. SEND INVOICE.	\$1.31
J0894	DECITABINE INJECTION	1 MG	\$17.95

J0895		DEFEROXAMINE MESYLATE INJECTION		500 MG		\$8.13
J0897		INJECTION, DENOSUMAB, 1 MG (PROLIA)		1 MG		\$16.62
J1000		DEPO-ESTRADIOL CYPIONATE INJECTION		5 MG		\$17.74
J1020		METHYLPREDNISOLONE INJECTION		20 MG		\$4.99
J1030		METHYLPREDNISOLONE INJECTION		40 MG		\$5.56
J1040		METHYLPREDNISOLONE INJECTION		80 MG		\$10.61
J1050		INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG		1 MG		\$0.44
J1071		INJECTION, TESTOSTERONE CYPIONATE,1MG				\$0.02
J1100		DEXAMETHASONE SODIUM PHOSPHATE		1 MG		\$0.10
J1110		DIHYDROERGOTAMINE MESYLT INJECTION		1 MG		\$161.55
J1120		ACETAZOLAMID SODIUM INJECTION		500 MG		\$24.68
J1160		DIGOXIN INJECTION		0.5 MG		\$5.81
J1162		DIGOXIN IMMUNE FAB (OVINE)		PER VIAL		\$3,267.53
J1165		PHENYTOIN SODIUM INJECTION		50 MG		\$0.62
J1170		HYDROMORPHONE INJECTION		4 MG		\$1.91
J1190		DEXRAZOXANE HCL INJECTINO		250 MG		\$206.33
J1200		DIPHENHYDRAMINE HCL		50 MG		\$0.71
J1205		CHLOROTHIAZIDE SODIUM INJECTION		500 MG		\$77.89
J1212		DIMETHYL SULFOXIDE 50%		50 ML		\$533.72
J1230		METHADONE INJECTION		10 MG		\$19.02
J1240		DIMENHYDRINATE INJECTION		50 MG		\$7.08
J1245		DIPYRIDAMOLE INJECTION		10 MG		\$0.78
J1250		DOBUTAMINE HCL INJECTION		250 MG		\$5.37
J1265		DOPAMINE INJECTION		40 MG		\$0.63
J1267		DORIPENEM INJECTION		10 MG		\$0.50
J1270		DOXERCALCIFEROL INJECTION		1 MCG		\$0.57
J1290		ECALLANTIDE INJECTION				\$421.62
J1300		ECULIZUMAB INJECTION	X	PRIOR AUTHORIZATION		\$226.62
J1322		INJECTION, ELOSULFASE ALFA, 1MG	X	PRIOR AUTHORIZATION		\$232.61
J1325		EPOPROSTENOL INJECTION		0.5 MG		\$15.52
J1327		EPTIFIBATIDE INJECTION		5 MG		\$36.91
J1335		ERTAPENEM INJECTION		500 MG		\$48.24



J1364		ERYTHRO LACTOBIONATE		500 MG		\$59.44
J1380		ESTRADIOL VALERATE INJECTION		10 MG		\$7.37
J1410		ESTROGEN CONJUGATE INJECTION		25 MG		\$278.38
J1430		ETHANOLAMINE OLEATE		100 MG		\$422.37
J1438		ETANERCEPT INJECTION		NOT FOR USE WHEN DRUG SELF-ADMINISTERED		\$593.01
J1439		INJECTION, FERRIC CARBOXYMALTOSE, 1MG				\$1.05
J1442		INJECTION, FILGRASTIM (G-CSF), 1 MICROGRAM		1 MCG		\$1.00
J1443		INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1 MG OF IRON				\$0.02
J1447		INJECTION, TBO-FILGRASTIM, 1 MICROGRAM				\$0.66
J1450		FLUCONAZOLE		200 MG		\$4.21
J1451		FOMEPIZOLE		15 MG		\$11.44
J1453		FOSAPREPITANT INJECTION		1 MG		\$1.94
J1458		GALSULFASE INJECTION	X	PRIOR AUTHORIZATION		\$369.41
J1459		IVIG PRIVIGEN INJECTION		500 MG		\$38.86
J1460		GAMMA GLOBULIN INJECTION		1 CC		\$35.73
J1556		INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG				\$38.31
J1557		INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUID), 500 MG		500 MG		\$41.61
J1559		INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG		100 MG		\$9.82
J1560		GAMMA GLOBULIN INJECTION		>10 CC		\$357.38
J1561		GAMUNEX INJECTION		500 MG		\$33.93
J1566		IMMUNE GLOBULIN, POWDER		500 MG		\$32.63
J1568		OCTAGAM INJECTION		500 MG		\$36.08
J1569		GAMMAGARD LIQUID INJECTION		500 MG		\$40.43
J1570		GANCICLOVIR SODIUM INJECTION		500 MG		\$67.04
J1571		HEPAGAM B IM INJECTION		0.5 ML		\$58.64
J1572		FLEBOGAMMA INJECTION		500 MG		\$30.17

J1573		HEPAGAM B IV INJECTION		0.5 ML		\$74.70
J1575		INJECTION,IMMUNE GLOBULIN/HYALURONIDASE,(HYQVIA)100MG IMMUNE GLOBULIN				\$12.95
J1580		GARAMYCIN GENTAMICIN INJECTION		80 MG		\$1.53
J1595		GLATIRAMER ACETATE		20 MG		\$184.90
J1602		INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE		1 MG		\$24.99
J1610		GLUCAGON HCL		1 MG		\$200.81
J1626		GRANISETRON HCL INJECTION		100 MCG		\$0.38
J1630		HALOPERIDOL INJECTION		5 MG		\$1.21
J1631		HALOPERIDOL DECANOATE INJECTION		50 MG		\$17.86
J1640		HEMIN		1 MG		\$22.85
J1642		HEPARIN SODIUM INJECTION		10 UNITS		\$0.17
J1644		HEPARIN SODIUM INJECTION		1000 UNITS		\$0.20
J1645		DALTEPARIN SODIUM		2500 IU		\$15.34
J1650		ENOXAPARIN SODIUM INJECTION		10 MG		\$0.93
J1652		FONDAPARINUX SODIUM		0.5 MG		\$2.28
J1670		TETANUS IMMUNE GLOBULIN INJECTION		250 UNITS		\$365.14
J1720		HYDROCORTISONE SODIUM SUCC INJECT		100 MG		\$9.03
J1725		HYDROXYPROGESTERONE CAPROATE (MAKENA)		1 MG DOCUMENTATION REQUIRED		\$3.11
J1725	TH	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG (COMPOUNDED)				\$0.09
J1740		IBANDRONATE SODIUM INJECTION		1 MG		\$78.29
J1742		IBUTILIDE FUMARATE INJECTION		1 MG		\$192.50
J1743		IDURSULFASE INJECTION 1MG	X	PRIOR AUTHORIZATION		\$522.01
J1744		INJECTION, ICATIBANT, 1 MG		COPAXONE ONLY		\$336.09
J1745		INFLIXIMAB INJECTION		10 MG		\$85.59
J1750		IRON DEXTRAN INJECTION		50 MG		\$12.45
J1756		IRON SUCROSE INJECTION		1 MG		\$0.25
J1786		IMUGLUCERASE INJECTION	X	10 UNITS- PRIOR AUTHORIZATION		\$41.79
J1790		DROPERIDOL INJECTION		5 MG		\$3.11

J1800		PROPRANOLOL INJECTION		1 MG		\$2.17
J1815		INSULIN INJECTION		5 UNITS		\$0.80
J1817		INSULIN FOR INSULIN PUMP USE		50 UNITS		\$9.61
J1830		INJECTION, INTERFERON BETA-1B, PER 0.25MG USE THIS CODE FOR: BETASERON		NOT FOR SELF ADMINISTRATION		\$423.45
J1833		INJECTION, ISAVUCONAZONIUM, 1 MG				\$0.78
J1885		KETOROLAC TROMETHAMINE INJECTION		15 MG		\$0.68
J1930		LANREOTIDE INJECTION		1 MG		\$54.01
J1931		LARONIDASE INJECTION	X	0.1 MG		\$30.61
J1940		FUROSEMIDE INJECTION		20 MG		\$1.06
J1942		INJECTION, ARIPIRAZOLE LAUROXIL, 1 MG	X	PRIOR AUTHORIZATION		\$2.38
J1950		LEUPROLIDE ACETATE		3.75 MG		\$1,024.54
J1953		LEVETIRACETAM INJECTION		10 MG		\$0.15
J1955		LEVOCARNITINE INJECTION		1 GM		\$19.87
J1956		LEVOFLOXACIN INJECTION		250 MG		\$1.55
J1980		HYOSCYAMINE SULFATE INJECTION		0.25 MG		\$27.55
J2001		LIDOCAINE INJECTION		10 MG		\$0.01
J2010		LINCOMYCIN INJECTION		300 MG		\$12.26
J2020		LINEZOLID INJECTION		200 MG		\$16.63
J2060		LORAZEPAM INJECTION		2 MG		\$0.74
J2150		MANNITOL INJECTION		50 ML		\$1.78
J2175		MEPERIDINE HCL		100 MG		\$4.77
J2182		INJECTION, MEPOLIZUMAB, 1 MG	X	PRIOR AUTHORIZATION		\$28.60
J2185		MEROPENEM		100 MG		\$1.11
J2210		METHYLERGONOVIN MALEATE INJECTION		0.2 MG		\$14.17
J2212		INJECTION, METHYLNALTREXONE, 0.1 MG				\$0.89
J2248		MICAFUNGIN SODIUM INJECTION		1 MG		\$0.94
J2250		MIDAZOLAM HCL INJECTION		1 MG		\$0.12
J2260		MILRINONE LACTATE INJECTION		5 MG		\$2.48
J2270		MORPHINE SULFATE INJECTION		10 MG		\$1.58
J2274		INJECTION, MORPHINE SULFATE, PRESERVATIVE- FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG				\$10.75
J2278		ZICONOTIDE INJECTION		1 MCG		\$7.32

J2280		MOXIFLOXACIN INJECTION		100 MG		\$8.08
J2300		NALBUPHINE HCL INJECTION		10 MG		\$2.52
J2310		NALOXONE HCL INJECTION		1 MG		\$27.33
J2315		NALTREXONE, DEPOT FORM	X	1 MG REQUIRES DOCUMENTATION		\$3.24
J2323		NATALIZUMAB INJECTION	X	1 MG		\$18.79
J2325		NESIRITIDE INJECTION		0.1 MG		\$75.37
J2353		OCTREOTIDE INJECTION, DEPOT		1 MG- IM INJECTION, NEEDS NOTES.		\$175.55
J2354		OCTREOTIDE INJECTION, NON-DEPOT		25 MCG		\$1.11
J2355		OPRELVEKIN INJECTION		5 MG		\$467.21
J2357		OMALIZUMAB INJECTION	X	5 MG		\$33.60
J2358		OLANZAPINE LONG-ACTING INJ		1 MG		\$2.91
J2360		ORPHENADRINE INJECTION		60 MG		\$5.21
J2370		PHENYLEPHRINE HCL INJECTION		1 ML		\$12.82
J2400		CHLOROPROCAINE HCL INJECTION		30 ML		\$29.22
J2405		ONDANSETRON HCL INJECTION		1 MG		\$0.09
J2407		INJECTION, ORITAVANCIN, 10 MG				\$24.56
J2410		OXYMORPHONE HCL INJECTION		1 MG		\$2.90
J2425		PALIFERMIN INJECTION		50 MCG		\$17.67
J2426		PALIPERIDONE PALMITATE INJ	X	PRIOR AUTHORIZATION REQUIRES DOCUMENTATION DRUG IS SUSTENNA AND AND TRINZA		\$9.50
J2430		PAMIDRONATE DISODIUM		30 MG		\$10.22
J2469		PALONOSETRON HCL		25 MCG		\$22.62
J2501		PARICALCITOL		1 MCG		\$1.16
J2502		INJECTION, PASIREOTIDE LONG ACTING, 1 MG				\$299.04
J2503		PEGAPTANIB SODIUM INJECTION		0.3 MG; REQUIRES DOC & INVOICE		\$1,054.70
J2504		PEGADEMASE BOVINE	X	25 IU- PRIOR AUTHORIZATION		\$345.22
J2505		PEGFILGRASTIM INJECTION		NEULASTA- 6 MG REQUIRES DOCUMENTATION		\$4,191.34

J2507		INJECTION, PEGLOTICASE, 1 MG		1 MG		\$1,821.52
J2510		PENICILLIN G PROCAINE INJECTION		600000 U		\$26.76
J2515		PENTOBARBITAL SODIUM INJECTION		50 MG		\$47.34
J2540		PENICILLIN G POTASSIUM INJECTION		600000 U		\$1.07
J2543		PIPERACILLIN/TAZOBACTAM		1.125 GM		\$2.80
J2545		PENTAMIDINE NON-COMP UNIT		300 MG		\$122.39
J2547		INJECTION, PERAMIVIR,1 MG				\$1.69
J2550		PROMETHAZINE HCL INJECTION		50 MG		\$2.19
J2560		PHENOBARBITAL SODIUM INJECTION		120 MG		\$38.36
J2562		PLERIXAFOR INJECTION		1 MG		\$312.09
J2590		OXYTOCIN INJECTION		10 UNITS		\$1.12
J2597		DESMOPRESSIN ACETATE INJECTION		1 MCG		\$13.15
J2675		PROGESTERONE INJECTION		50 MG		\$1.43
J2680		FLUPHENAZINE DECANOATE		25 MG		\$21.33
J2690		PROCAINAMIDE HCL INJECTION		1 GM		\$59.37
J2700		OXACILLIN SODIUM INJECTION		250 MG		\$0.42
J2704		INJECTIION, PROPOFOL,10 MG				\$0.11
J2710		NEOSTIGMINE METHYLSULFTATE INJECTION		0.5 MG		\$8.15
J2720		PROTAMINE SULFATE INJECTION		10 MG		\$1.09
J2724		PROTEIN C CONCENTRATE		10 UNITS		\$15.19
J2730		PRALIDOXIME CL INJECTION		1 GM		\$92.60
J2760		PHENTOLLAINE MESYLATE INJECTINO		5 MG		\$453.90
J2765		METOCLOPRAMIDE HCL INJECTION		10 MG		\$0.88
J2770		QUINUPRISTIN/DALFOPRINTIN		500 MG		\$436.77
J2778		RANIBIZUMAB INJECTION		0.1 MG		\$375.20
J2780		RANITIDINE HCL INJECTION		25 MG		\$1.39
J2783		RASBURICASE		0.5 MG		\$259.15
J2785		REGADENOSON INJECTION		0.1 MG		\$55.26
J2786		INJECTION, RESLIZUMAB, 1 MG	X	PRIOR AUTHORIZATION		\$8.92
J2788		RHO D IMMUNE GLOBULIN (MICRHOGAM)		50 MCG (250 IU)		\$25.14
J2790		INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)		300 MCG (1500 IU)		\$78.43
J2791		RHO (D) IMMUNE GLOBULIN (RHOPHYLAC)		100 IU		\$4.78

J2792		RHO D IMMUNE GLOBULIN H, SD		100 IU		\$22.69
J2794		RISPERIDONE, LA	X	REQUIRES PRIOR AUTH AND INVOICE		\$8.17
J2795		ROPIVACAINE HCL INJECTION		1 MG		\$0.07
J2796		ROMIPLOSTIM INJECTION		10 MCG		\$65.03
J2800		METHOCARBAMOL INJECTION		10 ML		\$38.92
J2805		SINCALIDE INJECTION		NOT COVERED		
J2810		THEOPHYLLINE INJECTION		40 MG		\$0.30
J2820		SARGRAMOSTIM INJECTION		50 MCG		\$37.08
J2840		SEBELIPASE ALFA, 1 MG	X	PRIOR AUTHORIZATION		\$534.00
J2850		SECRETIN, SYNTHETIC OR HUMAN, INJECTION, 1 MCG		NOT COVERED		
J2916		NAFERRIC GLUCONATE COMPLEX		12.5 MG		\$2.31
J2920		METHYLPREDNISOLONE INJECTION		40 MG		\$4.06
J2930		METHYLPREDNISOLONE INJECTION		125 MG		\$5.56
J2941		INJECTION, SOMATROPIN, 1 MG	X	REQUIRES PRIOR AUTH		\$130.84
J2997		ALTEPLASE RECOMBINANT		1 MG		\$81.35
J3000		STREPTOMYCIN INJECTION		1 GM		\$13.28
J3010		FENTANYL CITRATE INJECTION		0.1 MG		\$0.50
J3030		SUMATRIPTAN SUCCINATE		NOT FOR SELF ADMINISTRATION		\$72.76
J3060		TALIGLUCERACE ALFA 10 U		10 U		\$40.40
J3070		PENTAZOCINE INJECTION		30 MG		\$136.71
J3090		INJ TEDIZOLID PHOSPHATE 10 MG				\$1.27
J3095		TELAVANCIN INJECTION		10MG		\$5.00
J3101		TENECTEPLASE INJECTION		1 MG		\$102.41
J3105		TERBUTALINE SULFATE INJECTION		1 MG		\$3.93
J3121		INJECTION, TESTOSTERONE ENANTHATE, 1MG		REQUIES DOCUMENTATION		\$0.03
J3145		INJECTION, TESTOSTERONE UNDECANOATE, 1 MG		REQUIRES DOCUMENTATION		\$1.32
J3230		CHLORPROMAZINE HCL INJECTION		50 MG		\$26.88
J3240		THYROTROPIN INJECTION		0.9 MG		\$1,566.93
J3243		TIGECYCLINE INJECTION		1 MG		\$3.17

J3250		TRIMETHOBENZAMIDE HCL INJECTION		200 MG		\$27.43
J3260		TOBRAMYCIN SULFATE INJECTION		80 MG		\$2.73
J3262		TOCILIZUMAB INJECTION		1 MG		\$4.21
J3285		TREPROSTINIL INJECTION		1 MG		\$61.23
J3300		TRIAMCINOLONE PRES-FREE		1 MG		\$3.73
J3301		TRIAMCINOLONE A INJECTION NOS		10 MG		\$1.77
J3315		TRIPTORELIN PAMOATE		3.75 MG		\$365.44
J3357		USTEKINUMAB INJECTION		1 MG		\$174.20
J3360		DIAZEPAM INJECTION		5 MG		\$9.33
J3370		VANCOMYCIN HCL INJECTION		500 MG		\$2.75
J3380		INJECTION, VEDOLIZUMAB, 1 MG				\$18.12
J3385		VELAGLUCERASE ALFA	X	100 UNITS	X	\$342.69
J3396		VERTEPORFIN INJECTION		0.1 MG		\$10.75
J3410		HYDROXYZINE HCL INJECTION		25 MG		\$2.23
J3411		THIAMINE HCL		100 MG		\$3.10
J3415		PYRIDOXINE HCL		100 MG		\$11.19
J3420		VITAMIN B-12 INJECTION		1000 MCG		\$3.35
J3430		VIT K PHYTONADIONE INJECTION		1 M		\$3.54
J3465		VORICONAZOLE INJECTION		10 MG		\$3.64
J3470		HYALURONIDASE INJECTION		150 UNITS		\$59.59
J3471		OVINE		1-999 USP		\$0.35
J3473		HYALURONIDASE RECOMBINANT		1 USP		\$0.35
J3475		MAGNESIUM SULFATE INJECTION		500 MG		\$0.44
J3480		POTASSIUM CL INJECTION		2 MEQ		\$0.12
J3485		ZIDOVUDINE		10 MG		\$1.51
J3486		ZIPRASIDONE MESYLATE		10 MG		\$19.85
J3489		INJECTION, ZOLEDRONIC ACID, 1 MG		1 MG		\$13.41
J3490		UNCLASSIFIED DRUGS		REQUIRES DOC & INVOICE		MP
J3490	TH	MEDROXYPROGESTERONE ACETATE, DEPO-PROVERA 1 MG, FOR FAMILY PLANNING		FOR FAMILY PLANNING ONLY		\$0.54
J3590		UNCLASSIFIED BIOLOGICS		REQUIRES DOC & INVOICE		MP
J7030		NORMAL SALINE INFUSION		1000 ML		\$2.07
J7040		NORMAL SALINE INFUSION		500 ML		\$1.03
J7042		5% DEXTROSE/NORMAL SALINE INFUSION		500 ML		\$0.85

J7050		NORMAL SALINE INFUSION		250 ML		\$0.51
J7060		D5W INFUSION		500 ML		\$1.95
J7070		D5W INFUSION		1000 ML		\$3.75
J7100		DEXTRAN 40 INFUSION		500 ML		\$28.33
J7120		RINGERS LACTATE INFUSION		1000 ML		\$2.29
J7121		5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC				\$1.06
J7175		INJECTION, FACTOR X, (HUMAN), 1 I.U.				\$8.68
J7178		INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG		REQUIRES DOCUMENTATION		\$1.25
J7179		INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWF:RCO		REQUIRES DOCUMENTATION		\$2.11
J7180		INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 IU		1 IU (IC) REQUIRES INVOICE AND DOCUMENTATION		\$8.19
J7181		INJECTION, FACTOR XII A-SUBUNIT, (RECOMBINANT), PER IU		REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		\$15.45
J7182		INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU		REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		\$1.28
J7183		INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO		1 IU		\$1.01
J7185		XYNTHA INJECTION		1 IU		\$1.22
J7186		ANTIHEMOPHILIC VIII/VWF COMP		PER FACTOR VIII IU		\$0.98
J7187		HUMATE-P INJECTION		1 IU		\$1.08
J7189		FACTOR VIIA		1 MCG		\$1.92
J7190		FACTOR VIII		1 IU		\$1.01
J7192		FACTOR VIII RECOMBINANT NOS		1 IU		\$1.19
J7193		FACTOR IX NON-RECOMBINANT		1 IU		\$1.15
J7194		FACTOR IX COMPLEX		1 IU		\$1.33
J7195		FACTOR IX RECOMBINANT		1 IU		\$1.50
J7197		ANTITHROMBIN III INJECTION		1 IU		\$3.22
J7198		ANTI-INHIBITOR		1 IU		\$1.93



J7199		HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED		REQUIRES DOCUMENTATION		MP
J7200		INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU				\$1.25
J7201		INJECTION, FACTOR IX, FC FUSION PROTEIN (RECOMBINANT), PER IU				\$2.92
J7202		INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.				\$4.54
J7205		INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU				\$1.97
J7207		INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.				\$2.11
J7209		INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACOTR, RECOMBINANT), (NUWIG), 1 I.U.				\$1.80
J7297		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG, 3 YEAR DURATION				\$730.92
J7298		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG,5 YEAR DURATION				\$916.70
J7300		INTRAUTERINE COPPER CONTRACEPTIVE		1 UNIT		\$789.25
J7301		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 13.5 MG				\$763.30
J7303		HORMONE CONTAINING VAGINAL RING (NUVARING)		1 UNIT		\$145.00
J7307		ETONOGESTREL (CONTRACEPTIVE) IMPLANT		1 UNIT		\$905.56
J7308		AMINOLEVULINIC ACID HCL TOP		354 MG		\$367.80
J7311		FLUOCINOLONE ACETONIDE IMPLANT	X	REQUIRES DOC & INVOICE		MP
J7312		DEXAMETHASONE INTRA IMPLANT		0.1 MG		\$200.78
J7313		INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	X	REQUIRES PRIOR AUTHORIZATION		\$490.94
J7316		OCRIPLASMIN INJECTIBLE 0.125MG				\$1,046.75

J7320		GENVISC 850, FOR INTR-ARTICULAR INJECTION 1MG				\$6.99
J7321		HYALGAN/SUPARTZ INJECTION		PER DOSE		\$87.15
J7323		EUFLEXXA INJECTION		PER DOSE		\$153.83
J7324		ORTHOVISC INJECTION		PER DOSE		\$153.55
J7325		SYNVISC OR SYNVISC-ONE		1 MG		\$12.53
J7326		HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE		PER DOSE; REQUIRES DOC & INVOICE		\$543.61
J7327		HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION PER DOSE		REQUIRES DOCUMENTATION		\$895.15
J7328		HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG		RNE REQUIRES INVOICE AND DOCUMENTATION		\$2.19
J7330		CULTURED CHONDROCYTES IMPLANT		1 EA; REQUIRES DOC & INVOICE	MP	
J7336		CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER				\$2.97
J7342		CIPROFLOXACIN OTIC SUSPENSION, 6MG		NOT FOR SELF-ADMINISTRATION		\$30.25
J7500		AZATHIOPRINE, ORAL, TAB, 50MG,		NOT COVERED		
J7502		CYCLOSPORINE (E.G., SANDIMMUNE) - ORAL 100 MG		NOT COVERED		
J7504		LYMPHOCYTE IMMUNE GLOBULIN		250 MG		\$1,478.80
J7507		TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG				\$0.63
J7508		TACROLIMUS EX REL 0.1MG				\$0.39
J7509		METHYLPRENISOLONE ORAL, PER 4 MG USE THIS CODE FOR: MEDROL				\$0.43
J7510		PREDNISOLONE ORAL, PER 5 MG USE THIS CODE FOR: DELTA-CORTEF				\$0.07
J7511		ANTITHYMOCITE GLOBULIN RABBIT		25 MG		\$687.76
J7512		PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG				\$0.02

J7515		CYCLOSPORINE, ORAL 25 MG				\$0.81
J7516		CYCLOSPORIN PARENTERAL		250 MG		\$39.41
J7517		MYCOPHENOLATE MOFETIL ORAL		250 MG		\$0.96
J7518		MYCOPHENOLIC ACID		180 MG		\$2.74
J7520		SIROLIMUS, ORAL, 1 MG				\$7.78
J7525		TACROLIMUS INJECTION		5 MG		\$170.84
J7527		EVEROLIMUS, ORAL, 0. 25 MG				\$7.92
J7605		ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS		ADMIN THROUGH DME		\$9.54
J7606		FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MCG		ADMINISTERED THROUGH DME		\$10.54
J7608		ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,		ADMINISTERED THROUGH DME		\$4.45
J7611		ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG		ADMINISTERED THROUGH DME		\$0.12
J7612		LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG		ADMINISTERED THROUGH DME		\$0.19
J7613		ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG		ADMINISTERED THROUGH DME		\$0.04
J7614		LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG		ADMINISTERED THROUGH DME		\$0.06

J7620		ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME		ADMINISTERED THROUGH DME		\$0.15
J7626		BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG		ADMINISTERED THROUGH DME		\$3.46
J7631		CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10		ADMINISTERED THROUGH DME		\$0.81
J7639		DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	X	ONLY FOR CYSTIC FIBROSIS. PRIOR AUTH.		\$42.50
J7644		IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG		ADMINISTERED THROUGH DME		\$0.22
J7674		METHACHOLINE CHLORIDE, NEB		1 MG		\$0.53
J7682		TOBRAMYCIN NON-COMP UNIT		300 MG		\$42.38
J7686		TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG		ADMINISTERED THROUGH DME		\$531.29
J7999		COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED			MP	
J8501		APREPITANT, ORAL, 5 MG (EMEND)				\$11.78
J8510		BULSULFAN; ORAL, 2 MG				\$23.67
J8520		CAPECITABINE, ORAL, 150 MG				\$4.03

J8521		CAPECITABINE, ORAL, 500 MG			\$11.24
J8530		CYCLOPHOSPHAMIDE; ORAL, 25 MG USE THIS CODE FOR: CYTOXAN			\$3.13
J8540		DEXAMETHASONE, ORAL, 0.25 MG			\$0.23
J8560		ETOPOSIDE; ORAL, 50 MG USE THIS CODE FOR: VEPESID			\$74.25
J8600		MELPHALAN; ORAL, 2 MG USE THIS CODE FOR ALKERAN			\$11.69
J8610		METHOTREXATE; ORAL, 2.5 MG USE THIS CODE FOR RHEUMATREX DOSE PACK			\$0.57
J8655		NETUPITANT 300MG AND PALONOSETRON 0.5 MG			\$444.91
J8670		ROLAPITANT, ORAL, 1 MG		NOT COVERED	
J8700		TEMOZOLOMIDE		5 MG	\$1.85
J8705		TOPOTECAN, ORAL, 0.25 MG			\$103.78
J9000		DOXORUBICIN HCL INJECTION		10 MG	\$4.94
J9015		ALDESLEUKIN INJECTINO		1 EA	\$3,090.79
J9017		ARSENIC TRIOXIDE INJECTION		1 MG	\$64.92
J9019		INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU			\$402.74
J9025		AZACITIDINE INJECTION		1 MG	\$2.11
J9027		CLOFARABINE INJECTION		1 MG	\$152.36
J9031		BCG LIVE INTRAVESICAL VACCINE		1 EA	\$128.38
J9032		INJECTION, BELINOSTAT, 10 MG			\$34.39
J9033		BENDAMUSTINE INJECTION			\$27.96
J9034		INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG			\$23.45
J9035		BEVACIZUMAB INJECTION		10 MG	\$73.60
J9039		INJECTION, BLINATUMOMAB, 1 MICROGRAM		REQUIRES DOCUMENTATION.	\$105.71
J9040		BLEOMYCIN SULFATE INJECTION		15 UNITS	\$45.80
J9041		BORTEZOMIB INJECTION		0.1 MG	\$46.24
J9042		INJECTION, BRENTUXIMAB VEDOTIN, 1 MG			\$134.15
J9043		INJECTION, CABAZITAXEL, 1 MG		1 MG	\$156.66

J9045		CARBOPLATIN INJECTION		50 MG		\$3.53
J9047		INJECTION, CARFILZOMIB, 1MG				\$32.20
J9050		CARMUSTINE INJECTION		100 MG		\$3,846.96
J9055		CETUXIMAB INJECTION		10 MG		\$56.38
J9060		CISPLATIN INJECTION		10 MG		\$2.32
J9065		CLADRIBINE INJECTION		1 MG		\$20.03
J9070		CYCLOPHOSPHAMIDE INJECTION		100 MG		\$42.30
J9098		CYTARABINE LIPOSOME INJECTION		10 MG		\$593.98
J9100		CYTARABINE HCL INJECTION		100 MG		\$0.84
J9120		DACTINOMYCIN INJECTION		0.5 MG		\$1,276.37
J9130		DACARBAZINE INJECTION		100 MG		\$3.98
J9145		INJECTIION, DARATUMUMAB, 10 MG				\$48.10
J9150		DAUNOROBICIN INJECTION		10 MG		\$39.24
J9151		DAUNOROBICIN CITRATE INJECTION		10 MG		\$245.64
J9155		DEGARELIX INJECTION		1 MG		\$3.63
J9171		DOCETAXEL INJECTION		1 MG		\$1.88
J9176		INJECTION, ELOTUZUMAB, 1MG				\$6.21
J9178		EPIRUBICIN HCL INJECTION		2 MG		\$1.38
J9179		INJECTION, ERIBULIN MESYLATE, 0.1 MG		0.1 MG		\$108.31
J9181		ETOPOSIDE INJECTION		10 MG		\$0.58
J9185		FLUDARABINE PHOSPHATE INJECTION		50 MG		\$67.93
J9190		FLUOROURACIL INJECTION		500 MG		\$1.84
J9200		FLOXURIDINE INJECTION		500 MG		\$60.59
J9201		GEMCITABINE HCL INJECTION		200 MG		\$6.28
J9202		GOSERELIN ACETATE IMPLANT		3.6 MG		\$349.91
J9205		INJECTION, IRINOTECAN LIPOSOME, 1 MG				\$39.48
J9206		IRINOTECAN INJECTION		20 MG		\$3.68
J9207		IXABEPILONE INJECTION		1 MG		\$75.36
J9208		IFOSFOMIDE INJECTION		1 GM		\$28.07
J9209		MESNA INJECTION		200 MG		\$2.05
J9211		IDARUBICIN HCL INJECTION		5 MG		\$41.53
J9214		INTERFERON ALFA-2B INJECTION		1 MILLION UNITS		\$28.52
J9215		INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU		250,000 U		\$32.04

J9216		INTERFERON GAMMA 1-B INJECTION	X	3 MILLION UNITS		MP
J9217		LEUPROLIDE ACETATE SUSP		7.5 MG; REQUIRES DOCUMENTATION		\$216.00
J9218		LEIPROLIDE ACETATE INJECTION		1 MG		\$25.95
J9225		VANTAS IMPLANT	X	50 MG; REQUIRES DOCUMENTATION		\$3,128.80
J9226		SUPPRELIN LA IMPLANT	X	50 MG; REQUIRES DOCUMENTATION & INVOICE		MP
J9228		INJECTION, IPILIMUMAB, 1 MG	X	FOR MULTIPLE MYELOMA; METASTATIC OR UNRESECTABLE. PRIOR AUTH		\$144.65
J9230		MECHLORETHAMINE HCL INJECTION		10 MG		\$265.88
J9245		MELPHALAN HCL INJECTION		50 MG		\$1,804.12
J9250		METHOTREXATE SODIUM INJECTION		5 MG		\$0.26
J9260		METHOTREXATE SODIUM INJECTION		50 MG		\$2.63
J9261		NELARABINE INJECTION		50 MG		\$152.02
J9262		INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG				\$2.92
J9263		OXALIPATIN		0.5 MG		\$0.26
J9264		PACLITAXEL PROTEIN BOUND		1 MG		\$10.44
J9266		PEGASPARGASE INJECTION		1 EA		MP
J9267		INJECTION, PACLITAXEL, 1 MG				\$0.15
J9268		PENTOSTATIN INJECTION		10 MG		\$1,883.12
J9271		INJECTION, PEMBROLIZUMAB, 1 MG				\$47.29
J9280		MITOMYCIN INJECTION		5 MG		\$115.68
J9293		MITOXANTRONE HCL		5 MG		\$32.84
J9295		NECITUMUMAB, 1MG				\$5.25
J9299		INJECTION, NIVOLUMAB, 1 MG				\$26.42
J9301		INJECTION, OBINUTUZUMAB, 10 MG				\$57.36
J9302		INJECTION, OFATUMUMAB		1 MG		\$53.38
J9303		PANITUMUMAB INJECTION		10 MG		\$107.71
J9305		PEMETREXED INJECTION		10 MG		\$64.04
J9306		INJECTION, PERTUZUMAB, 1 MG				\$10.88
J9307		INJECTION, PRALATREXATE		1 MG		\$238.67

J9308		INJECTION, RAMUCIRUMAB, 5 MG			\$56.27
J9310		RITUXIMAB INJECTION		100 MG	\$818.30
J9315		ROMIDEPSIN INJECTION		1 MG	\$317.57
J9320		STREPTOZOCIN INJECTION		1 GM	\$320.21
J9325		INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS		NOT COVERED	
J9328		TEMOZOLOMIDE INJECTION		1 MG	\$8.94
J9330		TEMSIROLIMUS INJECTION	X	1 MG	\$67.30
J9351		TOPOTECAN INJECTION		0.1 MG	\$1.25
J9352		INJECTION, TRABECTEDIN, 0.1 MG			\$283.44
J9354		INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG			\$29.52
J9355		TRASTUZUMAB INJECTION		10 MG	\$94.49
J9357		VALRUBICIN INJECTION		200 MG	\$1,158.10
J9360		VINBLASTINE SULFATE INJECTION		1 MG	\$3.57
J9370		VINCRISTINE SULFATE INJECTION		1 MG	\$4.47
J9371		INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG			\$2,600.36
J9390		VINORELBINE TARTRATE INJECTION		10 MG	\$7.70
J9395		FULVESTRANT INJECTION		25 MG	\$96.24
J9400		INJECTION, ZIV-AFLIBERCEPT, 1 MG			\$8.12
P9041		INFUSION, ALBUMIN (HUMAN), 5%, 50 ML			\$11.79
P9045		INFUSION, ALBUMIN (HUMAN), 5%, 250 ML		NOT COVERED	
P9046		INFUSION, ALBUMIN (HUMAN), 25%, 20 ML			\$22.48
P9047		INFUSION, ALBUMIN (HUMAN), 25%, 50 ML			\$53.43
Q0138		FERUMOXYTOL (FERAHEME )INJECTION(NON-ESRD)		1MG	\$0.89
Q0139		FERUMOXYTOL (FERAHEME) INJECTION (ESRD)		1MG	\$0.89
Q0162		ONDANSETRON 1 MG, ORAL, FDA APPROVED ANTIEMETIC SUB FOR ORAL ANTIEMETIC WITH CHEMO			\$0.04



Q0163		DIPHENHYDRAMINE HYDROCHLORIDE, 50MG, ORAL, COMPLETE SUBSTITUTE FOR IV PAY WHEN GIVEN WITH CHEMO ONLY, NOT OVER 48 HR DOSAGE REGIMEN			\$0.25
Q0164		PROCHLORPERAZINE MALEATE, 5MG, ORAL COMPLETE THERAPEOUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC, NOT OVER 48 HR DOSAGE REGIMEN			\$0.03
Q0166		GRANISETRON HYDROCHLORIDE, 1MG, ORAL ANTI-EMETIC WITH CHEMO, COMPLETE SUBSTITUTE FOR IV, PAY WITH CHEMO ONLY UP TO 48 HR DOSAGE REGIMEN			\$2.44
Q0167		DRONABINOL, 2.5MG, ORAL ANTI-EMETIC WITH CHEMO			\$5.85
Q0169		PROMETHAZINE HYDROCHLORIDE, 12.5MG, ORAL ANTI-EMETIC WITH CHEMO PAY WITH CHEMO ONLY, NOT TO EXCEED 48 HR DOSAGE REGIMEN			\$0.03
Q0180		DOLASETRON MESYLATE, 100MG, ORAL ANTI-EMETIC WITH CHEMO PAY WITH CHEMO ONLY, NOT TO EXCEED A 48 HR DOSAGE REGIMEN			\$102.00
Q2017		INJECTION, TENIPOSIDE, 50 MG	50MG		\$2,665.67
Q2035		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (AFLURIA)		NOT COVERED	
Q2037		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUVIRIN)		NOT COVERED	

Q2038		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUZONE)		NOT COVERED		
Q2043		SIPULEUCEL-T PER INFUSION, MINIMUM OF 50 MILLION AUTOLOGOUS CD55+ CELLS ACTIVATED WITH PAP-GM-CSF INCLUDING LEUKAPHERESIS AND ALL OTHER PREPPRO		REQUIRES DOCUMENTATION AND INVOICE		MP
Q2049		INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG				\$512.27
Q2050		DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, DOXIL INJECTION 10 MG		REQUIRES DOCUMENTATION AND INVOICE		\$408.15
Q3027		INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE				\$46.20
Q4074		ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS				\$123.93
Q4081		INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)		100 UNITS		\$1.36
Q4101		APLIGRAF, PER SQUARE CENTIMETER				\$30.93
Q4102		OASIS WOUND MATRIX, PER SQUARE CENTIMETER				\$10.94
Q4104		INTEGRA BILAYER MATRIX WOUND DRESSING (BMWWD), PER SQUARE CENTIMETER		NOT COVERED		
Q4105		INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER				\$40.18

			ONLY APPROVED FOR FULLTHICKNESS DIABETIC FOOT ULCER AND IN DY TROPHIC EPIDERMOLYSIS BULLOSA.		
Q4106		DERMAGRAFT, PER SQUARE CENTIMETER			\$32.79
Q4107		GRAFTJACKET, PER SQUARE CENTIMETER			\$90.91
Q4108		INTEGRA MATRIX, PER SQUARE CENTIMETER	NOT COVERED		
Q4110		PRIMATRIX, PER SQUARE CENTIMETER	NOT COVERED		
Q4111		GAMMAGRAFT, PER SQUARE CENTIMETER	NOT COVERED		
Q4112		CYMETRA, INJECTABLE, 1CC			\$444.70
Q4113		GRAFTJACKET XPRESS, INJECTABLE, 1CC	NOT COVERED		
Q4114		ALLOGRAFT, INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	NOT COVERED		
Q4115		ALLOSKIN, PER SQUARE CENTIMETER	NOT COVERED		
Q4116		ALLODERM, PER SQUARE CENTIMETER			\$31.74
Q4121		THERASKIN, PER SQUARE CENTIMETER	REQUIRES DOCUMENTATION		\$42.36
Q4123		ALLOSKIN RT, PER SQUARE CENTIMETER	NOT COVERED		
Q4131		EPIFIX, PER SQUARE CENTIMETER	NOT COVERED		
Q4161		BIO-CONNEKT WOUND MATRIX, PER SQUARE CENTIMETER	NOT COVERED		
Q4162		AMNIOPRO FLOW, BIOSKIN FLOW, BIORENEW FLOW, WOUNDEX FLOW, AMNIOGEN-A, AMNIOGEN-C, 0.5 CC	NOT COVERED		
Q4163		AMNIOPRO, BIOSKIN, BIORENEW, WOUNDEX, AMNIOGEN-45, AMNIOGEN-200, PER SQUARE CENTIMETER	NOT COVERED		
Q4164		HELICOLL, PER SQUARE CENTIMETER	NOT COVERED		
Q4165		KERAMATRIX, PER SQUARE CENTIMETER	NOT COVERED		
Q4166		CYTAL, PER SQUARE CENTIMETER	NOT COVERED		
Q4167		TRUSKIN, PER SQUARE CENTIMETER	NOT COVERED		
Q4168		AMNIOBAND, 1 MG	NOT COVERED		
Q4169		ARTACENT WOUND, PER SQUARE CENTIMETER	NOT COVERED		
Q4170		CYGNUS, PER SQUARE CENTIMETER	NOT COVERED		

Q4171		INTERFYL, 1 MG		NOT COVERED		
Q4172		PURAPLY OR PURAPLY AM, PER SQUARE CENTIMETER		NOT COVERED		
Q4173		PALINGEN OR PALINGEN XPLUS, PER SQUARE CENTIMETER		NOT COVERED		
Q4174		PALINGEN OR PROMATRX, 0.36 MG PER 0.25 CC		NOT COVERED		
Q4175		MIRODERM, PER SQUARE CENTIMETER		NOT COVERED		
Q5101		INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM		ZARXIO- REQUIRES DOCUMENTATION, NOT FOR SELF-ADMINISTRATION		\$0.75
Q5102		INJECTION, INFLIXIMAB, BIOSIMILAR, 10 MG		NOT COVERED		
Q9950		INJ SULFA HEXA LIPID MICROSPH 1 ML				\$21.60
Q9956		INJECTION, OCTAFLUOROPROPANCE MICROSPHERES, PER ML				\$34.29
Q9957		INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML				\$51.44
Q9958		HIGH OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML IODINE CONCENTRATION, PER ML				\$0.08
Q9960		HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML				\$0.22
Q9961		HIGH OSMOLAR CONTRAST MATERIAL, 250-259 MG/ML IODINE CONCENTRATION, PER ML				\$0.24
Q9963		HIGH OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRAION, PER ML				\$0.19
Q9965		LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION,PER ML				\$0.96

Q9966		LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION,PER ML			\$0.18
Q9967		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION,PER ML			\$0.12
S0020		BUPIVICAINE HYDROCHLORIDE, 30 ML INJECTION			\$1.97
S0028		FAMOTIDINE, 20 MG. INJECTION			\$0.96
S0030		METRONIDAZOLE, 500 MG INJECTION			\$1.93
S0032		NAFCILLIN SODIUM, 2 GRAMS INJECTION			\$24.20
S0039		SULFAMETHOXAZOLE AND TRIMETROPRIM, 10 ML INJECTION			\$13.39
S0073		AZTREONAM, 500 MG. INJECTION			\$15.49
S0077		CLINDAMYCIN PHOSPHATE, 300 MG. INJECTION			\$0.82
S0081		PIPERACILLIN SODIUM, 500 MG, INJECTION			\$1.86
S0164		INJECTION, PANTOPRAZOLE SODIUM, 40 MG	40MG		\$5.34
S0166		INJECTION, OLANZAPINE, 2.5 MG	2.5MG		\$8.86
S0171		INJECTION, BUMETANIDE, 0.5MG	0.5MG		\$0.90
90371		HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE		NOT COVERED	
90375		RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE		REQUIRES DOCUMENTATION	\$296.71
90376		RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE		REQUIRES DOCUMENTATION	\$296.34
90378		RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR USE, 50 MG, EACH	X	PER 50 MG	\$1,568.81

90385		RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE		NOT COVERED		
90399		UNLISTED IMMUNE GLOBULIN		REQUIRES DOCUMENTATION AND INVOICE		MP
90585		BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE		REQUIRES DOCUMENTATION		\$128.38
90586		BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR INTRAVESICAL USE		MAY USE 90586 FOR DX BLADDER CANCER, BUT NOT BOTH		\$128.38
90620		MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE, SEROGROUP B, 2 DOSE SCHEDULE, FOR IM USE.		ONLY WITH HIGH RISK		\$171.68
90620	SL	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE, SEROGROUP B, 2 DOSE SCHEDULE FOR IM USE.		VFC		\$10.71
90621		MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE, SEROGRPS B MEN B, 3 DOSE SCHEDULE, IM USE		AGES 19 & 20 UNDER EPSDT OR TO AGE 23 PER CDC GUIDELINES		\$130.99
90621	SL	MENINGOCOCCAL RECOMBINANT LIOPROTEIN VACCINE, SEROGROUP B (MENB), 3 DOSESCHEDULE, FOR IM USE		VFC		\$10.71
90625		VACCINE FOR CHOLERA FOR ORAL ADMINISTRATION		NOT COVERED		
90630		INLFUENZA VIRUS VACC IIV4- NO PRESVATIVE 3 YEARS + ID 0.1ML INTRADERMAL		MEDICAL NECESSITY DOCUMENTATION REQUIRED		\$20.34
90630	SL	INFLUENZA VIRUS VACC IIV4- NO PSV 3 YRS + 0.1 ML		VFC		\$10.71
90632		HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE		DOCUMENTATION REQUIRED		\$49.66

90633		HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE		NOT COVERED	
90633	SL	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE		VFC	\$10.71
90636		HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR USE		NOT FOR TRAVEL. DOCUMENTATION MUST SHOW MEDICAL NECESSITY.	\$101.71
90644		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C&Y AND HAEMOPHILUS INFLUENZ TYPE B VACCINE ((HIBONEBCY),4 DOSE SCHEDULE 6WK-18MO IM		NOT COVERED	
90647		HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		NOT COVERED	
90647	SL	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		VFC	\$10.71
90648		HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		MEDICAL NECESSITY DOCUMENTATION REQUIRED FOR ADULTS	\$10.96
90648	SL	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		VFC	\$10.71
90649		HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6,11,16,18 3 DOSE SCHEDULE, INTRAMUSCULAR USE		REQUIRES DOCUMENTATION	\$171.06
90649	SL	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE		VFC	\$10.71
90650		HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 16, 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE		REQUIRES DOCUMENTATION	\$141.61

90650	SL	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 16, 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	VFC	\$10.71
90651		HUMAN PAPILOMAVIRUS VACCINE TYPES 6, 1, 16, 18,31,33,52, 58, NONVALENT (HPV), 3 DOSE SCHEDULE IM USE. DOSE PER 0.5 ML.	REQUIRED-DOCUMENT MEDICAL NECESSITY	\$206.80
90651	SL	HUMAN PAPILOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 558, NONVALENT (HPV), 3 DOSE SCHEDULE FOR IM USE.	VFC	\$10.71
90653		INFLUENZA VACCINE, INACTIVATED, SUBUNIT, ADJUVANTED FOR INTRAMUSCULAR USE	NOT COVERED	
90654		INFLUENZA VIRUS, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE	REQUIRES MED NECESSITY DOCUMENTATION 18-65 Y/O	\$17.86
90655		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE, 0.25 ML DOSAGE, FOR IM USE.		\$13.34
90655	SL	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE, 0.25ML DOSAGE, FOR IM USE	VFC	\$10.71
90656		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV#), SPLIT VIRUS, PRESERVATIVE FRE		\$17.72
90656	SL	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE	VFC	\$10.71
90657		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.25ML DOSAGE, FOR IM USE		\$6.02
90657	SL	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.25ML DOSAGE, FOR IM USE.	VFC	\$10.71



90658		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3) SPLIT VIRUS, 0.5ML DOSAGE, FOR INTRAMUSCULAR USE.				\$15.39
90658	SL	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3) SPLIT VIRUS, 0.5ML DOSAGE, FOR IM USE		VFC		\$10.71
90660		INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE (LAIV3), FOR INTRANASAL USE.		NOT COVERED		
90660	SL	VACCINE FOR INFLUENZA FOR NASAL ADMINISTRATION		NOT COVERED		
90661		INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE		REQUIRED-DOCUMENT MEDICAL NECESSITY		\$21.02
90662		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, FOR INTRAMUSCULAR		REQUIRED-DOCUMENT MEDICAL NECESSITY OF ASSISTANT		\$42.72
90670		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE		REQUIRED-DOCUMENT MEDICAL NECESSITY		\$192.64
90670	SL	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE		VFC		\$10.71
90672		INFLUENZE VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE		NOT COVERED		
90672	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR ITRANASAL USE		NOT COVERED		
90673		VACCINE FOR INFLUENZA ADMINISTERED INTO MUSCLE, PRESERVATIVE AND ANTIBIOTIC FREE		REQUIRES DOCUMENTATION		\$40.61
90674		VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE PRESERVATIVE AND ANTIBIOTIC FREE, FOR IM USE		REQUIRED-DOCUMENT MEDICAL NECESSITY		\$22.94

90674	SL	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE PRESERVATIVE AND ANTIBIOTIC FREE, FOR IM USE	VFC		\$10.71
90675		RABIES VACCINE, FOR INTRAMUSCULAR USE	REQUIRES DOCUMENTATION		\$269.91
90682		INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), DERIVED FROM RECOMBINANTDNA, HEMAGGLUTININ (HA) PROTEIN ONLY, PRESERVATIVE AND ANTIBIOTIC FRE	REQUIRES DOCUMENTATION OF MEDICAL NECESSITY AND BILLING INVOICE	RNE	
90685		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.25ML, FOR IM USE	MEDICAL NECESSITY		\$26.27
90685	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.25 ML FOR IM USE	VFC		\$10.71
90686		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.5ML, FOR IM USE			\$19.03
90686	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, INTRAMUSCULAR	VFC		\$10.71
90687		INFLUENZA VIRUS VACCINE, QUADRIVALENT, (11V4) SPLIT VIRUS, 0.25ML FOR IM USE			\$9.40
90687	SL	INFLUENZA VIRUS VACCINE, QUDRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE.	VFC		\$10.71
90688		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, 0.5 ML DOSAGE, FOR IM USE.			\$17.83

90688	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE & OLDER. FOR INTRA MUSCULAR USE.	VFC		\$10.71
90691		TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE	NOT COVERED FOR TRAVEL		\$107.65
90696	SL	DIPHTHERIA, TET TOXOIDS, ACELL PERTUSSIS VACCINE & POLIOVIRUS VACC, INAC(DTAP-IPV) WHEN ADM TO CHILD 4-6 Y.O	VFC		\$10.71
90698		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA TYPE B, AND POLIOVIRUS VACCINE, INACTIVATED (DTAP - HIB - IPV),	NOT COVERED		
90698	SL	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA TYPE B, AND POLIOVIRUS VACCINE, INACTIVATED (DTAP - HIB - IPV),	VFC		\$10.71
90700	SL	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR	VFC		\$10.71
90707		MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	REQUIRES DOCUMENTATION		\$71.59
90707	SL	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	VFC		\$10.71

90710	SL	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEOUS USE	VFC VACCINE IS PROQUAD		\$10.71
90713		POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		\$33.17
90713	SL	POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	VFC-VACCINE IS IPOL		\$10.71
90714		TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR	REQUIRES DOCUMENTATION		\$22.73
90714	SL	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR	VFC		\$10.71
90715		TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR	NOT FOR ROUTINE IMMUNIZATION. REQUIRES DOCUMENTATION OF MEDICALNECESSITY. OK FOR PREGNANT WOMEN.		\$31.84
90715	SL	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR	VFC		\$10.71
90716	SL	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	VFC		\$10.71
90717		YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE	NOT COVERED		
90723	SL	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B,AND POLIOVIRUS VACCINE, INACTIVATED (DTAP-HEPB-IPV), FOR INTRAMUSCULAR	VFC		\$10.71

90732		PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE, WHEN ADMINISTERED TO INDIVIDUALS 2 YEARS OR OLDER		DOCUMENTATION FOR MEDICAL NECESSITY UNDER 65 Y/O. CHILDREN MUST SE VFC VACCINE.		\$98.85
90732	SL	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 3-VALENT, ADULT OR IMMUNOSUPPRESSED PATIENT DOSEAGE, WHEN ADMIN TO INDIVIDUALS 2 YEARS OR OLDER, SQ OR IM		FOR HIGH RISK VFC ONLY. MUST CONTACT VFC FOR EACH DOSE.		\$10.71
90733		MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS USE		REQUIRES DOCUMENTATION. NOT FOR ROUTINE IMMUNIZATION		\$131.55
90733	SL	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANYGROUP{S}) FOR SUBCUTANEOUS USE		VFC NOT FOR ROUTINE IMMUNIZATION		\$10.71
90734		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR INTRAMUSCULAR USE (MENVEO)		REQUIRES DOCUMENTATION		\$120.61
90734	SL	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR INTRAMUSCULAR USE (MENVEO, MENACTRA)		VFC		\$10.71
90736		ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION		NOT COVERED		
90739		HEPATITIS B VACCINE, ADULT DOSAGE (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		NOT COVERED		
90740		HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		MEDICAL DOCUMENTATION REQUIRED		\$122.96

90743		HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		REQUIRES DOCUMENTATION		\$25.40
90744	SL	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		VFC		\$10.71
90746		VACCINE FOR HEPATITIS B ADULT DOSAGE (3 DOSE SCHEDULE) INJECTION INTO MUSCLE		REQUIRES DOCUMENTATION		\$61.47
90746	SL	VACCINE FOR HEPATITIS B ADULT DOSAGE (3 DOSE SCHEDULE) INJECTION INTO MUSCLE		VFC		\$10.71
90747		HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		DOCUMENTATION REQUIRED		\$122.96
90748		HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE		NOT COVERED		
90748	SL	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE		VFC		\$10.71
90749		UNLISTED VACCINE/TOXOID		REQUIRES DOCUMENTATION AND INVOICE		MP
90750		ZOSTER (SHINGLES) VACCINE (HZU), RECOMBINANT, SUB-UNIT, ADJUVANTED, FOR IM INJECTION		NOT COVERED		