

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, Natalizumab, or Spinraza, the injectable authorization forms can be found at <http://dhhs.ne.gov/medicaid/Pages/Practitioner-Injectable-Medication-Prior-Authorization-Forms.aspx>.
2. An authorization request may be faxed to 402-471-9092 or, Attn: Physical Health Services Unit or E-Fax to 402-742-1104 and should include the following:

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.

- 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. 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. Most radiopharmaceuticals are currently not required to be billed with an NDC. Rebateable contrasts are required to have a rebateable NDC. Provider Bulletin 14-45 may be referenced at:
http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx.
7. 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.
8. MP noted in Medicaid allowable column of the fee schedule below indicates "manual pricing".

Nebraska Medicaid Fee Schedule, Injectables July 1, 2017						
		471-000-540		Manual Letter #35-2017		
						MEDICAID
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	ALLOWABLE
000A9502		TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE		RADIOPHARMACEUTICAL		\$87.95
000A9503		TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES		RADIOPHARMACEUTICAL		\$14.76
000A9504		APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES		RNE		
000A9505		THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE		RADIOPHARMACEUTICAL		\$36.98
000A9507		INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES		RADIOPHARMACEUTICAL		\$1,649.29
000A9509		IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE		RADIOPHARMACEUTICAL		\$2,009.13
000A9510		TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES		RADIOPHARMACEUTICAL		\$48.63
000A9512		TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE		RNE REQUIRES INVOICE. RADIOPHARMACEUTICAL		
000A9515		CHOLINE 11, DIAGNOSTIC, PER STUDY DOSE UP TO 20 MILLICURIES CHOLINE - 11		RADIOPHARMACEUTICAL		\$5,340.00

000A9517		IODINE I-131 SODIUM IODIDE CAPSULE(S), THERAPEUTIC, PER MILLICURIE		RADIOPHARMACEUTICAL		\$234.16
000A9520		TECHNETIUM TO -99M, TILMANOCEPT, DIAGNOSTIC, UP TO 0.5MILICURIES M SULFUR COLLOID, PER MCI		RADIOPHARMACEUTICAL		\$500.75
000A9521		TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES		RADIOPHARMACEUTICAL		\$665.01
000A9524		IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES		RADIOPHARMACEUTICAL		\$65.76
000A9526		NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES		RNE. RADIOPHARMACEUTICAL		
000A9527		IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE		RNE RADIOPHARMACEUTICAL		
000A9528		IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE		RNE RADIOPHARMACEUTICAL		
000A9529		IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE		RNE RADIOPHARMACEUTICAL		
000A9530		IODINE I-131 SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE		RNE RADIOPHARMACEUTICAL		
000A9531		IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)		RNE RADIOPHARMACEUTICAL		

000A9532		IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES		NOT COVERED		
000A9536		TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES		NOT COVERED		
000A9537		TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES		RNE RADIOPHARMACEUTICAL		
000A9538		TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES		RNE RADIOPHARMACEUTICAL		
000A9539		TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES		RNE RADIOPHARMACEUTICAL		
000A9540		TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES		RNE RADIOPHARMACEUTICAL		
000A9541		TECHNETIUM TC-99M SULFER COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES		RNE RADIOPHARMACEUTICAL		
000A9542		INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES		NOT COVERED		
000A9543		YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MILLICURIES		RNE RADIOPHARMACEUTICAL		

000A9547		INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE		RNE RADIOPHARMACEUTICAL		
000A9548		INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE		RNE RADIOPHARMACEUTICAL		
000A9552		FLUORODEOXYGLUCO SE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES		RADIOPHARMACEUTICAL		\$120.13
000A9553		CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIES		RNE RADIOPHARMACEUTICAL		
000A9554		IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIES		RNE RADIOPHARMACEUTICAL		
000A9555		RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES		REQUEST INVOICE. RADIOPHARMACEUTICAL		\$907.80
000A9556		GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE		RNE		
000A9557		TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES		RNE RADIOPHARMACEUTICAL		
000A9560		TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES		RNE RADIOPHARMACEUTICAL		
000A9561		TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES		RADIOPHARMACEUTICAL		\$36.54

000A9562		TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES		RNE RADIOPHARMICEUTICAL		
000A9563		SODIUM PHOSPHATE P- 32, THERAPEUTIC, PER MILLICURIE		RADIOPHARMACEUTICAL		\$325.61
000A9564		CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE		RNE RADIOPHARMACEUTICAL		
000A9566		TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES		NOT COVERED		
000A9567		TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLICURIES		RNE RADIOPHARMACEUTICAL		
000A9568		TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES		NOT COVERED		
000A9569		TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE		RNE RADIOPHARMACEUTICAL		
000A9570		INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE		RNE RADIOPHARMACEUTICAL		
000A9571		INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE		RNE RADIOPHARMACEUTICAL		

000A9572		INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES		RNE RADIOPHARMACEUTICAL		
000A9575		INJECTION, GADOTERATE MEGLUMINE, 0.1 ML				\$0.23
000A9576		INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML				\$1.75
000A9577		INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML		MEDICAL RECORDS REQUIRED		\$2.08
000A9578		INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML				\$2.05
000A9579		INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED (NOS), PER ML				\$1.86
000A9580		SODIUM FLUORIDE F- 18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES		RNE		
000A9581		INJECTION, GADOXETATE DISODIUM, 1 ML				\$13.94
000A9582		IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES				\$6,305.66
000A9583		INJECTION, GADOFOSVESET TRISODIUM, 1 ML				\$18.55

000A9584		IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES		RNE		
000A9585		INJECTION, GADOBUTROL, 0.1 ML				\$0.37
000A9586		FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES		RNE		
000A9587		GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE		RADIOPHARMACEUTICAL		\$67.24
000A9588		FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE		RADIOPHARMACEUTICAL		\$392.48
000A9600		STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE		RNE RADIOPHARMACEUTICAL		
000A9604		SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TREATMENT DOSE, UP TO 150 MILLICURIES		RNE RADIOPHARMACEUTICAL		
000A9606		RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE		RADIOPHARMACEUTICAL		\$134.95
000A9698		NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY		NOT COVERED		
000A9699		RADIOPHARMACEUTIC AL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED		NOT COVERED		

000A9700		SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY		NOT COVERED		
000C9140		INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (AFSTYLA), 1 I.U.		SEND DOCUMENTATION AND INVOICE		\$1.76
000C9257		INJECTION, BEVACIZUMAB, 0.25 MG		FOR MACULAR DEGENERATION.		\$1.98
000C9484		INJECTIN, ETEPLIRSEN, 10 MG		NOT COVERED		
000C9485		OLARATUMAB, INJECTION 10 MG		NOT COVERED		
000C9486		GRANISETRON EXTENDED RELEASE INJECTION 0.1 MG		NOT COVERED		
000C9487		USTEKINUMAB, INTRAVENOUS INJECTION 1MG		OBSOLETE		
000C9489		INJECTION, NUSINERSEN, 0.1MG	X	PRIOR AUTHORIZATION REQUIRED; OUTPATIENT		\$1,112.50
000J0129		ABATACEPT INJECTION		10 MG		\$47.61
000J0130		INJECTION ABCIXIMAB, 10MG				\$1,235.46
000J0132		ACETYLCYSTEINE INJECTION		100 MG		\$1.26
000J0133		ACYCLOVIR INJECTION		5 MG		\$0.07
000J0135		ADALIMUMAB INJECTION		20 MG		\$1,185.81
000J0153		INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)				\$0.58
000J0171		ADRENALIN EPINEPHRINE INJECT		0.1 MG		\$0.29

000J0178		INJECTION, AFLIBERCEPT, 1 MG				\$978.39
000J0180		AGALSIDASE BETA INJECTION	X	1 MG		\$170.98
000J0202		INJECTION, ALEMTUZUMAB, 1 MG	X	PRIOR AUTHORIZATION		\$1,781.98
000J0207		AMIFOSTINE		500 MG		\$1,034.12
000J0220		INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED		NOT COVERED		
000J0221		INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	X	10 MG		\$159.73
000J0256		ALPHA 1 PROTEINASE INHIBITOR		10 MG		\$4.94
000J0257		INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG		10 MG		\$4.63
000J0270		ALPROSTADIL		PROSTIN VR ONLY NOT COVERED FOR SELF ADMINISTRATION		\$0.67
000J0278		AMIKACIN SULFATE INJECTION		100 MG		\$1.80
000J0280		AMINOPHYLLIN INJECTION		250 MG		\$6.69
000J0282		AMIODARONE HCL		30 MG		\$0.43
000J0285		AMPHOTERICIN B		50 MG		\$32.58
000J0287		AMPHOTERICIN B LIPID COMPLEX		10 MG		\$13.08
000J0289		AMPHO B LIPOSOME INJECTION		10 MG		\$20.75
000J0290		AMPICILLIN INJECTION		500 MG		\$1.15
000J0295		AMPICILLIN SODIUM		1.5 GM		\$3.69
000J0300		AMOBARBITAL, UP TO 125 MG (AMYTAL)		125 MG		\$195.72
000J0330		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20MG.				\$2.05
000J0348		ANIDULAFUNGIN		1 MG		\$0.52
000J0360		HYDRALAZINE HCL INJECTION		20 MG		\$3.29

000J0364		A POMORPHINE HYDROCHLORIDE		1 MG		\$35.88
000J0401		INJECTION, ARIPIRAZOLE, EXTENDED RELEASE, 1 MG	X			\$4.78
000J0456		AZITHROMYCIN		500 MG		\$3.60
000J0461		ATROPINE SULFATE INJECTINO		0.3 MG		\$0.05
000J0470		DIMECAPROL INJECTION		100 MG		\$47.28
000J0475		BACLOFEN INJECTION		10 MG		\$168.00
000J0476		BACLOFEN INTRATHECAL TRIAL		50 MCG		\$73.20
000J0480		BASILIXIMAB		20 MG		\$3,423.97
000J0485		INJECTION, BELATACEPT, 1 MG		1 MG		\$3.90
000J0490		INJECTION, BELIMUMAB, 10 MG		10 MG		\$41.98
000J0500		DICYCLOMINE INJECTION		20 MG		\$74.78
000J0515		BENZTROPINE MESYLATE INJECTINO		1 MG		\$24.21
000J0558		PENG BENZATHINE/PROCAIN E INJ		100,000 UNITS		\$9.30
000J0561		PENICILLIN G BENZATHINE INJ		100,000 UNITS		\$11.45
000J0570		BUPRENORPHINE IMPLANT 74.2MG	X	REQUIRES PRIOR AUTHORIZATION		\$1,274.03
000J0583		BIVALIRUDIN		1 MG		\$1.50
000J0585		BOTULINUMTOXIN A INJECTION	X	PA REQUIRED. ONLY FDA APPROVED INDICATIONS/USE APPROVED. DOCUMENT REQUESTED NUMBER OF UNITS PER MUSCLE. MAX 400U EVERY 3 MONTHS.		\$5.98
000J0586		ABOBOTULINUMTOXIN A INJECTION	X	PRIOR AUTHORIZATION. ONLY FOR FDA APPROVED USE/INDICATIONS.		\$7.95

000J0587		RIMABOTULINUMTOXIN B	X	PRIOR AUTHORIZATION. ONLY FOR FDA APPROVED USE/INDICATIONS.		\$10.69
000J0588		INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	X	1 UNIT		\$5.08
000J0592		BUPRENORPHINE HYDROCHLORIDE (BUPRENEX)		0.1 MG		\$3.51
000J0594		BUSULFAN INJECTION		1 MG		\$35.85
000J0595		BUTORPHANOL TARTRATE		1 MG		\$2.70
000J0596		INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS				\$29.03
000J0597		C-1 ESTERASE, INHIBITER(BERINERT)	X	10 UNITS		\$48.90
000J0598		C1 ESTERASE INHIBITOR (CINRYZE)	X	10 IU		\$56.41
000J0600		EDETATE CALCIUM DISODIUM INJECTION		1000 MG		\$5,594.42
000J0610		CALCIUM GLUCONATE INJECTION		10 ML		\$2.78
000J0630		CALCITONIN SALMON INJECTION		400 UNITS		\$2,282.98
000J0636		CALCITRIOL INJECTION		0.1 MCG		\$0.62
000J0637		CASPUFUNGIN ACETATE		5 MG		\$11.98
000J0638		INJECTION, CANAKINUMAB, 1 MG		1 MG		\$92.50
000J0640		LEUCOVORIN CALCIUM INJECTION		50 MG		\$2.87
000J0641		LEVOLEUCOVORIN INJECTION		0.5 MG		\$0.70
000J0670		MEPIVACAINE HCL INJECTION		10 ML		\$2.46
000J0690		CEFAZOLIN SODIUM INJECTION		500 MG		\$0.87
000J0692		CEFEPIME HCL FOR INJECTION		500 MG		\$2.70

000J0694		CEFOXITIN SODIUM INJECTION			\$5.09
000J0696		CEFTRIAXONE SODIUM INJECTION			\$0.57
000J0697		STERILE CEFUROXIME INJECTION			\$3.10
000J0698		CEFOTAXIME SODIUM INJECTION	PER GRAM		\$2.35
000J0702		BETAMETHASONE ACET & SOD PHOSP	3 MG		\$7.33
000J0706		CAFFEINE CITRATE INJECTION	5 MG		\$2.01
000J0712		INJECTION, CEFTAROLINE FOSAMIL, 10 MG	10 MG		\$2.61
000J0713		CEFTAZIDIME INJECTION	500 MG		\$2.49
000J0714		INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G			\$79.90
000J0717		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.		\$7.71
000J0720		CHLORAMPHENICOL SODIUM INJECTION	1 GM		\$39.87
000J0725		CHORIONIC GONADOTROPIN	1000 UNITS		\$21.21
000J0735		CLONIDINE HCL	1 MG		\$12.98
000J0740		CIDOFOVIR INJECTION	375 MG		\$488.40
000J0743		CILASTATIN SODIUM INJECTION	250 MG		\$4.54
000J0744		CIPROFLOXACIN IV	200 MG		\$1.38
000J0770		COLISTIMETHATE SODIUM INJECTION	150 MG		\$13.11
000J0775		COLLAGENASE, CLOST HIST INJ	0.01MG		\$40.65
000J0780		PROCHLORPERAZINE INJECTION	10 MG		\$11.97

000J0795		CORTICORELIN OVINE TRIFLUTAL		1 MCG		\$8.24
000J0800		CORTICOTROPIN INJECTION		40 UNITS		\$3,703.37
000J0833		COSYNTROPIN INJECTION NOS				\$89.90
000J0834		COSYNTROPIN CORTROSYN INJECTION		0.25 MG		\$40.60
000J0840		INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GM		UP TO 1 GM		\$2,870.72
000J0850		CYTOMEGALOVIRUS IMM IV		PER VIAL		\$1,128.67
000J0875		INJECTION, DALBAVANCIN, 5MG				\$14.56
000J0878		DAPTOMYCIN INJECTION		1 MG		\$0.66
000J0881		DARBEPOETIN ALFA, NON-ESRD		1 MCG		\$3.90
000J0882		DARBEPOETIN ALFA, ESRD USE		1 MCG		\$3.90
000J0883		INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)				\$4.77
000J0884		INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)		SEND INVOICE		\$4.77
000J0885		EPOETIN ALFA, NON-ESRD		1000 UNITS		\$13.75
000J0887		INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)		FOR ESRD USE. SEND INVOICE		\$1.38
000J0888		INJECTIN, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)		FOR NON-ESRD USE. SEND INVOICE.		\$1.38
000J0894		DECITABINE INJECTION		1 MG		\$19.35
000J0895		DEFEROXAMINE MESYLATE INJECTION		500 MG		\$8.50

000J0897		INJECTION, DENOSUMAB, 1 MG (PROLIA)		1 MG		\$17.03
000J1000		DEPO-ESTRADIOL CYPIONATE INJECTION		5 MG		\$19.31
000J1020		METHYLPREDNISOLON E INJECTION		20 MG		\$5.40
000J1030		METHYLPREDNISOLON E INJECTION		40 MG		\$6.00
000J1040		METHYLPREDNISOLON E INJECTION		80 MG		\$11.53
000J1050		INJECTION, MEDROXYPROGESTER ONE ACETATE, 1 MG		1 MG		\$0.48
000J1071		INJECTION, TESTOSTERONE CYPIONATE,1MG				\$0.02
000J1100		DEXAMETHASONE SODIUM PHOSPHATE		1 MG		\$0.12
000J1110		DIHYDROERGOTAMINE MESYLT INJECTION		1 MG		\$83.00
000J1120		ACETAZOLAMID SODIUM INJECTION		500 MG		\$21.88
000J1160		DIGOXIN INJECTION		0.5 MG		\$5.61
000J1162		DIGOXIN IMMUNE FAB (OVINE)		PER VIAL		\$3,267.02
000J1165		PHENYTOIN SODIUM INJECTION		50 MG		\$0.51
000J1170		HYDROMORPHONE INJECTION		4 MG		\$2.08
000J1190		DEXRAZOXANE HCL INJECTINO		250 MG		\$184.66
000J1200		DIPHENHYDRAMINE HCL		50 MG		\$0.59
000J1205		CHLOROTHIAZIDE SODIUM INJECTION		500 MG		\$66.42
000J1212		DIMETHYL SULFOXIDE 50%		50 ML		\$553.41
000J1230		METHADONE INJECTION		10 MG		\$19.25
000J1240		DIMENHYDRINATE INJECTION		50 MG		\$7.46
000J1245		DIPYRIDAMOLE INJECTION		10 MG		\$0.78

000J1250		DOBUTAMINE HCL INJECTION		250 MG		\$6.08
000J1265		DOPAMINE INJECTION		40 MG		\$0.64
000J1267		DORIPENEM INJECTION		10 MG		\$0.64
000J1270		DOXERCALCIFEROL INJECTION		1 MCG		\$0.42
000J1290		ECALLANTIDE INJECTION				\$432.71
000J1300		ECULIZUMAB INJECTION	X	PRIOR AUTHORIZATION		\$226.62
000J1322		INJECTION, ELOSULFASE ALFA, 1MG	X	PRIOR AUTHORIZATION		\$237.31
000J1325		EPOPROSTENOL INJECTION		0.5 MG		\$15.56
000J1327		EPTIFIBATIDE INJECTION		5 MG		\$36.91
000J1335		ERTAPENEM INJECTION		500 MG		\$52.34
000J1364		ERYTHRO LACTOBIONATE		500 MG		\$62.43
000J1380		ESTRADIOL VALERATE INJECTION		10 MG		\$7.32
000J1410		ESTROGEN CONJUGATE INJECTION		25 MG		\$303.15
000J1430		ETHANOLAMINE OLEATE		100 MG		\$444.09
000J1438		ETANERCEPT INJECTION		NOT FOR USE WHEN DRUG SELF- ADMINISTERED		\$593.01
000J1439		INJECTION, FERRIC CARBOXYMALTOSE, 1MG				\$1.06
000J1442		INJECTION, FILGRASTIM (G-CSF), 1 MICROGRAM		1 MCG		\$1.00
000J1447		INJECTION, TBO- FILGRASTIM, 1 MICROGRAM				\$0.64
000J1450		FLUCONAZOLE		200 MG		\$4.68
000J1451		FOMEPIZOLE		15 MG		\$11.44
000J1453		FOSAPREPITANT INJECTION		1 MG		\$1.91

000J1458		GALSULFASE INJECTION	X	PRIOR AUTHORIZATION		\$373.80
000J1459		IVIG PRIVIGEN INJECTION		500 MG		\$38.60
000J1460		GAMMA GLOBULIN INJECTION		1 CC		\$36.36
000J1556		INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG				\$38.31
000J1557		INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON- LYOPHILIZED (E.G.LIQUID), 500 MG		500 MG		\$46.69
000J1559		INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG		100 MG		\$9.82
000J1560		GAMMA GLOBULIN INJECTION		>10 CC		\$363.65
000J1561		GAMUNEX INJECTION		500 MG		\$38.41
000J1566		IMMUNE GLOBULIN, POWDER		500 MG		\$32.94
000J1568		OCTAGAM INJECTION		500 MG		\$34.12
000J1569		GAMMAGARD LIQUID INJECTION		500 MG		\$40.19
000J1570		GANCICLOVIR SODIUM INJECTION		500 MG		\$72.79
000J1571		HEPAGAM B IM INJECTION		0.5 ML		\$60.20
000J1572		FLEBOGAMMA INJECTION		500 MG		\$27.93
000J1573		HEPAGAM B IV INJECTION		0.5 ML		\$74.70
000J1575		INJECTION,IMMUNE GLOBULIN/HYALURONI DASE,(HYQVIA)100MG IMMUNE GLOBULIN				\$13.03
000J1580		GARAMYCIN GENTAMICIN INJECTION		80 MG		\$1.53
000J1595		GLATIRAMER ACETATE		20 MG		\$184.90
000J1602		INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE		1 MG		\$24.72

000J1610		GLUCAGON HCL		1 MG		\$194.42
000J1626		GRANISETRON HCL INJECTION		100 MCG		\$0.32
000J1630		HALOPERIDOL INJECTION		5 MG		\$1.22
000J1631		HALOPERIDOL DECANOATE INJECTION		50 MG		\$18.03
000J1640		HEMIN		1 MG		\$23.73
000J1642		HEPARIN SODIUM INJECTION		10 UNITS		\$0.17
000J1644		HEPARIN SODIUM INJECTION		1000 UNITS		\$0.20
000J1645		DALTEPARIN SODIUM		2500 IU		\$15.33
000J1650		ENOXAPARIN SODIUM INJECTION		10 MG		\$0.86
000J1652		FONDAPARINUX SODIUM		0.5 MG		\$2.12
000J1670		TETANUS IMMUNE GLOBULIN INJECTION		250 UNITS		\$422.03
000J1720		HYDROCORTISONE SODIUM SUCC INJECT		100 MG		\$10.85
000J1725		HYDROXYPROGESTER ONE CAPROATE (MAKENA)		1 MG DOCUMENTATION REQUIRED		\$3.11
000J1725	TH	INJECTION, HYDROXYPROGESTER ONE CAPROATE, 1 MG (COMPOUNDED)				\$0.09
000J1740		IBANDRONATE SODIUM INJECTION		1 MG		\$83.78
000J1742		IBUTILIDE FUMARATE INJECTION		1 MG		\$65.74
000J1743		IDURSULFASE INJECTION 1MG	X	PRIOR AUTHORIZATION		\$533.47
000J1744		INJECTION, ICATIBANT, 1 MG		COPAXONE ONLY		\$346.17
000J1745		INFLIXIMAB INJECTION		10 MG		\$85.74
000J1750		IRON DEXTRAN INJECTION		50 MG		\$13.02
000J1756		IRON SUCROSE INJECTION		1 MG		\$0.25
000J1786		IMUGLUCERASE INJECTION	X	10 UNITS- PRIOR AUTHORIZATION		\$41.74

000J1790		DROPERIDOL INJECTION		5 MG		\$3.11
000J1800		PROPRANOLOL INJECTION		1 MG		\$1.65
000J1815		INSULIN INJECTION		5 UNITS		\$0.83
000J1817		INSULIN FOR INSULIN PUMP USE		50 UNITS		\$9.57
000J1830		INJECTION, INTERFERON BETA-1B, PER 0.25MG USE THIS CODE FOR:BETASERON		NOT FOR SELF ADMINISTRATION		\$423.45
000J1833		INJECTION, ISAVUCONAZONIUM, 1 MG				\$0.78
000J1885		KETOROLAC TROMETHAMINE INJECTION		15 MG		\$0.58
000J1930		LANREOTIDE INJECTION		1 MG		\$54.39
000J1931		LARONIDASE INJECTION	X	0.1 MG		\$30.61
000J1940		FUROSEMIDE INJECTION		20 MG		\$0.88
000J1942		INJECTION, ARIPIPRAZOLE LAUROXIL, 1 MG	X	PRIOR AUTHORIZATION		\$2.35
000J1950		LEUPROLIDE ACETATE		DOCUMENTATION IS REQUIRED		\$1,016.35
000J1953		LEVETIRACETAM INJECTION		10 MG		\$0.12
000J1955		LEVOCARNITINE INJECTION		1 GM		\$20.34
000J1956		LEVOFLOXACIN INJECTION		250 MG		\$1.30
000J1980		HYOSCYAMINE SULFATE INJECTION		0.25 MG		\$27.40
000J2001		LIDOCAINE INJECTION		10 MG		\$0.01
000J2010		LINCOMYCIN INJECTION		300 MG		\$12.84
000J2020		LINEZOLID INJECTION		200 MG		\$15.27
000J2060		LORAZEPAM INJECTION		2 MG		\$0.91
000J2150		MANNITOL INJECTION		50 ML		\$1.88
000J2175		MEPERIDINE HCL		100 MG		\$5.45

000J2182		INJECTION, MEPOLIZUMAB, 1 MG	X	PRIOR AUTHORIZATION		\$28.60
000J2185		MEROPENEM		100 MG		\$1.14
000J2210		METHYLERGONOVIN MALEATE INJECTION		0.2 MG		\$17.63
000J2212		INJECTION, METHYLNALTREXONE, 0.1 MG				\$0.89
000J2248		MICAFUNGIN SODIUM INJECTION		1 MG		\$0.94
000J2250		MIDAZOLAM HCL INJECTION		1 MG		\$0.11
000J2260		MILRINONE LACTATE INJECTION		5 MG		\$1.74
000J2270		MORPHINE SULFATE INJECTION		10 MG		\$1.65
000J2274		INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG				\$9.73
000J2278		ZICONOTIDE INJECTION		1 MCG		\$7.32
000J2280		MOXIFLOXACIN INJECTION		100 MG		\$8.48
000J2300		NALBUPHINE HCL INJECTION		10 MG		\$2.56
000J2310		NALOXONE HCL INJECTION		1 MG		\$26.72
000J2315		NALTREXONE, DEPOT FORM	X	1 MG REQUIRES DOCUMENTATION		\$3.24
000J2323		NATALIZUMAB INJECTION	X	1 MG		\$19.42
000J2325		NESIRITIDE INJECTION		0.1 MG		\$75.37
000J2353		OCTREOTIDE INJECTION, DEPOT		1 MG- IM INJECTION, NEEDS NOTES.		\$182.58
000J2354		OCTREOTIDE INJECTION, NON- DEPOT		25 MCG		\$1.12
000J2355		OPRELVEKIN INJECTION		5 MG		\$467.21
000J2357		OMALIZUMAB INJECTION	X	5 MG		\$33.59
000J2358		OLANZAPINE LONG- ACTING INJ		1 MG		\$2.91

000J2360		ORPHENADRINE INJECTION		60 MG		\$6.04
000J2370		PHENYLEPHRINE HCL INJECTION		1 ML		\$12.82
000J2400		CHLOROPROCAINE HCL INJECTION		30 ML		\$23.98
000J2405		ONDANSETRON HCL INJECTION		1 MG		\$0.09
000J2407		INJECTION, ORITAVANCIN, 10 MG				\$23.36
000J2410		OXYMORPHONE HCL INJECTION		1 MG		\$2.91
000J2425		PALIFERMIN INJECTION		50 MCG		\$19.16
000J2426		PALIPERIDONE PALMITATE INJ	X	PRIOR AUTHORIZATION REQUIRES DOCUMENTATION DRUG IS SUSTENNA AND AND TRINZA		\$9.95
000J2430		PAMIDRONATE DISODIUM		30 MG		\$9.40
000J2469		PALONOSETRON HCL		25 MCG		\$22.05
000J2501		PARICALCITOL		1 MCG		\$1.16
000J2502		INJECTION, PASIREOTIDE LONG ACTING, 1 MG				\$299.04
000J2503		PEGAPTANIB SODIUM INJECTION		0.3 MG; REQUIRES DOC & INVOICE		\$1,054.70
000J2504		PEGADEMASE BOVINE	X	25 IU- PRIOR AUTHORIZATION		\$345.22
000J2505		PEGFILGRASTIM INJECTION		NEULASTA- 6 MG REQUIRES DOCUMENTATION		\$4,247.24
000J2507		INJECTION, PEGLOTICASE, 1 MG		1 MG		\$1,998.84
000J2510		PENICILLIN G PROCAINE INJECTION		600000 U		\$26.76
000J2515		PENTOBARBITAL SODIUM INJECTION		50 MG		\$48.21
000J2540		PENICILLIN G POTASSIUM INJECTION		600000 U		\$1.06
000J2543		PIPERACILLIN/TAZOBA CTAM		1.125 GM		\$2.94
000J2545		PENTAMIDINE NON- COMP UNIT		300 MG		\$118.05

000J2547		INJECTION, PERAMIVIR,1 MG			\$1.69
000J2550		PROMETHAZINE HCL INJECTION	50 MG		\$2.90
000J2560		PHENOBARBITAL SODIUM INJECTION	120 MG		\$36.12
000J2562		PLERIXAFOR INJECTION	1 MG		\$314.22
000J2590		OXYTOCIN INJECTION	10 UNITS		\$1.12
000J2597		DESMOPRESSIN ACETATE INJECTION	1 MCG		\$12.40
000J2675		PROGESTERONE INJECTION	50 MG		\$1.46
000J2680		FLUPHENAZINE DECANOATE	25 MG		\$18.40
000J2690		PROCAINAMIDE HCL INJECTION	1 GM		\$66.52
000J2700		OXACILLIN SODIUM INJECTION	250 MG		\$1.51
000J2704		INJECTIION, PROPOFOL,10 MG			\$0.11
000J2710		NEOSTIGMINE METHYLSULFTATE INJECTION	0.5 MG		\$8.15
000J2720		PROTAMINE SULFATE INJECTION	10 MG		\$1.05
000J2724		PROTEIN C CONCENTRATE	10 UNITS		\$15.17
000J2730		PRALIDOXIME CL INJECTION	1 GM		\$92.60
000J2760		PHENTOLAINE MESYLATE INJECTINO	5 MG		\$453.90
000J2765		METOCLOPRAMIDE HCL INJECTION	10 MG		\$0.89
000J2770		QUINUPRISTIN/DALFO PRINTIN	500 MG		\$438.29
000J2778		RANIBIZUMAB INJECTION	0.1 MG		\$380.89
000J2780		RANITIDINE HCL INJECTION	25 MG		\$6.16
000J2783		RASBURICASE	0.5 MG		\$259.25
000J2785		REGADENOSON INJECTION	0.1 MG		\$55.37
000J2786		INJECTION, RESLIZUMAB, 1 MG	X	PRIOR AUTHORIZATION	\$8.92

000J2788	RHO D IMMUNE GLOBULIN (MICRHOGAM)		50 MCG (250 IU)		\$19.89
000J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)		300 MCG (1500 IU)		\$79.03
000J2791	RHO (D) IMMUNE GLOBULIN (RHOPHYLAC)		100 IU		\$4.78
000J2792	RHO D IMMUNE GLOBULIN H, SD		100 IU		\$23.85
000J2794	RISPERIDONE, LA	X	REQUIRES PRIOR AUTH AND INVOICE		\$8.53
000J2795	ROPIVACAINE HCL INJECTION		1 MG		\$0.07
000J2796	ROMIPLOSTIM INJECTION		10 MCG		\$66.57
000J2800	METHOCARBAMOL INJECTION		10 ML		\$36.39
000J2805	SINCALIDE INJECTION		NOT COVERED		
000J2810	THEOPHYLLINE INJECTION		40 MG		\$0.30
000J2820	SARGRAMOSTIM INJECTION		50 MCG		\$37.82
000J2840	SEBELIPASE ALFA, 1 MG	X	PRIOR AUTHORIZATION		\$534.00
000J2850	SECRETIN, SYNTHETIC OR HUMAN, INJECTION, 1 MCG		NOT COVERED		
000J2916	NAFERRIC GLUCONATE COMPLEX		12.5 MG		\$2.30
000J2920	METHYLPREDNISOLONE INJECTION		40 MG		\$4.34
000J2930	METHYLPREDNISOLONE INJECTION		125 MG		\$6.03
000J2941	INJECTION, SOMATROPIN, 1 MG	X	REQUIRES PRIOR AUTH		\$130.84
000J2997	ALTEPLASE RECOMBINANT		1 MG		\$83.47
000J3000	STREPTOMYCIN INJECTION		1 GM		\$12.88
000J3010	FENTANYL CITRATE INJECTION		0.1 MG		\$0.42

000J3030		SUMATRIPTAN SUCCINATE		NOT FOR SELF ADMINISTRATION		\$72.76
000J3060		TALIGLUCERACE ALFA 10 U		10 U		\$40.37
000J3070		PENTAZOCINE INJECTION		30 MG		\$74.12
000J3090		INJ TEDIZOLID PHOSPHATE 10 MG				\$1.32
000J3095		TELAVANCIN INJECTION		10MG		\$5.07
000J3101		TENECTEPLASE INJECTION		1 MG		\$110.04
000J3105		TERBUTALINE SULFATE INJECTION		1 MG		\$2.44
000J3121		INJECTION, TESTOSTERONE ENANTHATE, 1MG		REQUIRES DOCUMENTATION		\$0.04
000J3145		INJECTION, TESTOSTERONE UNDECANOATE, 1 MG		REQUIRES DOCUMENTATION		\$1.38
000J3230		CHLORPROMAZINE HCL INJECTION		50 MG		\$27.71
000J3240		THYROTROPIN INJECTION		0.9 MG		\$1,564.25
000J3243		TIGECYCLINE INJECTION		1 MG		\$3.27
000J3250		TRIMETHOBENZAMIDE HCL INJECTION		200 MG		\$29.47
000J3260		TOBRAMYCIN SULFATE INJECTION		80 MG		\$1.87
000J3262		TOCILIZUMAB INJECTION		1 MG		\$4.36
000J3285		TREPROSTINIL INJECTION		1 MG		\$61.23
000J3300		TRIAMCINOLONE PRES- FREE		1 MG		\$3.89
000J3301		TRIAMCINOLONE A INJECTION NOS		10 MG		\$1.88
000J3315		TRIPTORELIN PAMOATE		3.75 MG		\$279.36
000J3357		USTEKINUMAB INJECTION		1 MG		\$183.25
000J3360		DIAZEPAM INJECTION		5 MG		\$9.85
000J3370		VANCOMYCIN HCL INJECTION		500 MG		\$2.56
000J3380		INJECTION, VEDOLIZUMAB, 1 MG				\$18.06

000J3385		VELAGLUCERASE ALFA	X	100 UNITS		\$342.18
000J3396		VERTEPORFIN INJECTION		0.1 MG		\$10.75
000J3410		HYDROXYZINE HCL INJECTION		25 MG		\$2.12
000J3411		THIAMINE HCL		100 MG		\$3.04
000J3415		PYRIDOXINE HCL		100 MG		\$10.20
000J3420		VITAMIN B-12 INJECTION		1000 MCG		\$2.50
000J3430		VIT K PHYTONADIONE INJECTION		1 M		\$4.08
000J3465		VORICONAZOLE INJECTION		10 MG		\$3.25
000J3470		HYALURONIDASE INJECTION		150 UNITS		\$59.59
000J3471		OVINE		1-999 USP		\$0.38
000J3473		HYALURONIDASE RECOMBINANT		1 USP		\$0.35
000J3475		MAGNESIUM SULFATE INJECTION		500 MG		\$0.54
000J3480		POTASSIUM CL INJECTION		2 MEQ		\$0.13
000J3485		ZIDOVUDINE		10 MG		\$1.51
000J3486		ZIPRASIDONE MESYLATE		10 MG		\$21.68
000J3489		INJECTION, ZOLEDRONIC ACID, 1 MG		1 MG		\$12.03
000J3490		UNCLASSIFIED DRUGS		REQUIRES DOC & INVOICE		MP
000J3490	TH	MEDROXYPROGESTER ONE ACETATE, DEPO- PROVERA 1 MG, FOR FAMILY PLANNING		FOR FAMILY PLANNING ONLY		\$0.54
000J3590		UNCLASSIFIED BIOLOGICS		REQUIRES DOC & INVOICE		MP
000J7030		NORMAL SALINE INFUSION		1000 ML		\$1.99
000J7040		NORMAL SALINE INFUSION		500 ML		\$0.99
000J7042		5% DEXTROSE/NORMAL SALINE INFUSION		500 ML		\$0.88
000J7050		NORMAL SALINE INFUSION		250 ML		\$0.49

000J7060		D5W INFUSION		500 ML		\$2.06
000J7070		D5W INFUSION		1000 ML		\$4.02
000J7100		DEXTRAN 40 INFUSION		500 ML		\$28.33
000J7120		RINGERS LACTATE INFUSION		1000 ML		\$2.39
000J7121		5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC				\$1.06
000J7175		INJECTION, FACTOR X, (HUMAN), 1 I.U,				\$8.68
000J7178		INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG		REQUIRES DOCUMENTATION		\$1.25
000J7179		INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWF:RCO		REQUIRES DOCUMENTATION		\$2.11
000J7180		INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 IU		1 IU (IC) REQUIRES INVOICE AND DOCUMENTATION		\$8.19
000J7181		INJECTION, FACTOR XII A-SUBUNIT, (RECOMBINANT), PER IU		REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		\$15.45
000J7182		INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU		REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		\$1.31
000J7183		INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO		1 IU		\$1.03
000J7185		XYNTHA INJECTION		1 IU		\$1.26
000J7186		ANTIHEMOPHILIC VIII/WF COMP		PER FACTOR VIII IU		\$0.94
000J7187		HUMATE-P INJECTION		1 IU		\$1.08
000J7189		FACTOR VIIA		1 MCG		\$1.97
000J7190		FACTOR VIII		1 IU		\$0.98

000J7192		FACTOR VIII RECOMBINANT NOS		1 IU		\$1.22
000J7193		FACTOR IX NON-RECOMBINANT		1 IU		\$1.12
000J7194		FACTOR IX COMPLEX		1 IU		\$1.39
000J7195		FACTOR IX RECOMBINANT		1 IU		\$1.50
000J7197		ANTITHROMBIN III INJECTION		1 IU		\$3.22
000J7198		ANTI-INHIBITOR		1 IU		\$1.93
000J7199		HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED		REQUIRES DOCUMENTATION		MP
000J7200		INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU				\$1.27
000J7201		INJECTION, FACTOR IX, FC FUSION PROTEIN (RECOMBINANT), PER IU				\$2.98
000J7202		INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.				\$4.54
000J7205		INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU				\$2.02
000J7207		INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.				\$2.11
000J7209		INJECTION, FACTOR VIII, (ANTHYEMOPHILIC FACTOR, RECOMBINANT), (NUWIG), 1 I.U.				\$1.80

000J7297		LEVONORGESTREL- RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG, 3 YEAR DURATION				\$730.92
000J7298		LEVONORGESTREL- RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG,5 Y EAR DURATION				\$916.70
000J7300		INTRAUTERINE COPPER CONTRACEPTIVE		1 UNIT		\$789.25
000J7301		LEVONORGESTREL- RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 13.5 MG				\$763.30
000J7303		HORMONE CONTAINING VAGINAL RING (NUVARING)		1 UNIT		\$150.51
000J7307		ETONOGESTREL (CONTRACEPTIVE) IMPLANT		1 UNIT		\$905.56
000J7308		AMINOLEVULINIC ACID HCL TOP		354 MG		\$367.80
000J7311		FLUOCINOLONE ACETONIDE IMPLANT	X	REQUIRES DOC & INVOICE		MP
000J7312		DEXAMETHASONE INTRA IMPLANT		0.1 MG		\$200.76
000J7313		INJECTION, FLUOCINOLONE ACETONIDE, INTRAUTERINE IMPLANT, 0.01 MG	X	REQUIRES PRIOR AUTHORIZATION		\$490.94
000J7316		OCRIPLASMIN INJECTIBLE 0.125MG				\$1,046.75
000J7320		GENVISC 850, FOR INTR-ARTICULAR INJECTION 1MG				\$7.06
000J7321		HYALGAN/SUPARTZ INJECTION		PER DOSE		\$85.53
000J7323		EUFLEXXA INJECTION		PER DOSE		\$152.33
000J7324		ORTHOVISC INJECTION		PER DOSE		\$142.71

000J7325		SYNVISC OR SYNVISC-ONE		1 MG		\$12.68
000J7326		HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE		PER DOSE; REQUIRES DOC & INVOICE		\$558.12
000J7327		HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION PER DOSE		REQUIRES DOCUMENTATION		\$867.39
000J7328		HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG		RNE REQUIRES INVOICE AND DOCUMENTATION; NDC NOT REQUIRED.		\$2.19
000J7330		CULTURED CHONDROCYTES IMPLANT		1 EA; REQUIRES DOC & INVOICE		MP
000J7336		CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER				\$3.19
000J7342		CIPROFLOXACIN OTIC SUSPENSION, 6MG		NOT FOR SELF-ADMINISTRATION		\$30.25
000J7500		AZATHIOPRINE, ORAL, TAB, 50MG,		NOT COVERED		
000J7502		CYCLOSPORINE (E.G., SANDIMMUNE) - ORAL 100 MG		NOT COVERED		
000J7504		LYMPHOCYTE IMMUNE GLOBULIN		250 MG		\$1,754.66
000J7507		TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG				\$0.59
000J7508		TACROLIMUS EX REL 0.1MG				\$0.42
000J7509		METHYLPRENISOLONE ORAL, PER 4 MG USE THIS CODE FOR: MEDROL				\$0.41

000J7510		PREDNISOLONE ORAL, PER 5 MG USE THIS CODE FOR: DELTA- CORTEF			\$0.06
000J7511		ANTITHYMOCITE GLOBULIN RABBIT	25 MG		\$706.13
000J7512		PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG			\$0.01
000J7515		CYCLOSPORINE, ORAL 25 MG			\$0.78
000J7516		CYCLOSPORIN PARENTERAL	250 MG		\$42.51
000J7517		MYCOPHENOLATE MOFETIL ORAL	250 MG		\$1.00
000J7518		MYCOPHENOLIC ACID	180 MG		\$2.71
000J7520		SIROLIMUS, ORAL, 1 MG			\$7.74
000J7525		TACROLIMUS INJECTION	5 MG		\$185.24
000J7527		EVEROLIMUS, ORAL, 0. 25 MG			\$8.13
000J7605		ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	ADMINISTERED THROUGH DME		\$9.28
000J7606		FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MCG	ADMINISTERED THROUGH DME		\$10.37

000J7608	ACETYLCYSTEINE, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT,	ADMINISTERED THROUGH DME	\$4.47
000J7611	ALBUTEROL, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINI STERED THROUGH DME, CONCENTRATED FORM, 1 MG	ADMINISTERED THROUGH DME	\$0.13
000J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	ADMINISTERED THROUGH DME	\$0.20
000J7613	ALBUTEROL, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINI STERED THROUGH DME, UNIT DOSE, 1 MG	ADMINISTERED THROUGH DME	\$0.04
000J7614	LEVALBUTEROL, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	ADMINISTERED THROUGH DME	\$0.05

000J7620		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		\$0.14
000J7626		BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG		ADMINISTERED THROUGH DME		\$3.67
000J7631		CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10		ADMINISTERED THROUGH DME		\$0.80
000J7639		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.		\$45.08
000J7644		IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG		ADMINISTERED THROUGH DME		\$0.22

000J7674		METHACHOLINE CHLORIDE, NEB		1 MG		\$0.54
000J7682		TOBRAMYCIN NON- COMP UNIT		300 MG		\$45.35
000J7686		TREPROSTINIL, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG		ADMINISTERED THROUGH DME		\$531.28
000J7999		COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED				MP
000J8501		APREPITANT, ORAL, 5 MG (EMEND)				\$9.49
000J8510		BULSULFAN; ORAL, 2 MG				\$24.82
000J8520		CAPECITABINE, ORAL, 150 MG				\$3.02
000J8521		CAPECITABINE, ORAL, 500 MG				\$7.98
000J8530		CYCLOPHOSPHAMIDE; ORAL, 25 MG USE THIS CODE FOR: CYTOXAN				\$3.50
000J8540		DEXAMETHASONE, ORAL, 0.25 MG				\$0.08
000J8560		ETOPOSIDE; ORAL, 50 MG USE THIS CODE FOR: VEPESID				\$74.08
000J8600		MELPHALAN; ORAL, 2 MG USE THIS CODE FOR ALKERAN				\$11.72
000J8610		METHOTREXATE; ORAL, 2.5 MG USE THIS CODE FOR RHEUMATREX DOSE PACK				\$0.53
000J8655		NETUPITANT 300MG AND PALONOSETRON 0.5 MG				\$431.50

000J8670		ROLAPITANT, ORAL, 1MG		NOT COVERED		
000J8700		TEMOZOLOMIDE		5 MG		\$1.87
000J8705		TOPOTECAN, ORAL, 0.25 MG				\$103.77
000J9000		DOXORUBICIN HCL INJECTION		10 MG		\$2.67
000J9015		ALDESLEUKIN INJECTINO		1 EA		\$3,090.79
000J9017		ARSENIC TRIOXIDE INJECTION		1 MG		\$70.93
000J9019		INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU				\$402.74
000J9025		AZACITIDINE INJECTION		1 MG		\$2.10
000J9027		CLOFARABINE INJECTION		1 MG		\$151.96
000J9031		BCG LIVE INTRAVESICAL VACCINE		1 EA		\$128.67
000J9032		INJECTION, BELINOSTAT, 10 MG				\$35.26
000J9033		BENDAMUSTINE INJECTION				\$28.91
000J9034		INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG				\$23.54
000J9035		BEVACIZUMAB INJECTION		10 MG		\$74.84
000J9039		INJECTION, BLINATUMOMAB, 1 MICROGRAM		REQUIRES DOCUMENTATION.		\$102.30
000J9040		BLEOMYCIN SULFATE INJECTION		15 UNITS		\$46.49
000J9041		BORTEZOMIB INJECTION		0.1 MG		\$46.84
000J9042		INJECTION, BRENTUXIMAB VEDOTIN, 1 MG				\$139.75
000J9043		INJECTION, CABAZITAXEL, 1 MG		1 MG		\$156.92
000J9045		CARBOPLATIN INJECTION		50 MG		\$3.41
000J9047		INJECTION, CARFILZOMIB, 1MG				\$32.13
000J9050		CARMUSTINE INJECTION		100 MG		\$3,862.48

000J9055		CETUXIMAB INJECTION		10 MG		\$57.48
000J9060		CISPLATIN INJECTION		10 MG		\$2.00
000J9065		CLADRIBINE INJECTION		1 MG		\$21.21
000J9070		CYCLOPHOSPHAMIDE INJECTION		100 MG		\$42.15
000J9098		CYTARABINE LIPOSOME INJECTION		10 MG		\$611.40
000J9100		CYTARABINE HCL INJECTION		100 MG		\$0.82
000J9120		DACTINOMYCIN INJECTION		0.5 MG		\$1,370.08
000J9130		DACARBAZINE INJECTION		100 MG		\$3.91
000J9145		INJECTION, DARATUMUMAB, 10 MG				\$48.61
000J9150		DAUNOROBICIN INJECTION		10 MG		\$41.16
000J9155		DEGARELIX INJECTION		1 MG		\$3.64
000J9171		DOCETAXEL INJECTION		1 MG		\$1.79
000J9176		INJECTION, ELOTUZUMAB, 1 MG				\$6.28
000J9178		EPIRUBICIN HCL INJECTION		2 MG		\$1.20
000J9179		INJECTION, ERIBULIN MESYLATE, 0.1 MG		0.1 MG		\$109.60
000J9181		ETOPOSIDE INJECTION		10 MG		\$0.58
000J9185		FLUDARABINE PHOSPHATE INJECTION		50 MG		\$76.80
000J9190		FLUOROURACIL INJECTION		500 MG		\$1.65
000J9200		FLOXURIDINE INJECTION		500 MG		\$73.88
000J9201		GEMCITABINE HCL INJECTION		200 MG		\$6.16
000J9202		GOSERELIN ACETATE IMPLANT		3.6 MG		\$326.00
000J9205		INJECTION, IRINOTECAN LIPOSOME, 1 MG				\$40.29

000J9206		IRINOTECAN INJECTION		20 MG		\$3.53
000J9207		IXABEPILONE INJECTION		1 MG		\$74.09
000J9208		IFOSFOMIDE INJECTION		1 GM		\$27.25
000J9209		MESNA INJECTION		200 MG		\$2.16
000J9211		IDARUBICIN HCL INJECTION		5 MG		\$39.28
000J9214		INTERFERON ALFA-2B INJECTION		1 MILLION UNITS		\$28.43
000J9215		INJECTION, INTERFERON, ALFA- N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU		NOT COVERED		
000J9216		INTERFERON GAMMA 1- B INJECTION	X	PRIOR AUTHORIZATION REQUIRED		MP
000J9217		LEUPROLIDE ACETATE SUSP		DOCUMENTATION IS REQUIRED		\$202.11
000J9218		LEIPROLIDE ACETATE INJECTION		1 MG		\$25.72
000J9225		VANTAS IMPLANT	X	PRIOR AUTHORIZATION REQUIRED		\$3,203.10
000J9226		SUPPRELIN LA IMPLANT	X	REQUIRES PRIOR AUTHORIZATION AND INVOICE		MP
000J9228		INJECTION, IPIILIMUMAB, 1 MG	X	FOR MULTIPLE MYELOMA; METASTATIC OR UNRESECTABLE. PRIOR AUTH		\$144.67
000J9230		MECHLORETHAMINE HCL INJECTION		10 MG		\$292.88
000J9245		MELPHALAN HCL INJECTION		50 MG		\$1,468.85
000J9250		METHOTREXATE SODIUM INJECTION		5 MG		\$0.29
000J9260		METHOTREXATE SODIUM INJECTION		50 MG		\$2.95
000J9261		NELARABINE INJECTION		50 MG		\$152.00
000J9262		INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG				\$2.92
000J9263		OXALIPATIN		0.5 MG		\$0.17
000J9264		PACLITAXEL PROTEIN BOUND		1 MG		\$10.75

000J9266		PEGASPARGASE INJECTION		1 EA		MP
000J9267		INJECTION, PACLITAXEL, 1 MG				\$0.14
000J9268		PENTOSTATIN INJECTION		10 MG		\$2,057.08
000J9271		INJECTION, PEMBROLIZUMAB, 1 MG				\$47.17
000J9280		MITOMYCIN INJECTION		5 MG		\$121.45
000J9293		MITOXANTRONE HCL		5 MG		\$37.87
000J9295		NECITUMUMAB, 1MG				\$5.32
000J9299		INJECTION, NIVOLUMAB, 1 MG				\$26.42
000J9301		INJECTION, OBINUTUZUMAB, 10 MG				\$58.78
000J9302		INJECTION, OFATUMUMAB		1 MG		\$54.83
000J9303		PANITUMUMAB INJECTION		10 MG		\$109.39
000J9305		PEMETREXED INJECTION		10 MG		\$64.74
000J9306		INJECTION, PERTUZUMAB, 1 MG				\$11.11
000J9307		INJECTION, PRALATREXATE		1 MG		\$247.60
000J9308		INJECTION, RAMUCIRUMAB, 5 MG				\$56.56
000J9310		RITUXIMAB INJECTION		100 MG		\$842.39
000J9315		ROMIDEPSIN INJECTION		1 MG		\$319.44
000J9320		STREPTOZOCIN INJECTION		1 GM		\$319.03
000J9325		INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS		NOT COVERED		
000J9328		TEMOZOLOMIDE INJECTION		1 MG		\$8.79
000J9330		TEMSIROLIMUS INJECTION	X	1 MG		\$69.97
000J9351		TOPOTECAN INJECTION		0.1 MG		\$1.08

000J9352		INJECTION, TRABECTEDIN, 0.1 MG			\$286.42
000J9354		INJECTION, ADO- TRASTUZUMAB EMTANSINE, 1 MG			\$29.79
000J9355		TRASTUZUMAB INJECTION	10 MG		\$96.63
000J9357		VALRUBICIN INJECTION	200 MG		\$1,161.94
000J9360		VINBLASTINE SULFATE INJECTION	1 MG		\$3.48
000J9370		VINCRISTINE SULFATE INJECTION	1 MG		\$4.91
000J9371		INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG			\$2,600.36
000J9390		VINORELBINE TARTRATE INJECTION	10 MG		\$9.42
000J9395		FULVESTRANT INJECTION	25 MG		\$96.18
000J9400		INJECTION, ZIV- AFLIBERCEPT, 1 MG			\$8.04
000P9041		INFUSION, ALBUMIN (HUMAN), 5%, 50 ML			\$11.79
000P9045		INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	NOT COVERED		
000P9046		INFUSION, ALBUMIN (HUMAN), 25%, 20 ML			\$22.48
000P9047		INFUSION, ALBUMIN (HUMAN), 25%, 50 ML			\$53.43
000Q0138		FERUMOXYTOL (FERAHEME)INJECTION(NON- ESRD)	1MG		\$0.89
000Q0139		FERUMOXYTOL (FERAHEME) INJECTION (ESRD)	1MG		\$0.89
000Q0162		ONDANSETRON 1 MG, ORAL, FDA APPROVED ANTIEMETIC SUB FOR ORAL ANTIEMETIC WITH CHEMO			\$0.03

000Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50MG, ORAL, COMPLETE SUBSTITUTE FOR IV PAY WHEN GIVEN WITH CHEMO ONLY, NOT OVER 48 HR DOSAGE REGIMEN				\$0.26
000Q0164	PROCHLORPERAZINE MALEATE, 5MG, ORAL COMPLETE THERAPEOUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC, NOT OVER 48 HR DOSAGE REGIMEN				\$0.04
000Q0166	GRANISETRON HYDROCHLORIDE, 1MG, ORAL ANTI- EMETIC WITH CHEMO, COMPLETE SUBSTITUTE FOR IV, PAY WITH CHEMO ONLY UP TO 48 HR DOSAGE REGIMEN				\$2.35
000Q0167	DRONABINOL, 2.5MG, ORAL ANTI-EMETIC WITH CHEMO				\$4.15
000Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5MG, ORAL ANTI- EMETIC WITH CHEMO PAY WITH CHEMO ONLY, NOT TO EXCEED 48 HR DOSAGE REGIMEN				\$0.04
000Q0180	DOLASETRON MESYLATE, 100MG, ORAL ANTI-EMETIC WITH CHEMO PAY WITH CHEMO ONLY, NOT TO EXCEED A 48 HR DOSAGE REGIMEN				\$102.00
000Q2017	INJECTION, TENIPOSIDE, 50 MG				\$2,665.67

000Q2035		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (AFLURIA)		NOT COVERED		
000Q2037		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUVIRIN)		NOT COVERED		
000Q2038		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUZONE)		NOT COVERED		
000Q2043		SIPULEUCEL-T PER INFUSION, MINIMUM OF 50 MILLION AUTOLOGOUS CD55+ CELLS ACTIVATED WITH PAP-GM-CSF INCLUDING LEUKAPHERESIS AND ALL OTHER PREPRO		REQUIRES DOCUMENTATION AND INVOICE		
000Q2049		INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG		NO REBATEABLE NDCS		
000Q2050		DOXORUBICIN HYDROCHLORIDE, LIPO SOMAL, DOXIL INJECTION 10 MG		REQUIRES DOCUMENTATION AND INVOICE		\$383.82

000Q3027		INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE			\$50.26
000Q4074		ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS			\$126.59
000Q4081		INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	100 UNITS		\$1.37
000Q4101		APLIGRAF, PER SQUARE CENTIMETER			\$30.87
000Q4102		OASIS WOUND MATRIX, PER SQUARE CENTIMETER			\$10.98
000Q4104		INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	NOT COVERED		
000Q4105		INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER			\$40.18
000Q4106		DERMAGRAFT, PER SQUARE CENTIMETER	ONLY APPROVED FOR FULL THICKNESS DIABETIC FOOT ULCER AND IN DYTROPHIC EPIDERMOLYSIS BULLOSA.		\$33.07
000Q4107		GRAFTJACKET, PER SQUARE CENTIMETER			\$93.32
000Q4108		INTEGRA MATRIX, PER SQUARE CENTIMETER	NOT COVERED		

000Q4110		PRIMATRIX, PER SQUARE CENTIMETER		NOT COVERED		
000Q4111		GAMMAGRAFT, PER SQUARE CENTIMETER		NOT COVERED		
000Q4112		CYMETRA, INJECTABLE, 1CC				\$200.04
000Q4113		GRAFTJACKET XPRESS, INJECTABLE, 1CC		NOT COVERED		
000Q4114		ALLOGRAFT, INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC		NOT COVERED		
000Q4115		ALLOSKIN, PER SQUARE CENTIMETER		NOT COVERED		
000Q4116		ALLODERM, PER SQUARE CENTIMETER				\$31.43
000Q4121		THERASKIN, PER SQUARE CENTIMETER		REQUIRES DOCUMENTATION		\$41.86
000Q4123		ALLOSKIN RT, PER SQUARE CENTIMETER		NOT COVERED		
000Q4131		EPIFIX, PER SQUARE CENTIMETER		NOT COVERED		
000Q4132		GRAFIX CORE, PER SQUARE CENTIMETER		NOT COVERED		
000Q4133		GRAFIX PRIME, PER SQUARE CENTIMETER		NOT COVERED		
000Q4161		BIO-CONNEKT WOUND MATRIX, PER SQUARE CENTIMETER		NOT COVERED		
000Q4162		AMNIOPRO FLOW, BIOSKIN FLOW, BIORENEW FLOW, WOUNDEX FLOW, AMNIOGEN-A, AMNIOGEN-C, 0.5 CC		NOT COVERED		

000Q4163		AMNIOPRO, BIOSKIN, BIORENEW, WOUNDEX, AMNIOGEN-45, AMNIOGEN-200, PER SQUARE CENTIMETER		NOT COVERED		
000Q4164		HELICOLL, PER SQUARE CENTIMETER		NOT COVERED		
000Q4165		KERAMATRIX, PER SQUARE CENTIMETER		NOT COVERED		
000Q4166		CYTAL, PER SQUARE CENTIMETER		NOT COVERED		
000Q4167		TRUSKIN, PER SQUARE CENTIMETER		NOT COVERED		
000Q4168		AMNIOBAND, 1 MG		NOT COVERED		
000Q4169		ARTACENT WOUND, PER SQUARE CENTIMETER		NOT COVERED		
000Q4170		CYGNUS, PERS SQUARE CENTIMETER		NOT COVERED		
000Q4171		INTERFYL, 1 MG		NOT COVERED		
000Q4172		PURAPLY OR PURAPLY AM, PER SQUARE CENTIMETER		NOT COVERED		
000Q4173		PALINGEN OR PALINGEN XPLUS, PER SQUARE CENTIMETER		NOT COVERED		
000Q4174		PALINGEN OR PROMATRX, 0.36 MG PER 0.25 CC		NOT COVERED		
000Q4175		MIRODERM, PER SQUARE CENTIMETER		NOT COVERED		
000Q5101		INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM		ZARXIO- REQUIRES DOCUMENTATION NOT FOR SELF-ADMINISTRATION		\$0.73
000Q5102		INJECTION, INFLIXIMAB, BIOSIMILAR, 10 MG		NOT COVERED		

000Q9950		INJ SULFA HEXA LIPID MICROSPH 1 ML		NOT COVERED		
000Q9956		INJECTION, OCTAFLUOROPROPAN CE MICROSPHERES, PER ML				\$34.14
000Q9957		INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML				\$51.21
000Q9958		HIGH OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML IODINE CONCENTRATION, PER ML				\$0.08
000Q9960		HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML		NOT COVERED		
000Q9961		HIGH OSMOLAR CONTRAST MATERIAL, 250-259 MG/ML IODINE CONCENTRATION, PER ML		NOT COVERED		
000Q9965		LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION,PER ML				\$0.77
000Q9966		LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION,PER ML				\$0.32
000Q9967		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION,PER ML				\$0.12

000Q9968		INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE BLUE, ISOSULFAN BLUE), 1 MG				\$15.45
000Q9984		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (KYLEENA) 19.5 MG		NOT COVERED		
000Q9985		INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG		NOT COVERED		
000Q9986		INJECTION, HYDROXYPROGESTERONE CAPROATE (MAKENA), 10MG		NOT COVERED		
000Q9989		USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG (STELARA)		CROSSOVER		\$12.87
000S0020		BUPIVICAINE HYDROCHLORIDE, 30 ML INJECTION				\$3.59
000S0028		FAMOTIDINE, 20 MG. INJECTION				\$0.96
000S0030		METRONIDAZOLE, 500 MG INJECTION				\$1.93
000S0032		NAFCILLIN SODIUM, 2 GRAMS INJECTION				\$24.20
000S0039		SULFAMETHOXAZOLE AND TRIMETROPRIM, 10 ML INJECTION				\$13.39
000S0073		AZTREONAM, 500 MG. INJECTION				\$15.49
000S0077		CLINDAMYCIN PHOSPHATE, 300 MG. INJECTION				\$0.82
000S0081		PIPERACILLIN SODIUM, 500 MG, INJECTION				\$1.86

000S0164		INJECTION, PANTOPRAZOLE SODIUM, 40 MG		40MG		\$5.34
000S0166		INJECTION, OLANZAPINE, 2.5 MG		2.5MG		\$8.86
000S0171		INJECTION, BUMETANIDE, 0.5MG		0.5MG		\$0.90
00090371		HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE		NOT COVERED		
00090375		RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE		REQUIRES DOCUMENTATION		\$287.29
00090376		RABIES IMMUNE GLOBULIN, HEAT- TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE		REQUIRES DOCUMENTATION		\$313.97
00090378		RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR USE, 50 MG, EACH	X	PER 50 MG		\$1,568.81
00090385		RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE		NOT COVERED		
00090399		UNLISTED IMMUNE GLOBULIN		REQUIRES DOCUMENTATION AND INVOICE		MP

00090585		BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE		REQUIRES DOCUMENTATION		\$128.68
00090586		BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR INTRAVESICAL USE		MAY USE J9031 OR 90586 FOR DX BLADDER CANCER, BUT NOT BOTH		\$128.68
00090620		MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE, SEROGROUP B, 2 DOSE SCHEDULE, FOR IM USE.		ONLY WITH HIGH RISK		\$171.68
00090620	SL	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE, SEROGROUP B, 2 DOSE SCHEDULE FOR IM USE.		VFC		\$10.71
00090621		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
00090621	SL	MENINGOCOCCAL RECOMBINANT LIOPROTEIN VACCINE, SEROGROUP B (MENB), 3 DOSESCHEDULE, FOR IM USE		VFC		\$10.71
00090625		VACCINE FOR CHOLERA FOR ORAL ADMINISTRATION		NOT COVERED		

00090630		INFLUENZA VIRUS VACC IIV4- NO PRESERVATIVE 3 YEARS + ID 0.1ML INTRADERMAL		MEDICAL NECESSITY DOCUMENTATION REQUIRED		\$20.34
00090630	SL	INFLUENZA VIRUS VACC IIV4- NO PSV 3 YRS + 0.1 ML		VFC		\$10.71
00090632		HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE		REQUIRES DOCUMENTATION		\$54.98
00090633		HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE		NOT COVERED		
00090633	SL	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE		VFC		\$10.71
00090636		HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR USE		NOT FOR TRAVEL. DOCUMENTATION MUST SHOW MEDICAL NECESSITY.		\$104.77
00090644		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C&Y AND HAEMOPHILUS INFLUENZ TYPE B VACCINE ((HIB0NEBCY),4 DOSE SCHEDULE 6WK-18MO IM		NOT COVERED		

00090647		HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		NOT COVERED		
00090647	SL	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		VFC		\$10.71
00090648		HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		MEDICAL NECESSITY DOCUMENTATION REQUIRED FOR ADULTS		\$10.96
00090648	SL	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		VFC		\$10.71
00090649		HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6,11,16,18 3 DOSE SCHEDULE, INTRAMUSCULAR USE		REQUIRES DOCUMENTATION		\$171.06
00090649	SL	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE		VFC		\$10.71

00090650		HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 16, 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE		REQUIRES DOCUMENTATION		\$141.61
00090650	SL	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 16, 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE		VFC		\$10.71
00090651		HUMAN PAPILLOMAVIRUS 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
00090651	SL	HUMAN PAPILLAMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 558, NONVALENT (HPV), 3 DOSE SCHEDULE FOR IM USE.		VFC		\$10.71
00090653		INFLUENZA VACCINE, INACTIVATED, SUBUNIT, ADJUVANTED FOR INTRAMUSCULAR USE		NOT COVERED		
00090654		INFLUENZA VIRUS, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE		REQUIRES MED NECESSITY DOCUMENTATION 18-65 Y/O		\$17.56

00090655		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE, 0.25 ML DOSAGE, FOR IM USE.		RNE		
00090655	SL	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE, 0.25ML DOSAGE, FOR IM USE		VFC		\$10.71
00090656		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV#), SPLIT VIRUS, PRESERVATIVE FRE				\$17.72
00090656	SL	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE		VFC		\$10.71
00090657		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.25ML DOSAGE, FOR IM USE		RNE		
00090657	SL	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.25ML DOSAGE, FOR IM USE.		VFC		\$10.71
00090658		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3) SPLIT VIRUS, 0.5ML DOSAGE, FOR INTRAMUSCULAR USE.				\$15.39
00090658	SL	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3) SPLIT VIRUS, 0.5ML DOSAGE, FOR IM USE		VFC		\$10.71
00090660		INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE (LAIV3), FOR INTRANASAL USE.		NOT COVERED		

00090660	SL	VACCINE FOR INFLUENZA FOR NASAL ADMINISTRATION		NOT COVERED		
00090661		INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE		RNE-REQUIRED-DOCUMENT MEDICAL NECESSITY		
00090662		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, FOR INTRAMUSCULAR		REQUIRED-DOCUMENT MEDICAL NECESSITY OF ASSISTANT		\$42.72
00090670		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE		REQUIRED-DOCUMENT MEDICAL NECESSITY		\$192.64
00090670	SL	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE		VFC		\$10.71
00090672		INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE		NOT COVERED		
00090672	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR ITRANASAL USE		NOT COVERED		

00090673		VACCINE FOR INFLUENZA ADMINISTERED INTO MUSCLE, PRESERVATIVE AND ANTIBIOTIC FREE		REQUIRES DOCUMENTATION		\$40.61
00090674		VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE PRESERVATIVE AND ANTIBIOTIC FREE, FOR IM USE		REQUIRED-DOCUMENT MEDICAL NECESSITY		\$22.94
00090674	SL	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE PRESERVATIVE AND ANTIBIOTIC FREE, FOR IM USE		VFC		\$10.71
00090675		RABIES VACCINE, FOR INTRAMUSCULAR USE		REQUIRES DOCUMENTATION		\$283.02
00090682		INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), DERIVED FROM RECOMBINANTDNA, HEMAGGLUTININ (HA) PROTEIN ONLY, PRESERVATIVE AND ANTIBIOTIC FRE		RNE-REQUIRES DOCUMENTATION OF MEDICAL NECESSITY AND BILLING INVOICE		
00090685		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.25ML, FOR IM USE		REQUIRED-DOCUMNET MEDICAL NECESSITY		\$26.27

00090685	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.25 ML FOR IM USE	VFC	\$10.71
00090686		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.5ML, FOR IM USE		\$19.03
00090686	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, INTRAMUSCULAR	VFC	\$10.71
00090687		INFLUENZA VIRUS VACCINE, QUADRIVALENT, (11V4) SPLIT VIRUS, 0.25ML FOR IM USE		\$9.40
00090687	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE.	VFC	\$10.71
00090688		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, 0.5 ML DOSAGE, FOR IM USE.		\$17.84

00090688	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE & OLDER. FOR INTRA MUSCULAR USE.		VFC		\$10.71
00090691		TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE		NOT COVERED FOR TRAVEL		\$80.06
00090696	SL	DIPHTHERIA, TET TOXOIDS, ACELL PERTUSSIS VACCINE & POLIOVIRUS VACC, INAC(DTAP-IPV) WHEN ADM TO CHILD 4-6 Y.O		VFC		\$10.71
00090698		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA TYPE B, AND POLIOVIRUS VACCINE, INACTIVATED (DTAP - HIB - IPV),		NOT COVERED		
00090698	SL	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA TYPE B, AND POLIOVIRUS VACCINE, INACTIVATED (DTAP - HIB - IPV),		VFC		\$10.71

00090700	SL	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR	VFC		\$10.71
00090707		MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	REQUIRES DOCUMENTATION		\$71.59
00090707	SL	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	VFC		\$10.71
00090710	SL	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEOUS USE	VFC VACCINE IS PROQUAD		\$10.71
00090713		POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		\$33.17
00090713	SL	POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	VFC-VACCINE IS IPOL		\$10.71

00090714		TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR		REQUIRES DOCUMENTATION		\$21.54
00090714	SL	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR		VFC		\$10.71
00090715		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 MEDICAL NECESSITY. OK FOR PREGNANT WOMEN.		\$30.10
00090715	SL	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR		VFC		\$10.71
00090716	SL	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE		VFC		\$10.71

00090717		YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE		NOT COVERED		
00090723	SL	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND POLIOVIRUS VACCINE, INACTIVATED (DTAP-HEPB-IPV), FOR INTRAMUSCULAR		VFC		\$10.71
00090732		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
00090732	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
00090733		MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP{S}), FOR SUBCUTANEOUS USE		REQUIRES DOCUMENTATION. NOT FOR ROUTINE IMMUNIZATION		\$131.55
00090733	SL	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANYGROUP{S}) FOR SUBCUTANEOUS USE		VFC NOT FOR ROUTINE IMMUNIZATION		\$10.71

00090734		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR INTRAMUSCULAR USE (MENVEO)		REQUIRES DOCUMENTATION		\$120.61
00090734	SL	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR INTRAMUSCULAR USE (MENVEO, MENACTRA)		VFC		\$10.71
00090736		ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION		NOT COVERED		
00090739		HEPATITIS B VACCINE, ADULT DOSAGE (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		NOT COVERED		
00090740		HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		MEDICAL DOCUMENTATION REQUIRED		\$126.60
00090743		HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		REQUIRES DOCUMENTATION		\$26.14

00090744	SL	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	VFC	\$10.71
00090746		VACCINE FOR HEPATITIS B ADULT DOSAGE (3 DOSE SCHEDULE) INJECTION INTO MUSCLE	REQUIRES DOCUMENTATION	\$63.30
00090746	SL	VACCINE FOR HEPATITIS B ADULT DOSAGE (3 DOSE SCHEDULE) INJECTION INTO MUSCLE	VFC	\$10.71
00090747		HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	REQUIRES DOCUMENTATION	\$126.60
00090748		HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE	NOT COVERED	
00090748	SL	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE	VFC	\$10.71
00090749		UNLISTED VACCINE/TOXOID	REQUIRES DOCUMENTATION AND INVOICE	MP

00090750		ZOSTER (SHINGLES) VACCINE (HZU), RECOMBINANT, SUB- UNIT, ADJUVANTED, FOR IM INJECTION		NOT COVERED		
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