

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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The Schedule includes only CPT® numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT® outside the Schedule should refer to CPT®. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers 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		NOT COVERED		
A9575		INJECTION, GADOTERATE MEGLUMINE, 0.1 ML				\$0.19
A9576		INJECTION, GADOTERIDOL, (PROHANCE MULTIPAC				\$1.72
A9577		INJECTION, GADOBENATE DIMEGLUMINE (MULTIH		MEDICAL RECORDS REQUIRED		\$2.08
A9578		INJECTION, GADOBENATE DIMEGLUMINE (MULTIH				\$1.98
A9579		INJECTION, GADOLINIUM-BASED MAGNETIC RESO				\$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 MI				\$67.24
A9588		FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE				\$392.48
A9606		RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER				\$132.30
C9140		INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTO		SEND DOCUMENTATION AND INVC		\$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 SE		\$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 T				\$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 O	X	NO ACTIVE NDCS		\$208.26
J0221		INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 1	X	10 MG		\$159.73
J0256		ALPHA 1 PROTEINASE INHIBITOR		10 MG		\$4.81

J0257		INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUM		10 MG		\$4.35
J0270		ALPROSTADIL		PROSTIN VR ONLY NOT COVERED F		\$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		20 MG		\$2.05
J0348		ANIDULAFUNGIN		1 MG		\$0.52
J0360		HYDRALAZINE HCL INJECTION		20 MG		\$3.12
J0364		A POMORPHINE HYDROCHLORIDE		1 MG		\$35.88
J0401		INJECTION, ARIPIRAZOLE, EXTENDED RELEASE, 1 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 APPROVE		\$5.94
J0586		ABOBOTULINUMTOXIN A INJECTION	X	PRIOR AUTHORIZATION. ONLY FOR		\$7.96
J0587		RIMABOTULINUMTOXIN B	X	PRIOR AUTHORIZATION. ONLY FOR		\$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)				\$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/				\$79.90
J0717		INJECTION, CERTOLIZUMAB PEGOL, 1 MG CODE M		NOT FOR USE WHEN SELF-ADMINIS		\$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 FA		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		DARBEPOETIN ALFA, NON-ESRD		1 MCG		\$3.85
J0882		DARBEPOETIN ALFA, ESRD USE		1 MCG		\$3.85
J0883		INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD		SEND INVOICE		\$4.77
J0884		INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DI		SEND INVOICE		\$4.77
J0885		EPOETIN ALFA, NON-ESRD		1000 UNITS		\$13.61
J0887		INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR E		FOR ESRD USE. SEND INVOICE		\$1.31
J0888		INJECTIN, EPOETIN BETA, 1 MICROGRAM, (FOR NC		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		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-AD		\$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 SOL				\$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 M				\$38.31
J1557		INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), I		500 MG		\$41.61
J1559		INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 M		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,				\$12.95
J1580		GARAMYCIN GENTAMICIN INJECTION		80 MG		\$1.53
J1595		GLATIRAMER ACETATE		20 MG		\$184.90
J1602		INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOU		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 REQUIRE		\$3.11
J1725	TH	INJECTION, HYDROXYPROGESTERONE CAPROATE,				\$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 US		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, ARIPIPIRAZOLE LAUROXIL, 1 MG	X	PRIOR AUTHORIZATION	X	\$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-F				\$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		\$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 DOCU		\$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		PHENTOLAIN 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, F		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 INVOIC		\$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 M		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		\$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-PROVE		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, U				\$1.06
J7175		INJECTION, FACTOR X, (HUMAN), 1 I.U.				\$8.68
J7178		INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1		REQUIRES DOCUMENTATION		\$1.25
J7179		INJECTION, VON WILLEBRAND FACTOR (RECOMBIN		REQUIRES DOCUMENTATION		\$2.11
J7180		INJECTION, FACTOR XIII (ANTHEMOPHILIC FACTO		1 IU (IC) REQUIRES INVOICE AND D		\$8.19
J7181		INJECTION, FACTOR XII A-SUBUNIT, (RECOMBINAN		REQUIRES DOCUMENTATION OF M		\$15.45
J7182		INJECTION, FACTOR VIII, (ANTHEMOPHILIC FACTO		REQUIRES DOCUMENTATION OF M		\$1.28
J7183		INJECTION, VON WILLEBRAND FACTOR COMPLEX (1 IU		\$1.01
J7185		XYNTHA INJECTION		1 IU		\$1.22
J7186		ANTHEMOPHILIC 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		REQUIRES DOCUMENTATION		MP
J7200		INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR				\$1.25
J7201		INJECTION, FACTOR IX, FC FUSION PROTEIN (RECO				\$2.92
J7202		INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN				\$4.54
J7205		INJECTION, FACTOR VIII FC FUSION (RECOMBINAN				\$1.97
J7207		INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTO				\$2.11
J7209		INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACOT				\$1.80
J7297		LEVONORGESTREL-RELEASING INTRAUTERINE CON				\$730.92
J7298		LEVONORGESTREL-RELEASING INTRAUTERINE CON				\$916.70
J7300		INTRAUTERINE COPPER CONTRACEPTIVE		1 UNIT		\$789.25
J7301		LEVONORGESTREL-RELEASING INTRAUTERINE CON				\$763.30
J7303		HORMONE CONTAINING VAGINAL RING (NUVARIN		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, INTRAVIT X	X	REQUIRES PRIOR AUTHORIZATION		\$490.94
J7316		OCRIPLASMIN INJECTIBLE 0.125MG				\$1,046.75
J7320		GENVISC 850, FOR INTR-ARTICULAR INJECTION 1M				\$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 INT		PER DOSE; REQUIRES DOC & INVOI		\$543.61
J7327		HYALURONAN OR DERIVATIVE, MONOVISC, FOR IN		REQUIRES DOCUMENTATION		\$895.15
J7328		HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTR		RNE REQUIRES INVOICE AND DOCU		\$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 M		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			\$0.43
J7510		PREDNISOLONE ORAL, PER 5 MG USE THIS CODE			\$0.07
J7511		ANTITHYMOCITE GLOBULIN RABBIT		25 MG	\$687.76
J7512		PREDNISON, IMMEDIATE RELEASE OR DELAYED			\$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 AP		ADMIN THROUGH DME	\$9.54
J7606		FORMOTEROL FUMARATE, INHALATION SOLUTION		ADMINISTERED THROUGH DME	\$10.54
J7608		ACETYLCYSTEINE, INHALATION SOLUTION, FDA-AP		ADMINISTERED THROUGH DME	\$4.45
J7611		ALBUTEROL, INHALATION SOLUTION, FDA-APPROV		ADMINISTERED THROUGH DME	\$0.12
J7612		LEVALBUTEROL, INHALATION SOLUTION, FDA-APP		ADMINISTERED THROUGH DME	\$0.19
J7613		ALBUTEROL, INHALATION SOLUTION, FDA-APPROV		ADMINISTERED THROUGH DME	\$0.04
J7614		LEVALBUTEROL, INHALATION SOLUTION, FDA-APP		ADMINISTERED THROUGH DME	\$0.06
J7620		ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BR		ADMINISTERED THROUGH DME	\$0.15
J7626		BUDESONIDE, INHALATION SOLUTION, FDA-APPRO		ADMINISTERED THROUGH DME	\$3.46
J7631		CROMOLYN SODIUM, INHALATION SOLUTION, FDA		ADMINISTERED THROUGH DME	\$0.81
J7639		DORNASE ALFA, INHALATION SOLUTION, FDA-APP X		ONLY FOR CYSTIC FIBROSIS. PRIOR	\$42.50
J7644		IPRATROPIUM BROMIDE, INHALATION SOLUTION,		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-APPR		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			\$3.13
J8540		DEXAMETHASONE, ORAL, 0.25 MG			\$0.23
J8560		ETOPOSIDE; ORAL, 50 MG USE THIS CODE FOR: VEP			\$74.25
J8600		MELPHALAN; ORAL, 2 MG USE THIS CODE FOR ALK			\$11.69
J8610		METHOTREXATE; ORAL, 2.5 MG USE THIS CODE FO			\$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 LEUK		250,000 U		\$32.04
J9216		INTERFERON GAMMA 1-B INJECTION	X	3 MILLION UNITS		MP
J9217		LEUPROLIDE ACETATE SUSP		7.5 MG; REQUIRES DOCUMENTATIO		\$216.00
J9218		LEIPROLIDE ACETATE INJECTION		1 MG		\$25.95
J9225		VANTAS IMPLANT	X	50 MG; REQUIRES DOCUMENTATIO		\$3,128.80
J9226		SUPPRELIN LA IMPLANT	X	50 MG; REQUIRES DOCUMENTATIO		MP
J9228		INJECTION, IPILIMUMAB, 1 MG	X	FOR MULTIPLE MYELOMA; METAST		\$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				\$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		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 M				\$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 ANT		\$0.04
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50MG, OR		\$0.25
Q0164	PROCHLORPERAZINE MALEATE, 5MG, ORAL COM		\$0.03
Q0166	GRANISETRON HYDROCHLORIDE, 1MG, ORAL ANT		\$2.44
Q0167	DRONABINOL, 2.5MG, ORAL ANTI-EMETIC WITH C		\$5.85
Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5MG, ORAL		\$0.03
Q0180	DOLASETRON MESYLATE, 100MG, ORAL ANTI-EME		\$102.00
Q2017	INJECTION, TENIPOSIDE, 50 MG	50MG	\$2,665.67
Q2035	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN A	NOT COVERED	
Q2037	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN A	NOT COVERED	
Q2038	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN A	NOT COVERED	
Q2043	SIPULEUCEL-T PER INFUSION, MINIMUM OF 50 MI	REQUIRES DOCUMENTATION AND	MP
Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPO		\$512.27
Q2050	DOXORUBICIN HYDROCHLORIDE,LIPOSOMAL, DOX	REQUIRES DOCUMENTATION AND	\$408.15
Q3027	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INT		\$46.20
Q4074	ILOPROST, INHALATION SOLUTION, FDA-APPROVE		\$123.93
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD C	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 (BM	NOT COVERED	
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DR		\$40.18
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	ONLY APPROVED FOR FULLTHICKN	\$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	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-CONNKT WOUND MATRIX, PER SQUARE CEN	NOT COVERED		
Q4162		AMNIOPRO FLOW, BIOSKIN FLOW, BIORENEW FLO	NOT COVERED		
Q4163		AMNIOPRO, BIOSKIN, BIORENEW, WOUNDEX, AM	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 CENTIME	NOT COVERED		
Q4173		PALINGEN OR PALINGEN XPLUS, PER SQUARE CEN	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 M	ZARXIO- REQUIRES DOCUMENTATION		\$0.75
Q5102		INJECTION, INFLIXIMAB, BIOSIMILAR, 10 MG	NOT COVERED		
Q9950		INJ SULFA HEXA LIPID MICROSPH 1 ML			\$21.60
Q9956		INJECTION, OCTAFLUOROPROPANCE MICROSPHEP			\$34.29
Q9957		INJECTION, PERFLUTREN LIPID MICROSPHERES, PE			\$51.44
Q9958		HIGH OSMOLAR CONTRAST MATERIAL, UP TO 149			\$0.08
Q9960		HIGH OSMOLAR CONTRAST MATERIAL, 200-249 M			\$0.22

Q9961		HIGH OSMOLAR CONTRAST MATERIAL, 250-259 M			\$0.24
Q9963		HIGH OSMOLAR CONTRAST MATERIAL, 350-399 M			\$0.19
Q9965		LOW OSMOLAR CONTRAST MATERIAL, 100-199 M			\$0.96
Q9966		LOW OSMOLAR CONTRAST MATERIAL, 200-299 M			\$0.18
Q9967		LOW OSMOLAR CONTRAST MATERIAL, 300-399 M			\$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 M			\$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,	NOT COVERED		
90375		RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR IN	REQUIRES DOCUMENTATION		\$296.71
90376		RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-I	REQUIRES DOCUMENTATION		\$296.34
90378		RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL AX	PER 50 MG		\$1,568.81
90385		RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MIN	NOT COVERED		
90399		UNLISTED IMMUNE GLOBULIN	REQUIRES DOCUMENTATION AND	MP	
90585		BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR	REQUIRES DOCUMENTATION		\$128.38
90586		BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR	MAY USE 90586 FOR DX BLADDER C		\$128.38
90620		MENINGOCOCCAL RECOMBINANT PROTEIN AND C	ONLY WITH HIGH RISK		\$171.68
90620	SL	MENINGOCOCCAL RECOMBINANT PROTEIN AND C	VFC		\$10.71
90621		MENINGOCOCCAL RECOMBINANT LIPOPROTEIN V	AGES 19 & 20 UNDER EPSDT OR TO		\$130.99
90621	SL	MENINGOCOCCAL RECOMBINANT LIOPROTEIN VA	VFC		\$10.71
90625		VACCINE FOR CHOLERA FOR ORAL ADMINISTRATIO	NOT COVERED		
90630		INFLUENZA VIRUS VACC IIV4- NO PRESVATIVE 3 Y	MEDICAL NECESSITY DOCUMENTAT		\$20.34
90630	SL	INFLUENZA VIRUS VACC IIV4- NO PSV 3 YRS + 0.1 M	VFC		\$10.71
90632		HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRA	DOCUMENTATION REQUIRED		\$49.66
90633		HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DO	NOT COVERED		
90633	SL	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DO	VFC		\$10.71

90636		HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEP	NOT FOR TRAVEL. DOCUMENTATIO		\$101.71
90644		MENINGOCOCCAL CONJUGATE VACCINE, SEROGR	NOT COVERED		
90647		HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-O	NOT COVERED		
90647	SL	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-O	VFC		\$10.71
90648		HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T	MEDICAL NECESSITY DOCUMENTA		\$10.96
90648	SL	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T	VFC		\$10.71
90649		HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES	REQUIRES DOCUMENTATION		\$171.06
90649	SL	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES	VFC		\$10.71
90650		HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES	REQUIRES DOCUMENTATION		\$141.61
90650	SL	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES	VFC		\$10.71
90651		HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 1, 16	REQUIRED-DOCUMENT MEDICAL N		\$206.80
90651	SL	HUMAN PAPILLAMAVIRUS VACCINE TYPES 6, 11, 1	VFC		\$10.71
90653		INFLUENZA VACCINE, INACTIVATED, SUBUNIT, ADJ	NOT COVERED		
90654		INFLUENZA VIRUS, SPLIT VIRUS, PRESERVATIVE FR	REQUIRES MED NECESSITY DOCUM		\$17.86
90655		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPL			\$13.34
90655	SL	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPL	VFC		\$10.71
90656		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV#), SPL			\$17.72
90656	SL	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPL	VFC		\$10.71
90657		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPL			\$6.02
90657	SL	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPL	VFC		\$10.71
90658		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3) SPLI			\$15.39
90658	SL	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3) SPLI	VFC		\$10.71
90660		INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE (LAIN	NOT COVERED		
90660	SL	VACCINE FOR INFLUENZA FOR NASAL ADMINISTRA	NOT COVERED		
90661		INFLUENZA VIRUS VACCINE, DERIVED FROM CELL C	REQUIRED-DOCUMENT MEDICAL N		\$21.02
90662		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERV	REQUIRED-DOCUMENT MEDICAL N		\$42.72
90670		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALEN	REQUIRED-DOCUMENT MEDICAL N		\$192.64
90670	SL	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALEN	VFC		\$10.71
90672		INFLUENZE VIRUS VACCINE, QUADRIVALENT, LIVE,	NOT COVERED		
90672	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE	NOT COVERED		
90673		VACCINE FOR INFLUENZA ADMINISTERED INTO MI	REQUIRES DOCUMENTATION		\$40.61
90674		VACCINE FOR INFLUENZA FOR ADMINISTRATION II	REQUIRED-DOCUMENT MEDICAL N		\$22.94
90674	SL	VACCINE FOR INFLUENZA FOR ADMINISTRATION II	VFC		\$10.71
90675		RABIES VACCINE, FOR INTRAMUSCULAR USE	REQUIRES DOCUMENTATION		\$269.91

90682		INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4)	REQUIRES DOCUMENTATION OF M	RNE
90685		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4)	MEDICAL NECESSITY	\$26.27
90685	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4)	VFC	\$10.71
90686		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4)		\$19.03
90686	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT	VFC	\$10.71
90687		INFLUENZA VIRUS VACCINE, QUADRIVALENT, (11V)		\$9.40
90687	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT	VFC	\$10.71
90688		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4)		\$17.83
90688	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT	VFC	\$10.71
90691		TYPHOID VACCINE, VI CAPSULAR POLYSACCHARID	NOT COVERED FOR TRAVEL	\$107.65
90696	SL	DIPHTHERIA, TET TOXOIDS, ACELL PERTUSSIS VACC	VFC	\$10.71
90698		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERT	NOT COVERED	
90698	SL	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERT	VFC	\$10.71
90700	SL	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR	VFC	\$10.71
90707		MEASLES, MUMPS AND RUBELLA VIRUS VACCINE	REQUIRES DOCUMENTATION	\$71.59
90707	SL	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE	VFC	\$10.71
90710	SL	MEASLES, MUMPS, RUBELLA, AND VARICELLA VAC	VFC VACCINE IS PROQUAD	\$10.71
90713		POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SU	REQUIRES DOCUMENTATION OF M	\$33.17
90713	SL	POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SU	VFC-VACCINE IS IPOL	\$10.71
90714		TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORB	REQUIRES DOCUMENTATION	\$22.73
90714	SL	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORB	VFC	\$10.71
90715		TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR	NOT FOR ROUTINE IMMUNIZATION	\$31.84
90715	SL	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR	VFC	\$10.71
90716	SL	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANE	VFC	\$10.71
90717		YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEO	NOT COVERED	
90723	SL	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERT	VFC	\$10.71
90732		PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-V	DOCUMENTATION FOR MEDICAL N	\$98.85
90732	SL	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 3-V	FOR HIGH RISK VFC ONLY. MUST C	\$10.71
90733		MENINGOCOCCAL POLYSACCHARIDE VACCINE (AN	REQUIRES DOCUMENTATION. NOT	\$131.55
90733	SL	MENINGOCOCCAL POLYSACCHARIDE VACCINE (AN	VFC NOT FOR ROUTINE IMMUNIZA	\$10.71
90734		MENINGOCOCCAL CONJUGATE VACCINE, SEROGR	REQUIRES DOCUMENTATION	\$120.61
90734	SL	MENINGOCOCCAL CONJUGATE VACCINE, SEROGR	VFC	\$10.71
90736		ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTA	NOT COVERED	
90739		HEPATITIS B VACCINE, ADULT DOSAGE (2 DOSE SC	NOT COVERED	

90740		HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPP	MEDICAL DOCUMENTATION REQU		\$122.96
90743		HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHE	REQUIRES DOCUMENTATION		\$25.40
90744	SL	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DO	VFC		\$10.71
90746		VACCINE FOR HEPATITIS B ADULT DOSAGE (3 DOS	REQUIRES DOCUMENTATION		\$61.47
90746	SL	VACCINE FOR HEPATITIS B ADULT DOSAGE (3 DOS	VFC		\$10.71
90747		HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPP	DOCUMENTATION REQUIRED		\$122.96
90748		HEPATITIS B AND HEMOPHILUS INFLUENZA B VAC	NOT COVERED		
90748	SL	HEPATITIS B AND HEMOPHILUS INFLUENZA B VAC	VFC		\$10.71
90749		UNLISTED VACCINE/TOXOID	REQUIRES DOCUMENTATION AND		MP
90750		ZOSTER (SHINGLES) VACCINE (HZU), RECOMBINAN	NOT COVERED		