

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>.

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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:
  - 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. 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”.

<b>Injectable HCPCS Rate report effective 07-01-2016</b>						
CODE	MOD	DESCRIPTION	P A	COMMENTS	COPAY	MEDICAID ALLOWABLE
000A9575		INJECTION, GADOTERATE MEGLUMINE, 0.1				\$0.20
000A9576		INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML				\$1.80

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CODE	MOD	DESCRIPTION	P A	COMMENTS	COPAY	MEDICAID ALLOWABLE
000A9577		INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML		MEDICAL RECORDS REQUIRED		\$2.09
000A9578		INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML				\$1.99
000A9579		INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED (NOS), PER ML				\$1.88
000A9581		INJECTION, GADOXETATE DISODIUM, 1 ML				\$13.97
000A9583		INJECTION, GADOFOSVESET TRISODIUM, 1 ML				\$17.80
000A9585		INJECTION, GADOBUTROL, 0.1 ML				\$0.38
000A9606		RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE				\$120.98
000C9257		INJECTION, BEVACIZUMAB, 0.25 MG		FOR MACULAR DEGENERAT ION		\$1.89
000J0129		ABATACEPT INJECTION		10 MG		\$41.98
000J0130		INJECTION ABCIXIMAB, 10MG				\$1,142.94
000J0132		ACETYLCYSTEINE INJECTION		100 MG		\$1.58
000J0133		ACYCLOVIR INJECTION		5 MG		\$0.07

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000J0135		ADALIMUMAB INJECTION		20 MG		\$849.04
000J0153		INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)				\$0.66
000J0171		ADRENALIN EPINEPHRINE INJECT		0.1 MG		\$0.14
000J0178		INJECTION, AFLIBERCEPT, 1 MG				\$980.50
000J0180		AGALSIDASE BETA INJECTION	X	1 MG		\$164.44
000J0202		INJECTION, ALEMTUZUMAB, 1 MG	X	PRIOR AUTHORIZA TION		\$1,734.56
000J0207		AMIFOSTINE		500 MG		\$401.42
000J0210		INJECTION, METHYLDOPATE HCL, UP TO 250MG. USE THIS CODE FOR ALDOMET				\$42.72
000J0220		ALGLUCOSIDASE ALFA INJECTION	X	10 MG		\$206.70
000J0221		INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	X	10 MG		\$159.37
000J0256		ALPHA 1 PROTEINASE INHIBITOR		10 MG		\$4.60
000J0257		INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG		10 MG		\$4.37
000J0270		ALPROSTADIL		PROSTIN VR ONLY NOT COVERED FOR SELF ADMINISTRA TION		\$0.67

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000J0278		AMIKACIN SULFATE INJECTION		100 MG		\$1.49
000J0280		AMINOPHYLLIN INJECTION		250 MG		\$7.73
000J0282		AMIODARONE HCL		30 MG		\$0.43
000J0285		AMPHOTERICIN B		50 MG		\$24.85
000J0287		AMPHOTERICIN B LIPID COMPLEX		10 MG		\$13.13
000J0288		AMPHO B CHOLESTERYL SULFATE		10 MG		\$12.82
000J0289		AMPHO B LIPOSOME INJECTION		10 MG		\$18.77
000J0290		AMPICILLIN INJECTION		500 MG		\$1.59
000J0295		AMPICILLIN SODIUM		1.5 GM		\$2.69
000J0300		AMOBARBITAL, UP TO 125 MG (AMYTAL)		125 MG		\$195.72
000J0330		INJECTION, SUCCINYLCOLINE CHLORIDE, UP TO 20MG.		20 MG		\$0.32
000J0348		ANIDULAFUNGIN		1 MG		\$0.52
000J0360		HYDRALAZINE HCL INJECTION		20 MG		\$5.03
000J0364		APOMORPHINE HYDROCHLORIDE		1 MG		\$35.43
000J0400		ARIPIRAZOLE INJECTION	X	0.25 MG - REQUIRES DOCUMENT ATION		\$0.75
000J0401		INJECTION, ARIPIRAZOLE, EXTENDED RELEASE, 1MG	X			\$4.39
000J0456		AZITHROMYCIN		500 MG		\$4.34
000J0461		ATROPINE SULFATE INJECTINO		0.3 MG		\$0.04
000J0470		DIMECAPROL INJECTION		100 MG		\$41.53
000J0475		BACLOFEN INJECTION		10 MG		\$178.02

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000J0476		BACLOFEN INTRATHECAL TRIAL		50 MCG		\$77.02
000J0480		BASILIXIMAB		20 MG		\$3,180.21
000J0485		INJECTION, BELATACEPT, 1 MG		1 MG		\$3.84
000J0490		INJECTION, BELIMUMAB, 10 MG		10 MG		\$42.08
000J0500		DICYCLOMINE INJECTION		20 MG		\$63.50
000J0515		BENZTROPINE MESYLATE INJECTINO		1 MG		\$24.72
000J0558		PENG BENZATHINE/PROCAI NE INJ		100,000 UNITS		\$7.43
000J0561		PENICILLIN G BENZATHINE INJ		100,000 UNITS		\$9.51
000J0583		BIVALIRUDIN		1 MG		\$1.89
000J0585		BOTULINUMTOXIN A INJECTION	X	PRIOR AUTHORIZA TION. ONLY FDA INDICATION S AND USE COVERED. DOCUMENT NUMBER OF UNITS PER SITE. CONSIDER USING AN ANATOMICA L CHART OR DEPICT		\$5.83
000J0586		ABOBOTULINUMTOXI N A INJECTION	X	PRIOR AUTHORIZA TION. ONLY FOR FDA APPROVED USE/INDICAT IONS.		\$7.71

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000J0587		RIMABOTULINUMTOX IN B	X	PRIOR AUTHORIZA TION. ONLY FOR FDA APPROVED USE/INDICAT IONS.		\$11.62
000J0588		INJECTION, INCOBOTULINUMTOX IN A, 1 UNIT	X	1 UNIT		\$4.91
000J0592		BUPRENORPHINE HYDROCHLORIDE (BUPRENEX)		0.1 MG		\$3.34
000J0594		BUSULFAN INJECTION		1 MG		\$35.21
000J0595		BUTORPHANOL TARTRATE		1 MG		\$2.34
000J0596		INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS				\$29.03
000J0597		C-1 ESTERASE, INHIBITER(BERINERT )	X	10 UNITS		\$46.52
000J0598		C1 ESTERASE INHIBITOR (CINRYZE)	X	10 IU		\$54.84
000J0600		EDETATE CALCIUM DISODIUM INJECTION		1000 MG		\$5,594.42
000J0610		CALCIUM GLUCONATE INJECTION		10 ML		\$2.98
000J0630		CALCITONIN SALMON INJECTION		400 UNITS		\$2,328.12
000J0636		CALCITRIOL INJECTION		0.1 MCG		\$0.40
000J0637		CASPUFUNGIN ACETATE		5 MG		\$11.90
000J0638		INJECTION, CANAKINUMAB, 1 MG		1 MG		\$92.42

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000J0640		LEUCOVORIN CALCIUM INJECTION		50 MG		\$3.46
000J0641		LEVOLEUCOVORIN INJECTION		0.5 MG		\$1.09
000J0670		MEPIVACAINE HCL INJECTION		10 ML		\$2.42
000J0690		CEFAZOLIN SODIUM INJECTION		500 MG		\$0.95
000J0692		CEFEPIME HCL FOR INJECTION		500 MG		\$2.40
000J0694		CEFOXITIN SODIUM INJECTION				\$4.33
000J0696		CEFTRIAXONE SODIUM INJECTION				\$0.49
000J0697		STERILE CEFUROXIME INJECTION				\$3.90
000J0698		CEFOTAXIME SODIUM INJECTION		PER GRAM		\$0.53
000J0702		BETAMETHASONE ACET & SOD PHOSP		3 MG		\$6.01
000J0706		CAFFEINE CITRATE INJECTION		5 MG		\$2.01
000J0712		INJECTION, CEFTAROLINE FOSAMIL, 10 MG		10 MG		\$2.46
000J0713		CEFTAZIDIME INJECTION		500 MG		\$2.47
000J0714		INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G				\$76.10
000J0717		INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FO		NOT FOR USE WHEN SELF- ADMINISTER ED.		\$7.06

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000J0720		CHLORAMPHENICOL SODIUM INJECTION		1 GM		\$41.25
000J0725		CHORIONIC GONADOTROPIN		1000 UNITS		\$19.33
000J0735		CLONIDINE HCL		1 MG		\$13.97
000J0740		CIDOFOVIR INJECTION		375 MG		\$585.75
000J0743		CILASTATIN SODIUM INJECTION		250 MG		\$6.93
000J0744		CIPROFLOXACIN IV		200 MG		\$1.48
000J0770		COLISTIMETHATE SODIUM INJECTION		150 MG		\$11.07
000J0775		COLLAGENASE, CLOST HIST INJ		0.01MG		\$40.03
000J0780		PROCHLORPERAZIN E INJECTION		10 MG		\$12.58
000J0795		CORTICORELIN OVINE TRIFLUTAL		1 MCG		\$8.05
000J0800		CORTICOTROPIN INJECTION		40 UNITS		\$3,561.07
000J0833		COSYNTROPIN INJECTION NOS				\$89.90
000J0834		COSYNTROPIN CORTROSYN INJECTION		0.25 MG		\$41.47
000J0840		INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GM		UP TO 1 GM		\$2,670.23
000J0850		CYTOMEGALOVIRUS IMM IV		PER VIAL		\$1,126.96
000J0875		INJECTION, DALBAVANCIN, 5 MG				\$15.08
000J0878		DAPTOMYCIN INJECTION		1 MG		\$0.89
000J0881		DARBEPOETIN ALFA, NON-ESRD		1 MCG		\$4.01
000J0882		DARBEPOETIN ALFA, ESRD USE		1 MCG		\$4.01
000J0885		EPOETIN ALFA, NON- ESRD		1000 UNITS		\$12.51

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000J0887		INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)		FOR ESRD USE. SEND INVOICE		\$1.68
000J0888		INJECTIN, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)		FOR NON-ESRD USE. SEND INVOICE.		\$1.90
000J0894		DECITABINE INJECTION		1 MG		\$21.82
000J0895		DEFEROXAMINE MESYLATE INJECTION		500 MG		\$8.88
000J0897		INJECTION, DENOSUMAB, 1 MG (PROLIA)		1 MG		\$16.11
000J1000		DEPO-ESTRADIOL CYPIONATE INJECTION		5 MG		\$15.68
000J1020		METHYLPREDNISOL ONE INJECTION		20 MG		\$4.75
000J1030		METHYLPREDNISOL ONE INJECTION		40 MG		\$4.95
000J1040		METHYLPREDNISOL ONE INJECTION		80 MG		\$9.47
000J1050		INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG		1 MG		\$0.38
000J1071		INJECTION, TESTOSTERONE CYPIONATE, 1 MG				\$0.02
000J1100		DEXAMETHASONE SODIUM PHOSPHATE		1 MG		\$0.12
000J1110		DIHYDROERGOTAMINE MESYLATE INJECTION		1 MG		\$58.61
000J1120		ACETAZOLAMID SODIUM INJECTION		500 MG		\$20.56
000J1160		DIGOXIN INJECTION		0.5 MG		\$4.96
000J1162		DIGOXIN IMMUNE FAB (OVINE)		PER VIAL		\$3,039.52
000J1165		PHENYTOIN SODIUM INJECTION		50 MG		\$0.53

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000J1170		HYDROMORPHONE INJECTION		4 MG		\$1.96
000J1190		DEXRAZOXANE HCL INJECTINO		250 MG		\$181.01
000J1200		DIPHENHYDRAMINE HCL		50 MG		\$0.52
000J1205		CHLOROTHIAZIDE SODIUM INJECTION		500 MG		\$91.62
000J1212		DIMETHYL SULFOXIDE 50%		50 ML		\$450.01
000J1230		METHADONE INJECTION		10 MG		\$12.77
000J1240		DIMENHYDRINATE INJECTION		50 MG		\$5.68
000J1245		DIPYRIDAMOLE INJECTION		10 MG		\$0.82
000J1250		DOBUTAMINE HCL INJECTION		250 MG		\$5.41
000J1260		DOLASETRON MESYLATE		10 MG		\$6.09
000J1265		DOPAMINE INJECTION		40 MG		\$0.59
000J1267		DORIPENEM INJECTION		10 MG		\$0.77
000J1270		DOXERCALCIFEROL INJECTION		1 MCG		\$0.95
000J1290		ECALLANTIDE INJECTION		1 MG		\$399.75
000J1300		ECULIZUMAB INJECTION	X	10 MG		\$218.38
000J1322		INJECTION, ELOSULFASE ALFA, 1MG	X			\$228.12
000J1325		EPOPROSTENOL INJECTION		0.5 MG		\$15.52
000J1327		EPTIFIBATIDE INJECTION		5 MG		\$37.38
000J1335		ERTAPENEM INJECTION		500 MG		\$44.79
000J1364		ERYTHRO LACTOBIONATE		500 MG		\$59.04

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000J1380		ESTRADIOL VALERATE INJECTION		10 MG		\$9.10
000J1410		ESTROGEN CONJUGATE INJECTION		25 MG		\$248.84
000J1430		ETHANOLAMINE OLEATE		100 MG		\$404.09
000J1438		ETANERCEPT INJECTION		NOT FOR USE WHEN DRUG SELF- ADMINISTER ED		\$411.71
000J1439		INJECTION, FERRIC CARBOXYMALTOSE, 1 MG				\$1.05
000J1442		INJECTION, FILGRASTIM (G-CSF), 1 MICROGRAM		1 MCG		\$1.00
000J1443		INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1 MG OF IRON				\$0.02
000J1447		INECTION, TBO- FILGRASTIM, 1 MICROGRAM				\$0.76
000J1450		FLUCONAZOLE		200 MG		\$4.03
000J1451		FOMEPIZOLE		15 MG		\$11.44
000J1453		FOSAPREPITANT INJECTION		1 MG		\$1.80
000J1455		FOSCARNET SODIUM INJECTION		1000 MG		\$58.79
000J1458		GALSULFASE INJECTION	X	1 MG		\$363.72
000J1459		IVIG PRIVIGEN INJECTION		500 MG		\$38.23
000J1460		GAMMA GLOBULIN INJECTION		1 CC		\$33.83
000J1556		INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG				\$37.40

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000J1557		INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG		500 MG		\$36.92
000J1559		INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG		100 MG		\$9.83
000J1560		GAMMA GLOBULIN INJECTION		>10 CC		\$338.34
000J1561		GAMUNEX INJECTION		500 MG		\$40.90
000J1566		IMMUNE GLOBULIN, POWDER		500 MG		\$34.03
000J1568		OCTAGAM INJECTION		500 MG		\$39.77
000J1569		GAMMAGARD LIQUID INJECTION		500 MG		\$40.00
000J1570		GANCICLOVIR SODIUM INJECTION		500 MG		\$58.12
000J1571		HEPAGAM B IM INJECTION		0.5 ML		\$54.75
000J1572		FLEBOGAMMA INJECTION		500 MG		\$37.88
000J1573		HEPAGAM B IV INJECTION		0.5 ML		\$72.52
000J1575		INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYGVIA), 100 MG IMMUNE GLOBULIN				\$12.99
000J1580		GARAMYCIN GENTAMICIN INJECTION		80 MG		\$1.37
000J1595		GLATIRAMER ACETATE		20 MG		\$184.90
000J1602		INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE		1 MG		\$24.73
000J1610		GLUCAGON HCL		1 MG		\$200.33

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000J1626		GRANISETRON HCL INJECTION		100 MCG		\$0.32
000J1630		HALOPERIDOL INJECTION		5 MG		\$1.28
000J1631		HALOPERIDOL DECANOATE INJECTION		50 MG		\$18.84
000J1640		HEMIN		1 MG		\$22.67
000J1642		HEPARIN SODIUM INJECTION		10 UNITS		\$0.18
000J1644		HEPARIN SODIUM INJECTION		1000 UNITS		\$0.21
000J1645		DALTEPARIN SODIUM		2500 IU		\$15.97
000J1650		ENOXAPARIN SODIUM INJECTION		10 MG		\$0.88
000J1652		FONDAPARINUX SODIUM		0.5 MG		\$2.44
000J1670		TETANUS IMMUNE GLOBULIN INJECTION		250 UNITS		\$386.10
000J1720		HYDROCORTISONE SODIUM SUCC INJECT		100 MG		\$8.16
000J1725		HYDROXYPROGEST ERONE CAPROATE (MAKENA)		1 MG - REQUIRES DOCUMENT ATION		\$3.11
000J1725	TH	INJECTION, HYDROXYPROGEST ERONE CAPROATE, 1 MG (COMPOUNDED)				\$0.09
000J1740		IBANDRONATE SODIUM INJECTION		1 MG		\$113.55
000J1742		IBUTILIDE FUMARATE INJECTION		1 MG		\$264.44
000J1743		IDURSULFASE INJECTION	X	1 MG		\$522.54
000J1744		INJECTION, ICATIBANT, 1 MG		COPAXONE ONLY		\$336.09
000J1745		INFLIXIMAB INJECTION		10 MG		\$82.28

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000J1750		IRON DEXTRAN INJECTION		50 MG		\$12.34
000J1756		IRON SUCROSE INJECTION		1 MG		\$0.25
000J1786		IMUGLUCERASE INJECTION	X	10 UNITS		\$41.93
000J1790		DROPERIDOL INJECTION		5 MG		\$3.11
000J1800		PROPRANOLOL INJECTION		1 MG		\$4.44
000J1815		INSULIN INJECTION		5 UNITS		\$0.74
000J1817		INSULIN FOR INSULIN PUMP USE		50 UNITS		\$8.24
000J1830		INJECTION, INTERFERON BETA- 1B, PER 0.25MG USE THIS CODE FOR: BETASERON		NOT FOR SELF ADMINISTRATI ON		\$384.59
000J1833		INJECTION, ISAVUCONAZONIUM, 1 MG				\$0.66
000J1885		KETOROLAC TROMETHAMINE INJECTION		15 MG		\$0.65
000J1930		LANREOTIDE INJECTION		1 MG		\$49.40
000J1931		LARONIDASE INJECTION	X	0.1 MG		\$30.59
000J1940		FUROSEMIDE INJECTION		20 MG		\$2.95
000J1950		LEUPROLIDE ACETATE		3.75 MG		\$977.88
000J1953		LEVETIRACETAM INJECTION		10 MG		\$0.16
000J1955		LEVOCARNITINE INJECTION		1 GM		\$18.96
000J1956		LEVOFLOXACIN INJECTION		250 MG		\$1.94
000J1980		HYOSCYAMINE SULFATE INJECTION		0.25 MG		\$27.09
000J2001		LIDOCAINE INJECTION		10 MG		\$0.01
000J2010		LINCOMYCIN INJECTION		300 MG		\$11.56

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000J2020		LINEZOLID INJECTION		200 MG		\$15.94
000J2060		LORAZEPAM INJECTION		2 MG		\$0.79
000J2150		MANNITOL INJECTION		50 ML		\$1.95
000J2175		MEPERIDINE HCL		100 MG		\$5.11
000J2185		MEROPENEM		100 MG		\$1.53
000J2210		METHYLERGONOVIN MALEATE INJECTION		0.2 MG		\$7.35
000J2212		INJECTION, METHYLNALTREXON E, 0.1 MG				\$0.89
000J2248		MICAFUNGIN SODIUM INJECTION		1 MG		\$0.94
000J2250		MIDAZOLAM HCL INJECTION		1 MG		\$0.12
000J2260		MILRINONE LACTATE INJECTION		5 MG		\$4.27
000J2270		MORPHINE SULFATE INJECTION		10 MG		\$1.20
000J2274		INJECTION, MORPHINE SULFATE, PRESERVATIVE- FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG				\$8.54
000J2278		ZICONOTIDE INJECTIONA		1 MCG		\$7.28
000J2280		MOXIFLOXACIN INJECTION		100 MG		\$9.39
000J2300		NALBUPHINE HCL INJECTION		10 MG		\$2.36
000J2310		NALOXONE HCL INJECTION		1 MG		\$33.78
000J2315		NALTREXONE, DEPOT FORM	X	1 MG - REQUIRES DOCUMENT ATION		\$3.25
000J2323		NATALIZUMAB INJECTION	X	1 MG		\$17.90

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000J2325		NESIRITIDE INJECTION		0.1 MG		\$75.37
000J2353		OCTREOTIDE INJECTION, DEPOT		1 MG- IM INJECTION, NEEDS NOTES.		\$166.81
000J2354		OCTREOTIDE INJECTION, NON- DEPOT		25 MCG		\$1.03
000J2355		OPRELVEKIN INJECTION		5 MG		\$448.47
000J2357		OMALIZUMAB INJECTION	X	5 MG		\$31.13
000J2358		OLANZAPINE LONG- ACTING INJ		1 MG		\$2.91
000J2360		ORPHENADRINE INJECTION		60 MG		\$4.48
000J2370		PHENYLEPHRINE HCL INJECTION		1 ML		\$2.89
000J2400		CHLOROPROCAINE HCL INJECTION		30 ML		\$23.79
000J2405		ONDANSETRON HCL INJECTION		1 MG		\$0.08
000J2407		INJECTION, ORITAVANCIN, 10 MG				\$24.69
000J2410		OXYMORPHONE HCL INJECTION		1 MG		\$2.87
000J2425		PALIFERMIN INJECTION		50 MCG		\$17.86
000J2426		PALIPERIDONE PALMITATE INJ	X	PRIOR AUTHORIZA TION - REQUIRES DOCUMENT ATION-DRUG IS SUSTENNA AND TRINZA		\$9.05
000J2430		PAMIDRONATE DISODIUM		30 MG		\$12.75
000J2440		PAPAVERIN HCL INJECTION		60 MG		\$7.45
000J2469		PALONOSETRON HCL		25 MCG		\$22.43

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000J2501		PARICALCITOL		1 MCG		\$3.10
000J2502		INJECTION, PASIREOTIDE LONG ACTING, 1MG				\$299.04
000J2503		PEGAPTANIB SODIUM INJECTION		0.3 MG, REQUIRES DOCUMENT ATION & INVOICE		\$1,054.70
000J2504		PEGADEMASE BOVINE	X	25 IU		\$319.66
000J2505		PEGFILGRASTIM INJECTION		6 MG - REQUIRES DOCUMENT ATION		\$3,986.89
000J2507		INJECTION, PEGLOTICASE, 1 MG		1 MG		\$1,511.02
000J2510		PENICILLIN G PROCAINE INJECTION		600000 U		\$25.05
000J2515		PENTOBARBITAL SODIUM INJECTION		50 MG		\$45.30
000J2540		PENICILLIN G POTASSIUM INJECTION		600000 U		\$0.97
000J2543		PIPERACILLIN/TAZOB ACTAM		1.125 GM		\$2.70
000J2545		PENTAMIDINE NON- COMP UNIT		300 MG		\$105.12
000J2547		INJECTION, PERAMIVIR, 1 MG				\$1.69
000J2550		PROMETHAZINE HCL INJECTION		50 MG		\$1.63
000J2560		PHENOBARBITAL SODIUM INJECTION		120 MG		\$29.54
000J2562		PLERIXAFOR INJECTION		1 MG		\$310.25
000J2590		OXYTOCIN INJECTION		10 UNITS		\$1.12
000J2597		DESMOPRESSIN ACETATE INJECTION		1 MCG		\$15.19
000J2675		PROGESTERONE INJECTION		50 MG		\$1.03

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000J2680		FLUPHENAZINE DECANOATE		25 MG		\$21.14
000J2690		PROCAINAMIDE HCL INJECTION		1 GM		\$56.37
000J2700		OXACILLIN SODIUM INJECTION		250 MG		\$1.64
000J2704		INJECTION, PROPOFOL, 10 MG				\$0.12
000J2710		NEOSTIGMINE METHYLSULFTATE INJECTION		0.5 MG		\$10.31
000J2720		PROTAMINE SULFATE INJECTION		10 MG		\$1.14
000J2724		PROTEIN C CONCENTRATE		10 UNITS		\$15.24
000J2730		PRALIDOXIME CL INJECTION		1 GM		\$92.60
000J2760		PHENTOLLAINE MESYLATE INJECTINO		5 MG		\$159.00
000J2765		METOCLOPRAMIDE HCL INJECTION		10 MG		\$0.69
000J2770		QUINUPRISTIN/DALF OPRINTIN		500 MG		\$379.85
000J2778		RANIBIZUMAB INJECTION		0.1 MG		\$382.60
000J2780		RANITIDINE HCL INJECTION		25 MG		\$1.05
000J2783		RASBURICASE		0.5 MG		\$244.50
000J2785		REGADENOSON INJECTION		0.1 MG		\$53.78
000J2788		RHO D IMMUNE GLOBULIN (MICRHOGAM)		50 MCG (250 IU)		\$25.78
000J2790		INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)		300 MCG (1500 IU)		\$81.73
000J2791		RHO (D) IMMUNE GLOBULIN (RHOPHYLAC)		100 IU		\$4.81

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000J2792		RHO D IMMUNE GLOBULIN H, SD		100 IU		\$21.15
000J2794		RISPERIDONE, LA	X	REQUIRES PRIOR AUTHORIZA TION AND INVOICE		\$7.76
000J2795		ROPIVACAINE HCL INJECTION		1 MG		\$0.07
000J2796		ROMIPLOSTIM INJECTION		10 MCG		\$61.52
000J2800		METHOCARBAMOL INJECTION		10 ML		\$39.50
000J2805		SINCALIDE INJECTION		NOT COVERED		
000J2810		THEOPHYLLINE INJECTION		40 MG		\$0.29
000J2820		SARGRAMOSTIM INJECTION		50 MCG		\$35.29
000J2850		SECRETIN, SYNTHETIC OR HUMAN, INJECTION, 1 MCG		NOT COVERED		
000J2916		NAFERRIC GLUCONATE COMPLEX		12.5 MG		\$2.32
000J2920		METHYLPREDNISOL ONE INJECTION		40 MG		\$3.33
000J2930		METHYLPREDNISOL ONE INJECTION		125 MG		\$4.96
000J2941		INJECTION, SOMATROPIN, 1 MG	X	REQUIRES PRIOR AUTHORIZA TION		\$121.14
000J2997		ALTEPLASE RECOMBINANT		1 MG		\$79.89
000J3000		STREPTOMYCIN INJECTION		1 GM		\$13.33
000J3010		FENTANYL CITRATE INJECTION		0.1 MG		\$0.43
000J3030		SUMATRIPTAN SUCCINATE		NOT FOR SELF ADMINISTRA TION		\$69.12

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000J3060		TALIGLUCERACE ALFA 10 U		10 U		\$40.48
000J3070		PENTAZOCINE INJECTION		30 MG		\$144.50
000J3090		INJ TEDIZOLID PHOSPHATE 10 MG				\$1.27
000J3095		TELAVANCIN INJECTION		10MG		\$4.98
000J3101		TENECTEPLASE INJECTION		1 MG		\$101.80
000J3105		TERBUTALINE SULFATE INJECTION		1 MG		\$3.15
000J3121		INJECTION, TESTOSTERONE ENANTHATE. 1 MG				\$0.04
000J3145		INJECTION, TESTOSTERONE UNDECANOATE, 1 MG		REQUIRES DOCUMENT ATION		\$1.20
000J3230		CHLORPROMAZINE HCL INJECTION		50 MG		\$23.14
000J3240		THYROTROPIN INJECTION		0.9 MG		\$1,569.54
000J3243		TIGECYCLINE INJECTION		1 MG		\$2.75
000J3246		TIROFIBAN HCL		0.25 MG		\$9.53
000J3250		TRIMETHOBENZAMID E HCL INJECTION		200 MG		\$25.28
000J3260		TOBRAMYCIN SULFATE INJECTION		80 MG		\$2.09
000J3262		TOCILIZUMAB INJECTION		1 MG		\$4.12
000J3265		INJECTION, TORSEMIDE, 10 MG/ML - USE THIS CODE FOR DEMADEX 53169010880		10 MG		\$3.05
000J3285		TREPROSTINIL INJECTION		1 MG		\$61.23
000J3300		TRIAMCINOLONE PRES-FREE		1 MG		\$3.69
000J3301		TRIAMCINOLONE A INJECTION NOS		10 MG		\$1.78

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000J3303		TRIAMCINOLONE HEXACETONL INJECTION		5 MG		\$1.81
000J3315		TRIPTORELIN PAMOATE		3.75 MG		\$392.05
000J3357		USTEKINUMAB INJECTION		1 MG		\$167.73
000J3360		DIAZEPAM INJECTION		5 MG		\$9.28
000J3370		VANCOMYCIN HCL INJECTION		500 MG		\$2.83
000J3380		INJECTION, VEDOLIZUMAB, 1 MG				\$17.02
000J3385		VELAGLUCERASE ALFA	X	100 UNITS		\$343.11
000J3396		VERTEPORFIN INJECTION		0.1 MG		\$10.91
000J3410		HYDROXYZINE HCL INJECTION		25 MG		\$2.07
000J3411		THIAMINE HCL		100 MG		\$3.28
000J3415		PYRIDOXINE HCL		100 MG		\$9.30
000J3420		VITAMIN B-12 INJECTION		1000 MCG		\$4.79
000J3430		VIT K PHYTONADIONE INJECTION		1 M		\$3.37
000J3465		VORICONAZOLE INJECTION		10 MG		\$4.08
000J3470		HYALURONIDASE INJECTION		150 UNITS		\$59.59
000J3471		OVINE		1-999 USP		\$0.35
000J3473		HYALURONIDASE RECOMBINANT		1 USP		\$0.35
000J3475		MAGNESIUM SULFATE INJECTION		500 MG		\$0.23
000J3480		POTASSIUM CL INJECTION		2 MEQ		\$0.13
000J3485		ZIDOVUDINE		10 MG		\$1.50
000J3486		ZIPRASIDONE MESYLATE		10 MG		\$17.73
000J3489		INJECTION, ZOLEDRONIC ACID, 1 MG		1 MG		\$18.44

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000J3490		UNCLASSIFIED DRUGS		REQUIRES DOCUMENT ATION AND INVOICE		
000J3490	TH	MEDROXYPROGEST ERONE ACETATE, DEPO-PROVERA 1 MG, FOR FAMILY PLANNING		FOR FAMILY PLANNING ONLY		\$0.54
000J3590		UNCLASSIFIED BIOLOGICS		REQUIRES DOCUMENT ATION AND INVOICE		
000J7030		NORMAL SALINE INFUSION		1000 ML		\$2.02
000J7040		NORMAL SALINE INFUSION		500 ML		\$1.01
000J7042		5% DEXTROSE/NORMAL SALINE INFUSION		500 ML		\$0.71
000J7050		NORMAL SALINE INFUSION		250 ML		\$0.50
000J7060		D5W INFUSION		500 ML		\$1.79
000J7070		D5W INFUSION		1000 ML		\$3.51
000J7100		DEXTRAN 40 INFUSION		500 ML		\$25.96
000J7120		RINGERS LACTATE INFUSION		1000 ML		\$1.98
000J7121		5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 cc				\$1.06
000J7178		INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG		REQUIRES DOCUMENT ATION		\$1.25
000J7180		INJECTION, FACTOR XIII (ANTHEMOPHILIC FACTOR, HUMAN), 1 IU		1 IU (IC) - REQUIRES DOCUMENT ATION AND INVOICE		\$8.19

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000J7181		INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU		NOT COVERED		
000J7182		INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU		NOT COVERED		
000J7183		INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO		1 IU		\$0.80
000J7185		XYNTHA INJECTION		1 IU		\$1.24
000J7186		INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN)		PER FACTOR VIII IU		\$0.96
000J7187		HUMATE-P INJECTION		1 IU		\$1.03
000J7189		FACTOR VIIA		1 MCG		\$1.90
000J7190		FACTOR VIII		1 IU		\$0.97
000J7192		FACTOR VIII RECOMBINANT NOS		1 IU		\$1.19
000J7193		FACTOR IX NON-RECOMBINANT		1 IU		\$1.11
000J7194		FACTOR IX COMPLEX		1 IU		\$1.27
000J7195		FACTOR IX RECOMBINANT		1 IU		\$1.51
000J7197		ANTITHROMBIN III INJECTION		1 IU		\$3.61
000J7198		ANTI-INHIBITOR		1 IU		\$1.92

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000J7199		HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED		REQUIRES DOCUMENT ATION		
000J7200		INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS,PER IU				\$1.24
000J7201		INJECTION, FACTOR IX, FC FUSION PROTEIN (RECOMBINANT), PER IU				\$2.81
000J7205		INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU				\$1.89
000J7297		LEVONORGESTREL- RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG, 3 YEAR DURATION		LILETTA		\$667.50
000J7298		LEVONORGESTREL- RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG, 5 YEAR DURATION		MIRENA		\$865.62
000J7300		INTRAUTERINE COPPER CONTRACEPTIVE		1 UNIT		\$789.25
000J7301		LEVONORGESTREL- RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 13.5 MG				\$694.54
000J7303		HORMONE CONTAINING VAGINAL RING (NUVARING)		1 UNIT		\$130.40

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000J7307		ETONOGESTREL (CONTRACEPTIVE) IMPLANT		1 UNIT		\$823.98
000J7308		AMINOLEVULINIC ACID HCL TOP		354 MG		\$327.41
000J7311		FLUOCINOLONE ACETONIDE IMPLANT	X	0.59 MG - REQUIRES DOCUMENT ATION AND INVOICE		MP
000J7312		DEXAMETHASONE INTRA IMPLANT	X	0.1 MG		\$197.80
000J7313		INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG		REQUIRES PRIOR AUTHORIZA TION		\$490.94
000J7316		OCRIPLASMIN INJECTIBLE 0.125MG				\$1,046.75
000J7321		HYALGAN/SUPARTZ INJECTION		PER DOSE		\$86.59
000J7323		EUFLEXXA INJECTION		PER DOSE		\$157.58
000J7324		ORTHOVISC INJECTION		PER DOSE		\$159.78
000J7325		SYNVISC OR SYNVISC-ONE		1 MG		\$12.48
000J7326		HYALURONAN OR DERIVATIVE, GEL- ONE, FOR INTRA- ARTICULAR INJECTION, PER DOSE		PER DOSE - REQUIRES DOCUMENT ATION AND INVOICE		\$610.10
000J7327		HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE				\$910.73
000J7328		HYALURONAN OR DERIVATIVE, GEL- SYN, FOR INTRA- ARTICULAR INJECTION, 0.1 MG		RNE - REQUIRES INVOICE		

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000J7330		CULTURED CHONDROCYTES IMPLANT		1 EA - REQUIRES DOCUMENT ATION AND INVOICE		MP
000J7336		CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER				\$2.97
000J7500		AZATHIOPRINE, ORAL, TAB, 50MG,		NOT COVERED		
000J7502		CYCLOSPORINE (E.G., SANDIMMUNE) - ORAL 100 MG		NOT COVERED		
000J7504		LYMPHOCYTE IMMUNE GLOBULIN		250 MG		\$1,289.76
000J7507		TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1MG				\$0.81
000J7508		TACROLIMUS EX REL 0.1MG				\$0.39
000J7509		METHYLPRENISOLO NE ORAL, PER 4 MG USE THIS CODE FOR: MEDROL				\$0.30
000J7510		PREDNISOLONE ORAL, PER 5 MG USE THIS CODE FOR: DELTA-CORTEF				\$0.12
000J7511		ANTITHYMOCITE GLOBULIN RABBIT		25 MG		\$676.20
000J7512		PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1MG				\$0.01
000J7515		CYCLOSPORINE, ORAL 25 MG				\$0.92
000J7516		CYCLOSPORIN PARENTERAL		250 MG		\$43.82
000J7517		MYCOPHENOLATE MOFETIL ORAL		250 MG		\$1.12
000J7518		MYCOPHENOLIC ACID		180 MG		\$3.05

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000J7520		SIROLIMUS, ORAL, 1 MG				\$7.87
000J7525		TACROLIMUS INJECTION		5 MG		\$163.70
000J7527		EVEROLIMUS, ORAL, 0. 25 MG				\$7.69
000J7605		ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS		ADMINISTER ED THROUGH DME		\$8.76
000J7606		FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MCG		ADMINISTER ED THROUGH DME		\$10.43
000J7608		ACETYLCYSTEINE, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT,		ADMINISTER ED THROUGH DME		\$4.68
000J7611		ALBUTEROL, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG		ADMINISTER ED THROUGH DME		\$0.11

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000J7612		LEVALBUTEROL, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG		ADMINISTER ED THROUGH DME		\$0.23
000J7613		ALBUTEROL, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG		ADMINISTER ED THROUGH DME		\$0.04
000J7614		LEVALBUTEROL, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG		ADMINISTER ED THROUGH DME		\$0.07
000J7620		ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME		ADMINISTER ED THROUGH DME		\$0.16

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CODE	MOD	DESCRIPTION	P A	COMMENTS	COPAY	MEDICAID ALLOWABLE
000J7626		BUDESONIDE, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG		ADMINISTER ED THROUGH DME		\$4.29
000J7631		CROMOLYN SODIUM, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10		ADMINISTER ED THROUGH DME		\$0.81
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 AUTHORIZA TION		\$42.29
000J7644		IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG		ADMINISTER ED THROUGH DME		\$0.21

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CODE	MOD	DESCRIPTION	P A	COMMENTS	COPAY	MEDICAID ALLOWABLE
000J7665		MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG				\$4.51
000J7674		METHACHOLINE CHLORIDE, NEB		1 MG		\$0.51
000J7682		TOBRAMYCIN NON- COMP UNIT		300 MG		\$51.37
000J7686		TREPROSTINIL, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG		ADMINISTER ED THROUGH DME		\$506.43
000J7999		COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED				
000J8501		APREPITANT, ORAL, 5 MG (EMEND)		ADMINISTER ED THROUGH DME		\$11.03
000J8510		BULSULFAN; ORAL, 2 MG		ADMINISTER ED THROUGH DME		\$23.45
000J8520		CAPECITABINE, ORAL, 150 MG		ADMINISTER ED THROUGH DME		\$4.63
000J8521		CAPECITABINE, ORAL, 500 MG		ADMINISTER ED THROUGH DME		\$14.75
000J8530		CYCLOPHOSPHAMID E; ORAL, 25 MG USE THIS CODE FOR: CYTOXAN				\$3.24

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000J8540		DEXAMETHASONE, ORAL, 0.25 MG		ADMINISTER ED THROUGH DME		\$0.01
000J8560		ETOPOSIDE; ORAL, 50 MG USE THIS CODE FOR: VEPESID		ADMINISTER ED THROUGH DME		\$66.72
000J8600		MELPHALAN; ORAL, 2 MG USE THIS CODE FOR ALKERAN		ADMINISTER ED THROUGH DME		\$11.23
000J8610		METHOTREXATE; ORAL, 2.5 MG USE THIS CODE FOR RHEUMATREX DOSE PACK		ADMINISTER ED THROUGH DME		\$1.00
000J8655		NETUPITANT 300 MG AND PALONOSETRON 0.5MG				\$464.90
000J8700		TEMOZOLOMIDE		5 MG		\$2.87
000J8705		TOPOTECAN, ORAL, 0.25 MG		ADMINISTER ED THROUGH DME		\$103.81
000J9000		DOXORUBICIN HCL INJECTION		10 MG		\$2.64
000J9015		ALDESLEUKIN INJECTINO		1 EA		\$2,687.64
000J9017		ARSENIC TRIOXIDE INJECTION		1 MG		\$65.11
000J9019		INJECTION, ASPARAGINASE (ERWINAZE). 1,000 IU				\$398.45
000J9025		AZACITIDINE INJECTION		1 MG		\$2.83
000J9027		CLOFARABINE INJECTION		1 MG		\$150.64
000J9031		BCG LIVE INTRAVESICAL VACCINE		1 EA		\$123.39
000J9032		INJECTION, BELINOSTAT, 10 MG				\$33.38

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000J9033		BENDAMUSTINE INJECTION		1 MG		\$24.74
000J9035		BEVACIZUMAB INJECTION		10 MG		\$72.20
000J9039		INJECTION, BLINATUMOMAB, 1 MICROGRAM		REQUIRES DOCUMENT ATION		\$97.00
000J9040		BLEOMYCIN SULFATE INJECTION		15 UNITS		\$21.49
000J9041		BORTEZOMIB INJECTION		0.1 MG		\$46.56
000J9042		INJECTION, BRENTUXIMAB VEDOTIION, 1 MG				\$129.28
000J9043		INJECTION, CABAZITAXEL, 1 MG		1 MG		\$150.11
000J9045		CARBOPLATIN INJECTION		50 MG		\$3.62
000J9047		INJECTION, CARFILZOMIB, 1 MG				\$31.79
000J9050		CARMUSTINE INJECTION		100 MG		\$3,820.75
000J9055		CETUXIMAB INJECTION		10 MG		\$55.97
000J9060		CISPLATIN INJECTION		10 MG		\$2.01
000J9065		CLADRIBINE INJECTION		1 MG		\$21.93
000J9070		CYCLOPHOSPHAMID E INJECTION		100 MG		\$42.18
000J9098		CYTARABINE LIPOSOME INJECTION		10 MG		\$591.31
000J9100		CYTARABINE HCL INJECTION		100 MG		\$0.88
000J9120		DACTINOMYCIN INJECTION		0.5 MG		\$1,258.02
000J9130		DACARBAZINE INJECTION		100 MG		\$3.96
000J9150		DAUNOROBICIN INJECTION		10 MG		\$37.68
000J9151		DAUNOROBICIN CITRATE INJECTION		10 MG		\$245.64

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000J9155		DEGARELIX INJECTION		1 MG		\$3.72
000J9171		DOCETAXEL INJECTION		1 MG		\$2.73
000J9175		ELLIOTTS B SOLUTION		1 ML		\$8.44
000J9178		EPIRUBICIN HCL INJECTION		2 MG		\$1.28
000J9179		INJECTION, ERIBULIN MESYLATE, 0.1 MG		0.1 MG		\$106.37
000J9181		ETOPOSIDE INJECTION		10 MG		\$0.71
000J9185		FLUDARABINE PHOSPHATE INJECTION		50 MG		\$64.44
000J9190		FLUOROURACIL INJECTION		500 MG		\$1.87
000J9200		FLOXURIDINE INJECTION		500 MG		\$16.27
000J9201		GEMCITABINE HCL INJECTION		200 MG		\$7.04
000J9202		GOSERELIN ACETATE IMPLANT		3.6 MG		\$304.26
000J9206		IRINOTECAN INJECTION		20 MG		\$4.21
000J9207		IXABEPILONE INJECTION		1 MG		\$76.90
000J9208		IFOSFOMIDE INJECTION		1 GM		\$29.18
000J9209		MESNA INJECTION		200 MG		\$3.23
000J9211		IDARUBICIN HCL INJECTION		5 MG		\$25.96
000J9214		INTERFERON ALFA- 2B INJECTION		1 MILLION UNITS		\$25.26
000J9215		INJECTION, INTERFERON, ALFA- N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU		250,000 IU		\$32.04
000J9216		INTERFERON GAMMA 1-B INJECTION	X	3 MILLION UNITS PRIOR AUTH		\$430.93

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000J9217		LEUPROLIDE ACETATE SUSP		7.5 MG - REQUIRES DOCUMENT ATION		\$219.87
000J9218		LEIPROLIDE ACETATE INJECTION		1 MG		\$16.75
000J9225		VANTAS IMPLANT	X	50 MG - REQUIRES DOCUMENT ATION		\$3,088.07
000J9226		SUPPRELIN LA IMPLANT	X	50 MG - REQUIRES DOCUMENT ATION AND INVOICE		MP
000J9228		INJECTION, IPILIMUMAB, 1 MG	X	FOR MULTIPLE MYELOMA; METASTATIC OR UNRESECTA BLE. PRIOR AUTHORIZA TION		\$140.63
000J9230		MECHLORETHAMINE HCL INJECTION		10 MG		\$266.34
000J9245		MELPHALAN HCL INJECTION		50 MG		\$1,765.96
000J9250		METHOTREXATE SODIUM INJECTION		5 MG		\$0.23
000J9260		METHOTREXATE SODIUM INJECTION		50 MG		\$2.30
000J9261		NELARABINE INJECTION		50 MG		\$152.08
000J9262		INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG				\$2.65
000J9263		OXALIPATIN		0.5 MG		\$0.30
000J9264		PACLITAXEL PROTEIN BOUND		1 MG		\$10.05

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000J9266		PEGASPARGASE INJECTION		1 EA		MP
000J9267		INJECTION, PACLITAXEL, 1 MG				\$0.14
000J9268		PENTOSTATIN INJECTION		10 MG		\$1,840.32
000J9271		INECTION, PEMBROLIZUMAB, 1MG				\$45.76
000J9280		MITOMYCIN INJECTION		5 MG		\$98.20
000J9293		MITOXANTRONE HCL		5 MG		\$36.31
000J9299		INJECTION, NIVOLUMAB, 1 MG				\$25.69
000J9301		INJECTION, OBINUTUZUMAB, 10 MG				\$56.29
000J9302		INJECTION, OFATUMUMAB		1 MG		\$51.96
000J9303		PANITUMUMAB INJECTION		10 MG		\$105.52
000J9305		PEMETREXED INJECTION		10 MG		\$62.94
000J9306		INJECTION, PERTUZUMAB, 1 MG				\$10.65
000J9307		INJECTION, PRALATREXATE		1 MG		\$229.93
000J9308		INJECTION, RAMUCIRUMAB, 5 MG				\$56.15
000J9310		RITUXIMAB INJECTION		100 MG		\$791.40
000J9315		ROMIDEPSIN INJECTION		1 MG		\$300.39
000J9320		STREPTOZOCIN INJECTION		1 GM		\$322.80
000J9328		TEMOZOLOMIDE INJECTION		1 MG		\$7.45
000J9330		TEMSIROLIMUS INJECTION	X	1 MG		\$65.58

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000J9351		TOPOTECAN INJECTION		0.1 MG		\$1.82
000J9354		INJECTION, ADO- TRASTUZUMAB EMTANSINE, 1 MG				\$29.21
000J9355		TRASTUZUMAB INJECTION		10 MG		\$91.73
000J9357		VALRUBICIN INJECTION		200 MG		\$1,132.78
000J9360		VINBLASTINE SULFATE INJECTION		1 MG		\$3.10
000J9370		VINCRISTINE SULFATE INJECTION		1 MG		\$4.26
000J9371		INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG				\$2,493.01
000J9390		VINORELBINE TARTRATE INJECTION		10 MG		\$10.45
000J9395		FULVESTRANT INJECTION		25 MG		\$94.08
000J9400		INJECTION, ZIV- AFLIBERCEPT, 1 MG				\$8.07
000P9041		INFUSION, ALBUMIN (HUMAN), 5%, 50 ML				\$11.32
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		\$0.86
000Q0139		FERUMOXYTOL (FERAHEME) INJECTION (ESRD)		1MG		\$0.86

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CODE	MOD	DESCRIPTION	P A	COMMENTS	COPAY	MEDICAID ALLOWABLE
000Q0162		ONDANSETRON 1 MG, ORAL, FDA APPROVED ANTIEMETIC SUB FOR ORAL ANTIEMETIC WITH CHEMO				\$0.02
000Q0163		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, COMPLETE SUBSTITUTE FOR IV PAY WHEN GIVEN WITH CHEMO ONLY, NOT OVER 48 HR DOSAGE REGIMINE				\$0.26
000Q0164		PROCHLORPERAZIN E MALEATE, 5MG, ORAL COMPLETE THERAPEOUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC, NOT OVER 48 HR DOSAGE REGIMEN				\$0.06
000Q0166		GRANISETRON HYDROCHLORIDE, 1MG, ORAL ANTI- EMETIC WITH CHEMO, COMPLETE SUBSTITUTE FOR IV, PAY WITH CHEMO ONLY UP TO 48 HR DOSAGE REGIMEN				\$0.94
000Q0167		DRONABINOL, 2.5MG, ORAL ANTI-EMETIC WITH CHEMO				\$9.07
000Q0169		PROMETHAZINE HYDROCHLORIDE, 12.5MG, ORAL ANTI- EMETIC WITH CHEMO PAY WITH CHEMO ONLY, NOT TO EXCEED 48 HR DOSAGE REGIMEN				\$0.02

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CODE	MOD	DESCRIPTION	P A	COMMENTS	COPAY	MEDICAID ALLOWABLE
000Q0180		DOLASETRON MESYLATE, 100MG, ORAL ANTI-EMETIC WITH CHEMO PAY WITH CHEMO ONLY, NOT TO EXCEED A 48 HR DOSAGE REGIMEN				\$95.22
000Q2017		INJECTION, TENIPOSIDE, 50 MG		50MG		\$2,082.60
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		

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000Q2043		SIPULEUCEL-T PER INFUSION, MINIMUM OF 50 MILLION AUTOLOGOUS CD55+ CELLS ACTIVATED WITH PAP-GM-CSF INCLUDING LEUKAPHERESIS AND ALL OTHER PREP PRO		REQUIRES DOCUMENT ATION AND INVOICE		MP
000Q2049		INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG				\$512.27
000Q2050		DOXORUBICIN HYDROCHLORIDE,LI POSOMAL, DOXIL INJECTION 10 MG		REQUIRES DOCUMENT ATION AND INVOICE		\$426.24
000Q3027		INJECTION, INTERFERON BETA- 1A, 1 MCG FOR INTRAMUSCULAR USE				\$44.79
000Q4074		ILOPROST, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS				\$121.27
000Q4081		INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)		100 UNITS		\$1.25

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000Q4101		APLIGRAF, PER SQUARE CENTIMETER				\$31.02
000Q4102		OASIS WOUND MATRIX, PER SQUARE CENTIMETER		NOT COVERED		
000Q4104		INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER		NOT COVERED		
000Q4105		INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER				\$29.82
000Q4106		DERMAGRAFT, PER SQUARE CENTIMETER		ONLY APPROVED FOR FULLTHICK NESS DIABETIC FOOT ULCER AND IN DYTROPIC EPIDERMOL YSIS BULLOSA.		\$32.88
000Q4107		GRAFTJACKET, PER SQUARE CENTIMETER		NOT COVERED		
000Q4108		INTEGRA MATRIX, PER SQUARE CENTIMETER		NOT COVERED		
000Q4110		PRIMATRIX, PER SQUARE CENTIMETER		NOT COVERED		

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000Q4111		GAMMAGRAFT, PER SQUARE CENTIMETER		NOT COVERED		
000Q4112		CYMETRA, INJECTABLE, 1CC				\$247.34
000Q4113		GRAFTJACKET XPRESS,		NOT COVERED		
000Q4114		ALLOGRAFT, INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC		NOT COVERED		
000Q4115		ALLOSKIN, PER SQUARE CENTIMETER		NOT COVERED		
000Q4116		ALLODERM, PER SQUARE CENTIMETER				\$32.30
000Q4121		THERASKIN, PER SQUARE CENTIMETER		REQUIRES DOCUMENT ATION		\$40.14
000Q4123		ALLOSKIN RT, PER SQUARE CENTIMETER		NOT COVERED		
000Q4131		EPIFIX, 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		

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000Q4164		HELICOLL, PER SQUARE CENTIMETER		NOT COVERED		
000Q4165		KERAMATRIX, PER SQUARE CENTIMETER		NOT COVERED		
000Q5101		INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM				\$0.87
000Q9950		INJ SULFA HEXA LIPID MICROSPH 1 ML				\$22.93
000Q9956		INJECTION, OCTAFLUOROPROPA NCE MICROSPHERES, PER ML				\$34.77
000Q9957		INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML				\$52.16
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				\$0.18
000Q9961		HIGH OSMOLAR CONTRAST MATERIAL, 250-259 MG/ML IODINE CONCENTRATION, PER ML				\$0.20

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000Q9963		HIGH OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML				\$0.19
000Q9965		LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML				\$0.80
000Q9966		LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML				\$0.17
000Q9967		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML				\$0.12
000Q9980		HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG				\$9.84
000S0020		BUPIVICAINE HYDROCHLORIDE, 30 ML INJECTION				\$3.82
000S0028		FAMOTIDINE, 20 MG. INJECTION				\$0.96
000S0030		METRONIDAZOLE, 500 MG INJECTION				\$1.93
000S0032		NAFCILLIN SODIUM, 2 GRAMS INJECTION				\$24.20
000S0039		SULFAMETHOXAZOL E AND TRIMETROPRIM, 10 ML INJECTION				\$13.39
000S0073		AZTREONAM, 500 MG. INJECTION				\$15.49

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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		\$1.07
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 DOCUMENT ATION		\$283.63
00090376		RABIES IMMUNE GLOBULIN, HEAT- TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE		REQUIRES DOCUMENT ATION		\$272.08
00090378		RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR USE, 50 MG, EACH	X	PER 50 MG		\$1,487.02

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00090385		RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE		NOT COVERED		
00090399		UNLISTED IMMUNE GLOBULIN		REQUIRES DOCUMENTATION AND INVOICE		
00090585		BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE		REQUIRES DOCUMENTATION		\$123.39
00090586		BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR INTRAVESICAL USE		MAY USE 90586 FOR DX BLADDER CANCER, BUT NOT BOTH		\$123.39
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
00090625		VACCINE FOR CHOLERA FOR ORAL ADMINISTRATION		NOT COVERED		

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00090630		INFLUENZA VIRUS VACC IIV4- NO PRESERVATIVE 3 YEARS + ID 0.1ML INTRADERMAL		MEDICAL NECESSITY DOCUMENT ATION REQUIRED		\$23.47
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 DOCUMENT ATION		\$50.84
00090633		HEPATITIS A VACCINE, PEDIATRIC/ADOLESC ENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE		REQUIRES DOCUMENT ATION		\$32.19
00090633	SL	HEPATITIS A VACCINE, PEDIATRIC/ADOLESC ENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE		VFC		\$10.71
00090636		HEPATITIS A AND HEPATITIS B VACCINE (HEPA- HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR USE				\$101.71

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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		NOT COVERED		
00090648	SL	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP- T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		VFC		\$10.71
00090649		HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6,11,16,18 3 DOSE SCHEDULE, INTRAMUSCULAR USE		REQUIRES DOCUMENT ATION		\$171.06

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CODE	MOD	DESCRIPTION	P A	COMMENTS	COPAY	MEDICAID ALLOWABLE
00090649	SL	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE		VFC		\$10.71
00090650		HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 16, 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE		REQUIRES DOCUMENT ATION		\$137.51
00090650	SL	HUMAN PAPILOMA 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.		REQUIRES DOCUMENT ATION FOR MEDICAL NECESSITY		\$189.78
00090651	SL	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 558 NONVALENT (HPV), 3 DOSE SCHEDULE FOR IM USE.		VFC		\$10.71

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00090653		INFLUENZA VACCINE, INACTIVATED, SUBUNIT, ADJUVANTED FOR INTRAMUSCULAR USE		NOT COVERED		
00090654		INFLUENZA VIRUS, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE		REQUIRES MED NECESSITY DOCUMENT ATION 18-65 Y/O		\$17.86
00090655		VACCINE FOR INFLUENZA INJECTION INTO MUSCLE, PATIENT 6- 35 MONTHS OF AGE		REQUIRES DOCUMENT ATION		\$13.34
00090655	SL	VACCINE FOR INFLUENZA INJECTION INTO MUSCLE, PATIENT 6- 35 MONTHS OF AGE		VFC		\$10.71
00090656		VACCINE FOR INFLUENZA INJECTION INTO MUSCLE, PATIENT 3 YEARS AND OLDER, TRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE		REQUIRES DOCUMENT ATION		\$13.88
00090656	SL	VACCINE FOR INFLUENZA INJECTION INTO MUSCLE, PATIENT 3 YEARS AND OLDER		VFC		\$10.71
00090657		VACCINE FOR INFLUENZA VIRUS FOR INJECTION INTO MUSCLE, PATIENT 6- 35 MONTHS OF AGE		NOT COVERED		

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CODE	MOD	DESCRIPTION	P A	COMMENTS	COPAY	MEDICAID ALLOWABLE
00090657	SL	VACCINE FOR INFLUENZA VIRUS FOR INJECTION INTO MUSCLE, PATIENT 6-35 MONTHS OF AGE		VFC		\$10.71
00090658		VACCINE FOR INFLUENZA VIRUS FOR INJECTION INTO MUSCLE, PATIENT AGE 3 YEARS AND OLDER, TRIVALENT, SPLIT VIRUS				\$11.42
00090658	SL	VACCINE FOR INFLUENZA VIRUS FOR INJECTION INTO MUSCLE, PATIENT AGE 3 YEARS AND OLDER, TRIVALENT, SPLIT VIRUS		VFC		\$10.71
00090660		INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE (LAIV3), FOR INTRANASAL USE		NOT COVERED		
00090660	SL	VACCINE FOR INFLUENZA FOR NASAL ADMINISTRATION		NOT SUPPLIED 2016-2017 SEASON, NOT COVERED		
00090661		INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE		REQUIRES DOCUMENTATION		\$22.29

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00090662		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, FOR INTRAMUSCULAR				\$36.31
00090670		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE				\$181.06
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 DOCUMENT ATION		\$37.19

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00090675		RABIES VACCINE, FOR INTRAMUSCULAR USE		REQUIRES DOCUMENT ATION		\$258.73
00090685		INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR U		REQUIRES DOCUMENT ATION		\$24.60
00090685	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE.		VFC		\$10.71
00090686		INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAM		REQUIRES DOCUMENT ATION		\$18.15

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00090686	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMNIISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, INTRAMUSCULAR		VFC		\$10.71
00090687		INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE		NOT COVERED		
00090687	SL	INFLUENZA VIRUS VACCINE, QUDRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE.		VFC		\$10.71
00090688		INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE				\$18.27

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00090688	SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE & OLDER. FOR INTRAMUSCULAR USE.		VFC		\$10.71
00090691		TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE		NOT COVERED FOR TRAVEL		\$90.08
00090696		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS VACCINE, INACTIVATED (DTAP-IPV), WHEN ADMINISTERED TO CHILDREN 4		REQUIRES DOCUMENTATION		\$52.71
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		

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00090698	SL	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA TYPE B, AND POLIOVIRUS VACCINE, INACTIVATED (DTAP – HIB – IPV),		VFC		\$10.71
00090700		DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCU		NOT COVERED		
00090700	SL	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCU		VFC		\$10.71
00090707		MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE		REQUIRES DOCUMENT ATION		\$67.06
00090707	SL	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE		VFC		\$10.71

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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				\$32.22
00090713	SL	POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE		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 DOCUMENT ATION		\$23.20
00090714	SL	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR		VFC		\$10.71

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00090715		TETANUS, DIPHThERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE(TDAP), WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR				\$30.63
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 INTRAMU SCUL				\$10.71

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CODE	MOD	DESCRIPTION	P A	COMMENTS	COPAY	MEDICAID ALLOWABLE
00090732		PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23- VALENT, ADULT OR IMMUNOSUPPRESSE D PATIENT DOSAGE, WHEN ADMINISTERED TO INDIVIDUALS 2 YEARS OR OLDE		DOCUMENT ATION FOR MEDICAL NECESSITY UNDER 65 Y/O. CHILDREN MUST SE VFC VACCINE.		\$89.95
00090732	SL	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 3-VALENT, ADULT OR IMMUNOSUPPRESSE D 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• SÙ) FOR SUBCUTANEOUS USE		NOT FOR ROUTINE IMMUNIZATI ON.		\$131.55
00090733	SL	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANYGROUP{S}) FOR SUBCUTANEOUS USE		NOT FOR ROUTINE IMMUNIZATI ON		\$10.71
00090734		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR INTRAMUSCULAR USE (MENVEO)		REQUIRES DOCUMENT ATION		\$120.61

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CODE	MOD	DESCRIPTION	P A	COMMENTS	COPAY	MEDICAID ALLOWABLE
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 IMMUNOSUPPRESSE D PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE				\$122.96
00090743		HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		REQUIRES DOCUMENT ATION		\$25.39
00090744		HEPATITIS B VACCINE PED/ADOLESCENT 3 DOSE IM		REQUIRES DOCUMENT ATION		\$25.39

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00090744	SL	HEPATITIS B VACCINE, PEDIATRIC/ADOLESC ENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		VFC		\$10.71
00090746		VACCINE FOR HEPATITIS B ADULT DOSAGE (3 DOSE SCHEDULE) INJECTION INTO MUSCLE		REQUIRES DOCUMENT ATION		\$61.47
00090746	SL	VACCINE FOR HEPATITIS B ADULT DOSAGE (3 DOSE SCHEDULE) INJECTION INTO MUSCLE		VFC		\$10.71
00090747		HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSE D PATIENT DOSAGE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		REQUIRES DOCUMENT ATION		\$122.96
00090748		HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE		NOT COVERED		

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00090748	SL	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE		VACCINE IS COMVAX, NOT CURRENTLY SUPPLIED		\$10.71
00090749		UNLISTED VACCINE/TOXOID		REQUIRES DOCUMENT ATION AND INVOICE		

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