



**Medicare, Medicaid, CHIP & Marketplace
Drug Codes & Prior Authorization Requirements.**

Clinician administered drug requirements for Texas Medicaid can be found at <http://www.txvendordrug.com/downloads/>

Non-Covered Drugs May Be Covered Under Part D (For Part D Determinations Contact Molina Medicare Pharmacy Dept. at extension 751708).		TMPPM = Requires Authorization; Medical Benefit (TX Medicaid Provider Procedure Manual)	
DRUG BRAND NAMES BY CONDITION	HCPCS CODE	HCPCS DESCRIPTION/GENERIC NAME	
HEMOPHILIA, VON WILLEBRAND DISEASE, & RELATED BLEEDING DISORDERS			Medicaid Benefit
Hyate:C	J7191	Factor VIII (antihemophilic factor (porcine), per IU.	TMPPM
Autoplex T	J7198	Antiinhibitor, per IU	TMPPM
Kcentra	C9132	Prothrombin complex concentrate (human), Kcentra, per i.u. of Factor IX activity	TMPPM
Monarc M	J7190	Factor VIII (antihemophilic factor, human) per IU	TMPPM
Proplex T	J7194	Factor IX complex, per IU	TMPPM
Refacto	J7192	Factor VIII (antihemophilic factor, recombinant) per IU	TMPPM
Vitrasert	J7195	Factor IX (antihemophilic factor, recombinant) per IU	TMPPM
Hemophilia clotting factor, Not otherwise specified	J7199	Hemophilia clotting factor, Not otherwise classified	TMPPM
IMMUNE DEFICIENCIES & RELATED DISORDERS IV Immune globulins			
Immune Globulin	J1599	Injection, immune globulin, intravenous, Non-lyophilized (e.g. liquid), Not otherwise specified, 500 mg	TMPPM
Baygam	J1460	Injection, gamma globulin, intramuscular, 1 cc. Use this code for GamaSTAN SD.	TMPPM
Baygam	J1560	Injection, gamma globulin, intramuscular, over 10cc Use this code for GamaSTAN SD.	TMPPM
Berinert	J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units	TMPPM
Bivigam	C9130	Injection, immune globulin (Bivigam), 500 mg.	TMPPM
Carimune	J1566	J1566: Injection, immune globulin, intravenous, lyophilized (e.g., powder), Not otherwise specified, 500 mg. Use this code for Carimune.	TMPPM
Gamastan S/D	J1460	J1460-Injection, gamma globulin, intramuscular, 1 cc. Use this code for GamaSTAN SD.	TMPPM
GamaStan S/D	J1560	<u>Injection, gamma globulin, intramuscular, over 10 cc. Use this code for GamaSTAN SD.</u>	TMPPM
Gammagard Liquid	J1569	Injection, immune globulin, (Gammagard liquid), intravenous, Nonlyophilized, (e.g., liquid), 500 mg	TMPPM
Gammagard S/D	J1560	<u>Injection, gamma globulin, intramuscular, over 10 cc</u>	TMPPM

Gammaplex	J1557	Injection, immune globulin, (Gammaplex), intravenous, Non-Lyophilized (e.g. Liquid), 500 mg. Use this code for Gammaplex.	TMPPM
Gammar-P I.V.	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), Not otherwise specified, 500 mg.	TMPPM
HepaGam B	J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml.	TMPPM
HepaGam B	J1573	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml.	TMPPM
Iveegam EN	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), Not otherwise specified, 500 mg.	TMPPM
Kalbitor	J1290	Injection ecallanide, 1 mg.	TMPPM
Panglobulin	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), Not otherwise specified, 500 mg.	TMPPM
Panglobulin NF	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), Not otherwise specified, 500 mg.	TMPPM
Rhophylac	J2791	Injection, Rho (DF) immune globulin (human), (Rhophylac), intramuscular or intravenoMus, 100 IU. Use this code HypRho SD, WINRho SDF.	TMPPM
Venoglobulin-S	J1599	Injection, immune globulin, intraveNous, Nonlyophilized (e.g., liquid), Not otherwise specified, 500 mg	TMPPM
WinRho SDF	J2792	J2792-Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU. Use this code for WinRho SDF.	TMPPM
IMMUNOSUPPRESSIVE DRUGS			
Atgam Not covered when administered in a home setting	J7504	Lymphocyte immune globulin, antithymocyte globulin equine, parenteral, 250 mg. Use this code for Atgam.	TMPPM
Cytoxan	J8530	Cyclophosphamide; oral 25 mg. Use this code for Cytoxan.	TMPPM
Nulogix	J0485	Injection Belatacept 1 mg Use this code for Nulogix	TMPPM
Orthoclone OKT3	J7505	Muromonab-CD3, parenteral, 5 mg. Use this code for Orthoclone OKT3.	TMPPM
Zenapax J7513 Not covered when administered in a home setting	J7513	Daclizumab, parenteral, 25 mg. Use this code for Zenapax.	TMPPM
GROWTH HORMONE & RELATED DISORDERS <i>Growth Hormone</i>			
Protropin Not covered for self administration	J2940	Injection, somatrem, 1 mg. Use this code for Protropin.	TMPPM
HEPATITIS C			
Rebetron Not covered-oral		Ribavirin (Oral medication, capsules, liquid, tablets)	TMPPM
MULTIPLE SCLEROSIS			

Tysabri	J2323	Injection, natalizumab, 1 mg. Use this code for Tysabri.	TMPPM
J1825 was deleted J1826 & Q3026 are invalid codes for Medicare			
OSTEOARTHRITIS			
Euflexxa	J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose.	TMPPM
Gel-One	J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose.	TMPPM
Hyalgan	J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose. (Injected into knee joint to treat pain caused by osteoarthritis)	TMPPM
Orthovisc	J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	TMPPM
Supartz	J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose. (Injected into knee joint to treat pain caused by osteoarthritis)	TMPPM
Synvisc	J7325	Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose	TMPPM
OSTEOPOROSIS			
Reclast	J3488	Injection, zoledronic acid (Reclast), 1 mg.	TMPPM
RHEUMATOID ARTHRITIS			
Actemra	J3262	Injection, tocilizumab, 1 mg	TMPPM
Remicade	J1745	Injection, infliximab 10 mg. Use this code for Remicade.	TMPPM
Rituximab	J9310	Injection, rituximab, 100 mg Note: This requires PA for rheumatoid arthritis DX (714.0). No PA required for cancer diagnosis.	TMPPM
ALLERGIC ASTHMA			
Xolair	J2357	Injection, omalizumab, 5 mg. Use this code for Xolair.	TMPPM
HORMONAL THERAPIES			
Eligard Not covered for self administration	J9217	Leuprolide acetate (for depot suspension), 7.5 mg. Use this code for Lupron Depot, Eligard.	TMPPM
Supprelin LA - Implant	J9226	Histrelin implant (Supprelin LA), 50 mg.	TMPPM
Trelstar Depot	J3315	Injection, triptorelin pamoate, 3.75 mg. Use this code for Trelstar Depot, Trelstar Depot Plus Debioclip Kit, Trelstar LA.	TMPPM
Trelstar LA	J3315	Injection, triptorelin pamoate, 3.75 mg. Use this code for Trelstar Depot, Trelstar Depot Plus Debioclip Kit, Trelstar LA.	TMPPM
Vantas	J9225	Histrelin implant (Vantas), 50 mg.	TMPPM
Viadur	J9219	Leuprolide acetate implant, 65 mg. Use this code for Lupron Implant.	TMPPM

Zoladex	J9202	Goserelin acetate implant, per 3.6 mg. Use this code for Zoladex	TMPPM
Supprelin LA Not covered for self administration	J1675	J1675: Injection, histrelin acetate, 10 mcg. Use this code for Supprelin LA.	TMPPM
INFERTILITY			
Bravelle	J3355	Injection, Urofollitropin, 75 IU; Use this code for Metrodin, Bravelle, Fertinex.	TMPPM
Cetrotide	J3490 (Unlisted Drug)	Cetrorelix acetate for injection 0.25 mg and 3 mg for subcutaneous use only.	TMPPM
Chorionic Gonadotropin	J0725	Injection, chorionic gonadotropin, per 1,000 USP units.	TMPPM
Follistim AQ	J3490 (Unlisted Drug)	Injection, urofollitropin, 75 IU. Use this code for Metrodin, Bravelle, Fertinex.	TMPPM
Ganirelix Acetate Antagon	J3490 (Unlisted Drug)	Ganirelix acetate injection for subcutaneous use only	TMPPM
Gonal-F	J3490 (Unlisted Drug)	Injection, urofollitropin, 75 IU. Use this code for Metrodin, Bravelle, Fertinex.	TMPPM
Gonal-F RFF	J3490 (Unlisted Drug)	Follitropin Alfa (Systemic)	TMPPM
Luveris	J3490 (Unlisted Drug)	Lutropin alpha	TMPPM
MeNopur	J3490 (Unlisted Drug)	MeNotropins	TMPPM
Novarel	J0725	Injection, chorionic gonadotropin, per 1,000 USP units.	TMPPM
Ovidrel	J3490 (Unlisted Drug)	Choriogonadotropin alfa injection	TMPPM
Pregnyl	J0725	Injection, chorionic gonadotropin, per 1,000 USP units.	TMPPM
Profasi HP	J0725	Injection, chorionic gonadotropin, per 1,000 USP units.	TMPPM
Repronex	J3490 (Unlisted Drug)	MeNotropins for injection.	TMPPM
MACULAR DEGENERATION			
Eylea	J0178	Injection, aflibercept, 1 mg	TMPPM
Lucentis	J2778	Injection, ranibizumab, 0.1 mg. Use this code for Lucentis.	TMPPM
Macugen	J2503	Injection, pegaptanib sodium, 0.3 mg. Use this code for Mucagen.	TMPPM
Visudyne	J3396	Injection, verteporfin, 0.1 mg. Use this code for Visudyne.	TMPPM
ONCOLOGY - ORAL			
Oforta	J8562	Fludarabine phosphate, oral, 10 mg Use this code for Oforta	TMPPM

ONCOLOGY - INJECTABLE			
Adcetris	J9042	Injection, brentuximab vedotin, 1 mg. Use this code for Adcetris. (Used to treat Hodgkin lymphoma)	TMPPM
Arzerra	J9302	Injection, ofatumumab, 10 mg Use this code for Arzerra (Used to treat chronic lymphocytic leukemia)	TMPPM
Asparaginase	J9019	Injection, asparaginase (Erwinaze), 1,000 IU (Used to treat leukemia)	TMPPM
Doxil	J9002	Injection, doxorubicin hydrochloride, liposomal, Doxil, 10 mg (Used to treat many kinds of cancer)	TMPPM
Doxorubicin HCL	Q2050	<u>Injection, doxorubicin hydrochloride, liposomal, Not otherwise specified, 10 mg. Indicated as a treatment for patients with ovarian cancer whose disease has recurred or progressed after platinum-based chemotherapy, and for patients with AIDS-related Kaposi's sarcoma whose disease has progressed on prior combination chemotherapy or who canNot tolerate such therapy.</u>	TMPPM
Folotyn	J9307	Injection, pralatrexate, 1 mg Use this code for Folotyn (Used to treat T cell lymphoma)	TMPPM
Hycamtin	J9351	Injection, topotecan, 0.1 mg Use this drug for Hycamtin (Used to treat ovarian, small cell lung & cervical cancer)	TMPPM
Istodax	J9315	Injection, romidepsin, 1 mg Use this code for Istodax (Used to treat cutaneous T-cell lymphoma)	TMPPM
Kadcyla	C9131	Injection, ado-trastuzumab emtansine, 1 mg. Used to treat HER2-positive breast cancer that has spread to other parts of the body in patients who have received prior treatment with Herceptin (trastuzumab) and a taxane chemotherapy.	TMPPM
Synribo	C9297	Injection, omacetaxine mepesuccinate, 0.01 mg. For the treatment of adult patients with chronic or accelerated phase chronic myeloid leukemia (CML) with resistance and/or intolerance to two or more tyrosine kinase inhibitors (TKIs); second-line treatment of CML	TMPPM
Roferon-A Not covered when self injected	J9213	Injection, interferon alfa-2a,recombinant, 3 million units. Use this code for Roferon A.	TMPPM
PSORIASIS			
Amevive	J0215	Injection, alefacept, 0.5 mg. Use this for Amevive.	TMPPM
Raptiva Not covered when self injected	J3590 Unlisted Drug	Efalizumab	TMPPM
PULMONARY DISEASE			
Aralast	J0256	Injection, alpha 1-proteinase inhibitor-human, 10 mg. Use this code for Prolastin, Zemira.	TMPPM
MISCELLANEOUS ADDITIONAL PRODUCTS			

Aflibercept	J0178	Injection, aflibercept, 1 mg Use this code for Eylea	TMPPM
Amifostine	J0207	Injection, amifostine, 500 mg	TMPPM
Arcalyst Not covered for self administration	J2793	Injection, rilonacept, 1 mg	TMPPM
Apligraf	Q4101	Skin substitute, Apligraf, per sq cm.	TMPPM
Atryn	J7196	Injection, antithrombin recombinant, 50 IU	TMPPM
Belimumab	J0490	Injection, belimumab 10 mg.	TMPPM
Botox	J0585	Botulinum toxin type A, per unit. Use this code for Botox.	TMPPM
DeNosumab	J0897	Injection DeNosumab, 1 mg (PA required for diagnosis of osteoporosis)	TMPPM
Ganciclovir Implant	J7310	Ganciclovir, 4.5 mg, long-acting implant. Use this code for Vitrasert.	TMPPM
Human Fibrinogen Concentrate	J7178	Injection Fibrinogen concentrate, 1 mg	TMPPM
Icatibant	J1744	Injection, icatibant, 1 mg	TMPPM
Incobotulinumtoxin A	J0588	Injection, incobotulinumtoxin A	TMPPM
Interferon alfa-2a	S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml	TMPPM
Interferon alpha-2B	S0148	Injection, pegylated interferon alfa-2B, 10 mcg	TMPPM
Interferon alfa-2b	J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	TMPPM
Kalbitor	J1290	Injection, ecallantide, 1 mg	TMPPM
Metvixia	J7309	Methyl aminolevulinate (Mal) for topical administration, 16.8%, 1 gram	TMPPM
Myobloc	J0587	Botulinum toxin type B, per 100 units. Use this code for Myobloc.	TMPPM
Ocriplasmin	C9298	Injection, ocriplasmin, 0.125 mg. This drug is a proteolytic enzyme approved for the treatment of symptomatic vitreomacular adhesion (VMA). Ocriplasmin is administered via ophthalmic intravitreal injection only. This is the first drug to receive FDA-approval for the treatment of VMA.	TMPPM
Orthoclone OKT3	J7505	Muroninab-CD3, parental, 5 mg. Use this code for Orthoclone OKT3.	TMPPM
Ozurdex	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	TMPPM
Peginesatide	J0890	Injection, peginesatide, 0.1 mg	TMPPM
Pegloticase	J2507	Injection, pegloticase, 1 mg	TMPPM
Photofrin	J9600	Injection, porfimer sodium, 75 mg. Use this code for Photofrin.	TMPPM
Prialtt	J2278	Injection, ziconotide, 1 mcg. Use this code for Prialtt.	TMPPM
Retisert	J7311	Fluocinolone acetonide intravitreal implant. Use this code for Retisert.	TMPPM
Rhogam	J2790, 90384	J2790: Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.). Use this code for Thogam, Rhophylac. 90384: Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use.	TMPPM
Simulect	J0480	Injection, basiliximab, 20 mg. Use this code for Simulect.	TMPPM
Supprelin LA	J9226	Histrelin Implant (Supprelin LA), 50 mg.	TMPPM

Taliglucerase Alfa	C9294	Taliglucerase Alfa, 10 U Use this code for Elelyso	TMPPM
Thrombate	J7197	Antithrombin III (human), per IU. Use this code for Throbate III, ATnativ.	TMPPM
Thyrogen	J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial. Use this code for Thyrogen.	TMPPM
Vitrasert	J7310	Ganciclovir, 4.5 mg, long acting implant. Use this code for Vitrasert.	TMPPM
Vivitrol	J2315	Injection, naltrexone, depot form, 1 mg. Use this code for Vivitrol.	TMPPM
Xiaflex	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	TMPPM
Zometa	Q2051	Injection, zoledronic acid, Not otherwise specified, 1 mg. Indicated in the treatment of hypercalcemia of malignancy for patients with multiple myeloma or documented bone metastases from solid tumors. It is given in conjunction with standard antineoplastic therapy.	TMPPM
Carticel	J7330	Autologous cultured chondrocytes, implant. Use this code for Carticel.	TMPPM
Geref Not covered for self administration	Q0515	Injection, sermorelin acetate, 1 mcg.	TMPPM
Mirena	J7302	LevoNorgestrel-releasing intrauterine system (Contraceptive)	TMPPM
Testosterone Suspension See the Description for brand names	J3140	Injection, testosterone suspension, up to 50 mg. Andronaq, Testosterone Aqueous, Testaqua, Testoject, Histerone.	TMPPM
Testex	J3150	Injection, testosterone propionate, up to 100 mg	TMPPM