Drugs Requiring Prior Authorization. **Non-Covered Drugs May Be Covered Under Part D (For Part D Determinations Contact Molina Medicare Pharmacy at extension 179796).**	
DRUG BRAND NAMES BY CONDITION	**HCPCS CODE**
HEMOPHILIA, VON WILLEBRAND DISEASE, & RELATED BLEEDING DISORDERS	
Advate	J7192
Alphanate	J7186
Alphanine SD	J7193
Bebulin VH	J7194
Benefix	J7195
Corifact	J7180
Feiba VH Immuno	J7198
Helixate FS	J7192
Hemofil M	J7190
Humate-P	J7187
Hyate:C	J7191
Koate-DVI	J7190
Autoplex T	J7198
Kcentra	C9132
Kogenate FS	J7192
Monarc M	J7190
Monoclate P	J7190
Mononine	J7193
NovoSeven	J7189
Profilnine SD	J7194
Proplex T	J7194
Recombinate	J7192
Refacto	J7192

Vitrasert	J7195
Xyntha	J7185
Wilate	J7183
Hemophilia clotting factor, not otherwise specified	J7199
Not Covered: Hemophilia, Von Willebrand Disease, & Related Bleeding Disorders **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**	
Stimate Not covered-self administered	
IMMUNE DEFICIENCIES & RELATED DISORDERS ***IV Immune globulins***	
Immune Globulin	J1599
Baygam	J1460
Baygam	J1560
Berinert	J0597
Bivigam	C9130
Carimune	J1566
Carimune NF	J1566
Cytogam	J0850
Flebogamma	J1572
Gamastan S/D	J1460

GamaStan S/D	J1560
Gammagard Liquid	J1569
Gammagard S/D	~~J1566~~ J1560
Gammaplex	J1557
Gammar-P I.V.	J1566
Gamunex	J1561
HepaGam B	J1571
HepaGam B	J1573
Hizentra	J1559
Iveegam EN	J1566
Kalbitor	J1290
Octagam	J1568
Panglobulin	J1566
Panglobulin NF	J1566
Polygam S/D	J1566
Privigen	J1459

Rhophylac	J2791
Venoglobulin-S	J1599
Vivaglobin Not covered if self administered	J1562, 90284
WinRho SDF	~~J2790~~, J2792
IMMUNOSUPPRESSIVE DRUGS	
Atgam Not covered when administered in a home setting	J7504
CellCept	J7517
Cytoxan	J8530
Imuran	J7500
Nulogix	J0485
Orthoclone OKT3	J7505
Prednisone See description for brand names	J7506
Prednosolone See description for brand names	J7510
Prograf J7525 not covered when administered in a home setting	J7507, J7525

Sandimmune J7516 not covered when administered in a home setting See description for other brand names	J7502, J7515, J7516
Zenapax J7513 not covered when administered in a home setting	J7513
Zortress	J7527
GROWTH HORMONE & RELATED DISORDERS ***Growth Hormone***	
Not Covered: Growth Hormone & Related Disorders **Growth Hormone** **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**	
Genotropin Not covered for self administration	J2941
Genotropin Miniquick Not covered for self administration	J2941
Humatrope Not covered for self administration	J2941
Norditropin Not covered for self administration	J2941
Norditropin Nordiflex Not covered for self administration	J2941
Nutropin Not covered for self administration	J2941
Nutropin AQ Not covered for self adminsitration	J2941
Nutropin AQ Pen Not covered for self administration	J2941
Omnitrope Not covered for self administration	J2941
Protropin Not covered for self administration	J2940

Saizen Not covered for self adminsitration	J2941
Saizen Click.Easy Not covered for self administration	J2941
Tev-Tropin Not covered for self administration	J2941
Zorbtive Not covered for self administration	J2941
HEPATITIS C	

Not covered: Hepatitis C **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**	
Copegus	
Infergen Not covered for self administration	J9212
Pegasys Not covered for self administration	J3490 (Unlisted Drug)
Peg-Intron Not covered for self administration	J3490 (Unlisted Drug)
Peg-Intron Redipen Not covered for self administration	J3490 (Unlisted Drug)
Rebetol Not covered-oral	
Rebetron Not covered-oral	
Riba Pak Not covered-oral	
Ribavirin Not covered-oral	
MULTIPLE SCLEROSIS	
Avonex Covered when administered under direct supervision of a physician Not covered for self administration	Q3025

Betaseron Covered when administered under direct supervision of a physician Not covered for self administration	J1830
Mitoxantrone	J9293
Novantrone	J9293
Tysabri	J2323
Not Covered: Multiple Sclerosis **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**	
J1825 was deleted J1826 & Q3026 are invalid codes for Medicare	
Avonex	~~Q3025~~ J1826/Q3026
Copaxone Not covered for self administration	J1595
Rebif	~~Q3025~~ J1826/Q3026
OSTEOARTHRITIS	
Euflexxa	J7323
Gel-One	J7326
Hyalgan	J7321
Orthovisc	J7324
Supartz	J7321
Synvisc	J7325
OSTEOPOROSIS	
Reclast	J3488

Not Covered: Osteoporosis **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**	
Forteo Not covered for self administration	J3110
RHEUMATOID ARTHRITIS	
Actemra	J3262
Enbrel Not covered for self administration This code may be used for Medicare when administered under the direct supervision of a physician, not for use when self administered.	J1438
Orencia Not covered for self administration This code may be used for Medicare when administered under the direct supervision of a physician, not for use when self administered.	J0129
Remicade	J1745
Rituximab	J9310
Not Covered: Rheumatoid Arthritis **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**	
Humira Not covered for self administration	J0135
Kineret Not covered for self administration	J3590 Unclassified Drug
RSV	
Synagis	90378
ALLERGIC ASTHMA	

Xolair	J2357
HEMATOPOETICS	
Aranesp	J0881 (Non-ESRD)
Epogen	J0885 (Non-ESRD)
Procrit	J0885 (Non-ESRD)
HIV MEDICATIONS	

Not Covered: HIV Medications **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**	
Intelence	J3490
Fuzeon Not covered for self administration	J1324
Serostim Not covered for self adminsitration	J2941
HORMONAL THERAPIES	
Acthar	J0800
Eligard Not covered for self administration	J9217

Lupron Depot Not covered for self administration	J9217, J1950
Lupron Depot-Ped	J1950
Supprelin LA - Implant	J9226
Trelstar Depot	J3315
Trelstar LA	J3315
Vantas	J9225
Viadur	J9219
Zoladex	J9202
Not Covered: Hormonal Therapies **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**	
Lupron Not covered for self administration	J9218
Supprelin LA Not covered for self administration	J1675
INFERTILITY	
Not Covered: Infertility **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**	
Bravelle	J3355
Cetrotide	J3490 (Unlisted Drug)
Chorionic Gonadotropin	J0725
Follistim AQ	J3490 (Unlisted Drug)

Ganirelix Acetate Antagon	J3490 (Unlisted Drug)
Gonal-F	J3490 (Unlisted Drug)
Gonal-F RFF	J3490 (Unlisted Drug)
Luveris	J3490 (Unlisted Drug)
Menopur	J3490 (Unlisted Drug)
Novarel	J0725
Ovidrel	J3490 (Unlisted Drug)
Pregnyl	J0725
Profasi HP	J0725
Repronex	J3490 (Unlisted Drug)
LYSOSOMAL STORAGE DISEASES	
Aldurazyme	J1931
Cerezyme	J1786
Elaprase	J1743
Fabrazyme	J0180
Lumizyme	J0221
Myozyme	J0220
Naglazyme	J1458
MACULAR DEGENERATION	
Eylea	J0178
Lucentis	J2778

Macugen	J2503
Visudyne	J3396
ONCOLOGY - ORAL	
Not Listed as Covered by Medicare: Oncology Oral (Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)	
Gleevec	J8999 (Unlisted Drug-oral chemotherapeutic),
Nexavar	J8999 (Unlisted Drug-oral chemotherapeutic)
Oforta	J8562
Revlimid	J8499 (Unlisted Drug-non chemotherapeutic)
Sprycel	J8999 (Unlisted Drug-oral chemotherapeutic)
Sutent	J8999 (Unlisted Drug-oral chemotherapeutic)
Tarceva	J8999 (Unlisted Drug-oral chemotherapeutic)
Tasigna	J8999 (Unlisted Drug-oral chemotherapeutic)
Thalomid	J8499 (Unlisted Drug-non chemotherapeutic)
Tykerb	J8999 (Unlisted Drug-oral chemotherapeutic)
Zolinza	J8499 (Unlisted Drug-non chemotherapeutic)
Zortress	J7527
ONCOLOGY - INJECTABLE	
Adcetris	J9042

Arzerra	J9302
Asparaginase	J9019
Doxil	J9002
Doxorubicin HCL	Q2050
Folotyn	J9307
Hycamtin	J9351
Istodax	J9315
Kadcyla	C9131
Synribo	C9297
Not Covered: Oncology - Injectable **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**	
Roferon-A Not covered when self injected	J9213
PSORIASIS	
Amevive	J0215

Not Covered: Psoriasis **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**	
Raptiva Not covered when self injected	J3590 Unlisted Drug
PULMONARY DISEASE	
Aralast	J0256
Aralast NP	J0256
Glassia	J0257
Pulmozyme	J7639
Tobi	J7682
PULMONARY ARTERIAL HYPERTENSION	
Epoprostenol Sodium for Injection	J1325
Sterile Diluent for Epoprostenol Sodium for Injection	
Remodulin	J3285
Flolan	J1325
Flolan Diluent	
Tyvaso	J7686
Ventavis	Q4074
Not Covered: Pulmonary Arterial Hypertension **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**	

Letairis Not covered-self administered	
Revatio Not covered-self administered	
Tracleer Not covered-self administered	
RENAL DISEASE	
Not Covered: Renal Disease **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**	
Sensipar Not covered-self administered	
MISCELLANEOUS ADDITIONAL PRODUCTS	
Actimmune Not covered for self administration	J9216
Aflibercept	J0178
Alkeran	J9245
Amifostine	J0207
Arcalyst Not covered for self administration	J2793
Apligraf	Q4101
Atryn	J7196
Belimumab	J0490
Botox	J0585
Cerezyme	J1786
Cimzia	J0718
DDAVP	J2597
Denosumab	J0897

Desferal	J0895
Elelyso	C9294
Fragmin	J1645
Ganciclovir Implant	J7310
Human Fibrinogen Concentrate	J7178
Icatibant	J1744
Ilaris	J0638
Incobotulinumtoxin A	J0588
Interferon alfa-2a	S0145
Interferon alpha-2B	S0148
Interferon alfa-2b	J9214
Invega Sustenna	J2426
Kalbitor	J1290
Leukine	J2820
Metvixia	J7309
Myobloc	J0587
Neulasta	J2505
Neupogen	J1440
Neupogen	J1441
Ocriplasmin	C9298
Octreotide Not covered for self administration Covered for intravenous administration	J2353, J2354
Orthoclone OKT3	J7505
Ozurdex	J7312

Peginesatide	J0890
Pegloticase	J2507
Photofrin	J9600
Priallt	J2278
Retisert	J7311
Rhogam	J2790, 90384
Sandostatin Not covered for self administration Covered for intravenous administration	J2354
Sandostatin LAR	J2353
Simulect	J0480
Somatuline Depot	J1930
Stelara	J3357
Supprelin LA	J9226
Taliglucerase Alfa	C9294
Thrombate	J7197
Thyrogen	J3240
Vistide	J0740
Vitrasert	J7310
Vivitrol	J2315
Xiaflex	J0775
VPRIV	J3385

Zometa	Q2051
Not Covered: Miscellaneous Additional Products **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**	
Arixtra Not covered for self administration	J1652
Byetta	J3490
Carticel	J7330
Exjade	
Geref Not covered for self administration	Q0515
Imitrex	J3030
Increlex Not covered for self administration	J2170
Kuvan	
Lovenox Not covered for self administration	J1650
Mirena	J7302
Papaverine See Description for brand names	J2440
Symlin	J3490
Somavert Not covered for self administration	J3590 (Unclassified biologics)
Synarel	J3490
Testosterone Suspension See the Description for brand names	J3140
Testex	J3150
Tikosyn	J3490

HCPCS DESCRIPTION/GENERIC NAME
Factor VIII (antihemophilic factor, recombinant) per IU
Injection, antihemophilic factor VIII/von Willebrand factor complex (human) per factor VIII i.u.
Factor IX (antihemophilic factor, purified, nonrecombinant) per IU
Factor IX complex, per IU
Factor IX (antihemophilic factor, recombinant) per IU
Injection, factor XIII (antihemophilic factor, human), 1 IU (Corifact)
Antiinhibitor, per IU
Factor VIII (antihemophilic factor, recombinant) per IU
Factor VIII (antihemophilic factor, human) per IU
Injection, von Willebrand factor complex (Humate-P) per IU vWF-RCO
Factor VIII (antihemophilic factor (porcine), per IU.
Factor VIII (antihemophilic factor, human) per IU
Antiinhibitor, per IU
Prothrombin complex concentrate (human), Kcentra, per i.u. of Factor IX activity
Factor VIII (antihemophilic factor, recombinant) per IU
Factor VIII (antihemophilic factor, human) per IU
Factor VIII (antihemophilic factor, human) per IU
Factor IX (antihemophilic factor, purified, nonrecombinant) per IU
Factor VIIa (antihemophilic factor, recombinant), per 1 mcg
Factor IX complex, per IU
Factor IX complex, per IU
Factor VIII (antihemophilic factor, recombinant) per IU
Factor VIII (antihemophilic factor, recombinant) per IU

Factor IX (antihemophilic factor, recombinant) per IU
Injection, factor VIII (antihemophilic factor, recombinant) (XYNTHA) per IU
Injection, von Willebrand factor complex (human), Wilate, per 100 IU VWF:RCO
Hemophilia clotting factor, not otherwise classified
Desmopressin acetate (Nasal spray)
Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
Injection, gamma globulin, intramuscular, 1 cc. Use this code for GamaSTAN SD.
Injection, gamma globulin, intramuscular, over 10cc Use this code for GamaSTAN SD.
Injection, C-1 esterase inhibitor (human), Berinert, 10 units

Injection, immune globulin (Bivigam), 500 mg.

J1566: Injection, immune globulin, intravenous, lyophilizd (e.g., powder), not otherwise specified, 500 mg. Use this code for Carimune.
Injection, immune globulin, intravenous, lyophilizd (e.g., powder), not otherwise specified, 500 mg. Use this code for Carimune.
J0850: Injection cytomegalovirus immune globulin intravenous (human), per vial. Use this code for Cytogam.
J1572: Injection, immune globulin, (FlebogammaFlebegamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1460-Injection, gamma globulin, intramuscular, 1 cc. Use this code for GamaSTAN SD.

Injection, gamma globulin, intramuscular, over 10 cc. Use this code for GamaSTAN SD.
Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg
Injection, gamma globulin, intramuscular, over 10 cc
Injection, immune globulin, (Gammaplex), intravenous, non-Lyophilized (e.g. Liquid), 500 mg. Use this code for Gammaplex.
Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg.
J1561: Injection, immune globulin, (Gamunex) intravenous, nonlyophilized (e.g., liquid), 500 mg.
Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml.
Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml.
Injection, immune globulin (Hizentra), 100 mg
Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg.
Injection ecallanide, 1 mg.
J1568: Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid) 500 mg.
Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg.
Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg.
Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg.
J1459: Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g.,liquid), 500 mg.

Injection, Rho (DF) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU. Use this code HypRho SD, WINRho SDF.
Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg
J1562: Injection, immune globulin (Vivaglobin), 100 mg. 90284: Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each.
~~J2790-Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.).~~ ~~Use this code for RhoGam, Rhophylac.~~ J2792-Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU. Use this code for WinRho SDF.
Lymphocyte immune globulin, antithymocyte globulin equine, parenteral, 250 mg. Use this code for Atgam.
Mycophenolate mofetil, oral, 250 mg. Use this code for CellCept.
Cyclophosphamide; oral 25 mg. Use this code for Cytoxan.
Azathioprine, oral, 50 mg. Use this code for Azasan, Imuran.
Injection Belatacept 1 mg Use this code for Nulogix
Muromonab-CD3, parenteral, 5 mg. Use this code for Orthoclone OKT3.
Prednisone, oral, per 5 mg. Use this code for Deltasone, Liquid Pred Syrup, Levoxyl, Predone, Prednicot, Sterapred.
Prednisolone, oral, per 5 mg. Use this code for Delta-Cortef, Cotolone, Pediapred, Prednoral, Prelone.
J7507: Tacrolimus, oral, per 1 mg. Use this code for Prograf. J7525: Tacrolimus, parenteral, 5 mg. Use this code for Prograf.

J7502: Cyclosporine, oral, 100 mg. Use this code for Neoral, Sandimmune, Gengraf, Sangcya. J7515: Cyclosporine, oral, 25 mg. Use this code for Neoral, Sandimmune, Gengraf, Sangcya. J7516: Cyclosporine, parenteral, 250 mg Use this code for Neoral, Sandimmune, Gengraf, Sangcya.
Daclizumab, parenteral, 25 mg. Use this code for Zenapax.
Everolimus oral, 0.25 mg Use this code for Zortress
Injection, somatropin, 1 mg
Injection, somatropin, 1 mg
Injection, somatropin, 1 mg
Injection, somatropin, 1 mg
Injection, somatropin, 1 mg
Injection, somatropin, 1 mg
Injection, somatropin, 1 mg
Injection, somatropin, 1 mg
Injection, somatropin, 1 mg
Injection, somatrem, 1 mg. Use this code for Protropin.

Injection, somatropin, 1 mg
Injection, somatropin, 1 mg
Injection, somatropin, 1 mg
Injection, somatropin, 1 mg

Ribavirin (Oral medication, tablets)
Injection, interferon alfacon-1, recombinant, 1 mcg. Use this code for Infergen.
Peginterferon Alfa-2a
Peginterferon Alfa-2b
Peginterferon Alfa-2b
Ribavirin (Oral medication, capsules, liquid, tablets)
Ribavirin (Oral medication, capsules, liquid, tablets)
Ribavirin (Oral medication, tablets)
Ribavirin (Oral medication, capsules, liquid, tablets)
Injection, interferon beta-1a, 11 mcg for intramuscular use Use this code for Avonex, Rebif

Injection interferon beta-1b, 0.25 mg. Use this code for Betaseron.
Injection, mitoxantrone HCI, per 5 mg. Use this code for Navantrone.
Injection, mitoxantrone HCI, per 5 mg. Use this code for Navantrone.
Injection, natalizumab, 1 mg. Use this code for Tysabri.
Injection, interferon beta-1a, 11 mcg for intramuscular use Use this code for Avonex, Rebif.
Injection, glatiramer acetate, 20 mg. Use this code for Copaxone.
Injection, interferon beta-1a, 11 mcg for intramuscular use Use this code for Avonex, Rebif.
Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose.
Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose.
Hylauronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose. (Injected into knee joint to treat pain caused by osteoarthritis)
Hyaluronan or derivative, Orthovisc, for intra-articular injection,per dose
Hylauronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose. (Injected into knee joint to treat pain caused by osteoarthritis)
Hyaluronan or derivative, Synvisc, for intra-articular injection,per dose
Injection, zoledronic acid (Reclast), 1 mg.

Injection, teriparatide, 10 mcg. Use this code for Forteo.
Injection, tocilizumab, 1 mg
Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered). Use this code for Enbrel.
Injection, abatacept, 10 mg.(code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered). Use this code for Orencia.
Injection, infliximab 10 mg. Use this code for Remicade.
Injection, rituximab, 100 mg **Note**: This requires PA for rheumatoid arthritis DX (714.0). No PA required for cancer diagnosis.
Injection, adalimumab, 20 mg. Use this code for Humira.
Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each

Injection, omalizumab, 5 mg. Use this code for Xolair.
J0881-Injection, darbepoetin alfa, 1 mcg (non-ESRD use) Use this code for Aranesp.
J0885: Injection, epoetin alfa, (for non-ESRD use), 1000 units. Use this code for Epogen/Procrit.
J0885: Injection, epoetin alfa, (for non-ESRD use), 1000 units. Use this code for Epogen/Procrit.

Etravirine tablets
Injection, enfuvirtide, 1 mg. Use this code for Fuzeon.
Injection, somatropin, 1 mg. Use this code for Humatrope, Genotropin Nutropin, Biotropin, Genotropin, Genotropi Miniquick, Norditropin, Nutropin AQ, Saizen, Saizen Somatropin RDNA Origin, Serostim, Serostim RDNA Origin, Zorbtive.
Injection, corticotropin, up to 40 units. Use this code for H.P. Acthar gel.
Leuprolide acetate (for depot suspension), 7.5 mg. Use this code for Lupron Depot, Eligard.

J9217: Leuprolide acetate (for depot suspension), 7.5 mg. Use this code for Lupron Depot, Eligard. J1950: Injection, leuprolide acetate (for depot suspension), per 3.75 mg. Use this code for Eligard, Lupron, Lupron-3, Lupron-4, Lupron Depot.
J1950: Injection, leuprolide acetate (for depot suspension), per 3.75 mg. Use this code for Eligard, Lupron, Lupron-3, Lupron-4, Lupron Depot.
Histrelin implant (Supprelin LA), 50 mg.
Injection, triptorelin pamoate, 3.75 mg. Use this code for Trelstar Depot, Trelstar Depot Plus Debioclip Kit, Trelstar LA.
Injection, triptorelin pamoate, 3.75 mg. Use this code for Trelstar Depot, Trelstar Depot Plus Debioclip Kit, Trelstar LA.
Histrelin implant (Vantas), 50 mg.
Leuprolide acetate implant, 65 mg. Use this code for Lupron Implant.
Goserelin acetate implant, per 3.6 mg. Use this code for Zoladex
Leuprolide acetate, per 1 mg. Use this code for Lupron.
J1675: Injection, histrelin acetate, 10 mcg. Use this code for Supprelin LA.
Injection, Urofollitropin, 75 IU; Use this code for Metrodin, Bravelle, Fertinex.
Cetrorelix acetate for injection 0.25 mg and 3 mg for subcutaneous use only.
Injection, chorionic gonadotropin, per 1,000 USP units.
Injection, urofollitropin, 75 IU. Use this code for Metrodin, Bravelle, Fertinex.

Ganirelix acetate injection for subcutaneous use only
Injection, urofollitropin, 75 IU. Use this code for Metrodin, Bravelle, Fertinex.
Follitropin Alfa (Systemic)
Lutropin alpha
Menotropins
Injection, chorionic gonadotropin, per 1,000 USP units.
Choriogonadotropin alfa injection
Injection, chorionic gonadotropin, per 1,000 USP units.
Injection, chorionic gonadotropin, per 1,000 USP units.
Menotropins for injection.
Injection, laronidase, 0.1 mg. Use this code for Aldurazyme.
Injection, imiglucerase, 10 units. Use this code for Cerezyme.
Idursulfase, 1 mg. Use this code for Elaprase.
Injection, agalsidase beta, 1 mg. Use this code for Fabrazyme.
Injection, alglucosidase alfa, 10 mg. Use this code for Lumizyme.
Injection, alglucosidase alfa, 10 mg. Use this code for Myozime.
Injection, galsulfase, 1 mg. Use this code for Naglazyme.
Injection, aflibercept, 1 mg
Injection, ranibizumab, 0.1 mg. Use this code for Lucentis.

Injection, pegaptanib sodium, 0.3 mg. Use this code for Mucagen.
Injection, verteporfin, 0.1 mg. Use this code for Visudyne.
Imatinib Mesylate (used to treat chronic myeloid leukemia)
Sorafenib (Used to treat renal cell carcinoma)
Fludarabine phosphate, oral, 10 mg Use this code for Oforta
Lenalidomide (Used to treat anemia in patients with a certain type of myelodysplastic syndrome called 5q MDS)
Dasatinib (Treatment for chronic myeloid leukemia and acute lymphoblastic leukemia)
Sunitinib malate (treatment of gastointestinal stromal tumor and treatment of advanced renal cell cancer)
Erlotinib (Non-small cell lung cancer)
Nilotinib (Indicated for treatment of chronic phase and accelerated phase Philadelphia chromosome positive chronic myelogenous leukemia)
Thalidomide (oral capsules- Used in combination with dexamethasone for treatment of mutiple myeloma)
Lapatinib
Vorinostat (Used to treat skin problems caused by T-cell lymphoma) Oral capsule
Everolimus, oral, 0.25 mg (Used to treat pancreatic progressive neuroendocrine tumors)
Injection, brentuximab vedotin, 1 mg. Use this code for Adcetris. (Used to treat Hodgkin lymphoma)

Injection, ofatumumab, 10 mg Use this code for Arzerra (Used to treat chronic lymphocytic leukemia)
Injection, asparaginase (Erwinaze), 1,000 IU (Used to treat leukemia)
Injection, doxorubicin hydrochloride, liposomal, Doxil, 10 mg (Used to treat many kinds of cancer)
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.
Injection, pralatrexate, 1 mg Use this code for Folotyn (Used to treat T cell lymphoma)
Injection, topotecan, 0.1 mg Use this drug for Hycamtin (Used to treat ovarian, small cell lung & cervical cancer)
Injection, romidepsin, 1 mg Use this code for Istodax (Used to treat cutaneous T-cell lymphoma)
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.
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
Injection, interferon alfa-2a,recombinant, 3 million units. Use this code for Roferon A.
Injection, alefacept, 0.5 mg. Use this for Amevive.

Efalizumab
Injection, alpha 1-proteinase inhibitor-human, 10 mg. Use this code for Prolastin, Zemira.
Injection, alpha 1-proteinase inhibitor-human, 10 mg. Use this code for Prolastin, Zemira.
Injection, alpha 1-proteinase inhibitor-human, 10 mg. Use this code for Glassia.
Dornase alpha, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg. Use this code for Pulmozyme.
Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administed through DME, per 300 mg. Use this code for Tobi.
Injection, epoprostenol, 0.5 mg. Use this code for Flolan.
Injection, treprostinil, 1 mg. Use this code for Remodulin.
Injection, epoprostenol, 0.5 mg. Use this code for Flolan.
Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg
Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 20 mcg.

Ambrisentan. Oral tablets.
Sildenafil citrate. Oral tablets.
Bosentan. Oral tablets.
Cinacalcet. Oral tablets.
Injection, interferon, gamma 1-b, 3 million units. Use this code for Actimmune.
Injection, aflibercept, 1 mg Use this code for Eylea
Injection, melphalan HCl, 50 mg. Use this code for Alkeran, L-phenylalanine mustard.

Injection, amifostine, 500 mg

Injection, rilonacept, 1 mg
Skin substitute, Apligraf, per sq cm.
Injection, antithrombin recombinant, 50 IU
Injection, belimumab 10 mg.
Botulinum toxin type A, per unit. Use this code for Botox.
Injection, Imiglucerase, 10 units
Injection, certolizumab pegol, 1 mg
Injection, desmopressin acetate, per 1 mcg. Use this drug for DDAVP.
Injection Denosumab, 1 mg (PA required for diagnosis of osteoporosis)

Injection, deferoxamine, mesylate, 500 mg. Use this code for Desferal.
Taliglucerase Alfa, 10 U Use this code for Elelyso
Injection, dalteparin sodium, per 2500 IU. Use this code for Fragmin.
Ganciclovir, 4.5 mg, long-acting implant. Use this code for Vitrasert.
Injection Fibrinogen concentrate, 1 mg
Injection, icatibant, 1 mg
Injection, canakinumab, 1 mg
Injection, incobotulinumtoxin A

Injection, pegylated interferon alfa-2a, 180 mcg per ml

Injection, pegylated interferon alfa-2B, 10 mcg

Injection, interferon, alfa-2b, recombinant, 1 million units

Injection, paliperidone palmitate extended release, 1 mg
Injection, ecallantide, 1 mg
Leukine, Injection sargramostim (GM-CSF), 50 mcg.
Methyl aminolevulinate (Mal) for topical administration, 16.8%, 1 gram
Botulinum toxin type B, per 100 units. Use this code for Myobloc.
Neulasta, Injection pegfilgrastim, 6 mg.
Neupogen, Injection filgrastim (G-CSF), 300 mcg.
Neupogen, Injection filgrastim (G-CSF), 480 mcg.
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.
J2353: Injection, octreotide, depot form for intramuscular injection, 1 mg. Use this code for Sandostatin LAR. J2354: Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg. Use this code for Sandostatin.
Muroninab-CD3, parental, 5 mg. Use this code for Orthoclone OKT3.
Injection, dexamethasone, intravitreal implant, 0.1 mg

Injection, peginesatide, 0.1 mg
Injection, pegloticase, 1 mg
Injection, porfimer sodium, 75 mg. Use this code for Photofrin.
Injection, ziconotide, 1 mcg. Use this code for Prialt.
Fluocinolone acetonide intravitreal implant. Use this code for Retisert.
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.
Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg. Use this code for Sandostatin.
Injection, octreotide, depot form for intramuscular injection, 1 mg. Use this code for Sandostatin LAR.
Injection, basiliximab, 20 mg. Use this code for Simulect.
Injection, lanreotide, 1 mg. Use this code for Somatuline.
Injection, ustekinumab, 1 mg
Histrelin Implant (Supprelin LA), 50 mg.
Taliglucerase Alfa, 10 U Use this code for Elelyso
Antithrombin III (human), per IU. Use this code for Throbate III, ATnativ.
Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial. Use this code for Thyrogen.
Injection, cidofovir, 375 mg. Use this code for Vistide.
Ganciclovir, 4.5 mg, long acting implant. Use this code for Vitrasert.
Injection, naltrexone, depot form, 1 mg. Use this code for Vivitrol.
Injection, collagenase, clostridium histolyticum, 0.01 mg
Injection, velaglucerase alfa, 100 units

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.
Injection, fondaparinux sodium, 0.5 mg. Use this code for Atrixtra.
Exanatide
Autologous cultured chondrocytes, implant. Use this code for Carticel.
Deferasirox (Iron overload-oral tablets)
Injection, sermorelin acetate, 1 mcg.
Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered.
Injection, mecasermin, 1 mg. Use this code for Iplex, Increlex.
Saproterin dihydrochloride (treatment for PKU-oral)
Injection, enoxaparin sodium, 10 mg. Use this code for Lovenox.
Levonorgestrel-releasing intrauterine system (Contraceptive)
Injection, papaverine HCl, up to 60 mg. Brand names: Papacon, Para-Time S.R., Ravabid Plateau, Pavacot, Pavagen.
Pramlintide acetate
Pegvisomant.
Nafarelin acetate. Nasal solution.
Injection, testosterone suspension, up to 50 mg. Andronaq, Testerone Aqueous, Testaqua, Testoject, Histerone.
Injection, testosterone propionate, up to 100 mg
Dofetilide. Oral capsules