



Medical Prior Authorization and Exclusion Lists

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Hoosier Healthwise and Healthy Indiana Plan Medical Services that Require Prior Authorization



Please note requests are considered urgent **ONLY** when a delay in care could jeopardize the life/health of the member; jeopardize the member's ability to regain maximum function, or may subject the member to severe pain that cannot be adequately managed without the requested service.

Medical services that require Prior Authorization

Type of Service	Requires PA	Coding
All Out of network services	Yes	With the exception of ER, Ambulance, Urgent Care Center services, Immunizations, Family planning services, chiropractic services, podiatry, and ologists, except if service is otherwise listed on PA list.
Air Ambulance	Yes	A0430, A043I, A0435, A0436
Elective/emergent/urgent medical, surgical inpatient admissions, and skilled nursing facility services	Yes	POS 2I, 5I, 6I, and 3I; excluding maternity stays
Inpatient Rehabilitation	Yes	POS 2I or 6I and accommodation codes 024, 93I, 932 POS 2I or POS 6I. Revenue code 024
Subacute admission	Yes	POS 2I
Transplants	Yes including the work up/ evaluation for transplant	POS 2I - Solid: Heart/lung 3285I, 32852, 32853, 32854, 32855, 32856, 33927, 33928, 33929, 33930, 33933, 33935, 33938, 33939, 33940,33944, 33945 Liver - 47I33, 47I35, 47I40, 47I4I, 47I42, 47I43, 47I44, 47I45, 47I46, 47I47, Pancreas -48550, 4855I, 48552, 48553, 48554, 48555, 48556 Bone Marrow: 38240, 3824I, 38242 Cornea: 00I44, 657I0, 65730, 65750, 65755, 65756 Heart valve tissue transplants: 33933, 33944 Kidney: 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380 Stem cell: 38204, 38205, 38206, 38207, 38208, 38209, 382I0, 382I I, 382I2, 382I3, 382I4, 382I5, 3822I, 38230,38232 Pancreas: 48550, 4855I, 48552, 48554, 48556 Intestine: 44I32, 44I33, 44I35, 44I36, 44I37, 447I5, 44720, 4472I

Type of Service	Requires PA	Coding
Bariatric Surgery	Yes	Roux-en-Y- 43846, 43847 Gastroplasty - 43842, 43843 Gastric banding sleeve - 43770, 43771, 43772, 43773, 43774 Gastrectomy - 43644, 43847, 43848, 43886, 46887, 43888 Duodenal switch - 43845 43645, 43659, 43775, 43844, 43999
Cochlear Implants surgery (See DME for device)	Yes	69930
Hysterectomy	Yes	51925, 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58951, 58952, 58953, 58954, 58956
Gynecologic Procedures	Yes	58353, 58356
Male enhancement procedures	Yes	53445, 54406
Maxillofacial surgeries/ TMJ -including Arthroplasty, Arthroscopy, Reconstruction, Discectomy (with or without disc replacement), trigger point injections, Arthrocentesis, and mandibular orthopedic repositioning appliances (MORA)	Yes	21010, 21025, 21026, 21050, 21060, 21070, 21073, 21110, 21116, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21193, 21194, 21195, 21196, 21197, 21198, 21199, 21208, 21209, 21230, 21235, 21240, 21242, 21243, 21244, 21245, 21246, 21247, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21270, 21275, 21295, 21296, 21299, 21480, 21485, 21490, 21685, 29800, 29804, 30120, 40500, 40510, 40520, 40527, 40530, 41512, 41530, 41599, 42145, 42299,

Type of Service	Requires PA	Coding
<p>Potentially cosmetic procedures in addition to other procedures listed separately: blepharoplasty, septoplasty/rhinoplasty, port wine stain removal, otoplasty, breast reconstruction, breast enlargement, breast reduction/mammoplasty, mammoplasty for gynecomastia, breast implant removal, excision of excess skin due to weight loss including panniculectomy/abdominoplasty, lipectomy or excess fat removal, varicose vein treatment, cleft lip/palate surgery, congenital craniofacial anomaly surgery, surgical treatment of congenital chest wall deformity (pectus excavatum), breast congenital anomaly (i.e. polymastia)</p>	<p>Yes</p>	<p>11920, 11921, 11922, 11950, 11951, 11952, 11953, 11954, 15730, 15731, 15732, 15733, 15734, 15736, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15819, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 17106, 17107, 17108, 19300, 19316, 19318, 19324, 19325, 19328, 19340, 19343, 19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, 20926, 21270, 21740, 21742, 21743, 30520, 30620, 36465, 36466, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37760, 37765, 37766, 37780, 37785, 40650, 40652, 40654, 40700, 40701, 40702, 40720, 40761, 42200, 42205, 42210, 42215, 42220, 42225, 42227, 42235, 42260, 42280, 42281, 54660, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67930, 67935, 67938, 67961, 67971, 67975, 69090, 69300, S2066, S2067, S2068, 19301, 19302</p>
<p>Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy</p>	<p>Yes</p>	<p>0051T</p>
<p>Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)</p>	<p>Yes</p>	<p>0052T</p>
<p>Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit</p>	<p>Yes</p>	<p>0053T</p>

Type of Service	Requires PA	Coding
Insertion or replacement of permanent subcutaneous defibrillator system/ Insertion of subcutaneous implantable defibrillator electrode/ Removal of subcutaneous defibrillator electrode/ Repositioning of previously implanted subcutaneous implantable defibrillator electrode/ Programming device evaluation (in person)/ Interrogation device evaluation (in person)/ Electrophysiologic evaluation of subcutaneous implantable defibrillator	Yes	33270, 33271, 33272, 93260, 93261, 93644
Home health services	Yes.	POS 12 or bill type 330 with the following codes, G0151, G0152, G0153, G0155, 99600, 99600 TE, 99600 TD, 99601, 99602, 92610, S9349, S9127, 92521, 92522, 92523, 92524 - Initial evaluation codes for PT, OT, ST in home and all subsequent therapy visits in home requires PA.
Home oxygen	Yes	E0424, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0445, E0446, E0449, E0450, E0455, E0461, E1352, E1353, E1355, E1356, E1357, E1358, E1390, E1391, E1392, E1405, E1406, K0738
Hospice (inpatient and outpatient)	Yes	All POS 34, For POS 12, the following should pend: 651, 652, 655 and 656
Nutritionals and Supplements, Enteral/Parenteral Nutrition and services	Yes, regardless of total claim cost	B4034 -B9998
Outpatient ST/OT/PT	The initial evaluation does not require prior auth. No PA required for ST for the first 12 visits or hours within a calendar year.	PT - Revenue codes - 420, 421, 422, 423, 429, and 97018, 97022, 97024, 97028, 97032, 97033, 97034, 97035, 97036, 97037, 97038, 97039, 97110, 97111, 97112, 97113, 97116, 97117, 97124, 97127, 97139, 97140, 97150, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 97159, 97160, 97164, 97168, 97169, 97170, 97171, 97172, 97530, 97531, 97532, 97533, 97535, 97537, 97542, 97546, 97750, 97755, 97760, 97761 OT - Revenue codes 430, 431, 432, 433, 439 ST - Revenue codes 440, 441, 442, 443, 444, 449, 92507, 92508, 92520, 92521, 92522, 92523, 92524, 92526
Cochlear Implants (device)	Yes	69930, L8614, L8615, L8616, L8617, L8618, L8619, L8627, L8690

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Type of Service	Requires PA	Coding
Durable Medical Equipment Rental	Yes, billed per item, >\$500/month	E0193, E0194, E0277, E0302, E0304, E0373, E0450, E0460, E0461, E0463, E0464, E0465, E0466, E0471, E0472, E0483, E0636, E0764, E0783, E0786, E1006, E1007, E1008, E1035, E2402, E2510, K0606, K0826, K0828, K0829, K0839, K0840, K0850, K0851, K0852, K0853, K0854, K0855, K0857, K0858, K0859, K0860, K0862, K0863, K0864, K0686, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886 Please also refer to other categories for other items that may be considered DME that require prior authorization.
Durable Medical Equipment, Prosthetics and Orthotics Purchase	Yes, billed per item, >\$1500	E0193, E0302, E0304, E0460, E0471, E0472, E0483, E0652, E0764, E0783, E0786, E1006, E1007, E1008, E1035, E2510, K0606, K0826, K0828, K0829, K0839, K0840, K0850, K0852, K0853, K0854, K0855, K0858, K0859, K0860, K0862, K0863, K0864, K0868, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, L5856, L5857, L5858, L5961, L5973, L5987, L6025, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7180, L7181, L7185, L7186, L7190, L7191, L7274, L8609, Q0480, Q0481, Q0483, Q0489
Continuous Glucose Monitors and Insulin Pumps	Yes	A9274, A9276, A9277, A9278, E0784, K0553, K0554
Hearing Aids	Yes	Left and Right ear- V5030, V5040, V5050, V5060, V5070, V5080, V5095, V5100, V5120, V5130, V5140, V5150, V5170, V5180, V5190, V5210, V5200, V5220, V5230, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5263, V5267, V5274 Bilateral- V5100, V5120, V5130, V5140, V5150, V5248, V5249, V5250, V5251, V5252, V5253, V5258, V5259, V5260, V5261, V5298, V5299
TENS (see pain management)	Yes	A4556, A4557, A4558, A4595, A4630, E0720, E0730, E0731, A4290
Dialysis	Yes	Rev codes 082x, 083x, 084x-, 085x

Type of Service	Requires PA	Coding
Genetic testing	Yes	81105, 81106, 81107, 81108, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81170, 81175, 81176, 81200, 81201, 81202, 81203, 81205, 81206, 81207, 81208, 81209, 81210, 81220, 81221, 81225, 81226, 81227, 81162, 81212, 81215, 81216, 81217, 81218, 81219, 81228, 81229, 81230, 81231, 81232, 81235, 81238, 81240, 81241, 81242, 81243, 81244, 81245, 81250, 81251, 81252, 81253, 81254, 81256, 81257, 81258, 81259, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81278, 81270, 81272, 81273, 81275, 81276, 81288, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81310, 81311, 81314, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81330, 81331, 81332, 81340, 81341, 81342, 81346, 81361, 81362, 81363, 81364, 81370, 81371, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81420, 81479, 81507, 81519, 81520, 81521, 81522, 81535, 81536, 81539, 83950, 83951, 84999, 86849, 88120, 88121, 88230, 88233, 88235, 88237, 88240, 88241, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88267, 88269, 88271, 88272, 88273, 88274, 88289, 88291, 88299, 88361, 88364, 88365, 88366, 88367, 88368, 88369, 88373, 88374, 88377, 88387, 89290, 89291, S0625
Drug testing	Yes	G0480, G0481, G0482, G0483
Hyperbaric oxygen	Yes	413 99183 C1300, A4575, E0446
Pulse generator	Yes	61885, 61886
Implantation of Auditory Brainstem implant	Yes	S2235
Vision training therapy	Yes	92065
Pain management- including trigger point injection, facet joint and/or facet joint nerve injection, Epidural steroid injection, transcutaneous electric nerve stimulator	Yes the following require prior authorization (TENS)	A4556, A4557, A4558, A4595, A4630, E0720, E0730, E0731, A4290, 64490, 64491, 64492, 64493, 64494, 64495, 62320, 62321, 62322, 62323, 64479, 64480, 64481, 64482, 64483, 64484, 72275, 64550, 64551, 64552, 64553, 64554, 64555, 64556, 64557, 64558, 64559, 64560, 64561, 64562, 64563, 64564, 64565, 64566, 64567, 64568, 64569, 64570, 64571, 64572, 64573, 64574, 64575, 64576, 64577, 64578, 64579, 64580, 64581, 64590, 64595, 61850, 61851, 61852, 61853, 61854, 61855, 61856, 61857, 61858, 61859, 61860, 61861, 61862, 61863, 61864, 61865, 61866, 61867, 61868, 61869, 61870, 61871, 61872, 61873, 61874, 61875, 61880, 61881, 61882, 61883, 61884, 61885, 61886, 61887, 61888, 64561, 64581, E0744, E0745, E0746, E0747, E0748, E0749, E0762, E0766, L8679, L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8690, L8691, L8692, L8693, L8694, L8695

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Type of Service	Requires PA	Coding
Sacral nerve, Neuro or Spinal Cord stimulator	Yes	64553, 64454, 64455, 64565, 43647, 43648, 43881, 43882, 63650, 63661, 63662, 63663, 63664, 63685,
Photochemotherapy	Yes	96573, 96574, 96910, 96912, 96913, 96920, 96921, 96922, E0691, E0692, E0693, E0694
Medical Rehabilitation	Yes	93668, 92626, 92627, 92630, 92633
Termination of Pregnancy	Yes	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59870, 59897, 59898, 59899
Behavioral Health		See Behavioral Health Prior Authorization Lists
Preparation of fecal microbiota for instillation, including assessment of donor specimen	Yes	44705
Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	Yes	0594T
Molecular pathology procedure level 4	Yes, effective 10/01/20	81403 - Covered when medically necessary for managing the treatment of metastatic colon cancer - Covered when medically necessary for detecting the presence of hemophilia in pregnant women
Spinal Stenosis	Yes, effective 11/07/2020	22867, 22868, 22869, 22870

Type of Service	Requires PA	Coding
Molecular pathology procedure level 5	Yes, effective 10/01/20	81404 Covered when medically necessary for managing the treatment of metastatic colon cancer
Molecular pathology procedure level 6	Yes, effective 10/01/20	81405
Molecular pathology procedure level 8	Yes, effective 10/01/20	81407 Covered when medically necessary for detecting the presence of hemophilia in pregnant women
Unlisted molecular pathology procedure	Yes, effective 10/01/20	81479
Molecular pathology procedure; physician interpretation and report	Yes, effective 10/01/20	G0452 - Covered when medically necessary for detecting the presence of hemophilia in pregnant women - This code is not reimbursable in the outpatient setting.

Medications Requiring Prior Authorization Under the Medical Benefit for Hoosier Healthwise and Healthy Indiana Plan Effective 10/1/2021

Therapeutic Category	Brand Name	Applicable Code(s)
Botulinum Toxins	Botox	J0585 Injection, onabotulinumtoxinA, 1 unit
	Dysport	J0586 Injection, abobotulinumtoxinA, 5 units
	Myobloc	J0587 Injection, rimabotulinumtoxinB, 100 units
	Xeomin	J0588 Injection, incobotulinumtoxinA, 1 unit
Bone Agents	Prolia/ Xgeva	J0897, Injection, denosumab, 1 mg
	Reclast/ Zometa	J3489, Injection, zoledronic acid, 1 mg
Enzyme Replacement Therapy	Aldurazyme	J1931 Injection, laronidase, 0.1 mg
	Brineura	J0567 Injection, cerliponase alfa, 1 mg
	Cerezyme	J1786 Injection, imiglucerase, 10 units
	Elaprase	J1743 Injection, idursulfase, 1 mg
	Elelyso	J3060 Injection, taliglucerase alfa, 10 units
	Fabrazyme	J0180 Injection, agalsidase beta, 1 mg
	Kanuma	J2840 Injection, sebelipase alfa, 1 mg
	Krystexxa	J2507 Injection, pegloticase, 1 mg
	Lumizyme	J0220 Injection, alglucosidase alfa, not otherwise specified, 10 mg
		J0221 Injection, alglucosidase alfa, (lumizyme), 10 mg
	Mepsevii	J3397 Injection, vestronidase alfa-vjvk, 1 mg
	Naglazyme	J1458 Injection, galsulfase, 1 mg
	Vimizim	J1322 Injection, elosulfase alfa, 1 mg
	VPRIV	J3385 Injection, velaglucerase alfa, 100 units
Immune Globulins	Bivigam	J1556 Injection, immune globulin (bivigam), 500 mg
	Carimune, Gammagard S/D	J1566 Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
	Cuvitru	J1555 Injection, immune globulin (cuvitru), 100 mg
	Flebogamma/ Flebogamma DIF	J1572 Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg
	Gammagard Liquid	J1569 Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg
	GamaSTAN S/D	J1460 Injection, gamma globulin, intramuscular, 1 cc
		J1560 Injection, gamma globulin, intramuscular, over 10 cc
	Gammaplex	J1557 Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg
Gamunex-C, Gammaked	J1561 Injection, immune globulin, (gamunex-c/ gammaked), non-lyophilized (e.g., liquid), 500 mg	

Therapeutic Category	Brand Name	Applicable Code(s)
Immune Globulins continued	Hizentra	J1559 Injection, immune globulin (hizentra), 100 mg
	Hyqvia	J1575 Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immune globulin
	immune globulin, unspecified	J1599 Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg
	Octagam	J1568 Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
	Privigen	J1459 Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg
Immunomodulators	Avsola	Q5121 Injection, infliximab-axxq, biosimilar, (Avsola), 10 mg
	Cinqair	J2786 Injection, reslizumab, 1 mg
	Fasenra	J0517 Injection, benralizumab, 1 mg
	Inflectra	Q5103 Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg
	Infliximab, biosimilar	Q5102 Injection, infliximab, biosimilar, 10 mg
	Ixifi	Q5109 Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg
	Nucala	J2182 Injection, mepolizumab, 1 mg
	Renflexis	Q5104 Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg
	Xolair	J2357 Injection, omalizumab, 5 mg
Miscellaneous	Crysvita	J0584 Injection, burosumab-twza 1 mg
	Radicava	J1301 Injection, edaravone, 1 mg
	Xiaflex	J0775 Injection, collagenase, clostridium histolyticum, 0.01 mg
Oncology Agents	Abraxane	J9264 Injection, paclitaxel protein-bound particles, 1 mg
	Adcetris	J9042 Injection, brentuximab vedotin, 1 mg
	Aliqopa	J9057 Injection, copanlisib, 1 mg
	Arzerra	J9302 Injection, ofatumumab, 10 mg
	Beleodaq	J9032 Injection, belinostat, 10 mg
	Besponsa	J9229 Injection, inotuzumab ozogamicin, 0.1 mg
	Blinicyto	J9039 Injection, blinatumomab, 1 microgram
	Cyamza	J9308 Injection, ramucirumab, 5 mg
	Darzalex	J9145 Injection, daratumumab, 10 mg
	Elspar	J9020 Injection, asparaginase, not otherwise specified, 10,000 units
	Empliciti	J9176 Injection, elotuzumab, 1 mg
	Erbitux	J9055 Injection, cetuximab, 10 mg
	Faslodex	J9395 Injection, fulvestrant, 25 mg
	Folotyn	J9307 Injection, pralatrexate, 1 mg
	Gazyva	J9301 Injection, obinutuzumab, 10 mg
	Halaven	J9179 Injection, eribulin mesylate, 0.1 mg

Therapeutic Category	Brand Name	Applicable Code(s)
Oncology Agents continued	Herceptin	J9355 Injection, trastuzumab, 10 mg
	Herceptin Hylecta	J9356 Injection, trastuzumab 10 mg and hyaluronidase-oysk
	Imfinzi	J9173 Injection, durvalumab, 10 mg
	Imlygic	J9325 Injection, talimogene laherparepvec, per 1 million plaque forming units
	Istodax	J9315 Injection, romidepsin, 1 mg
	Ixempra	J9207 Injection, ixabepilone, 1 mg
	Kadcyla	J9354 Injection, ado-trastuzumab emtansine, 1 mg
	Keytruda	J9271 Injection, pembrolizumab, 1 mg
	Kyprolis	J9047 Injection, carfilzomib, 1 mg
	Latruvo	J9285 Injection, olaratumab, 10 mg
	Marqibo	J9371 Injection, vincristine sulfate liposome, 1 mg
	Mytolarg	J9203 Injection, gemtuzumab ozogamicin, 0.1 mg
	Novantrone	J9293 Injection, mitoxantrone hydrochloride, per 5 mg
	Oncaspar	J9266 Injection, pegaspargase, per single dose vial
	Onyvide	J9205 Injection, irinotecan liposome, 1 mg
	Opdivo	J9299 Injection, nivolumab, 1 mg
	Perjeta	J9306 Injection, pertuzumab, 1 mg
	Photofrin	J9600 Injection, porfimer sodium, 75 mg
	Portrazza	J9295 Injection, necitumumab, 1 mg
	Rituxan	J9312 Injection, rituximab, 10 mg
	Rituxan Hycela	J9311 Injection, rituximab 10 mg and hyaluronidase
	Synribo	J9262 Injection, omacetaxine mepesuccinate, 0.01 mg
	Tecentriq	J9022 Injection, atezolizumab, 10 mg
	Torisel	J9330 Injection, temsirolimus, 1 mg
	Velcade	J9041 Injection, bortezomib (velcade), 0.1 mg
	Yervoy	J9228 Injection, ipilimumab, 1 mg
	Yondelis	J9352 Injection, trabectedin, 0.1 mg
	Zaltrap	J9400 Injection, ziv-aflibercept, 1 mg
Ophthalmic Injections	Eylea	J0178 Injection, aflibercept, 1 mg
	Lucentis	J2778 Injection, ranibizumab, 0.1 mg
	Macugen	J2503 Injection, pegaptanib sodium, 0.3 mg

Therapeutic Category	Brand Name	Applicable Code(s)
Osteoarthritis	Durolane	J7318 Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg
	Euflexxa	J7323 Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose
	Gel-One	J7326 Hyaluronan or derivative, gel-one, for intra-articular injection, per dose
	Gelsyn-3	J7328 Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg
	GenVisc 850	J7320 Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg
	Hyalgan, Supartz, VISCO-3	J7321 Hyaluronan or derivative, hyalgan or supartz or visco-3, for intra-articular injection, per dose
	Hymovis	J7322 Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg
	Monovisc	J7327 Hyaluronan or derivative, monovisc, for intra-articular injection, per dose
	Orthovisc	J7324 Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose
	Synvisc / Synvisc-One	J7325 Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg
	Triluron	J7332 Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg
TriVisc	J7329 Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	
*Unclassified	<various>	J3490 Unclassified drugs
	<various>	J3590 Unclassified biologics
	<various>	J3591 Unclassified drug or biological used for esrd on dialysis
	<various>	J7599 Immunosuppressive drug, not otherwise classified
	<various>	J7799 Not otherwise classified drugs, other than inhalation drugs, administered through dme
	<various>	J7999 Compounded drug, not otherwise classified
	<various>	J9999 Not otherwise classified, antineoplastic drugs

*PA only required if claim amount exceeds \$500.

Medical Code Exclusion List for Hoosier Healthwise and Healthy Indiana Plan Effective 10/01/2021

Background and Instructions for Use:

- MDwise only covers the certain medications under the pharmacy benefit. These medications must be sourced from a MDwise network retail or specialty pharmacy. The MDwise specialty pharmacy network includes AllianceRx Walgreens Prime, IU Health Pharmacies, or Eskenazi Pharmacies. The provider should generate a prescription for the desired medication, and the dispensing pharmacy will submit a claim through the point-of-sale system. To determine whether these medications require prior authorization under the pharmacy benefit, visit **MDwise HIP and HHW Drug List**. Pharmacy prior authorization requests should be faxed to the MDwise Pharmacy Benefit Manager, MedImpact, at (858) 790-7100.
 - Some codes are associated with medications that can be self-administered by the patient or a caregiver (e.g., oral or SC route). These will be marked as 'Pharmacy Benefit Only' in the table below.
 - Some physician-administered medications are not covered under the medical benefit. This means that providers may not "buy and bill" the medication to MDwise. These will be marked as 'Pharmacy Benefit Only' in the table below.
- Some medications are not covered by MDwise under either the medical benefit or the pharmacy benefit.
 - Coverage of certain medications (e.g., antihemophilic drugs, cystic fibrosis drugs, muscular dystrophy drugs, gene therapy agents) has been carved out from MDwise. Coverage requests and claims should be submitted to the Medicaid fee-for-service delivery system according to IHCP Bulletins BT201810 and BT201812. These will be marked as 'Carved out of Managed Care Coverage' in the table below.
 - Some medications are categorized within Indiana Medicaid excluded therapeutic classes (i.e., infertility and cosmetic use). These will be marked as 'IN Medicaid Excluded Category' in the table below.

Code	Descriptor, Generic Name, J code unit	Brand Name	Reason for Medical Exclusion
J0129	Injection, abatacept, 10 mg	Orencia	Pharmacy Benefit Only
J0135	Injection, adalimumab, 20 mg	Humira	Pharmacy Benefit Only
J0202	Injection, alemtuzumab, 1 mg	Lemtrada	Pharmacy Benefit Only
J0256	Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	Aralast NP, Prolastin, Zemaira	Pharmacy Benefit Only
J0257	Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg	Glassia	Pharmacy Benefit Only
J0270	Injection, alprostadil, 1.25 mcg	Caverject, Edex	IN Medicaid Excluded Category
J0275	Alprostadil urethral suppository	Muse	IN Medicaid Excluded Category
J0490	Injection, belimumab, 10 mg	Benlysta	Pharmacy Benefit Only
J0570	Buprenorphine implant, 74.2 mg	Probuphine	Pharmacy Benefit Only

Code	Descriptor, Generic Name, J code unit	Brand Name	Reason for Medical Exclusion
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	Bunavail, Suboxone, Zubsolv	Pharmacy Benefit Only
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	Bunavail, Suboxone, Zubsolv	Pharmacy Benefit Only
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	Bunavail, Suboxone, Zubsolv	Pharmacy Benefit Only
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	Bunavail, Suboxone, Zubsolv	Pharmacy Benefit Only
J0591	Injection, deoxycholic acid, 1 mg	Kybella	IN Medicaid Excluded Category
J0596	Injection, C-I esterase inhibitor (recombinant), Ruconest, 10 units	Ruconest	Pharmacy Benefit Only
J0597	Injection, C-I esterase inhibitor (human), Berinert, 10 units	Berinert	Pharmacy Benefit Only
J0598	Injection, C I esterase inhibitor (human), Cinryze, 10 units	Cinryze	Pharmacy Benefit Only
J0599	Injection, c-I esterase inhibitor (human), (haegarda), 10 units	Haegarda	Pharmacy Benefit Only
J0604	Cinacalcet, oral, 1 mg, (for ESRD on dialysis)	Sensipar	Pharmacy Benefit Only
J0630	Injection, calcitonin salmon, up to 400 units	Calcimar, Miacalcin	Pharmacy Benefit Only
J0638	Injection, canakinumab, 1 mg	Ilaris	Pharmacy Benefit Only
J0717	Injection, certolizumab pegol, 1 mg	Cimzia	Pharmacy Benefit Only
J0800	Injection, corticotropin, up to 40 units	H.P. Acthar	Pharmacy Benefit Only
J1290	Injection, ecallantide, 1 mg	Kalbitor	Pharmacy Benefit Only
J1300	Injection, eculizumab, 10 mg	Soliris	Pharmacy Benefit Only
J1324	Injection, enfuvirtide, 1 mg	Fuzeon	Pharmacy Benefit Only
J1325	Injection, epoprostenol, 0.5 mg	Flolan, Veletri	Pharmacy Benefit Only
J1428	Injection, eteplirsen, 10 mg	Exondys-51	Carved out of Managed Care Coverage
J1429	Injection, golodirsen, 10 mg	Vyondys-53	Carved out of Managed Care Coverage
J1438	Injection, etanercept, 25 mg	Enbrel	Pharmacy Benefit Only
J1595	Injection, glatiramer acetate, 20 mg	Copaxone	Pharmacy Benefit Only
J1602	Injection, golimumab, 1 mg, for intravenous use	Simponi Aria	Pharmacy Benefit Only
J1628	Injection, guselkumab, 1 mg	Tremfya	Pharmacy Benefit Only
J1740	Injection, ibandronate sodium, 1 mg	Boniva	Pharmacy Benefit Only
J1744	Injection, icatibant, 1 mg	Firazyr	Pharmacy Benefit Only
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Remicade	Pharmacy Benefit Only
J1815	Injection, insulin, per 5 units	Admelog, Apidra, Basaglar, Humalog, Humulin, Lantus, Levemir, Novolin, NovoLog	Pharmacy Benefit Only

Code	Descriptor, Generic Name, J code unit	Brand Name	Reason for Medical Exclusion
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units	Admelog, Apidra, Humalog, Humulin, Novolin, Novolog	Pharmacy Benefit Only
J1826	Injection, interferon beta-1a, 11 mcg for intramuscular use	Avonex, Rebif	Pharmacy Benefit Only
J1830	Injection, interferon beta-1b, 0.25 mg	Betaseron, Extavia	Pharmacy Benefit Only
J1930	Injection, lanreotide, 1 mg	Somatuline	Pharmacy Benefit Only
J2170	Injection, mecasemin, 1 mg	Iplex, Increlex	Pharmacy Benefit Only
J2323	Injection, natalizumab, 1 mg	Tysabri	Pharmacy Benefit Only
J2326	Injection, nusinersen, 0.1 mg	Spinraza	Carved out of Managed Care Coverage
J2350	Injection, ocrelizumab, 1 mg	Ocrevus	Pharmacy Benefit Only
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Sandostatin LAR	Pharmacy Benefit Only
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Sandostatin	Pharmacy Benefit Only
J2430	Injection, pamidronate disodium, per 30 mg	Aredia	Pharmacy Benefit Only
J2793	Injection, riloncept, 1 mg	Arcalyst	Pharmacy Benefit Only
J2860	Injection, siltuximab, 10 mg	Sylvant	Pharmacy Benefit Only
J2940	Injection, somatrem, 1 mg	Protropin	Pharmacy Benefit Only
J2941	Injection, somatropin, 1 mg	Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive	Pharmacy Benefit Only
J3030	Injection, sumatriptan succinate, 6 mg	Imitrex	Pharmacy Benefit Only
J3110	Injection, teriparatide, 10 mcg	Forteo	Pharmacy Benefit Only
J3245	Injection, tildrakizumab, 1 mg	Ilumya	Pharmacy Benefit Only
J3262	Injection, tocilizumab, 1 mg	Actemra	Pharmacy Benefit Only
J3285	Injection, treprostinil, 1 mg	Remodulin	Pharmacy Benefit Only
J3355	Injection, urofollitropin, 75 IU	Bravelle	IN Medicaid Excluded Category
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Stelara (SC only)	Pharmacy Benefit Only
J3358	Ustekinumab, for intravenous injection, 1 mg	Stelara IV	Pharmacy Benefit Only
J3380	Injection, vedolizumab, 1 mg	Entyvio	Pharmacy Benefit Only
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Luxtuma	Carved Out of Managed Care Coverage

Code	Descriptor, Generic Name, J code unit	Brand Name	Reason for Medical Exclusion
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	Zolgensma	Carved Out of Managed Care Coverage
J7170	Injection, emicizumab-kxwh, 0.5 mg	Hemlibra	Carved Out of Managed Care Coverage
J7175	Injection, factor x, (human), 1 IU	Coagadex	Carved out of Managed Care Coverage
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	Fibryga	Carved out of Managed Care Coverage
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	RiaSTAP	Carved out of Managed Care Coverage
J7179	Injection, von willebrand factor (recombinant), (Vonvendi), 1 IU vwf:rc0	Vonvendi	Carved out of Managed Care Coverage
J7180	Injection, factor xiii (antihemophilic factor, human), 1 IU	Corifact	Carved out of Managed Care Coverage
J7181	Injection, factor xiii a-subunit, (recombinant), per IU	Tretten	Carved out of Managed Care Coverage
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (Novoeight), per IU	Novoeight	Carved out of Managed Care Coverage
J7183	Injection, von willebrand factor complex (human), Wilate, 1 IU vwf:rc0	Wilate	Carved out of Managed Care Coverage
J7185	Injection, factor viii (antihemophilic factor, recombinant) (Xyntha), per IU	Xyntha	Carved out of Managed Care Coverage
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii IU	Alphanate (VWF Complex)	Carved out of Managed Care Coverage
J7187	Injection, von willebrand factor complex (Humate-P), per IU vwf:rc0	Humate-P	Carved out of Managed Care Coverage
J7188	Injection, factor viii (antihemophilic factor, recombinant), (Obizur), per IU	Obizur	Carved out of Managed Care Coverage
J7189	Factor viia (antihemophilic factor, recombinant), per 1 microgram	NovoSeven RT	Carved out of Managed Care Coverage
J7190	Factor viii (antihemophilic factor, human) per IU	Hemofil M	Carved out of Managed Care Coverage
J7191	Factor viii (antihemophilic factor (porcine), per IU	N/A	Carved out of Managed Care Coverage
J7192	Factor viii (antihemophilic factor, recombinant) per IU, not otherwise specified	Advate	Carved out of Managed Care Coverage
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per IU	Alphanine SD	Carved out of Managed Care Coverage

Code	Descriptor, Generic Name, J code unit	Brand Name	Reason for Medical Exclusion
J7194	Factor ix, complex, per IU	Bebulin	Carved out of Managed Care Coverage
J7195	Injection, factor ix (antihemophilic factor, recombinant) per IU, not otherwise specified	BeneFIX	Carved out of Managed Care Coverage
J7196	Injection, antithrombin recombinant, 50 IU	Atryn	Carved out of Managed Care Coverage
J7197	Antithrombin iii (human), per IU	Thrombate III	Carved out of Managed Care Coverage
J7198	Anti-inhibitor, per IU	Feiba	Carved out of Managed Care Coverage
J7199	Hemophilia clotting factor, not otherwise classified	<various>	Carved out of Managed Care Coverage
J7200	Injection, factor ix, (antihemophilic factor, recombinant), Rixubis, per IU	RIXUBIS	Carved out of Managed Care Coverage
J7201	Injection, factor ix, fc fusion protein, (recombinant), Alprolix, 1 IU	Alprolix	Carved out of Managed Care Coverage
J7202	Injection, factor ix, albumin fusion protein, (recombinant), Idelvion, 1 IU	Idelvion	Carved out of Managed Care Coverage
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Rebinyn	Carved out of Managed Care Coverage
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	Esperoct	Carved out of Managed Care Coverage
J7205	Injection, factor viii fc fusion protein (recombinant), per IU	Eloctate	Carved out of Managed Care Coverage
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 IU	Adynovate	Carved out of Managed Care Coverage
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 iu	JIVI	Carved out of Managed Care Coverage
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	Nuwiq	Carved out of Managed Care Coverage
J7210	Injection, factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU	Afstyla	Carved out of Managed Care Coverage
J7211	Injection, factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	Kovaltry	Carved out of Managed Care Coverage
J7303	Contraceptive supply, hormone containing vaginal ring, each	NuvaRing	Pharmacy Benefit Only
J7304	Contraceptive supply, hormone containing patch, each	OrthoEvra, Xulane	Pharmacy Benefit Only
J7342	Installation, ciprofloxacin otic suspension, 6 mg	Cipro Otic	Pharmacy Benefit Only
J7500	Azathioprine, oral, 50 mg	Azasan, Imuran	Pharmacy Benefit Only
J7502	Cyclosporine, oral, 100 mg	Gengraf, Neoral, Sandimmune	Pharmacy Benefit Only

Code	Descriptor, Generic Name, J code unit	Brand Name	Reason for Medical Exclusion
J7503	Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg	Envarsus XR	Pharmacy Benefit Only
J7507	Tacrolimus, immediate release, oral, 1 mg	Hecoria, Prograf	Pharmacy Benefit Only
J7508	Tacrolimus, extended release, oral, 0.1 mg	Astagraf XL	Pharmacy Benefit Only
J7509	Methylprednisolone oral, per 4 mg	Medrol	Pharmacy Benefit Only
J7510	Prednisolone oral, per 5 mg	Millipred, Orapred, Pediapred, Veripred	Pharmacy Benefit Only
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	Deltasone, Rayos	Pharmacy Benefit Only
J7515	Cyclosporine, oral, 25 mg	Gengraf, Neoral, Sandimmune	Pharmacy Benefit Only
J7517	Mycophenolate mofetil, oral, 250 mg	Cellcept	Pharmacy Benefit Only
J7518	Mycophenolic acid, oral, 180 mg	Myfortic	Pharmacy Benefit Only
J7520	Sirolimus, oral, 1 mg	Rapamune	Pharmacy Benefit Only
J7527	Everolimus, oral, 0.25 mg	Zortress	Pharmacy Benefit Only
J8498	Antiemetic drug, rectal/suppository, NOS	<various>	Pharmacy Benefit Only
J8499	Prescription drug, oral, non-chemotherapeutic, NOS	<various>	Pharmacy Benefit Only
J8501	Aprepitant, oral, 5 mg	Emend	Pharmacy Benefit Only
J8510	Busulfan, oral, 2 mg	Myleran	Pharmacy Benefit Only
J8515	Cabergoline, oral, 0.25 mg	cabergoline	Pharmacy Benefit Only
J8520	Capecitabine, oral, 150 mg	Xeloda	Pharmacy Benefit Only
J8521	Capecitabine, oral, 500 mg	Xeloda	Pharmacy Benefit Only
J8530	Cyclophosphamide, oral, 25 mg	cyclophosphamide	Pharmacy Benefit Only
J8540	Dexamethasone, oral, 0.25 mg	dexamethasone	Pharmacy Benefit Only
J8560	Etoposide; oral, 50 mg	etoposide	Pharmacy Benefit Only
J8562	Fludarabine phosphate, oral, 10 mg	fludarabine phosphate	Pharmacy Benefit Only
J8565	Gefitinib, oral, 250 mg	Iressa	Pharmacy Benefit Only
J8597	Antiemetic drug, oral, NOS	<various>	Pharmacy Benefit Only
J8600	Melphalan, oral, 2 mg	Alkeran	Pharmacy Benefit Only
J8610	Methotrexate, oral, 2.5 mg	Rheumatrex, Trexall	Pharmacy Benefit Only
J8650	Nabilone, oral, 1 mg	Cesamet	Pharmacy Benefit Only
J8655	Netupitant 300 mg and palonosetron 0.5 mg, oral	Akynzeo	Pharmacy Benefit Only
J8670	Rolapitant, oral, 1 mg	Varubi	Pharmacy Benefit Only
J8700	Temozolomide, oral, 5 mg	Temodar	Pharmacy Benefit Only
J8705	Topotecan, oral, 0.25 mg	Hycamtin	Pharmacy Benefit Only
J8999	Prescription drug, oral, chemotherapeutic, NOS	<various>	Pharmacy Benefit Only
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram	Infergen	Pharmacy Benefit Only

Code	Descriptor, Generic Name, J code unit	Brand Name	Reason for Medical Exclusion
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Roferon A	Pharmacy Benefit Only
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Intron-A	Pharmacy Benefit Only
J9216	Injection, interferon, gamma-1b, 3 million units	Actimmune	Pharmacy Benefit Only
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gram	azithromycin dihydrate	Pharmacy Benefit Only
Q0161	Chlorpromazine hydrochloride, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	chlorpromazine hydrochloride	Pharmacy Benefit Only
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	ondansetron	Pharmacy Benefit Only
Q0163	Diphenhydramine hydrochloride, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	diphenhydramine hydrochloride	Pharmacy Benefit Only
Q0164	Prochlorperazine maleate, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	prochlorperazine maleate	Pharmacy Benefit Only
Q0166	Granisetron hydrochloride, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	granisetron hydrochloride	Pharmacy Benefit Only
Q0167	Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	dronabinol	Pharmacy Benefit Only
Q0169	Promethazine hydrochloride, 12.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	promethazine hydrochloride	Pharmacy Benefit Only
Q0173	Trimethobenzamide hydrochloride, 250 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	trimethobenzamide hydrochloride	Pharmacy Benefit Only
Q0174	Thiethylperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	thiethylperazine maleate	Pharmacy Benefit Only

Code	Descriptor, Generic Name, J code unit	Brand Name	Reason for Medical Exclusion
Q0175	Perphenazine, 4 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	perphenazine	Pharmacy Benefit Only
Q0177	Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	hydroxyzine pamoate	Pharmacy Benefit Only
Q0180	Dolasetron mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	dolasetron mesylate	Pharmacy Benefit Only
Q0181	Unspecified oral dosage form, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for a IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	<various>	Pharmacy Benefit Only
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	N/A	Pharmacy Benefit Only
Q0511	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period	N/A	Pharmacy Benefit Only
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	N/A	Pharmacy Benefit Only
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	N/A	Pharmacy Benefit Only
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days	N/A	Pharmacy Benefit Only
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yescarta	Carved Out of Managed Care Coverage
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Kymriah	Carved Out of Managed Care Coverage
Q2026	Injection, Radiesse, 0.1 ml	Radiesse	IN Medicaid Excluded Category
Q2028	Injection, Sculptra, 0.5 mg	Sculptra	IN Medicaid Excluded Category
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Avonex, Rebif	Pharmacy Benefit Only
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Avonex, Rebif	Pharmacy Benefit Only
Q9991	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	Sublocade	Pharmacy Benefit Only