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PRESCRIBED DRUGS PHYSICIAN ADMINISTERED BILLING CODES

EFFECTIVE: JANUARY 1, 2026^

* REQUIRES MEDICAL RECORD/INVOICE REVIEW

^CODES ISSUED AFTER JANUARY 1, 2026 ARE EFFECTIVE AS OF ISSUE DATE. CODES TERMINATED AFTER JANUARY 1, 2026 ARE NOT PAYABLE FOR DATES OF SERVICE AFTER CMS TERMINATION DATE.

CODE	HCPCS/FMMIS DESCRIPTION	MAX QTY
C9307	LINVOSELTAMAB-GCPT 1 MG (LYNOZYFIC)	200
C9308	CARBOPLATIN (AVYXA) (KYXATA)	972
J0129	ABATACEPT 10MG	100
J0131	ACETAMINOPHEN 10MG	100
J0134	ACETAMINOPHEN 10MG (FRESENIUS)	100
J0136	ACETAMINOPHEN 10MG (BRAUN)	100
J0138	ACETAMINOPH 10MG/IBU 3MG	400
J0153	ADENOSINE 1MG	180
J0162	EPINEPHRINE (FRESENIUS)	4320
J0165	EPINEPHRINE 0.1MG NOT OTHERWISE SPECIFIED	20
J0166	EPINEPHRINE (BPI)	20
J0167	EPINEPHRINE (HOSPIRA)	20
J0168	EPINEPHRINE (INTL MED SYS)	20
J0169	EPINEPHRINE (ADRENALIN)	20
J0174	LECANEMAB-IRMB 1MG (LEQEMBI)	1800
J0175	DONANEMAB-AZBT (KISUNLA), 2 MG	700
J0177	AFLIBERCEPT HD 1MG	8
J0178	AFLIBERCEPT 1MG	4
J0179	BROLUCIZUMAB-DBLL 1MG	12
J0180	AGALSIDASE BETA 1MG	140
J0185	APREPITANT 1MG	130
J0202	ALEMTUZUMAB 1MG	12
J0208	SODIUM THIOSULFATE 100MG	500
J0217	VELMANASE ALFA-TYCV 1MG*	180
J0218	OLIPUDASE ALFA-RPCP 1MG	460
J0219	AVALGLUCOSIDASE ALFA-NGPT 4MG	750
J0221	ALGLUCOSIDASE ALFA 10MG (LUMIZYME) NOT OTHERWISE SPECIFIED	250
J0224	LUMASIRAN 0.5MG	945
J0248	REMDESIVIR 1MG (VEKLURY)	200
J0256	ALPHA 1 PROTEINASE INHIBITOR (HUMAN) 10MG	1600
J0257	ALPHA 1 PROTEINASE INHIBITOR HUMAN 10MG (GLASSIA)	1400
J0278	AMIKACIN SULFATE 100MG	15
J0280	AMINOPHYLLINE UP TO 250MG	7
J0281	AMINOCAPROIC ACID (AMICAR) 1 GRAM	15
J0285	AMPHOTERICIN B 50MG	5
J0287	AMPHOTERICIN B LIPID COMPLEX 10MG	50

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CODE	HCPCS/FMMIS DESCRIPTION	MAX QTY
J0289	AMPHOTERICIN B LIPOSOME 10MG	50
J0290	AMPICILLIN SODIUM UP TO 500MG	24
J0295	AMPICILLIN SODIUM/SULBACTAM SODIUM PER 1.5GM	12
J0348	ANIDULAFUNGIN 1MG	200
J0401	ARIPIPRAZOLE EXTENDED RELEASE 1MG	400
J0402	ARIPIPRAZOLE 1MG (ABILIFY ASIMTUFII)	960
J0456	AZITHROMYCIN 500MG	4
J0457	AZTREONAM 100MG	20
J0461	ATROPINE SULFATE 0.01MG	200
J0475	BACLOFEN PER 10MG	8
J0476	BACLOFEN 50MCG FOR INTRATHECAL TRIAL	2
J0485	BELATACEPT 1MG	1500
J0490	BELIMUMAB 10MG	160
J0491	ANIFROLUMAB-FNIA 1MG	300
J0500	DICYCLOMINE HCL UP TO 20MG	4
J0515	BENZTROPINE MESYLATE PER 1MG	3
J0517	BENRALIZUMAB 1MG	30
J0558	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE 100,000 UNITS	24
J0561	PENICILLIN G BENZATHINE 100,000 UNITS	24
J0567	CERLIPONASE ALFA 1MG	300
J0577	BUPRENORPHINE EXTENDED-RELEASE </= 7DAYS OF THERAPY (BRIXADI)	1
J0578	BUPRENORPHINE EXTENDED-RELEASE > THAN 7 DAYS AND UP TO 28 DAYS OF THERA	1
J0585	ONABOTULINUMTOXINA A 1 UNIT	600
J0586	ABOBOTULINUMTOXINA A 5 UNITS	300
J0587	RIMABOTULINUM TOXIN B 100 UNITS	300
J0588	INCOBOTULINUM TOXIN A 1 UNIT	600
J0593	LANADELUMAB-FLYO 1MG	300
J0594	BUSULFAN 1MG	320
J0595	BUTORPHANOL TARTRATE 1MG	8
J0596	C-1 ESTERASE INHIBITOR RECOMINANT (RUCONEST) 10 UNITS	840
J0597	C-1 ESTERASE INHIBITOR HUMAN (BERINERT) 10 UNITS	250
J0598	C-1 ESTERASE INHIBITOR HUMAN (CINRYZE) 10 UNITS	100
J0636	CALCITRIOL PER 0.1MCG	100
J0637	CASPOFUNGIN ACETATE 5MG	20
J0638	CANAKINUMAB 1MG	300
J0640	LEUCOVORIN CALCIUM 50MG	24
J0641	LEVOLEUCOVORIN CALCIUM 0.5MG NOT OTHERWISE SPECIFIED	1200
J0642	LEVOLEUCOVORIN CALCIUM (KHAPZORY) 0.5MG	1200
J0670	MEPIVACAINE HCL PER 10ML	10
J0681	CEFTOBIPOLE MEDOCARL 3MG (ZEVTERA)	223
J0689	CEFAZOLIN SODIUM 500MG (BAXTER) NOT THERAPEUTICALLY EQUIVALENT TO J0131	12

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CODE	HCPCS/FMMIS DESCRIPTION	MAX QTY
J0690	CEFAZOLIN SODIUM 500MG	12
J0692	CEFEPIME HCL 500MG	12
J0694	CEFOXITIN SODIUM 1GM	8
J0696	CEFTRIAXONE SODIUM PER 250MG	16
J0697	CEFUROXIME SODIUM PER 750MG	4
J0698	CEFOTAXIME SODIUM PER GRAM	10
J0702	BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	18
J0712	CEFTAROLINE FOSAMIL 10MG	120
J0713	CEFTAZIDIME PER 500MG	12
J0717	CERTOLIZUMAB PEGOL 1MG	400
J0725	CHORIONIC GONADOTROPIN PER 1,000 USP UNITS	10
J0735	CLONIDINE HYDROCHLORIDE 1MG	50
J0736	CLINDAMYCIN PHOSPHATE 300MG	2
J0738	LENACAPAVIR 1MG (SUNLENCA)	927
J0739	CABOTEGRAVIR 1MG	600
J0740	CIDOFOVIR 375MG	2
J0741	CABOTEGRAVIR AND RILPIVIRINE 2MG/3MG	300
J0743	CILASTATIN SODIUM IMIPENEM PER 250MG	16
J0744	CIPROFLOXACIN IV 200MG	6
J0770	COLISTIMETHATE SODIUM UP TO 150MG	5
J0775	COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01MG	180
J0780	PROCHLORPERAZINE UP TO 10MG	4
J0791	CRIZANLIZUMAB-TMCA 5MG	160
J0834	COSYNTROPIN 0.25MG	3
J0870	IMETELSTAT (RYTELO), 1 MG	1278
J0877	DAPTOMYCIN 1MG (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J0787	1500
J0878	DAPTOMYCIN 1MG	1500
J0881	DARBEPOETIN ALFA 1MCG FOR NON-ESRD USE	500
J0882	DARBEPOETIN ALFA 1MCG FOR ESRD ON DIALYSIS	300
J0885	EPOETIN ALFA 1,000 UNITS FOR NON-ESRD USE	60
J0887	EPOETIN BETA 1MCG FOR ESRD ON DIALYSIS	360
J0888	EPOETIN BETA 1MCG FOR NON-ESRD USE	360
J0894	DECITABINE 1MG	100
J0895	DEFEROXAMINE MESYLATE 500MG	12
J0896	LUSPATERCEPT-AAMT 0.25MG	700
J0897	DENOSUMAB 1MG	120
J1000	DEPO-ESTRADIOL CYPIONATE UP TO 5MG	1
J1010	METHYLPREDNISOLONE ACETATE 1MG	320
J1050	MEDROXYPROGESTERONE ACETATE 1MG	1000
J1071	TESTOSTERONE CYPIONATE 1MG	400
J1072	TESTOSTERONE CYPIONATE (AZMIRO), 1 MG	200

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CODE	HCPCS/FMMIS DESCRIPTION	MAX QTY
J1100	DEXAMETHASONE SODIUM PHOSPHATE 1MG	120
J1163	DILTIAZEM HCL 0.5MG	50
J1171	HYDROMORPHONE, 0.1 MG	5000
J1190	DEXRAZOXANE HCL 250MG	8
J1200	DIPHENHYDRAMINE HCL UP TO 50MG	8
J1201	CETIRIZINE HCL 0.5MG	20
J1245	DIPYRIDAMOLE PER 10MG	10
J1246	DINUTUXIMAB 0.1MG*	438
J1250	DOBUTAMINE HCL 250MG	2
J1270	DOXERCALCIFEROL 1 MCG	8
J1271	DOXYCYCLINE HYCLATE 1 MG	300
J1290	ECALLANTIDE 1MG	30
J1299	ECULIZUMAB (SOLIRIS), 2 MG	600
J1302	SUTIMLIMAB-JOME 10MG	750
J1303	RAVULIZUMAB-CWVZ 10MG	360
J1307	CROVALIMAB-AKKZ (PIASKY), 10 MG	150
J1308	FAMOTIDINE 0.25 MG	160
J1322	ELOSULFASE ALFA 1MG	150
J1323	ELRANATAMAB-BCMM 1MG	76
J1326	ZOLBETUXIMAB-CLZB (VYLOY) 2MG	800
J1335	ERTAPENEM SODIUM 500MG	2
J1364	ERYTHROMYCIN LACTOBIONATE PER 500MG	2
J1370	ESOMEPRAZOLE SOD 1 MG	40
J1380	ESTRADIOL VALERATE UP TO 10MG	4
J1439	FERRIC CARBOXYMALTOSE 1MG	750
J1440	FECAL MICROBIOTA LIVE - JSLM 1ML	150
J1442	FILGRASTIM G-CSF 1MCG EXCLUDES BIOSIMILAR	1500
J1447	TBO FILGRASTIM 1MCG	960
J1448	TRILACICLIB 1MG	648
J1450	FLUCONAZOLE 200MG	4
J1453	FOSAPREPITANT 1MG	150
J1454	FOSNETUPITANT 235MG AND PALONOSETRON 0.25MG	1
J1455	FOSCARNET SODIUM PER 1,000 MG	18
J1458	GALSULFASE 1MG	100
J1570	GANCICLOVIR SODIUM 500MG	4
J1574	GANCICLOVIR SODIUM 500MG (EXELA) NOT THERAPEUTICALLY EQUIVALENT TO J157	4
J1580	GENTAMICIN UP TO 80MG	9
J1602	GOLIMUMAB FOR IV USE 1MG	300
J1610	GLUCAGON HYDROCHLORIDE PER 1MG	2
J1611	GLUCAGON HYDROCHLORIDE 1MG (FRESENIUS KABI) NOT THERAPEUTICALLY EQUI	2
J1626	GRANISETRON HYDROCHLORIDE 100MCG	30

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CODE	HCPCS/FMMIS DESCRIPTION	MAX QTY
J1627	GRANISETRON XR 0.1MG	100
J1628	GUSELKUMAB, 1 MG (TREMFYA)	200
J1630	HALOPERIDOL UP TO 5MG	5
J1631	HALOPERIDOL DECANOATE PER 50MG	9
J1640	HEMIN 1MG	672
J1645	DALTEPARIN SODIUM PER 2,500IU	10
J1650	ENOXAPARIN SODIUM 10MG	30
J1652	FONDAPARINUX SODIUM 0.5MG	20
J1670	TETANUS IMMUNE GLOBULIN HUMAN UP TO 250 UNITS	1
J1720	HYDROCORTISONE SODIUM SUCCINATE UP TO 100MG	10
J1729	HYDROXYPROGESTERONE CAPROATE NOT OTHERWISE SPECIFIED 1MG	25
J1737	MELOXICAM 1MG (AZURITY)	30
J1738	MELOXICAM 1 MG	30
J1740	IBANDRONATE SODIUM 1MG	3
J1741	IBUPROFEN 100MG INJECTION	8
J1743	IDURSULFASE 1MG	66
J1744	ICATIBANT, 1 MG	30
J1745	INFLIXIMAB 10MG EXCLUDES BIOSIMILAR	150
J1746	IBALIZUMAB-UIYK 10MG	200
J1747	SPESOLIMAB-SBZO 1MG	900
J1750	IRON DEXTRAN 50MG	45
J1756	IRON SUCROSE 1MG	500
J1786	IMIGLUCERASE PER 10 UNITS	680
J1808	FOLIC ACID, 0.1 MG	15
J1815	INSULIN PER 5 UNITS	8
J1823	INEBILIZUMAB-CDON 1MG (UPLIZNA)	300
J1836	METRONIDAZOLE 10 MG	270
J1837	POSACONAZOLE 1 MG (NOXAFIL)	600
J1885	KETOROLAC TROMETHAMINE PER 15MG	8
J1930	LANREOTIDE 1MG	120
J1931	LARONIDASE 0.1MG	377
J1932	LANREOTIDE 1MG (CIPLA)	120
J1938	FUROSEMIDE 1 MG	120
J1938	FUROSEMIDE, 1 MG	120
J1939	BUMETANIDE 0.5MG	2
J1943	ARIPIPRAZOLE LAUROXIL (ARISTADA INITIO) 1MG	675
J1944	ARIPIPRAZOLE LAUROXIL (ARISTADA) 1MG	1064
J1950	LEUPROLIDE ACETATE PER 3.75MG DEPOT SUSPENSION	12
J1951	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 0.25MG (FENSOLVI)	180
J1952	LEUPROLIDE 1MG (CAMCEVI)	42
J1953	LEVETIRACETAM 10MG	300

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CODE	HCPCS/FMMIS DESCRIPTION	MAX QTY
J1954	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG (LUTRATE DEPOT)	3
J1955	LEVOCARNITINE 1GM	11
J1956	LEVOFLOXACIN 250MG	4
J1961	LENACAPAVIR 1MG	464
J2003	LIDOCAINE HCL, 1 MG	300
J2004	LIDOCAINE W EPINEPHRINE 1MG	500
J2010	LINCOMYCIN HCL UP TO 300MG	10
J2020	LINEZOLID 200MG	6
J2060	LORAZEPAM 2MG	4
J2151	MANNITOL 250 MG	1440
J2175	MEPERIDINE HCL PER 100MG	4
J2182	MEPOLIZUMAB 1MG	300
J2185	MEROPENEM 100MG	30
J2210	METHYLERGONOVINE MALEATE UP TO 0.2MG	1
J2247	MICAFUNGIN SODIUM 1MG (PAR PHARM) NOT THERAPEUTICALLY EQUIVALENT TO J2	150
J2248	MICAFUNGIN SODIUM 1MG	150
J2250	MIDAZOLAM HYDROCHLORIDE PER 1MG	22
J2270	MORPHINE SULFATE UP TO 10MG	9
J2274	MORPHINE SULFATE PRESERVATIVE FREE FOR EPIDURAL OR INTRATHECAL USE 10M	250
J2278	ZICONOTIDE 1MCG	1000
J2280	MOXIFLOXACIN 100MG	4
J2281	MOXIFLOXACIN 100MG (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J2	4
J2300	NALBUPHINE HYDROCHLORIDE PER 10MG	4
J2312	NALOXONE HCL 0.01MG NOT OTHERWISE SPECIFIED	400
J2315	NALTREXONE DEPOT FORM 1MG	380
J2323	NATALIZUMAB 1MG	300
J2329	UBLITUXIMAB-XIIY 1MG	450
J2350	OCRELIZUMAB 1MG	600
J2351	OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ (OCREVUS ZUNOVO)	920
J2353	OCTREOTIDE DEPOT FORM INTRAMUSCULAR 1MG	60
J2354	OCTREOTIDE NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION	60
J2356	TEZEPELUMAB-EKKO 1 MG	210
J2357	OMALIZUMAB 5MG	120
J2358	OLANZAPINE LONG ACTING 1MG	405
J2359	OLANZAPINE 0.5MG	60
J2405	ONDANSETRON HCL 1MG	64
J2407	ORITAVANCIN 10MG (ORBACTIV)	120
J2426	PALIPERIDONE PALMITATE ER 1MG	1560
J2427	PALIPERIDONE PALMITATE ER 1MG (INVEGA HAFYEARA, OR INVEGA TRINZA)	1560
J2428	PALIPERIDONE PALMITATE EXTENDED RELEASE (ERZOFRI), 1 MG	351
J2430	PAMIDRONATE DISODIUM PER 30MG	3

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CODE	HCPCS/FMMIS DESCRIPTION	MAX QTY
J2469	PALONOSETRON 25MCG	10
J2470	PANTOPRAZOLE 40MG	2
J2501	PARICALCITOL 1MCG	2
J2506	PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5MG INJECTION	12
J2507	PEGLOTICASE 1MG	8
J2510	PENICILLIN G, PROCAINE, AQUEOUS UP TO 600,000 UNITS	4
J2516	PENTAMIDINE ISETHIONATE 1 MG	600
J2540	PENICILLIN G POTASSIUM UP TO 600,000 UNITS	75
J2543	PIPERACILLIN/TAZOBACTAM SODIUM 1GM/0.125GM (1.125GMS)	16
J2545	PENTAMIDINE ISETHIONATE INHALATION SOLUTION UNIT DOSE FORM PER 300MG	1
J2550	PROMETHAZINE HCL UP TO 50MG	3
J2562	PLERIXAFOR 1MG	48
J2590	OXYTOCIN UP TO 10 UNITS	3
J2597	DESMOPRESSIN ACETATE PER 1MCG	45
J2601	VASOPRESSIN (BAXTER)	40
J2675	PROGESTERONE PER 50MG	1
J2679	FLUPHENAZINE HCL 1.25MG	8
J2680	FLUPHENAZINE DECANOATE UP TO 25MG	4
J2700	OXACILLIN SODIUM UP TO 250MG	48
J2704	PROPOFOL 10MG	80
J2765	METOCLOPRAMIDE HCL UP TO 10MG	10
J2777	FARICIMAB-SVOA 0.1MG	60
J2778	RANIBIZUMAB 0.1MG	10
J2779	RANIBIZUMAB 0.1MG INTRAVITREAL IMPLANT (SUSVIMO)	20
J2781	PEGCETACOPLAN, 1MG	15
J2782	AVACINCAPTAD PEGOL INTRAVITREAL SOLUTION 0.1 MG (IZERVAY)	20
J2783	RASBURICASE 0.5MG	60
J2785	REGADENOSON 0.1MG	4
J2788	RHO D IMMUNE GLOBULIN HUMAN FULL DOSE 300MCG (1,500IU)	1
J2790	RHO D IMMUNE GLOBULIN HUMAN FULL DOSE 300MCG (1,500IU)	1
J2791	RHO D IMMUNE GLOBULIN HUMAN INTRAMUSCULAR OR INTRAVENOUS (RHOPHYLA	15
J2792	RHO D IMMUNE GLOBULIN IV HUMAN SD 100IU	450
J2794	RISPERIDONE LA 0.5MG (RISPERDAL CONSTA)	100
J2798	RISPERIDONE LA 0.5MG (PERSERIS)	240
J2799	RISPERIDONE 1MG (UZEDY)	250
J2802	ROMIPLOSTIM (NPLATE) 1 MICROGRAM	1810
J2820	SARGRAMOSTIM (GM-CSF) 50MCG	15
J2916	SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE 12.5MG	20
J2919	METHYLPREDNISOLONE SODIUM SUCCINATE 5MG	1080
J2997	ALTEPLASE RECOMBINANT 1MG	8
J3000	STREPTOMYCIN UP TO 1GM	2

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CODE	HCPCS/FMMIS DESCRIPTION	MAX QTY
J3010	FENTANYL CITRATE 0.1MG	100
J3030	SUMATRIPTAN SUCCINATE 6MG	1
J3031	FREMANEZUMAB-VFRM 1MG	675
J3032	EPTINEZUMAB-JJMR 1MG	300
J3055	TALQUETAMAB-TGVS 0.25MG	144
J3060	TALIGLUCERACE ALFA 10 UNITS	760
J3095	TELEVANCIN 10MG	150
J3105	TERBUTALINE SULFATE UP TO 1MG	2
J3121	TESTOSTERONE ENANTHATE 1MG	400
J3230	CHLORPROMAZINE HCL UP TO 50MG	2
J3240	THYROTROPIN ALPHA 0.9MG	1
J3241	TEPROTUMUMAB-TRBW 10 MG	300
J3243	TIGECYCLINE 1MG	150
J3250	TRIMETHOBENZAMIDE HCL UP TO 200MG	2
J3260	TOBRAMYCIN SULFATE UP TO 80MG	8
J3262	TOCILIZUMAB 1MG	800
J3263	TORIPALIMAB-TPZI 1MG	540
J3300	TRIAMCINOLONE ACETONIDE PRESERVATIVE FREE 1MG	40
J3301	TRIAMCINOLONE ACETONIDE PRESERVATIVE FREE PER 10MG	16
J3303	TRIAMCINOLONE HEXACETONIDE PER 5MG	8
J3315	TRIPTORELIN PAMOATE 3.75MG	6
J3316	TRIPTORELIN XR 3.75MG	6
J3357	USTEKINUMAB 1MG SUBCUTANEOUS	90
J3358	USTEKINUMAB 1MG INTRAVENOUS	520
J3360	DIAZEPAM UP TO 5MG	6
J3373	VANCOMYCIN HCL 10MG	600
J3374	VANCOMYCIN (MYLAN) 10MG	600
J3375	VANCOMYCIN (XELLIA) 10MG	600
J3376	VANCOMYCIN 10MG (HIKMA)	200
J3379	VALPROATE SODIUM 5 MG	1800
J3380	VEDOLIZUMAB 1MG	300
J3385	VELAGLUCERASE ALFA 100 UNITS	80
J3396	VERTEPORFIN 0.1MG	150
J3410	HYDROXYZINE HCL UP TO 25MG	8
J3430	VITAMIN K PHYTONADIONE PER 1MG	25
J3465	VORICONAZOLE 10MG	40
J3473	HYALURONIDASE RECOMBINANT 1USP UNIT	450
J3475	MAGNESIUM SULFATE PER 500MG	20
J3480	POTASSIUM CHLORIDE PER 2MEQ	40
J3486	ZIPRASIDONE MESYLATE 10MG	4
J3489	ZOLEDRONIC ACID 1MG	5

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CODE	HCPCS/FMMIS DESCRIPTION	MAX QTY
J3490	UNCLASSIFIED INJECTION*	N/A
J3590	UNCLASSIFIED BIOLOGICS*	N/A
J7030	NORMAL SALINE SOLUTION INFUSION 1,000ML	5
J7040	NORMAL SALINE SOLUTION INFUSION STERILE (500ML = 1 UNIT)	6
J7042	5% DEXTROSE/NORMAL SALINE INFUSION (500ML = I UNIT)	6
J7050	NORMAL SALINE SOLUTION INFUSION 250ML	10
J7060	5% DEXTROSE/WATER (500ML = I UNIT)	10
J7070	5% DEXTROSE/WATER 1000ML	4
J7120	RINGERS LACTATE INFUSION UP TO 1000ML	4
J7171	ADAMTS13 RECOMBINANT-KRHN 10IU	720
J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA)	1
J7297	LEVONORGESTREL INTRAUTERINE CONTRACEPTIVE SYSTEM, (LILETTA) 52MG 6 YEAR	1
J7298	LEVONORGESTREL INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA) 52MG 5 YEAR	1
J7299	INTRAUTERINE COPPER CONTRACEPTIVE (MIUDELLA)	1
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	1
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA) 13.	1
J7307	ETONOGESTREL CONTRACEPTIVE IMPLANT SYSTEM	1
J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT, 0.01MG (RETISERT)	59
J7312	DEXAMETHASONE INTRAVITREAL IMPLANT 0.1MG	14
J7313	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG (ILUVIEN)	38
J7314	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG (YUTIQ)	36
J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1MG	60
J7320	HYALURONAN OR DERIVITIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1MG	25
J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICUL	1
J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1MG	48
J7323	HYALURONAN OR DERIVATIVE (EUFLEXXA) FOR INTRA- ARTICULAR INJECTION PER DO	1
J7324	HYALURONAN OR DERIVATIVE (ORTHOVISC) FOR INTRA- ARTICULAR INJECTION PER I	1
J7325	HYALURONAN OR DERIVATIVE (SYNVISC OR SYNVISC ONE) FOR INTRA-ARTICULAR IN	48
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DO	1
J7328	HYALURONAN OR DERIVATIVE, GELSYN-3, FOR INTRA- ARTICULAR INJECTION, 0.1MG	168
J7329	HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1MG	25
J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1MG	20
J7342	CIPROFLOXACIN OTIC SUSPENSION 6MG	2
J7354	CANTHARIDIN TOP (YCANTH), APPLICATOR	2
J7999	COMPOUNDED DRUG*	N/A
J9000	DOXORUBICIN HCL 10MG	20
J9011	DATOPOTAMAB DERUXTECAN 1 MG (DATROWAY)	540
J9015	ALDESLEUKIN PER SINGLE USE VIAL	1
J9017	ARSENIC TRIOXIDE 1MG	30
J9021	ASPARAGINASE RECOMINANT 0.1MG (RYLAZE)	675
J9022	ATEZOLIZUMAB 10MG	168

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CODE	HCPCS/FMMIS DESCRIPTION	MAX QTY
J9023	AVELUMAB 10MG	140
J9024	ATEZOLIZUMAB, 5 MG AND HYALURONIDASE-TQJS (TECENTRIQ HYBREZA)	375
J9025	AZACITIDINE 1MG	300
J9026	TARLATAMAB-DLLE (IMDELLTRA), 1 MG	10
J9027	CLOFARABINE 1MG	100
J9028	NOGAPENDEKIN PMLN (ANKTIVA), 1MCG	400
J9030	BCG LIVE INTRAVESICAL INSTILLATION 1MG	50
J9032	BELINOSTAT 10MG	300
J9033	BENDAMUSTINE HCL 1MG (TREANDA)	300
J9034	BENDAMUSTINE HCL 1MG (BENDEKA)	360
J9035	BEVACIZUMAB 10MG	180
J9036	BENDAMUSTINE HCL 1MG (BELRAPZO)	360
J9038	AXATILIMAB-CSFR (NIKTIMVO) 0.1 MG	350
J9039	BLINATUMOMAB 1MCG	210
J9040	BLEOMYCIN SULFATE 15 UNITS	4
J9041	BORTEZOMIB (VELCADE) 0.1MG	35
J9042	BRENTUXIMAB VEDOTIN 1MG	200
J9043	CABAZITAXEL 1MG	60
J9045	CARBOPLATIN 50MG	22
J9047	CARFILZOMIB 1MG	160
J9049	BORTEZOMIB 0.1MG (HOSPIRA)	35
J9050	CARMUSTINE 100MG	6
J9054	BORTEZOMIB (BORUZU), 0.1 MG	35
J9055	CETUXIMAB 10MG	150
J9057	COPANLISIB 1MG	60
J9060	CISPLATIN POWDER OR SOLUTION PER 10MG	24
J9061	AMIVANTAMAB-VMJW 2MG	700
J9063	MIRVETUXIMAB SORAVTANSINE-GYNX 1MG	900
J9065	CLADRIBINE PER 1MG	100
J9071	CYCLOPHOSPHAMIDE 5MG (AUROMEDICS)	1500
J9072	CYCLOPHOSPHAMIDE AVYXA 5MG	1500
J9073	CYCLOPHOSPHAMIDE (INGENUS)	1500
J9074	CYCLOPHOSPHAMIDE, SANDOZ	1500
J9075	CYCLOPHOSPHAMIDE, NOS	1500
J9076	CYCLOPHOSPHAMIDE (BAXTER) 5MG	1500
J9100	CYTARABINE HCL 100MG	120
J9118	CALASPARGASE PEGOL-MKNL 10 UNITS	750
J9119	CEMPLIMAB-RWLC 1MG	350
J9120	DACTINOMYCIN 0.5MG	5
J9130	DACARBAZINE 100MG	24
J9144	DARATUMUMAB 10MG & HYALURONIDASE-FIHJ	180

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CODE	HCPCS/FMMIS DESCRIPTION	MAX QTY
J9145	DARATUMUMAB 10MG	240
J9150	DAUNORUBICIN 10MG	12
J9153	DAUNORUBICINE 1MG LIPOSOMAL AND CYTARABINE 2.27MG	132
J9155	DEGARELIX 1MG	240
J9171	DOCETAXEL 1MG	240
J9173	DURVALUMAB 10MG	150
J9174	DOCETAXEL (BEIZRAY) 1MG	240
J9175	ELLIOTT'S B SOLUTION 1ML	10
J9176	ELOTUZUMAB 1MG	3000
J9177	ENFORTUMAB VEDOTIN-EJFV 0.25MG	520
J9178	EPIRUBICIN HCL 2MG	150
J9179	ERIBULIN MESYLATE 0.1MG	50
J9181	ETOPOSIDE 10MG	100
J9184	GEMCITABINE 200MG (AVYXA) (AVGEMSI)	17
J9185	FLUDARABINE PHOSPHATE 50MG	2
J9190	FLUOROURACIL 500MG	20
J9198	INFUGEM, 100 MG	38
J9199	GEMCITABINE HYDROCHLORIDE 200MG (INFUGEM)	38
J9200	FLOXURIDINE 500MG	5
J9201	GEMCITABINE HCL 200MG NOT OTHERWISE SPECIFIED	20
J9202	GOSERELIN ACETATE IMPLANT PER 3.6MG	3
J9203	GEMTUZUMAB OZOGAMICIN 0.1MG	180
J9204	MOGAMULIZUMAB-KPKC 1MG	160
J9205	IRINOTECAN LIPOSOME 1MG	215
J9206	IRINOTECAN 20MG	42
J9207	IXABEPILONE 1MG	90
J9208	IFOSFAMIDE PER 1GM	15
J9209	MESNA 200MG	55
J9210	EMAPALUMAB-LZSG 1MG	1500
J9211	IDARUBICIN HYDROCHLORIDE 5MG	6
J9214	INTERFERON ALFA-2B RECOMBINANT 1 MILLION UNITS (INTRON A PEN)	100
J9217	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5MG	6
J9218	LEUPROLIDE ACETATE 1MG	1
J9223	LURBINECTEDIN 0.1 MG	120
J9225	HISTRELIN IMPLANT (VANTAS) 50MG	1
J9226	HISTRELIN (SUPPRELIN LA) IMPLANT 50MG	1
J9227	ISATUXIMAB-IRFC 10 MG	150
J9228	IPILIMUMAB 1MG	1100
J9229	INOTUZUMAB OZOGAM 0.1MG	27
J9245	MELPHALAN HYDROCHLORIDE 50MG	9
J9246	MELPHALAN 1 MG (EVOMELA)	300

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CODE	HCPCS/FMMIS DESCRIPTION	MAX QTY
J9256	NIPOCALIMAB-AAHU 3 MG (IMAAVY)	1500
J9260	METHOTREXATE SODIUM PER 50MG	20
J9261	NELARABINE 50MG	80
J9262	OMACETAXINE MEPESUCCINATE 0.01MG	700
J9263	OXALIPLATIN 0.5MG	700
J9264	PACLITAXEL PROTEIN-BOUND PARTICLES 1MG	700
J9266	PEGASPARGASE PER SINGLE DOSE VIAL	2
J9267	PACLITAXEL 1MG	750
J9268	PENTOSTATIN PER 10MG	1
J9269	TAGRAXOFUSP-ERZS 10MCG	200
J9271	PEMBROLIZUMAB 1MG	400
J9272	DOSTARLIMAB-GXLY 10MG	100
J9273	TISOTUMAB VEDOTIN-TFTV 1MG	200
J9275	COSIBELIMAB-IPDL (UNLOXCYT) 2MG	600
J9276	ZANIDATAMAB-HRII (ZIIHERA) 2MG	1800
J9280	MITOMYCIN 5MG	12
J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION 1MG*	80
J9282	MITOMYCIN INTRAVESICAL INSTILLATION 1 MG (ZUSDURI)	75
J9286	GLOFITAMAB GXBM 2.5MG	12
J9289	NIVOLUMAB 2MG HYALURON (OPDIVO QVANTIG)	450
J9293	MITOXANTRONE HCL PER 5MG	8
J9295	NECITUMUMAB 1MG	800
J9298	NIVOLUMAB AND RELATLIMAB-RMBW 3MG/1MG (OPDUALAG)	160
J9299	NIVOLUMAB 1MG	480
J9301	OBINUTUZUMAB 10MG	100
J9302	OFATUMUMAB 10MG	200
J9303	PANITUMUMAB 10MG NOT OTHERWISE SPECIFIED	90
J9305	PEMETREXED 10MG	150
J9306	PERTUZUMAB 1MG	840
J9307	PRALATREXATE 1MG	80
J9308	RAMUCIRUMAB 5MG	280
J9309	POLATUZUMAB VEDOTIN-PIIQ 1MG	280
J9311	RITUXIMAB 10MG, HYALURONIDASE	160
J9312	RITUXIMAB 10MG	150
J9316	PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF 10MG	180
J9317	SACITUZUMAB GOVITECAN-HZIY 2.5MG	648
J9318	ROMIDEPSIN NON-LYOPHILIZED 0.1MG	475
J9319	ROMIDEPSIN LYOPHILIZED 0.1MG	500
J9320	STREPTOZOCIN 1GM	4
J9321	EPCORITAMAB-BYSP 0.16MG	300
J9325	TALIMOGENE LAHERPAREPVEC PER 1 MILLION PLAQUE FORMING UNITS	400

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CODE	HCPCS/FMMIS DESCRIPTION	MAX QTY
J9326	TELISOTUZUMAB VEDOTIN-TLLV 1 MG (EMRELIS)	190
J9328	TEMOZOLOMIDE 1MG	400
J9329	TISLELIZUMAB-JSGR (TEVIMBRA)	200
J9330	TEMSIROLIMUS 1MG	50
J9334	EFGARTIGIMOD ALFA 2MG AND HYALURONIDASE-QVFC	504
J9341	THIOTEPA (TEPYLUTE) 1MG	75
J9342	THIOTEPA 1MG NOT OTHERWISE SPECIFIED	900
J9345	RETIFANLIMAB-DLWR 1MG	500
J9347	TREMELIMUMAB-ACTL 1MG	300
J9348	NAXITAMAB-GQGK 1MG	160
J9349	TAFASITAMAB-CXIX 2MG	900
J9350	MOSUNETUZUMAB-AXGB 1MG	60
J9351	TOPOTECAN 0.1MG	120
J9352	TRABECTEDIN 0.1MG	40
J9353	MARGETUXIMAB-CMKB 5MG	450
J9354	ADO-TRASTUZUMAB EMTANSINE 1MG	600
J9355	TRASTUZUMAB 10MG EXCLUDES BIOSIMILAR	120
J9356	TRASTUZUMAB 10MG AND HYALURONIDASE-OYSK	60
J9357	VALRUBICIN INTRAVESICAL 200MG	4
J9358	FAM-TRASTUZUMAB DERUXTECN-NXKI 1MG	900
J9359	LONCASTUXIMAB TESIRINE-LPYL 0.075MG	400
J9360	VINBLASTINE SULFATE 1MG	40
J9370	VINCRISTINE SULFATE 1MG	4
J9380	TECLISTAMAB CQYV 0.5 MG	234
J9381	TEPLIZUMAB-MZWV 5MCG	525
J9382	ZENOCUTUZUMAB-ZBCO (BIZENGRI) 1MG	750
J9390	VINORELBINE TARTRATE PER 10MG	36
J9395	FULVESTRANT 25MG	20
J9400	ZIV-AFLIBERCEPT 1MG	
J9999	ANTINEOPLASTIC DRUGS NOT OTHERWISE CLASSIFIED*	N/A
Q0138	FERUMOXYTOL NON-ESRD 1MG	510
Q2043	SIPULEUCEL-T MINIMUM 50 MILLION AUTOLOGOUS C54+CELLS ACTIVATED W/PAP-G	1
Q2050	DOXORUBICIN HCL LIPOSOMAL NOT OTHERWISE SPECIFIED 10MG	14
Q4081	EPOETIN ALFA 100 UNITS FOR ESRD ON DIALYSIS	100
Q5098	USTEKINUMAB-SRLF 1MG (IMULDOSA)	520
Q5099	USTEKINUMAB-STBA 1MG (STEQEYMA)	520
Q5100	USTEKINUMAB-KFCE 1MG (YESINTEK)	520
Q5101	FILGRASTIM-SNDZ BIOSIMILAR 1MCG	1500
Q5103	INFLIXIMAB-DYYB 10MG (INFLECTRA)	150
Q5104	INFLIXIMAB-ABDA 10MG (RENFLEXIS)	150
Q5105	EPOETIN ALFA-EPBX, BIOSIMILAR 100 UNITS (RETACRIT Pfizer) FOR ESRD ON DIALYSI	100

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CODE	HCPCS/FMMIS DESCRIPTION	MAX QTY
Q5106	EPOETIN ALFA-EPBX, BIOSIMILAR 1000 UNITS (RETACRIT Pfizer) FOR NON-ESRD USE	60
Q5107	BEVACIZUMAB-AWWB BIOSIMILAR 10MG (MVASI)	170
Q5108	PEGFILGRASTIM-JMDB BIOSIMILAR 0.5MG (FULPHILA)	12
Q5110	FILGRASTIM-AAFI BIOSIMILAR 1MCG (NIVESTYM)	1500
Q5111	PEGFILGRASTIM-CBQV BIOSIMILAR 0.5MG (UDENYCA)	12
Q5112	TRASTUZUMAB-DTTB 10MG BIOSIMILAR (ONTRUZANT)	120
Q5113	TRASTUZUMAB-PKRB 10MG BIOSIMILAR (HERZUMA)	120
Q5114	TRASTUZUMAB-DKST BIOSIMILAR 10MG (OGIVRI)	120
Q5115	RITUXIMAB-ABBS BIOSIMILAR 10MG (TRUXIMA)	150
Q5116	TRASTUZUMAB-QYYP 10MG BIOSIMILAR (TRAZIMERA)	120
Q5117	TRASTUZUMAB-ANNS BIOSIMILAR 10MG (KANJINTI)	120
Q5118	BEVACIZUMAB-BVZR 10MG BIOSIMILAR (ZIRABEV)	230
Q5119	RITUXIMAB-PVVR 10MG BIOSIMILAR (RUXIENCE)	150
Q5121	INFLIXIMAB-AXXQ BIOSIMILAR 10MG (AVSOLA)	150
Q5122	PEGFILGRASTIM-APGF 0.5MG BIOSIMILAR (NYVEPRIA)	12
Q5123	RITUXIMAB-ARRX BIOSIMILARY 10MG (RAIBNI)	150
Q5124	RANIBIZUMAB-NUNA BIOSIMILAR 0.1MG (BYOOVIZ)	10
Q5128	RANIBIZUMAB-EQRN 0.1MG (CIMERLI)	5
Q5135	TYENNE, 1 MG	1800
Q5147	AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG	2
Q5148	FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM	1800
Q5151	ECULIZUMAB-AAGH 2 MG BIOSIMILAR (EPYSQLI)	600
Q5152	ECULIZUMAB-AEEB 2 MG BIOSIMILAR (BKEMV)	600
Q5156	TOCILIZUMAB-ANOH BIOSIMILAR 1 MG (AVTOZMA)	800
Q5157	DENOSUMAB-BMWO BIOSIMILAR 1 MG (STOBOCLO/OSENVELT)	60
Q5158	DENOSUMAB-BNHT BIOSIMILAR 1 MG (BOMYNTRA/CONEXXENCE)	120
Q5160	BEVACIZUMAB-NWGD BIOSIMILAR 10 MG (JOBEVNE)	225
Q9957	PERFLUTREN LIPID MICROSPHERES PER ML	3
Q9991	BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE); 100MG OR LESS	1
Q9992	BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE); OVER 100MG	1
Q9996	USTEKINUMAB- TTWE, SUBCUTANEOUS, 1 MG (PYZCHIVA)	90
Q9997	USTEKINUMAB-TTWE, INTRAVENOUS, 1 MG (PYZCHIVA)	520
Q9998	USTEKINUMAB-AEKN BIOSIMILAR 1 MG (SELARSDI)	520
Q9999	USTEKINUMAB-AAUZ (OTULFI), BIOSIMILAR, 1 MG	520

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