

**Bureau for Medical Services
Medications Approved to Bill HCPCS J3490
Updated 4/6/15**

Version 28.0

Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.

Billing instructions: For services billed using J3490, all claims are billed as paper claims and must include the NDC, the drug name and strength, and cost invoice where applicable. See below for medications that may have special instructions beyond this requirement.													
Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	Special Instructions
Allopurinol Sodium 500 mg	Aloprim Zyloprim		X	X	X								ICD-9 174.9 or 790.6 plus ICD-9-CM for Neoplasm required on claim. Drug must be billed with the code for Chemotherapy
17 Alpha-hydroxy-progesterone					X	X	X						Closed 12/31/11. See J1725 after this date. See Q2042, effective 7/1/11. Effective 1/1/07. Cost invoice required with claim. Pay lesser of billed charges and cost invoice. ICD-9 code V23.41 required on claim form. Service limit is one per week at 16-36 weeks gestation.
Aminocaproic Acid 250mg			X	X									
Apomorphine HCl 10mg	Apokyn		X	X									Deleted from list effective 12/31/06. See J0364.
Aztreonam 500 mg	Azactam	Antibiotic	X	X	X		X		X				
Betamethasone acetate		Anti-inflam.	X	X	X								Cost invoice required with claim. Pay lesser of billed charges or cost invoice.
Bevacizumab 1.25 mg.	Avastin	Anti-neoplastic						X					Effective 1/1/07 to Ophthalmology . ICD-9 diagnosis code 362.5 - 362.52 must be included on claim form. Effective 5/15/09, Ophthalmology specialty approved for ICD-9 codes 362.01-362.07, 362.15, 362.16, 362.29, 362.30, 362.35, 362.36, 362.42, 362.52, 362.53, 362.83, 362.84, 365.63, and 365.89. Must include approved diagnosis on claim form. Limit of 2 per eye per month.
Bretylium 0.25 mg	Tosylate	Anti-arrhythmic	X	X	X		X						Cost invoice required with claim. Pay lesser of billed charges and cost invoice.
Bumetanide 0.25 mg	Bumex	Antihypertensive	X	X	X		X						
Bupivacaine 0.75%, 1 ml	Marcaine Sensorcaine	Peripheral Nerve Block	X	X	X		X						0.75% / 10ml allowed when billed with 62310, 62311, 62318, 62319, 64400 - 64530. Not payable when billed with other procedures.
Cefotetan	Cefotan	Antibiotic	X	X									Cost invoice with NDC required with claim. Pay lesser of billed charges and cost invoice.
Cimetidine HCl 150 mg	Tagamet	Anti-histamine	X	X	X		X						ICD-9 787.01, 787.02 or 787.03 required on claim form.
Clavulanate Potassium Ticarcillin Disodium 0.1 - 3G	Timentin	Antibiotic	X	X	X		X		X				
Clindamycin Phosphate 150 mg	Cleocin Clindamax	Antibiotic	X	X	X		X		X				
Dantrolene Sodium 20mg	Dantrium	Antidote	X	X	X		X						Cost invoice with NDC required with claim. Pay lesser of billed charges and cost invoice.
Dextrose 50% 50ml			X	X	X		X						
Diltiazem HCl 5mg	Cardizem	Antianginal	X	X	X		X						
Edrophonium Chloride 10mg	Tensilon Reverso	Antidote	X	X	X		X						ICD-9 358.00 - 358.01 required on claim form.
Enalaprilat 1.25mg	Vasotec	Antihypertensive	X	X	X								
Esmolol HC 10 mg	Brevibloc	Anti-arrhythmic	X	X	X		X						ICD-9 427.89 required on claim form.
Ethacrynate Sodium 50 mg	Edecrin	Diuretic	X	X	X		X						Cost invoice required with claim. Pay lesser of billed charges and cost invoice.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services
Medications Approved to Bill HCPCS J3490
Updated 4/6/15**

Version 28.0

Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	Special Instructions
Famotidine 10 mg	Pepcid		X	X	X		X						
Flumazenil 0.1 mg	Romazicon Mazicon	Antidote	X	X	X		X						ICD-9 977.9 required on claim form.
Folic Acid 5mg	Folate		X	X	X		X						
Glycopyrrolate 0.2 mg	Robinul	Antichole-nergic	X	X	X		X						
Isoproterenol HCl 0.2 mg	Isuprel	Bronchodil-ator	X	X	X		X						Cost invoice with NDC required with claim. Pay lesser of billed charges and cost invoice.
Labetalol HCl 5 mg	Trandate Normo-dyne		X	X	X		X						Covered for IV in office only. ICD-9 code 401.0 required on claim form.
Lidocaine 1 ml			X	X	X								Covered separately when billed on same day as 62310, 62311, 62318, 62319, 64400-64484, 64505-64530. Not payable when billed with other procedures.
Metoprolol Tartrate 1 mg	Lopressor	Antihyper-tensive	X	X	X							X	Covered only when given IV with Dobutamine J1250 during Dobutamine Stress Test. J3490 & J1250 must be billed on same date of service.
Metronidazole 500 mg	Flagyl	Amebicide	X	X	X		X						
Minocycline HCl 100 mg	Dynacin Minocin	Antibiotic	X	X	X		X		X				Cost invoice with NDC required with claim. Pay lesser of billed charges and cost invoice.
Morrhuate Sodium 50mg		Sclerosing Agent	X	X	X								Bill with CPT codes 43204 and 46500
Nafcillin Sodium 1 g	Unipen Nallpen	Anitbiotic	X	X	X		X		X				
Nitroglycerine 5 mg	Nitrostat	Anti-anginal	X	X	X		X						
Pantoprazole Sodium 40mg	Protonix	Gastric Acid Secretion Inhibitor	X	X	X		X						
Potassium Acetate 2 mEq	Klor-Con	Electrolyte Supple-ment			X		X						
Rifampin 600 mg	Rifacin Rimactane	Antibiotic	X	X	X		X						
Sodium Acetate 2 mEq		Alkalinizing Agent			X		X						
Sodium Bicarbonate 8.4%, 50 ml		Alkalini-zing Agent			X		X						
Valproate Sodium 100 mg	Depacon		X	X	X		X						ICD-9 code 345.00 - 345.91 required on claim form.
Vasopressin 20 u	Pitressin	Antidiuretic	X	X	X		X						
Verapamil HCl 2.5 mg	Calan Calan SR Isoptin SR	Anti-anginal	X	X	X		X						
Ferumoxytol Injection 510 mg.	Feraheme	Iron therapy	X	X	X		X			X			Closed 12/31/09(not billable with J3490). See Q0138 & Q0139 afer this date. Effective 6/30/09. Claim must be billed with ICD-9 codes 585.1- 585.9 and 280.0 - 280.9. 1 unit = 1 vial.
Testosterone pellet, 75 mg.	Testopel	Hormone replace-ment	X	X	X		X						Effective 1/1/09. Restricted to ICD-9 codes 257.2, 257.8, 257.9. Minimum age 18. 1 unit = 1 pellet.
Regadenoson 0.1 mg.	Lexiscan	Vasodilater	X	X	X								Closed 12/31/08. See J2785 after this date. Effective 10/1/08. Cost invoice with NDC required.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services
Medications Approved to Bill HCPCS J3490
Updated 4/6/15**

Version 28.0

Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	Special Instructions
Pralatrexate injection	Folotyn	Metabolic inhibitor	X	X	X								Closed 12/31/10. See J9307 after this date. Outpatient hospital must use C9259, effective 4/1/10 - 12/31/10. Effective 9/25/09. Cost invoice with NDC required. Restricted to ICD-9 codes 202.70 - 202.78. Minimum age restriction of 18 years.
Remifentanil HCl	Ultiva	Anesthetic/Analgesic	X	X									Effective 1/1/09. Cost invoice with NDC required.
Lacosamide 1 mg. injection	Vimpat	Anti-convulsive	X	X							X		Effective 1/1/10. Cost invoice with NDC required. ICD-9 restriction of 345.00 - 345.91. Minimum age restriction of 17 years. Service limit of 400 mg. daily applies.
Paliperidone palmitate 1 mg. injection	Invega Sustenna	Anti-psychotic	X	X	X						X		Closed 12/31/10. See J2426 after this date. Outpatient hospital must use C9255, effective 1/1/10 - 12/31/10. Effective 1/1/10. Cost invoice with NDC required. ICD-9 restriction of 295.00 - 295.95. Minimum age restriction of 18 years. Service limit of 234 mg. daily applies.
Dexamethasone intravitreal implant	Ozurdex	Anti-inflammatory	X	X				X					Closed 12/31/10. See J7312 after this date. Outpatient hospital must use C9256, effective 1/1/10 - 12/31/10. Effective 1/1/10. Cost invoice with NDC required. ICD-9 restriction of 362.83 and 362.35, or 362.83 and 362.36. <u>New ICD-9 diagnosis 363.00 - 363.08 effective 9/24/10.</u> Minimum age restriction of 16 years.
C1 esterase inhibitor (human) injection	Berinert	Protein C-1 inhibitor	X	X	X		X				X		Closed 12/31/10. See J0597 after this date. Effective 10/9/09(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 277.6. Minimum age restriction of 12 years.
Olanzapine pamoate LA, injection	Zyprexa Relprevv	Anti-psychotic	X	X	X		X				X		Closed 12/31/10. See J2358 after this date. Effective 12/11/09(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 295.00 - 295.95. Minimum age restriction of 18 years. Service limit of 405 mg. in 28 days applies.
Ofatumumab, injection	Arzerra	Anti-neoplastic			X								Closed 12/31/10. See J9302 after this date. Effective 10/26/09(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 204.10 - 204.12. Minimum age restriction of 18 years. Service limit of 2000 mg. in 7 days applies.
Collagenase clostridium histolyticum, injection	Xiaflex	Enzymatic	X	X	X		X						Closed 12/31/10. See J0775 after this date. Outpatient hospital must use C9266, effective 7/1/10 - 12/31/10. Effective 2/2/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 728.6. Minimum age restriction of 18 years.
Telavancin, injection	Vibativ	Anti-bacterial	X	X	X		X				X		Closed 12/31/10. See J3095 after this date. Outpatient hospital must use C9258, effective 4/1/10 - 12/31/10. Effective 9/11/09(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 680.0 - 686.9 and 041.0 - 041.9. Minimum age restriction of 18 years.
Ecallantide, injection	Kalbitor	Kallikrein inhibitor	X	X	X		X				X		Closed 12/31/10. See J1290 after this date. Outpatient hospital must use C9263, effective 4/1/10 - 12/31/10. Effective 11/27/09(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 277.6. Minimum age restriction of 16 years. Service limit of 30 mg. per day applies.
Alglucosidase alfa, injection	Lumizyme	Enzymatic	X	X	X								Closed 12/31/11. See J0221. Effective 5/24/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 271.0. Minimum age restriction of 8 years and above. Outpatient hospital must use C9277, effective 1/1/11.
Ustekinumab, injection	Stelara	Antipsoriatic	X	X	X								Closed 12/31/10. See J3357 after this date. Effective 9/25/09(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 696.0 - 696.8. Minimum age restriction of 18 and above.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services
Medications Approved to Bill HCPCS J3490
Updated 4/6/15**

Version 28.0

Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	Special Instructions
Denosumab, injection	Prolia	Osteoporotic	X	X	X								Closed 12/31/11. See J0897. Effective 6/1/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 733.01. Service limit of 60 mg. twice yearly(every six months) applies. Outpatient hospital must use C9272,
Tocilizumab, injection	Actemra	Immunologic	X	X	X								Closed 12/31/10. See J3262. Effective 1/8/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 714.0 - 714.2. Minimum age restriction of 16 years and above. Service limit of 800 mg. once monthly(every 28 days) applies.
von Willebrand/Factor VIII complex (human)	Wilate	Coagulation factor	X	X	X								Closed 12/31/10. See J7184 after this date. Outpatient hospital must use C9267, effective 7/1/10 - 12/31/10. Effective 12/4/09(FDA approval). Cost invoice with NDC required. Submit physician's order with claim. ICD-9 restriction of 286.4. Minimum age restriction of 5 years and above.
Capsaicin 8% patch	Qutenza	Analgesic	X	X	X								Closed 12/31/10. See J7335 after this date. Outpatient hospital must use C9268, effective 7/1/10 - 12/31/10. Effective 11/16/09(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 053.19. Minimum age restriction of 18 years and above. Service limit not to exceed once every 3 months.
Cabazitaxel, injection	Jevtana	Antineoplastic	X	X	X								Closed 12/31/11. See J9043. Effective 6/17/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 185.0. Outpatient hospital must use C9276, effective 1/1/11.
Sodium hyaluronate, injection	Synvisc 1	Viscosupplementation	X	X	X		X						Closed 12/31/09. See J7325 after this date. Effective 2/26/09(FDA approval). Cost invoice required. ICD-9 restriction of 715.00 - 715.98 or 716.00 - 716.99. Service limit of 1 injection each knee in 6 months(4 injections total per year).
Injection, romidepsin, 1 mg	Istodax	Antineoplastic	X	X	X						X		Closed 12/31/10. See J9315 after this date. Outpatient hospital must use C9265, effective 7/1/10 - 12/31/10. Effective 11/5/09(FDA approval). Physician provider type is Oncology specialty only. Cost invoice with NDC required. Restricted to ICD-9 diagnosis 202.10 - 202.28. Restricted to age 18 and above.
Injection, denosumab, 120 mg	Xgeva	Osteoporotic	X	X	X						X		Closed 12/31/11. See J0897. Effective 6/1/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 162.0 - 162.9, 174.0 - 174.9, 175.0 - 175.9, 185, 189.0, 189.1, 193, 198.5, 733.01 - 733.19 for Hospital and Physician. ICD-9 restriction of 733.01 - 733.19 only for Home infusion provider. Minimum age restriction 18 years and above. Service limit of 120 mg. (1 unit) monthly applies. Outpatient hospital must use C9272, effective 10/1/10.
Injection, velaglucerase alfa, 100 u.	Vpriv	Enzymatic	X	X	X								Closed 12/31/10. See J3385 after this date. Outpatient hospital must use C9271, effective 10/1/10 - 12/31/10. Effective 2/26/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 272.7. Minimum age restriction of 4 years. Service limit of 1650 units per month applies.
Injection, eribulin mesylate, 1 mg.	Halaven	Antineoplastic	X	X	X								Closed 12/31/11. See J9179. Effective 11/15/10(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 174.0 - 175.9 or 198.81. Minimum age restriction of 18 years and above. Service limit of 8 mg. in 21 days applies. Outpatient hospital must use C9280, effective 4/1/11.
Injection, pegloticase, 1 mg.	Krystexxa	Hyperuricemic	X	X	X						X		Closed 12/31/11. See J2507. Effective 9/14/10(FDA approval). Cost invoice with NDC required. ICD-restriction of 274.0 - 274.89. Minimum age restriction of 18 years and above. Service limit of 16 mg. monthly applies. Outpatient hospital must use C9281, effective 4/1/11.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services
Medications Approved to Bill HCPCS J3490
Updated 4/6/15**

Version 28.0

Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	Special Instructions
Injection, ceftaroline fosamil, 10 mg.	Teflaro	Antibacterial	X	X	X						X		Closed 12/31/11. See J0712. Effective 10/29/10(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 041.00 - 041.89 or 482.0 - 482.89. Minimum age restriction of 18 years and above. Service limit of 1200 mg. daily applies. Outpatient hospital must use C9282, effective 4/1/11.
Injection, belimumab	Benlysta	Immunologic	X	X	X						X		Closed 12/31/11. See J0490. Effective 3/10/11(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 710.0. Minimum age restriction of 16 years. Service limit of 2600 mg. monthly applies.
Alpha-1 Proteinase inhibitor (Human)	Glassia	Enzymatic	X	X	X						X		Closed 12/31/11. See J0257. Effective 7/1/10(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 492.8. Minimum age restriction of 16 years. Service limit of 8200 mg. weekly applies.
Injection, sipuleucel-T	Provenge	Antineoplastic	X	X	X						X		Closed 6/30/11. See Q2043. Effective 4/29/10(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 185. Minimum age restriction of 18 years. Service limit of 1 infusion bag every two weeks.
Hemophilic Factor XIII (Human)	Corifact	Anti-hemophilic	X	X	X						X		Closed 12/31/11. See J7180. Effective 2/14/11(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 286.3.
Injection, ipilimumab	Yervoy	Antibody	X	X	X						X		Closed 12/31/11. See J9228. Effective 3/25/11(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 154.2, 154.3, 172.0 - 172.9, 184.0 - 184.4, 187.1 - 187.9, 196.0 - 196.9, 197.0 - 197.8, 198.0 - 198.8. Minimum age restriction of 16 years. Service limit of 400 mg. every 21 days applies. Out patient hospital must use C9284, effective 7/1/11.
Patch, lidocaine 70 mg., tetracaine 70 mg.	Synera	Local Anesthetic			X								Effective 7/1/11. Cost invoice with NDC required. Outpatient hospital must use C9285, effective 7/1/11.
Injection, belatacept 250 mg.	Nulojix	Organ rejection prophylaxis	X	X	X								Closed 12/31/12. See J0483 after this date. Effective 6/15/11. Cost invoice with NDC required. Must bill with V42.0 Minimum age restriction of 18 years. Service limit of 1350 mg. per dose applies. Outpatient hospital must use C9286,
Injection, brentuximab vedotin 1 mg.	Adcetris	Antineoplastic	X	X	X						X		Closed 12/31/12. See J9042 after this date. Effective 8/19/11(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 200.60 - 200.68 or 201.00 - 201.98. Minimum age restriction of 18 years. Service limit of 180 mg. per day applies. Outpatient hospital must use C9287, effective 1/1/12.
Injection, asparaginase (Erwinia chrysanthemi)	Erwinaze	Antineoplastic	X	X	X						X		Closed 12/31/12. See J9019 after this date. Effective 11/18/11(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 204.00 - 204.02. Outpatient hospital must use C9289, effective 4/1/12.
Injection, intravitreal, aflibercept, 2 mg.	Eylea	Neovascular (AWD)	X	X	X								Closed 6/30/12. See Q2046 after this date. Effective 11/18/11(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 362.52 . Minimum age restriction of 16 years. Service limit of 4 mg. weekly applies. Outpatient hospital must use C9291, effective 4/1/12.
Injection, peginesatide	Omontys	Erythropoiesis stimulating agent									X		Closed 6/30/12. See Q2047 after this date. Effective 3/27/12(FDA approval). Cost invoice with NDC required. ICD-9 restriction of 285.21 and 585.6. Minimum age restriction of 16 years.
Injection, taliglucerase alfa, 200 u.	Elelyso	Enzymatic	X	X	X								Closed 12/31/13. See J3060 after this date. Effective 5/1/12(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 272.7. Minimum age restriction of 16 years. Service limit of 41 units every two weeks applies. Outpatient hospital must use C9294, effective 1/1/13.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services
Medications Approved to Bill HCPCS J3490
Updated 4/6/15**

Version 28.0

Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	Special Instructions
Injection, pertuzumab, 420 mg.	Perjeta	Anti-neoplastic	X	X	X								Closed 12/31/13. See J9306 after this date. Effective 6/8/12(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 174.0 - 175.9. Minimum age restriction of 16 years. Service limit of 2 units every three weeks applies. Outpatient hospital must use C9292, effective 10/1/12.
Injection, carfilzomib 60 mg.	Kyprolis	Anti-neoplastic	X	X	X								Closed 12/31/13. See J9047 after this date. Effective 7/20/12(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 203.02. Minimum age restriction of 16 years. Outpatient hospital must use C9295, effective 1/1/13.
Injection, ziv-aflibercept 25 mg.	Zaltrap	Anti-neoplastic	X	X	X								Closed 12/31/13. See J9400 after this date. Effective 8/3/12(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 153.0 - 153.9, 154.0, 154.1, or 154.8. Minimum age restriction of 16 years. Service limit of 550 mg. per 14 days applies. Outpatient hospital must use C9296, effective 1/1/13.
Injection, omacetaxine mepesuccinate 0.01 mg.	Synribo	Anti-neoplastic	X	X	X								Closed 12/31/13. See J9262 after this date. Effective 10/26/12(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 205.10 - 205.12. Minimum age restriction of 16 years. Outpatient hospital must use C9297 after 4/1/13.
Injection, ocriplasmin intravitreal, 2.5 mg.	Jetrea	Ophthalmic	X	X				X					Closed 12/31/13. See J7316 after this date. Effective 10/17/12(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 379.27. Minimum age restriction of 16 years. Outpatient hospital must use C9298 after 4/1/13.
Pooled plasma, human, solution for IV	Octoplas	Blood product	X	X	X								Effective 1/17/13(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 286.7 or 446.6. Minimum age restriction of 16 years.
Injection, ado-trastuzumab emtansine	Kadcyla	Antineoplastic	X	X	X								Closed 12/31/13. See J9354 after this date. Effective 2/22/13(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 174.0 - 174.9 or 175.0 - 175.9. Minimum age restriction of 16 years. Outpatient hospital must use C9131 after 7/1/13.
Intrauterine, Levonorgestrel, 13.5 mg.	Skyla	Contraceptive	X	X	X	X	X						Closed 12/31/13. See J7301. See Q0090, effective 7/1/13. Effective 1/9/13(FDA approval). Cost invoice with NDC required. Minimum age restriction of 16 years. Service limit of 1 insertion per 3 year period.
Injection, Radium Ra-223 dichloride	Xofigo	Antineoplastic	X	X	X								Effective 5/15/13(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 185 or 198.5.
Injection, Coagulation factor IX, (recombinant)	Rixubis	Antihemophilic	X	X	X								Closed 12/31/14. See J7200 after this date. Effective 6/26/13(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 286.1. Minimum age restriction removed, effective 9/12/14.
Botulinim Antitoxin Heptavalent(A, B, C, D, E, F, G), equine	BAT	Antitoxin	X	X	X								Effective 3/22/13(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 005.1 or 040.41.
Injection, Prothrombin Complex concentrate(human)	Kcentra	Coagulant	X	X	X								Effective 4/29/13(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 286.7. Minimum age restriction of 16 years.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services
Medications Approved to Bill HCPCS J3490
Updated 4/6/15**

Version 28.0

Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	Special Instructions
Injection, ferric carboxymaltose	Injectafer	Iron therapy	X	X	X								Closed 6/30/14. See Q9970 after this date. Effective 7/25/13(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 280.1 - 280.9. Minimum age restriction of 16 years. Service limit of 750 mg. per dose (15 ml. vial) applies. Outpatient hospital must use C9441 after 1/1/14.
Injection, tbo-filgrastim, 5 mcg.	Granix	Leukocyte stimulant	X	X	X								Effective 8/29/12(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 288.09. Minimum age restriction of 16 years.
Injection, golimumab, 12.5 mg.	Simponi Aria	TNF inhibitor	X	X	X		X						Effective 7/18/13(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 714.0. Minimum age restriction of 18 years.
Injection, vinCRISine sulfate, liposomal, 0.16 mg.	Marqibo	Antineoplastic	X	X	X								Effective 8/9/12(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 204.00 - 204.92. Minimum age restriction of 16 years.
Injection, obinutuzumab, 25 mg.	Gazyva	Antineoplastic	X	X	X								Closed 12/31/14. See J9301 after this date. Effective 11/1/13(FDA approval date). Cost invoice with NDC required. ICD-9 diagnosis restriction of 204.10. Minimum age restriction of 16 years. Service limit--maximum dosage of 1000 mg. applies.
Injection, Coagulation factor XIIIa, recombinant	Tretten	Antihemophilic	X	X	X								Closed 12/31/14. See J7181 after this date. Effective 12/23/13(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 286.3. Outpatient hospital must use C9134 after 7/1/14.
Injection, Elosulfase alfa, 5 mg./5 ml.	Vimizim	Enzymatic	X	X	X								Closed 12/31/14. See J1322 after this date. Effective 2/14/14(FDA approval). Cost invoice with NDC required. ICD-9 diagnosis restriction of 277.5. Minimum age restriction of 5 years. Outpatient hospital must use C9022 after 7/1/14.
Injection, Coagulation factor IX, (recombinant), Fc Fusion protein	Alprolix	Antihemophilic	X	X	X								Closed 12/31/14. See J7201 after this date. Effective 3/28/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 286.1. Outpatient hospital must use C9135 after 10/1/15.
Injection, siltuximab, 100 mg.	Sylvant	Monoclonal antibody	X	X	X								Effective 4/22/14(FDA approval) Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 785.6. Minimum age restriction of 16 years.
Injection, C1 esterase inhibitor (recombinant)	Ruconest	Enzymatic	X	X	X								Effective 7/16/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 277.6. Minimum age restriction of 13 years.
Injection, Coagulation factor VIII, (recombinant), Fc Fusion protein	Eloctate	Antihemophilic	X	X	X								Effective 6/6/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 286.0. Minimum age restriction of 2 years. Outpatient hospital must use C9136 after 1/1/15.
Injection, belinostat 500 mg.	Beleodaq	Antineoplastic	X	X	X								Effective 7/3/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 202.7. Minimum age restriction of 16 years. Out patient hospital must use C9442 after 1/1/15.

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.

**Bureau for Medical Services
Medications Approved to Bill HCPCS J3490
Updated 4/6/15**

Version 28.0

Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.

Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	Special Instructions
Injection, vedolizumab, 300 mg.	Entyvio	Monoclonal antibody	X	X	X								Effective 5/20/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 555.0 - 556.9. Minimum age restriction of 16 years. Service limit of 300 mg. daily applies. Outpatient hospital must use C9026 after 10/1/14.
Injection, ramucirumab, 100 mg./10 ml.	Cyramza	Antineoplastic	X	X	X								Effective 12/12/14, ICD-9 diagnosis restriction of 162.0 - 162.8 added. Effective 4/21/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 151.0 - 151.9. Minimum age restriction of 16 years. Outpatient hospital must use C9025 after 10/1/14.
Injection, oritavancin diphosphate, 400 mg.	Orbactiv	Anti-infective	X	X	X								Effective 8/6/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 680.0 - 686.9. Minimum age restriction of 18 years. Outpatient hospital must use C9444 after 1/1/15.
Injection, pembrolizumab, 50 mg.	Keytruda	Antineoplastic	X	X	X								Effective 9/4/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 172.0 - 172.9, 173.0 - 173.9. Minimum age restriction of 16 years. Outpatient hospital must use C9027 after 1/1/15.
Injection, Antihemophilic factor IX, (recombinant), porcine	Obizur	Antihemophilic	X	X	X								Effective 10/23/14(FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 286.7. Minimum age restriction of 16 years.
Injection, dalbavancin HCl, 500 mg.	Dalvance	Anti-infective	X	X	X								Effective 5/23/14 (FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 680.0 - 686.9. Minimum age restriction of 16 years. Outpatient hospital must use C9443 after 1/1/15.
Injection, nivolumab, 10 mg./ml.	Opdivo	Antineoplastic	X	X	X								Effective 3/4/15, diagnosis restriction of 162.0 - 162.8 added. Effective 12/22/14 (FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 172.0 - 172.9 or 173.0 - 173.9. Minimum age restriction of 16 years.
Injection, peramivir 200 mg./20 ml.	Rapivab	Anti-influenza	X	X	X		X						Effective 12/19/14 (FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 487.0 - 487.8 or 488. Minimum age restriction of 18 years. Service limit of 600 mg. per day applies.
Injection, blinatumomab, 35 mcg.	Blinicyto	Antineoplastic	X	X	X								Effective 12/3/14 (FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 204.00 - 204.02.
Injection, alemtuzumab, 12 mg./1.2 ml.	Lemtrada	Multiple sclerosis agent	X	X	X		X						Effective 11/14/14 (FDA approval). Cost invoice with NDC required. Restricted to ICD-9 diagnosis of 340. Minimum age restriction of 17 years.
*AC/OP-Acute Care/Out Patient Hospital													
*CAH/OP-Critical Access/Out Patient Hospital													
*P - Physician													
*NP - Nurse Practitioner													
*MW - Nurse Midwife													
*OPH - Ophthalmologist													
*POD - Podiatrist													
*IDTF - Independent Diagnostic Treatment Facility													
*DC - Dialysis Centers													
*HI - Home Infusion Centers													

Medical necessity documentation of services provided must be maintained in the member's file. NDC# must be included on the claim form for payment consideration.