

NEBRASKA MEDICAID FEE SCHEDULE, INJECTABLE JANUARY 1, 2022					
			471-000-540 REVISED		
					MEDICAID
CODE	MOD	PA	COMMENTS	COPAY	ALLOWABLE
000A9500			RADIOPHARMCEUTICAL-RNE		RNE
000A9502			RADIOPHARMACEUTICAL		\$104.09
000A9503			RADIOPHARMACEUTICAL		\$13.88
000A9504			RNE		RNE
000A9505			RADIOPHARMACEUTICAL		\$162.77
000A9507			RADIOPHARMACEUTICAL RNE		RNE
000A9508			NOT COVERED		
000A9509			RADIOPHARMACEUTICAL RNE		RNE
000A9510			RADIOPHARMACEUTICAL		\$74.76
000A9512			REQUIRES INVOICE RADIOPHARMACEUTICAL		\$1.71
000A9513					\$276.40
000A9515			RADIOPHARMACEUTICAL		\$5,340.00
000A9516			RADIOPHARMACEUTICAL RNE		RNE
000A9517			RADIOPHARMACEUTICAL RNE		RNE
000A9520			RADIOPHARMACEUTICAL		\$501.75
000A9521			RADIOPHARMACEUTICAL		\$1,632.73
000A9524			RADIOPHARMACEUTICAL- RNE		RNE
000A9526			RADIOPHARMACEUTICAL		\$640.80
000A9527			RADIOPHARMACEUTICAL- RNE		RNE
000A9528			RADIOPHARMACEUTICAL- RNE		RNE
000A9529			RADIOPHARMACEUTICAL- RNE		RNE
000A9530			RADIOPHARMACEUTICAL- RNE		RNE
000A9531			RNE RADIOPHARMACEUTICAL		RNE
000A9532			RNE RADIOPHARMACEUTICAL		RNE
000A9536			RNE RADIOPHARMACEUTICAL		RNE
000A9537			RADIOPHARMACEUTICAL		\$60.34
000A9538			RADIOPHARMACEUTICAL		\$68.41

000A9539			RADIOPHARMACEUTICAL- RNE		RNE
000A9540			RADIOPHARMACEUTICAL		\$32.04
000A9541			RADIOPHARMACEUTICAL		\$285.55
000A9542			RADIOPHARMACEUTICAL RNE		RNE
000A9543			RADIOPHARMACEUTICAL		MP
000A9546			NOT COVERED		
000A9547			RADIOPHARMACEUTICAL		\$1,909.72
000A9548			RADIOPHARMACEUTICAL		\$441.29
000A9550			NOT COVERED		
000A9551			RADIOPHARMACEUTICAL		\$640.18
000A9552			RADIOPHARMACEUTICAL RNE		RNE
000A9553			RADIOPHARMACEUTICAL RNE		RNE
000A9554			RADIOPHARMACEUTICAL		\$37.38
000A9555			REQUEST INVOICE. RADIOPHARMACEUTICAL- RNE		RNE
000A9556					\$128.34
000A9557			RADIOPHARMACEUTICAL- RNE		RNE
000A9559			NOT COVERED		
000A9560			RADIOPHARMACEUTICAL		\$106.80
000A9561			RADIOPHARMACEUTICAL RNE		RNE
000A9562			RADIOPHARMACEUTICAL RNE		RNE
000A9563			RADIOPHARMACEUTICAL		\$325.61
000A9564			RADIOPHARMACEUTICAL RNE		RNE
000A9566			NOT COVERED		
000A9567			RADIOPHARMACEUTICAL- RNE		RNE
000A9568			NOT COVERED		
000A9569			RADIOPHARMACEUTICAL		\$1,632.73
000A9570			RADIOPHARMACEUTICAL		\$3,819.44
000A9571			RADIOPHARMACEUTICAL		\$3,819.44
000A9572			RADIOPHARMACEUTICAL RNE		RNE
000A9575					\$0.15
000A9576					\$1.45
000A9577			MEDICAL RECORDS REQUIRED		\$1.87
000A9578					\$1.77

000A9579				\$1.57
000A9580			RNE	RNE
000A9581				\$14.73
000A9582				\$6,305.66
000A9583			RNE	RNE
000A9584				\$2,635.82
000A9585			NDC NOT REQUIRED	\$0.34
000A9586			NDC NOT REQUIRED	\$3,051.70
000A9587			RADIOPHARMACEUTICAL	\$69.22
000A9588			RADIOPHARMACEUTICAL	\$512.64
000A9589				\$1,199.10
000A9591				\$649.70
000A9592				\$934.50
000A9593			RNE	RNE
000A9594			RNE	RNE
000A9595				\$545.87
000A9597			NOT COVERED	
000A9598			NOT COVERED	
000A9600			RADIOPHARMACEUTICAL	\$4,005.00
000A9604			RADIOPHARMACEUTICAL	MP
000A9606				\$154.88
000A9698			NOT COVERED	
000A9699			NOT COVERED	
000A9700			NOT COVERED	
000C9046				\$1.47
000C9047				\$708.77
000C9067			OUTPATIENT ONLY	\$0.58
000C9073				MP
000C9081			OBSOLETE	
000C9082			OBSOLETE	
000C9083			OBSOLETE	
000C9084				\$250.98
000C9085				\$73.26
000C9086				\$16.38
000C9087				\$7.80
000C9088				\$0.72
000C9089				\$0.83
000C9113				\$5.34
000C9122			NOTES REQUIRED FOR MEDICAL NECESSITY.	\$10.86
000C9248				\$3.28
000C9250			OUTPATIENT ONLY	\$166.08
000C9254			OUTPATIENT ONLY	\$0.44
000C9257			FOR MACULAR DEGENERATION.	\$2.13

000C9285			NOT COVERED		
000C9290			OUTPATIENT ONLY		\$1.35
000C9293			NOT COVERED		
000C9460			OUTPATIENT ONLY		\$16.00
000C9462			OUTPATIENT ONLY		\$0.49
000C9482					\$17.72
000J0120			NOT COVERED		
000J0121					\$3.32
000J0122					\$1.01
000J0129			10 MG		\$44.52
000J0130					\$1,439.86
000J0131					\$0.26
000J0132			100 MG		\$0.78
000J0133			5 MG		\$0.04
000J0135			20 MG NOT FOR SELF-ADMINISTRATION RNE		RNE
000J0153					\$0.52
000J0171			0.1 MG		\$0.72
000J0172		X	PRIOR AUTHORIZATION		\$11.87
000J0178					\$915.74
000J0179			NOTES FOR MEDICAL NECESSITY REQUIRED.		\$311.93
000J0180		X	PRIOR AUTHORIZATION		\$198.74
000J0185			PRIOR AUTHORIZATION		\$1.72
000J0190			NOT COVERED		
000J0200			NOT COVERED		
000J0202		X	PRIOR AUTHORIZATION		\$2,129.14
000J0205			NOT COVERED		
000J0207			500 MG		\$1,144.27
000J0210			NO ACTIVE PRODUCTS		
000J0215			NOT COVERED		
000J0220		X	RNE		RNE
000J0221		X	PRIOR AUTHORIZATION		\$181.41
000J0222		X	PRIOR AUTHORIZATION		\$97.77
000J0223					\$106.66
000J0224					\$310.80
000J0248			OUTPATIENT SETTING EFFECTIVE DATE 12/23/21		\$5.50
000J0256			10 MG		\$4.54
000J0257			10 MG		\$4.98
000J0270		X	NOT FOR IMPOTENCE. NOT COVERED FOR SELF ADMINISTRATION		\$9.56
000J0275			NOT COVERED		
000J0278			100 MG		\$0.91

000J0280			250 MG		\$6.13
000J0282			30 MG		\$0.46
000J0285			50 MG		\$41.00
000J0287			10 MG		\$9.60
000J0289			10 MG		\$29.46
000J0290			500 MG		\$0.71
000J0291					\$3.09
000J0295			1.5 GM		\$2.72
000J0300			125 MG		\$195.72
000J0330					\$1.17
000J0348			1 MG		\$0.56
000J0350			NO ACTIVE PRODUCTS		
000J0360			20 MG		\$5.35
000J0364			1 MG		\$43.96
000J0365			NOT COVERED		
000J0380			NOT COVERED		
000J0390			NOT COVERED		
000J0400		X	NO ACTIVE PRODUCTS. WOULD REQUIRE PA.		
000J0401		X	PRIOR AUTHORIZATION		\$5.99
000J0456			500 MG		\$2.63
000J0461			0.3 MG		\$0.08
000J0470			100 MG		\$60.26
000J0475					\$181.56
000J0476			50 MCG		\$73.05
000J0480			20 MG		\$4,037.65
000J0485			1 MG		\$3.78
000J0490			10 MG		\$48.23
000J0500			20 MG		\$30.39
000J0515			1 MG		\$19.02
000J0517		X	PRIOR AUTHORIZATION		\$167.44
000J0520			NOT COVERED		
000J0558			100,000 UNITS		\$11.77
000J0561			100,000 UNITS		\$15.04
000J0565			REQUIRES DOCUMENTATION REVIEW		\$39.78
000J0567		X	PRIOR AUTHORIZATION		\$100.00
000J0570		X	REQUIRES PRIOR AUTHORIZATION		\$1,321.65
000J0571			NOT FOR SELF- ADMINISTRATION		\$0.41
000J0572			ER OUTPATIENT SETTING ONLY. NOT FOR SELF- ADMINISTRATION. RNE		RNE

000J0573			ER SETTING ONLY. NOT FOR SELF-ADMINISTRATION. RNE	RNE
000J0574			ER SETTING ONLY. NOT FOR SELF-ADMINISTRATION. RNE	RNE
000J0575			ER OUTPT SETTING ONLY. NEVER FOR SELF-ADMINISTRATION. RNE	RNE
000J0583			1 MG	\$0.41
000J0584		X	PRIOR AUTHORIZATION	\$380.14
000J0585		X	PA REQUIRED. ONLY FDA APPROVED INDICATIONS/USE APPROVED. DOCUMENT REQUESTED NUMBER OF UNITS PER MUSCLE. MAX 400U EVERY 3-MONTHS.	\$6.18
000J0586		X	PRIOR AUTHORIZATION. ONLY FOR FDA APPROVED USE/INDICATIONS.	\$8.30
000J0587		X	PRIOR AUTHORIZATION. ONLY FOR FDA APPROVED USE/INDICATIONS.	\$12.12
000J0588		X	PRIOR AUTHORIZATION	\$5.05
000J0591		X	NOT COVERED FOR COSMETIC PURPOSES	\$16.02
000J0592			MUST BE DEX PROVIDER. NOT FOR SELF-ADMINISTRATION.	\$4.08
000J0593		X	NOT FOR SELF ADMINISTRATION. REQUEST PA.	\$80.92
000J0594			1 MG	\$1.45
000J0595			1 MG	\$2.89
000J0596				\$30.01
000J0597		X	PRIOR AUTHORIZATION	\$57.39
000J0598		X	PRIOR AUTHORIZATION	\$58.96
000J0599		X	PRIOR AUTHORIZATION	\$10.65
000J0600			1000 MG	\$5,708.59
000J0604			ESRD ON DIALYSIS.	\$0.06
000J0606			REQUIRES DOCUMENTATION; OUTPATIENT	\$3.60
000J0610			10 ML	\$4.28
000J0630			400 UNITS	\$2,841.58

000J0636			0.1 MCG		\$0.71
000J0637			5 MG		\$6.56
000J0638			1 MG		\$115.88
000J0640			50 MG		\$4.44
000J0641			0.5 MG		\$0.11
000J0642					\$1.83
000J0670			10 ML		\$2.92
000J0690			500 MG		\$0.76
000J0691					\$0.72
000J0692			500 MG		\$1.75
000J0694					\$4.68
000J0695					\$6.63
000J0696					\$0.48
000J0697					\$1.98
000J0698			PER GRAM		\$10.47
000J0699					\$2.03
000J0702			3 MG		\$6.77
000J0706			5 MG		\$0.89
000J0712			10 MG		\$3.56
000J0713			500 MG		\$1.96
000J0714					\$92.37
000J0717			NOT FOR USE WHEN SELF-ADMINISTERED.		\$6.27
000J0720			1 GM		\$35.79
000J0725			USE FOR INFERTILITY IS NOT A COVERED SERVICE		\$22.63
000J0735			1 MG		\$33.96
000J0740			375 MG		\$567.92
000J0741		X	PRIOR AUTHORIZATION		\$20.55
000J0742					\$2.31
000J0743			250 MG		\$7.34
000J0744			200 MG		\$0.94
000J0770			150 MG		\$14.13
000J0775		X	PA REQUIRED. NOT COVERED FOR PEYRONIE'S DISEASE		\$56.60
000J0780			10 MG		\$4.18
000J0791					\$124.12
000J0795			1 MCG		\$9.75
000J0800			40 UNITS		\$3,788.21
000J0834			0.25 MG		\$32.09
000J0840			UP TO 1 GM		\$2,636.68
000J0841			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		\$1,022.44

000J0850			PER VIAL		\$1,525.45
000J0875					\$15.89
000J0878			1 MG		\$0.05
000J0881			1 MCG		\$3.09
000J0882			1 MCG		\$3.09
000J0883					\$4.17
000J0884			SEND INVOICE		\$4.17
000J0885			1000 UNITS		\$8.22
000J0887			FOR ESRD USE. SEND INVOICE		\$1.51
000J0888			FOR NON-ESRD USE. SEND INVOICE.		\$1.51
000J0890			NOT COVERED		
000J0894			1 MG		\$2.88
000J0895			500 MG		\$7.86
000J0896					\$37.39
000J0897			1 MG		\$21.20
000J1000			5 MG		\$23.95
000J1020			20 MG		\$3.58
000J1030			40 MG		\$5.69
000J1040			80 MG		\$11.82
000J1050			1 MG		\$0.57
000J1071			REQUIRES REVIEW OF DOCUMENTATION FOR MEDICAL NECESSITY.		\$0.02
000J1094			NOT COVERED		
000J1095		X	PA BY RETINAL SPECIALIST/OPHTHAMOLOGIS T		\$1.23
000J1096					\$148.19
000J1097					\$124.16
000J1100			1 MG		\$0.11
000J1110			1 MG		\$54.92
000J1120			500 MG		\$23.48
000J1130			NOT COVERED		
000J1160			0.5 MG		\$21.73
000J1162			PER VIAL		\$4,128.19
000J1165			50 MG		\$0.50
000J1170			4 MG		\$2.75
000J1180			NOT COVERED		
000J1190			250 MG		\$189.84
000J1200			50 MG		\$1.06
000J1201		X			\$15.28
000J1205			500 MG		\$43.90
000J1212			50 ML		\$636.55

000J1230			10 MG		\$17.46
000J1240			50 MG		\$7.12
000J1245			10 MG		\$3.65
000J1250			250 MG		\$6.79
000J1260			NOT COVERED		
000J1265			40 MG		\$0.63
000J1267			10 MG		\$0.84
000J1270			1 MCG		\$0.39
000J1290					\$504.13
000J1300		X	PRIOR AUTHORIZATION		\$228.94
000J1301		X	PRIOR AUTHORIZATION		\$20.48
000J1303		X			\$224.63
000J1305					\$166.88
000J1320			NOT COVERED		
000J1322		X	PRIOR AUTHORIZATION		\$250.30
000J1324		X	NOT FOR SELF- ADMINISTRATION		\$0.70
000J1325			0.5 MG		\$16.26
000J1327			5 MG		\$24.03
000J1330			NOT COVERED		
000J1335			500 MG		\$24.47
000J1364			500 MG		\$75.25
000J1380			10 MG		\$10.72
000J1410			25 MG		\$341.50
000J1426		X			\$170.88
000J1427		X			\$60.24
000J1428		X	PRIOR AUTHORIZATION		\$170.88
000J1429		X			\$170.88
000J1430			100 MG		\$444.09
000J1435			NOT COVERED		
000J1436			NOT COVERED		
000J1437					\$24.39
000J1438			NOT FOR USE WHEN DRUG SELF-ADMINISTERED		\$796.75
000J1439					\$1.12
000J1442			1 MCG		\$0.98
000J1443					\$0.03
000J1444					\$0.03
000J1445					\$0.19
000J1447					\$0.44
000J1448					\$4.95
000J1450			200 MG		\$3.13
000J1451			15 MG		\$16.02
000J1452			NOT COVERED		

000J1453			WHEN TRADITIONAL THERAPIES HAVE FAILED. NOT FOR MOTION SICKNESS.		\$0.19
000J1454			DOCUMENTATION OF MEDICAL NECESSITY.		\$503.97
000J1455					\$84.16
000J1457			NOT COVERED		
000J1458		X	PRIOR AUTHORIZATION		\$411.91
000J1459			500 MG		\$45.00
000J1460			1 CC		\$45.41
000J1554			REQUIRES REVIEW		\$481.77
000J1555			REQUIRES REVIEW		\$14.74
000J1556			500 MG		\$70.49
000J1557			500 MG		\$50.80
000J1558					\$13.29
000J1559			100 MG		\$11.78
000J1560			>10 CC		\$454.19
000J1561			500 MG		\$46.50
000J1562			NOT COVERED		
000J1566			500 MG		\$69.59
000J1568			500 MG		\$41.61
000J1569			500 MG		\$46.66
000J1570			500 MG		\$47.37
000J1571			0.5 ML		\$73.59
000J1572			500 MG		\$35.89
000J1573			0.5 ML		\$90.61
000J1575			100 MG		\$15.41
000J1580			80 MG		\$1.41
000J1595			20 MG		\$69.42
000J1600			NOT COVERED		
000J1602			1 MG		\$16.10
000J1610			1 MG		\$166.77
000J1626			100 MCG		\$0.34
000J1627			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		\$6.71
000J1628		X	PRIOR AUTHORIZATION - NOT FOR SELF-ADMINISTRATION		\$127.50
000J1630			5 MG		\$1.08
000J1631			50 MG		\$8.16
000J1632		X			\$84.93
000J1640			1 MG		\$26.62
000J1642			10 UNITS		\$0.01
000J1644			1000 UNITS		\$0.24

000J1645			2500 IU		\$10.01
000J1650			10 MG		\$0.80
000J1652			0.5 MG		\$1.46
000J1655			NOT COVERED		
000J1670			250 UNITS		\$482.08
000J1675			NOT COVERED		
000J1700			NOT COVERED		
000J1710			NOT COVERED		
000J1720			100 MG		\$14.76
000J1726			NOT FDA APPROVED FOR SELF-ADMIN. SINGLE PREGNANCY; HX PRETERM BIRTH; INITIATE BTWN 16-20 WKS 6DAYS GESTATION TO 37 WEEKS FOLLOW A INDICATIONS AN		\$29.16
000J1729		X	PRIOR AUTHORIZATION REQUIRED NOT FOR SELF-ADMINISTRATION.		\$14.57
000J1730			NOT COVERED		
000J1738					\$3.34
000J1740			1 MG		\$29.27
000J1742			1 MG		\$318.58
000J1743		X	PRIOR AUTHORIZATION		\$542.94
000J1744			NOT FOR SELF-ADMINISTRATION		\$180.96
000J1745			10 MG		\$37.87
000J1746		X	PRIOR AUTHORIZATION		\$66.25
000J1750			50 MG		\$15.82
000J1756			1 MG		\$0.22
000J1786		X	PRIOR AUTHORIZATION		\$43.96
000J1790			5 MG		\$8.76
000J1800			1 MG		\$8.54
000J1810			NOT COVERED		
000J1815			5 UNITS		\$0.89
000J1817			50 UNITS		\$10.95
000J1823					\$462.61
000J1826		X	NOT FOR SELF-ADMINISTRATION		\$1,923.88
000J1830			NOT FOR SELF ADMINISTATION		\$475.78
000J1833					\$0.93
000J1835			NOT COVERED		
000J1840			NOT COVERED		
000J1850			NOT COVERED		
000J1885			15 MG		\$0.54

000J1890			NOT COVERED		
000J1930			1 MG		\$66.18
000J1931		X	PRIOR AUTHORIZATION		\$34.77
000J1940			20 MG		\$0.51
000J1943		X			\$3.00
000J1944		X			\$2.95
000J1945			NOT COVERED		
000J1950			DOCUMENTATION IS REQUIRED		\$1,366.00
000J1951					\$127.04
000J1952			NO PRODUCTS		
000J1953			10 MG		\$0.09
000J1955			1 GM		\$21.76
000J1956			250 MG		\$0.98
000J1960			NOT COVERED		
000J1980			0.25 MG		\$29.25
000J1990			NOT COVERED		
000J2001			10 MG		\$0.02
000J2010			300 MG		\$10.10
000J2020			200 MG		\$6.25
000J2060			2 MG		\$0.71
000J2062		X	ONLY ADMINISTERED IN REMS ENROLLED HEALTH CARE FACILITY		\$16.02
000J2150			50 ML		\$4.63
000J2175			100 MG		\$6.21
000J2180			NOT COVERED		
000J2182		X	PRIOR AUTHORIZATION - NOT FOR SELF- ADMINISTRATION.		\$28.68
000J2185			100 MG		\$0.74
000J2186					\$2.00
000J2210			0.2 MG		\$19.38
000J2212			NOT FOR SELF- ADMINISTRATION.		\$1.20
000J2248			1 MG		\$0.85
000J2250			1 MG		\$0.11
000J2260			5 MG		\$1.61
000J2265			NOT FOR SELF- ADMINISTRATION		\$2.07
000J2270			10 MG		\$3.16
000J2274					\$13.88
000J2278			1 MCG		\$9.05
000J2280			100 MG		\$8.31
000J2300			10 MG		\$3.07
000J2310			1 MG		\$10.78

000J2315		X	1 MG REQUIRES DOCUMENTATION		\$3.51
000J2320			NOT COVERED		
000J2323		X	PRIOR AUTHORIZATION		\$23.25
000J2325			0.1 MG		\$75.37
000J2326		X	USE SPINRAZA PA FORM		\$1,134.75
000J2350		X	PRIOR AUTHORIZATION		\$58.90
000J2353			1 MG- IM INJECTION, NEEDS NOTES.		\$206.56
000J2354			25 MCG		\$0.96
000J2355			5 MG RNE		RNE
000J2357		X	PRIOR AUTHORIZATION NOT FOR SELF-ADMINISTRATION.		\$37.50
000J2358		X	1 MG		\$2.91
000J2360			60 MG		\$5.18
000J2370			1 ML		\$3.59
000J2400			30 ML		\$30.10
000J2405			1 MG		\$0.08
000J2406					\$43.47
000J2407					\$24.39
000J2410			NO ACTIVE PRODUCTS		
000J2425			50 MCG		\$23.92
000J2426		X	PRIOR AUTHORIZATION		\$12.64
000J2430			30 MG		\$10.55
000J2460			NOT COVERED		
000J2469			25 MCG		\$0.85
000J2501			1 MCG		\$0.69
000J2502					\$495.09
000J2503			0.3 MG; REQUIRES DOC & INVOICE		\$791.43
000J2504		X	PRIOR AUTHORIZATION		\$370.73
000J2505			OBSOLETE		
000J2506					\$182.03
000J2507			1 MG		\$2,968.60
000J2510			600000 U		\$30.98
000J2513			NOT COVERED		
000J2515			50 MG		\$24.12
000J2540			600000 U		\$0.77
000J2543			1.125 GM		\$1.41
000J2545			300 MG		\$125.55
000J2547					\$1.69
000J2550			50 MG		\$2.36
000J2560			120 MG		\$42.24
000J2562			1 MG		\$382.78

000J2590			10 UNITS		\$0.93
000J2597			1 MCG		\$9.28
000J2650			NOT COVERED		
000J2670			NOT COVERED		
000J2675			50 MG		\$1.15
000J2680			25 MG		\$10.28
000J2690			1 GM		\$106.26
000J2700			250 MG		\$1.28
000J2704					\$0.13
000J2710			0.5 MG		\$0.98
000J2720			10 MG		\$1.41
000J2724			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		\$15.09
000J2725			NOT COVERED		
000J2730			1 GM		\$92.60
000J2760			5 MG		\$414.11
000J2765			10 MG		\$1.07
000J2770			500 MG		\$428.19
000J2778			0.1 MG		\$307.19
000J2780			25 MG		\$6.61
000J2783			0.5 MG		\$321.66
000J2785			0.1 MG		\$61.28
000J2786		X	PRIOR AUTHORIZATION		\$10.12
000J2787					\$1,643.25
000J2788			50 MCG (250 IU)		\$21.77
000J2790			300 MCG (1500 IU)		\$78.98
000J2791			100 IU		\$4.70
000J2792			100 IU		\$31.52
000J2793					\$24.28
000J2794		X	REQUIRES PRIOR AUTH		\$11.04
000J2795			1 MG		\$0.06
000J2796			10 MCG		\$83.62
000J2797					\$0.95
000J2798		X	PRIOR AUTHORIZATION		\$10.67
000J2800			10 ML		\$6.47
000J2805			NOT COVERED		
000J2810			40 MG		\$0.42
000J2820			50 MCG		\$53.55
000J2840		X	PRIOR AUTHORIZATION		\$545.21
000J2850			NOT COVERED		
000J2860		X			\$125.15
000J2910			NOT COVERED		
000J2916			12.5 MG		\$1.92
000J2920			40 MG		\$4.22

000J2930			125 MG		\$5.89
000J2940			NOT COVERED		
000J2941		X	PRIOR AUTHORIZATION		\$157.40
000J2950			NOT COVERED		
000J2993					\$2,926.50
000J2995			NOT COVERED		
000J2997			1 MG		\$87.67
000J3000			1 GM		\$32.94
000J3010			0.1 MG		\$0.66
000J3030			NOT FOR SELF ADMINISTRATION		\$39.52
000J3031		X	PRIOR AUTHORIZATION NOT FOR SELF ADMINISTRATION		\$3.00
000J3032		X			\$16.00
000J3060			10 U		\$41.22
000J3070			NO ACTIVE PRODUCTS		
000J3090					\$1.66
000J3095			10MG		\$6.39
000J3101			1 MG		\$134.62
000J3105			1 MG		\$1.80
000J3110			MEDICAL DOCUMENTATION REQUIRED		\$55.95
000J3111		X	REQUIRES PA.		\$9.33
000J3121			REQUIRES DOCUMENTATION		\$0.04
000J3145			REQUIRES DOCUMENTATION		\$1.60
000J3230			50 MG		\$32.02
000J3240			0.9 MG		\$1,858.04
000J3241		X			\$315.88
000J3243			1 MG		\$1.05
000J3245		X	PRIOR AUTHORIZATION NOT FOR SELF-ADMINISTRATION.		\$133.59
000J3246					\$3.98
000J3250			200 MG		\$42.75
000J3260			80 MG		\$4.11
000J3262			1 MG		\$5.73
000J3265			NOT COVERED		
000J3280			NOT COVERED		
000J3285			1 MG		\$57.47
000J3300			1 MG		\$3.89
000J3301			10 MG		\$1.10
000J3302			NO ACTIVE PRODUCTS		
000J3303			NOT COVERED		

000J3304			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		\$17.62
000J3305			NOT COVERED		
000J3310			NOT COVERED		
000J3315			3.75 MG		\$337.00
000J3316		X	PRIOR AUTHORIZATION		\$3,143.66
000J3320			NOT COVERED		
000J3350			NO ACTIVE PRODUCTS		
000J3355			NOT COVERED		
000J3357			SQ REQUIRES REVIEW OF DOCUMENTATION NOT FOR SELF-ADMINISTRATION		\$170.81
000J3358			IV REQUIRES REVIEW OF DOCUMENTATION		\$11.61
000J3360			5 MG		\$7.06
000J3364			NOT COVERED		
000J3365			NO ACTIVE PRODUCTS		
000J3370			500 MG		\$2.77
000J3380					\$21.29
000J3385		X	PRIOR AUTHORIZATION		\$359.79
000J3396			0.1 MG		\$11.24
000J3397		X	PRIOR AUTHORIZATION		\$243.18
000J3398		X			\$3,026.00
000J3399		X			MP
000J3400			NO ACTIVE PRODUCTS		
000J3410			25 MG		\$8.43
000J3411			100 MG		\$2.82
000J3415			100 MG		\$5.68
000J3420			1000 MCG		\$1.79
000J3430			1 M		\$3.42
000J3465			10 MG		\$1.82
000J3470			150 UNITS		\$59.59
000J3471			1-999 USP		\$0.47
000J3472			NOT COVERED		
000J3473			1 USP		\$0.36
000J3475			500 MG		\$0.61
000J3480			2 MEQ		\$0.14
000J3485			10 MG		\$1.51
000J3486			10 MG		\$13.38
000J3489			1 MG		\$5.76
000J3490			REQUIRES DOC & INVOICE		MP
000J3490	TH		FOR FAMILY PLANNING ONLY PER 1MG		\$0.54
000J3520			NOT COVERED		

000J3535			OUTPATIENT ONLY		
000J3590			REQUIRES DOC & INVOICE		MP
000J3591			UNCLASSIFIED ESRD ON DIALYSIS		MP
000J7030			1000 ML		\$2.73
000J7040			500 ML		\$1.36
000J7042			500 ML		\$1.05
000J7050			250 ML		\$0.68
000J7060			500 ML		\$1.73
000J7070			1000 ML		\$3.47
000J7100			500 ML		\$28.47
000J7110			NO ACTIVE NDCS		
000J7120			1000 ML		\$2.47
000J7121					\$6.15
000J7131					\$0.04
000J7168					\$2.90
000J7169					\$293.70
000J7170		X	PRIOR AUTHORIZATION NOT FOR SELF-ADMINISTRATION		\$48.74
000J7175					\$8.20
000J7177					\$1.09
000J7178			REQUIRES DOCUMENTATION		\$1.29
000J7179			REQUIRES DOCUMENTATION		\$1.84
000J7180			1 IU (IC) REQUIRES INVOICE AND DOCUMENTATION		\$9.13
000J7181			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		\$16.12
000J7182			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		\$1.52
000J7183			1 IU		\$1.14
000J7185			1 IU		\$1.26
000J7186			PER FACTOR VIII IU		\$1.13
000J7187			1 IU		\$1.26
000J7188		X	PRIOR AUTHORIZATION		\$3.19
000J7189			1 MCG		\$2.30
000J7190			1 IU		\$1.11
000J7191			NO ACTIVE PRODUCTS		
000J7192			1 IU		\$1.42
000J7193			1 IU		\$1.16
000J7194			1 IU		\$1.53
000J7195			1 IU		\$1.59

000J7196				\$150.05
000J7197			1 IU	\$3.55
000J7198			1 IU	\$2.20
000J7199			REQUIRES DOCUMENTATION	MP
000J7200				\$1.44
000J7201				\$3.14
000J7202				\$4.60
000J7203				\$4.26
000J7204				\$2.18
000J7205				\$2.11
000J7207				\$1.94
000J7208		X	PRIOR AUTHORIZATION	\$2.10
000J7209				\$1.29
000J7210			REQUIRES DOCUMENTATION	\$1.35
000J7211			REQUIRES DOCUMENTATION	\$1.22
000J7212			DOCUMENTATION REQUIRED	\$2.20
000J7294		X	PRIOR AUTHORIZTION	\$2,232.12
000J7295				\$147.55
000J7296			KYLEENA	\$1,067.23
000J7297			LILETTA	\$902.57
000J7298			MIRENA	\$1,067.23
000J7300			1 UNIT	\$1,000.72
000J7301			SKYLA	\$888.65
000J7304			NOT COVERED	
000J7306			NOT COVERED	
000J7307			1 UNIT NEXPLANON	\$1,100.72
000J7308			354 MG	\$391.42
000J7309			NO ACTIVE PRODUCTS	
000J7310			NO ACTIVE PRODUCTS	
000J7311		X	REQUIRES PA	\$324.08
000J7312			0.1 MG	\$199.99
000J7313		X	REQUIRES PRIOR AUTHORIZATION	\$490.94
000J7314		X		\$518.46
000J7315			NOT COVERED	
000J7316				\$1,054.83

000J7318			MEDICAL DOCUMENTAITON REQUIRED FOR RETROSPECTIVE REVIEW. INDICATION (DIAGNOSIS), CONVENTIONAL TREATMENT TRIED AND FAILED.		\$17.88
000J7320			MEDICAL DOCUMENTAITON REQUIRED FOR RETROSPECTIVE REVIEW. INDICATION (DIAGNOSIS), CONVENTIONAL TREATMENT TRIED AND FAILED.		\$17.05
000J7321			MEDICAL DOCUMENTATION REQUIRED FOR RETROSPECTIVE REVIEW. INDICATION (DIAGNOSIS		\$75.93
000J7322			MEDICAL DOCUMENTAITON REQUIRED FOR RETROSPECTIVE REVIEW. INDICATION (DIAGNOSIS), CONVENTIONAL TREATMENT TRIED AND FAILED.		\$31.91
000J7323			MEDICAL DOCUMENTAITON REQUIRED FOR RETROSPECTIVE REVIEW. INDICATION (DIAGNOSIS), CONVENTIONAL TREATMENT TRIED AND FAILED.		\$135.23
000J7324			MEDICAL DOCUMENTATION REQUIRED FOR RETROSPECTIVE REVIEW. INDICA TION (DIAGNOSIS), CONVENTAION TREATMENT TRIED AND FAILED.		\$147.75
000J7325			MEDICAL DOCUMENTAITON REQUIRED FOR RETROSPECTIVE REVIEW. INDICATION (DIAGNOSIS), CONVENTIONAL TREATMENT TRIED AND FAILED		\$10.43

000J7326		X	MEDICAL DOCUMENTATION REQUIRED FOR PRIOR AUTHORIZATION, INDICATION (DIAGNOSIS), CONVENTIONAL TREATMENT TRIED AND FAILED.		\$1,228.20
000J7327			MEDICAL DOCUMENTATION REQUIRED FOR RETROSPECTIVE REVIEW. INDICATION (DIAGNOSIS), CONVENTIONAL TREATMENT TRIED AND FAILED		\$790.77
000J7328			MEDICAL DOCUMENTATION REQUIRED FOR RETROSPECTIVE REVIEW. INDICATION (DIAGNOSIS), CONVENTIONAL TREATMENT TRIED AND FAILED		\$2.26
000J7329			MEDICAL DOCUMENTATION REQUIRED FOR RETROSPECTIVE REVIEW. INDICATION (DIAGNOSIS), CONVENTIONAL TREATMENT TRIED AND FAILED		\$19.26
000J7330			REQUIRES DOC & INVOICE RNE		RNE
000J7331		X	MEDICAL DOCUMENTATION REQUIRED FOR RETROSPECTIVE REVIEW. INDICATION (DIAGNOSIS) OTC MEDICATIONS TRIED AND FAILED; NAME OF MEDICATION, DURATION OF. RNE		RNE
000J7332		X	MEDICAL DOCUMENTATION REQUIRED FOR PRIOR AUTHORIZATION, INDICATION (DIAGNOSIS), CONVENTIONAL TREATMENT TRIED AND FAILED.		\$26.11

000J7336			NOT FOR SELF ADMIN. MUST FAIL OTC & CONVENTIONAL TREATMENTS.		\$3.24
000J7340			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		\$211.26
000J7342			NOT FOR SELF-ADMINISTRATION		\$29.98
000J7345			NOT COVERED		
000J7351		X			\$205.72
000J7352			NOT COVERED		
000J7402					\$10.56
000J7500			FACILITY ONLY.		\$7.70
000J7501					\$267.00
000J7502			NOT COVERED		
000J7503			NOT COVERED		
000J7504			250 MG		\$2,355.36
000J7505			NOT COVERED		
000J7507					\$0.51
000J7508			OUTPATIENT ONLY		\$0.49
000J7509			ONLY IN IN OUTPATIENT		\$0.25
000J7510			OUTPATIENT ONLY		\$0.25
000J7511			25 MG		\$838.32
000J7512					\$0.01
000J7513			NOT COVERED		
000J7515					\$0.86
000J7516			250 MG		\$62.22
000J7517			250 MG		\$0.30
000J7518			180 MG		\$1.60
000J7520			NOT COVERED		
000J7525			5 MG		\$219.67
000J7527					\$5.69
000J7604			NOT COVERED		
000J7605					\$8.75
000J7606					\$9.87
000J7607			NOT COVERED		
000J7608					\$6.11
000J7609			CROSSOVER ONLY		
000J7610			NOT COVERED		
000J7611					\$0.24
000J7612					\$0.28
000J7613					\$0.04
000J7614					\$0.06
000J7615			NOT COVERED		

000J7620				\$0.12
000J7622			NOT COVERED	
000J7624			NOT COVERED	
000J7626				\$1.10
000J7627			CROSSOVER ONLY	
000J7628			NOT COVERED	
000J7629			NOT COVERED	
000J7631				\$2.50
000J7632			NOT COVERED	
000J7633			NOT COVERED	
000J7634			NOT COVERED	
000J7635			NOT COVERED	
000J7636			NOT COVERED	
000J7637			NOT COVERED	
000J7638			NOT COVERED	
000J7639		X	ONLY FOR CYSTIC FIBROSIS. PRIOR AUTH.	\$47.79
000J7640			NOT COVERED	
000J7641			NOT COVERED	
000J7642			NOT COVERED	
000J7643			NOT COVERED	
000J7644				\$0.20
000J7645			NOT COVERED	
000J7647			NOT COVERED	
000J7648			NO ACTIVE PRODUCTS	
000J7650			NOT COVERED	
000J7658			NO ACTIVE PRODUCTS	
000J7659			NO ACTIVE PRODUCTS	
000J7660			NOT COVERED	
000J7665			NOT FOR SELF ADMINISTRATION	\$7.03
000J7668			NO ACTIVE PRODUCTS	
000J7669			NO ACTIVE PRODUCTS	
000J7670			NOT COVERED	
000J7674			1 MG	\$0.81
000J7676			NOT COVERED	
000J7677				\$0.19
000J7680			NOT COVERED	
000J7681			NOT COVERED	
000J7682			300 MG	\$27.00
000J7683			NOT COVERED	
000J7684			NOT COVERED	
000J7685			NOT COVERED	
000J7686				\$671.07
000J7999			DUAL CLAIMS ONLY	

000J8498			OUTPATIENT ONLY		
000J8499			OUTPATIENT ONLY		
000J8501					\$4.19
000J8510					\$25.01
000J8520					\$0.37
000J8521					\$0.84
000J8530					\$0.88
000J8540					\$0.09
000J8560					\$75.50
000J8597			OUTPATIENT ONLY		
000J8600					\$9.78
000J8610					\$0.19
000J8655			NOT COVERED		
000J8670			NOT COVERED		
000J8700			5 MG		\$0.35
000J8705					\$104.25
000J9000			10 MG		\$3.48
000J9015			1 EA		\$5,002.08
000J9017			1 MG		\$12.81
000J9019					\$427.26
000J9020			NOT COVERED		
000J9021		X	PRIOR AUTHORIZATION		\$46.89
000J9022		X	PRIOR AUTHORIZATION		\$79.57
000J9023		X	PRIOR AUTHORIZATION		\$87.60
000J9025			1 MG		\$0.89
000J9027			1 MG		\$61.65
000J9030					\$2.83
000J9032					\$43.41
000J9033					\$20.68
000J9034					\$19.07
000J9035			10 MG		\$67.86
000J9036					\$22.87
000J9037					\$43.28
000J9039			REQUIRES DOCUMENTATION.		\$124.11
000J9040			15 UNITS		\$26.80
000J9041			0.1 MG		\$44.79
000J9042					\$196.54
000J9043			1 MG		\$191.31
000J9044					\$16.77
000J9045			50 MG		\$2.60
000J9047					\$41.11
000J9050			100 MG		\$1,099.82
000J9055			10 MG		\$67.61
000J9057					\$84.69

000J9060			10 MG		\$1.86
000J9061					\$17.90
000J9065			1 MG		\$15.08
000J9070			100 MG		\$27.47
000J9098			10 MG RNE		RNE
000J9100			100 MG		\$0.88
000J9118					\$69.22
000J9119		X			\$27.67
000J9120			0.5 MG		\$838.87
000J9130			100 MG		\$3.61
000J9144					\$45.03
000J9145					\$57.22
000J9150			10 MG		\$41.23
000J9153		X	PRIOR AUTHORIZATION		\$207.63
000J9155			1 MG		\$4.06
000J9165			NOT COVERED		
000J9171			1 MG		\$0.45
000J9173			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		\$76.85
000J9176					\$6.86
000J9177					\$30.18
000J9178			2 MG		\$1.45
000J9179			0.1 MG		\$127.43
000J9181			10 MG		\$0.75
000J9185			50 MG		\$57.02
000J9190			500 MG		\$2.12
000J9198					\$25.07
000J9200			500 MG		\$69.89
000J9201			200 MG		\$3.84
000J9202			3.6 MG		\$543.15
000J9203		X	REQUIRES PRIOR AUTHORIZATION		\$211.11
000J9204		X			\$212.63
000J9205					\$57.37
000J9206			20 MG		\$2.44
000J9207			1 MG		\$114.18
000J9208			1 GM		\$26.48
000J9209			200 MG		\$1.72
000J9210		X			\$362.31
000J9211			5 MG		\$37.35
000J9212			NOT COVERED		
000J9213			NOT COVERED		
000J9214			1 MILLION UNITS		\$32.73
000J9215			NOT COVERED		

000J9216		X	PRIOR AUTHORIZATION		\$8,055.21
000J9217			DOCUMENTATION IS REQUIRED		\$200.73
000J9218			1 MG		\$15.00
000J9219		X	NO ACTIVE PRODUCCTS		
000J9223					\$180.23
000J9225		X	PRIOR AUTHORIZATION		\$5,166.29
000J9226		X	REQUIRES PRIOR AUTHORIZATION AND INVOICE		MP
000J9227					\$69.02
000J9228		X	FOR MULTIPLE MYELOMA; METASTATIC OR UNRESECTABLE. PRIOR AUTH		\$160.70
000J9229					\$2,407.19
000J9230			10 MG RNE		RNE
000J9245			50 MG		\$197.45
000J9246					\$42.72
000J9247					\$497.43
000J9250			5 MG		\$0.20
000J9260			50 MG		\$2.07
000J9261			50 MG		\$155.89
000J9262					\$3.30
000J9263			0.5 MG		\$0.07
000J9264			1 MG		\$14.04
000J9266			1 EA		MP
000J9267					\$0.12
000J9268			10 MG		\$1,934.45
000J9269					\$296.34
000J9270			NOT COVERED		
000J9271			REQUIRES PRIOR AUTHORIZATION		\$52.30
000J9272					\$215.11
000J9280			5 MG		\$50.66
000J9281					\$281.79
000J9285		X	REQUIRES PRIOR AUTHORIZATION		\$52.46
000J9293			5 MG		\$29.40
000J9295					\$5.73
000J9299			REQUIRES DOCUMENTATION		\$29.24
000J9301					\$64.10
000J9302			1 MG		\$63.95
000J9303			10 MG		\$130.40
000J9304			RNE		RNE

000J9305			10 MG		\$76.03
000J9306					\$13.55
000J9307			1 MG		\$319.73
000J9308					\$63.55
000J9309		X			\$113.57
000J9311			NOT FOR SELF- ADMINISTRATION		\$38.21
000J9312					\$85.63
000J9313					\$23.39
000J9314					\$34.17
000J9316					\$71.65
000J9317					\$31.25
000J9318					\$34.17
000J9319					\$33.22
000J9320			1 GM		\$347.87
000J9325		X	REQUIRES PRIOR AUTHORIZATION. FDA INDICATIONS FOR USE.		\$57.21
000J9328			1 MG		\$10.40
000J9330		X	PRIOR AUTHORIZATION		\$34.74
000J9340		X	REQUIRES PRIOR AUTHORIZATION		\$305.44
000J9348					\$543.83
000J9349					\$12.80
000J9351			0.1 MG		\$0.89
000J9352					\$325.02
000J9353					\$43.75
000J9354					\$34.15
000J9355			10 MG		\$86.41
000J9356					\$71.49
000J9357			200 MG		\$1,435.65
000J9358					\$24.60
000J9360			1 MG		\$3.90
000J9370			1 MG		\$4.93
000J9371					\$3,420.78
000J9390			10 MG		\$8.62
000J9395			25 MG		\$15.64
000J9400					\$7.66
000J9999			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY AND INVOICE. USE APROPRIATE HCPCS WHEN AVAILABLE TO AVOID DENIAL.		MP
000M0243					\$404.78
000P9025			RNE		RNE

000P9026			NOT COVERED		
000P9041					\$10.49
000P9045			BILL ON DME IF IS PART OF NUTRITION.		\$52.45
000P9046					\$20.98
000P9047					\$52.45
000P9099			REQUIRES REVIEW OF DOCUMENTATION AND INVOICE.		MP
000Q0138			1MG		\$1.09
000Q0139			1MG		\$0.99
000Q0162					\$0.01
000Q0163			NOT FOR SELF-ADMINISTRATION		\$0.02
000Q0164					\$0.25
000Q0166					\$3.20
000Q0167					\$0.58
000Q0169					\$0.10
000Q0180			AT TIME OF CHEMOTHERAPY TREATMENT; OUTPATIENT; MAX 1.		\$64.42
000Q0243			NOT COVERED		
000Q0244			NOT REIMBURSABLE		
000Q2017					\$2,665.67
000Q2035			NOT COVERED		
000Q2037			NOT COVERED		
000Q2038			NOT COVERED		
000Q2041		X	REQUIRES PRIOR AUTHORIZATION		MP
000Q2042		X	PRIOR AUTHORIZATION RNE		RNE
000Q2043			REQUIRES DOCUMENTATION AND INVOICE		MP
000Q2049			NO ACTIVE PRODUCTS		\$512.28
000Q2050			REQUIRES DOCUMENTATION AND INVOICE		\$200.51
000Q2053					MP
000Q2054		X	PRIOR AUTHORIZATION		MP
000Q2055		X	PRIOR AUTHORIZATION		MP
000Q3027		X	PRIOR AUTHORIZATION		\$54.83
000Q4074					\$140.40
000Q4081			100 UNITS		\$0.82
000Q4101					\$30.44

000Q4102				\$9.80
000Q4104			NOT COVERED	
000Q4105				\$61.75
000Q4106			ONLY APPROVED FOR FULL THICKNESS DIABETIC FOOT ULCER AND IN DYTOPHIC EPIDERMOLYSIS BULLOSA.	\$31.97
000Q4107			RNE	RNE
000Q4108			NOT COVERED	
000Q4110			NOT COVERED	
000Q4111			NOT COVERED	
000Q4112		X	RNE	RNE
000Q4113			NOT COVERED	
000Q4114			NOT COVERED	
000Q4115			NOT COVERED	
000Q4116			RNE	RNE
000Q4121			REQUIRES DOCUMENTATION	\$43.82
000Q4123			NOT COVERED	
000Q4132			NOT COVERED	
000Q4133				\$134.05
000Q4137			NOT COVERED	
000Q4142			NOT COVERED	
000Q4145			NOT COVERED	
000Q4151			NOT COVERED	
000Q4154			NOT COVERED	
000Q4155			NOT COVERED	
000Q4156			NOT COVERED	
000Q4157			NOT COVERED	
000Q4158			NOT COVERED	
000Q4159			NOT COVERED	
000Q4160			NOT COVERED	
000Q4161			NOT COVERED	
000Q4162			NOT COVERED	
000Q4163			NOT COVERED	
000Q4164			NOT COVERED	
000Q4165			NOT COVERED	
000Q4166			NOT COVERED	
000Q4167			NOT COVERED	
000Q4168			NOT COVERED	
000Q4169			NOT COVERED	
000Q4170			NOT COVERED	
000Q4171			NOT COVERED	
000Q4173			NOT COVERED	

000Q4174			NOT COVERED		
000Q4175			NOT COVERED		
000Q4176			NOT COVERED		
000Q4177			NOT COVERED		
000Q4178			NOT COVERED		
000Q4179			NOT COVERED		
000Q4180			NOT COVERED		
000Q4181			NOT COVERED		
000Q4182					\$42.00
000Q4183			NOT COVERED		
000Q4184			NOT COVERED		
000Q4185			NOT COVERED		
000Q4186			ONLY DIABETIC NONHEALING ULCER. REQUIRES NOTES TO SHOW HEALING POGRESSION.		\$154.30
000Q4187			NOT COVERED		
000Q4188			NOT COVERED		
000Q4189			NOT COVERED		
000Q4190			NOT COVERED		
000Q4191			NOT COVERED		
000Q4192			NOT COVERED		
000Q4193			NOT COVERED		
000Q4194			NOT COVERED		
000Q4195			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		\$83.39
000Q4196			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		\$110.64
000Q4197			RNE		RNE
000Q4198			NOT COVERED		
000Q4199					\$228.43
000Q4200			NOT COVERED		
000Q4201			NOT COVERED		
000Q4202			RNE		RNE
000Q4203			NOT COVERED		
000Q4204			NOT COVERED		
000Q4214			NOT COVERED		
000Q4226			NOT COVERED		
000Q4227			NOT COVERED		
000Q4229			NOT COVERED		
000Q4230			NOT COVERED		
000Q4231			NOT COVERED		
000Q4232			NOT COVERED		
000Q4233			NOT COVERED		

000Q4234			NOT COVERED		
000Q4235			NOT COVERED		
000Q4237			NOT COVERED		
000Q4238			NOT COVERED		
000Q4239			NOT COVERED		
000Q4240			NOT COVERED		
000Q4241			NOT COVERED		
000Q4244			NOT COVERED		
000Q4245			NOT COVERED		
000Q4246			NOT COVERED		
000Q4247			NOT COVERED		
000Q4248			NOT COVERED		
000Q4249			NOT COVERED		
000Q4250			NOT COVERED		
000Q4251			NOT COVERED		
000Q4252			RNE		RNE
000Q4253			NOT COVERED		
000Q4254			NOT COVERED		
000Q4255			NOT COVERED		
000Q5101			ZARXIO- REQUIRES DOCUMENTATION NOT FOR SELF-ADMINISTRATION		\$0.30
000Q5103		X	REQUIRES PRIOR AUTHORIZATION		\$40.57
000Q5104		X	REQUIRES PRIOR AUTHORIZATION		\$39.58
000Q5105					\$0.81
000Q5106					\$8.12
000Q5107					\$39.76
000Q5108					\$204.13
000Q5109			RNE		RNE
000Q5110					\$0.33
000Q5111			PRIOR AUTHORIZATION		\$202.09
000Q5112			PRIOR AUTHORIZATION		\$61.10
000Q5113					\$48.49
000Q5114		X			\$55.71
000Q5115					\$57.34
000Q5116					\$55.78
000Q5117					\$47.40
000Q5118					\$50.58
000Q5119					\$56.37
000Q5120					\$222.86
000Q5121					\$45.30
000Q5122					\$269.14
000Q5123					\$64.32

000Q9950			NOT COVERED		
000Q9956					\$30.76
000Q9957					\$46.15
000Q9958					\$0.07
000Q9960			NOT COVERED		
000Q9961			NOT COVERED		
000Q9963			NOT COVERED		
000Q9965					\$0.80
000Q9966					\$0.34
000Q9967					\$0.12
000Q9968					\$14.95
000Q9991		X	PRIOR AUTHORIZATION		\$1,787.03
000Q9992		X	PRIOR AUTHORIZATION		\$1,787.03
000S0013		X	PRIOR AUTHORIZATION		\$12.37
000S0020					\$3.26
000S0028					\$0.96
000S0030					\$1.84
000S0032					\$23.50
000S0039					\$13.39
000S0073					\$15.49
000S0077					\$1.51
000S0119			OUTPATIENT ONLY.		
000S0164			40MG		\$5.34
000S0166			2.5MG DOCUMENTATION REQUIRED		\$9.16
000S0171			0.5MG		\$0.70
000S1091					\$1,441.80
00090281			NOT COVERED		
00090283			NOT COVERED		
00090287			NOT COVERED		
00090288			NOT COVERED		
00090291			NOT COVERED		
00090371			NOT COVERED		
00090375			REQUIRES DOCUMENTATION		\$308.67
00090376			NOT COVERED		
00090377					\$239.92
00090378		X	PRIOR AUTHORIZTION - PER 50 MG		\$1,739.00
00090384			NOT COVERED		
00090385			NOT COVERED		
00090386			NOT COVERED		
00090389			NOT COVERED		
00090393			NOT COVERED		
00090396			NOT COVERED		

00090399			REQUIRES DOCUMENTATION AND INVOICE		MP
00090476			NOT COVERED		
00090477			NOT COVERED		
00090581			REQUIRES MEDICAL DOCUMENTATION		\$105.73
00090585			REQUIRES DOCUMENTATION		\$167.75
00090586					\$141.52
00090619					\$151.05
00090619	SL				\$10.92
00090620			AGED 19 TO 23 WHEN NEVER BEEN VACCINATED. OTHERS PER MEDICAL NECSSITY WHEN HIGH RISK FOR SEROGROUPB MENINGOCOCCAL INFECTIONS.		\$204.79
00090620	SL		VFC		\$10.92
00090621			AGED 19 TO 23 WHEN NEVER BEEN VACCINATED. OTHERS PER MEDICAL NECSSITY WHEN AT HIGH RISK FOR SEROGROUPB MENINGOCOCCAL INFECTIONS		\$167.25
00090621	SL		VFC		\$10.92
00090625					\$240.30
00090626		X	RNE		RNE
00090630			MEDICAL NECESSITY DOCUMENTATION REQUIRED RNE		RNE
00090630	SL		VFC		\$10.92
00090632			REQUIRES DOCUMENTATION		\$64.74
00090633			NOT COVERED		
00090633	SL		VFC		\$10.92
00090636			NOT FOR TRAVEL. DOCUMENTATION MUST SHOW MEDICAL NECESSITY.		\$119.99
00090644			NOT COVERED		
00090647			NOT COVERED		
00090647	SL		VFC		\$10.92
00090648			MEDICAL NECESSITY DOCUMENTATION REQUIRED FOR ADULTS		\$12.36

00090648	SL		VFC		\$10.92
00090649			NOT COVERED		
00090649	SL		VFC		\$10.92
00090650			NOT COVERED		
00090650	SL		VFC		\$10.92
00090651			REQUIRED-MEDICAL NECESSITY MALES 21 AND OVER AND FEMALES 27 AND OVER.		\$270.84
00090651	SL		VFC		\$10.92
00090653			65 AND OLDER		\$55.90
00090654			REQUIRES MED NECESSITY DOCUMENTATION RNE		RNE
00090655			RNE		RNE
00090655	SL		VFC		\$10.92
00090656					\$18.66
00090656	SL		VFC		\$10.92
00090657			RNE		RNE
00090657	SL		VFC		\$10.92
00090658					\$17.22
00090658	SL		VFC		\$10.92
00090660			RNE		RNE
00090660	SL		VFC		\$10.92
00090661			REQUIRED-DOCUMENT MEDICAL NECESSITY RNE		RNE
00090662			65 AND OLDER		\$65.26
00090670			REQUIRED-DOCUMENT MEDICAL NECESSITY		\$241.38
00090670	SL		VFC		\$10.92
00090671			NOT COVERED		
00090672					\$26.87
00090672	SL		VFC		\$10.92
00090673			REQUIRES DOCUMENTATION RNE		RNE
00090674			REQUIRED-DOCUMENT MEDICAL NECESSITY		\$29.94
00090674	SL		VFC		\$10.92
00090675			REQUIRES DOCUMENTATION ALL AGES (NO VFC DISTRIBUTION)		\$341.94
00090676			REQUIRES DOCUMENTATION FOR MEDICAL NECESSITY RNE		RNE
00090677			NOT COVERED		
00090680	SL		ORAL		\$10.92

00090682			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		\$65.26
00090685			REQUIRED-DOCUMNET MEDICAL NECESSITY		\$21.64
00090685	SL		VFC		\$10.92
00090686					\$20.52
00090686	SL		VFC		\$10.92
00090687					\$9.95
00090687	SL		VFC		\$10.92
00090688					\$19.90
00090688	SL		VFC		\$10.92
00090689			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY. RNE		RNE
00090691			NOT COVERED FOR TRAVEL		\$81.51
00090694			DOCUMENTATIN FOR MEDICAL NECESSITY.		\$66.42
00090696	SL		VFC		\$10.92
00090697	SL		VFC-EFFECTIVE DATE 9/1/2021		\$10.92
00090698			NOT COVERED		
00090698	SL		VFC		\$10.92
00090700			NOT COVERED		
00090700	SL		VFC		\$10.92
00090702			NOT COVERED		
00090707			REQUIRES DOCUMENTATION		\$93.25
00090707	SL		VFC		\$10.92
00090710	SL		VFC VACCINE IS PROQUAD		\$10.92
00090713			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		\$39.40
00090713	SL		VFC-VACCINE IS IPOL		\$10.92
00090714			REQUIRES DOCUMENTATION		\$27.70
00090714	SL		VFC		\$10.92
00090715			NOT FOR ROUTINE IMMUNIZATION. REQUIRES DOCUMENTATION OF MEDICAL NECESSITY. ALL PREGNANT WOMEN;ONE PER PREGNANCY.		\$36.16
00090715	SL		VFC		\$10.92
00090716	SL		VFC		\$10.92
00090717			NOT COVERED		

00090723	SL		VFC		\$10.92
00090732			DOCUMENTATION FOR MEDICAL NECESSITY UNDER 65 Y/O. CHILDREN MUST USE VFC VACCINE.		\$133.47
00090732	SL		FOR HIGH RISK VFC ONLY. MUST CONTACT VFC FOR EACH DOSE.		\$10.92
00090733			NOT COVERED		
00090733	SL		NOT COVERED		
00090734			REQUIRES DOCUMENTATION		\$143.93
00090734	SL		VFC		\$10.92
00090736			NOT COVERED		
00090738			NOT COVERED		
00090739			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		\$144.21
00090740			MEDICAL DOCUMENTATION REQUIRED		\$140.75
00090743			NOT COVERED		
00090744	SL		VFC		\$10.92
00090746			REQUIRES DOCUMENTATION		\$70.38
00090746	SL		VFC		\$10.92
00090747			REQUIRES DOCUMENTATION		\$140.75
00090748			NOT COVERED		
00090748	SL		NOT COVERED		
00090749			REQUIRES DOCUMENTATION AND INVOICE		MP
00090750			NOT COVERED		
00090756			REQUIRES MEDICAL NECESSITY		\$28.37
00090758		X	RNE		RNE
00090759			NO PRODUCTS		
00091300			NOT COVERED		
00091301			NOT COVERED		
00091302			NOT COVERED		
00091303			NOT COVERED		