

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
90375	No Prior Authorization Required	HyperRab	Rabies Immune Globulin (Human)	Rabies Immune Globulin (Human)
90378	Prior Authorization Required	Synagis	Palivizumab	
90380	No Prior Authorization Required	Beyfortus	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	RSV immune globulin
90381	No Prior Authorization Required	Beyfortus	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	RSV immune globulin
90480	No Prior Authorization Required	(COVID-19 VACCINE)	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	ADMN SARSCOV2 VACC 1 DOSE
90584	No Prior Authorization Required		Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use	Dengue vaccine
90675	No Prior Authorization Required	Imovax, Rabavert	Rabies vaccine, for intramuscular use (Code price is per 1 mL)	Rabies vaccine, for intramuscular use
90678	No Prior Authorization Required	Abrysvo	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	RSV vaccine solution
90679	No Prior Authorization Required	Arexvy	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	RSV vaccine solution
91304	No Prior Authorization Required	Novavax	Novavax Covid-19 Vaccine, Adjuvanted (Aged 12 years and older)	SARSCOV2 VAC 5MCG/0.5ML IM
91318	No Prior Authorization Required	(COVID-19 VACCINE)	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation,	SARSCOV2 VAC 3MCG TRS-SUC IM
91319	No Prior Authorization Required	(COVID-19 VACCINE)	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation,	SARSCV2 VAC 10MCG TRS-SUC IM
91320	No Prior Authorization Required	(COVID-19 VACCINE)	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation,	SARSCV2 VAC 30MCG TRS-SUC IM
91321	No Prior Authorization Required	(COVID-19 VACCINE)	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use	SARSCOV2 VAC 25 MCG/.25ML IM
91322	No Prior Authorization Required	(COVID-19 VACCINE)	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use	SARSCOV2 VAC 50 MCG/0.5ML IM
96380	No Prior Authorization Required	(RSV ADMIN)	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care profe	ADMN RSV MONOC ANTB IM CNSL
96381	No Prior Authorization Required	(RSV ADMIN)	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	ADMN RSV MONOC ANTB IM NJX

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99501	No Prior Authorization Required		Postpartum Maternal Newborn Assessment Service	Postpartum Maternal Newborn Assessment Service
99502	No Prior Authorization Required		Newborn Assessment	Newborn Assessment
99506	No Prior Authorization Required		Home Nursing Visit for Medication Administration	Home Nursing Visit for Medication Administration
99600	Prior Authorization Required		17Alpha-hydroxyprogesterone Caproate (17P) Administration Nursing Service	17Alpha-hydroxyprogesterone Caproate (17P) Administration Nursing Service
99601	No Prior Authorization Required		Home infusion/specialty drug administration, per visit (up to 2 hours)	Home infusion/specialty drug administration, per visit (up to 2 hours)
99602	No Prior Authorization Required		Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code 99601 for primary procedure) (Use 99602 in conjunction with 99601)	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code 99601 for primary procedure) (Use 99602 in conjunction with 99601)
A4238	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Guardian	Supply allowance for adjunctive continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	Adju cgm supply allowance
A4239	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Freestyle Libre Dexcom	Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	Non-adju cgm supply allow
A9276	Prior Authorization Required	(CGM)	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	Disposable sensor, cgm sys
A9277	Prior Authorization Required	(CGM)	Transmitter; external, for use with interstitial continuous glucose monitoring system	External transmitter, cgm
A9278	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	(CGM)	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	External receiver, cgm sys
A9513	No Prior Authorization Required	Lutathera	Lutetium lu, dotatete, therapeutic, 1 millicurie	lutetium lu 177
A9606	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Xofigo	Radium Ra 223 dichloride	Xofigo
B4148	No Prior Authorization Required		Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Enteral feed elastomer daily
B4164	No Prior Authorization Required		Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	Parenteral 50% dextrose solu
B4168	No Prior Authorization Required		Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 3.
B4172	No Prior Authorization Required		Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 5.
B4176	No Prior Authorization Required		Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Parenteral sol amino acid 7-
B4178	No Prior Authorization Required		Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	Parenteral sol amino acid >

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B4180	No Prior Authorization Required		Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	Parenteral sol carb > 50%
B4185	No Prior Authorization Required	Clinolipid, Nutrilipid, Smolipid, Intralipid	Parenteral nutrition solution, not otherwise specified, 10 grams lipids	Pn soln nos 10 grams lipids
B4187	No Prior Authorization Required	Omegaven	Omegaven, 10 grams lipids	Omegaven, 10 grams lipids
B4189	No Prior Authorization Required		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Parenteral sol amino acid &
B4193	No Prior Authorization Required		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	Parenteral sol 52-73 gm prot
B4197	No Prior Authorization Required		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Parenteral sol 74-100 gm pro
B4199	No Prior Authorization Required		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Parenteral sol > 100gm prote
B4216	No Prior Authorization Required		Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day	Parenteral nutrition additiv
B4220	No Prior Authorization Required		Parenteral nutrition supply kit; premix, per day	Parenteral supply kit premix
B4222	No Prior Authorization Required		Parenteral nutrition supply kit; home mix, per day	Parenteral supply kit homemi
B4224	No Prior Authorization Required		Parenteral nutrition administration kit, per day	Parenteral administration ki
B5000	No Prior Authorization Required		Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-aminosyn-rf, nephramine, renamine-premix	Parenteral sol renal-amirosoy
B5100	No Prior Authorization Required		Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, hepatamine-premix	Parenteral solution hepatic
B5200	No Prior Authorization Required		Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-freamine-hbc-premix	Parenteral sol hepatic fream
B9006	No Prior Authorization Required		Parenteral nutrition infusion pump, stationary	Parenteral infus pump statio
B9999	No Prior Authorization Required		Noc for parenteral supplies	Parenteral supp not othrws c
C9046	No Prior Authorization Required	Cocaine, Goprelto	Cocaine hydrochloride nasal solution for topical administration, 1 mg	Cocaine hcl nasal solution
C9047	No Prior Authorization Required	Cablivi	Injection, caplacizumab-yhdp, 1 mg	Injection, caplacizumab-yhdp

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C9088	No Prior Authorization Required	Zynrelef	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Instill, bupivac and meloxic
C9089	No Prior Authorization Required	Xaracoll	Bupivacaine, collagen-matrix implant, 1 mg	Bupivacaine implant, 1 mg
C9092	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Xipere	Injection, triamcinolone acetonide, suprachoroidal (Xipere), 1 mg	termed
C9095	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Kimmtrak	Inj, tebentafusp-tebn, 1 mcg	termed
C9143	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Numbrino	Cocaine hydrochloride nasal solution (Numbrino), 1 mg	Cocaine hydrochloride solution
C9144	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Posimir	Injection, bupivacaine (Posimir), 1 mg	Bupivacaine injection
C9145	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Aponvie	Injection, aprepitant, (Aponvie), 1 mg	Inj, aponvie, 1 mg
C9248	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Cleviprex	Injection, clevidipine butyrate, 1 mg	Inj, clevidipine butyrate
C9254	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Vimpat	Injection, lacosamide, 1 mg	Injection, lacosamide
C9257	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Avastin	Injection, bevacizumab, 0.25 mg	Bevacizumab injection
C9285	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Synera	Lidocaine 70 mg/tetracaine 70 mg, per patch	Patch, lidocaine/tetracaine
C9290	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Exparel	Injection, bupivacaine liposome, 1 mg	Inj, bupivacaine liposome
C9293	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Voraxaze	Injection, glucarpidase, 10 units	Injection, glucarpidase
C9399	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Unclassified drugs or biologicals	Unclassified drugs or biolog
C9460	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Kengreal	Injection, cangrelor, 1 mg	Injection, cangrelor
C9462	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Baxdela	Injection, delafloxacin, 1 mg	Injection, delafloxacin
C9488	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Vaprisol	Injection, conivaptan hydrochloride, 1 mg	Conivaptan hcl
E2102	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Guardian	Adjunctive, non-implanted continuous glucose monitor or receiver	Adju cgm receiver/monitor

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E2103	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Freestyle Libre Dexcom	Non-adjunctive, non-implanted continuous glucose monitor or receiver	Non-adju cgm receiver/mon
G1028	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Naloxone	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addit	Take home supply 8mg per 0.1
J0121	No Prior Authorization Required	Nuzyra	Injection, omadacycline, 1 mg	Inj., omadacycline, 1 mg
J0122	No Prior Authorization Required	Xerava	Injection, eravacycline, 1 mg	Inj., eravacycline, 1 mg
J0129	Prior Authorization Required	Orencia	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Abatacept injection
J0131	No Prior Authorization Required	Ofirmev	Injection, acetaminophen, 10 mg	Acetaminophen injection
J0132	No Prior Authorization Required	Mucomyst	Injection, acetylcysteine, 100 mg	Acetylcysteine injection
J0133	No Prior Authorization Required	Zovirax	Injection, acyclovir, 5 mg	Acyclovir injection
J0134	No Prior Authorization Required	Acetaminophen	Injection, acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg	Inj acetaminophen -fresenius
J0135	Prior Authorization Required	Humira	Injection, adalimumab, 20 mg	Adalimumab injection
J0136	No Prior Authorization Required	Acetaminophen	Injection, acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg	Inj, acetaminophen (b braun)
J0137	No Prior Authorization Required	Acetaminophen	Injection, acetaminophen (Hikma) not therapeutically equivalent to J0131, 10 mg	Inj, acetaminophen (hikma)
J0153	No Prior Authorization Required	Adenosine	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	Adenosine inj 1mg
J0171	No Prior Authorization Required	Epinephrine	Injection, adrenalin, epinephrine, 0.1 mg	Adrenalin epinephrine inject
J0172	Prior Authorization Required	Aduhelm	Injection, aducanumab-awwa, 2 mg	Inj, aducanumab-awwa, 2 mg
J0173	No Prior Authorization Required	Epinephrine Adrenaline	Injection, epinephrine (Belcher) not therapeutically equivalent to J0171, 0.1 mg	Inj, epinephrine (belcher)
J0174	Prior Authorization Required	Leqembi	Injection, lecanemab-irmb, 1 mg	Inj, lecanemab-irmb, 1 mg
J0178	Prior Authorization Required	Eylea	Injection, aflibercept, 1 mg	Aflibercept injection
J0179	No Prior Authorization Required	Beovu	Inj, brolucizumab-dblL, 1 mg	Injection, brolucizumab-dblL, 1 mg
J0180	Prior Authorization Required	Fabrazyme	Injection, agalsidase beta, 1 mg	Agalsidase beta injection
J0185	No Prior Authorization Required	Cinvanti	Injection, aprepitant, 1 mg	Inj., aprepitant, 1 mg
J0202	Prior Authorization Required	Lemtrada	Injection, alemtuzumab, 1 mg	Injection, alemtuzumab
J0205	Prior Authorization Required	Ceredase	Injection, alglucerase, per 10 units	Alglucerase injection
J0206	No Prior Authorization Required	Allopurinol	Injection, allopurinol sodium, 1 mg	Inj allopurinol sodium 1 mg
J0207	No Prior Authorization Required	Ethyol	Injection, amifostine, 500 mg	Amifostine
J0208	No Prior Authorization Required	PEDMARK	Injection, sodium thiosulfate, 100 mg	Inj sodium thiosulfate 100mg

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J0215	Prior Authorization Required	AMEVIVE	Injection, alefacept, 0.5 mg	Alefacept
J0216	No Prior Authorization Required	Alfentanil	Injection, alfentanil HCl, 500 mcg	Inj, alfentanil hcl, 500mcg
J0218	Prior Authorization Required	Xenpozyme	Injection, olipudase alfa-rpcp, 1 mg	Inj olipudase alfa-rpcp 1mg
J0219	Prior Authorization Required	Nexviazyme	Injection, avalglucosidase alfa-ngpt, 4 mg	Inj aval alfa-nqpt 4mg
J0220	Prior Authorization Required	Lumizyme	Injection, alglucosidase alfa, 10 mg, not otherwise specified	Alglucosidase alfa injection
J0221	Prior Authorization Required	Lumizyme	Injection, alglucosidase alfa, (lumizyme), 10 mg	Lumizyme injection
J0222	Prior Authorization Required	Onpattro	Injection, patisiran, 0.1 mg	Inj., patisiran, 0.1 mg
J0223	No Prior Authorization Required	Givlaari	Inj givosiran 0.5 mg	Injection, givosiran, 0.5 mg
J0224	Prior Authorization Required	Oxlumo	Injection, lumasiran, 0.5 mg	Inj. lumasiran, 0.5 mg
J0225	No Prior Authorization Required	AMVUTTRA	Injection, vutrisiran, 1 mg	Inj, vutrisiran, 1 mg
J0248	No Prior Authorization Required	Veklury	Injection, remdesivir, 1 mg	Inj. remdesivir, 1 mg
J0256	Prior Authorization Required	Aralast NP Prolastin-C	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	Alpha 1 proteinase inhibitor
J0257	Prior Authorization Required	Glassia	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Glassia injection
J0270	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Edex	Injection, alprostadil, 1.25 mcg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Alprostadil for injection
J0275	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Muse	Alprostadil urethral suppository (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Alprostadil urethral suppos
J0278	No Prior Authorization Required	Amikacin	Injection, amikacin sulfate, 100 mg	Amikacin sulfate injection
J0280	No Prior Authorization Required	Aminophylline	Injection, aminophyllin, up to 250 mg	Aminophyllin 250 mg inj
J0282	No Prior Authorization Required	Amiodarone	Injection, amiodarone hydrochloride, 30 mg	Amiodarone hcl
J0283	No Prior Authorization Required	NEXTERONE	Injection, amiodarone HCl (Nexterone), 30 mg	Inj, amiodarone (nexterone)
J0285	No Prior Authorization Required	Amphotericin B	Injection, amphotericin b, 50 mg	Amphotericin b
J0287	No Prior Authorization Required	Abelcet	Injection, amphotericin b lipid complex, 10 mg	Amphotericin b lipid complex
J0289	No Prior Authorization Required	Ambisome	Injection, amphotericin b liposome, 10 mg	Amphotericin b liposome inj
J0290	No Prior Authorization Required	Ampicillin	Injection, ampicillin sodium, 500 mg	Ampicillin 500 mg inj
J0291	No Prior Authorization Required	Zemdri	Injection, plazomicin, 5 mg	Inj., plazomicin, 5 mg
J0295	No Prior Authorization Required	Unasyn	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	Ampicillin sulbactam 1.5 gm
J0300	No Prior Authorization Required	Amytal	Injection, amobarbital, up to 125 mg	Amobarbital 125 mg inj
J0330	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Succinylcholine	Injection, succinylcholine chloride, up to 20 mg	Succinylcholine chloride inj
J0348	No Prior Authorization Required	Eraxis	Injection, anidulafungin, 1 mg	Anidulafungin injection

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J0349	Prior Authorization Required	Rezzayo	Injection, rezafungin, 1 mg	Inj, rezafungin, 1 mg
J0360	No Prior Authorization Required	Apresoline	Injection, hydralazine hcl, up to 20 mg	Hydralazine hcl injection
J0364	No Prior Authorization Required	Apokyn	Injection, apomorphine hydrochloride, 1 mg	Apomorphine hydrochloride
J0401	No Prior Authorization Required	Abilify Maintena	Injection, aripiprazole, extended release, 1 mg	Inj aripiprazole ext rel 1mg
J0456	No Prior Authorization Required	Zithromax	Injection, azithromycin, 500 mg	Azithromycin
J0457	No Prior Authorization Required	AZACTAM	Injection, aztreonam, 100 mg	Injection, aztreonam, 100 mg
J0461	No Prior Authorization Required	Atropine	Injection, atropine sulfate, 0.01 mg	Atropine sulfate injection
J0470	No Prior Authorization Required	Ban in Oil	Injection, dimercaprol, per 100 mg	Dimecaprol injection
J0475	No Prior Authorization Required	Lioresal	Injection, baclofen, 10 mg	Baclofen 10 mg injection
J0476	No Prior Authorization Required	Lioresal IT	Injection, baclofen, 50 mcg for intrathecal trial	Baclofen intrathecal trial
J0480	No Prior Authorization Required	Simulect	Injection, basiliximab, 20 mg	Basiliximab
J0485	No Prior Authorization Required	Nulojix	Injection, belatacept, 1 mg	Belatacept injection
J0490	Prior Authorization Required	Benlysta	Injection, belimumab, 10 mg	Belimumab injection
J0491	Prior Authorization Required	Saphnelo	Injection, anifrolumab-fnia, 1 mg	Inj anifrolumab-fnia 1mg
J0500	No Prior Authorization Required	Bentyl	Injection, dicyclomine hcl, up to 20 mg	Dicyclomine injection
J0515	No Prior Authorization Required	Cogentin	Injection, benztropine mesylate, per 1 mg	Inj benztropine mesylate
J0517	Prior Authorization Required	Fasenra	Injection, benralizumab, 1 mg	Inj., benralizumab, 1 mg
J0558	No Prior Authorization Required	Bicillin C-R	Injection, penicillin g benzathine and penicillin g procaine, 100,000 units	PenG benzathine/procaine inj
J0561	No Prior Authorization Required	Bicillin L-A	Injection, penicillin g benzathine, 100,000 units	Penicillin g benzathine inj
J0565	Prior Authorization Required	Zinplava	Injection, bezlotoxumab, 10 mg	Inj, bezlotoxumab, 10 mg
J0567	Prior Authorization Required	Brineura	Injection, cerliponase alfa, 1 mg	Inj., cerliponase alfa 1 mg
J0570	No Prior Authorization Required	Probuphine	Buprenorphine implant, 74.2 mg	Buprenorphine implant 74.2mg
J0571	No Prior Authorization Required	Subutex	Buprenorphine, oral, 1 mg	Buprenorphine oral 1mg
J0572	No Prior Authorization Required	Suboxone	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	Bupren/nal up to 3mg bupreno
J0573	No Prior Authorization Required	Suboxone	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	Bupren/nal 3.1 to 6mg bupren
J0574	No Prior Authorization Required	Suboxone	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	Bupren/nal 6.1 to 10mg bupre
J0575	No Prior Authorization Required	Suboxone	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	Bupren/nal over 10mg bupreno
J0583	No Prior Authorization Required	Angiomax	Injection, bivalirudin, 1 mg	Bivalirudin
J0584	Prior Authorization Required	Crysvita	Injection, burosumab-twza 1 mg	Injection, burosumab-twza 1m
J0586	No Prior Authorization Required	Dysport	Injection, abobotulinumtoxin a, 5 units	Abobotulinumtoxin a
J0587	No Prior Authorization Required	Myobloc	Injection, rimabotulinumtoxin b, 100 units	Inj, rimabotulinumtoxin b

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J0588	No Prior Authorization Required	Xeomin	Injection, incobotulinumtoxin a, 1 unit	Incobotulinumtoxin a
J0591	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Kybella	Inj deoxycholic acid, 1 mg	Injection, deoxycholic acid, 1 mg
J0592	No Prior Authorization Required	Buprenex	Injection, buprenorphine hydrochloride, 0.1 mg	Buprenorphine hydrochloride
J0593	Prior Authorization Required	Takhzyro	Injection, lanadelumab-flyo, 1 mg (code may be used for medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	Inj., lanadelumab-flyo, 1 mg
J0594	No Prior Authorization Required	Busulfex	injection, busulfan, 1 mg	Busulfan injection
J0595	No Prior Authorization Required	Stadol	Injection, butorphanol tartrate, 1 mg	Butorphanol tartrate 1 mg
J0596	Prior Authorization Required	Ruconest	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Injection, ruconest
J0597	Prior Authorization Required	Berinert	Injection, c-1 esterase inhibitor (human), berinert, 10 units	C-1 esterase, berinert
J0598	Prior Authorization Required	Cinryze	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	C-1 esterase, cinryze
J0599	Prior Authorization Required	Haegarda	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Inj., haegarda 10 units
J0600	No Prior Authorization Required	Calcium Disodium Versenate	Injection, edetate calcium disodium, up to 1000 mg	Edetate calcium disodium inj
J0604	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Sensipar	Cinacalcet, oral, 1 mg, (for esrd on dialysis)	Cinacalcet, esrd on dialysis
J0606	No Prior Authorization Required	Parsabiv	Injection, etelcalcetide, 0.1 mg	Inj, etelcalcetide, 0.1 mg
J0612	No Prior Authorization Required	Calcium gluconate	Injection, calcium gluconate (Fresenius Kabi), per 10 mg	Calcium glucon (fresenius)
J0613	No Prior Authorization Required	Calcium gluconate - sodium chloride	Injection, calcium gluconate (WG Critical Care), per 10 mg	Calcium glucon (wg critical)
J0630	No Prior Authorization Required	Miacalcin	Injection, calcitonin salmon, up to 400 units	Calcitonin salmon injection
J0636	No Prior Authorization Required	Calcitrol	Injection, calcitriol, 0.1 mcg	Inj calcitriol per 0.1 mcg
J0637	No Prior Authorization Required	Cancidas	Injection, caspofungin acetate, 5 mg	Caspofungin acetate
J0638	Prior Authorization Required	Ilaris	Injection, canakinumab, 1 mg	Canakinumab injection
J0640	No Prior Authorization Required	Leucovorin Calcium	Injection, leucovorin calcium, per 50 mg	Leucovorin calcium injection
J0641	No Prior Authorization Required	Fusilev	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Inj levoleucovorin nos 0.5mg
J0642	No Prior Authorization Required	Khapzory	Injection, levoleucovorin (khapzory), 0.5 mg	Injection, khapzory, 0.5 mg
J0665	No Prior Authorization Required	Marcaine	Injection, bupivacaine, not otherwise specified, 0.5 mg	Inj, bupivacaine, nos, 0.5mg
J0670	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Carbocaine	Injection, mepivacaine hydrochloride, per 10 ml	Inj mepivacaine hcl/10 ml
J0689	No Prior Authorization Required	Cefazolin sodium - dextrose	Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg	Inj cefazolin sodium, baxter
J0690	No Prior Authorization Required	Kefzol	Injection, cefazolin sodium, 500 mg	Cefazolin sodium injection
J0691	No Prior Authorization Required	Xenleta	Inj lefamulin 1 mg	Injection, lefamulin, 1 mg
J0692	No Prior Authorization Required	Maxipime	Injection, cefepime hydrochloride, 500 mg	Cefepime hcl for injection

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J0694	No Prior Authorization Required	Cefoxitin	Injection, cefoxitin sodium, 1 gm	Cefoxitin sodium injection
J0695	No Prior Authorization Required	Zerbaxa	Injection, ceftolozane 50 mg and tazobactam 25 mg	Inj ceftolozane tazobactam
J0696	No Prior Authorization Required	Rocephil	Injection, ceftriaxone sodium, per 250 mg	Ceftriaxone sodium injection
J0697	No Prior Authorization Required	Zinacef	Injection, sterile cefuroxime sodium, per 750 mg	Sterile cefuroxime injection
J0698	No Prior Authorization Required	Claforan	Injection, cefotaxime sodium, per gm	Cefotaxime sodium injection
J0699	No Prior Authorization Required	Fetroja	Injection, cefiderocol, 10 mg	Inj, cefiderocol, 10 mg
J0701	No Prior Authorization Required	Cefepime	Injection, cefepime HCl (Baxter), not therapeutically equivalent to Maxipime, 500 mg	Inj. cefepime hcl (baxter)
J0702	No Prior Authorization Required	Celestone Soluspan	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Betamethasone acet&sod phosp
J0703	No Prior Authorization Required	Cefepime - dextrose	Injection, cefepime HCl (B. Braun), not therapeutically equivalent to Maxipime, 500 mg	Inj, cefepime hcl (b braun)
J0706	No Prior Authorization Required	Cafcit	Injection, caffeine citrate, 5 mg	Caffeine citrate injection
J0712	No Prior Authorization Required	Teflaro	Injection, ceftaroline fosamil, 10 mg	Ceftaroline fosamil inj
J0713	No Prior Authorization Required	Fortaz Tazicef	Injection, ceftazidime, per 500 mg	Inj ceftazidime per 500 mg
J0714	No Prior Authorization Required	Avycaz	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	Ceftazidime and avibactam
J0716	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Anascorp	Injection, centruiroides immune f(ab)2, up to 120 milligrams	Centruiroides immune f(ab)
J0717	Prior Authorization Required	Cimzia	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Certolizumab pegol inj 1mg
J0720	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Chloramphenicol	Injection, chloramphenicol sodium succinate, up to 1 gm	Chloramphenicol sodium injec
J0725	Prior Authorization Required	Novarel Pregnyl	Injection, chorionic gonadotropin, per 1,000 usp units	Chorionic gonadotropin/1000u
J0735	No Prior Authorization Required	Duraclon	Injection, clonidine hydrochloride, 1 mg	Clonidine hydrochloride
J0736	No Prior Authorization Required	CLEOCIN	Injection, clindamycin phosphate, 300 mg	Inj, clindamycin phosp 300mg
J0737	No Prior Authorization Required	Clindamycin	Injection, clindamycin phosphate (Baxter), not therapeutically equivalent to J0736, 300 mg	Inj, clindamycin (baxter)
J0739	Carve out to state	Apretude	Injection, cabotegravir, 1 mg	Hiv prep, inj, cabotegravir
J0740	No Prior Authorization Required	Cidofovir	Injection, cidofovir, 375 mg	Cidofovir injection
J0741	Carve out to state	Cabenuva	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	Inj, cabote rilpivir 2mg 3mg
J0742	No Prior Authorization Required	Recarbrio	Inj imip 4 cilas 4 releb 2mg	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg
J0743	No Prior Authorization Required	Timentin	Injection, cilastatin sodium; imipenem, per 250 mg	Cilastatin sodium injection
J0744	No Prior Authorization Required	Cipro	Injection, ciprofloxacin for intravenous infusion, 200 mg	Ciprofloxacin iv
J0770	No Prior Authorization Required	Coly-Mycin M	Injection, colistimethate sodium, up to 150 mg	Colistimethate sodium inj
J0775	No Prior Authorization Required	Xiaflex	Injection, collagenase, clostridium histolyticum, 0.01 mg	Collagenase, clost hist inj
J0780	No Prior Authorization Required	Compazine	Injection, prochlorperazine, up to 10 mg	Prochlorperazine injection

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J0791	No Prior Authorization Required	Adakveo	Inj crizanlizumab-tmca 5mg	Injection, crizanlizumab-tmca, 5 mg
J0795	No Prior Authorization Required	Acthrel	Injection, corticorelin ovine triflutate, 1 microgram	Corticorelin ovine trifluta
J0801	Prior Authorization Required	Acthar	Injection, corticotropin (Acthar Gel), up to 40 units	Inj. acthar gel to 40 units
J0802	Prior Authorization Required	Cortrophin	Injection, corticotropin (ANI), up to 40 units	Inj. (ani), up to 40 units
J0834	No Prior Authorization Required	Cosyntropin	Injection, cosyntropin, 0.25 mg	Inj., cosyntropin, 0.25 mg
J0840	No Prior Authorization Required	CroFab	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram	Crotalidae poly immune fab
J0841	No Prior Authorization Required	Anavip	Injection, crotalidae immune f(ab')2 (equine), 120 mg	Inj crotalidae im f(ab')2 eq
J0850	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Cytogam	Injection, cytomegalovirus immune globulin intravenous (human), per vial	Cytomegalovirus imm iv /vial
J0874	No Prior Authorization Required	Daptomycin	Injection, daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg	Inj, daptomycin (baxter)
J0875	No Prior Authorization Required	Dalvance	Injection, dalbavancin, 5 mg	Injection, dalbavancin
J0877	No Prior Authorization Required	Hospira	Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg	Inj, daptomycin (hospira)
J0878	No Prior Authorization Required	Cubicin	Injection, daptomycin, 1 mg	Daptomycin injection
J0879	Prior Authorization Required	Korsuva	Injection, difelikefalin, 0.1 microgram, (for ESRD on dialysis)	Difelikefalin, esrd on dialy
J0881	No Prior Authorization Required	Aranesp	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Darbepoetin alfa, non-esrd
J0882	No Prior Authorization Required	Aranesp	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	Darbepoetin alfa, esrd use
J0883	No Prior Authorization Required	Argatroban	Injection, argatroban, 1 mg (for non-esrd use)	Argatroban nonesrd use 1mg
J0884	No Prior Authorization Required	Argatroban	Injection, argatroban, 1 mg (for esrd on dialysis)	Argatroban esrd dialysis 1mg
J0885	No Prior Authorization Required	Epogen Procrit	Injection, epoetin alfa, (for non-esrd use), 1000 units	Epoetin alfa, non-esrd
J0887	No Prior Authorization Required	Mircera	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	Epoetin beta esrd use
J0888	No Prior Authorization Required	Mircera	Injection, epoetin beta, 1 microgram, (for non esrd use)	Epoetin beta non esrd
J0889	Prior Authorization Required	Jesduvroq	Daprodustat, oral, 1 mg, (for ESRD on dialysis)	Daprodustat oral 1mg esrd
J0890	No Prior Authorization Required	OMONYTYS	Injection, peginesatide, 0.1 mg (for esrd on dialysis)	Peginesatide injection
J0891	No Prior Authorization Required	Argatroban	Injection, argatroban (Accord), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)	Argatroban nonesrd (accord)
J0892	No Prior Authorization Required	Argatroban	Injection, argatroban (Accord), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)	Argatroban dialysis (accord)
J0893	No Prior Authorization Required	Decitabine	Injection, decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg	Inj, decitabine (sun pharma)
J0894	No Prior Authorization Required	Dacogen	Injection, decitabine, 1 mg	Decitabine injection
J0895	No Prior Authorization Required	Desferal	Injection, deferoxamine mesylate, 500 mg	Deferoxamine mesylate inj
J0896	No Prior Authorization Required	Reblozyl	Inj luspatercept-aamt 0.25mg	Injection, luspatercept-aamt, 0.25 mg
J0897	No Prior Authorization Required	Prolia Xgeva	Injection, denosumab, 1 mg	Denosumab injection
J0898	No Prior Authorization Required	Argatroban	Injection, argatroban (AuroMedics), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)	Argatroban nonesrd (auromed)

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J0899	No Prior Authorization Required	Argatroban	Injection, argatroban (AuroMedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)	Argatroban dialysis, auromed
J1000	No Prior Authorization Required	Depo-Estradiol	Injection, depo-estradiol cypionate, up to 5 mg	Depo-estradiol cypionate inj
J1050	No Prior Authorization Required	Depo-Provera	Injection, medroxyprogesterone acetate, 1 mg	Medroxyprogesterone acetate
J1071	No Prior Authorization Required	Depo-Testosterone	Injection, testosterone cypionate, 1 mg	Inj testosterone cypionate
J1095	No Prior Authorization Required	Dexycu	Injection, dexamethasone 9 percent, intraocular, 1 microgram	Injection, dexamethasone 9%
J1096	No Prior Authorization Required	Dextenza	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Dexametha oph insert 0.1 mg
J1097	No Prior Authorization Required	Omidria	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	Phenylep ketorolac oph soln
J1100	No Prior Authorization Required	Decadron	Injection, dexamethasone sodium phosphate, 1 mg	Dexamethasone sodium phos
J1110	No Prior Authorization Required	D.H.E.	Injection, dihydroergotamine mesylate, per 1 mg	Inj dihydroergotamine mesylt
J1120	No Prior Authorization Required	Acetazolamide	Injection, acetazolamide sodium, up to 500 mg	Acetazolamid sodium injectio
J1160	No Prior Authorization Required	Lanoxin	Injection, digoxin, up to 0.5 mg	Digoxin injection
J1162	No Prior Authorization Required	Digifab	Injection, digoxin immune fab (ovine), per vial	Digoxin immune fab (ovine)
J1165	No Prior Authorization Required	Dilantin	Injection, phenytoin sodium, per 50 mg	Phenytoin sodium injection
J1170	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Dilaudid	Injection, hydromorphone, up to 4 mg	Hydromorphone injection
J1190	No Prior Authorization Required	Zinecard	Injection, dexrazoxane hydrochloride, per 250 mg	Dexrazoxane hcl injection
J1200	No Prior Authorization Required	Benadryl	Injection, diphenhydramine hcl, up to 50 mg	Diphenhydramine hcl injectio
J1201	No Prior Authorization Required	Quzyttir	Inj. cetirizine hcl 0.5mg	Injection, cetirizine hydrochloride, 0.5 mg
J1205	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Diuril	Injection, chlorothiazide sodium, per 500 mg	Chlorothiazide sodium inj
J1212	No Prior Authorization Required	Rimso-50	Injection, dmso, dimethyl sulfoxide, 50%, 50 ml	Dimethyl sulfoxide 50% 50 ml
J1230	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Methadone	Injection, methadone hcl, up to 10 mg	Methadone injection
J1240	No Prior Authorization Required	Dimenhydrinate	Injection, dimenhydrinate, up to 50 mg	Dimenhydrinate injection
J1245	No Prior Authorization Required	Persantine	Injection, dipyridamole, per 10 mg	Dipyridamole injection
J1250	No Prior Authorization Required	Dobutamine	Injection, dobutamine hydrochloride, per 250 mg	Inj dobutamine hcl/250 mg
J1265	No Prior Authorization Required	Dopamine	Injection, dopamine hcl, 40 mg	Dopamine injection
J1270	No Prior Authorization Required	HecteroI	Injection, doxercalciferol, 1 mcg	Injection, doxercalciferol
J1290	Prior Authorization Required	Kalbitor	Injection, ecallantide, 1 mg	Ecallantide injection
J1300	Prior Authorization Required	Soliris	Injection, eculizumab, 10 mg	Eculizumab injection
J1301	Prior Authorization Required	Radicava	Injection, edaravone, 1 mg	Injection, edaravone, 1 mg
J1302	Prior Authorization Required	Enjaymo	Injection, sutimlimab-jome, 10 mg	Inj, sutimlimab-jome, 10 mg
J1303	Prior Authorization Required	Ultomiris	Injection, ravulizumab-cwvz, 10 mg	Inj., ravulizumab-cwvz 10 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J1305	Prior Authorization Required	Evkeeza	Injection, evinacumab-dgnb, 5 mg	Inj, evinacumab-dgnb, 5mg
J1306	Prior Authorization Required	Leqvio	Injection, inclisiran, 1 mg	Injection, inclisiran, 1 mg
J1322	Carve out to state	Vimizim	Injection, elosulfase alfa, 1 mg	Elosulfase alfa, injection
J1324	No Prior Authorization Required	Fuzeon	Injection, enfuvirtide, 1 mg	Enfuvirtide injection
J1325	Prior Authorization Required	Flolan Veletri	Injection, epoprostenol, 0.5 mg	Epoprostenol injection
J1327	No Prior Authorization Required	Integrilin	Injection, eptifibatide, 5 mg	Eptifibatide injection
J1335	No Prior Authorization Required	Invanz	Injection, ertapenem sodium, 500 mg	Ertapenem injection
J1364	No Prior Authorization Required	Erythrocin Lactobionate	Injection, erythromycin lactobionate, per 500 mg	Erythro lactobionate /500 mg
J1380	No Prior Authorization Required	Delestrogen	Injection, estradiol valerate, up to 10 mg	Estradiol valerate 10 mg inj
J1410	No Prior Authorization Required	Premarin	Injection, estrogen conjugated, per 25 mg	Inj estrogen conjugate 25 mg
J1411	Carve out to state	Hemgenix	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Inj, hemgenix, per tx dose
J1426	Carve out to state	Amondys 45	Injection, casimersen, 10 mg	Injection, casimersen, 10 mg
J1427	Carve out to state	Viltepso	Injection, viltolarsen, 10 mg	Inj. viltolarsen
J1428	Carve out to state	Exondys	Injection, eteplirsen, 10 mg	Inj, eteplirsen, 10 mg
J1429	Carve out to state	Vyondys 53	Inj golodirsen 10 mg	Injection, golodirsen, 10 mg
J1430	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Ethamolin	Injection, ethanolamine oleate, 100 mg	Ethanolamine oleate 100 mg
J1437	Prior Authorization Required	Monoferic	Inj. fe derisomaltose 10 mg	Injection, ferric derisomaltose, 10 mg
J1438	Prior Authorization Required	Enbrel	Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Etanercept injection
J1439	No Prior Authorization Required	Injectafer	Injection, ferric carboxymaltose, 1 mg	Inj ferric carboxymaltos 1mg
J1440	No Prior Authorization Required	REBYOTA	Fecal microbiota, live - jsml, 1 ml	Fecal microbiota jsml 1 ml
J1442	No Prior Authorization Required	Neupogen	Injection, filgrastim (g-CSF), excludes biosimilars, 1 microgram	Inj filgrastim excl biosimil
J1443	No Prior Authorization Required	Triferic	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Inj ferric pyrophosphate cit
J1444	No Prior Authorization Required	Triferic	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	Fe pyro cit pow 0.1 mg iron
J1445	No Prior Authorization Required	Triferic	Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron	Inj triferic avnu 0.1mg iron
J1447	No Prior Authorization Required	Granix	Injection, tbo-filgrastim, 1 microgram	Inj tbo filgrastim 1 microg
J1448	No Prior Authorization Required	Cosela	Injection, trilaciclib, 1 mg	Injection, trilaciclib, 1mg
J1449	No Prior Authorization Required	Rolvedon	Injection, eflapegrastim-xnst, 0.1 mg	Inj eflapegrastim-xnst 0.1mg
J1450	No Prior Authorization Required	Diflucan	Injection fluconazole, 200 mg	Fluconazole
J1451	No Prior Authorization Required	Antizole	Injection, fomepizole, 15 mg	Fomepizole, 15 mg
J1453	No Prior Authorization Required	Emend	Injection, fosaprepitant, 1 mg	Fosaprepitant injection
J1454	No Prior Authorization Required	Akynzeo	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Inj fosnetupitant, palonoset

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J1455	No Prior Authorization Required	Foscavir	Injection, foscarnet sodium, per 1000 mg	Foscarnet sodium injection
J1456	No Prior Authorization Required		Injection, fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg	Inj, fosaprepitant (teva)
J1458	Prior Authorization Required	Naglazyme	Injection, galsulfase, 1 mg	Galsulfase injection
J1459	Prior Authorization Required	Privigen	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Inj ivig privigen 500 mg
J1460	Prior Authorization Required	Gamastan	Injection, gamma globulin, intramuscular, 1 cc	Gamma globulin 1 cc inj
J1551	Prior Authorization Required	Cutaquig	Injection, immune globulin (cutaquig), 100 mg	Inj cutaquig 100 mg
J1554	Prior Authorization Required	Asceniv	Injection, immune globulin (asceniv), 500 mg	Inj. asceniv
J1555	Prior Authorization Required	Cuvitru	Injection, immune globulin (cuvitru), 100 mg	Inj cuvitru, 100 mg
J1556	Prior Authorization Required	Bivigam	Injection, immune globulin (bivigam), 500 mg	Inj, imm glob bivigam, 500mg
J1557	Prior Authorization Required	Gammaplex	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammaplex injection
J1558	Prior Authorization Required	Xembify	Inj. xembify, 100 mg	Injection, immune globulin (xembify), 100 mg
J1559	Prior Authorization Required	Hizentra	Injection, immune globulin (hizentra), 100 mg	Hizentra injection
J1560	Prior Authorization Required	Gamastan	Injection, gamma globulin, intramuscular, over 10 cc	Gamma globulin > 10 cc inj
J1561	Prior Authorization Required	Gamunex-C Gammaked	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Gamunex-c/gammaked
J1562	Prior Authorization Required	Vivaglobin	Injection, immune globulin (vivaglobin), 100 mg	Vivaglobin, inj
J1566	Prior Authorization Required	Carimune NF Panglobulin NF Gammagard S/D	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Immune globulin, powder
J1568	Prior Authorization Required	Octagam	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Octagam injection
J1569	Prior Authorization Required	Gammagard	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Gammagard liquid injection
J1570	No Prior Authorization Required	Cytovene	Injection, ganciclovir sodium, 500 mg	Ganciclovir sodium injection
J1571	No Prior Authorization Required	Hepagam B	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml	Hepagam b im injection
J1572	Prior Authorization Required	Flebogamma	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Flebogamma injection
J1573	No Prior Authorization Required	Hepagam B	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml	Hepagam b intravenous, inj
J1574	No Prior Authorization Required	Excela	Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg	Inj, ganciclovir (exela)
J1575	Prior Authorization Required	Hyqvia	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Hyqvia 100mg immunoglobulin
J1576	Prior Authorization Required	Panzyga	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Inj, panzyga, 500 mg
J1580	No Prior Authorization Required	Garamycin	Injection, garamycin, gentamicin, up to 80 mg	Garamycin gentamicin inj

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J1595	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Glatopa	Injection, glatiramer acetate, 20 mg	Injection glatiramer acetate
J1599	Prior Authorization Required	Panzyga	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Ivig non-lyophilized, nos
J1602	Prior Authorization Required	Simponi Aria	Injection, golimumab, 1 mg, for intravenous use	Golimumab for iv use 1mg
J1610	No Prior Authorization Required	Glucagen Hypokit	Injection, glucagon hydrochloride, per 1 mg	Glucagon hydrochloride/1 mg
J1611	No Prior Authorization Required	Glucagon Emergency Kit	Injection, glucagon HCl (Fresenius Kabi), not therapeutically equivalent to J1610, per 1 mg	Inj glucagon hcl, fresenius
J1626	No Prior Authorization Required	Kytril	Injection, granisetron hydrochloride, 100 mcg	Granisetron hcl injection
J1627	No Prior Authorization Required	Sustol	Injection, granisetron, extended-release, 0.1 mg	Inj, granisetron, xr, 0.1 mg
J1628	Prior Authorization Required	Tremfya	Injection, guselkumab, 1 mg	Inj., guselkumab, 1 mg
J1630	No Prior Authorization Required	Haldol Decanoate	Injection, haloperidol, up to 5 mg	Haloperidol injection
J1631	No Prior Authorization Required	Haldol Decanoate	Injection, haloperidol decanoate, per 50 mg	Haloperidol decanoate inj
J1632	No Prior Authorization Required	Zulresso	Inj., brexanolone, 1 mg	Injection, brexanolone, 1 mg
J1640	No Prior Authorization Required	Panhematin	Injection, hemin, 1 mg	Hemin, 1 mg
J1642	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Heparin Lock Flush	Injection, heparin sodium, (heparin lock flush), per 10 units	Inj heparin sodium per 10 u
J1643	No Prior Authorization Required	Porcine	Injection, heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units	Inj heparin, pfizer, 1000u
J1644	No Prior Authorization Required	Heparin	Injection, heparin sodium, per 1000 units	Inj heparin sodium per 1000u
J1645	No Prior Authorization Required	Fragmin	Injection, dalteparin sodium, per 2500 iu	Dalteparin sodium
J1650	No Prior Authorization Required	Lovonox	Injection, enoxaparin sodium, 10 mg	Inj enoxaparin sodium
J1652	No Prior Authorization Required	Arixtra	Injection, fondaparinux sodium, 0.5 mg	Fondaparinux sodium
J1670	No Prior Authorization Required	Hypertet	Injection, tetanus immune globulin, human, up to 250 units	Tetanus immune globulin inj
J1720	No Prior Authorization Required	Solu-Cortef	Injection, hydrocortisone sodium succinate, up to 100 mg	Hydrocortisone sodium succ i
J1726	NOT FDA APPROVED	Makena	Injection, hydroxyprogesterone caproate, (makena), 10 mg	Makena, 10 mg
J1729	No Prior Authorization Required	Hydroxyprogesterone Caproate	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Inj hydroxyprogst capoat nos
J1738	No Prior Authorization Required	Anjeso	Inj. meloxicam 1 mg	Injection, meloxicam, 1 mg
J1740	No Prior Authorization Required	Boniva	Injection, ibandronate sodium, 1 mg	Ibandronate sodium injection
J1741	No Prior Authorization Required	Caldolor	Injection, ibuprofen, 100 mg	Ibuprofen injection
J1742	No Prior Authorization Required	Corvert	Injection, ibutilide fumarate, 1 mg	Ibutilide fumarate injection
J1743	Prior Authorization Required	Elaprase	Injection, idursulfase, 1 mg	Idursulfase injection
J1744	Prior Authorization Required	Firazyr	Injection, icatibant, 1 mg	Icatibant injection

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J1745	Prior Authorization Required	Remicade	Injection, infliximab, excludes biosimilar, 10 mg	Infliximab not biosimil 10mg
J1746	Carve out to state	Trogarzo	Injection, ibalizumab-uiyk, 10 mg	Inj., ibalizumab-uiyk, 10 mg
J1747	Prior Authorization Required	Spevigo	Injection, spesolimab-sbzo, 1 mg	Inj, spesolimab-sbzo, 1 mg
J1750	No Prior Authorization Required	Infed	Injection, iron dextran, 50 mg	Inj iron dextran
J1756	No Prior Authorization Required	Venofer	Injection, iron sucrose, 1 mg	Iron sucrose injection
J1786	Prior Authorization Required	Cerezyme	Injection, imiglucerase, 10 units	Imuglucerase injection
J1790	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Inapsine	Injection, droperidol, up to 5 mg	Droperidol injection
J1800	No Prior Authorization Required	Inderal	Injection, propranolol hcl, up to 1 mg	Propranolol injection
J1805	No Prior Authorization Required	BREVIBLOC	Injection, esmolol HCl, 10 mg	Inj, esmolol hcl, 10mg
J1806	No Prior Authorization Required	Esnolol	Injection, esmolol HCl (WG Critical Care) not therapeutically equivalent to J1805, 10 mg	Inj esmolol hcl wg crit care
J1811	No Prior Authorization Required	Fiasp	Insulin (Fiasp) for administration through DME (i.e., insulin pump) per 50 units	Fiasp for insulin pump use
J1812	No Prior Authorization Required	Fiasp Flextouch	Insulin (Fiasp), per 5 units	Inj. insulin (fiasp)
J1813	No Prior Authorization Required	LYUMJEV	Insulin (Lyumjev) for administration through DME (i.e., insulin pump) per 50 units	Lyumjev for insulin pump use
J1814	No Prior Authorization Required	LYUMJEV	Insulin (Lyumjev), per 5 units	Inj. insulin (lyumjev)
J1815	No Prior Authorization Required	Insulin	Injection, insulin, per 5 units	Insulin injection
J1817	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Insulin	Insulin for administration through dme (i.e., insulin pump) per 50 units	Insulin for insulin pump use
J1823	No Prior Authorization Required	Uplizna	Injection, inebilizumab-cdon, 1 mg	Inj. inebilizumab-cdon, 1 mg
J1826	Prior Authorization Required	Avonex	Injection, interferon beta-1a, 30 mcg	Interferon beta-1a inj
J1830	Prior Authorization Required	Betaseron	Injection, interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Interferon beta-1b / .25 mg
J1833	No Prior Authorization Required	Cresemba	Injection, isavuconazonium, 1 mg	Injection, isavuconazonium
J1836	No Prior Authorization Required	Metronidazole	Injection, metronidazole, 10 mg	Inj, metronidazole, 10 mg
J1885	No Prior Authorization Required	Torodal	Injection, ketorolac tromethamine, per 15 mg	Ketorolac tromethamine inj
J1920	No Prior Authorization Required	Labetalol	Injection, labetalol HCl, 5 mg	Inj, labetalol hcl, 5mg
J1921	No Prior Authorization Required	Labetalol	Injection, labetalol HCl (Hikma) not therapeutically equivalent to J1820, 5 mg	Inj labetalol hcl hikma, 5mg
J1930	No Prior Authorization Required	Somatuline Depot	Injection, lanreotide, 1 mg	Lanreotide injection
J1931	Prior Authorization Required	Aldurazyme	Injection, laronidase, 0.1 mg	Laronidase injection
J1932	No Prior Authorization Required	Cipla	Injection, lanreotide, (cipla), 1 mg	Inj, lanreotide, (cipla) 1mg
J1940	No Prior Authorization Required	Lasix	Injection, furosemide, up to 20 mg	Furosemide injection

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J1941	No Prior Authorization Required	FUROSCIX	Injection, furosemide (Furoscix), 20 mg	Inj, furoscix, 20 mg
J1943	No Prior Authorization Required	Aristada	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	Inj., aristada initio, 1 mg
J1944	No Prior Authorization Required	Aristada	Injection, aripiprazole lauroxil, (aristada), 1 mg	Aripiprazole lauroxil 1 mg
J1950	No Prior Authorization Required	Lupron Depot	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Leuprolide acetate / 3.75 mg
J1951	Prior Authorization Required	Fensolvi	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	Inj fensolvi 0.25 mg
J1952	No Prior Authorization Required	Camcevi	Leuprolide injectable, camcevi, 1 mg	Leuprolide inj, camcevi, 1mg
J1953	No Prior Authorization Required	Keppra	Injection, levetiracetam, 10 mg	Levetiracetam injection
J1954	No Prior Authorization Required	Leuprolide	Injection, leuprolide acetate for depot suspension (Lutrate), 7.5 mg	Leuprolide depot cipla 7.5mg
J1955	No Prior Authorization Required	Carnitor	Injection, levocarnitine, per 1 gm	Inj levocarnitine per 1 gm
J1956	No Prior Authorization Required	Levaquin	Injection, levofloxacin, 250 mg	Levofloxacin injection
J1961	Carve out to state	Sunlenca	Injection, lenacapavir, 1 mg	Inj, lenacapavir, 1 mg
J1980	No Prior Authorization Required	Levsin	Injection, hyoscyamine sulfate, up to 0.25 mg	Hyoscyamine sulfate inj
J2001	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Lidocaine	Injection, lidocaine hcl for intravenous infusion, 10 mg	Lidocaine injection
J2010	No Prior Authorization Required	Lincocin	Injection, lincomycin hcl, up to 300 mg	Lincomycin injection
J2020	No Prior Authorization Required	Zyvox	Injection, linezolid, 200 mg	Linezolid injection
J2021	No Prior Authorization Required	Zyvox	Injection, linezolid (Hospira) not therapeutically equivalent to J2020, 200 mg	Inj, linezolid (hospira)
J2060	No Prior Authorization Required	Ativan	Injection, lorazepam, 2 mg	Lorazepam injection
J2062	No Prior Authorization Required	Adasuve	Loxapine for inhalation, 1 mg	Loxapine for inhalation 1 mg
J2150	No Prior Authorization Required	Mannitol	Injection, mannitol, 25% in 50 ml	Mannitol injection
J2170	Prior Authorization Required	Increlex	Injection, mecasermin, 1 mg	Mecasermin injection
J2175	No Prior Authorization Required	Demerol	Injection, meperidine hydrochloride, per 100 mg	Meperidine hydrochl /100 mg
J2182	Prior Authorization Required	Nucala	Injection, mepolizumab, 1 mg	Injection, mepolizumab, 1mg
J2184	No Prior Authorization Required	Meropenem	Injection, meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg	Inj, meropenem (b. braun)
J2185	No Prior Authorization Required	Merrem	Injection, meropenem, 100 mg	Meropenem
J2186	No Prior Authorization Required	Vabomere	Injection, meropenem and vaborbactam, 10mg/10mg (20mg)	Inj., meropenem, vaborbactam
J2210	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Methergine	Injection, methylergonovine maleate, up to 0.2 mg	Methylergonovin maleate inj

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J2212	No Prior Authorization Required	Relistor	Injection, methylnaltrexone, 0.1 mg	Methylnaltrexone injection
J2247	No Prior Authorization Required	Byfavo	Injection, micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg	Inj, micafungin (par pharm)
J2248	No Prior Authorization Required	Mycamine	Injection, micafungin sodium, 1 mg	Micafungin sodium injection
J2249	No Prior Authorization Required	BYFAVO	Injection, remimazolam, 1 mg	Inj, remimazolam, 1 mg
J2250	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Versed	Injection, midazolam hydrochloride, per 1 mg	Inj midazolam hydrochloride
J2251	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Midazolam	Injection, midazolam HCl (WG Critical Care) not therapeutically equivalent to J2250, per 1 mg	Inj midazolam (wg crit care)
J2260	No Prior Authorization Required	Primacor	Injection, milrinone lactate, 5 mg	Inj milrinone lactate / 5 mg
J2265	No Prior Authorization Required	Minocin	Injection, minocycline hydrochloride, 1 mg	Minocycline hydrochloride
J2270	No Prior Authorization Required	Morphin	Injection, morphine sulfate, up to 10 mg	Morphine sulfate injection
J2272	No Prior Authorization Required	Morphine sulfate	Injection, morphine sulfate (Fresenius Kabi) not therapeutically equivalent to J2270, up to 10 mg	Inj, morphine (fresenius)
J2274	No Prior Authorization Required	Duramorph	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	Inj morphine pf epid ithc
J2278	Prior Authorization Required	Prialt	Injection, ziconotide, 1 microgram	Ziconotide injection
J2280	No Prior Authorization Required	Avelox	Injection, moxifloxacin, 100 mg	Inj, moxifloxacin 100 mg
J2281	No Prior Authorization Required	Moxifloxacin	Injection, moxifloxacin (Fresenius Kabi) not therapeutically equivalent to J2280, 100 mg	Inj moxifloxacin (fres kabi)
J2300	No Prior Authorization Required	Nubain	Injection, nalbuphine hydrochloride, per 10 mg	Inj nalbuphine hydrochloride
J2305	No Prior Authorization Required		Injection, nitroglycerin, 5 mg	Inj, nitroglycerin, 5 mg
J2310	No Prior Authorization Required	Narcan	Injection, naloxone hydrochloride, per 1 mg	Inj naloxone hydrochloride
J2311	No Prior Authorization Required	Zimhi	Injection, naloxone HCl (Zimhi), 1 mg	Inj, naloxone hcl (zimhi)
J2315	No Prior Authorization Required	Vivitrol	Injection, naltrexone, depot form, 1 mg	Naltrexone, depot form
J2323	Prior Authorization Required	Tysabri	Injection, natalizumab, 1 mg	Natalizumab injection
J2326	Carve out to state	Spinraza	Injection, nusinersen, 0.1 mg	Inj, nusinersen, 0.1mg
J2327	No Prior Authorization Required	Skyrizi	Injection, risankizumab-rzaa, intravenous, 1 mg	Inj risankizumab-rzaa 1 mg
J2329	Prior Authorization Required	Briumvi	Injection, ublituximab-xiyy, 1mg	Inj ublituximab-xiyy, 1 mg
J2350	Prior Authorization Required	Ocrevus	Injection, ocrelizumab, 1 mg	Injection, ocrelizumab, 1 mg
J2353	No Prior Authorization Required	Sandostatin LAR	Injection, octreotide, depot form for intramuscular injection, 1 mg	Octreotide injection, depot
J2354	No Prior Authorization Required	Sandostatin	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Octreotide inj, non-depot
J2355	No Prior Authorization Required	NEUMEGA	Injection, oprelvekin, 5 mg	Oprelvekin injection
J2356	Prior Authorization Required	Tezspire	Injection, tezepelumab-ekko, 1 mg	Inj tezepelumab-ekko, 1mg
J2357	Prior Authorization Required	Xolair	Injection, omalizumab, 5 mg	Omalizumab injection

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J2358	No Prior Authorization Required	Zyprexa Relprevv	Injection, olanzapine, long-acting, 1 mg	Olanzapine long-acting inj
J2359	No Prior Authorization Required	Zyprexa	Injection, olanzapine, 0.5 mg	Inj. olanzapine, 0.5mg
J2360	No Prior Authorization Required	Norflex	Injection, orphenadrine citrate, up to 60 mg	Orphenadrine injection
J2371	No Prior Authorization Required	VAZCULEP	Injection, phenylephrine HCl, 20 mcg	Inj phenylephrine hcl 20 mcg
J2372	No Prior Authorization Required	Biorphen	Injection, phenylephrine HCl (Biorphen), 20 mcg	Inj, biorphen, 20 micrograms
J2401	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Nesacaine	Injection, chloroprocaine HCl, per 1 mg	Chloroprocaine hcl injection
J2402	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Clorotekal	Injection, chloroprocaine HCl (Clorotekal), per 1 mg	Chloroprocaine (clorotekal)
J2403	Prior Authorization Required	Iheezo	Chloroprocaine HCl ophthalmic, 3% gel, 1 mg	Chloroprocaine opht gel, 1mg
J2405	No Prior Authorization Required	Zofran	Injection, ondansetron hydrochloride, per 1 mg	Ondansetron hcl injection
J2406	No Prior Authorization Required	Kimyrsa	Injection, oritavancin, 10 mg	Injection, oritavancin 10 mg
J2407	No Prior Authorization Required	Orbactiv	Injection, oritavancin, 10 mg	Injection, oritavancin
J2425	No Prior Authorization Required	Kepivance	Injection, palifermin, 50 micrograms	Palifermin injection
J2426	No Prior Authorization Required	Invega Sustenna	Injection, paliperidone palmitate extended release, 1 mg	Paliperidone palmitate inj
J2427	No Prior Authorization Required	Invega Trinza	Injection, paliperidone palmitate extended release (Invega Hafyera or Invega Trinza), 1 mg	Inj, invega hafyera/trinza
J2430	No Prior Authorization Required	Pamidronate disodium	Injection, pamidronate disodium, per 30 mg	Pamidronate disodium /30 mg
J2440	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Papaverine	Injection, papaverine hcl, up to 60 mg	Papaverin hcl injection
J2469	No Prior Authorization Required	Aloxi	Injection, palonosetron hcl, 25 mcg	Palonosetron hcl
J2501	No Prior Authorization Required	Zemplar	Injection, paricalcitol, 1 mcg	Paricalcitol
J2502	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Signifor LAR	Injection, pasireotide long acting, 1 mg	Inj, pasireotide long acting
J2503	Prior Authorization Required	Macugen	Injection, pegaptanib sodium, 0.3 mg	Pegaptanib sodium injection
J2504	No Prior Authorization Required	ADAGEN	Injection, pegademase bovine, 25 iu	Pegademase bovine, 25 iu
J2506	No Prior Authorization Required	Neulasta	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Inj pegfilgrast ex bio 0.5mg
J2507	Prior Authorization Required	Krystexxa	Injection, pegloticase, 1 mg	Pegloticase injection
J2510	No Prior Authorization Required	Penicillin G Procaine	Injection, penicillin g procaine, aqueous, up to 600,000 units	Penicillin g procaine inj
J2515	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Nembutal	Injection, pentobarbital sodium, per 50 mg	Pentobarbital sodium inj
J2540	No Prior Authorization Required	Penicillin G Potassium	Injection, penicillin g potassium, up to 600,000 units	Penicillin g potassium inj
J2543	No Prior Authorization Required	Zosyn	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	Piperacillin/tazobactam

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J2545	No Prior Authorization Required	Nebupent	Pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 300 mg	Pentamidine non-comp unit
J2547	No Prior Authorization Required	Rapivab	Injection, peramivir, 1 mg	Injection, peramivir
J2550	No Prior Authorization Required	Phenergan	Injection, promethazine hcl, up to 50 mg	Promethazine hcl injection
J2560	No Prior Authorization Required	Phenobarbital	Injection, phenobarbital sodium, up to 120 mg	Phenobarbital sodium inj
J2561	No Prior Authorization Required	Sezaby	Injection, phenobarbital sodium (Sezaby), 1 mg	Inj, sezaby, 1 mg
J2562	No Prior Authorization Required	Mozobil	Injection, plerixafor, 1 mg	Plerixafor injection
J2590	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Pitocin	Injection, oxytocin, up to 10 units	Oxytocin injection
J2597	No Prior Authorization Required	DDAVP	Injection, desmopressin acetate, per 1 mcg	Inj desmopressin acetate
J2598	No Prior Authorization Required	Vasopstrict	Injection, vasopressin, 1 unit	Inj, vasopressin, 1 unit
J2599	No Prior Authorization Required	Vasopressin	Injection, vasopressin (American Regent) not therapeutically equivalent to J2598, 1 unit	Inj vasopressin (am reg) 1 u
J2675	No Prior Authorization Required	Progesterone	Injection, progesterone, per 50 mg	Inj progesterone per 50 mg
J2680	No Prior Authorization Required	Prolixin	Injection, fluphenazine decanoate, up to 25 mg	Fluphenazine decanoate 25 mg
J2690	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Procainamide	Injection, procainamide hcl, up to 1 gm	Procainamide hcl injection
J2700	No Prior Authorization Required	Oxacillin	Injection, oxacillin sodium, up to 250 mg	Oxacillin sodium injecton
J2704	No Prior Authorization Required	Diprivan	Injection, propofol, 10 mg	Inj, propofol, 10 mg
J2710	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Bloxiverz	Injection, neostigmine methylsulfate, up to 0.5 mg	Neostigmine methylslfte inj
J2720	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Protamine	Injection, protamine sulfate, per 10 mg	Inj protamine sulfate/10 mg
J2724	No Prior Authorization Required	Ceprothin	Injection, protein c concentrate, intravenous, human, 10 iu	Protein c concentrate
J2730	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Protopam	Injection, pralidoxime chloride, up to 1 gm	Pralidoxime chloride inj
J2760	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Regitine	Injection, phentolamine mesylate, up to 5 mg	Phentolaine mesylate inj
J2765	No Prior Authorization Required	Reglan	Injection, metoclopramide hcl, up to 10 mg	Metoclopramide hcl injection
J2770	No Prior Authorization Required	Synercid	Injection, quinupristin/dalfopristin, 500 mg (150/350)	Quinupristin/dalfopristin
J2777	Prior Authorization Required	Vabysmo	Injection, faricimab-svoa, 0.1 mg	Inj, faricimab-svoa, 0.1mg
J2778	Prior Authorization Required	Lucentis	Injection, ranibizumab, 0.1 mg	Ranibizumab injection
J2779	Prior Authorization Required	Suvismo	Injection, ranibizumab, via intravitreal implant (suvismo), 0.1 mg	Inj, susvimo 0.1 mg
J2781	Prior Authorization Required	Syfovre	Injection, pegcetacoplan, intravitreal, 1 mg	Inj, pegcetacoplan, 1mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J2783	No Prior Authorization Required	Elitek	Injection, rasburicase, 0.5 mg	Rasburicase
J2785	No Prior Authorization Required	Lexiscan	Injection, regadenoson, 0.1 mg	Regadenoson injection
J2786	Prior Authorization Required	Cinqair	Injection, reslizumab, 1 mg	Injection, reslizumab, 1mg
J2787	No Prior Authorization Required	Photrex	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	Riboflavin 5'phos opth<=3ml
J2788	No Prior Authorization Required	HyperRho S/D, Micrhogam Ultra-Filtered Plus	Injection, rho d immune globulin, human, minidose, 50 micrograms (250 i.u.)	Rho d immune globulin 50 mcg
J2790	No Prior Authorization Required	HyperRho S/D, Rhogam Ultra-Filtered Plus	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)	Rho d immune globulin inj
J2791	No Prior Authorization Required	Rhophylac	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	Rhophylac injection
J2792	No Prior Authorization Required	WinRho	Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	Rho(d) immune globulin h, sd
J2793	Prior Authorization Required	Arcalyst	Injection, rilonacept, 1 mg	Rilonacept injection
J2794	No Prior Authorization Required	Risperdal Consta	Injection, risperidone (risperdal consta), 0.5 mg	Inj risperdal consta, 0.5 mg
J2795	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Naropin	Injection, ropivacaine hydrochloride, 1 mg	Ropivacaine hcl injection
J2796	Prior Authorization Required	Nplate	Injection, romiplostim, 10 micrograms	Romiplostim injection
J2797	No Prior Authorization Required	VARUBI	Injection, rolapitant, 0.5 mg	Inj., rolapitant, 0.5 mg
J2798	No Prior Authorization Required	Perseris	Injection, risperidone, (perseris), 0.5 mg	Inj., perseris, 0.5 mg
J2800	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Robaxin	Injection, methocarbamol, up to 10 ml	Methocarbamol injection
J2805	No Prior Authorization Required	Kinevac	Injection, sincalide, 5 micrograms	Sincalide injection
J2806	No Prior Authorization Required	Sincalide	Injection, sincalide (MAIA) not therapeutically equivalent to J2805, 5 mcg	Inj sincalide, maia, 5 mcg
J2810	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Theophylline	Injection, theophylline, per 40 mg	Inj theophylline per 40 mg
J2820	No Prior Authorization Required	Leukine	Injection, sargramostim (gm-csf), 50 mcg	Sargramostim injection
J2840	Prior Authorization Required	Kanuma	Injection, sebelipase alfa, 1 mg	Inj sebelipase alfa 1 mg
J2850	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Chirhostim	Injection, secretin, synthetic, human, 1 microgram	Inj secretin synthetic human
J2860	No Prior Authorization Required	Sylvant	Injection, siltuximab, 10 mg	Injection, siltuximab
J2916	No Prior Authorization Required	Ferrlecit	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Na ferric gluconate complex
J2941	Prior Authorization Required	Humatrope, Genotropin, Genotropin Miniquick, Norditropin, Omnitrope, Serostim, Saizen, Zorbitive, Nutropin AQ Nuspin, Zomacton	Somatropin injection	Injection, somatropin, 1 mg
J2993	No Prior Authorization Required	Retavase	Injection, reteplase, 18.1 mg	Reteplase injection

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J2997	No Prior Authorization Required	Cathflo	Injection, alteplase recombinant, 1 mg	Alteplase recombinant
J2998	Prior Authorization Required	Ryplazim	Injection, plasminogen, human-tvmh, 1 mg	Inj plasminogen tvmh 1mg
J3000	No Prior Authorization Required	Streptomycin	Injection, streptomycin, up to 1 gm	Streptomycin injection
J3010	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Fentanyl	Injection, fentanyl citrate, 0.1 mg	Fentanyl citrate injection
J3030	No Prior Authorization Required	Imitrex	Injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Sumatriptan succinate / 6 mg
J3031	Prior Authorization Required	Ajovy	Injection, fremanezumab-vfrm, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Inj., fremanezumab-vfrm 1 mg
J3032	Prior Authorization Required	Vyepti	Inj. eptinezumab-jjmr 1 mg	Injection, eptinezumab-jjmr, 1 mg
J3060	Prior Authorization Required	ElELYso	Injection, taliglucerase alfa, 10 units	Inj, taliglucerase alfa 10 u
J3090	No Prior Authorization Required	Sivextro	Injection, tedizolid phosphate, 1 mg	Inj tedizolid phosphate
J3095	No Prior Authorization Required	Vibativ	Injection, telavancin, 10 mg	Telavancin injection
J3101	No Prior Authorization Required	Tnkase	Injection, tenecteplase, 1 mg	Tenecteplase injection
J3105	No Prior Authorization Required	Brethine	Injection, terbutaline sulfate, up to 1 mg	Terbutaline sulfate inj
J3110	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Forteo	Injection, teriparatide, 10 mcg	Teriparatide injection
J3111	Prior Authorization Required	Evenity	Injection, romosozumab-aqqg, 1 mg	Inj. romosozumab-aqqg 1 mg
J3121	No Prior Authorization Required	Testosterone Enanthate	Injection, testosterone enanthate, 1 mg	Inj testostero enanthate 1mg
J3145	No Prior Authorization Required	Aveed	Injection, testosterone undecanoate, 1 mg	Testosterone undecanoate 1mg
J3230	No Prior Authorization Required	Thorazine	Injection, chlorpromazine hcl, up to 50 mg	Chlorpromazine hcl injection
J3240	No Prior Authorization Required	Thyrogen	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	Thyrotropin injection
J3241	No Prior Authorization Required	Tepezza	Inj. teprotumumab-trbw 10 mg	Injection, teprotumumab-trbw, 10 mg
J3243	No Prior Authorization Required	Tygacil	Injection, tigecycline, 1 mg	Tigecycline injection
J3244	No Prior Authorization Required	Tigecycline	Injection, tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg	Inj. tigecycline (accord)
J3245	Prior Authorization Required	Ilumya	Injection, tildrakizumab, 1 mg	Inj., tildrakizumab, 1 mg
J3246	No Prior Authorization Required	Aggrastat	Injection, tirofiban hcl, 0.25 mg	Tirofiban hcl
J3250	No Prior Authorization Required	Tigan	Injection, trimethobenzamide hcl, up to 200 mg	Trimethobenzamide hcl inj
J3260	No Prior Authorization Required	Tobramycin	Injection, tobramycin sulfate, up to 80 mg	Tobramycin sulfate injection
J3262	No Prior Authorization Required	Actemra	Injection, tocilizumab, 1 mg	Tocilizumab injection
J3285	Prior Authorization Required	Remodulin	Injection, treprostinil, 1 mg	Treprostinil injection
J3299	No Prior Authorization Required	Xipere	Injection, triamcinolone acetonide (xipere), 1 mg	Inj xipere 1 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J3300	No Prior Authorization Required	Triesence	Injection, triamcinolone acetonide, preservative free, 1 mg	Triamcinolone a inj prs-free
J3301	No Prior Authorization Required	Kenalog	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	Triamcinolone acet inj nos
J3304	Prior Authorization Required	Zilretta	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Inj triamcinolone ace xr 1mg
J3315	No Prior Authorization Required	Trelstar	Injection, triptorelin pamoate, 3.75 mg	Triptorelin pamoate
J3316	No Prior Authorization Required	Triptodur	Injection, triptorelin, extended-release, 3.75 mg	Inj., triptorelin xr 3.75 mg
J3355	No Prior Authorization Required	BRAVELLE	Injection, urofollitropin, 75 iu	Urofollitropin, 75 iu
J3357	Prior Authorization Required	Stelara	Ustekinumab, for subcutaneous injection, 1 mg	Ustekinumab sub cu inj, 1 mg
J3358	Prior Authorization Required	Stelara	Ustekinumab, for intravenous injection, 1 mg	Ustekinumab, iv inject, 1 mg
J3360	No Prior Authorization Required	Valium	Injection, diazepam, up to 5 mg	Diazepam injection
J3370	No Prior Authorization Required	Vancomycine	Injection, vancomycin hcl, 500 mg	Vancomycin hcl injection
J3371	No Prior Authorization Required	Vancomycin	Injection, vancomycin HCl (Mylan) not therapeutically equivalent to J3370, 500 mg	Inj, vancomycin hcl (mylan)
J3372	No Prior Authorization Required	Vancomycin	Injection, vancomycin HCl (Xellia) not therapeutically equivalent to J3370, 500 mg	Inj, vancomycin hcl (xellia)
J3380	Prior Authorization Required	Entyvio	Injection, vedolizumab, 1 mg	Injection, vedolizumab
J3385	Prior Authorization Required	Vpriv	Injection, velaglucerase alfa, 100 units	Velaglucerase alfa
J3396	No Prior Authorization Required	Visudyne	Injection, verteporfin, 0.1 mg	Verteporfin injection
J3397	Prior Authorization Required	Mepsevii	Injection, vestronidase alfa-vjbk, 1 mg	Inj., vestronidase alfa-vjbk
J3398	Carve out to state	Luxturna	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Inj luxturna 1 billion vec g
J3399	Carve out to state	Zolgensma	Inj onase abepar-xioi treat	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes
J3410	No Prior Authorization Required	Vistaril	Injection, hydroxyzine hcl, up to 25 mg	Hydroxyzine hcl injection
J3411	No Prior Authorization Required	Thiamine	Injection, thiamine hcl, 100 mg	Thiamine hcl 100 mg
J3415	No Prior Authorization Required	Pyridoxine	Injection, pyridoxine hcl, 100 mg	Pyridoxine hcl 100 mg
J3420	No Prior Authorization Required	Cyanocobalamine	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg	Vitamin b12 injection
J3430	No Prior Authorization Required	Mephyton	Injection, phytonadione (vitamin k), per 1 mg	Vitamin k phytonadione inj
J3465	No Prior Authorization Required	Vfend	Injection, voriconazole, 10 mg	Injection, voriconazole
J3470	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Amphadase	Injection, hyaluronidase, up to 150 units	Hyaluronidase injection
J3471	No Prior Authorization Required	Vitrase	Injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)	Ovine, up to 999 usp units
J3473	No Prior Authorization Required	Hylanex	Injection, hyaluronidase, recombinant, 1 usp unit	Hyaluronidase recombinant
J3475	No Prior Authorization Required	Magnesium Sulfate	Injection, magnesium sulfate, per 500 mg	Inj magnesium sulfate
J3480	No Prior Authorization Required	Potassium Chloride	Injection, potassium chloride, per 2 meq	Inj potassium chloride

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J3485	No Prior Authorization Required	Retrovir	Injection, zidovudine, 10 mg	Zidovudine
J3486	No Prior Authorization Required	Geodan	Injection, ziprasidone mesylate, 10 mg	Ziprasidone mesylate
J3489	No Prior Authorization Required	Reclast Zometa	Injection, zoledronic acid, 1 mg	Zoledronic acid 1mg
J3490	No Prior Authorization Required	Unclassified code	Unclassified drugs	Drugs unclassified injection
J3490	No Prior Authorization Required	Exparel	Exparel 1.3% Susp	Exparel
J3535	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Drug administered through a metered dose inhaler	Metered dose inhaler drug
J3590	Prior Authorization Required	Unclassified code	Unclassified biologics	Unclassified biologics
J3590	Prior Authorization Required	Skysona	elivaldogene autotemcel	
J3590	Prior Authorization Required	Casgevy	Exagamglogene autotemcel	Exagamglogene autotemcel
J3591	No Prior Authorization Required	Unclassified code	Unclassified drug or biological used for esrd on dialysis	Esrd on dialysi drug/bio noc
J7030	No Prior Authorization Required	Sodium Chloride 0.9%	Infusion, normal saline solution , 1000 cc	Normal saline solution infus
J7040	No Prior Authorization Required	Sodium Chloride 0.9%	Infusion, normal saline solution, sterile (500 ml = 1 unit)	Normal saline solution infus
J7042	No Prior Authorization Required	Dextrose Sodium Chloride 5%-0.9%	5% dextrose/normal saline (500 ml = 1 unit)	5% dextrose/normal saline
J7050	No Prior Authorization Required	Sodium Chloride 0.9%	Infusion, normal saline solution, 250 cc	Normal saline solution infus
J7060	No Prior Authorization Required	Dextrose 5%	5% dextrose/water (500 ml = 1 unit)	5% dextrose/water
J7070	No Prior Authorization Required	Dextrose 5%	Infusion, d5w, 1000 cc	D5w infusion
J7100	No Prior Authorization Required	LMD in D5W 10%	Infusion, dextran 40, 500 ml	Dextran 40 infusion
J7120	No Prior Authorization Required	Lactated Ringers	Ringers lactate infusion, up to 1000 cc	Ringers lactate infusion
J7121	No Prior Authorization Required	Dextrose in Lactated Ringers 5%	5% dextrose in lactated ringers infusion, up to 1000 cc	5% dextrose in lac ringers
J7131	No Prior Authorization Required	Sodium Chloride	Hypertonic saline solution, 1 ml	Hypertonic saline sol
J7168	Prior Authorization Required	Kcentra	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity	Prothrombin complex kcentra
J7169	No Prior Authorization Required	Andexxa	Inj andexxa, 10 mg	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg
J7170	Prior Authorization Required	Hemlibra	Injection, emicizumab-kxwh, 0.5 mg	Inj., emicizumab-kxwh 0.5 mg
J7175	Prior Authorization Required	Coagadex	Injection, factor x, (human), 1 i.u.	Inj, factor x, (human), 1iu
J7177	Prior Authorization Required	Fibryga	Injection, human fibrinogen concentrate (fibryga), 1 mg	Inj., fibryga, 1 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J7178	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	RiaStap	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Inj human fibrinogen con nos
J7179	Prior Authorization Required	Vonvendi	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco	Vonvendi inj 1 iu vwf:rco
J7180	Prior Authorization Required	Corifact	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	Factor xiii anti-hem factor
J7181	Prior Authorization Required	Tretten	Injection, factor xiii a-subunit, (recombinant), per iu	Factor xiii recomb a-subunit
J7182	Prior Authorization Required	Novoeight	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	Factor viii recomb novoeight
J7183	Prior Authorization Required	Wilate	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rco	Wilate injection
J7185	Prior Authorization Required	Xyntha	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	Xyntha inj
J7186	Prior Authorization Required	Alphanate	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	Antihemophilic viii/vwf comp
J7187	Prior Authorization Required	Humate P	Injection, von willebrand factor complex (humate-p), per iu vwf:rco	Humate-p, inj
J7188	Prior Authorization Required	Obizur	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Factor viii recomb obizur
J7189	Prior Authorization Required	Novoseven	Factor viia (antihemophilic factor, recombinant), per 1 microgram	Factor viia
J7190	Prior Authorization Required	Hemophil M Koate Monoclate	Factor viii (antihemophilic factor, human) per i.u.	Factor viii
J7191	Prior Authorization Required		Factor viii (antihemophilic factor (porcine)), per i.u.	Factor viii (porcine)
J7192	Prior Authorization Required	Advate Kogenate FS Recombinate	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	Factor viii recombinant nos
J7193	Prior Authorization Required	Alphanine SD Mononine	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	Factor ix non-recombinant
J7194	Prior Authorization Required	Profilnine	Factor ix, complex, per i.u.	Factor ix complex
J7195	Prior Authorization Required	Ixinity Benefix	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	Factor ix recombinant nos
J7196	Prior Authorization Required	Atryn	Injection, antithrombin recombinant, 50 i.u.	Antithrombin recombinant
J7197	Prior Authorization Required	Thrombate III	Antithrombin iii (human), per i.u.	Antithrombin iii injection
J7198	Prior Authorization Required	Feiba NF	Anti-inhibitor, per i.u.	Anti-inhibitor
J7199	Prior Authorization Required		Hemophilia clotting factor, not otherwise classified	Hemophilia clot factor noc
J7200	Prior Authorization Required	Rixubis	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Factor ix recombinan rixubis
J7201	Prior Authorization Required	Alprolix	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	Factor ix alprolix recomb
J7202	Prior Authorization Required	Idelvion	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Factor ix idelvion inj
J7203	Prior Authorization Required	Rebinyn	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Factor ix recomb gly rebinyn
J7204	Prior Authorization Required	Esperocet	Inj recomb esperoct per iu	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu
J7205	Prior Authorization Required	Eloctate	Injection, factor viii fc fusion protein (recombinant), per iu	Factor viii fc fusion recomb
J7207	Prior Authorization Required	Adynovate	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Factor viii pegylated recomb

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J7208	Prior Authorization Required	Jivi	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Inj. jivi 1 iu
J7209	Prior Authorization Required	Nuwiq	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Factor viii nuwiq recomb 1iu
J7210	Prior Authorization Required	Afstyla	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	Inj, afstyla, 1 i.u.
J7211	Prior Authorization Required	Kovaltry	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.	Inj, kovaltry, 1 i.u.
J7212	Prior Authorization Required	Sevenfact	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Factor viia recomb sevenfact
J7213	Prior Authorization Required	Ixinity	Injection, coagulation factor IX (recombinant), Ixinity, 1 IU	Inj, ixinity, 1 i.u.
J7214	Prior Authorization Required	Altuviiio	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviiio), per Factor VIII IU	Altuviiio per factor viii iu
J7294	No Prior Authorization Required	Annovera	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea	Seg acet and eth estr yearly
J7295	No Prior Authorization Required	Nuvaring EluRyng	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea	Eth estr and eton monthly
J7296	No Prior Authorization Required	Kyleena	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg	Kyleena, 19.5 mg
J7297	No Prior Authorization Required	Liletta	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg	Liletta, 52 mg
J7298	No Prior Authorization Required	Mirena	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg	Mirena, 52 mg
J7300	No Prior Authorization Required	Paragard	Intrauterine copper contraceptive	Intraut copper contraceptive
J7301	No Prior Authorization Required	Skyla	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg	Skyla, 13.5 mg
J7304	No Prior Authorization Required	Xulane	Contraceptive supply, hormone containing patch, each	Contraceptive hormone patch
J7307	No Prior Authorization Required	Nexplanon	Etonogestrel (contraceptive) implant system, including implant and supplies	Etonogestrel implant system
J7308	No Prior Authorization Required	Levulan Kerastick	Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)	Aminolevulinic acid hcl top
J7311	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Retisert	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	Inj., retisert, 0.01 mg
J7312	No Prior Authorization Required	Ozurdex	Injection, dexamethasone, intravitreal implant, 0.1 mg	Dexamethasone intra implant
J7313	No Prior Authorization Required	Iluvien	Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg	Inj., iluvien, 0.01 mg
J7314	No Prior Authorization Required	Yutiq	Injection, fluocinolone acetonide, intravitreal implant (yutiq), 0.01 mg	Inj., yutiq, 0.01 mg
J7315	No Prior Authorization Required	Mitosol	Mitomycin, ophthalmic, 0.2 mg	Ophthalmic mitomycin
J7316	Prior Authorization Required	Jetrea	Injection, ocriplasmin, 0.125 mg	Inj, ocriplasmin, 0.125 mg
J7318	No Prior Authorization Required	Durolane	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Inj, durolane 1 mg
J7320	No Prior Authorization Required	GenVisc	Hyaluronan or derivitive, genvisc 850, for intra-articular injection, 1 mg	Genvisc 850, inj, 1mg
J7321	No Prior Authorization Required	Hyalgan Supartz	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Hyalgan supartz visco-3 dose
J7321	No Prior Authorization Required	Hyalgan Supartz Visco-3	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Hyalgan supartz visco-3 dose

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J7322	No Prior Authorization Required	Hymovis	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Hymovis injection 1 mg
J7323	No Prior Authorization Required	Euflexxa	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Euflexxa inj per dose
J7324	No Prior Authorization Required	Orthovisc	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Orthovisc inj per dose
J7325	No Prior Authorization Required	Synvisc Synvisc-One	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Synvisc or synvisc-one
J7326	No Prior Authorization Required	Gel-One	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Gel-one
J7327	No Prior Authorization Required	Monovisc	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Monovisc inj per dose
J7328	No Prior Authorization Required	Gelsyn-3	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	Gelsyn-3 injection 0.1 mg
J7329	No Prior Authorization Required	Trivisc	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Inj, trivisc 1 mg
J7330	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	MACI	Autologous cultured chondrocytes, implant	Cultured chondrocytes implnt
J7331	No Prior Authorization Required	Synojoynt	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	Synojoynt, inj., 1 mg
J7332	No Prior Authorization Required	Triluron	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Inj., triluron, 1 mg
J7336	Prior Authorization Required	Qutenza	Capsaicin 8% patch, per square centimeter	Capsaicin 8% patch
J7340	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Duopa	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Carbidopa levodopa ent 100ml
J7342	No Prior Authorization Required	Otiprio	Instillation, ciprofloxacin otic suspension, 6 mg	Ciprofloxacin otic susp 6 mg
J7345	No Prior Authorization Required	Ameluz	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg	Aminolevulinic acid, 10% gel
J7351	Prior Authorization Required	Durysta	Inj bimatoprost itc imp1mcg	Injection, bimatoprost, intracameral implant, 1 microgram
J7352	Prior Authorization Required	Scenesse	Afamelanotide implant, 1 mg	Afamelanotide implant, 1 mg
J7353	Prior Authorization Required	Nexobrid	Anacaulase-bcdb, 8.8% gel, 1 gm	Anacaulase-bcdb 8.8% gel 1 g
J7402	Prior Authorization Required	Sinuva	Mometasone furoate sinus implant, (sinuva), 10 micrograms	Mometasone sinus sinuva
J7500	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Imuran	Azathioprine, oral, 50 mg	Azathioprine oral 50mg
J7501	No Prior Authorization Required	Azathioprine	Azathioprine, parenteral, 100 mg	Azathioprine parenteral
J7502	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Neoral Sandimmune	Cyclosporine, oral, 100 mg	Cyclosporine oral 100 mg
J7503	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Envarsus Rx	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	Tacrol envarsus ex rel oral
J7504	No Prior Authorization Required	Atgam	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	Lymphocyte immune globulin

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J7507	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Prograf	Tacrolimus, immediate release, oral, 1 mg	Tacrolimus imme rel oral 1mg
J7508	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Astagraf XL	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	Tacrol astagraf ex rel oral
J7509	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Medrol	Methylprednisolone oral, per 4 mg	Methylprednisolone oral
J7510	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Orapred Pediapred	Prednisolone oral, per 5 mg	Prednisolone oral per 5 mg
J7511	No Prior Authorization Required	Thymoglobulin	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Antithymocyte globuln rabbit
J7512	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Prednisone	Prednisone, immediate release or delayed release, oral, 1 mg	Prednisone ir or dr oral 1mg
J7515	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Neoral Sandimmune	Cyclosporine, oral, 25 mg	Cyclosporine oral 25 mg
J7516	No Prior Authorization Required	Sandimmune	Cyclosporin, parenteral, 250 mg	Cyclosporin parenteral 250mg
J7517	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Cellcept	Mycophenolate mofetil, oral, 250 mg	Mycophenolate mofetil oral
J7518	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Myfortic	Mycophenolic acid, oral, 180 mg	Mycophenolic acid
J7519	No Prior Authorization Required	Cellcept	Injection, mycophenolate mofetil, 10 mg	Inj. mycophenolate mofetil
J7520	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Rapamune	Sirolimus, oral, 1 mg	Sirolimus, oral
J7525	No Prior Authorization Required	Prograf	Tacrolimus, parenteral, 5 mg	Tacrolimus injection
J7527	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Zortress	Everolimus, oral, 0.25 mg	Oral everolimus
J7599	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Immunosuppressive drug, not otherwise classified	Immunosuppressive drug noc
J7604	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Acetylcysteine, inhalation solution, compounded product, administered through dme, unit dose form, per gram	Acetylcysteine comp unit
J7605	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Brovana	Arformoterol, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 15 micrograms	Arformoterol non-comp unit
J7606	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Perforomist	Formoterol fumarate, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 20 micrograms	Formoterol fumarate, inh
J7607	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Levalbuterol, inhalation solution, compounded product, administered through dme, concentrated form, 0.5 mg	Levalbuterol comp con

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J7608	No Prior Authorization Required	Acetylcysteine	Acetylcysteine, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per gram	Acetylcysteine non-comp unit
J7609	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Albuterol Sulfate	Albuterol, inhalation solution, compounded product, administered through dme, unit dose, 1 mg	Albuterol comp unit
J7610	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Albuterol Sulfate	Albuterol, inhalation solution, compounded product, administered through dme, concentrated form, 1 mg	Albuterol comp con
J7611	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Ventolin Proventil	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 1 mg	Albuterol non-comp con
J7612	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 0.5 mg	Levalbuterol non-comp con
J7613	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Ventolin Proventil	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 1 mg	Albuterol non-comp unit
J7614	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Levalbuterol	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 0.5 mg	Levalbuterol non-comp unit
J7615	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Levalbuterol	Levalbuterol, inhalation solution, compounded product, administered through dme, unit dose, 0.5 mg	Levalbuterol comp unit
J7620	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Ipratropium Albuterol	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, non-compounded, administered through dme	Albuterol ipratrop non-comp
J7622	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Beclomethasone	Beclomethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Beclomethasone comp unit
J7624	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Betamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Betamethasone comp unit
J7626	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Pulmicort	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 0.5 mg	Budesonide non-comp unit
J7627	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Budesonide, inhalation solution, compounded product, administered through dme, unit dose form, up to 0.5 mg	Budesonide comp unit
J7628	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Bitolterol mesylate comp con
J7629	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Bitolterol mesylate comp unt
J7631	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Cromolyn sodium, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	Cromolyn sodium noncomp unit
J7632	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Cromolyn sodium, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	Cromolyn sodium comp unit

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J7633	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Pulmicort	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 0.25 milligram	Budesonide non-comp con
J7634	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Budesonide, inhalation solution, compounded product, administered through dme, concentrated form, per 0.25 milligram	Budesonide comp con
J7635	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Atropine, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Atropine comp con
J7636	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Atropine, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Atropine comp unit
J7637	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Dexamethasone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Dexamethasone comp con
J7638	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Dexamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Dexamethasone comp unit
J7639	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Pulmozyme	Dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Dornase alfa non-comp unit
J7640	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Formoterol, inhalation solution, compounded product, administered through dme, unit dose form, 12 micrograms	Formoterol comp unit
J7641	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Flunisolide, inhalation solution, compounded product, administered through dme, unit dose, per milligram	Flunisolide comp unit
J7642	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Glycopyrrolate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Glycopyrrolate comp con
J7643	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Glycopyrrolate comp unit
J7644	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Ipratropium Bromide	Ipratropium bromide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Ipratropium bromide non-comp
J7645	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Atrovent	Ipratropium bromide, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Ipratropium bromide comp
J7647	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Isoetharine hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Isoetharine comp con
J7648	No Prior Authorization Required		Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	Isoetharine non-comp con
J7649	No Prior Authorization Required		Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Isoetharine non-comp unit

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J7650	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Isoetharine hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Isoetharine comp unit
J7657	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Isoproterenol comp con
J7658	No Prior Authorization Required		Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	Isoproterenol non-comp con
J7659	No Prior Authorization Required		Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Isoproterenol non-comp unit
J7660	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Isoproterenol comp unit
J7665	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Mannitol	Mannitol, administered through an inhaler, 5 mg	Mannitol for inhaler
J7667	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams	Metaproterenol comp con
J7668	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Alupent	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 10 milligrams	Metaproterenol non-comp con
J7669	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	Metaproterenol non-comp unit
J7670	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Metaproterenol sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	Metaproterenol comp unit
J7674	No Prior Authorization Required	Provocholine	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	Methacholine chloride, neb
J7676	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Pentam	Pentamidine isethionate, inhalation solution, compounded product, administered through dme, unit dose form, per 300 mg	Pentamidine comp unit dose
J7677	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Yupelri	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through dme, 1 microgram	Revefenacin inh non-com 1mcg
J7680	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Terbutaline sulf comp con
J7681	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Terbutaline sulf comp unit
J7682	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Tobi	Tobramycin, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams	Tobramycin non-comp unit

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J7683	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Triamcinolone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Triamcinolone comp con
J7684	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Triamcinolone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Triamcinolone comp unit
J7685	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compounded Product	Tobramycin, inhalation solution, compounded product, administered through dme, unit dose form, per 300 milligrams	Tobramycin comp unit
J7686	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Tyvaso	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	Treprostinil, non-comp unit
J7699	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Noc drugs, inhalation solution administered through dme	Inhalation solution for dme
J7799	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Noc drugs, other than inhalation drugs, administered through dme	Non-inhalation drug for dme
J7999	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Compounded drug, not otherwise classified	Compounded drug, noc
J8498	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Antiemetic drug, rectal/suppository, not otherwise specified	Antiemetic rectal/supp nos
J8499	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Prescription drug, oral, non chemotherapeutic, nos	Oral prescrip drug non chemo
J8501	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Emend	Aprepitant, oral, 5 mg	Oral aprepitant
J8510	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Myleran	Busulfan; oral, 2 mg	Oral busulfan
J8515	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Dostinex	Cabergoline, oral, 0.25 mg	Cabergoline, oral 0.25mg
J8520	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Xeloda	Capecitabine, oral, 150 mg	Capecitabine, oral, 150 mg
J8521	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Xeloda	Capecitabine, oral, 500 mg	Capecitabine, oral, 500 mg
J8530	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Cytosan	Cyclophosphamide; oral, 25 mg	Cyclophosphamide oral 25 mg
J8540	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Decadron	Dexamethasone, oral, 0.25 mg	Oral dexamethasone
J8560	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Vpesid	Etoposide; oral, 50 mg	Etoposide oral 50 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J8565	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Iressa	Gefitinib, oral, 250 mg	Gefitinib oral
J8597	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Antiemetic drug, oral, not otherwise specified	Antiemetic drug oral nos
J8600	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Alkeran	Melphalan; oral, 2 mg	Melphalan oral 2 mg
J8610	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Rheumatrex	Methotrexate; oral, 2.5 mg	Methotrexate oral 2.5 mg
J8650	No Prior Authorization Required	CESAMET	Nabilone, oral, 1 mg	Nabilone oral
J8655	No Prior Authorization Required	Akynzeo	Netupitant 300 mg and palonosetron 0.5 mg, oral	Oral netupitant, palonosetro
J8670	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Varubi	Rolapitant, oral, 1 mg	Varubi
J8700	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Temodar	Temozolomide, oral, 5 mg	Temozolomide
J8705	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Hycamtin	Topotecan, oral, 0.25 mg	Topotecan oral
J8999	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Unclassified code	Prescription drug, oral, chemotherapeutic, nos	Oral prescription drug chemo
J9000	No Prior Authorization Required	Adriamycin	Injection, doxorubicin hydrochloride, 10 mg	Doxorubicin hcl injection
J9015	No Prior Authorization Required	Proleukin	Injection, aldesleukin, per single use vial	Aldesleukin injection
J9017	No Prior Authorization Required	Trisenox	Injection, arsenic trioxide, 1 mg	Arsenic trioxide injection
J9019	No Prior Authorization Required	Erwinaze	Injection, asparaginase (erwinaze), 1,000 iu	Erwinaze injection
J9021	No Prior Authorization Required	Rylaze	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	Inj, aspara, rylaze, 0.1 mg
J9022	No Prior Authorization Required	Tecentriq	Injection, atezolizumab, 10 mg	Inj, atezolizumab, 10 mg
J9023	No Prior Authorization Required	Bavencio	Injection, avelumab, 10 mg	Injection, avelumab, 10 mg
J9025	No Prior Authorization Required	Vidaza	Injection, azacitidine, 1 mg	Azacitidine injection
J9027	No Prior Authorization Required	Clolar	Injection, clofarabine, 1 mg	Clofarabine injection
J9029	No Prior Authorization Required	Adstiladrin	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	Inj, adstiladrin, per tx dos
J9030	No Prior Authorization Required	Tice BCG	Bcg live intravesical instillation, 1 mg	Bcg live intravesical 1mg
J9032	No Prior Authorization Required	Beleodaq	Injection, belinostat, 10 mg	Injection, belinostat, 10mg
J9033	No Prior Authorization Required	Treanda	Injection, bendamustine hcl (treanda), 1 mg	Inj., treanda 1 mg
J9034	No Prior Authorization Required	Bendeka	Injection, bendamustine hcl (bendeka), 1 mg	Inj., bendeka 1 mg
J9035	No Prior Authorization Required	Avastin	Injection, bevacizumab, 10 mg	Bevacizumab injection
J9036	No Prior Authorization Required	Belrapzo	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Inj. belrapzo/bendamustine

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J9037	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Blenrep	Injection, belantamab mafodotin-blmf, 0.5 mg	Inj belantamab mafodont blmf
J9039	No Prior Authorization Required	Blinicyto	Injection, blinatumomab, 1 microgram	Injection, blinatumomab
J9040	No Prior Authorization Required	Bleomycin	Injection, bleomycin sulfate, 15 units	Bleomycin sulfate injection
J9041	No Prior Authorization Required	Velcade	Injection, bortezomib (velcade), 0.1 mg	Inj., velcade 0.1 mg
J9042	No Prior Authorization Required	Adcetris	Injection, brentuximab vedotin, 1 mg	Brentuximab vedotin inj
J9043	No Prior Authorization Required	Jevtana	Injection, cabazitaxel, 1 mg	Cabazitaxel injection
J9045	No Prior Authorization Required	Paraplatin	Injection, carboplatin, 50 mg	Carboplatin injection
J9046	No Prior Authorization Required	Bortezomib	Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg	Inj, bortezomib, dr. reddy's
J9047	No Prior Authorization Required	Kyprolis	Injection, carfilzomib, 1 mg	Injection, carfilzomib, 1 mg
J9048	No Prior Authorization Required	Brotezomib	Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg	Inj, bortezomib freseniuskab
J9049	No Prior Authorization Required	Brotezomib	Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg	Inj, bortezomib, hospira
J9050	No Prior Authorization Required	BICNU	Injection, carmustine, 100 mg	Carmustine injection
J9051	No Prior Authorization Required	Brotezomib	Injection, bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg	Inj, bortezomib (maia)
J9055	No Prior Authorization Required	Erbix	Injection, cetuximab, 10 mg	Cetuximab injection
J9056	No Prior Authorization Required	Vivimusta	Injection, bendamustine HCl (Vivimusta), 1 mg	Inj, bendamustine, 1 mg
J9057	No Prior Authorization Required	Aliqopa	Injection, copanlisib, 1 mg	Inj., copanlisib, 1 mg
J9058	No Prior Authorization Required	Bendamustine	Injection, bendamustine HCl (Apotex), 1 mg	Inj apotex/bendamustine 1 mg
J9059	No Prior Authorization Required	Bendamustine	Injection, bendamustine HCl (Baxter), 1 mg	Inj bendamustine, baxter 1mg
J9060	No Prior Authorization Required	Platinol	Injection, cisplatin, powder or solution, 10 mg	Cisplatin 10 mg injection
J9061	No Prior Authorization Required	Rybrevant	Injection, amivantamab-vmjw, 2 mg	Inj, amivantamab-vmjw
J9063	No Prior Authorization Required	Elahere	Injection, mirvetuximab soravtansine-gynx, 1 mg	Inj, elahere, 1 mg
J9064	No Prior Authorization Required		Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg	Inj, cabazitaxel (sandoz)
J9065	No Prior Authorization Required	Mavenclad	Injection, cladribine, per 1 mg	Inj cladribine per 1 mg
J9071	No Prior Authorization Required	Cyclophosphamide	Injection, cyclophosphamide, (AuroMedics), 5 mg	Inj cyclophosphamd auromedic
J9100	No Prior Authorization Required	Cytosar	Injection, cytarabine, 100 mg	Cytarabine hcl 100 mg inj
J9118	No Prior Authorization Required	Asparlas	Injection, calaspargase pegol-mknl, 10 units	Inj. calaspargase pegol-mknl
J9119	No Prior Authorization Required	Libtayo	Injection, cemiplimab-rwlc, 1 mg	Inj., cemiplimab-rwlc, 1 mg
J9120	No Prior Authorization Required	Cosmegen	Injection, dactinomycin, 0.5 mg	Dactinomycin injection
J9130	No Prior Authorization Required	DTIC-Dome	Dacarbazine, 100 mg	Dacarbazine 100 mg inj
J9144	No Prior Authorization Required	Darzalex	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Daratumumab, hyaluronidase
J9145	No Prior Authorization Required	Darzalex	Injection, daratumumab, 10 mg	Injection, daratumumab 10 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J9150	No Prior Authorization Required	Daunorubicin	Injection, daunorubicin, 10 mg	Daunorubicin injection
J9153	No Prior Authorization Required	Vyxeos	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Inj daunorubicin, cytarabine
J9155	No Prior Authorization Required	Firmagon	Injection, degarelix, 1 mg	Degarelix injection
J9165	No Prior Authorization Required	Not available in the U.S.	Injection, diethylstilbestrol diphosphate, 250 mg	Diethylstilbestrol injection
J9171	No Prior Authorization Required	Taxotere	Injection, docetaxel, 1 mg	Docetaxel injection
J9173	No Prior Authorization Required	Imfinzi	Injection, durvalumab, 10 mg	Inj., durvalumab, 10 mg
J9175	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Elliotts B Solution	Injection, elliotts' b solution, 1 ml	Elliotts b solution per ml
J9176	No Prior Authorization Required	Empliciti	Injection, elotuzumab, 1 mg	Injection, elotuzumab, 1mg
J9177	No Prior Authorization Required	Padvec	Inj enfort vedo-ejfv 0.25mg	Injection, enfortumab vedotin-ejfv, 0.25 mg
J9178	No Prior Authorization Required	Ellence	Injection, epirubicin hcl, 2 mg	Inj, epirubicin hcl, 2 mg
J9179	No Prior Authorization Required	Halaven	Injection, eribulin mesylate, 0.1 mg	Eribulin mesylate injection
J9181	No Prior Authorization Required	Etopophos	Injection, etoposide, 10 mg	Etoposide injection
J9185	No Prior Authorization Required	Fludara	Injection, fludarabine phosphate, 50 mg	Fludarabine phosphate inj
J9190	No Prior Authorization Required	Adrucil	Injection, fluorouracil, 500 mg	Fluorouracil injection
J9196	No Prior Authorization Required	Gemcitabine	Injection, gemcitabine hydrochloride (Accord), not therapeutically equivalent to J9201, 200 mg	Inj gemcitabine hcl (accord)
J9198	No Prior Authorization Required	Infugem	Inj. infugem, 100 mg	Injection, gemcitabine hydrochloride, (infugem), 100 mg
J9200	No Prior Authorization Required	FUDR	Injection, floxuridine, 500 mg	Floxuridine injection
J9201	No Prior Authorization Required	Gemzar	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	In gemcitabine hcl nos 200mg
J9202	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Zoladex	Goserelin acetate implant, per 3.6 mg	Goserelin acetate implant
J9203	No Prior Authorization Required	Mylotarg	Injection, gemtuzumab ozogamicin, 0.1 mg	Gemtuzumab ozogamicin 0.1 mg
J9204	No Prior Authorization Required	Poteligeo	Injection, mogamulizumab-kpkc, 1 mg	Inj mogamulizumab-kpkc, 1 mg
J9205	No Prior Authorization Required	Onivyde	Injection, irinotecan liposome, 1 mg	Inj irinotecan liposome 1 mg
J9206	No Prior Authorization Required	Camptosar	Injection, irinotecan, 20 mg	Irinotecan injection
J9207	No Prior Authorization Required	Ixempra	Injection, ixabepilone, 1 mg	Ixabepilone injection
J9208	No Prior Authorization Required	Ifex	Injection, ifosfamide, 1 gram	Ifosfamide injection
J9209	No Prior Authorization Required	Mesnex	Injection, mesna, 200 mg	Mesna injection
J9210	Prior Authorization Required	Gamifant	Injection, emapalumab-lzsg, 1 mg	Inj., emapalumab-lzsg, 1 mg
J9211	No Prior Authorization Required	Idamycin	Injection, idarubicin hydrochloride, 5 mg	Idarubicin hcl injection
J9214	No Prior Authorization Required	Intron A	Injection, interferon, alfa-2b, recombinant, 1 million units	Interferon alfa-2b inj
J9215	No Prior Authorization Required	Alferon N	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	Interferon alfa-n3 inj
J9216	No Prior Authorization Required	Actimmune	Injection, interferon, gamma 1-b, 3 million units	Interferon gamma 1-b inj

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J9217	No Prior Authorization Required	Eligard	Leuprolide acetate (for subcutaneous inj kit), 7.5 mg	Leuprolide acetate suspension
J9217	No Prior Authorization Required	Eligard	Leuprolide acetate (for subcutaneous inj kit), 22.5 mg	Leuprolide acetate suspension
J9217	No Prior Authorization Required	Eligard	Leuprolide acetate (for subcutaneous inj kit), 30 mg	Leuprolide acetate suspension
J9217	No Prior Authorization Required	Eligard	Leuprolide acetate (for subcutaneous inj kit), 45 mg	Leuprolide acetate suspension
J9217	No Prior Authorization Required	Lupron Depot	Leuprolide acetate (for depot suspension), 7.5 mg	Leuprolide acetate suspension
J9218	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Leuprolide	Leuprolide acetate, per 1 mg	Leuprolide acetate injection
J9223	No Prior Authorization Required	Zepzelca	Injection, lurbinectedin, 0.1 mg	Inj. lurbinectedin, 0.1 mg
J9225	No Prior Authorization Required	Vantas	Histrelin implant (vantas), 50 mg	Vantas implant
J9226	Prior Authorization Required	Supprelin LA	Histrelin implant (supprelin la), 50 mg	Supprelin la implant
J9227	No Prior Authorization Required	Sarclisa	Inj. isatuximab-irfc 10 mg	Injection, isatuximab-irfc, 10 mg
J9228	No Prior Authorization Required	Yervoy	Injection, ipilimumab, 1 mg	Ipilimumab injection
J9229	No Prior Authorization Required	Besponsa	Injection, inotuzumab ozogamicin, 0.1 mg	Inj inotuzumab ozogam 0.1 mg
J9230	No Prior Authorization Required	Mustargen	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	Mechlorethamine hcl inj
J9245	No Prior Authorization Required	Alkeran	Injection, melphalan hydrochloride, 50 mg	Inj melphalan hydrochl 50 mg
J9246	No Prior Authorization Required	Evomela	Inj., evomela, 1 mg	Injection, melphalan (evomela), 1 mg
J9247	No Prior Authorization Required	Alkeran, Evomela	Injection, melphalan flufenamide, 1 mg	Inj, melphalan flufenami 1mg
J9259	No Prior Authorization Required	Paclitaxel	Injection, paclitaxel protein-bound particles (American Regent) not therapeutically equivalent to J9264, 1 mg	Paclitaxel (american regent)
J9260	No Prior Authorization Required	Methotrexate	Methotrexate sodium, 50 mg	Methotrexate sodium inj
J9261	No Prior Authorization Required	Arranon	Injection, nelarabine, 50 mg	Nelarabine injection
J9262	No Prior Authorization Required	Synribo	Injection, omacetaxine mepesuccinate, 0.01 mg	Inj, omacetaxine mep, 0.01mg
J9263	No Prior Authorization Required	Eloxatin	Injection, oxaliplatin, 0.5 mg	Oxaliplatin
J9264	No Prior Authorization Required	Abraxane	Injection, paclitaxel protein-bound particles, 1 mg	Paclitaxel protein bound

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J9266	No Prior Authorization Required	Oncaspar	Injection, pegaspargase, per single dose vial	Pegaspargase injection
J9267	No Prior Authorization Required	Taxol	Injection, paclitaxel, 1 mg	Paclitaxel injection
J9268	No Prior Authorization Required	Nipent	Injection, pentostatin, 10 mg	Pentostatin injection
J9269	No Prior Authorization Required	Elzonris	Injection, tagraxofusp-erzs, 10 micrograms	Inj. tagraxofusp-erzs 10 mcg
J9271	No Prior Authorization Required	Keytruda	Injection, pembrolizumab, 1 mg	Inj pembrolizumab
J9272	No Prior Authorization Required	Jemperli	Injection, dostarlimab-gxly, 10 mg	Inj, dostarlimab-gxly, 10 mg
J9273	No Prior Authorization Required	Tivdak	Injection, tisotumab vedotin-tftv, 1 mg	Inj tisotu vedotin-tftv, 1mg
J9274	No Prior Authorization Required	Kimmtrak	Injection, tebentafusp-tebn, 1 microgram	Inj, tebentafusp-tebn, 1 mcg
J9280	No Prior Authorization Required	Mutamycin	Injection, mitomycin, 5 mg	Mitomycin injection
J9281	No Prior Authorization Required	Jemlyto	Mitomycin pyelocalyceal instillation, 1 mg	Mitomycin instillation
J9285	No Prior Authorization Required	Lartruvo	Injection, olaratumab, 10 mg	Inj, olaratumab, 10 mg
J9293	No Prior Authorization Required	Novantrone	Injection, mitoxantrone hydrochloride, per 5 mg	Mitoxantrone hydrochl / 5 mg
J9294	No Prior Authorization Required		Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed, hospira 10mg
J9295	No Prior Authorization Required	Portrazza	Injection, necitumumab, 1 mg	Injection, necitumumab, 1 mg
J9296	No Prior Authorization Required		Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (accord) 10mg
J9297	No Prior Authorization Required		Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (sandoz) 10mg
J9298	No Prior Authorization Required	Opdualag	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Inj nivol relatlimab 3mg/1mg
J9299	No Prior Authorization Required	Opdivo	Injection, nivolumab, 1 mg	Injection, nivolumab
J9301	No Prior Authorization Required	Gazyva	Injection, obinutuzumab, 10 mg	Obinutuzumab inj
J9302	No Prior Authorization Required	Arzerra	Injection, ofatumumab, 10 mg	Ofatumumab injection
J9303	No Prior Authorization Required	Vectibix	Injection, panitumumab, 10 mg	Panitumumab injection
J9304	No Prior Authorization Required	Pemfexy	Inj. pemetrexed, 10 mg	Injection, pemetrexed (pemfexy), 10 mg
J9305	No Prior Authorization Required	Alimta	Injection, pemetrexed, 10 mg	Pemetrexed injection
J9306	No Prior Authorization Required	Perjeta	Injection, pertuzumab, 1 mg	Injection, pertuzumab, 1 mg
J9307	No Prior Authorization Required	Folotyn	Injection, pralatrexate, 1 mg	Pralatrexate injection
J9308	No Prior Authorization Required	Cyramza	Injection, ramucirumab, 5 mg	Injection, ramucirumab
J9309	No Prior Authorization Required	Polivy	Injection, polatuzumab vedotin-piiq, 1 mg	Inj, polatuzumab vedotin 1mg
J9311	No Prior Authorization Required	Rituxan Hycela	Injection, rituximab 10 mg and hyaluronidase	Inj rituximab, hyaluronidase
J9312	No Prior Authorization Required	Rituxan	Injection, rituximab, 10 mg	Inj., rituximab, 10 mg
J9313	No Prior Authorization Required	Lumoxiti	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Inj., lumoxiti, 0.01 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J9314	No Prior Authorization Required		Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (teva) 10mg
J9316	No Prior Authorization Required	Phesgo	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Pertuzu, trastuzu, 10 mg
J9317	No Prior Authorization Required	Trodelvy	Injection, sacituzumab govitecan-hziy, 2.5 mg	Sacituzumab govitecan-hziy
J9318	No Prior Authorization Required	Istodax	Injection, romidepsin, nonlyophilized, 0.1 mg	Inj romidepsin non-lyo 0.1mg
J9319	No Prior Authorization Required	Istodax	Injection, romidepsin, lyophilized, 0.1 mg	Inj romidepsin lyophil 0.1mg
J9320	No Prior Authorization Required	Zanosar	Injection, streptozocin, 1 gram	Streptozocin injection
J9322	No Prior Authorization Required		Injection, pemetrexed (BluePoint) not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (bluepoint)
J9323	No Prior Authorization Required		Injection, pemetrexed (Hospira) not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed ditromethamin
J9325	No Prior Authorization Required	Imlygic	Injection, talimogene laherparepvec, per 1 million plaque forming units	Inj talimogene laherparepvec
J9328	No Prior Authorization Required	Temodar	Injection, temozolomide, 1 mg	Temozolomide injection
J9330	No Prior Authorization Required	Torisel	Injection, temsirolimus, 1 mg	Temsirolimus injection
J9331	No Prior Authorization Required	Fyarro	Injection, sirolimus protein-bound particles, 1 mg	Inj sirolimus prot part 1 mg
J9332	Prior Authorization Required	Vyvgart	Injection, efgartigimod alfa-fcab, 2mg	Inj efgartigimod 2mg
J9340	No Prior Authorization Required	Tepadina	Injection, thiotepa, 15 mg	Thiotepa injection
J9345	No Prior Authorization Required	Zynyz	Injection, retifanlimab-dlwr, 1 mg	Inj, retifanlimab-dlwr, 1 mg
J9347	No Prior Authorization Required	Imjudo	Injection, tremelimumab-actl, 1 mg	Inj, tremelimumab-actl, 1 mg
J9348	No Prior Authorization Required	Danyelza	Injection, naxitamab-gqgk, 1 mg	Inj. naxitamab-gqgk, 1 mg
J9349	No Prior Authorization Required	Monjuvi	Injection, tafasitamab-cxix, 2 mg	Inj., tafasitamab-cxix
J9350	No Prior Authorization Required		Injection, mosunetuzumab-axgb, 1 mg	Inj mosunetuzumab-axgb, 1 mg
J9351	No Prior Authorization Required	Hycamtin	Injection, topotecan, 0.1 mg	Topotecan injection
J9352	No Prior Authorization Required	Yondelis	Injection, trabectedin, 0.1 mg	Injection trabectedin 0.1mg
J9353	No Prior Authorization Required	Margenza	Injection, margetuximab-cmkb, 5 mg	Inj. margetuximab-cmkb, 5 mg
J9354	No Prior Authorization Required	Kadcyla	Injection, ado-trastuzumab emtansine, 1 mg	Inj, ado-trastuzumab emt 1mg
J9355	No Prior Authorization Required	Herceptin	Injection, trastuzumab, excludes biosimilar, 10 mg	Inj trastuzumab excl biosimi
J9356	No Prior Authorization Required	Herceptin Hylecta	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Inj. herceptin hylecta, 10mg
J9357	No Prior Authorization Required	Valstar	Injection, valrubicin, intravesical, 200 mg	Valrubicin injection
J9358	No Prior Authorization Required	Enhertu	Inj fam-trastu deru-nxki 1mg	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
J9358	No Prior Authorization Required	Enhertu	Inj fam-trastu deru-nxki 1mg	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
J9359	No Prior Authorization Required	Zynlonta	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Inj lon tesirin-lpyl 0.075mg
J9360	No Prior Authorization Required	Velban	Injection, vinblastine sulfate, 1 mg	Vinblastine sulfate inj
J9370	No Prior Authorization Required	Vincasar PFS	Vincristine sulfate, 1 mg	Vincristine sulfate 1 mg inj
J9380	No Prior Authorization Required	Tecvayli	Injection, teclistamab-cqyv, 0.5 mg	Inj teclistamab cqyv 0.5 mg
J9381	No Prior Authorization Required	Tziel	Injection, teplizumab-mzwv, 5 mcg	Inj teplizumab mzwv 5 mcg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J9390	No Prior Authorization Required	Navelbine	Injection, vinorelbine tartrate, 10 mg	Vinorelbine tartrate inj
J9393	No Prior Authorization Required	Fulvestrant	Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg	Inj, fulvestrant (teva)
J9394	No Prior Authorization Required	Fulvestrant	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg	Inj, fulvestrant (fresenius)
J9395	No Prior Authorization Required	Faslodex	Injection, fulvestrant, 25 mg	Injection, fulvestrant
J9400	No Prior Authorization Required	Zaltrap	Injection, ziv-aflibercept, 1 mg	Inj, ziv-aflibercept, 1mg
J9600	No Prior Authorization Required	Photofrin	Injection, porfimer sodium, 75 mg	Porfimer sodium injection
J9999	No Prior Authorization Required	Unclassified code	Not otherwise classified, antineoplastic drugs	Chemotherapy drug
M0201	No Prior Authorization Required	Home vaccine admin	Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home	Covid-19 vaccine home admin
M0220	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring	Tixagev and cilgav inj
M0221	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Tixagev and cilgav inj hm
M0222	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Eli Lilly	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	Bebtelovimab injection

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
M0223	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Eli Lilly	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Bebtelovimab injection home
M0249	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Genentech	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	Adm Tocilizu COVID-19 1st
M0250	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Genentech	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose	Adm Tocilizu COVID-19 2nd
Q0112	No Prior Authorization Required		All potassium hydroxide (koh) preparations	Potassium hydroxide preps
Q0138	No Prior Authorization Required	Feraheme	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Ferumoxytol, non-esrd
Q0139	No Prior Authorization Required	Feraheme	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	Ferumoxytol, esrd use
Q0161	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Thorazine	Chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Chlorpromazine hcl 5mg oral
Q0162	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Zofran	Ondansetron 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Ondansetron oral
Q0163	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Benadryl	Diphenhydramine hydrochloride, 50 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	Diphenhydramine hcl 50mg
Q0164	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compazine	Prochlorperazine maleate, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Prochlorperazine maleate 5mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
Q0166	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Kytril	Granisetron hydrochloride, 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	Granisetron hcl 1 mg oral
Q0167	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Inapsine	Dronabinol, 2.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Dronabinol 2.5mg oral
Q0169	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Phenergan	Promethazine hydrochloride, 12.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Promethazine hcl 12.5mg oral
Q0175	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Trilafon	Perphenazine, 4 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Perphenazine 4mg oral
Q0177	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Vistaril	Hydroxyzine pamoate, 25 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Hydroxyzine pamoate 25mg
Q0180	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Anzemet	Dolasetron mesylate, 100 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	Dolasetron mesylate oral
Q0181	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Unspecified oral dosage form, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for a iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Unspecified oral anti-emetic
Q0220	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg	Tixagev and cilgav, 300mg

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Q0221	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg	Tixagev and cilgav, 600mg
Q0222	No Prior Authorization Required	bebtelovimab	Injection, bebtelovimab, 175 mg	Bebtelovimab 175 mg
Q0222	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Eli Lilly	Injection, bebtelovimab, 175 mg	Bebtelovimab 175 mg
Q0249	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Genentech	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	Tocilizumab for COVID-19
Q0510	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	Dispens fee immunosuppressive
Q0511	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period	Sup fee antiem,antica,immuno
Q0513	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy dispensing fee for inhalation drug(s); per 30 days	Disp fee inhal drugs/30 days
Q0514	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy dispensing fee for inhalation drug(s); per 90 days	Disp fee inhal drugs/90 days
Q2009	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Cerebyx	Injection, fosphenytoin, 50 mg phenytoin equivalent	Fosphenytoin inj pe
Q2017	No Prior Authorization Required	Teniposide	Injection, teniposide, 50 mg	Teniposide, 50 mg
Q2039	No Prior Authorization Required		Influenza virus vaccine, not otherwise specified	Influenza virus vaccine, nos
Q2041	Carve out to state	Yescarta	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Axicabtagene ciloleucel car+
Q2042	Carve out to state	Kymriah	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Tisagenlecleucel car-pos t
Q2043	No Prior Authorization Required	Provenge	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Sipuleucel-t auto cd54+

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
Q2050	No Prior Authorization Required	Doxil	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Doxorubicin inj 10mg
Q2053	Carve out to state	Tecartus	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Brexucabtagene car pos t
Q2054	Carve out to state	Breyanzi	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Lisocabtagene mara car pos t
Q2055	Carve out to state	Abecma	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, p	Idecabtagene vicleucel car
Q2056	Carve out to state	Carvykti	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Ciltacabtagene car-pos t
Q3027	No Prior Authorization Required	Avonex	Injection, interferon beta-1a, 1 mcg for intramuscular use	Inj beta interferon im 1 mcg
Q3028	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Rebif	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Inj beta interferon sq 1 mcg
Q4074	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Ventavis	Iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms	Iloprost non-comp unit dose
Q4081	No Prior Authorization Required	Epogen Procrit	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Epoetin alfa, 100 units esrd
Q5101	No Prior Authorization Required	Zarxio	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Injection, zarxio 1mcg
Q5103	No Prior Authorization Required	Inflectra	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Injection, inflectra 10mg
Q5104	No Prior Authorization Required	Renflexis	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Injection, renflexis 10mg
Q5105	No Prior Authorization Required	Retacrit	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Inj retacrit esrd on dialysi
Q5106	Prior Authorization Required	Retacrit	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Inj retacrit non-esrd use
Q5107	No Prior Authorization Required	Mvasi	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Inj mvasi 10 mg
Q5108	No Prior Authorization Required	Fulphila	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Injection, fulphila 0.5mg
Q5109	Prior Authorization Required	Ixifi	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Injection, ixifi, 10 mg
Q5110	No Prior Authorization Required	Nivestym	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Injection, Nivestym 1mcg
Q5111	No Prior Authorization Required	Udenyca	Injection, pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg	Injection, udenyca 0.5 mg
Q5112	No Prior Authorization Required	Ontruzant	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	Inj ontruzant 10 mg
Q5113	No Prior Authorization Required	Herzuma	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Inj herzuma 10 mg
Q5114	No Prior Authorization Required	Ogivri	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	Inj ogivri 10 mg
Q5115	No Prior Authorization Required	Truxima	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Inj truxima 10 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
Q5116	No Prior Authorization Required	Trazimera	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10mg	Inj, Trazimera 10mg
Q5117	No Prior Authorization Required	Kanjinti	Injection, trastuzumab-anns, biosimilar, (trazimera), 10mg	Inj, Kanjinti, 10mg
Q5118	No Prior Authorization Required	Zirabev	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10mg	Inj, Zirabev, 10mg
Q5119	No Prior Authorization Required	Ruxience	Inj ruxience, 10 mg	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg
Q5119	No Prior Authorization Required	Ruxience	Inj ruxience, 10 mg	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg
Q5120	No Prior Authorization Required	Ziextenzo	Inj pegfilgrastim-bmez 0.5mg	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg
Q5121	Prior Authorization Required	Avsola	Inj. avsola, 10 mg	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg
Q5122	No Prior Authorization Required	Nyvepria	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	Inj, nyvepria
Q5123	No Prior Authorization Required	Riabni	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg	Inj. riabni, 10 mg
Q5124	Prior Authorization Required	Byooviz	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg	Inj. byooviz, 0.1 mg
Q5125	No Prior Authorization Required	Releuko	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Inj, releuko 1 mcg
Q5126	No Prior Authorization Required	Alymsys	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg	Inj alymsys 10 mg
Q5127	Prior Authorization Required	Stimufend	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	Inj, stimufend, 0.5 mg
Q5128	Prior Authorization Required	Cimerli	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	Inj, cimerli, 0.1 mg
Q5129	No Prior Authorization Required	Vegzelma	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg	Inj, vegzelma, 10 mg
Q5130	Prior Authorization Required	Fylnetra	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	Inj, fylnetra, 0.5 mg
Q5131	Prior Authorization Required	Idacio	Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg	Inj, idacio, 20 mg
Q9950	No Prior Authorization Required	Lumason	Injection, sulfur hexafluoride lipid microspheres, per ml	Inj sulf hexa lipid microsph
Q9957	No Prior Authorization Required	Definity	Injection, perflutren lipid microspheres, per ml	Inj perflutren lip micros,ml
Q9960	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Conray	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	Hocm 200-249mg/ml iodine,1ml
Q9961	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Conray	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	Hocm 250-299mg/ml iodine,1ml
Q9963	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Gastrografin	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	Hocm 350-399mg/ml iodine,1ml
Q9965	No Prior Authorization Required	Omnipaque	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	Locm 100-199mg/ml iodine,1ml
Q9966	No Prior Authorization Required	Optiray	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	Locm 200-299mg/ml iodine,1ml
Q9967	No Prior Authorization Required	Optiray	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	Locm 300-399mg/ml iodine,1ml
Q9968	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Methylene Blue Isosulfan Blue	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg	Visualization adjunct
Q9969	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Tc-99m from non-highly enriched uranium source, full cost recovery add-on, per study dose	Non-heu tc-99m add-on/dose
Q9991	No Prior Authorization Required	Sublocade	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	Buprenorph xr 100 mg or less

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Q9992	No Prior Authorization Required	Sublocade	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	Buprenorphine xr over 100 mg
S0012	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Stadol Nasal	Butorphanol tartrate, nasal spray, 25 mg	Butorphanol tartrate, nasal
S0013	No Prior Authorization Required	Spravato	Esketamine, nasal spray, 1 mg	Esketamine, nasal spray
S0017	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Amicar	Injection, aminocaproic acid, 5 grams	Injection, aminocaproic acid
S0028	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Pepcid	Injection, famotidine, 20 mg	Injection, famotidine, 20 mg
S0032	No Prior Authorization Required	Nafcillin	Injection, nafcillin sodium, 2 grams	Injection, nafcillin sodium
S0039	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Septra	Injection, sulfamethoxazole and trimethoprim, 10 ml	Injection, sulfamethoxazole
S0074	No Prior Authorization Required	Cefotan	Injection, cefotetan disodium, 500 mg	Injection, cefotetan disodiu
S0078	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Cerebyx	Injection, fosphenytoin sodium, 750 mg	Injection, fosphenytoin sodi
S0080	No Prior Authorization Required	Pentam	Injection, pentamidine isethionate, 300 mg	Injection, pentamidine iseth
S0088	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Gleevec	Imatinib, 100 mg	Imatinib 100 mg
S0090	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Viagra	Sildenafil citrate, 25 mg	Sildenafil citrate, 25 mg
S0091	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Kytril	Granisetron hydrochloride, 1 mg (for circumstances falling under the medicare statute, use q0166)	Granisetron 1mg
S0092	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Dilaudid	Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump)	Hydromorphone 250 mg
S0093	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Morphine	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)	Morphine 500 mg
S0104	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Retrovir	Zidovudine, oral, 100 mg	Zidovudine, oral, 100 mg
S0106	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Wellbutrin SR	Bupropion hcl sustained release tablet, 150 mg, per bottle of 60 tablets	Bupropion hcl sr 60 tablets
S0108	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Purixan	Mercaptopurine, oral, 50 mg	Mercaptopurine 50 mg
S0109	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Dolophine	Methadone, oral, 5 mg	Methadone oral 5mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S0117	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Retin A	Tretinoin, topical, 5 grams	Tretinoin topical 5 g
S0119	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Zofran	Ondansetron, oral, 4 mg (for circumstances falling under the medicare statute, use hcpcs q code)	Ondansetron 4 mg
S0122	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Menopur	Injection, menotropins, 75 iu	Inj menotropins 75 iu
S0126	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Gonal F	Injection, follitropin alfa, 75 iu	Inj follitropin alfa 75 iu
S0128	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Follistim AQ	Injection, follitropin beta, 75 iu	Inj follitropin beta 75 iu
S0132	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Ganirelix Acetate	Injection, ganirelix acetate, 250 mcg	Inj ganirelix acetat 250 mcg
S0136	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Clozaril	Clozapine, 25 mg	Clozapine, 25 mg
S0137	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Videx EC	Didanosine (ddi), 25 mg	Didanosine, 25 mg
S0138	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Proscar	Finasteride, 5 mg	Finasteride, 5 mg
S0139	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Minoxidil	Minoxidil, 10 mg	Minoxidil, 10 mg
S0145	No Prior Authorization Required	Pegasys	Injection, pegylated interferon alfa-2a, 180 mcg per ml	Peg interferon alfa-2a/180
S0148	No Prior Authorization Required	Peg-Intron	Injection, pegylated interferon alfa-2b, 10 mcg	Peg interferon alfa-2b/10
S0155	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Flolan Diluent	Sterile dilutant for epoprostenol, 50 ml	Epoprostenol dilutant
S0156	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Aromasin	Exemestane, 25 mg	Exemestane, 25 mg
S0157	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Regranex	Becaplermin gel 0.01%, 0.5 gm	Becaplermin gel 1%, 0.5 gm
S0160	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Zenzedi	Dextroamphetamine sulfate, 5 mg	Dextroamphetamine
S0169	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Rocaltrol	Calcitrol, 0.25 microgram	Calcitrol
S0170	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Arimidex	Anastrozole, oral, 1 mg	Anastrozole 1 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S0172	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Leukeran	Chlorambucil, oral, 2 mg	Chlorambucil 2 mg
S0174	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Anzemet	Dolasetron mesylate, oral 50 mg (for circumstances falling under the medicare statute, use q0180)	Dolasetron 50 mg
S0175	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Flutamide	Flutamide, oral, 125 mg	Flutamide 125 mg
S0176	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Hydrea	Hydroxyurea, oral, 500 mg	Hydroxyurea 500 mg
S0178	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Gleostine	Lomustine, oral, 10 mg	Lomustine 10 mg
S0179	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Megace	Megestrol acetate, oral, 20 mg	Megestrol 20 mg
S0182	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Matulane	Procarbazine hydrochloride, oral, 50 mg	Procarbazine, oral
S0183	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Compazine	Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the medicare statute, use q0164)	Prochlorperazine 5 mg
S0187	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Nolvadex	Tamoxifen citrate, oral, 10 mg	Tamoxifen 10 mg
S0189	No Prior Authorization Required	Testopel	Testosterone pellet, 75 mg	Testosterone pellet 75 mg
S0190	No Prior Authorization Required	Mifeprex	Mifepristone, oral, 200 mg	Mifepristone, oral, 200 mg
S0191	No Prior Authorization Required	Cytotec	Misoprostol, oral, 200 mcg	Misoprostol, oral, 200 mcg
S0194	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Renal Caps	Dialysis/stress vitamin supplement, oral, 100 capsules	Vitamin suppl 100 caps
S0197	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Prenatal Vitamins	Prenatal vitamins, 30-day supply	Prenatal vitamins 30 day
S0316	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Disease management program, follow-up/reassessment	Follow-up/reassessment
S4990	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Nicotine patches, legend	Nicotine patch legend
S4991	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Nicotine patches, non-legend	Nicotine patch nonlegend
S4993	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Contraceptive pills for birth control	Contraceptive pills for bc
S5000	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Prescription drug, generic	Prescription drug, generic

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S5001	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Prescription drug, brand name	Prescription drug,brand name
S5010	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		5% dextrose and 0.45% normal saline, 1000 ml	5% dextrose and 0.45% saline
S5012	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		5% dextrose with potassium chloride, 1000 ml	5% dextrose with potassium
S5013	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	5%dextrose/0.45%saline1000ml
S5014	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	D5w/0.45ns w kcl and mgs04
S5497	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cath care noc
S5498	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	Hit simple cath care
S5501	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit complex cath care
S5502	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	Hit interim cath care
S5517	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, all supplies necessary for restoration of catheter patency or declothing	Hit declothing kit
S5518	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, all supplies necessary for catheter repair	Hit cath repair kit
S5521	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Hit midline cath insert kit

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S5550	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin, rapid onset, 5 units	Insulin rapid 5 u
S5551	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin, most rapid onset (lispro or aspart); 5 units	Insulin most rapid 5 u
S5552	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin, intermediate acting (nph or lente); 5 units	Insulin intermed 5 u
S5553	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin, long acting; 5 units	Insulin long acting 5 u
S5560	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin delivery device, reusable pen; 1.5 ml size	Insulin reuse pen 1.5 ml
S5561	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin delivery device, reusable pen; 3 ml size	Insulin reuse pen 3 ml
S5565	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin cartridge for use in insulin delivery device other than pump; 150 units	Insulin cartridge 150 u
S5566	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin cartridge for use in insulin delivery device other than pump; 300 units	Insulin cartridge 300 u
S5570	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin delivery device, disposable pen (including insulin); 1.5 ml size	Insulin dispos pen 1.5 ml
S5571	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin delivery device, disposable pen (including insulin); 3 ml size	Insulin dispos pen 3 ml
S8490	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Insulin syringes (100 syringes, any size)	100 insulin syringes
S9061	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home administration of aerosolized drug therapy (e.g., pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Medical supplies and equipme
S9325	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with s9326, s9327 or s9328)	Hit pain mgmt per diem
S9326	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont pain per diem

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S9327	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit int pain per diem
S9328	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit pain imp pump diem
S9329	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with s9330 or s9331)	Hit chemo per diem
S9330	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont chem diem
S9331	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit intermit chemo diem
S9335	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem	Ht hemodialysis diem
S9336	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont anticoag diem
S9338	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit immunotherapy diem

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S9339	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit periton dialysis diem
S9345	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit anti-hemophil diem
S9346	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit alpha-1-proteinase diem
S9347	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit longterm infusion diem
S9348	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit sympathomim diem
S9349	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit tocolysis diem
S9351	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	Hit cont antiemetic diem
S9353	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit cont insulin diem
S9355	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit chelation diem

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S9357	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit enzyme replace diem
S9359	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit anti-tnf per diem
S9361	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit diuretic infus diem
S9363	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit anti-spasmodic diem
S9364	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, total parenteral nutrition (tpn); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes s9365-s9368 using daily volume scales)	Hit tpn total diem
S9365	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, total parenteral nutrition (tpn); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn 1 liter diem
S9366	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn 2 liter diem

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S9367	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn 3 liter diem
S9368	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Hit tpn over 3l diem
S9370	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj antiemetic diem
S9372	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home therapy; intermittent anticoagulant injection therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)	Ht inj anticoag diem
S9373	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes s9374-s9377 using daily volume scales)	Hit hydra total diem
S9374	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit hydra 1 liter diem
S9375	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit hydra 2 liter diem

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S9376	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit hydra 3 liter diem
S9377	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	Hit hydra over 3l diem
S9379	Prior Authorization Required		Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit noc per diem
S9430	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy compounding and dispensing services	Pharmacy comp/disp serv
S9490	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit corticosteroid/diem
S9494	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules s9497-s9504)	Hit antibiotic total diem
S9497	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q3h diem
S9500	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q24h diem
S9501	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q12h diem

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S9502	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q8h diem
S9503	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q6h diem
S9504	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit antibiotic q4h diem
S9537	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, g-csf, gm-csf); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht hem horm inj diem
S9538	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	Hit blood products diem
S9542	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj noc per diem
S9558	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj growth horm diem
S9559	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Hit inj interferon diem
S9560	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj hormone diem

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
S9562	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj palivizumab diem
S9590	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht irrigation diem
G0012	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection of pre-exposure prophylaxis (PrEP) drug for HIV prevention, under skin or into muscle	Injection of hiv prep drug
J0184	No Prior Authorization Required	Barhemsys	Injection, amisulpride, 1 mg	Inj, amisulpride, 1 mg
J0217	Carve out to state	Lamzedo	Injection, velmanase alfa-tycv, 1 mg	Inj velmanase alfa-tycv 1 mg
J0391	No Prior Authorization Required	Artesunate	Injection, artesunate, 1 mg	Inj, artesunate, 1mg
J0402	No Prior Authorization Required	Abilify Asimtufii	Injection, aripiprazole (Abilify Asimtufii), 1 mg	Inj, abilify asimtufii, 1 mg
J0688	No Prior Authorization Required	Ancef Kefzol	Injection, cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg	Inj cefazolin sodium, hikma
J0750	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Truvada	Emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	Hiv prep, ftc/tdf 200/300mg
J0751	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Descovy	Emtricitabine 200 mg and tenofovir alafenamide 25 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	Hiv prep, ftc/taf 200/25mg
J0799	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		FDA-approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified	Hiv prep, fda approved, noc
J0873	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Daptomycin	Injection, daptomycin (Xellia), not therapeutically equivalent to J0878, 1 mg	Inj daptomycin (xellia)
J1105	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Igalmi	Dexmedetomidine, oral, 1 mcg	Dexmedetomidine film, 1 mcg
J1304	No Prior Authorization Required	QALSODY 100MG/15ML Solution	Injection, tofersen, 1 mg	Inj tofersen intrathec 1 mg
J1412	Prior Authorization Required	ROCTAVIAN Suspension	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2×10^{13} vector genomes	Inj roctavian ml 2×10^{13} vc g
J1413	Carve out to state	ELEVIDYS Kit	Injection, delandistrogene moxeparvovec rokl, per therapeutic dose	Inj delandistrogene mox rokl
J1596	No Prior Authorization Required	GLYCOPYRROLATE 0.2MG/ML Solution	Injection, glycopyrrolate, 0.1 mg	Inj, glycopyrrolate, 0.1 mg
J1939	No Prior Authorization Required	BUMETANIDE 0.25MG/ML Solution	Injection, bumetanide, 0.5 mg	Inj, bumetanide, 0.5 mg
J2404	No Prior Authorization Required	NICARDIPINE HCL 2.5MG/ML Solution	Injection, nicardipine, 0.1 mg	Inj, nicardipine 0.1 mg

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J2508	Prior Authorization Required	ELFABRIO 20MG/10ML Solution	Injection, pegunigalsidase alfa-iwxj, 1 mg	Pegunigalsidase alfa-iwxj
J2679	No Prior Authorization Required	FLUPHENAZINE HCL 2.5MG/ML Solution	Injection, fluphenazine HCl, 1.25 mg	Inj fluphenazine hcl 1.25 mg
J2799	No Prior Authorization Required	UZEDY 25MG/0.07ML Suspension, Extended Release	Injection, risperidone (Uzedy), 1 mg	Inj, uzedy, 1 mg
J3401	Prior Authorization Required	VYJUVEK Gel	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ PFU/ml vector genomes, per 0.1 ml	Vyjuvek 5x10 ⁹ pfu/ml, 0.1 ml
J3425	No Prior Authorization Required	HYDROXOCOBALAMIN 1000MCG/ML Solution	Injection, hydroxocobalamin, 10 mcg	Inj, hydroxocobalamin
J9052	No Prior Authorization Required	CARMUSTINE 50MG Solution Reconstituted	Injection, carmustine (Accord), not therapeutically equivalent to J9050, 100 mg	Inj, carmustine (accord)
J9072	No Prior Authorization Required	Cyclophosphamide	Injection, cyclophosphamide, (Dr. Reddys), 5 mg	Inj cyclophos dr.reddy's 5mg
J9172	No Prior Authorization Required	Docivyx	Injection, docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg	Docetaxel (ingenus), 1 mg
J9255	No Prior Authorization Required		Injection, methotrexate (Accord), not therapeutically equivalent to J9250 and J9260, 50 mg	Inj, methotrexate (accord)
J9258	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Abraxane	Injection, paclitaxel protein-bound particles (Teva), not therapeutically equivalent to J9264, 1 mg	Paclitaxel (teva)
J9286	No Prior Authorization Required	COLUMVI 2.5MG/2.5ML Solution	Injection, glofitamab-gxbm, 2.5 mg	Inj glofitamab gxbm, 2.5 mg
J9321	No Prior Authorization Required	Epkinly	Injection, epcoritamab-bysp, 0.16 mg	Inj epcoritamab-bysp 0.16 mg
J9324	No Prior Authorization Required	Pemrydi RTU	Injection, pemetrexed (Pemrydi RTU), 10 mg	Inj, pemrydi rtu, 10 mg
J9333	No Prior Authorization Required	RYSTIGGO 140MG/ML Solution	Injection, rozanolixizumab-noli, 1 mg	Inj ronzanolixizum-noli 1 mg
J9334	Prior Authorization Required	Vyvgart Hytrulo	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Inj efgart-alfa 2mg hya-qvfc
Q0516	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 30-days	Supply fee hiv prep 30-days
Q0517	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 60-days	Supply fee hiv prep 60-days
Q0518	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 90-days	Supply fee hiv prep 90-days
Q5132	No Prior Authorization Required	ABRILADA 40MG/0.8ML Solution	Injection, adalimumab-afzb (Abrilada), biosimilar, 10 mg	Inj, abrilada, 10 mg
90623	No Prior Authorization Required		Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	
90683	No Prior Authorization Required		Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	
J0177	No Prior Authorization Required	Eylea HD	Injection, aflibercept HD, 1 mg	Inj, aflibercept hd, 1 mg
J0209	No Prior Authorization Required	Pedmark	Injection, sodium thiosulfate (Hope), 100 mg	Inj, sod thiosulfate (hope)
J0577	No Prior Authorization Required	Brixadi	Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy	Inj, brixadi, 7 days or less
J0578	No Prior Authorization Required	Brixadi	Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy	Inj brixadi, more than 7 day

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J0589	No Prior Authorization Required	Daxxify	Injection, daxibotulinumtoxina-lanm, 1 unit	Inj daxibotulinumtoxina-lanm
J0650	No Prior Authorization Required	Levothyroxine sodium	Injection, levothyroxine sodium, not otherwise specified, 10 mcg	Inj, levothyroxine nos 10mcg
J0651	No Prior Authorization Required	Levothyroxine sodium	Injection, levothyroxine sodium (Fresenius Kabi) not therapeutically equivalent to J0650, 10 mcg	Inj, levothyroxine, freskabi
J0652	No Prior Authorization Required	Levothyroxine sodium	Injection, levothyroxine sodium (Hikma) not therapeutically equivalent to J0650, 10 mcg	Inj, levothyroxine, hikma
J1010	No Prior Authorization Required	Depo-Medrol	Injection, methylprednisolone acetate, 1 mg	Inj, methylpred acetate 1 mg
J1202	No Prior Authorization Required	Opfolda	Miglustat, oral, 65 mg	Miglustat oral 65 mg
J1203	No Prior Authorization Required	Pombiliti	Injection, cipaglucoisidase alfa-atga, 5 mg	Inj, cipaglucoisidase, 5 mg
J1323	No Prior Authorization Required	Elfrexio	Injection, elranatamab-bcmm, 1 mg	Inj, elranatamab-bcmm, 1 mg
J1434	No Prior Authorization Required	Focinvez	Injection, fosaprepitant (Focinvez), 1 mg	Inj, focinvez, 1mg
J2277	No Prior Authorization Required	Aphexda	Injection, motixafortide, 0.25 mg	Inj, motixafortide, 0.25 mg
J2782	No Prior Authorization Required	Izervay	Injection, avacincaptad pegol, 0.1 mg	Inj avacincaptad pegol 0.1mg
J2801	No Prior Authorization Required	Rykindo	Injection, risperidone (Rykindo), 0.5 mg	Inj, rykindo, 0.5 mg
J2919	No Prior Authorization Required	Solu-Medrol	Injection, methylprednisolone sodium succinate, 5 mg	Inj, methylpred sod succ 5mg
J3055	No Prior Authorization Required	Talvey	Injection, talquetamab-tgvs, 0.25 mg	Inj talquetamab-tgvs 0.25 mg
J3424	No Prior Authorization Required	Cyanokit	Injection, hydroxocobalamin, IV, 25 mg	Inj hydroxocobalamin iv 25mg
J7165	No Prior Authorization Required	Balfaxar	Injection, prothrombin complex concentrate, human-lans, per IU of Factor IX activity	Inj, human-lans, per i.u
J7354	No Prior Authorization Required	Ycanth	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Cantharidin top, applicator
J9073	No Prior Authorization Required	Cyclophosphamide	Injection, cyclophosphamide (Ingenus), 5 mg	Inj cyclophosphamd (ingenus)
J9074	No Prior Authorization Required	Cyclophosphamide	Injection, cyclophosphamide (Sandoz), 5 mg	Inj, cyclophosphamd, sandoz
J9075	No Prior Authorization Required	Cyclophosphamide	Injection, cyclophosphamide, not otherwise specified, 5 mg	Inj, cyclophosphamide, nos
J9248	No Prior Authorization Required	Hepzato	Injection, melphalan (Hepzato), 1 mg	Inj melphalan (hepzato) 1 mg
J9249	No Prior Authorization Required	Alkeran	Injection, melphalan (Apotex), 1 mg	Inj, melphalan (apotex) 1 mg
J9376	No Prior Authorization Required	Veopoz	Injection, pozelimab-bbfg, 1 mg	Inj pozelimab-bbfg, 1 mg
Q5133	No Prior Authorization Required	Tofidence	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	Inj, tofidence, 1 mg
Q5134	No Prior Authorization Required	Tyruko	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	Inj, tyruko, 1 mg
A9543	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Y90 ibritumomab, rx
A9563	No Prior Authorization Required		Sodium phosphate p-32, therapeutic, per millicurie	P32 na phosphate
A9590	No Prior Authorization Required		Iodine i-131, iobenguane, 1 millicurie	Iodine i-131 iobenguane 1mci
A9600	No Prior Authorization Required		Strontium sr-89 chloride, therapeutic, per millicurie	Sr89 strontium
A9604	No Prior Authorization Required		Samarium sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	Sm 153 lexidronam
A9607	No Prior Authorization Required		Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Lutetium lu 177 vipivotide

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
C9101	No Prior Authorization Required	Olinvyk	Injection, oliceridine, 0.1 mg	Inj, oliceridine 0.1 mg
C9482	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, sotalol hydrochloride, 1 mg	Sotalol hydrochloride iv
G0068	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	Adm iv infusion drug in home
G0069	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	Adm sq infusion drug in home
G0070	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes	Adm of chemo drug in home
G0088	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	Adm iv drug 1st home visit
G0089	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	Adm subq drug 1st home visit
G0090	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	Adm iv chemo 1st home visit
G0278	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (list separately in addition to primary procedure)	Iliac art angio,cardiac cath

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
G0279	No Prior Authorization Required		Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)	Tomosynthesis, mammo
G0333	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary	Dispense fee initial 30 day
G2082	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation	Visit esketamine 56m or less
G2083	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation	Visit esketamine, > 56m
J0120	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Tetracycline	Injection, tetracycline, up to 250 mg	Tetracyclin injection
J0130	No Prior Authorization Required		Injection abciximab, 10 mg	Abciximab injection
J0175	Prior Authorization Required	Kisunla	Injection, donanemab-azbt, 2 mg	Injection, donanemab-azbt, 2 mg
J0190	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, biperiden lactate, per 5 mg	Injection, biperiden lactate, per 5 mg
J0200	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, alatrofloxacin mesylate, 100 mg	Alatrofloxacin mesylate
J0210	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, methyldopate hcl, up to 250 mg	Methyldopate hcl injection
J0211	No Prior Authorization Required	Nithiodote	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)	Inj, nithiodote, 3mg / 125mg
J0288	No Prior Authorization Required		Injection, amphotericin b cholesteryl sulfate complex, 10 mg	Ampho b cholesteryl sulfate
J0350	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, anistreplase, per 30 units	Injection anistreplase 30 u
J0365	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, aprotonin, 10,000 kiu	Aprotonin, 10,000 kiu
J0380	No Prior Authorization Required		Injection, metaraminol bitartrate, per 10 mg	Inj metaraminol bitartrate
J0390	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, chloroquine hydrochloride, up to 250 mg	Chloroquine injection
J0395	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, arbutamine hcl, 1 mg	Arbutamine hcl injection

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J0400	No Prior Authorization Required	Abilify	Injection, aripiprazole, intramuscular, 0.25 mg	Aripiprazole injection
J0520	Prior Authorization Required		Injection, bethanechol chloride, myotonachol or urecholine, up to 5 mg	Bethanechol chloride inject
J0620	No Prior Authorization Required		Injection, calcium glycerophosphate and calcium lactate, per 10 ml	Calcium glycer & lact/10 ml
J0687	No Prior Authorization Required	Cefazolin	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	Inj cefazolin (wg crit care)
J0710	No Prior Authorization Required		Injection, cephalirin sodium, up to 1 gm	Cephapirin sodium injection
J0715	No Prior Authorization Required		Injection, ceftizoxime sodium, per 500 mg	Ceftizoxime sodium / 500 mg
J0745	No Prior Authorization Required		Injection, codeine phosphate, per 30 mg	Inj codeine phosphate /30 mg
J0872	No Prior Authorization Required	Daptomycin	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	Daptomycin (xellia) unrefrig
J0911	No Prior Authorization Required	Drfencath	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	Inst tauro 1.35mg/hep 100u
J0945	No Prior Authorization Required		Injection, brompheniramine maleate, per 10 mg	Brompheniramine maleate inj
J1094	No Prior Authorization Required		Injection, dexamethasone acetate, 1 mg	Inj dexamethasone acetate
J1130	No Prior Authorization Required		Injection, diclofenac sodium, 0.5 mg	Inj diclofenac sodium 0.5mg
J1180	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, dyphylline, up to 500 mg	Dyphylline injection
J1260	No Prior Authorization Required		Injection, dolasetron mesylate, 10 mg	Dolasetron mesylate
J1267	No Prior Authorization Required		Injection, doripenem, 10 mg	Doripenem injection
J1320	No Prior Authorization Required		Injection, amitriptyline hcl, up to 20 mg	Amitriptyline injection
J1330	No Prior Authorization Required		Injection, ergonovine maleate, up to 0.2 mg	Ergonovine maleate injection
J1435	No Prior Authorization Required		Injection, estrone, per 1 mg	Injection estrone per 1 mg
J1436	No Prior Authorization Required		Injection, etidronate disodium, per 300 mg	Etidronate disodium inj
J1452	No Prior Authorization Required		Injection, fomivirsen sodium, intraocular, 1.65 mg	Intraocular fomivirsen na
J1457	No Prior Authorization Required		Injection, gallium nitrate, 1 mg	Gallium nitrate injection
J1597	No Prior Authorization Required	Glyrx-PF	Injection, glycopyrrolate (glyrx-pf), 0.1 mg	Inj glycopyrrolate, glyrx-pf
J1598	No Prior Authorization Required		Injection, glycopyrrolate (fresenius kabi), not therapeutically equivalent to j1596, 0.1 mg	Inj glycopyrrolate fres kabi
J1600	No Prior Authorization Required		Injection, gold sodium thiomalate, up to 50 mg	Gold sodium thiomaleate inj
J1620	No Prior Authorization Required		Injection, gonadorelin hydrochloride, per 100 mcg	Gonadorelin hydroch/ 100 mcg
J1655	No Prior Authorization Required		Injection, tinzaparin sodium, 1000 iu	Tinzaparin sodium injection
J1675	No Prior Authorization Required		Injection, histrelin acetate, 10 micrograms	Histrelin acetate
J1700	No Prior Authorization Required		Injection, hydrocortisone acetate, up to 25 mg	Hydrocortisone acetate inj
J1710	No Prior Authorization Required		Injection, hydrocortisone sodium phosphate, up to 50 mg	Hydrocortisone sodium ph inj

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J1730	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, diazoxide, up to 300 mg	Diazoxide injection
J1748	Prior Authorization Required	Zymfentra	Injection, infliximab-dyyb (zymfentra), 10 mg	Inj, zymfentra, 10 mg
J1810	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, droperidol and fentanyl citrate, up to 2 ml ampule	Droperidol/fentanyl inj
J1835	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, itraconazole, 50 mg	Itraconazole injection
J1890	No Prior Authorization Required		Injection, cephalothin sodium, up to 1 gram	Cephalothin sodium injection
J1945	No Prior Authorization Required		Injection, lepirudin, 50 mg	Lepirudin
J1960	No Prior Authorization Required		Injection, levorphanol tartrate, up to 2 mg	Levorphanol tartrate inj
J1990	No Prior Authorization Required		Injection, chlordiazepoxide hcl, up to 100 mg	Chlordiazepoxide injection
J2180	No Prior Authorization Required		Injection, meperidine and promethazine hcl, up to 50 mg	Meperidine/promethazine inj
J2183	No Prior Authorization Required	Meropenem	Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg	Inj meropenem (wg crit care)
J2246	No Prior Authorization Required	Micafungin	Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg	Inj, micafungin (baxter)
J2267	Prior Authorization Required	Omvo	Injection, mirikizumab-mrkz, 1 mg	Inj, mirikizumab-mrkz, 1 mg
J2320	No Prior Authorization Required		Injection, nandrolone decanoate, up to 50 mg	Nandrolone decanoate 50 mg
J2325	No Prior Authorization Required		Injection, nesiritide, 0.1 mg	Nesiritide injection
J2373	No Prior Authorization Required	Immphantiv	Injection, phenylephrine hydrochloride (immphantiv), 20 micrograms	Inj, immphantiv, 20 mcg
J2410	No Prior Authorization Required		Injection, oxymorphone hcl, up to 1 mg	Oxymorphone hcl injection
J2460	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, oxytetracycline hcl, up to 50 mg	Oxytetracycline injection
J2468	No Prior Authorization Required		Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to j2469, 25 micrograms	Inj, palonosetron (avyxa)
J2470	No Prior Authorization Required	Protonix	Injection, pantoprazole sodium, 40 mg	Inj pantoprazole sodium 40mg
J2471	No Prior Authorization Required	Pantoprazole	Injection, pantoprazole (hikma), not therapeutically equivalent to j2470, 40 mg	Inj pantoprazole(hikma) 40mg
J2513	No Prior Authorization Required		Injection, pentastarch, 10% solution, 100 ml	Pentastarch 10% solution
J2650	No Prior Authorization Required		Injection, prednisolone acetate, up to 1 ml	Prednisolone acetate inj
J2670	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, tolazoline hcl, up to 25 mg	Tolazoline hcl injection
J2725	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, protirelin, per 250 mcg	Inj protirelin per 250 mcg
J2910	No Prior Authorization Required		Injection, aurothioglucose, up to 50 mg	Aurothioglucose injecton

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J2940	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, somatrem, 1 mg	Somatrem injection
J2950	No Prior Authorization Required		Injection, promazine hcl, up to 25 mg	Promazine hcl injection
J2995	No Prior Authorization Required		Injection, streptokinase, per 250,000 iu	Inj streptokinase /250000 iu
J3070	No Prior Authorization Required		Injection, pentazocine, 30 mg	Pentazocine injection
J3247	Prior Authorization Required	Cosentyx	Injection, secukinumab, intravenous, 1 mg	Inj secukinumab intrav 1mg
J3263	No Prior Authorization Required	Loqtorzi	Injection, toripalimab-tpzi, 1 mg	Inj, toripalimab-tpzi, 1 mg
J3265	No Prior Authorization Required		Injection, torsemide, 10 mg/ml	Injection torsemide 10 mg/ml
J3280	No Prior Authorization Required		Injection, thiethylperazine maleate, up to 10 mg	Thiethylperazine maleate inj
J3302	No Prior Authorization Required		Injection, triamcinolone diacetate, per 5 mg	Triamcinolone diacetate inj
J3303	No Prior Authorization Required	Hexatrione	Injection, triamcinolone hexacetate, per 5 mg	Triamcinolone hexacetate inj
J3305	No Prior Authorization Required		Injection, trimetrexate glucuronate, per 25 mg	Inj trimetrexate glucuronate
J3310	No Prior Authorization Required		Injection, perphenazine, up to 5 mg	Perphenazine injection
J3320	No Prior Authorization Required		Injection, spectinomycin dihydrochloride, up to 2 gm	Spectinomycin di-hcl inj
J3350	No Prior Authorization Required		Injection, urea, up to 40 gm	Urea injection
J3364	No Prior Authorization Required		Injection, urokinase, 5000 iu vial	Urokinase 5000 iu injection
J3365	No Prior Authorization Required		Injection, iv, urokinase, 250,000 i.u. vial	Urokinase 250,000 iu inj
J3393	Carve out to state	Zytnteglo	Injection, betibeglogene autotemcel, per treatment	Inj, betibeglogene autotemcel
J3394	Carve out to state	Lyfgenia	Injection, lovotibeglogene autotemcel, per treatment	Inj, lovotibeglogene autotemcel
J3400	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, trifluoromazine hcl, up to 20 mg	Trifluoromazine hcl inj
J3472	No Prior Authorization Required		Injection, hyaluronidase, ovine, preservative free, per 1000 usp units	Ovine, 1000 usp units
J3520	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Edetate disodium, per 150 mg	Edetate disodium per 150 mg
J3530	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Nasal vaccine inhalation	Nasal vaccine inhalation
J3570	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Laetrile, amygdalin, vitamin b17	Laetrile amygdalin vit b17
J7110	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Infusion, dextran 75, 500 ml	Dextran 75 infusion
J7171	Prior Authorization Required	Adzyna	Injection, adams13, recombinant-krh, 10 iu	Inj, adzyna, 10 iu
J7306	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Levonorgestrel (contraceptive) implant system, including implants and supplies	Levonorgestrel implant sys
J7309	No Prior Authorization Required		Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 gram	Methyl aminolevulinate, top

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
J7310	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ganciclovir, 4.5 mg, long-acting implant	Ganciclovir long act implant
J7355	Prior Authorization Required	iDose TR	Injection, travoprost, intracameral implant, 1 microgram	Inj travoprost intra impl
J7505	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Muromonab-cd3, parenteral, 5 mg	Monoclonal antibodies
J7513	No Prior Authorization Required		Daclizumab, parenteral, 25 mg	Daclizumab, parenteral
J8562	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Fludarabine phosphate, oral, 10 mg	Oral fludarabine phosphate
J8611	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Methotrexate (jylamvo), oral, 2.5 mg	Oral methotrexate (jylamvo)
J8612	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Methotrexate (xatmep), oral, 2.5 mg	Oral methotrexate (xatmep)
J9020	No Prior Authorization Required		Injection, asparaginase, not otherwise specified, 10,000 units	Asparaginase, nos
J9098	No Prior Authorization Required		Injection, cytarabine liposome, 10 mg	Cytarabine liposome inj
J9151	No Prior Authorization Required		Injection, daunorubicin citrate, liposomal formulation, 10 mg	Daunorubicin citrate inj
J9212	Prior Authorization Required		Injection, interferon alfacon-1, recombinant, 1 microgram	Interferon alfacon-1 inj
J9213	No Prior Authorization Required		Injection, interferon, alfa-2a, recombinant, 3 million units	Interferon alfa-2a inj
J9219	No Prior Authorization Required		Leuprolide acetate implant, 65 mg	Leuprolide acetate implant
J9270	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, plicamycin, 2.5 mg	Plicamycin (mithramycin) inj
J9361	No Prior Authorization Required		Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Inj, efbemalenograstim alfa-
M0240	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	Casiri and imdev repeat
M0241	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses	Casiri and imdev repeat hm
M0243	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	Casirivi and imdevi inj

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
M0244	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Casirivi and imdevi inj hm
M0245	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	Bamlan and etesev infusion
M0246	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider based to the hospital during the covid 19 public health emergency	Bamlan and etesev infus home
M0247	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	Sotrovimab infusion
M0248	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	Sotrovimab inf, home admin
Q0144	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Zithromax	Azithromycin dihydrate, oral, capsules/powder, 1 gram	Azithromycin dihydrate, oral
Q0224	No Prior Authorization Required		Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to covid-19 vaccination, 4500 mg	Inj, pemivibart, 4500 mg
Q0240	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, casirivimab and imdevimab, 600 mg	Casirivi and imdevi 600 mg
Q0243	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, casirivimab and imdevimab, 2400 mg	Casirivimab and imdevimab
Q0244	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, casirivimab and imdevimab, 1200 mg	Casirivi and imdevi 1200 mg
Q0245	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, bamlanivimab and etesevimab, 2100 mg	Bamlanivimab and etesevima

DRUG CODE	MICHIGAN MEDICAID AUTHORIZATION STATUS	BRAND NAME	LONG DESCRIPTION	SHORT DESCRIPTION
Q0247	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Sotrovimab	Injection, sotrovimab, 500 mg	Sotrovimab
Q2004	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule	Renacidin	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml	Bladder calculi irrig sol
Q5123	No Prior Authorization Required	Riabni	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Inj. riabni, 10 mg
Q5137	Prior Authorization Required	Wezlana	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	Inj, wezlana, sub cu, 1 mg
Q5138	Prior Authorization Required	Wezlana	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	Inj, wezlana, iv, 1 mg
S0014	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Tacrine hydrochloride, 10 mg	Tacrine hydrochloride, 10 mg
S0021	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, cefoperazone sodium, 1 gram	Injection, cefoperazone sod
S0023	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, cimetidine hydrochloride, 300 mg	Injection, cimetidine hydroc
S0034	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, ofloxacin, 400 mg	Injection, ofloxacin, 400 mg
S0040	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, ticarcillin disodium and clavulanate potassium, 3.1 grams	Injection, ticarcillin disod
S0081	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, piperacillin sodium, 500 mg	Injection, piperacillin sodi
S0140	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Saquinavir, 200 mg	Saquinavir, 200 mg
S0142	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Colistimethate sodium, inhalation solution administered through dme, concentrated form, per mg	Colistimethate inh sol mg
S0177	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Levamisole hydrochloride, oral, 50 mg	Levamisole 50 mg
S5520	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion	Hit picc insert kit
S5522	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing services only (no supplies or catheter included)	Hit picc insert no supp
S5523	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	Hip midline cath insert kit

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S9563	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Ht inj immuno diem
S9810	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	Ht pharm per hour
M0224	No Prior Authorization Required		Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	Pemivibart infusion
A9615	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, pegulicianine, 1 mg	Inj, pegulicianine, 1 mg
C9173	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Inj, nypozi, 1 mcg
G0532	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Take-home supply of nasal nalmeferene hydrochloride; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of the services by a medicare-enrolled opioid treatment program);(list separately in addition to each primary code)	Take home supp nasal spray
G0533	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)	Buprenorphine inj weekly
J0139	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, adalimumab, 1 mg	Inj, adalimumab, 1 mg
J0601	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)	Sevelamer carbonate 20 mg
J0602	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20 mg (for esrd on dialysis)	Sevelamer carbonate pdr 20mg
J0603	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)	Sevelamer hydrochloride 20mg

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J0605	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Sucroferric oxyhydroxide, oral, 5 mg (for esrd on dialysis)	Sucroferric oxyhydroxide 5mg
J0607	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Lanthanum carbonate, oral, 5 mg (for esrd on dialysis)	Lanthanum carbonate oral 5mg
J0608	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to j0607 (for esrd on dialysis)	Lanthanum carbonate pwdr 5mg
J0609	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ferric citrate, oral, 3 mg ferric iron, (for esrd on dialysis)	Ferric citrate orl 3 mg iron
J0615	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Calcium acetate, oral, 23 mg (for esrd on dialysis)	Calcium acetate, oral, 23 mg
J0666	No Prior Authorization Required		Injection, bupivacaine liposome, 1 mg	Inj, bupivacaine liposome
J0870	Prior Authorization Required		Injection, imetelstat, 1 mg	Injection, imetelstat, 1 mg
J0901	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Vadadustat, oral, 1 mg (for esrd on dialysis)	Vadadustat oral 1mg for esrd
J1307	Prior Authorization Required		Injection, crovalimab-akkz, 10 mg	Inj, crovalimab-akkz, 10 mg
J1414	Prior Authorization Required		Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Inj, beqvez, per tx dose
J1552	Prior Authorization Required		Injection, immune globulin (alyglo), 500 mg	Inj, alyglo, 500 mg
J2290	No Prior Authorization Required		Injection, nafcillin sodium, 20 mg	Inj, nafcillin sodium, 20 mg
J2472	No Prior Authorization Required		Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	Inj, pantoprazole sodium chl
J2802	No Prior Authorization Required		Injection, romiplostim, 1 microgram	Inj, romiplostim 1 microgram
J3392	Carve out to state	Casgevvy	Injection, exagamglogene autotemcel, per treatment	Inj, exagamglogene autotem
J7514	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Mycophenolate mofetil (myhibbin), oral suspension, 100 mg	Mycophenol (myhibbin) 100 mg
J7601	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	Ensifentrine inh 3 mg
J9026	No Prior Authorization Required		Injection, tarlatamab-dlle, 1 mg	Inj, tarlatamab-dlle, 1 mg
J9028	No Prior Authorization Required		Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Inj, nogapendekin pmln, 1mcg
J9076	No Prior Authorization Required		Injection, cyclophosphamide (baxter), 5 mg	Inj, cyclophos (baxter) 5mg
J9292	No Prior Authorization Required		Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	Inj, pemetrexed (avyxa) 10mg
Q0155	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Dronabinol (syndros), 0.1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Dronabinol (syndros) 0.1 mg

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Q0521	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription	Supply fee hiv prep fda appr
Q5139	Prior Authorization Required		Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	Inj, eculizumab-aeeb, 10 mg
Q5140	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, adalimumab-fkjp, biosimilar, 1 mg	Inj adalimumab-fkjp, 1 mg
Q5141	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, adalimumab-aaty, biosimilar, 1 mg	Inj adalimumab-aaty, 1 mg
Q5142	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, adalimumab-ryvk biosimilar, 1 mg	Inj adalimumab-ryvk, 1 mg
Q5143	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, adalimumab-adbm, biosimilar, 1 mg	Inj adalimumab-adbm, 1 mg
Q5144	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Inj, idacio, 1 mg
Q5145	Not covered on the MDHHS Practitioner and Medical Clinic Fee Schedule		Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	Inj, abrilada, 1 mg
Q5146	No Prior Authorization Required		Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Inj, hercessi, 10 mg
Q9996	Prior Authorization Required		Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Ustekinumab- ttwe sub cu inj
Q9997	Prior Authorization Required		Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	Ustekinumab-ttwe iv inj 1 mg
Q9998	Prior Authorization Required		Injection, ustekinumab-aekn (selarsdi), 1 mg	Ustekinumab-aekn inj