

**MEDICAL INJECTIBLES
*NO AUTHORIZATION REQUIRED LIST**

HCPCS Code	Medication Description
J0130	Repro
J0170	ADRENALINE, EPINEPHRINE HCL 1 MG
J0278	AMIKACIN SULFATE, 100 MG
J0290	Ampicillin 500 MG inj
J0295	Ampicillin sodium per 1.5 gm
J0360	Hydralazine hcl injection
J0456	Azithromycin
J0461	Atropine sulfate injection
J0500	Dicyclomine injection
J0515	Inj benztropine mesylate
J0558	Penicillin G benzathine/Procaine inj 100,000units
J0559	obsolete
J0560	obsolete
J0561	Penicilling benzathine inj 100,000units
J0570	obsolete
J0580	obsolete
J0583	Angiomax
J0595	BUTORPHANOL TARTRATE 1 MG
J0610	CALCIUM GLUCONATE PER 10 MG
J0670	MEPIVACAINE HCL VIAL 10 MG
J0690	Cefazolin sodium injection
J0692	Cefepime HCl for injection
J0694	Cefoxitin sodium injection
J0696	Ceftriaxone sodium injection
J0697	Sterile cefuroxime injection
J0698	Cefotaxime sodium injection
J0702	Betamethasone acet&sod phosp
J0704	Betamethasone sod phosp/4 MG
J0706	Caffeine citrate injection
J0713	Inj ceftazidime per 500 mg
J0720	Chloramphenicol sodium injec
J0735	CLONIDINE HCL
J0744	CIPROFLOXACIN
J0760	Colchicine injection
J0780	Prochlorperazine injection
J1000	ESTRADIOL CYPIONATE 5 MG/CC
J1020	Methylprednisolone 20 MG inj
J1030	Methylprednisolone 40 MG inj
J1040	Methylprednisolone 80 MG inj
J1055	MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
J1070	TESTOSTERONE CYPIONATE 100 MG
J1080	TESTOSTERONE CYPIONATE 200 MG
J1094	Inj dexamethasone acetate
J1100	Dexamethasone sodium phos
J1160	Digoxin injection
J1200	Diphenhydramine hcl injectio
J1240	Dimenhydrinate injection
J1327	Integrilin
J1364	ERYTHROMYCIN LACTOBIONATE, 500 MG
J1457	Gallium nitrate injection
J1580	Garamycin gentamicin inj
J1630	HALOPERIDOL, 5 MG
J1631	HALOPERIDOL DECONATE 50 MG
J1642	Inj heparin sodium per 10 u
J1644	Inj heparin sodium per 1000u
J1720	HYDROCORTISONE SODIUM SUCCINATE, 100 MG
J1790	DROPERIDOL 5 MG
J1815	Insulin injection
J1817	Insulin for insulin pump use
J1840	KANAMYCIN 500 MG
J1885	KETOROLAC TROMETHAMINE 15 MG
J1940	Furosemide injection
J2001	LIDOCAINE HCL, 10 MG
J2010	LINCOMYCINE HCL, 300 MG
J2150	Mannitol injection
J2175	MEPERIDINE 100 MG
J2250	Inj midazolam hydrochloride
J2275	MORPHINE SULFATE 10 MG
J2300	NALBUPHINE HCL, 10 MG
J2310	NALOXONE HCL, 1 MG
J2370	Phenylephrine hcl injection
J2405	Ondansetron hcl injection
J2410	OXYMORPHONE HCL 1 MG
J2510	Penicillin g procaine inj
J2515	PENTOBARBITAL SODIUM 50 MG
J2540	Penicillin g potassium inj

HCPCS Code	Medication Description
J7070	D5w infusion
J7100	Dextran 40 infusion
J7110	Dextran 75 infusion
J7120	Ringers lactate infusion
J7506	Prednisone oral
J7509	Methylprednisolone oral
J7510	Prednisolone oral per 5 mg
J7611	Albuterol non-comp con
J7613	Albuterol non-comp unit
J8540	Oral dexamethasone
J9017	Arsenic trioxide
90371	Hep b ig, im
90375	Rabies ig, im/sc
90376	Rabies ig, heat treated
90385	Rh ig, minidose, im
90585	Bcg vaccine, percut
90586	Bcg vaccine, intravesical
90632	Hep a vaccine, adult im
90633	Hep a vacc, ped/adol, 2 dose
90647	Hib vaccine, prp-omp, im
90655	Flu vaccine no preserv 6-35m, im
90656	Flu vaccine no preserv 3 yo & >, im
90657	Flu vaccine, 6-35 mo, im
90658	Flu vaccine age 3 yo & over, im
90660	Flu vaccine, nasal
90669	Pneumococcal vacc, 7 val im
90675	Rabies vaccine, im
90691	Typhoid vaccine, im
90703	Tetanus vaccine, im
90714	Td vaccine no prsrv >= 7 yo, im
90715	Tdap => 7 yo, im
90717	Yellow fever vaccine, sc
90718	Td vaccine >= 7 yo, im
90732	Pneumococcal vaccine
90733	Meningococcal vaccine, sc
90735	Encephalitis vaccine, sc
90740	Hepb vacc, ill pat 3 dose im
90743	Hep b vacc, adol, 2 dose, im
90744	Hepb vacc ped/adol 3 dose im
90746	Hep b vaccine, adult, im
90747	Hepb vacc, ill pat 4 dose im
S0077	Clindamycin Phosphate 300mg
Q0179	Ondansetron hcl 8mg oral
Q0163	Diphenhydramine HCl 50mg
Q0164	Prochlorperazine maleate 5mg
Q0165	Prochlorperazine maleate 10mg
Q0166	Granisetron hcl 1 mg oral
Q0177	Hydroxyzine Pamoate 25mg
Q0178	Hydroxyzine Pamoate 50mg
Q0169	Promethazine HCl 12.5mg oral
Q0170	Promethazine HCl 25 mg oral
Q0171	Chlorpromazine HCl 10mg oral
Q0172	Chlorpromazine HCl 25mg oral
Q0173	Trimethobenzamide HCl 250mg
Q0175	Perphenazine 4mg oral
Q0176	Perphenazine 8mg oral
A9502	TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES
A9505	THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE
A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES
J0152	INJ ADENOSINE DIAGNOSTIC USE
J0280	INJECTION AMINOPHYLLIN UP TO
J0282	INJ AMIODARONE HYDROCHLORIDE
J0330	INJ SUCCINYLCHOLINE CHLORID
J0592	INJ BUPRENORPHINE HYDROCHLOR
J0636	INJECTION CALCITRIOL 0.1 MCG
J0795	INJ CORTICORELN OVINE TRIFLU
J0970	INJ ESTRADIOL VALERATE UP 40
J1051	INJ MDRXYPRGESTRON ACTAT 50
J1110	INJ DIHYDROERGOTAMINE MESYLA
J1165	INJ PHENYTOIN SODIUM PER 50
J1245	INJECTION DIPYRIDAMOLE PER 1
J1250	INJECTION DOBUTAMINE HCl PER
J1265	INJECTION DOPAMINE HCL 40 MG
J1410	INJECTION ESTROGEN CONJUGATE
J1450	INJECTION FLUCONAZOLE 200 MG

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J2543	PIPERACILL SODIUM/TAZOBACTAM SODIUM, 1 G/0.125 G
J2550	PROMETHAZINE HCL 50 MG
J2675	PROGESTERONE, PER 50 MG
J2680	FLUPHENAZINE DECONATE 25 MG
J2690	Procainamide hcl injection
J2700	Oxacillin sodium injecton
J2710	NEOSTIGMINE METHYLSULFATE UP TO 0.5 MG
J2720	PROTAMINE SULFATE, 10 MG
S0020	Buflvacine 30mg
J2805	Sincalide injection
J2993	Retepase
J3000	SPECTINOMYCIN HCL, 1 G
J3105	TERBUTALINE SULFATE 1 MG
J3130	TESTOSTERONE ENANTHATE 200 MG
J3250	TRIMETHOBENZAMIDE, UP TO 200 MG
J3260	TOBRAMYCIN SULFATE UP TO 80 MG
J3300	Triamcinolone A inj PRS-free
J3301	Triamcinolone acet inj NOS
J3302	Triamcinolone diacetate inj
J3303	Triamcinolone hexacetoni inj
J3360	Diazepam injection
J3370	VANCOMYCINE 500 MG VIAL
J3410	Hydroxyzine hcl injection
J3411	Thiamine hcl 100 mg
J3415	Pyridoxine hcl 100 mg
J3420	VITAMIN B-12, CYANOCABALAMIN, UP TO 1000 MCG
J3430	Vitamin k phytionadione inj
J3475	Inj magnesium sulfate
J3480	Inj potassium chloride
J7030	Normal saline solution infus
J7040	Normal saline solution infus
J7042	5% dextrose/normal saline
A9500	TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES
J7060	5% dextrose/water

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J1610	INJ GLUCAGON HYDROCHLORIDE P
J1626	INJ GRANISETRN HYDROCHLORID
J1700	INJ HYDROCORTISONE ACTAT TO
J1800	INJECTION PROPRANOLOL HCL TO
J1956	INJECTION LEVOFLOXACIN 250 M
J2060	INJECTION LORAZEPAM 2 MG
J2210	INJ METHYLRGONOVIN MALATE TO
J2270	INJ MORPHINE SULFATE UP TO 1
J2271	INJECTION MORPHINE SULFATE 1
J2360	INJ ORPHENADRINE CITRATE TO
J2560	INJ PHENOBARBITAL SODIUM TO
J2590	INJECTION OXYTOCIN UP TO 10
J2650	INJ PREDNISOLONE ACETATE TO
J2765	INJ METOCLOPRAMIDE HCL TO 10
J2780	INJ RANITIDINE HYDROCHLORIDE
J2785	INJECTION, REGADENOSON, 0.1
J2795	INJ ROPIVACAINE HYDROCHLORID
J2800	INJECTION METHOCARBAMOL UP T
J2805	INJECTION SINCALIDE 5 MICROG
J2920	INJ METHYLPRDNISOLON SODIM T
J2930	INJ METHYLPRDNISLN SODIM TO
J3030	INJECTION SUMATRIPTAN SUCCNA
J3120	INJECTION TESTO ENANTHATE TO
J3310	INJECTION PERPHENAZINE UP TO
J7050	Normal saline solution infus
J7130	HYPRTNC SALIN 50/100 MEQ 20
J7609	ALBUTEROL INHAL CP THRU DME
J7620	ALBUTEROL TO 2.5 MG IPT TO 0
J7642	GLYCOPYRRROLATE INHAL CP CONC
J7644	IPRATROPIUM BROM INHAL NON-C
J7674	METHACHOLINE CHLORID INHAL P
J9260	METHOTREXATE SODIUM 50 MG
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300 - 399 MG/ML IODINE CONCENTRATION, PER ML

***This list:**

- Is effective for drugs administered on or after December 7, 2010.
- Is applicable in all WellCare/Ohana Medicare and Medicaid markets with the exception of GA (Medicaid), LA (Medicare), MO (Medicaid), OH (Medicaid) and TX (Medicare).
- Is comprehensive of drugs supplied and administered by the provider that do not require an authorization.

Providers are responsible for reviewing Medicaid fee schedules to determine Medicaid coverage of the medications contained herein prior to rendering services. For general information regarding services or items that do not require authorization, please refer to the Utilization Management section of your WellCare/Ohana Medicaid provider manual for specific details.