PROVIDERS MAY NOTICE A MINOR DIFFERENCE BETWEEN THE PUBLISHED PAYMENT AMOUNT ON THE FEE SCHEDULE AND THE ACTUAL PAYMENT AMOUNT. THE PAYMENT SYSTEM USES SEVEN DECIMAL PLACES IN THE REIMURSEMENT CALCULATION, BUT THE FEE SCHEDULE PUBLISHES ONLY THE FIRST TWO DECIMAL PLACES.

PLEASE NOTE: RATES DO NOT REFLECT AN INCREASE FROM THE PREVIOUS FEE SCHEDULE AS THERE WERE NO RATE INCREASE APPROPRIATIONS FOR THIS STATE FISCAL YEAR

NEBRASKA MEDICAID FEE SCHEDULE INJECTABLES, JULY 1, 2025

471-000-540

CODE	MOD	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000A2022					$1,521.90
000A2023					$17.36
000A2024			RNE		RNE
000A2025					$267.00
000A2026			RNE		RNE
000A9156			NOT COVERED		NC
000A9500			RADIOPHARMCEUTICAL-RNE		RNE
000A9502			RADIOPHARMACEUTICAL		$91.07
000A9503			RADIOPHARMACEUTICAL		$13.88
000A9504			RNE		RNE
000A9505			RADIOPHARMACEUTICAL		$34.88
000A9507			RADIOPHARMACEUTICAL RNE		RNE
000A9509			RADIOPHARMACEUTICAL RNE		RNE
000A9510			RADIOPHARMACEUTICAL RNE		RNE
000A9512			REQUIRES INVOICE RADIOPHARMACEUTICAL		$1.80
000A9513					$319.37
000A9515			RADIOPHARMACEUTICAL		$5,340.00
000A9516			RADIOPHARMACEUTICAL		$113.46
000A9517			RADIOPHARMACEUTICAL RNE		RNE
000A9520			RADIOPHARMACEUTICAL		$706.56
000A9521			RADIOPHARMACEUTICAL		$1,830.52
000A9524			RADIOPHARMACEUTICAL-RNE		RNE
000A9526			RADIOPHARMACEUTICAL		$703.81

000A9527			RADIOPHARMACEUTICAL-RNE		RNE
000A9528			RADIOPHARMACEUTICAL-RNE		RNE
000A9529			RADIOPHARMACEUTICAL-RNE		RNE
000A9530			RADIOPHARMACEUTICAL-RNE		RNE
000A9531			RNE RADIOPHARMACEUTICAL		RNE
000A9532			RNE RADIOPHARMACEUTICAL		RNE
000A9536			RNE RADIOPHARMACEUTICAL		RNE
000A9537			RADIOPHARMACEUTICAL		$60.34
000A9538			RADIOPHARMACEUTICAL		$68.41
000A9539			RADIOPHARMACEUTICAL-RNE		RNE
000A9540			RADIOPHARMACEUTICAL		$32.04
000A9541			RADIOPHARMACEUTICAL		$285.55
000A9542			RADIOPHARMACEUTICAL RNE		RNE
000A9543			RADIOPHARMACEUTICAL		MP
000A9547			RADIOPHARMACEUTICAL		$2,248.12
000A9548			RADIOPHARMACEUTICAL		$945.71
000A9551			RADIOPHARMACEUTICAL RNE		RNE
000A9552			RADIOPHARMACEUTICAL RNE		RNE
000A9553			RADIOPHARMACEUTICAL RNE		RNE
000A9554			RADIOPHARMACEUTICAL		$40.05
000A9555			REQUEST INVOICE. RADIOPHARMACEUTICAL-RNE		RNE
000A9557			RADIOPHARMACEUTICAL		$3,915.64
000A9558					$272.45
000A9560			RADIOPHARMACEUTICAL		$106.80
000A9561			RADIOPHARMACEUTICAL RNE		RNE
000A9562			RADIOPHARMICEUTICAL RNE		RNE
000A9563			RADIOPHARMACEUTICAL		$325.61
000A9564			RADIOPHARMACEUTICAL RNE		RNE
000A9566			NOT COVERED		NC
000A9567			RADIOPHARMACEUTICAL-RNE		RNE
000A9569			RADIOPHARMACEUTICAL		$1,830.52
000A9570			RADIOPHARMACEUTICAL		$4,496.24

000A9571			RADIOPHARMACEUTICAL		$4,496.24
000A9572			RADIOPHARMACEUTICAL		$4,133.16
000A9573					$15.56
000A9575					$0.11
000A9576					$1.41
000A9577			MEDICAL DOCUMENTATION REQUIRED		$1.74
000A9578					$1.71
000A9579					$1.47
000A9580			RNE		RNE
000A9581					$14.70
000A9582					$5,455.78
000A9583			RNE		RNE
000A9584					$2,635.82
000A9585					$0.26
000A9586					$3,051.70
000A9587			RADIOPHARMACEUTICAL		$59.34
000A9588			RADIOPHARMACEUTICAL		$551.78
000A9589					$1,424.33
000A9590					$342.18
000A9591					$821.47
000A9592					$1,027.95
000A9593					$830.75
000A9594					$813.40
000A9595					$656.88
000A9596					$1,103.46
000A9597			NOT COVERED		NC
000A9598			NOT COVERED		NC
000A9600			RADIOPHARMACEUTICAL		$4,005.00
000A9601					$373.80
000A9604			RADIOPHARMACEUTICAL		MP
000A9606					$154.88
000A9607					$260.08
000A9608					$676.29

000A9609			RNE		RNE
000A9697			RNE		RNE
000A9698			NOT COVERED		NC
000A9699			NOT COVERED		NC
000A9700			NOT COVERED		NC
000A9800					$880.03
000C9046					$1.79
000C9047					$832.23
000C9067					$8.10
000C9088					$0.81
000C9089					$0.89
000C9101					$1.38
000C9145					$1.99
000C9248					$3.77
000C9250			OUTPATIENT ONLY		$196.39
000C9254			OUTPATIENT ONLY		$0.21
000C9257			FOR MACULAR DEGENERATION.		$2.13
000C9285			NOT COVERED		NC
000C9293			OUTPATIENT ONLY.		OP ONLY
000C9460			OUTPATIENT ONLY		$21.38
000C9462			OUTPATIENT ONLY		$0.50
000C9482					$25.79
000C9507			RNE		RNE
000G0460			NOT COVERED		NC
000J0120			NO ACTIVE PRODUCTS		NA
000J0121					$4.01
000J0122					$1.29
000J0129			10 MG		$44.49
000J0130			RNE		RNE
000J0131					$0.05
000J0132			100 MG		$0.36
000J0133			5 MG		$0.02
000J0134					$0.05

000J0136					$0.04
000J0137					$0.05
000J0138					$0.21
000J0139		X	NOT FOR SELF-ADMINISTRATION RNE		RNE
000J0153					$0.45
000J0165					$0.71
000J0166					$2.28
000J0167					$0.73
000J0168					$2.17
000J0169					$2.26
000J0172		X			$5.97
000J0174		X	COVERAGE SINCE 7.6.23		$1.32
000J0175		X			$4.14
000J0177					$319.73
000J0178					$790.03
000J0179			NOTES FOR MEDICAL NECESSITY REQUIRED.		$346.19
000J0180		X	PRIOR AUTHORIZATION		$230.26
000J0184					$10.19
000J0185					$1.77
000J0190			NO ACTIVE PRODUCTS		NA
000J0200			NO ACTIVE PRODUCTS		NA
000J0202		X	PRIOR AUTHORIZATION		$2,440.70
000J0205			NO ACTIVE PRODUCTS		NA
000J0206					$4.54
000J0207			500 MG		$1,144.27
000J0208			NOT SUBSTITUABLE WITH OTHER SODIUM THIOSULFATE PRODUCTS.		$97.55
000J0209			RNE		RNE
000J0210			RNE		RNE
000J0211			RNE		RNE
000J0215			NO ACTIVE PRODUCTS		NA
000J0216			RNE		RNE
000J0217					$465.04

000J0218		X	PRIOR AUTHORIZATION		$393.82
000J0219					$80.75
000J0220		X	RNE		RNE
000J0221		X	PRIOR AUTHORIZATION		$206.61
000J0222		X	PRIOR AUTHORIZATION		$99.81
000J0223					$117.19
000J0224					$329.10
000J0225			NOT FOR SELF-ADMINISTRAION.		$4,983.85
000J0248			OUTPATIENT SETTING ADULTS AND 12 AND OLDER 40KG AND OVER FOR COVD-19.		$6.72
000J0256			10 MG		$0.51
000J0257			10 MG		$0.57
000J0270		X	NOT FOR IMPOTENCE. NOT COVERED FOR SELF ADMINISTRATION		$10.97
000J0275			NOT COVERED		NC
000J0278			100 MG		$0.61
000J0280			250 MG		$8.29
000J0281					$1.49
000J0282			30 MG		$0.50
000J0283					$2.61
000J0285			50 MG		$34.12
000J0287			10 MG		$10.29
000J0289			10 MG		$22.61
000J0290			500 MG		$0.48
000J0291					$3.57
000J0295			1.5 GM		$1.49
000J0300			125 MG		$195.72
000J0330					$0.85
000J0348			1 MG		$0.48
000J0349		X	PRIOR AUTHORIZATION		$10.61
000J0350			NO ACTIVE PRODUCTS		NA
000J0360			20 MG		$5.18
000J0364			1 MG		$37.08

000J0365			NO ACTIVE PRODUCTS		NA
000J0380			NO ACTIVE PRODUCTS		NA
000J0390			NOT COVERED		NC
000J0391					$52.23
000J0400		X	NO ACTIVE PRODUCTS WOULD REQUIRE PA		NA
000J0401		X	PRIOR AUTHORIZATION		$7.23
000J0402			NOT FOR SELF-ADMINISTRATION		$6.03
000J0456			500 MG		$2.61
000J0457					$2.66
000J0461			0.3 MG		$0.06
000J0470			100 MG		$60.26
000J0475					$175.81
000J0476			50 MCG		$67.20
000J0480			20 MG		$4,672.46
000J0485			1 MG		$3.88
000J0490			10 MG		$56.00
000J0491					$18.10
000J0500			20 MG		$11.67
000J0515			1 MG		$17.26
000J0517		X	PRIOR AUTHORIZATION NOT FOR SELF-ADMINISTRATION		$168.13
000J0520			NO ACTIVE PRODUCTS		NA
000J0558			100 000 UNITS		$17.36
000J0561			100 000 UNITS		$29.30
000J0565			REQUIRES DOCUMENTATION REVIEW		$39.82
000J0567		X	PRIOR AUTHORIZATION		$123.73
000J0571			NOT FOR SELF-ADMINISTRATION		$0.29
000J0572			NOT FOR SELF-ADMINISTRATION. RNE		RNE
000J0573			NOT FOR SELF-ADMINISTRATION. RNE		RNE
000J0574			NOT FOR SELF-ADMINISTRATION. RNE		RNE
000J0575			NEVER FOR SELF-ADMINISTRATION. RNE		RNE
000J0577			NOT FOR SELF-ADMINISTRATION		$422.82
000J0578			NOT FOR SELF-ADMINISTRATION		$1,363.66

000J0583			1 MG		$0.16
000J0584		X	PRIOR AUTHORIZATION		$481.56
000J0585		X	PA REQUIRED. ONLY FDA APPROVED INDICATIONS/USE APPROVED. DOCUMEN REQUESTED NUMBER OF UNITS PER MUSCLE. MAX 400U EVERY 3-MONTHS.		$6.50
000J0586		X	PRIOR AUTHORIZATION. ONLY FOR FDA APPROVED USE/INDICATIONS.		$9.17
000J0587		X	PRIOR AUTHORIZATION. ONLY FOR FDA APPROVED USE/INDICATIONS.		$13.34
000J0588		X	PRIOR AUTHORIZATION		$5.30
000J0589		X	PRIOR AUTHORIZATION		$3.10
000J0591		X	NOT COVERED FOR COSMETIC PURPOSES		$16.02
000J0592			MUST BE DEX PROVIDER. NOT FOR SELF-ADMINISTRATION.		$4.13
000J0593		X	NOT FOR SELF ADMINISTRATION. REQUEST PA.		$86.94
000J0594			1 MG		$1.83
000J0595			1 MG		$5.05
000J0596					$36.73
000J0597					$75.86
000J0598					$65.72
000J0599					$12.92
000J0600			1000 MG		$6,454.56
000J0601			DUALS ONLY. BUNDLED PAYMENT.		DUALS ONLY
000J0602			DUALS ONLY. BUNDLED PAYMENT.		DUALS ONLY
000J0603			BUNDLED PAYMENT. DUALS ONLY.		DUALS ONLY
000J0604			ESRD ON DIALYSIS.		$0.02
000J0605			BUNDLED PAYMENT. DUALS ONLY.		DUALS ONLY
000J0606			REQUIRES DOCUMENTATION; OUTPATIENT		$4.41
000J0607			BUNDLED PAYMENT. DUALS ONLY.		DUALS ONLY
000J0608			BUNDLED PAYMENT. DUALS ONLY.		DUALS ONLY
000J0609			BUNDLED PAYMENT. DUALS ONLY.		DUALS ONLY
000J0612					$0.04

000J0613					$0.07
000J0615			BUNDLED PAYMENT. DUALS ONLY.		DUALS ONLY
000J0616					$0.13
000J0618					$0.03
000J0630			400 UNITS		$854.40
000J0636			0.1 MCG		$1.06
000J0637			5 MG		$2.26
000J0638			1 MG NOT FOR SELF-ADMINISTRATION		$140.99
000J0640			50 MG		$3.94
000J0641			0.5 MG		$0.03
000J0642					$1.12
000J0650					$7.69
000J0651					$7.09
000J0652					$5.13
000J0665					$0.01
000J0666					$1.49
000J0670			10 ML		$3.82
000J0687					$1.00
000J0688					$0.91
000J0689					$1.33
000J0690			500 MG		$0.83
000J0691					$0.73
000J0692			500 MG		$1.23
000J0694					$5.13
000J0695					$9.12
000J0696					$0.48
000J0697					$2.29
000J0698			PER GRAM		$10.47
000J0699					$2.40
000J0701					$5.87
000J0702			3 MG		$6.88
000J0703					$5.07
000J0706			5 MG		$1.29

000J0712			10 MG		$4.24
000J0713			500 MG		$1.64
000J0714					$104.95
000J0717			NOT FOR SELF-ADMINISTRATION		$4.48
000J0720			1 GM		$51.96
000J0725			USE FOR INFERTILITY IS NOT A COVERED SERVICE		$17.51
000J0735			1 MG		$17.67
000J0736					$1.67
000J0737					$1.71
000J0739			NOT FOR SELF-ADMINISTRATION.		$7.03
000J0740			375 MG		$529.37
000J0741		X	PRIOR AUTHORIZATION		$23.62
000J0742					$2.61
000J0743			250 MG		$6.97
000J0744			200 MG		$2.31
000J0750					$1.73
000J0751			OUTPT ONLY.		$71.27
000J0770			150 MG		$11.38
000J0775		X	PA REQUIRED. NOT COVERED FOR PEYRONIE'S DISEASE		$73.16
000J0780			10 MG		$2.52
000J0791					$129.57
000J0795			NO ACTIVE PRODUCTS		NA
000J0799		X	PRIOR AUTHORIZATION RNE		RNE
000J0801					$4,187.42
000J0802					$3,547.31
000J0834			0.25 MG		$28.02
000J0840			UP TO 1 GM		$1,861.13
000J0841			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		$1,044.13
000J0850			PER VIAL		$1,809.44
000J0870					$57.02

000J0872					$0.05
000J0873					$0.04
000J0874					$0.06
000J0875					$15.55
000J0877					$0.05
000J0878			1 MG		$0.03
000J0879					$0.25
000J0881			1 MCG		$2.99
000J0882			1 MCG		$2.99
000J0883					$0.73
000J0884			SEND INVOICE		$0.73
000J0885			1000 UNITS		$7.67
000J0887			FOR ESRD USE. SEND INVOICE		$1.41
000J0888			FOR NON-ESRD USE. SEND INVOICE.		$1.41
000J0889			NEVER FOR SELF-ADMINISTRATION		$4.18
000J0890			RNE		RNE
000J0891					$4.23
000J0892					$4.23
000J0893					$0.77
000J0894			1 MG		$1.59
000J0895			500 MG		$9.01
000J0896					$41.96
000J0897			1 MG NOT FOR SELF-ADMINISTRATION		$29.23
000J0898					$1.45
000J0899					$1.45
000J0901			BUNDLED PAYMENT. DUALS ONLY.		DUALS ONLY
000J0911					$8.90
000J1000			5 MG		$46.91
000J1010					$0.12
000J1050			1 MG RNE		RNE
000J1071			REQUIRES REVIEW OF DOCUMENTATION FOR MEDICAL NECESSITY.		$0.03
000J1072			NOT FOR SELF-ADMINISTRATION.		$1.32

000J1095		X	PA BY RETINAL SPECIALIST/OPTHAMOLOGIST		$1.23
000J1096					$101.48
000J1097					$126.02
000J1100			1 MG		$0.11
000J1105			OUTPATIENT ONLY.		OP ONLY
000J1110			1 MG		$97.07
000J1120			500 MG		$17.22
000J1130			NO ACTIVE PRODUCTS		NA
000J1160			0.5 MG		$4.00
000J1162			PER VIAL		$4,968.58
000J1163					$0.03
000J1165			50 MG		$0.65
000J1171					$0.08
000J1180			NO ACTIVE PRODUCTS		NA
000J1190			250 MG		$32.08
000J1200			50 MG		$0.90
000J1201		X	PRIOR AUTHORIZATION		$16.39
000J1202			ONLY OUTPATIENT IN COMBINATION WITH CIPAGLUCOSIDE ALFA INFUSION.		$35.80
000J1203					$89.79
000J1205			500 MG		$40.38
000J1212			50 ML		$742.89
000J1230			10 MG		$22.91
000J1240			50 MG		$7.74
000J1245			10 MG		$3.86
000J1250			250 MG		$7.97
000J1260			NO ACTIVE PRODUCTS		NA
000J1265			40 MG		$0.65
000J1267			NO ACTIVE PRODUCTS		NA
000J1270			1 MCG		$0.37
000J1271					$0.11
000J1290					$579.98
000J1299		X	PRIOR AUTHORIZATION		$44.77

000J1301		X	PRIOR AUTHORIZATION		$18.83
000J1302					$18.10
000J1303		X	PRIOR AUTHORIZATION		$225.19
000J1304					$155.34
000J1305					$189.75
000J1306			NOT FOR SELF-ADMINISTRATION		$12.35
000J1307					$555.67
000J1308					$0.009
000J1320			NO ACTIVE PRODUCTS		NA
000J1322		X	PRIOR AUTHORIZATION		$306.79
000J1323			NOT FOR SELF ADMINISTRATION		$185.31
000J1324		X	NOT FOR SELF-ADMINISTRATION		$0.70
000J1325			0.5 MG		$16.20
000J1326					$33.55
000J1327			5 MG		$11.35
000J1330			NO ACTIVE PRODUCTS		NA
000J1335			500 MG		$9.02
000J1364			500 MG		$75.05
000J1380			10 MG		$7.71
000J1410			25 MG		$390.74
000J1411		X	PRIOR AUTHORIZATION		MP
000J1412		X	PRIOR AUTHORIZATION		MP
000J1413		X	PRIOR AUTHORIZATION.		MP
000J1414		X			MP
000J1426		X	PRIOR AUTHORIZATION		$170.88
000J1427		X	PRIOR AUTHORIZATION		$60.24
000J1428		X	PRIOR AUTHORIZATION		$170.88
000J1429		X	PRIOR AUTHORIZATION		$170.88
000J1430			100 MG		$519.51
000J1434					$2.86
000J1435			NO ACTIVE PRODUCTS		NA
000J1436			NO ACTIVE PRODUCTS		NA
000J1437					$18.95

000J1438			NOT FOR USE WHEN DRUG SELF-ADMINISTERED		$1,089.04
000J1439					$1.14
000J1440		X	PRIOR AUTHORIZATION		$64.03
000J1442			1 MCG		$0.98
000J1443					$0.03
000J1444					$0.03
000J1445					$0.19
000J1447					$0.29
000J1448					$5.39
000J1449			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		$21.11
000J1450			200 MG		$2.25
000J1451			15 MG		$13.28
000J1452			NO ACTIVE PRODUCTS		NA
000J1453			WHEN TRADITIONAL THERAPIES HAVE FAILED. NOT FOR MOTION SICKNESS.		$0.11
000J1454			DOCUMENTATION OF MEDICAL NECESSITY.		$606.35
000J1455					$15.58
000J1456					$1.13
000J1457			NO ACTIVE PRODUCTS		NA
000J1458		X	PRIOR AUTHORIZATION		$505.50
000J1459			500 MG		$50.43
000J1460			1 CC		$48.42
000J1551			NOT FOR SELF-ADMINISTRATION.		$14.20
000J1552					$131.12
000J1554			REQUIRES REVIEW		$496.50
000J1555			REQUIRES REVIEW		$17.58
000J1556			500 MG		$77.26
000J1557			500 MG		$62.46
000J1558					$14.91
000J1559			100 MG		$14.12
000J1560			>10 CC		$167.06

000J1561			500 MG		$48.03
000J1562			NO ACTIVE PRODUCTS		NA
000J1566			500 MG		$81.70
000J1568			500 MG		$48.37
000J1569			500 MG		$47.79
000J1570			500 MG		$39.61
000J1571			0.5 ML		$71.66
000J1572			500 MG		$56.54
000J1573			0.5 ML		$71.66
000J1574					$53.40
000J1575			100 MG		$18.38
000J1576			PRIOR AUTHORIZATION REQUIRED		$74.45
000J1580			80 MG		$2.61
000J1595			20 MG		$66.75
000J1596					$0.43
000J1597					$1.71
000J1598					$1.85
000J1599			RNE		RNE
000J1600			NO ACTIVE PRODUCTS		NA
000J1602			1 MG		$11.02
000J1610			1 MG		$195.79
000J1611					$144.88
000J1626			100 MCG		$0.22
000J1627			REQUIRES DOCUMENTAITON OF MEDICAL NECESSITY		$4.96
000J1628		X	PRIOR AUTHORIZATION -NOT FOR SELF-ADMINISTRATION		$74.86
000J1630			5 MG		$0.83
000J1631			50 MG		$4.68
000J1632		X	PRIOR AUTHORIZATION		$79.57
000J1640			1 MG		$34.16
000J1642			10 UNITS		$0.01
000J1643					$3.00

000J1644			1000 UNITS		$0.21
000J1645			2500 IU		$18.04
000J1650			10 MG		$0.56
000J1652			0.5 MG		$0.71
000J1655			NO ACTIVE PRODUCTS		NA
000J1670			250 UNITS		$577.04
000J1675			NO ACTIVE PRODUCTS		NA
000J1700			NO ACTIVE PRODUCTS		NA
000J1710			NO ACTIVE PRODUCTS		NA
000J1720			100 MG		$21.20
000J1726			NOT COVERED		NC
000J1729		X	PRIOR AUTHORIZATION REQUIRED NOT FOR SELF-ADMINISTRATION.		$14.57
000J1730			NO ACTIVE PRODUCTS		NA
000J1738					$3.34
000J1740			1 MG		$30.80
000J1741					$3.04
000J1742			1 MG		$318.58
000J1743		X	PRIOR AUTHORIZATION		$558.56
000J1744			NOT FOR SELF-ADMINISTRATION		$74.69
000J1745			10 MG		$31.17
000J1746		X	PRIOR AUTHORIZATION		$79.38
000J1747			DOCUMENTION OF MEDICAL NECESSITY		$65.72
000J1748					$286.06
000J1749					$5.71
000J1750			50 MG		$18.02
000J1756			1 MG		$0.22
000J1786		X	PRIOR AUTHORIZATION		$43.29
000J1790			5 MG		$5.36
000J1800			1 MG		$10.40
000J1805					$0.28
000J1806					$0.41
000J1808					$0.05

000J1811					$7.76
000J1812					$1.55
000J1813					$15.27
000J1814					$1.46
000J1815			5 UNITS		$0.23
000J1817			50 UNITS		$3.23
000J1823					$494.43
000J1826		X	NOT FOR SELF-ADMINISTRATION		$2,306.29
000J1830			NOT FOR SELF ADMINISTATION		$758.88
000J1833					$1.13
000J1835			NO ACTIVE PRODUCTS		NA
000J1836					$0.02
000J1885			15 MG		$0.34
000J1920					$0.38
000J1921					$1.38
000J1930			1 MG		$36.65
000J1931		X	PRIOR AUTHORIZATION		$39.88
000J1932					$24.45
000J1938					$0.02
000J1939					$0.60
000J1941					$252.97
000J1943		X	PRIOR AUTHORIZATION		$3.25
000J1944		X	PRIOR AUTHORIZATION		$3.33
000J1945			NO ACTIVE PRODUCTS		NA
000J1950			DOCUMENTATION IS REQUIRED		$1,737.09
000J1951					$140.42
000J1952					$51.40
000J1953			10 MG		$0.04
000J1954					$220.74
000J1955			1 GM		$24.29
000J1956			250 MG		$1.95
000J1960			NO ACTIVE PRODUCTS		NA
000J1961					$22.02

000J1980			0.25 MG		$57.67
000J1990			NO ACTIVE PRODUCTS		NA
000J2002					$0.003
000J2003					$0.01
000J2004					$0.01
000J2010			300 MG		$5.61
000J2020			200 MG		$3.47
000J2021					$6.33
000J2060			2 MG		$1.31
000J2062		X	ONLY ADMINISTERED IN REMS ENROLLED HEALTH CARE FACILITY		$16.02
000J2150			50 ML		$2.23
000J2175			100 MG		$15.69
000J2180			NO ACTIVE PRODUCTS		NA
000J2182		X	PRIOR AUTHORIZATION -NOT FOR SELF-ADMINISTRATION.		$31.32
000J2183					$1.62
000J2184					$2.07
000J2185			100 MG		$0.43
000J2186					$2.38
000J2210			0.2 MG		$22.05
000J2212			NOT FOR SELF-ADMINISTRATION.		$1.52
000J2246					$0.51
000J2247					$0.36
000J2248			1 MG		$0.30
000J2249					$2.34
000J2250			1 MG		$0.15
000J2251					$0.16
000J2252					$0.07
000J2253			RNE		RNE
000J2260			5 MG		$1.40
000J2265			NOT FOR SELF-ADMINISTRATION		$2.77
000J2267			NOT FOR SELF-ADMINISTRATION		$48.27

000J2270			10 MG		$4.54
000J2272					$8.13
000J2274					$10.79
000J2277			NOT FOR SELF-ADMINISTRATION		$25.21
000J2278			1 MCG		$10.12
000J2280			100 MG		$8.71
000J2281					$7.76
000J2290					$0.05
000J2300			10 MG		$3.51
000J2305					$1.41
000J2312			NOT FOR SELF-ADMINISTRATION		$0.06
000J2313			NOT FOR SELF-ADMINISTRATION.		$0.01
000J2315		X	1 MG REQUIRES DOCUMENTATION		$4.23
000J2320			NO ACTIVE PRODUCTS		NA
000J2323		X	PRIOR AUTHORIZATION		$24.12
000J2325			0.1 MG RNE		RNE
000J2326		X	USE SPINRAZA PA FORM		$1,302.06
000J2327					$14.84
000J2329					$71.90
000J2350		X	PRIOR AUTHORIZATION		$59.70
000J2351		X	NOT FOR SELF ADMINISTRATION> PA REQUIRED.		$47.24
000J2353			1 MG- IM INJECTION NEEDS NOTES.		$212.19
000J2354			25 MCG		$0.60
000J2355			5 MG RNE		RNE
000J2356			NOT FOR SELF-ADMINISTRATION		$18.30
000J2357		X	PRIOR AUTHORIZATION NOT FOR SELF-ADMINISTRATION.		$40.56
000J2358		X	NO ACTIVE PRODUCT. WOULD REQUIRE PA		$2.91
000J2359			NOT FOR SELF-ADMINISTRATION		$0.90
000J2360			60 MG		$9.44
000J2371					$0.002
000J2372					$0.16

000J2373					$0.12
000J2401					$0.03
000J2402					$0.33
000J2403					$0.59
000J2404					$0.08
000J2405			1 MG		$0.09
000J2406					$41.40
000J2407					$28.52
000J2410			NO ACTIVE PRODUCTS		NA
000J2425			50 MCG		$35.91
000J2426		X	PRIOR AUTHORIZATION		$15.08
000J2427		X	PRIOR AUTHORIZATION		$12.95
000J2428			NOT FOR SELF-ADMINISTRATION		$17.78
000J2430			30 MG		$11.16
000J2460			NO ACTIVE PRODUCTS		NA
000J2468					$58.83
000J2469			25 MCG WHEN CANNOT TAKE ORAL		$0.44
000J2470					$2.02
000J2471					$6.94
000J2472					$9.42
000J2501			1 MCG		$0.67
000J2502					$563.79
000J2503			NO ACTIVE PRODUCTS		NA
000J2504		X	PRIOR AUTHORIZATION RNE		RNE
000J2506					$58.39
000J2507			1 MG		$3,638.86
000J2508					$230.27
000J2510			600000 U		$49.07
000J2513			NO ACTIVE PRODUCTS		NA
000J2515			50 MG		$56.41
000J2540			600000 U		$0.87
000J2543			1.125 GM		$1.10
000J2545			300 MG		$82.37

000J2547					$1.69
000J2550			50 MG		$2.86
000J2560			120 MG		$27.36
000J2561					$1.42
000J2562			NOT FOR SELF-ADMINISTRATION.		$119.46
000J2590			10 UNITS		$1.50
000J2597			1 MCG		$3.57
000J2598					$1.25
000J2599					$0.47
000J2601					$2.93
000J2650			NO ACTIVE PRODUCTS		NA
000J2670			NO ACTIVE PRODUCTS		NA
000J2675			50 MG		$0.62
000J2679					$7.42
000J2680			25 MG		$7.53
000J2690			1 GM		$194.31
000J2700			250 MG		$0.82
000J2704					$0.09
000J2710			0.5 MG		$0.80
000J2720			10 MG		$1.63
000J2724			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		$1.50
000J2725			NO ACTIVE PRODUCTS		NA
000J2730			1 GM		$92.60
000J2760			5 MG		$436.50
000J2765			10 MG		$0.99
000J2770			500 MG RNE		RNE
000J2777					$34.47
000J2778			0.1 MG		$91.11
000J2779		X	PRIOR AUTHORIZATION		$78.43
000J2781					$141.91
000J2782		X	PRIOR AUTHORIZTION		$105.89
000J2783			0.5 MG		$376.48

000J2785			0.1 MG		$2.89
000J2786		X	PRIOR AUTHORIZATION		$10.57
000J2787					$2,435.04
000J2788			50 MCG (250 IU)		$27.85
000J2790			300 MCG (1500 IU)		$82.42
000J2791			100 IU		$4.96
000J2792			100 IU		$30.77
000J2793					$28.94
000J2794		X	REQUIRES PRIOR AUTH		$10.94
000J2795			1 MG		$0.06
000J2797			NO ACTIVE PRODUCTS		NA
000J2798		X	PRIOR AUTHORIZATION		$12.13
000J2799					$25.07
000J2800			10 ML		$4.78
000J2801		X	NOT FOR SELF ADMINISTRATION		$13.13
000J2802					$10.99
000J2804					$0.15
000J2805			NOT COVERED		NC
000J2810			NO ACTIVE PRODUCTS		NA
000J2820			50 MCG		$56.09
000J2840		X	PRIOR AUTHORIZATION		$545.21
000J2850			NOT COVERED		NC
000J2860		X	PRIOR AUTHORIZATION		$161.95
000J2865					$0.05
000J2910			NO ACTIVE PRODUCTS		NA
000J2916			12.5 MG		$2.17
000J2919					$0.25
000J2940			NO ACTIVE PRODUCTS		NA
000J2941		X	PRIOR AUTHORIZATION		$166.02
000J2950			NO ACTIVE PRODUCTS		NA
000J2993					$3,226.47
000J2995			NO ACTIVE PRODUCTS		NA
000J2997			1 MG		$94.15

000J2998					$38.75
000J3000			1 GM		$31.35
000J3010			0.1 MG		$0.96
000J3030			NOT FOR SELF ADMINISTRATION		$39.52
000J3031		X	PRIOR AUTHORIZATION NOT FOR SELF ADMINISTRATION		$3.59
000J3032		X	PRIOR AUTHORIZATION		$19.84
000J3055			NOT FOR SELF-ADMINISTATION		$72.39
000J3060			10 U		$41.06
000J3070			NO ACTIVE PRODUCTS		NA
000J3090					$1.91
000J3095			10MG		$7.46
000J3101			1 MG		$171.93
000J3105			1 MG		$2.74
000J3110			MEDICAL DOCUMENTATION REQUIRED		$53.43
000J3111		X	REQUIRES PRIOR AUTHORIZATION		$12.00
000J3121			REQUIRES DOCUMENTATION		$0.05
000J3145			REQUIRES DOCUMENTATION		$1.99
000J3230			50 MG		$27.07
000J3240			0.9 MG		$2,113.23
000J3241		X	PRIOR AUTHORIZATION		$359.08
000J3243			1 MG		$0.50
000J3244					$2.67
000J3245		X	PRIOR AUTHORIZATION NOT FOR SELF-ADMINISTRATION.		$126.23
000J3246					$3.42
000J3247		X			$17.84
000J3250			200 MG		$53.40
000J3260			80 MG		$2.46
000J3262			1 MG		$5.78
000J3263					$39.49
000J3265			NO ACTIVE PRODUCTS		NA
000J3280			NO ACTIVE PRODUCTS		NA

000J3285			1 MG		$55.48
000J3299					$48.00
000J3300			1 MG		$24.50
000J3301			10 MG		$0.86
000J3302			NO ACTIVE PRODUCTS		NA
000J3303					$8.68
000J3304			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		$18.20
000J3305			NO ACTIVE PRODUCTS		NA
000J3310			NO ACTIVE PRODUCTS		NA
000J3315			3.75 MG		$491.89
000J3316		X	PRIOR AUTHORIZATION		$3,772.85
000J3320			NO ACTIVE PRODUCTS		NA
000J3350			NO ACTIVE PRODUCTS		NA
000J3355			NOT COVERED		NC
000J3357			SQ REQUIRES REVIEW OF DOCUMENTATION NOT FOR SELF-ADMINISTRATION		$302.69
000J3358			IV REQUIRES REVIEW OF DOCUMENTATION		$13.29
000J3360			5 MG		$6.17
000J3364			NO ACTIVE PRODUCTS		NA
000J3365			NO ACTIVE PRODUCTS		NA
000J3373					$0.03
000J3374					$0.12
000J3375					$0.13
000J3380					$22.06
000J3385		X	PRIOR AUTHORIZATION		$380.18
000J3391		X	PRIOR AUTHORIZATION REQUIRED.		MP
000J3392		X	PRIOR AUTHORIZATION		MP
000J3393		X	PRIOR AUTHORIZATION		MP
000J3394		X	PRIOR AUTHORIZATION		MP
000J3396			0.1 MG		$11.55
000J3397		X	PRIOR AUTHORIZATION		$290.07
000J3398		X	PRIOR AUTHORIZATION		$3,252.95

000J3399		X	PRIOR AUTHORIZATION		MP
000J3400			NO ACTIVE PRODUCTS		NA
000J3401		X	PRIOR AUTHORIZATION OUTPATIENT ONLY.		$1,037.11
000J3410			25 MG		$16.92
000J3411			100 MG		$1.78
000J3415			100 MG		$12.79
000J3420			1000 MCG		$0.94
000J3424					$5.33
000J3425		X	PRIOR AUTHORIZATION		$0.008
000J3430			1 M		$2.84
000J3465			10 MG		$0.77
000J3470			150 UNITS		$31.55
000J3471			1-999 USP		$0.49
000J3472			NO ACTIVE PRODUCTS		NA
000J3473			1 USP		$0.36
000J3475			500 MG		$0.49
000J3480			2 MEQ		$0.16
000J3485			10 MG		$1.51
000J3486			10 MG		$3.13
000J3489			1 MG		$5.20
000J3490			REQUIRES DOC & INVOICE		MP
000J3490	TH		FOR FAMILY PLANNING ONLY PER 1MG		$0.54
000J3520			NO ACTIVE PRODUCTS		NA
000J3535			OUTPATIENT ONLY		OP ONLY
000J3590			REQUIRES DOC & INVOICE		MP
000J3591			UNCLASSIFIED ESRD ON DIALYSIS		MP
000J7030			1000 ML		$2.27
000J7040			500 ML		$1.37
000J7042			500 ML		$1.35
000J7050			250 ML		$0.71
000J7060			500 ML		$2.02
000J7070			1000 ML		$3.04
000J7100			500 ML		$71.09

000J7110			NO ACTIVE PRODUCTS		NA
000J7120			1000 ML		$2.46
000J7121					$8.52
000J7131					$0.18
000J7165					$3.36
000J7168					$3.18
000J7169					$133.50
000J7170		X	PRIOR AUTHORIZATION NOT FOR SELF-ADMINISTRATION		$57.43
000J7171		X	PRIOR AUTHORIZATION		$35.58
000J7172			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		$50.71
000J7175					$9.91
000J7177					$1.20
000J7178			REQUIRES DOCUMENTATION		$1.51
000J7179			REQUIRES DOCUMENTATION		$1.84
000J7180			1 IU (IC) REQUIRES INVOICE AND DOCUMENTATION		$10.77
000J7181			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		$18.29
000J7182			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		$1.51
000J7183			1 IU		$1.27
000J7185			1 IU		$1.54
000J7186			PER FACTOR VIII IU		$1.22
000J7187			1 IU		$1.48
000J7188		X	PRIOR AUTHORIZATION		$3.22
000J7189			1 MCG		$2.64
000J7190			1 IU		$1.13
000J7191			NO ACTIVE PRODUCTS		NA
000J7192			1 IU		$1.53
000J7193			1 IU		$1.33
000J7194			1 IU		$1.70

000J7195			1 IU		$1.87
000J7196					$150.05
000J7197			1 IU		$4.08
000J7198			1 IU		$2.45
000J7199			REQUIRES DOCUMENTATION RNE		RNE
000J7200					$1.56
000J7201					$3.62
000J7202					$5.34
000J7203					$4.57
000J7204					$2.26
000J7205					$2.42
000J7207					$2.15
000J7208		X	PRIOR AUTHORIZATION		$2.65
000J7209					$1.17
000J7210			REQUIRES DOCUMENTATION		$1.57
000J7211			REQUIRES DOCUMENTATION		$1.58
000J7212			DOCUMENTATION REQUIRED		$2.39
000J7213					$1.91
000J7214					$4.67
000J7294		X	PRIOR AUTHORIZATION		$2,585.14
000J7295					$131.06
000J7296			KYLEENA		$1,297.22
000J7297			LILETTA		$995.09
000J7298			MIRENA		$1,297.22
000J7300			1 UNIT		$1,216.45
000J7301			SKYLA		$1,080.15
000J7304			NOT COVERED		NC
000J7306			NO ACTIVE PRODUCTS		NA
000J7307			1 UNIT NEXPLANON		$1,297.22
000J7308			354 MG		$393.87
000J7309			NO ACTIVE PRODUCTS		NA
000J7310			NO ACTIVE PRODUCTS		NA
000J7311		X	REQUIRES PRIOR AUTHORIZATION		$339.76

000J7312			0.1 MG		$205.27
000J7313		X	PRIOR AUTHORIZATION		$497.79
000J7314		X	PRIOR AUTHORIZATION		$532.58
000J7315			NOT COVERED		NC
000J7316			NO ACTIVE PRODUCTS		NA
000J7318			MEDICAL DOCUMENTAITON REQUIRED FOR RETROSPECITIVE REVIEW. INDICATION (DIAGNOSIS) CONVENTIONAL TREATMENT TRIED AND FAILED.		$6.68
000J7320			MEDICAL DOCUMENTAITON REQUIRED FOR RETROSPECITIVE REVIEW. INDICATION (DIAGNOSIS) CONVENTIONAL TREATMENT TRIED AND FAILED.		$6.02
000J7321			MEDICAL DOCUMENTATION REQUIRED FOR RETROSPECTIVE REVIEW. INDICATION (DIAGNOSIS). CONVENTIONAL TREATMENT TRIED AND FAILED.		$73.38
000J7322			MEDICAL DOCUMENTAITON REQUIRED FOR RETROSPECITIVE REVIEW. INDICTION (DIAGNOSIS) CONVENTIONAL TREATMENT TRIED AND FAILED.		$17.44
000J7323			MEDICAL DOCUMENTAITON REQUIRED FOR RETROSPECITIVE REVIEW. INDICATION (DIAGNOSIS) CONVENTIONAL TREATMENT TRIED AND FAILED.		$114.48
000J7324			MEDICAL DOCUMENTATION REQUIRED FOR RETROSPECTIVE REVIEW. INDICATON (DIAGNOSIS) CONVENTAION TREATMENT TRIED AND FAILED.		$97.69
000J7325			MEDICAL DOCUMENTAITON REQUIRED FOR RETROSPECITIVE REVIEW. INDICAION (DIAGNOSIS) CONVENTIONAL TREATMENT TRIED AND FAILED		$9.09

000J7326		X	MEDICAL DOCUMENTATION REQUIRED FOR PRIOR AUTHORIZATION INDICATIN (DIAGNOSIS) CONVENTIONAL TREATMENT TRIED AND FAILED.		$524.01
000J7327			MEDICAL DOCUMENTAITON REQUIRED FOR RETROSPECITIVE REVIEW. INDICTION (DIAGNOSIS) CONVENTIONAL TREATMENT TRIED AND FAILED.		$528.57
000J7328			MEDICAL DOCUMENTAITON REQUIRED FOR RETROSPECITIVE REVIEW. INDICATION (DIAGNOSIS) CONVENTIONAL TREATMENT TRIED AND FAILED		$0.65
000J7329			MEDICAL DOCUMENTAITON REQUIRED FOR RETROSPECITIVE REVIEW. INDICTION (DIAGNOSIS) CONVENTIONAL TREATMENT TRIED AND FAILED.		$5.44
000J7330			REQUIRES DOC & INVOICE		MP
000J7331			MEDICAL DOCUMENTAITON REQUIRED FOR RETROSPECITIVE REVIEW. INDICAON (DIAGNOSIS) OTC MEDICATIONS TRIED AND FAILED; NAME OF MEDICATON DURATION OF		$5.61
000J7332		X	MEDICAL DOCUMENTATION REQUIRED FOR PRIOR AUTHORIZATION INDICATION (DIAGNOSIS) CONVENTIONAL TREATMENT TRIED AND FAILED.		$10.16
000J7336			NOT FOR SELF ADMIN. MUST FAIL OTC & CONVENTIONAL TREATMENTS.		$3.38
000J7340			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		$243.14
000J7342			NOT FOR SELF-ADMINISTRATION		$30.25
000J7345			NOT COVERED		NC
000J7351		X	PRIOR AUTHORIZATION		$212.36
000J7352		X	PRIOR AUTHORIZATION RNE		RNE

000J7353					$61.16
000J7354			NOT FOR SELF-ADMINISTRATION		$669.59
000J7355		X	PRIOR AUTHORIZATION		$195.25
000J7356		X	REQUIRES PRIOR AUTHORIZATION		$0.73
000J7402					$11.34
000J7500			FACILITY ONLY.		$2.14
000J7501					$267.00
000J7502			OK FOR CROSSOVER		$2.06
000J7503			NOT COVERED		NC
000J7504			250 MG		$5,013.11
000J7505			NO ACTIVE PRODUCTS		NA
000J7507			OUTPATIENT ONLY		$0.15
000J7508			OUTPATIENT ONLY		$0.58
000J7509			ONLY IN IN OUTPATIENT		$0.23
000J7510			OUTPATIENT ONLY		$0.27
000J7511			25 MG		$996.39
000J7512			NOT COVERED		NC
000J7513			NO ACTIVE PRODUCTS		NA
000J7514					$2.33
000J7515					$0.76
000J7516			250 MG		$72.68
000J7517			250 MG		$0.15
000J7518			180 MG		$0.36
000J7519					$0.41
000J7520			NOT COVERED		NC
000J7521			OUTPATIENT ONLY		$1.25
000J7525			5 MG		$262.23
000J7527					$1.98
000J7601					$52.11
000J7604			NOT COVERED		NC
000J7605					$0.79
000J7606					$1.96
000J7607			NOT COVERED		NC

000J7608					$8.89
000J7609					$0.53
000J7610			NOT COVERED		NC
000J7611					$0.16
000J7612					$0.30
000J7613					$0.07
000J7614					$0.08
000J7615			NOT COVERED		NC
000J7620					$0.20
000J7622			NOT COVERED		NC
000J7624			NOT COVERED		NC
000J7626					$1.27
000J7627					$0.32
000J7628			NOT COVERED		NC
000J7629			NOT COVERED		NC
000J7631					$0.28
000J7632			NOT COVERED		NC
000J7633			NOT COVERED		NC
000J7634			NOT COVERED		NC
000J7635			NOT COVERED		NC
000J7636			NOT COVERED		NC
000J7637			NOT COVERED		NC
000J7638			NOT COVERED		NC
000J7639		X	ONLY FOR CYSTIC FIBROSIS. PRIOR AUTH.		$55.15
000J7640			NOT COVERED		NC
000J7641			NOT COVERED		NC
000J7642			NOT COVERED		NC
000J7643			NOT COVERED		NC
000J7644					$0.39
000J7645			NOT COVERED		NC
000J7647			NOT COVERED		NC
000J7648			NO ACTIVE PRODUCTS		NA
000J7650			NOT COVERED		NC

000J7658			NO ACTIVE PRODUCTS		NA
000J7659			NO ACTIVE PRODUCTS		NA
000J7660			NOT COVERED		NC
000J7665			NOT FOR SELF ADMINISTRATION		$7.03
000J7668			NO ACTIVE PRODUCTS		NA
000J7669			NO ACTIVE PRODUCTS		NA
000J7670			NOT COVERED		NC
000J7674			1 MG		$1.72
000J7676			NOT COVERED		NC
000J7677					$0.19
000J7680			NOT COVERED		NC
000J7681			NOT COVERED		NC
000J7682			300 MG		$14.45
000J7683			NOT COVERED		NC
000J7684			NOT COVERED		NC
000J7685			NOT COVERED		NC
000J7686					$800.15
000J7999			DUAL CLAIMS ONLY		DUALS ONLY
000J8498			OUTPATIENT ONLY		OP ONLY
000J8499			OUTPATIENT ONLY		OP ONLY
000J8501					$2.71
000J8510					$146.71
000J8522			NOT COVERED		NC
000J8530					$1.98
000J8540					$0.01
000J8541			NOT COVERED		NC
000J8560					$75.76
000J8597			OUTPATIENT ONLY		OP ONLY
000J8600					$9.78
000J8610					$0.19
000J8611			NOT COVERED		NC
000J8612			NOT COVERED		NC
000J8655			NOT COVERED		NC

000J8670			NOT COVERED		NC
000J8700			5 MG		$0.36
000J8705					$124.90
000J9000			10 MG		$2.72
000J9015			1 EA		$6,472.08
000J9017			1 MG		$5.85
000J9019					$430.49
000J9020			NO ACTIVE PRODUCTS		NA
000J9021		X	PRIOR AUTHORIZATION		$55.29
000J9022		X	PRIOR AUTHORIZATION		$91.02
000J9023		X	PRIOR AUTHORIZATION		$100.29
000J9024		X	PRIOR AUTHORIZATION		$31.63
000J9025			1 MG		$0.20
000J9026					$1,567.49
000J9027			1 MG		$14.71
000J9028					$94.11
000J9029		X	PRIOR AUTHORIZATION		MP
000J9030					$3.12
000J9032					$52.04
000J9033					$1.85
000J9034					$13.12
000J9035			10 MG		$73.04
000J9036					$11.99
000J9038		X	PRIOR AUTHORIZATION		$56.07
000J9039			REQUIRES DOCUMENTATION.		$163.20
000J9040			15 UNITS		$20.89
000J9041			0.1 MG		$1.58
000J9042					$258.51
000J9043			1 MG		$227.10
000J9045			50 MG		$2.11
000J9046					$48.91
000J9047					$55.09
000J9048					$48.91

000J9049					$1.54
000J9050			100 MG		$173.64
000J9051					$3.66
000J9052					$261.66
000J9054			NOT FOR SELF-ADMINISTRATION		$27.23
000J9055			10 MG		$78.46
000J9056					$28.05
000J9057					$93.51
000J9060			10 MG		$1.94
000J9061					$22.20
000J9063					$69.52
000J9064			RNE		RNE
000J9065			1 MG		$9.72
000J9071					$0.78
000J9072					$9.00
000J9073					$1.15
000J9074					$4.21
000J9075					$0.62
000J9076					$5.02
000J9098			NO ACTIVE PRODUCTS		NA
000J9100			100 MG		$0.80
000J9118					$81.90
000J9119		X	PRIOR AUTHORIZATION		$28.69
000J9120			0.5 MG		$302.92
000J9130			100 MG		$3.81
000J9144					$54.66
000J9145					$69.83
000J9150			10 MG		$19.76
000J9153		X	PRIOR AUTHORIZATION		$255.09
000J9155			1 MG		$4.35
000J9161			RNE		RNE
000J9165			NO PRODUCT IN US		NA
000J9171			1 MG		$0.37

000J9172					$49.07
000J9173			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		$85.25
000J9174					$52.87
000J9176					$7.87
000J9177					$36.66
000J9178			2 MG		$1.58
000J9179			0.1 MG		$104.58
000J9181			10 MG		$1.30
000J9185			50 MG		$71.64
000J9190			500 MG		$1.71
000J9196					$5.29
000J9198					$40.58
000J9200			500 MG		$4,125.55
000J9201			200 MG		$2.95
000J9202			3.6 MG		$734.15
000J9203		X	PRIOR AUTHORIZATION		$236.61
000J9204		X	PRIOR AUTHORIZATION		$248.49
000J9205					$65.25
000J9206			20 MG		$1.39
000J9207			1 MG		$138.67
000J9208			1 GM		$23.49
000J9209			200 MG		$1.33
000J9210		X	PRIOR AUTHORIZATION		$381.64
000J9211			5 MG		$37.04
000J9212			NO ACTIVE PRODUCTS		NA
000J9213			NO ACTIVE PRODUCTS		NA
000J9214			1 MILLION UNITS		$32.82
000J9215			NO ACTIVE PRODUCTS		NA
000J9216		X	PRIOR AUTHORIZATION		$9,034.92
000J9217			DOCUMENTATION IS REQUIRED		$155.41
000J9218			1 MG		$54.00
000J9219		X	NO ACTIVE PRODUCTS		NA

000J9220					$10.68
000J9223					$206.12
000J9225		X	NO ACTIVE PRODUCTS. WOULD REQUIRE PA.		NA
000J9226		X	REQUIRES PRIOR AUTHORIZATION AND INVOICE		MP
000J9227					$82.86
000J9228			DOCUMENTATION REQUIRED.		$183.41
000J9229					$2,698.05
000J9230			10 MG RNE		RNE
000J9245			50 MG		$108.03
000J9246					$17.37
000J9248					$787.78
000J9249					$65.27
000J9255			RNE		RNE
000J9260			50 MG		$2.26
000J9261			50 MG		$63.37
000J9262					$4.06
000J9263			0.5 MG		$0.09
000J9264			1 MG		$12.12
000J9266			1 EA		MP
000J9267					$0.10
000J9268			10 MG		$2,543.89
000J9269					$348.61
000J9270			NO ACTIVE PRODUCTS		NA
000J9271					$58.56
000J9272					$243.82
000J9273					$188.64
000J9274					$217.08
000J9275			RNE		RNE
000J9276					$25.08
000J9280			5 MG		$28.27
000J9281					$317.42
000J9285		X	REQURES PA RNE		RNE

000J9286					$2,770.56
000J9289					$27.73
000J9292					$84.37
000J9293			5 MG		$29.60
000J9294					$4.92
000J9295					$5.73
000J9296					$9.73
000J9297					$1.20
000J9298					$197.64
000J9299			REQUIRES DOCUMENTATION		$33.00
000J9301					$78.46
000J9302			1 MG		$64.44
000J9303			10 MG		$172.54
000J9304					$52.74
000J9305			10 MG		$3.73
000J9306					$16.89
000J9307			1 MG		$388.82
000J9308					$74.45
000J9309		X	PRIOR AUTHORIZATION		$136.23
000J9311			NOT FOR SELF-ADMINISTRATION		$36.96
000J9312					$75.93
000J9313					$23.57
000J9314					$3.79
000J9316					$63.38
000J9317					$36.25
000J9318					$28.51
000J9319					$31.07
000J9320			1 GM		$372.98
000J9321					$55.65
000J9322					$9.73
000J9323					$10.34
000J9324					$80.10

000J9325		X	PRIOR AUTHORIZATION. FDA INDICATIONS FOR USE.		$73.54
000J9328			1 MG		$10.39
000J9329					$57.41
000J9330		X	PRIOR AUTHORIZATION		$32.28
000J9331					$84.52
000J9332					$32.39
000J9333					$23.16
000J9334					$33.73
000J9341					$39.67
000J9342					$12.23
000J9345					$29.98
000J9347					$141.16
000J9348					$685.90
000J9349					$14.07
000J9350					$652.74
000J9351			0.1 MG		$1.34
000J9352					$383.06
000J9353					$50.45
000J9354					$41.85
000J9355			10 MG		$76.18
000J9356					$62.97
000J9357			200 MG		$1,376.78
000J9358					$30.00
000J9359					$216.74
000J9360			1 MG		$5.29
000J9361					$122.82
000J9370			1 MG		$7.86
000J9376			NOT FOR SELF-ADMINISTATION.		$92.42
000J9380					$33.26
000J9381		X	PRIOR AUTHORIZATION		$37.65
000J9382					$33.82
000J9390			10 MG		$1.95

000J9393					$21.36
000J9394					$3.32
000J9395			25 MG		$6.97
000J9400					$7.97
000J9999			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY AND INVOICE. USE APROPRIATE HCPCS WHEN AVAILABLE TO AVOID DENIAL.		MP
000P9025			RNE		RNE
000P9026			NOT COVERED		NC
000P9041					$10.61
000P9045			BILL ON DME IF IS PART OF NUTRITION.		$53.07
000P9046					$21.23
000P9047					$53.07
000P9099			REQUIRES REVIEW OF DOCUMENTATION AND INVOICE.		OP ONLY
000Q0138			1MG		$0.30
000Q0139			1MG		$0.30
000Q0155			CROSSOVER ONLY.		ONLY
000Q0162					$0.01
000Q0163			NOT FOR SELF-ADMINISTRATION		$0.02
000Q0164					$0.37
000Q0166					$3.20
000Q0167					$1.67
000Q0169					$0.09
000Q0180			AT TIME OF CHEMOTHERAPY TREATMENT; OUTPATIENT; MAX 1.		$64.42
000Q0244			NO ACTIVE PRODUCTS		NA
000Q0249					$7.56
000Q2017					$2,665.67
000Q2035			18 AND UNDER USE VFC RNE		RNE
000Q2037			RNE		RNE
000Q2038			RNE		RNE
000Q2041		X	PRIOR AUTHORIZATION		MP

000Q2042		X	PRIOR AUTHORIZATION RNE		RNE
000Q2043			REQUIRES DOCUMENTATION AND INVOICE		MP
000Q2049			NO ACTIVE PRODUCTS		NA
000Q2050			REQUIRES DOCUMENTATION AND INVOICE		$109.28
000Q2053					MP
000Q2054		X	PRIOR AUTHORIZATION		MP
000Q2055		X	PRIOR AUTHORIZATION		MP
000Q2056		X	PRIOR AUTHORIZATION		MP
000Q2057		X	PRIOR AUTHORIZATION		MP
000Q2058		X	REQUIRES PRIOR AUTHORIZATION		MP
000Q3027		X	PRIOR AUTHORIZATION		$76.87
000Q4074					$158.91
000Q4081			100 UNITS		$0.76
000Q4101					$30.30
000Q4102					$11.70
000Q4103					$12.38
000Q4104					$53.75
000Q4105					$26.08
000Q4106			NO ACTIVE PRODUCTS		NA
000Q4107			RNE		RNE
000Q4108					$49.11
000Q4110			NOT COVERED		NC
000Q4111			NOT COVERED		NC
000Q4112			RNE		RNE
000Q4113			NOT COVERED		NC
000Q4114			NOT COVERED		NC
000Q4115					$14.47
000Q4116			RNE		RNE
000Q4117			NOT COVERED		NC
000Q4118					$2.55
000Q4121			REQUIRES DOCUMENTATION		$48.85
000Q4123			NOT COVERED		NC
000Q4124					$2.48

000Q4126					$59.81
000Q4127					$68.48
000Q4128					$30.69
000Q4132					$89.18
000Q4133					$136.17
000Q4137			NOT COVERED		NC
000Q4141			NOT COVERED		NC
000Q4142			NOT COVERED		NC
000Q4143			NOT COVERED		NC
000Q4145			NOT COVERED		NC
000Q4147			NOT COVERED		NC
000Q4148			NOT COVERED		NC
000Q4150			NOT COVERED		NC
000Q4151			NOT COVERED		NC
000Q4152			NOT COVERED		NC
000Q4153			NOT COVERED		NC
000Q4154			NOT COVERED		NC
000Q4155			NOT COVERED		NC
000Q4156			NOT COVERED		NC
000Q4157			NOT COVERED		NC
000Q4158			NOT COVERED		NC
000Q4159			NOT COVERED		NC
000Q4160			NOT COVERED		NC
000Q4161			NOT COVERED		NC
000Q4162			NOT COVERED		NC
000Q4163			NOT COVERED		NC
000Q4164			NOT COVERED		NC
000Q4165			NOT COVERED		NC
000Q4166			NOT COVERED		NC
000Q4167			NOT COVERED		NC
000Q4168			NOT COVERED		NC
000Q4169			NOT COVERED		NC
000Q4170			NOT COVERED		NC

000Q4171			NOT COVERED		NC
000Q4173			NOT COVERED		NC
000Q4174			NOT COVERED		NC
000Q4175			NOT COVERED		NC
000Q4176			NOT COVERED		NC
000Q4177			NOT COVERED		NC
000Q4178			NOT COVERED		NC
000Q4179			NOT COVERED		NC
000Q4180			NOT COVERED		NC
000Q4181			NOT COVERED		NC
000Q4182					$42.00
000Q4183			NOT COVERED		NC
000Q4184			NOT COVERED		NC
000Q4185			NOT COVERED		NC
000Q4186			ONLY DIABETIC NONHEALING ULCER. REQUIRES NOTES TO SHOW HEALING POGRESSION.		$150.33
000Q4187			NOT COVERED		NC
000Q4188			NOT COVERED		NC
000Q4189			NOT COVERED		NC
000Q4190			NOT COVERED		NC
000Q4191			NOT COVERED		NC
000Q4192			NOT COVERED		NC
000Q4193			NOT COVERED		NC
000Q4194			NOT COVERED		NC
000Q4195			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		$107.91
000Q4196			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		$98.54
000Q4197					$71.03
000Q4198			NOT COVERED		NC
000Q4199					$130.25
000Q4200			NOT COVERED		NC

000Q4201			NOT COVERED		NC
000Q4202			RNE		RNE
000Q4203			NOT COVERED		NC
000Q4204			NOT COVERED		NC
000Q4214			NOT COVERED		NC
000Q4222			NOT COVERED		NC
000Q4224			NOT COVERED		NC
000Q4225			NOT COVERED		NC
000Q4226			NOT COVERED		NC
000Q4227			NOT COVERED		NC
000Q4229			NOT COVERED		NC
000Q4230			NOT COVERED		NC
000Q4232			NOT COVERED		NC
000Q4233			NOT COVERED		NC
000Q4234			NOT COVERED		NC
000Q4235			NOT COVERED		NC
000Q4237			NOT COVERED		NC
000Q4238			NOT COVERED		NC
000Q4239			NOT COVERED		NC
000Q4240			NOT COVERED		NC
000Q4241			NOT COVERED		NC
000Q4245			NOT COVERED		NC
000Q4246			NOT COVERED		NC
000Q4247			NOT COVERED		NC
000Q4248			NOT COVERED		NC
000Q4249			NOT COVERED		NC
000Q4250			NOT COVERED		NC
000Q4251			NOT COVERED		NC
000Q4252					$53.00
000Q4253			NOT COVERED		NC
000Q4254			NOT COVERED		NC
000Q4255			NOT COVERED		NC
000Q4256			NOT COVERED		NC

000Q4257			NOT COVERED		NC
000Q4258			NOT COVERED		NC
000Q4259					$941.45
000Q4260			RNE		RNE
000Q4261					$773.06
000Q4262			NOT COVERED		NC
000Q4263			NOT COVERED		NC
000Q4264			NOT COVERED		NC
000Q4265			NOT COVERED		NC
000Q4266			NOT COVERED		NC
000Q4267			NOT COVERED		NC
000Q4268			NOT COVERED		NC
000Q4269			NOT COVERED		NC
000Q4270			NOT COVERED		NC
000Q4271			NOT COVERED		NC
000Q4272			NOT COVERED		NC
000Q4273			NOT COVERED		NC
000Q4274			NOT COVERED		NC
000Q4275			NOT COVERED		NC
000Q4276			NOT COVERED		NC
000Q4278					$265.11
000Q4279					$2,385.00
000Q4280			NOT COVERED		NC
000Q4281			NOT COVERED		NC
000Q4282					$336.76
000Q4283			NOT COVERED		NC
000Q4284			RNE		RNE
000Q4285			NOT COVERED		NC
000Q4286			NOT COVERED		NC
000Q4287			NOT COVERED		NC
000Q4288			NOT COVERED		NC
000Q4289			NOT COVERED		NC
000Q4290			NOT COVERED		NC

000Q4291					$3,107.88
000Q4292					$1,281.60
000Q4293					$1,584.70
000Q4294			NOT COVERED		NC
000Q4295			NOT COVERED		NC
000Q4296					$1,455.14
000Q4297					$1,697.35
000Q4298					$171.48
000Q4299			NOT COVERED		NC
000Q4300					$2,114.70
000Q4301					$1,806.33
000Q4302			NOT COVERED		NC
000Q4303			NOT COVERED		NC
000Q4304					$613.68
000Q4305			NOT COVERED		NC
000Q4306			NOT COVERED		NC
000Q4307			NOT COVERED		NC
000Q4308			NOT COVERED		NC
000Q4309					$1,308.55
000Q4310			NOT COVERED		NC
000Q4311			NOT COVERED		NC
000Q4312			NOT COVERED		NC
000Q4313			NOT COVERED		NC
000Q4314			NOT COVERED		NC
000Q4315			NOT COVERED		NC
000Q4316			NOT COVERED		NC
000Q4317			NOT COVERED		NC
000Q4318			RNE		RNE
000Q4319					$636.00
000Q4320					$768.96
000Q4321					$763.20
000Q4322					$1,791.29
000Q4323					$1,574.54

000Q4324					$1,762.20
000Q4325					$2,045.85
000Q4326					$1,082.95
000Q4327			NOT COVERED		NC
000Q4328			NOT COVERED		NC
000Q4329			NOT COVERED		NC
000Q4330			NOT COVERED		NC
000Q4331			NOT COVERED		NC
000Q4332			NOT COVERED		NC
000Q4333					$768.96
000Q4334			NOT COVERED		NC
000Q4335			NOT COVERED		NC
000Q4336			NOT COVERED		NC
000Q4337			NOT COVERED		NC
000Q4338			NOT COVERED		NC
000Q4339			NOT COVERED		NC
000Q4340			NOT COVERED		NC
000Q4341			NOT COVERED		NC
000Q4342			NOT COVERED		NC
000Q4343			NOT COVERED		NC
000Q4344			NOT COVERED		NC
000Q4345			NOT COVERED		NC
000Q4346			NOT COVERED		NC
000Q4347			NOT COVERED		NC
000Q4348			NOT COVERED		NC
000Q4349			NOT COVERED		NC
000Q4350			NOT COVERED		NC
000Q4351			NOT COVERED		NC
000Q4352			NOT COVERED		NC
000Q4353			NOT COVERED		NC
000Q4354					$1,089.36
000Q4355			NOT COVERED		NC
000Q4356			NOT COVERED		NC

000Q4357			NOT COVERED		NC
000Q4358			NOT COVERED		NC
000Q4359			NOT COVERED		NC
000Q4360			NOT COVERED		NC
000Q4361			NOT COVERED		NC
000Q4362			NOT COVERED		NC
000Q4363			NOT COVERED		NC
000Q4364					$3,297.98
000Q4365			NOT COVERED		NC
000Q4366			NOT COVERED		NC
000Q4367			NOT COVERED		NC
000Q4368			RNE		RNE
000Q4369			RNE		RNE
000Q4370			RNE		RNE
000Q4371			RNE		RNE
000Q4372			RNE		RNE
000Q4373					$1,993.96
000Q4375			RNE		RNE
000Q4376			RNE		RNE
000Q4377			RNE		RNE
000Q4378			RNE		RNE
000Q4379			RNE		RNE
000Q4380			RNE		RNE
000Q4382			RNE		RNE
000Q5098			RNE		RNE
000Q5099					$2.50
000Q5100					$3.29
000Q5101			ZARXIO- REQUIRES DOCUMENTATION NOT FOR SELF-ADMINISTRATION		$0.36
000Q5103		X	PRIOR AUTHORIZATION		$19.67
000Q5104		X	PRIOR AUTHORIZATION		$25.05
000Q5105					$0.75
000Q5106					$7.56

000Q5107					$28.84
000Q5108					$103.70
000Q5109			RNE		RNE
000Q5110					$0.28
000Q5111					$136.04
000Q5112					$21.98
000Q5113					$77.49
000Q5114		X	PRIOR AUTHORIZATION		$44.59
000Q5115					$31.18
000Q5116					$28.61
000Q5117					$43.27
000Q5118					$23.93
000Q5119					$26.50
000Q5120					$27.98
000Q5121					$20.88
000Q5122					$132.03
000Q5123					$29.91
000Q5124					$62.15
000Q5125					$0.40
000Q5126					$42.60
000Q5127					$229.11
000Q5128					$86.51
000Q5129					$43.61
000Q5130					$149.21
000Q5133					$5.79
000Q5134		X	RNE		RNE
000Q5135					$4.68
000Q5136					$28.56
000Q5137		X	NOT FOR SELF ADMINISTRATION. REQUIRES PRIOR AUTHORIZATION.		$66.08
000Q5138		X			$11.64
000Q5140		X	RNE		RNE
000Q5141		X	RNE		RNE

000Q5142					$13.86
000Q5143		X	RNE		RNE
000Q5144		X	NOT FOR SELF-ADMINISTRATION.		$24.01
000Q5145		X	PRIOR AUTHORIZATION RNE		RNE
000Q5146					$76.18
000Q5147			NOT FOR SELF-ADMINISTRATION.		$869.08
000Q5148					$0.56
000Q5149			RNE		RNE
000Q5150			RNE		RNE
000Q5151					$32.51
000Q5152					$41.80
000Q5153			RNE		RNE
000Q9950			NOT COVERED		NC
000Q9956					$41.20
000Q9957					$41.20
000Q9958					$0.07
000Q9960			RNE		RNE
000Q9961					$0.28
000Q9963					$0.21
000Q9965					$1.80
000Q9966					$0.44
000Q9967					$0.15
000Q9968					$4.23
000Q9991					$1,976.55
000Q9992					$1,976.55
000Q9996			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY. NOT FOR SELF ADMINISTRATION.		$49.25
000Q9997			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		$9.04
000Q9998			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		$11.50
000Q9999			NOT FOR SELF ADMINISTRATION		$13.85

000S0013		X	PRIOR AUTHORIZATION		$15.91
000S0119			OUTPATIENT ONLY.		OP ONLY
000S1091					$1,842.30
00090281			NOT COVERED		NC
00090283			NOT COVERED		NC
00090287			NOT COVERED		NC
00090288			NOT COVERED		NC
00090291			NOT COVERED		NC
00090371			NOT COVERED		NC
00090375			REQUIRES DOCUMENTATION		$266.43
00090376			NOT COVERED		NC
00090377					$237.10
00090378		X	PRIOR AUTHORIZTION - PER 50 MG		$1,944.46
00090380			NOT COVERED		NC
00090380	SL		NOT TO BE GIVE WITH PALIVIZUMAB IN SAME RSV SEASON		$10.92
00090381			NOT COVERED		NC
00090381	SL		NOT TO BE USED WITH PALIVIZUMAB IN SAME RSV SEASON		$10.92
00090384			NOT COVERED		NC
00090385			NOT COVERED		NC
00090386			NOT COVERED		NC
00090389			NOT COVERED		NC
00090393			NOT COVERED		NC
00090396					$2,435.85
00090399			REQUIRES DOCUMENTATION AND INVOICE RNE		RNE
00090460			NOT COVERED		NC
00090461			NOT COVERED		NC
00090471			DO NOT USE WITH VFC VACCINE OR ALLERGY SHOTS		$20.00
00090472			DO NOT USE WITH VFC IMMUNIZATION OR ALLERGY SHOTS		$15.00

00090473			DO NOT USE WITH VFC IMMUNIZATION		$13.00
00090474			DO NOT USE WITH VFC IMMUNIZATION		$11.00
00090476			NOT COVERED		NC
00090477			NOT COVERED		NC
00090480			RNE		RNE
00090581			REQUIRES MEDICAL DOCUMENTATION		$105.73
00090584			NOT COVERED		NC
00090585			NOT COVERED		NC
00090586					$156.16
00090587			NOT COVERED		NC
00090589			MEDICAL DOCUMENTATION REQUIRED		$293.70
00090593			NOT COVERED		NC
00090611					$288.36
00090611	SL				$10.92
00090619			MEDICAL NECESSITY DOCUMENTATION REQUIRED.		$183.66
00090619	SL		VFC		$10.92
00090620			AGED 19 TO 25 WHEN NEVER BEEN VACCINATED. OTHERS PER MEDICAL NECESSITY WHEN HIGH RISK FOR SEROGROUPB MENINGOCOCCAL INFECTIONS.		$253.25
00090620	SL		VFC		$10.92
00090621			AGED 19 TO 25 WHEN NEVER BEEN VACCINATED. OTHERS PER MEDICAL NECESSITY WHEN AT HIGH RISK FOR SEROGROUPB MENINGOCOCCAL INFECTIONS		$221.42
00090621	SL		VFC		$10.92
00090622			GOVERNMENT SUPPLY IS NOT REIMBURSED.		NA
00090623					$246.44
00090623	SL		VFC		$10.92
00090624			RNE		RNE
00090625					$293.70

00090626		X	PRIOR AUTHORIZATION		$324.57
00090632			REQUIRES DOCUMENTATION		$72.68
00090633			NOT COVERED		NC
00090633	SL		VFC		$10.92
00090634	SL		NOT COVERED		NC
00090636			NOT FOR TRAVEL. DOCUMENTATION MUST SHOW MEDICAL NECESSITY.		$141.44
00090637			RNE		RNE
00090638			RNE		RNE
00090644			NOT COVERED		NC
00090647			NOT COVERED		NC
00090647	SL		VFC		$10.92
00090648					$14.07
00090648	SL		VFC		$10.92
00090649			NOT COVERED		NC
00090649	SL		VFC		$10.92
00090650			NO ACTIVE PRODUCTS		NA
00090650	SL		VFC		$10.92
00090651			AGES TO 26 YEARS PER ACIP RECOMMENDATIONS. AGE 27-45 BASED ON CLNICAL DECISION MAKING.		$328.53
00090651	SL		VFC		$10.92
00090653			RATE EFFECTIVE 8.1.2024		$83.49
00090655			NO CURRENT PRODUCTS		NA
00090655	SL		VFC		$10.92
00090656					$22.35
00090656	SL		VFC		$10.92
00090657			NOT COVERED		NC
00090657	SL		VFC		$10.92
00090658					$21.85
00090658	SL		VFC		$10.92
00090660					$28.87
00090660	SL		VFC		$10.92

00090661			RATE EFFECTIVE 8.1.2024		$36.84
00090661	SL		VFC		$10.92
00090662			65 AND OLDER		$83.49
00090664			NOT COVERED		NC
00090666			NOT COVERED		NC
00090667			NOT COVERED		NC
00090668			NOT COVERED		NC
00090670			REQUIRED-DOCUMENT MEDICAL NECESSITY 19-64 YEARS		$257.98
00090670	SL		VFC		$10.92
00090671			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY 19-64 YEARS.		$261.14
00090671	SL		VFC		$10.92
00090672					$26.17
00090672	SL		VFC		$10.92
00090673					$83.49
00090674					$32.15
00090674	SL		VFC		$10.92
00090675			REQUIRES DOCUMENTATION ALL AGES (NO VFC DISTRIBUTION)		$312.03
00090676			NO ACTIVE PRODUCTS		NA
00090677					$312.90
00090677	SL		VFC		$10.92
00090678			MATERNAL- SEPT-JANUARY 32-36 WEEKS; 60YRS AND OLDER		$327.66
00090678	SL				$10.92
00090679					$327.18
00090680	SL		ORAL VFC		$10.92
00090681	SL		VFC		$10.92
00090682					$68.90
00090683					$309.72
00090684			EFFECTIVE 6/28/24 PER CDC RECOMMENDATION		$327.89

00090685			RNE		RNE
00090685	SL		VFC		$10.92
00090686					$21.07
00090686	SL		VFC		$10.92
00090687					$9.85
00090687	SL		VFC		$10.92
00090688					$19.69
00090688	SL		VFC		$10.92
00090689			RNE		RNE
00090690			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY NOT COVERED FOR TRAVEL		$113.92
00090691			MEDICAL DOCUMENTATION FOR MEDICAL NECESSITY REQUIRED.		$156.54
00090694			DOCUMENTATIN FOR MEDICAL NECESSITY.		$72.60
00090695			RNE		RNE
00090696	SL		VFC MUST HAVE HAD PRIOR DOSES OF DTAP AND/OR DTAP HEPB IPV		$10.92
00090697	SL		VFC		$10.92
00090698			NOT COVERED		NC
00090698	SL		VFC		$10.92
00090700			NOT COVERED		NC
00090700	SL		VFC		$10.92
00090702			NOT COVERED		NC
00090707			REQUIRES DOCUMENTATION		$101.67
00090707	SL		VFC		$10.92
00090710	SL		VFC VACCINE IS PROQUAD		$10.92
00090713			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		$47.77
00090713	SL		VFC-VACCINE IS IPOL		$10.92
00090714			REQUIRES DOCUMENTATION		$36.36
00090714	SL		VFC		$10.92

00090715			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY. ALL PREGNANT WOMEN;ONE PER PREGNANCY. RECOMMENDATIONS BETWEEN 2736 WEEKS OF GEST		$39.70
00090715	SL		VFC		$10.92
00090716			FOR ADULTS PER ACIP RECOMMENDATIONS		$195.44
00090716	SL		VFC		$10.92
00090717			NOT COVERED		NC
00090723	SL		VFC		$10.92
00090732			DOCUMENTATION FOR MEDICAL NECESSITY UNDER 65 Y/O.		$133.47
00090732	SL		FOR HIGH RISK VFC ONLY. MUST CONTACT VFC FOR EACH DOSE.		$10.92
00090733			NOT COVERED		NC
00090733	SL		NOT COVERED		NC
00090734			REQUIRES DOCUMENTATION		$178.09
00090734	SL		VFC		$10.92
00090736			NO ACTIVE PRODUCTS		NA
00090738			NOT COVERED		NC
00090739			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		$177.55
00090740					$164.42
00090743			NOT COVERED		NC
00090743	SL				$0.01
00090744	SL		VFC		$10.92
00090746			REQUIRES DOCUMENTATION		$70.37
00090746	SL		VFC		$10.92
00090747			REQUIRES DOCUMENTATION		$140.75
00090748			NO ACTIVE PRODUCTS		NA
00090748	SL		NOT COVERED		NC
00090749			REQUIRES DOCUMENTATION AND INVOICE. RNE		RNE
00090750			OK FOR THOSE 19 AND TO 64 YEARS 19 TO 49 YEARS WITH MEDICAL NECESSITY.		$230.16

00090756			REQUIRES MEDICAL NECESSITY		$30.46
00090758		X	PRIOR AUTHORIZATION. RNE		RNE
00090759					$73.81
00091302			NOT COVERED		NC
00091304			RATE CURRENT AS OF 8.22.24		$161.53
00091304	SL				$10.92
00091318	SL				$10.92
00091319	SL				$10.92
00091320			RATE EFFECTIVE AS OF 8.22.24		$155.89
00091320	SL				$10.92
00091321			NOT COVERED		NC
00091321	SL				$10.92
00091322			RATE EFFECTIVE AS OF 8.22.24		$161.65
00091322	SL				$10.92
00091324			NOT COVERED		NC
00091325			NOT COVERED		NC