

PRESCRIBED DRUGS PHYSICIAN ADMINISTERED FEE SCHEDULE 2019

CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J0129	ABATACEPT 10MG	100	39.48	
J0153	ADENOSINE 1MG	180	0.73	
J0171	ADRENALIN EPINEPHRINE 0.1MG	20	0.74	
J0178	AFLIBERCEPT 1MG	4	925.00	
J0180	AGALSIDASE BETA 1MG	125	168.40	
J0202	ALEMTUZUMAB 1MG	12	1842.13	
J0220	ALGLUCOSIDASE ALFA 10MG NOS	1	195.00	
J0221	ALGLUCOSIDASE ALFA 10MG (LUMIZYME)	250	163.83	
J0256	ALPHA 1 PROTEINASE INHIBITOR (HUMAN) 10MG NOS	1000	4.46	
J0257	ALPHA 1 PROTEINASE INHIBITOR HUMAN (GLASSIA) 10MG	1000	4.65	
J0278	AMIKACIN SULFATE 100MG	15	1.12	
J0280	AMINOPHYLLINE UP TO 250MG	7	3.20	
J0285	AMPHOTERICIN B 50MG	5	31.67	
J0287	AMPHOTERICIN B LIPID COMPLEX 10MG	50	8.07	
J0289	AMPHOTERICIN B LIPOSOME 10MG	50	22.19	
J0290	AMPICILLIN SODIUM UP TO 500MG	24	0.99	
J0295	AMPICILLIN SODIUM/SULBACTAM SODIUM PER 1.5GM	12	2.62	
J0348	ANIDULAFUNGIN 1MG	200	0.54	
J0401	ARIPIRAZOLE EXTENDED RELEASE 1MG	400	4.93	
J0456	AZITHROMYCIN 500MG	4	2.76	
J0461	ATROPINE SULFATE 0.01MG	200	0.07	
J0475	BACLOFEN PER 10MG	8	169.75	
J0476	BACLOFEN 50MCG FOR INTRATHECAL TRIAL	2	30.00	
J0485	BELATACEPT 1MG	1,500	3.79	
J0490	BELIMUMAB 10MG	160	42.02	
J0500	DICYCLOMINE HCL UP TO 20MG	4	50.00	
J0515	BENZTROPINE MESYLATE PER 1MG	3	18.47	
J0558	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE 100,000 UNITS	24	9.55	
J0561	PENICILLIN G BENZATHINE 100,000 UNITS	24	9.55	
J0567	CERLIPONASE ALFA 1MG	300	90.00	
J0585	ONABOTULINUMTOXINA A 1 UNIT	600	6.14	
J0586	ABOBOTULINUMTOXINA A 5 UNITS	300	8.42	
J0587	RIMABOTULINUM TOXIN B 100 UNITS	300	12.00	
J0588	INCOBOTULINUM TOXIN A 1 UNIT	600	5.08	
J0595	BUTORPHANOL TARTRATE 1MG	8	2.62	
J0597	C-1 ESTERASE INHIBITOR HUMAN (BERINET) 10 UNITS	250	48.92	
J0598	C-1 ESTERASE INHIBITOR HUMAN (CYNRYZE) 10 UNITS	100	54.02	
J0636	CALCITRIOL PER 0.1MCG	100	0.45	ALSO FOR FREE STANDING DIALYSIS CENTERS
J0637	CASPOFUNGIN ACETATE 5MG	20	10.02	
J0638	CANAKINUMAB 1MG	150	107.03	

PRESCRIBED DRUGS PHYSICIAN ADMINISTERED FEE SCHEDULE 2019

CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J0670	MEPIVACAINE HCL PER 10ML	10	1.61	
J0690	CEFAZOLIN SODIUM 500MG	12	0.83	
J0692	CEFEPIME HCL 500MG	17	2.47	
J0694	CEFOXITIN SODIUM 1GM	8	3.54	
J0696	CEFTRIAZONE SODIUM PER 250MG	16	0.59	
J0697	STERILE CEFUROXIME SODIUM PER 750MG	4	1.96	
J0698	CEFOTAXIME SODIUM PER GRAM	10	2.45	
J0702	BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	18	3.74	
J0712	CEFTAROLINE FOSAMIL 10MG	120	2.89	
J0713	CEFTAZIDIME PER 500MG	12	2.10	
J0717	CERTOLIZUMAB PEGOL 1MG	400	7.89	
J0725	CHORIONIC GONADOTROPIN PER 1,000 USP UNITS	10	22.60	
J0735	CLONIDINE HYDROCHLORIDE 1MG	50	13.43	
J0740	CIDOFOVIR 375MG	2	478.07	
J0743	CILASTATIN SODIUM IMPENEM PER 250MG	16	5.98	
J0744	CIPROFLOXACIN IV 200MG	6	1.45	
J0770	COLISTIMETHATE SODIUM UP TO 150MG	5	15.30	
J0775	COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01MG	180	45.05	
J0780	PROCHLORPERAZINE UP TO 10MG	4	10.06	
J0795	CORTICORELIN OVINE TRIFLUTATE 1MCG	100	8.59	
J0834	COSYNTROPIN 0.25MG	3	36.00	
J0878	DAPTOMYCIN 1MG	1500	0.32	
J0881	DARBEOETIN ALFA 1MCG	500	3.77	FOR NON-ESRD USE
J0882	DARBEOETIN ALFA 1MCG	300	3.77	FOR ESRD ON DIALYSIS
J0885	EPOETIN ALFA 1,000 UNITS	60	11.95	FOR NON-ESRD USE
J0887	EPOETIN BETA 1MCG	360	1.72	FOR ESRD ON DIALYSIS
J0888	EPOETIN BETA 1MCG (FOR NON-ESRD USE)	360	1.72	
J0895	DEFEROXAMINE MESYLATE 500MG	12	7.91	
J0897	DENOSUMAB 1MG	120	18.38	
J1000	DEPO-ESTRADIOL CYPIONATE UP TO 5MG	1	21.94	
J1020	METHYLPREDNISOLONE ACETATE 20MG	8	4.01	
J1030	METHYLPREDNISOLONE ACETATE 40MG	8	6.60	
J1040	METHYLPREDNISOLONE ACETATE 80MG	4	12.86	
J1050	MEDROXYPROGESTERONE ACETATE 1MG	1,000	0.56	
J1071	TESTOSTERONE CYPIONATE 1MG	400	0.03	
J1100	DEXAMETHASONE SODIUM PHOSPHATE 1MG	120	0.11	
J1170	HYDROMORPHONE UP TO 4MG	350	1.90	
J1200	DIPHENHYDRAMINE HCL UP TO 50MG	8	0.54	
J1245	DIPYRIDAMOLE PER 10MG	6	0.86	
J1250	DOBUTAMINE HCL 250MG	2	5.22	
J1267	DORIPENEM 10MG	150	0.89	
J1270	DOXERCALCIFEROL 1 MCG	8	0.47	ALSO FOR FREE STANDING DIALYSIS CENTERS

PRESCRIBED DRUGS PHYSICIAN ADMINISTERED FEE SCHEDULE 2019

CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J1290	ECALLANTIDE 1MG	30	459.54	
J1300	ECULIZUMAB 10MG	120	217.43	
J1322	ELOSULFASE ALFA 1MG	150	222.20	
J1335	ERTAPENEM SODIUM 500MG	2	53.61	
J1364	ERYTHROMYCIN LACTOBIONATE PER 500MG	2	68.26	
J1380	ESTRADIOL VALERATE UP TO 10MG	1	12.47	
J1439	FERRIC CARBOXYMALTOSE 1MG	750	1.06	
J1450	FLUCONAZOLE 200MG	4	4.68	
J1455	FOSCARNET SODIUM PER 1,000MG	18	12.50	
J1458	GALSULFASE 1MG	100	389.95	
J1570	GANCICLOVIR SODIUM 500MG	2	56.25	
J1580	GARAMYCIN GENTAMICIN UP TO 80MG	9	1.12	ALSO FOR FREE STANDING DIALYSIS CENTERS
J1602	GOLIMUMAB FOR IV USE 1MG	300	23.33	
J1610	GLUCAGON HYDROCHLORIDE PER 1MG	1	214.39	
J1628	GUSELKUMAB 1MG	100	108.59	
J1630	HALOPERIDOL UP TO 5MG	5	0.94	
J1631	HALOPERIDOL DECANOATE PER 50MG	3	17.35	
J1645	DALTEPARIN SODIUM PER 2,500IU	4	13.94	
J1650	ENOXAPARIN SODIUM 10MG	16	0.77	
J1652	FONDAPARINUX SODIUM 0.5MG	20	2.07	
J1670	TETANUS IMMUNE GLOBULIN HUMAN UP TO 250 UNITS	1	255.70	
J1720	HYDROCORTISONE SODIUM SUCCINATE UP TO 100MG	8	9.34	
J1726	HYDROXYPROGESTERONE CAPROATE (MAKENA) 10MG	28	30.57	
J1729	HYDROXYPROGESTERONE CAPROATE 1MG	700	2.96	
J1740	IBANDRONATE SODIUM 1MG	3	55.44	
J1743	IDURSULFASE 1MG	45	510.08	
J1745	INFLIXIMAB 10MG	150	76.65	
J1746	IBALIZUMAB-UIYK 10MG	200	56.75	
J1750	IRON DEXTRAN 50MG	70	13.62	
J1756	IRON SUCROSE 1MG	500	0.23	ALSO FOR FREE STANDING DIALYSIS CENTERS
J1786	IMIGLUCERASE PER 10 UNITS	680	39.65	
J1815	INSULIN PER 5 UNITS	20	0.89	
J1885	KETOROLAC TROMETHAMINE PER 15MG	8	0.51	
J1930	LANREOTIDE 1MG	120	58.77	
J1931	LARONIDASE 0.1MG	377	29.33	
J1940	FUROSEMIDE UP TO 20MG	6	0.83	
J1942	ARIPIRAZOLE LAUROXIL 1MG	1064	2.44	
J1950	LEUPROLIDE ACETATE PER 3.75MG (FOR DEPOT SUSPENSION)	12	1110.25	
J1953	LEVETIRACETAM 10MG	300	0.14	

PRESCRIBED DRUGS PHYSICIAN ADMINISTERED FEE SCHEDULE 2019

CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J1955	LEVOCARNITINE 1GM	90	19.67	ALSO FOR FREE STANDING DIALYSIS CENTERS
J1956	LEVOFLOXACIN 250MG	4	1.40	
J2010	LINCOMYCIN HCL UP TO 300MG	10	11.87	
J2020	LINEZOLID 200MG	6	8.51	
J2060	LORAZEPAM 2MG	4	0.73	
J2150	MANNITOL 25% IN 50ML	8	1.83	
J2175	MEPERIDINE HCL PER 100MG	4	2.68	
J2182	MEPOLIZUMAB 1MG	300	28.69	
J2185	MEROPENEM 100MG	30	0.89	
J2210	METHYLERGONOVINE MALEATE UP TO 0.2MG	1	6.96	
J2248	MICAFUNGIN SODIUM 1MG	150	0.89	
J2250	MIDAZOLAM HYDROCHLORIDE PER 1MG	22	0.13	
J2270	MORPHINE SULFATE UP TO 10MG	9	2.22	
J2274	MORPHINE SULFATE PRESERVATIVE FREE FOR EPIDURAL OR INTRATHECAL USE 10MG	100	10.89	
J2278	ZICONOTIDE 1MCG	1000	7.16	
J2280	MOXIFLOXACIN 100MG	4	8.11	
J2300	NALBUPHINE HYDROCHLORIDE PER 10MG	4	2.86	
J2310	NALOXONE HYDROCHLORIDE PER 1MG	4	17.72	
J2315	NALTREXONE DEPOT FORM 1MG	380	3.26	
J2323	NATALIZUMAB 1MG	300	19.73	
J2350	OCRELIZUMAB 1MG	600	54.17	
J2353	OCTREOTIDE DEPOT FORM INTRAMUSCULAR 1MG	60	185.95	
J2354	OCTREOTIDE NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION PER 25MCG	60	0.84	
J2357	OMALIZUMAB 5MG	90	35.09	
J2358	OLANZAPINE LONG ACTING 1MG	405	2.85	
J2407	ORTAVANCIN 10MG	120	23.08	
J2426	PALIPERIDONE PALMITATE ER 1MG	234	9.15	
J2501	PARICALCITOL 1MCG	2	0.55	ALSO FOR FREE STANDING DIALYSIS CENTERS
J2503	PEGAPTANIB SODIUM 0.3MG	2	713.86	REQUIRES RT/LT MODIFIER
J2504	PEGADEMASE BOVINE 25IU	100	312.35	
J2507	PEGLOTICASE 1MG	8	2,334.59	
J2510	PENICILLIN G, PROCAINE, AQUEOUS UP TO 600,000 UNITS	4	19.55	
J2540	PENICILLIN G POTASSIUM UP TO 600,000 UNITS	3	1.03	
J2543	PIPERACILLIN/TAZOBACTAM SODIUM 1GM/0.135GM (1.125GMS)	16	1.94	
J2545	PENTAMIDINE ISETHIONATE INHALATION SOLUTION UNIT DOSE FORM PER 300MG	1	109.69	
J2550	PROMETHAZINE HCL UP TO 50MG	3	1.62	

PRESCRIBED DRUGS PHYSICIAN ADMINISTERED FEE SCHEDULE 2019

CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J2590	OXYTOCIN UP TO 10 UNITS	3	1.86	
J2597	DESMOPRESSIN ACETATE PER 1MCG	45	8.70	
J2675	PROGESTERONE PER 50MG	1	1.51	
J2680	FLUPHENAZINE DECANOATE UP TO 25MG	4	14.31	
J2700	OXACILLIN SODIUM UP TO 250MG	48	1.82	
J2704	PROPOFOL 10MG	9999	0.11	
J2765	METOCLOPRAMIDE HCL UP TO 10MG	10	0.57	
J2778	RANIBIZUMAB 0.1MG	10	363.98	REQUIRES RT/LT MODIFIER
J2780	RANITIDINE HCL 25MG	16	2.98	
J2785	REGADENOSON 0.1MG	4	45.57	
J2786	RESLIZUMAB 1MG	500	8.60	
J2788	RHO D IMMUNE GLOBULIN HUMAN MINIDOSE 50MCG (250IU)	1	28.14	
J2790	RHO D IMMUNE GLOBULIN HUMAN FULL DOSE 300MCG (1,500IU)	1	80.67	
J2791	RHO D IMMUNE GLOBULIN HUMAN INTRAMUSCULAR OR INTRAVENOUS (RHOPHYLAC) PER 100IU	15	4.80	
J2792	RHO D IMMUNE GLOBULIN IV HUMAN SD 100IU	250	27.02	
J2794	RISPERIDONE LA 0.5MG	100	9.41	
J2796	ROMIPLOSTIM 10MCG	150	68.81	
J2916	SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE 12.5MG	20	1.94	ALSO FOR FREE STANDING DIALYSIS CENTERS
J2920	METHYLPREDNISOLONE SODIUM SUCCINATE UP TO 40MG	25	4.72	
J2930	METHYLPREDNISOLONE SODIUM SUCCINATE UP TO 125MG	25	6.93	
J2997	ALTEPLASE RECOMBINANT 1MG	8	87.75	ALSO FOR FREE STANDING DIALYSIS CENTERS
J3000	STREPTOMYCIN UP TO 1GM	2	6.39	
J3010	FENTANYL CITRATE 0.1MG	100	0.53	
J3030	SUMATRIPTAN SUCCINATE 6MG	1	49.74	
J3060	TALIGLUCERACE ALFA 10 UNITS	760	38.97	
J3095	TELEVANCIN 10MG	150	4.84	
J3105	TERBUTALINE SULFATE UP TO 1MG	2	1.98	
J3121	TESTOSTERONE ENANTHATE 1MG	400	0.04	
J3230	CHLORPROMAZINE HCL UP TO 50MG	2	22.34	
J3243	TIGECYCLINE 1MG	150	1.87	
J3250	TRIMETHOBENZAMIDE HCL UP TO 200MG	2	16.52	
J3260	TOBRAMYCIN SULFATE UP TO 80MG	8	2.92	ALSO FOR FREE STANDING DIALYSIS CENTERS
J3262	TOCILIZUMAB 1MG	800	4.73	
J3300	TRIAMCINOLONE ACETONIDE PRESERVATIVE FREE 1MG	160	3.70	

PRESCRIBED DRUGS PHYSICIAN ADMINISTERED FEE SCHEDULE 2019

CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J3301	TRIAMCINOLONE ACETONIDE PRESERVATIVE FREE PER 10MG	16	1.70	
J3303	TRIAMCINOLONE HEXACETONIDE PER 5MG	24	1.74	
J3357	USTEKINUMAB 1MG (SUBCUTANEOUS ONLY)	90	184.05	
J3358	USTEKINUMAB 1MG (INTRAVENOUS ONLY)	520	12.19	
J3360	DIAZEPAM UP TO 5MG	6	3.09	
J3370	VANCOMYCIN HCL UP TO 500MG	12	3.41	ALSO FOR FREE STANDING DIALYSIS CENTERS
J3380	VEDOLIZUMAB 1MG	300	18.79	
J3385	VELAGLUCERASE ALFA 100 UNITS	80	344.25	
J3396	VERTEPORFIN 0.1MG	150	10.95	
J3410	HYDROXYZINE HCL UP TO 25MG	8	3.25	
J3430	VITAMIN K PHYTONADIONE PER 1MG	25	3.75	
J3465	VORICONAZOLE 10MG	40	1.78	
J3473	HYALURONIDASE RECOMBINANT 1USP UNIT	450	0.36	
J3475	MAGNESIUM SULFATE PER 500MG	80	0.36	
J3480	POTASSIUM CHLORIDE PER 2MEQ	40	0.14	
J3486	ZIPRASIDONE MESYLATE 10MG	4	17.58	
J3489	ZOLEDRONIC ACID 1MG	5	12.45	
J3490	UNCLASSIFIED INJECTION			MEDICAL REVIEW
J3590	UNCLASSIFIED BIOLOGICS			MEDICAL REVIEW
J7030	NORMAL SALINE SOLUTION INFUSION 1,000CC	5	2.52	
J7040	NORMAL SALINE SOLUTION INFUSION STERILE N(500ML = 1 UNIT)	6	1.26	
J7042	5% DEXTROSE/NORMAL SALINE INFUSION (500ML = 1 UNIT)	6	1.00	
J7050	NORMAL SALINE SOLUTION INFUSION 250CC	10	0.63	
J7060	5% DEXTROSE/WATER (500ML = 1 UNIT)	10	2.48	
J7070	D-5-W INFUSION 1,000CC	4	3.19	
J7120	RINGERS LACTATE INFUSION UP TO 1,000CC	4	2.45	
J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA) 19.5MG	1	908.97	
J7297	LEVONORGESTREL INTRAUTERINE CONTRACEPTIVE SYSTEM 52MG 3 YEAR	1	684.38	
J7298	LEVONORGESTREL INTRAUTERINE CONTRACEPTIVE SYSTEM 52MG 5 YEAR	1	908.97	
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	1	808.50	
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM 13.5MG	1	756.87	
J7307	ETONOGESTREL CONTRACEPTIVE IMPLANT SYSTEM	1	890.30	INCLUDES IMPLANT AND SUPPLIES
J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	1	19,025.00	REQUIRES RT/LT MODIFIER
J7312	DEXAMETHASONE INTRAVITREAL IMPLANT 0.1MG	14	193.29	REQUIRES RT/LT MODIFIER

PRESCRIBED DRUGS PHYSICIAN ADMINISTERED FEE SCHEDULE 2019

CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J7313	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	38	463.16	REQUIRES RT/LT MODIFIER
J7316	OCRIPLASMIN 0.125MG	3	836.34	REQUIRES RT/LT MODIFIER
J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1MG	60	16.25	
J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE	2	79.91	REQUIRES RT/LT MODIFIER
J7323	HYALURONAN OR DERIVATIVE (EUFLEXXA) FOR INTRA-ARTICULAR INJECTION PER DOSE	2	141.03	REQUIRES RT/LT MODIFIER
J7324	HYALURONAN OR DERIVATIVE (ORTHOVISC) FOR INTRA-ARTICULAR INJECTION PER DOSE	2	146.91	REQUIRES RT/LT MODIFIER
J7325	HYALURONAN OR DERIVATIVE (SYNVISC OR SYNVISC ONE) FOR INTRA-ARTICULAR INJECTION 1MG	96	11.83	REQUIRES RT/LT MODIFIER
J7328	HYALURONAN OR DERIVATIVE, GELSYN-3, FOR INTRA-ARTICULAR INJECTION, 0.1MG	336	2.05	REQUIRES RT/LT MODIFIER
J7329	HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1MG	25	6.79	REQUIRES RT/LT MODIFIER
J7342	CIPROFLOXACIN OTIC SUSPENSION 6MG	2	283.20	REQUIRES RT/LT MODIFIER
J7999	COMPOUNDED DRUG			MEDICAL REVIEW
J9226	HISTRELIN (SUPPRELIN LA) IMPLANT 50MG	1	20767.65	
Q0138	FERUMOXYTOL NON-ESRD 1MG	510	0.73	
Q4081	EPOETIN ALFA 100 UNITS	500	1.20	ALSO FOR FREE STANDING DIALYSIS CENTERS
Q5101	FILGRASTIM-SNDZ; BIOSIMILAR 1MCG (ZARXIO)	1500	0.64	
Q5105	EPOETIN ALFA, BIOSIMILAR 100 UNITS (RETACRIT) FOR ESRD ON DIALYSIS	100	1.10	ALSO FOR FREE STANDING DIALYSIS CENTERS
Q5106	EPOETIN ALFA, BIOSIMILAR 1000 UNITS (RETACRIT) FOR NON-ESRD ON DIALYSIS	60	11.03	
Q9957	PERFLUTREN LIPID MICROSPHERES PER ML	3	48.69	
S0080	PENTAMIDINE ISETHIONATE 300MG	1	166.00	
Q9991	BUPRENORPHINE EXTENDED-RELEASE; 100MG OR LESS	1	1674.80	
Q9992	BUPRENORPHINE EXTENDED-RELEASE; OVER 100MG	1	1674.80	