

Physician-Administered Drugs

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This section lists the drug products and units of measure for physician-administered drugs that are only given, administered, implanted or inserted by physicians or other qualified medical practitioners and are reimbursable as pharmacy benefits. Pharmacy claims for drugs and devices listed in this section are billed using the product National Drug Code (NDC).

*** Aripiprazole Extended Release Long-Acting Injectable Suspension**

* Requires a *Treatment Authorization Request* (TAR).

Powder for injection kit	300 mg	ea
Powder for injection kit	400 mg	ea

*** Aripiprazole Lauroxil Extended Release Long-Acting Injectable Suspension**

* Requires a *Treatment Authorization Request* (TAR).

Injection kit	441 mg/1.6 ml	ml
Injection kit	662 mg/2.4 ml	ml
Injection kit	882 mg/3.2 ml	ml
Injection kit	1064 mg/3.9 ml	ml

*** Blinatumomab †**

* Requires a *Treatment Authorization Request* (TAR). †

Kit	35 mcg	ea †
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Buprenorphine Extended Release Injectable Solution

Injection kit	100 mg/0.5 ml	ml
Injection kit	300 mg/1.5 ml	ml

«**Note:** *Treatment Authorization Request* (TAR) not required.»

Copper Intrauterine Device

Carton	1 unit	ea
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Note: *Treatment Authorization Request (TAR)* not required.

*** Hydroxyprogesterone Caproate**

* Requires a *Treatment Authorization Request (TAR)*. Also restricted to NDC labeler code 64011 (AMAG Pharmaceuticals, Inc./Lumara Health) only.

1 ml vial	250 mg/ml	ml
5 ml vial	250 mg/ml	ml
1.1 ml autoinjector	250 mg/ml	ml

Levonorgestrel

System	17.5 mcg/24 h, 1 unit	ea
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Note: Kyleena® 19.5 mg system. *Treatment Authorization Request (TAR)* not required.

Naltrexone Extended Release Injectable Suspension

Kit	380 mg	ea
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«**Note:** *Treatment Authorization Request (TAR)* not required.»

*** Olanzapine**

* Requires a *Treatment Authorization Request (TAR)*.

Vial	10 mg	ea
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*** Olanzapine Pamoate**

* Requires a *Treatment Authorization Request (TAR)*.

Kit	210 mg	ea
Kit	300 mg	ea
Kit	405 mg	ea

* **Paliperidone Palmitate**

* Requires a *Treatment Authorization Request (TAR)*.

Kit	39 mg/0.25 ml	ml
Kit	78 mg/0.5 ml	ml
Kit	117 mg/0.75 ml	ml
Kit	156 mg/1.0 ml	ml
Kit	234 mg/1.5 ml	ml
Kit	273 mg/0.875 ml	ml
Kit	410 mg/1.315 ml	ml
Kit	546 mg/1.75 ml	ml
Kit	819 mg/2.625 ml	ml

* **Palivizumab**

* Requires a *Treatment Authorization Request (TAR)*.

0.5 ml vial	50 mg/0.5 ml	ml
1 ml vial	100 mg/ml	ml

*** Risperidone Extended-Release Injection ††**

* Requires a *Treatment Authorization Request* (TAR). ††

Kit	90 mg	ea ††
Kit	120 mg	ea ††

*** Risperidone Long-Acting Injection**

* Requires a *Treatment Authorization Request* (TAR).

Kit	12.5 mg	ea
Kit	25 mg	ea
Kit	37.5 mg	ea
Kit	50 mg	ea

«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
†	Effective December 1, 2014
††	Effective January 1, 2019
*	Code I. See paragraph (2) of “General Provisions” in the <i>Drugs: Contract Drugs List Introduction</i> section of this manual regarding authorization and prescription documentation requirements.
+	Frequency of billing requirement. See paragraph (3) of “General Provisions” in the <i>Drugs: Contract Drugs List Introduction</i> section regarding information and exceptions.
¥	Cost is based on this package size. See paragraph (4) of “General Provisions” in the <i>Drugs: Contract Drugs List Introduction</i> section for more information.
§	Authorization not needed for continuing care. See paragraph (6) of “General Provisions” in the <i>Drugs: Contract Drugs List Introduction</i> section for more information.
£	Drug is exempt from the monthly drug claim line limit. See paragraph (7) of “General Provisions” in the <i>Drugs: Contract Drugs List Introduction</i> section for more information.