Effective Date **7/1/2024**
Coverage Policy Number **2027**

Drug and Biologic Medical Necessity (Injectables) - medical benefits

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INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This Coverage Policy addresses coverage of Injectable Drugs and Biologics, not otherwise specified, allowed under plan medical benefits.

Cigna maintains individual and/or group topic Coverage Policies describing medical necessity criteria for certain drug and biologic products requiring precertification. Use the Pharmacy (Drugs & Biologics) A-Z Index search box with a specific product name to locate additional coverage policies.

Oncology medications are addressed in a separate coverage policy. Please refer to the related coverage policy link above.

Coverage Policy

Absent specific coverage policies, Injectable Drugs or Biologics are considered medically necessary, in accordance with benefit plan specifications, when EITHER of the following criteria is met:

- Use is approved and listed in the FDA product information (Label) [see below table]

- Use is supported by standard medical reference compendia [for example, American Hospital Formulary Service-Drug Information (AHFS-DI)], and not contraindicated or otherwise not recommended in the FDA product information (Label) [see below table]

When coverage is available and medical necessary, the dosage, frequency, duration of therapy, and site of administration should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Any other use is considered experimental, investigational or unproven.

Dose, duration, frequency, or quantity exceeding generally accepted medical practice standards is considered not medically necessary.

Documentation: When documentation is required, the prescriber must provide written documentation supporting the trials of these other agents. Documentation may include, but is not limited to, chart notes, prescription claims records, and/or prescription receipts.

Products Subject to Medically Necessity Review

The following list of drugs and biologics may be subject to medical necessity review if dose, duration, frequency, or quantity exceed generally accepted medical practice standards supported by the FDA product information (Label), standard medical reference compendia, and/or evidence-based literature: (this list may not be all-inclusive and is subject to change)

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
90375	Rabies Immune Globulin (RIg), human, for intramuscular and/or subcutaneous use (HyperRAB S/D)	Adult • Rabies, postexposure prophylaxis	Adult Max dose: 20 units/kg according to the prescribing information. Usual dose: 20 units/kg in a single dose Pediatric Safety and effectiveness in the pediatric population have not been established.
90376	Rabies Immune Globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use (Imogam Rabies-HT)	Adult / Pediatric • Rabies, postexposure prophylaxis	Adult / Pediatric Max dose: 20 units/kg according to the prescribing information. Usual dose: 20 units/kg in a single dose
90377	Rabies Immune Globulin, heat- and solvent/ detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use) (Kedrab)	Adult/Pediatrics • Rabies, postexposure prophylaxis	Adult / Pediatric Max dose: 20 units/kg according to the prescribing information. Usual dose: 20 units/kg in a single dose
C9113	Injection, pantoprazole sodium, per vial (Protonix I.V.)	Adult • Gastroesophageal reflux disease associated with a history of erosive esophagitis • Zollinger-Ellison syndrome • Aspiration prophylaxis in patients undergoing anesthesia	Adult Max dose: • Gastroesophageal reflux disease: 40 mg IV once daily • Zollinger-Ellison syndrome: 240 mg/day Usual dose:

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)

		• Peptic ulcer disease, treatment of bleeding ulcers
		• Stress ulcer prophylaxis in critically ill patients
		
		<u>Pediatric</u>
		• Gastric acid suppression; oral therapy not appropriate or tolerated
			• Aspiration prophylaxis in patients undergoing anesthesia
			  ○ 40 mg IV as a single dose 1 hour prior to induction anesthesia
			• Peptic ulcer disease, treatment
			  ○ IV - Continuous infusion: 80 mg as an IV loading dose, followed by 8 mg/hour IV continuous infusion for a total of 72 hours.
			  ○ IV - Intermittent dosing: 80 mg as an IV loading dose, followed by 40 mg IV every 12 hours
			• Stress ulcer prophylaxis in critically ill patients
			  ○ 40 mg IV once daily
			
			<u>Pediatric</u>
			The safety and effectiveness of Protonix I.V. have not been established in pediatric patients. However, maximum doses have been established for other supported uses.
			
			Usual dose:
			• Gastric acid suppression; oral therapy not appropriate or tolerated (Other Support Use):
			  ○ Weight-based dosing:
			  ▪ Children ≥ 2 years of age and adolescents 0.8 or 1.6 mg/kg IV once daily
			  ▪ Max single dose: 80 mg
			
			  ○ BSA-based dosing:
			  ▪ Infants, children, and adolescents 40 mg/1.73 m^2/day IV
			  ▪ Max dose of 80 mg/1.73 m^2/day IV

C9257	Injection, bevacizumab, 0.25 mg *(OPTH)* (Avastin)	Refer to Policy 1403, Oncology Medications for all oncology uses.
		
		For non-oncology Other Supported Uses:
		<u>Adult</u>
		• Age-related macular degeneration
		• Diabetic macular edema
		• Hereditary hemorrhagic telangiectasia
			<u>Adult</u>
			Max dose: no well-established maximum doses for the approved indications according to the prescribing information.
			
			Usual dose:
			• Age-related macular degeneration
			  ○ Intravitreal bevacizumab 1.25 mg (0.05 mL) monthly for 3 months, then may be given scheduled (monthly) or as needed based on monthly ophthalmologic assessment
			
			• Diabetic macular edema
			  ○ Intravitreal bevacizumab 1.25 mg (0.05 mL) initially; repeat

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			every 4 weeks depending on ophthalmologic response (visual acuity or central subfield thickness assessment • Hereditary hemorrhagic telangiectasia o 5 mg/kg IV every 2 weeks for 6 doses or 5 mg/kg IV every 2 weeks for 4 doses, followed by 5 mg/kg IV once a month for 4 doses; additional doses (or dose modifications) may be administered if response is suboptimal <u>Pediatric</u> Safety and effectiveness have not been established.
C9290	Injection, bupivacaine liposome, 1mg (Exparel)	<u>Adult</u> • Analgesia, postsurgical (as a single dose only) <u>Pediatric</u> • In patients aged 6 years and older for single-dose infiltration to produce postsurgical local analgesia	<u>Adult</u> Max / Usual dose: • Infiltration: 266 mg (20 mL) as a single-dose infiltration according to the prescribing information. • Interscalene brachial plexus nerve block: 133 mg (10 mL) according to the prescribing information <u>Pediatric</u> • For single-dose infiltration in pediatric patients: aged 6 to less than 17 years, is 4 mg/kg (up to a maximum of 266 mg)
J0132	Injection, acetylcysteine, 100 mg (Acetadote)	Adult / Pediatric • Acetaminophen overdose	<u>Adult / Pediatric Patient</u> Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: <u>Adult</u> Total dose is 300 mg/kg IV over 21 hours administered as 3 divided doses • Loading dose: 150 mg/kg IV (up to 15,000 mg) over 1 hour • Second dose: 50 mg/kg IV (up to 5,000 mg) over 4 hours • Third dose: 100 mg/kg IV (up to 10,000 mg) over 16 hours <u>Pediatric</u> • 21-hour regimen: Consists of 3 doses; total dose delivered: 300 mg/kg: o Loading dose: 150 mg/kg IV infused over

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			60 minutes; max dose: 15 g/dose. ○ Second dose: 50 mg/kg IV infused over 4 hours; max dose: 5 g/dose. ○ Third dose: 100 mg/kg IV infused over 16 hours; max dose: 10 g/dose.
J0133	Injection, acyclovir, 5 mg	Adult / Pediatric • Herpes simplex encephalitis • Herpes simplex virus (HSV), genital infection (severe) • Herpes simplex virus (HSV), mucocutaneous infection in immunocompromised patients • Herpes simplex virus (HSV), neonatal • Herpes zoster (shingles) in immunocompromised patients • Cytomegalovirus prevention in low-risk allogeneic hematopoietic cell transplant recipients • Herpes simplex virus, prevention in immunocompromised patients • Varicella zoster virus, acute retinal necrosis • Varicella zoster virus, encephalitis	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • Herpes simplex virus, CNS infection (encephalitis or meningitis) ○ 10 mg/kg/dose IV every 8 hours • Herpes simplex virus, mucocutaneous infection (genital, orolabial) ○ 5 to 10 mg/kg/dose IV every 8 hours for 2 to 7 days, followed by oral acyclovir (or similar antiviral) to complete therapy • Cytomegalovirus prevention in low-risk allogeneic hematopoietic cell transplant recipients ○ 500 mg/m^2/dose IV every 8 hours for up to 4 weeks or until hospital discharge • Herpes simplex virus, prevention in immunocompromised patients ○ 250 mg/m2/dose IV every 12 hours • Varicella zoster virus, acute retinal necrosis ○ 10 mg/kg/dose IV every 8 hours for 10 to 14 days • Varicella zoster virus, encephalitis ○ 10 to 15 mg/kg/dose IV every 8 hours for 10 to 14 days Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information.

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			Usual dose: Herpes simplex infections: Mucosal and Cutaneous Herpes Simplex (HSV-1 and HSV2) Infections in Immunocompromised Patients: • ≥ 12 years of age: 5 to 10 mg/kg every 8 hours for 7 days. • 3 months to 12 years: 10 mg/kg every 8 hours for 7 to 14 days. Severe Initial Clinical Episodes of Herpes Genitalis: • ≥ 12 years of age: 5 mg/kg every 8 hours for 5 to 7 days. Herpes Simplex Encephalitis: • ≥ 12 years of age: 10 mg/kg every 8 hours for 14 to 21 days. • 3 months to 12 years: 10 to 15 mg/kg every 8 hours for 14 to 21 days. Neonatal Herpes Simplex Virus Infections: • PMA of at Least 30 Weeks: 20 mg/kg 8 hours for 21 days. • PMA of Less than 30 Weeks: 20 mg/kg every 12 hours for 21 days. Varicella Zoster Infections: Zoster in Immunocompromised Patients: • ≥ 12 years of age: 10 mg/kg every 8 hours for 7 days to 10 days. • < 12 years: 10 mg/kg every 8 hours for 7 days to 10 days.
J0270	Injection, alprostadil, per 1.25 mcg (Prostin VR Pediatric)	Adult • Raynaud phenomenon Pediatric • Patent ductus arteriosus	Adult Max dose: not indicated in adults, however, maximum dose have been established for other supported uses. Usual dose: Raynaud phenomenon • 60 mcg IV over 3 hours once daily for 5 or 6 consecutive days followed by maintenance dosing of 60 mcg over 3 hours once every 30 days Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • Patent ductis arteriosus o 0.05 to 0.1 mcg/kg of body weight per minute, if

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			inadequate, dosage can be increased up to 0.4 mcg/kg of body weight per minute
J0278	Injection, amikacin sulfate, 100 mg	• Serious infections - treatment of serious infections (e.g., bone infections, respiratory tract infections, endocarditis, septicemia) due to gram-negative organisms, including *Pseudomonas, Escherichia coli, Proteus, Providencia, Klebsiella, Enterobacter, Serratia*, and *Acinetobacter* • Cystic fibrosis, acute pulmonary exacerbation • Mycobacterium avium complex • Mycobacterium (nontuberculous, rapidly growing) infection • Nocardiosis, severe • Plaque (Yersinia pestis), treatment • Tuberculosis	Adult / Pediatric Patient Max dose: 15 to 30 mg/kg/day or 1.5 g/day (for heavier patients) according to the prescribing information. Usual dose: Adult • 7.5 mg/kg every 12 hours or 5 mg/kg every 8 hours IM or IV Pediatric • 15 to 30 mg/kg/day divided into 2 or 3 equal doses
J0282	Injection, amiodarone hydrochloride, 30 mg (Nexterone)	Adult / Pediatric • Ventricular arrhythmias Adult • Atrial fibrillation • Electrical storm and incessant ventricular tachycardia, hemodynamically stable • Pharmacologic conversion of atrial fibrillation to and maintenance of normal sinus rhythm • Prevention of postoperative atrial fibrillation and atrial flutter associated with cardiothoracic surgery • Supraventricular tachycardia (e.g., atrioventricular nodal reentrant tachycardia, atrioventricular reentrant tachycardia, focal atrial tachycardia) (adults) • Sustained monomorphic ventricular tachycardia, hemodynamically stable	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: Ventricular arrhythmias: • Loading dose: 150 mg IV infusion over first 10 minutes (15 mg/minute), followed by 360 mg over the next 6 hours (1 mg/minute), then 540 mg over the remaining 18 hours (0.5 mg/minute). • Maintenance dosage: after the first 24 hours, continue the maintenance infusion rate of 0.5 mg/minute (720 mg per 24 hours) at a rate of 0.278 mL/minute. • Supplemental doses: in the event of breakthrough episodes of hemodynamically unstable ventricular tachycardia, supplemental infusions of amiodarone 150 mg may be administered over 10 minutes. In the event of breakthrough pulseless ventricular tachycardia or ventricular fibrillation, supplemental doses of amiodarone 150 mg may be administered IV push in conjunction with defibrillation

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			Pediatric Max dose: not approved for use in children according to the prescribing information; maximum doses have been established for other supported uses. Usual dose: • Shock refractory ventricular fibrillation/pulseless ventricular tachycardia ○ 5 mg/kg by rapid IV push (max dose: 300 mg/dose). May repeat twice up to a maximum total dose of 15 mg/kg during acute treatment. May also administer by intraosseous route.
J0290	Injection, ampicillin sodium, 500 mg	Adult / Pediatric • Bloodstream infection • Endocarditis, treatment • GI infection • Meningitis, bacterial • Respiratory tract infection • Urinary tract infection • Endocarditis, prophylaxis (dental or invasive respiratory tract procedures) • Group B streptococcus, maternal prophylaxis for prevention of neonatal disease • Intra-abdominal infection, health care-associated • Intra-amniotic infection (chorioamnionitis) • Osteomyelitis and/or discitis, treatment • Peritonitis, treatment (peritoneal dialysis patients) • Prosthetic joint infection • Surgical prophylaxis	Adult Max dose: well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 2 g IV every 4 to 6 hours based on type of infection being treated. Pediatric Max dose: as established by other supported evidence • Mild-to-moderate infection: max 12 g/day • Severe infection (i.e. meningitis, endocarditis): max 12 g/day • Endocarditis, surgical prophylaxis: max 2 g/day • Intra-abdominal infection: max 2 g/day Usual dose: • Mild to moderate infections: 50 to 200 mg/kg/day IM or IV divided every 6 hours. • Severe infection (e.g., meningitis, endocarditis): 300 to 400 mg/kg/day IM or IV divided every 4 to 6 hours
J0475	Injection, baclofen, 10 mg (Lioresal)	Adult / Pediatric • Spasticity - Management of severe spasticity of spinal cord origin (e.g., spinal cord injury, multiple sclerosis) or cerebral origin (e.g., cerebral palsy, traumatic brain injury) in patients ≥4 years of age; may be considered as an alternative to destructive neurosurgical procedures	Adults / Pediatric Patient 4 years and older Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Screening dose: • 50 mcg as an initial bolus intrathecally over ≥1 minute, then observe patient for 4 to 8 hours. A positive response consists of a significant decrease in muscle

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			tone, frequency, and/or severity of spasms. If response is inadequate, may give 75 mcg as a second screening dose 24 hours after the first dose; observe patient for 4 to 8 hours. If response is still inadequate, may administer 100 mcg as a final screening dose 24 hours after the second dose. Maintenance dosage: Adult • Daily dose may be increased periodically (e.g., during pump refills) by 10% to 40% (maximum increase: 40%) for spasticity of spinal cord origin or by 5% to 20% (maximum increase: 20%) for spasticity of cerebral origin. Dose may also be decreased 10% to 20% for adverse effects. Most patients have been adequately maintained on 300 to 800 mcg daily (spasticity of spinal cord origin) or 90 to 703 mcg daily (spasticity of cerebral origin). Experience with doses greater than 1,000 mcg daily is limited. Pediatric • Daily dose may be increased 5% to 20% (maximum increase: 20%). Dose may also be decreased 10% to 20% for adverse effects. Patients younger than 12 years required lower daily doses in clinical trials (average dose: 274 mcg daily; dosage range: 24 mcg to 1,199 mcg/day).
J0480	Injection, basiliximab, 20 mg (Simulect)	Adult / Pediatric • Renal transplant (prophylaxis of acute rejection) Adult • Heart transplant (prophylaxis of acute rejection) • Liver transplant (prophylaxis of acute rejection)	Renal transplant (prophylaxis of acute rejection) Adult / Pediatric Patient Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: Adult • 20 mg IV administered within 2 hours prior to transplantation surgery. A second 20 mg IV dose should be administered 4 days after transplantation. Pediatric

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			• Patients weighing 35 kg or more: 20 mg IV administered within 2 hours prior to transplantation surgery. A second 20 mg IV dose should be administered 4 days after transplantation. • Patients weighing less than 35 kg: 10 mg IV administered within 2 hours prior to transplantation surgery. A second 10 mg IV dose should be administered 4 days after transplantation. Heart transplant (prophylaxis of acute rejection) • 20 mg IV on the day of transplant, followed by a second 20 mg dose on day 4 post transplantation (in combination with other immunosuppressants). The first dose is usually administered immediately prior to transplant or within the first hours postoperatively. Liver transplant (prophylaxis of acute rejection) • 20 mg IV on the day of transplant (day 0), followed by a second 20 mg dose on day 4 post transplantation (in combination with other immunosuppressants).
J0500	Injection, dicyclomine HCl, up to 20 mg (Bentyl)	Adult • Irritable bowel syndrome-associated abdominal pain	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. IM route is not recommended for this use. Pediatric Safety and efficacy in pediatric patients have not been established. Contraindicated in infants younger than 6 months.
J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units (Bicillin C-R)	Adult / Pediatric • Pneumococcal infections • Streptococcal infections, group A • Rheumatic fever, primary prevention	Adult / Pediatric Patient Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: Adult • Pneumococcal infections ○ 1.2 million units IM every 2 or 3 days until the temperature is normal for 48 hours • Streptococcal infections, group A

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			○ 2.4 million units IM as a single dose. Alternatively, 50% of the total dose can be administered on day 1 and 50% on day 3 <u>Pediatric</u> • Pneumococcal infections (except pneumococcal meningitis) ○ Bicillin C-R ▪ 600,000 units IM on day 1; may repeat every 2 or 3 days until the temperature is normal for 48 hours ○ Bicillin C-R 900/300\ ▪ 1.2 million units IM on day 1; may repeat every 2 or 3 days until the temperature is normal for 48 hours. • Streptococcal infections, group A ○ Bicillin C-R ▪ 27 kg and over: 2.4 million units IM as a single dose ▪ 14 to 27 kg 900,000 to 1.2 million units IM as a single dose ▪ Less than 14 kg 600,000 units IM as a single dose ○ Bicillin C-R 900/300 ▪ 1.2 million units IM as a single dose • Rheumatic fever, primary prevention (Bicillin C-R 900/300) ○ 6 months to 14 years: 1.2 million units as a single dose
J0561	Injection, penicillin G benzathine, 100,000 units (Bicillin L-A)	<u>Adult / Pediatric</u> • Acute glomerulonephritis • Streptococcal pharyngitis, group A • Streptococcus, group A • Syphilis and other venereal diseases (syphilis, yaws, bejel, and pinta)	<u>Adult / Pediatric Patient</u> Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: <u>Adult</u> • 1.2 to 2.4 million units as a single dose. <u>Pediatric</u> • 50,000 units/kg/dose to 2.4 million units as a single dose.
J0637	Injection, caspofungin acetate, 5 mg (Cancidas)	<u>Adult / Pediatric</u> • Aspergillosis, invasive • Candidemia and other Candida infections • Candidiasis, esophageal • Neutropenic fever, empiric antifungal therapy	<u>Adult</u> Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dosing: • Loading: 50 to 70 mg x 1

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		• Candidiasis, cardiac device infection (including implantable cardiac defibrillator, pacemaker, ventricular assist device) • Candidiasis, chronic disseminated (hepatosplenic) • Candidiasis, empiric therapy, suspected invasive candidiasis (nonneutropenic intensive care unit patients) • Candidiasis, endocarditis, native or prosthetic valve • Candidiasis, oropharyngeal, refractory disease • Candidiasis, osteoarticular infections (osteomyelitis or septic arthritis) • Candidiasis, thrombophlebitis, suppurative • Prophylaxis against invasive fungal infections	• Subsequent: 50 mg to 70 mg daily <u>Pediatric</u> Max dosage: 70 mg/day according to the prescribing information. Usual dosing: • Aspergillosis, invasive; treatment o ≥3 months of age ▪ Loading dose: 70 mg/m^2 IV on day 1 ▪ Maintenance dosage: 50 mg/m^2/dose IV once daily ▪ Dosage adjustment: May increase to 70 mg/m^2/dose once daily if clinical response inadequate • Fungal infections, empiric therapy in neutropenic patients o ≥3 months of age: ▪ Loading dose: 70 mg/m^2 IV on day 1 ▪ Maintenance dosage: 50 mg/m^2/dose IV once daily ▪ Dosage adjustment: may increase to 70 mg/m^2/dose once daily if clinical response inadequate • Candida infections, treatment; independent of HIV status o < 3 months of age: 25 mg/m^2/dose IV once daily o ≥ 3 months to 17 years of age: ▪ Loading dose: 70 mg/m^2 IV on day 1 ▪ Maintenance dosage: 50 mg/m^2/dose IV once daily ▪ Dosage adjustment: may increase to 70 mg/m2/dose once daily if clinical response inadequate o ≥ 18 years of age: ▪ Loading dose: 70 mg/dose IV on day 1. ▪ Maintenance dosage: 50 mg/dose IV once daily • Fungal infections, prophylaxis in patients with acute myeloid leukemia o ≥ 3 months of age: ▪ Loading dose: 70 mg/m2 IV on day 1; maximum dose: 70 mg/dose

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			▪ Maintenance dosage: 50 mg/m^2/dose IV once daily; maximum dose: 50 mg/dose • Fungal infections, prophylaxis in allogeneic hematopoietic stem cell transplantation recipients o ≥ 8 months of age: 50 mg/m^2/dose IV once daily; maximum dose: 50 mg/dose; some studies used a loading dose.
J0690	Injection, cefazolin sodium, 500 mg (Ancef)	Adult / Pediatric • Biliary tract infection • Bloodstream infection • Bone and joint infection • Endocarditis, treatment • Genital infection • Respiratory tract infection • Skin and skin structure infection • Surgical prophylaxis • Urinary tract infection Adult • Endocarditis, prophylaxis • Peritonitis, treatment (peritoneal dialysis patients) • Streptococcus (group B), maternal prophylaxis for prevention of neonatal disease	Adult Max dose: 12 g/day according to the prescribing information. Usual dosing: 1 to 2 g every 8 hours. Pediatric Max dose: no well-established pediatric maximum doses for the approved indications according to the prescribing information. Usual dosing: 25 to 50 mg/kg daily IV or IM divided in 3 or 4 doses. May increase to 100 mg/kg daily IV or IM divided in 3 or 4 doses for severe infections.
J0692	Injection, cefepime HCl, 500 mg (Maxipime)	Adult / Pediatric • Intra-abdominal infection • Neutropenic fever • Pneumonia (moderate to severe) • Skin and soft tissue infection • Urinary tract infection, including pyelonephritis Adult • Bloodstream infection (gram-negative bacteremia) • Cystic fibrosis, exacerbation • Diabetic foot infection, moderate to severe • Endocarditis, prosthetic valve, treatment within 1 year of replacement (Pediatric) • Meningitis, bacterial • Neutropenic enterocolitis (typhlitis) urinary tract infection, including pyelonephritis • Osteomyelitis • Prosthetic joint infection • Sepsis and septic shock	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 1 to 2 g every 8 hours Pediatric (infants ≥2 months of age) Max dose: 2,000 mg/dose according to the prescribing information. Usual dose: 50 mg/kg/dose every 8 to 12 hours.

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
J0694	Injection, cefoxitin sodium, 1 gm	Adult / Pediatric • Acteremia/sepsis • Bone and joint infections • Gynecological infections • Lower respiratory tract infections • Perioperative prophylaxis • Skin and skin structure infections • Urinary tract infections Adult • Bite wounds (animal) • Gonococcal infection, uncomplicated • Mycobacterial (nontuberculous, rapidly growing) infection	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 1 to 2 g IV every 6 to 8 hours Pediatric Max dose: 12 g/day according to the prescribing information. Usual dose: 80 to 160 mg/kg/day IV divided into 4 to 6 equal doses
J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg (Zerbaxa)	Adult • Intra-abdominal infection • Pneumonia, (hospital-acquired or ventilator-associated) • Urinary tract infection Pediatric • Intra-abdominal infection • Urinary tract infection	Dosage recommendations are expressed as total grams of the ceftolozane/tazobactam combination. Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 1.5 to 3 g every 8 hours Pediatric Max dose: 1,000 mg ceftolozane per dose Usual dose: 20 mg/kg/dose every 8 hours
J0696	Injection, ceftriaxone sodium, per 250 mg (Rocephin)	Adult / Pediatric • Bloodstream infection • Bone and joint infections (osteomyelitis and/or discitis, prosthetic joint infection, septic arthritis) • Gonococcal infection, uncomplicated (cervical/urethral, rectal, and pharyngeal) • Intra-abdominal infection, community-acquired (mild to moderate infection in low-risk patients) • Lower respiratory tract infections (pneumonia, community-acquired) • Meningitis, bacterial • Otitis media, acute • Pelvic inflammatory disease (mild to moderate) • Skin and soft tissue infections • Surgical prophylaxis, colorectal	Adult Max dose: 4 g/day, but may differ depending on indication, according to the prescribing information. Usual dose: 1 to 2 g/day. Pediatric Max dose: the following maximum doses are according to the prescribing information, or by other supported evidence: • Acute bacterial otitis media: 1 g (single dose) • Endocarditis; Meningitis: 4 g/day • Serious infections other than meningitis: 2 g/day • Skin and skin structure infections: 2 g/day Usual dose:

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
		• Urinary tract infection, complicated (including pyelonephritis) <u>Adult</u> • Bite wound infection, treatment, animal or human bite • Chancroid • Chronic obstructive pulmonary disease, acute exacerbation (hospitalized patients without risk factors for Pseudomonas aeruginosa) • Diabetic foot infection • Empiric treatment (of sexually transmitted infections) following sexual assault • Endocarditis, prophylaxis (dental or invasive respiratory tract procedures) • Endocarditis, treatment (adults) • Epididymitis • Gonococcal infection, disseminated (tenosynovitis, dermatitis, polyarthralgia, purulent arthritis) • Gonococcal infection, uncomplicated (conjunctivitis) • Lyme disease (Borrelia spp. infection) • Meningococcal disease, invasive, chemoprophylaxis after close contact with high-risk patient • Neurobrucellosis • Salmonella species infection (nontyphoidal Salmonella GI and bloodstream infections and typhoid [enteric] fever [Salmonella typhi and paratyphi]) • Spontaneous bacterial peritonitis, prevention and treatment • Syphilis	• Acute bacterial otitis media: 50 mg/kg as single dose • Meningitis: 100 mg/kg/day • Serious infections other than meningitis: 100 mg/kg/day • Skin and skin structure infections: 50 to 75 mg/kg daily • Neonates: 20 to 50 mg/kg as a single dose ○ Note: Administer cautiously to hyperbilirubinemic neonates, especially those born prematurely
J0697	Injection, sterile cefuroxime sodium, per 750 mg	<u>Adult / Pediatric</u> • Bone and joint infections • Lower respiratory tract infections • Septicemia • Skin and skin structure infections • Surgical prophylaxis • Urinary tract infections <u>Adult</u> • Intra-abdominal infections, community acquired (mild to	<u>Adult</u> Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • Treatment of infection: 750 mg to 1.5 grams every 8 hours • Surgical prophylaxis: 1.5 g as a single dose 60 minutes prior to surgical incision.

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
		moderate infection in low-risk patients)	Pediatric Max dose: 6 g/day according to the prescribing information. Usual dose: 50 to 100 mg/kg/day in equally divided doses every 6 to 8 hours.
J0712	Injection, ceftaroline fosamil, 10 mg (Teflaro)	Adult / Pediatric • Pneumonia, community acquired • Skin and skin structure infections	Adult / Pediatric Patient Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: Adult • 600 mg IV every 12 hours. Pediatric • Pneumonia, community acquired: 8 mg/kg/dose to 400 mg IV every 8 hours • Skin and skin structure infections: 6 mg/kg/dose to 400 mg IV every 8 hours
J0713	Injection, ceftazidime, per 500 mg (Fortaz)	Adult / Pediatric • Bloodstream infection (gram-negative bacteremia) • Bone and joint infections • CNS infections • Empiric therapy in the immunocompromised patients • Gynecologic infections • Intra-abdominal infections • Lower respiratory tract infections • Skin and soft tissue infections • Urinary tract infections Adult • Cystic fibrosis, acute pulmonary exacerbation • Diabetic foot infection, moderate to severe • Endocarditis, treatment (children) • Endophthalmitis, bacterial • Peritonitis, treatment (peritoneal dialysis patients)	Adult / Pediatric Patient Max dose: 6 g/day according to the prescribing information Usual dose: Adult • 1 to 2 g IV every 8 hours Pediatric • Neonates: 30 mg/kg/dose IV every 12 hours • Infants, children, and adolescents: 90 to 150 mg/kg/day divided every 8 hours
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g (Avycaz)	• Intra-abdominal infections, complicated • Pneumonia, hospital-acquired and ventilator-associated • Urinary tract infections, complicated (including pyelonephritis)	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 2.5 g IV every 8 hours. Pediatric

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			Max dose: • ≥2 years to <18 years of age: 2,000 mg ceftazidime/dose every 8 hours according to the prescribing information. • ≥3 months to <2 years of age: no well-established maximum doses for the approved indications according to the prescribing information Usual dose: • Infants ≥6 months, children, and adolescents <18 years: 50 mg ceftazidime/kg/dose IV every 8 hours • Infants ≥3 months to <6 months: 40 mg ceftazidime/kg/dose IV every 8 hours
J0720	Injection, chloramphenicol sodium succinate, up to 1 gram	Adult / Pediatric • Serious infections - treatment of serious infections, including cystic fibrosis exacerbations, bacterial meningitis, and bacteremia, caused by *Chlamydiaceae*, *Haemophilus* influenzae, *Rickettsia*, *Salmonella* spp. (acute infections), and other organisms when other less toxic agents are ineffective or contraindicated	Adult Max dose: no well-established maximum dose for the approved indications according to the prescribing information. Pediatric Max dose: 4,000 mg/day according to the prescribing information. Usual dose: Adult / Pediatric Patient • 50 to 100 mg/kg/day IV in divided doses every 6 hours; limit to 4 g/day.
J0735	Injection, clonidine hydrochloride (HCL), 1 mg (Duraclon)	• In combination with opiates for the treatment of severe pain in cancer patients that is not adequately relieved by opioid analgesics alone	Adult / Pediatric Patient Max dose: no well-established maximum dose for the approved indications according to the prescribing information. Usual dose: Adult • 30 mcg/hr continuous epidural infusion. Pediatric • Usual dose: 0.5 mcg/kg/hour continuous epidural infusion initially; adjust with caution, based on clinical effect.
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg (Cipro)	Adult • Bone and joint infection • Intra-abdominal infection, complicated • Pneumonia, hospital-acquired (nosocomial), including ventilator associated	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information.

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
		• Prostatitis, chronic bacterial • Bite wound infection (animal and human bites) • Diabetic foot infection • Meningitis, bacterial • Prosthetic joint infection Adults / Pediatric • Anthrax • Plague • Urinary tract infection • Endocarditis, treatment • Surgical prophylaxis • Surgical site infection • Pneumonia, community-acquired (H. influenzae)	Usual dose: 400 mg IV every 8 to 12 hours. Pediatric Max dose: 400 mg/dose according to the prescribing information. Usual dose: 10 to 15 mg/kg/dose IV every 8 to 12 hours.
J0770	Injection, colistimethate sodium, up to 150 mg (Coly-Mycin M)	Adult / Pediatric • Gram-negative infections - For the treatment of acute or chronic infections due to sensitive strains of certain gram-negative bacilli, including *Pseudomonas aeruginosa*, *Enterobacter aerogenes*, *Escherichia coli*, and *Klebsiella pneumoniae*. May be used to initiate therapy in serious infections that are suspected to be due to gram-negative organisms and in the treatment of infections due to susceptible gram-negative pathogenic bacilli	Note: dosage is expressed in terms of mg of colistin base activity (CBA). CBA 1 mg is defined to be equivalent to colistimethate sodium (CMS) 30,000 units which is equivalent to ~2.4 mg CMS. Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Pediatric Max dose: 5 mg CBA/kg/day. Usual dose: Adult /Pediatric Patient Usual dose: 2.5 to 5 mg/kg/day IV or IM of colistin base in 2 to 4 divided doses depending on the severity of the infection.
J0834	Injection, cosyntropin, 0.25 mg (Cortrosyn)	Adult / Pediatric • Diagnostic agent for adrenocortical insufficiency Adult • Diagnostic use: adrenal venous sampling in primary aldosteronism	Adult / Pediatric Patient Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: Adult • 0.25 to 0.75 mg IM or IV ○ Adrenal venous sampling in primary aldosteronism: 50 mcg/hour continuous IV infusion started 30 minutes prior to adrenal vein catheterization and continued until procedure completion Pediatric

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			• > 2 years of age: 0.25 to 0.75 mg IM or IV • ≤ 2 years of age: 0.125 mg IM or IV
J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram (CroFab)	Adult / Pediatric Crotalid envenomation - Management of adult and pediatric patients with North American crotalid envenomations (e.g., rattlesnakes [Crotalus, Sistrurus], copperheads, and cottonmouth/water moccasins [Agkistrodon])	Adult / Pediatric Patient Max dose: 12 vials per initial dose according to the prescribing information. Usual dose: 4 to 6 vials intravenously (IV) as soon as possible and preferably within 6 hours of envenomation. Once control is achieved, administer 2 vials every 6 hours for up to 18 hours.
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial (CytoGam)	Adult • Prophylaxis of cytomegalovirus disease associated with transplantation of kidney, lung, liver, pancreas and heart • Cytomegalovirus pneumonitis in solid organ transplant (adjunctive therapy)	Adult Max dose: 150 mg/kg per infusion according to the prescribing information. Usual dose: • Kidney: 150 mg/kg infusion within 72 hours of transplant; 100 mg/kg post-transplant every 2 weeks x 4 doses; then 50 mg/kg every 2 weeks x 2 doses • Liver, pancreas, lung, heart: 150 mg/kg infusion within 72 hours of transplant; 150 mg/kg post-transplant every 2 weeks x 4 doses; then 100 mg/kg every 2 weeks x 2 doses • Cytomegalovirus pneumonitis in solid organ transplant (adjunctive therapy): 400 mg/kg IV on days 1, 2, and 7, followed by 200 mg/kg IV on day 14; if still symptomatic, may administer an additional 200 mg/kg IV on day 21
J0878	Injection, daptomycin, 1 mg (Cubicin RF)	Adult • Diabetic foot infections • Prosthetic joint infection • Septic arthritis Adult / Pediatric • Bloodstream infection • Skin and skin structure infections, complicated • Cerebrospinal fluid shunt infection • Endocarditis, treatment • Meningitis, bacterial • Osteomyelitis and/or discitis	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 6 to 10 mg/kg IV once daily. Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Note: manufacturer recommends avoiding use in patients < 12 months of age due to musculoskeletal, neuromuscular, and nervous system adverse effects observed in neonatal canine models.

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			Usual dose: 5 to 10 mg/kg IV once daily.
J0883	Injection, argatroban, 1 mg (for non-ESRD use)	Adult • Percutaneous coronary intervention Adult / Pediatric • Heparin-induced thrombocytopenia	Adult Max dose: 10 mcg/kg/minute for the treatment of HIT according to the prescribing information. There is no well-established maximum dose for the other approved indication according to the prescribing information. Usual dose: • Heparin-induced thrombocytopenia: 2 mcg/kg/minute continuous IV infusion • Percutaneous coronary intervention: Initiate infusion at 25 mcg/kg/minute, and administer a bolus of 350 mcg/kg over 3 to 5 minutes Pediatric Max dose: Safety and effectiveness have not been established in pediatric patients, however, dosing information is available for Other Supported Uses. Usual dose: • Heparin-induced thrombocytopenia: initiate at 0.75 mcg/kg/minute continuous IV infusion; Measure aPTT after 2 hours; adjust dosage in increments of 0.1 to 0.25 mcg/kg/minute to achieve aPTT of 1.5 to 3 times the initial baseline value
J0895	Injection, deferoxamine mesylate, 500 mg (Desferal)	Adult / Pediatric • Acute iron intoxication • Chronic iron overload • Diagnosis or treatment of aluminum-induced toxicity associated with chronic kidney disease	Adult Max dose: • Acute iron intoxication: 6 g/day intramuscularly (IM) and intravenously (IV) according to the prescribing information. • Chronic iron overload: o No well-established maximum dose for the subcutaneous route of administration according to the prescribing information. o 1 g/day IM or 60 mg/kg/day IV according to the prescribing information. Usual dose: • Acute iron intoxication:

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			○ Initial dosage: 1,000 mg IV or IM, may be followed by 500 mg every 4 hours for 2 doses ○ Maintenance dosage: 500 mg IV or IM every 4 to 12 hours based on clinical response • Chronic iron overload: ○ IM: 500 mg to 1 g/day IM ○ IV: 40 to 50 mg/kg/day IV over 8 to 12 hours for 5 to 7 days per week ○ Subcutaneous: 1 to 2 g/day or 20 to 40 mg/kg/day subcutaneously over 8 to 24 hours • Aluminum-induced toxicity with chronic kidney disease: • Diagnosis ○ 5 mg/kg IV during the last hour of dialysis if baseline serum aluminum concentrations are 60 to 200 mcg/L, or clinical signs/symptoms of toxicity, or aluminum exposure prior to parathyroid surgery. Measure aluminum just prior to deferoxamine; remeasure 2 days later (test is positive if serum aluminum increases by ≥50 mcg/L). • Treatment: 5 mg/kg IV once a week <u>Pediatric</u> Max dose: • Acute iron intoxication: 6 g/day intramuscularly (IM) and intravenously (IV) according to the prescribing information. • Chronic iron overload (≥ 3 years of age): ○ No well-established maximum dose for the subcutaneous route of administration according to the prescribing information. ○ 40 mg/kg/day IV in children and growing adolescents; 60 mg/kg/day IV in adolescents once growth has ceased according to the prescribing information.

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			Usual dose: • Acute iron intoxication: o Continuous IV infusion: 15 mg/kg/hour and reduce rate as clinically indicated; maximum daily dose: 80 mg/kg/day o Intramuscular: 90 mg/kg/dose IM for one dose, then 45 mg/kg/dose IM every 4 to 12 hours as needed; maximum single dose: Children: 1,000 mg o Intravenous: 20 mg/kg IV (maximum dose: 1,000 mg) administered no faster than 15 mg/kg/hour followed by 10 mg/kg IV (maximum dose: 500 mg) over 4-hour intervals for 2 doses; subsequent doses of 10 mg/kg IV (maximum dose: 500 mg) over 4 to 12 hours may be repeated depending upon the clinical response • Chronic iron overload (≥ 3 years of age): o IV: ▪ ≥ 3 years of age and growing adolescents : 20 to 40 mg/kg/day IV over 8 to 12 hours, 5 to 7 days per week ▪ Adolescents once growth has ceased: 40 to 50 mg/kg/day IV over 8 to 12 hours, 5 to 7 days per week o Subcutaneous infusion: ▪ ≥ 3 years of age and adolescents: 20 to 40 mg/kg/day subcutaneous infusion via a portable, controlled infusion device over 8 to 12 hours 3 to 7 days per week. • Aluminum-induced bone disease in chronic renal failure diagnosis and treatment: o 5 mg/kg IV once a week
J0911	**DefenCath®** (heparin-taurolidine) catheter lock solution	**Catheter-Related Bloodstream Infection, Prevention.** DefenCath is considered medically necessary when **ALL** of the following criteria are met: 1. 18 years of age or greater 2. Has kidney failure receiving chronic hemodialysis (HD) 3. Has central venous catheter (CVC)	

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
		4. Has history of catheter-related bloodstream infections (CRBSI) **Conditions Not Covered.** Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive; criteria will be updated as new published data are available): 1. For use in populations other than adult patients with kidney failure receiving chronic HD through a CVC	
J1000	Injection, depo-estradiol cypionate, up to 5 mg (Depo-Estradiol)	Refer to Policy 0266, Treatment of Gender Dysphoria, for use in gender dysphoria. For all other uses: <u>Adult</u> • Hypoestrogenism due to hypogonadism • Vasomotor symptoms associated with menopause	<u>Adult</u> Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • Hypoestrogenism due to hypogonadism: 1.5 to 2 mg IM monthly • Vasomotor symptoms associated with menopause: 1 to 5 mg IM every 3 to 4 weeks <u>Pediatric</u> Safety and effectiveness have not been established.
J1020	Injection, methylprednisolone acetate, 20 mg (Depo-Medrol)	<u>Adult / Pediatric</u> • Anti-inflammatory or immunosuppressant agent	<u>Adult</u> Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • IM: 40 to 60 mg as a single dose • Intra-articular: o Larger joint (e.g., knee, shoulder, hip): 20 to 80 mg o Medium joint (e.g., wrist, ankle, elbow) 10 to 40 mg o Small joint (e.g., toe, finger) 4 to 10 mg <u>Pediatric</u> Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • IM: 0.11 to 1.6 mg/kg/day • Intra-articular: 4 to 80 mg every 1 to 5 weeks (dosage varies based on affected joint)

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
J1170	Injection, hydromorphone, up to 4 mg (Dilaudid)	Adult • Critically ill patients in the ICU, analgesia and sedation Adult / Pediatric • Pain management	Adult Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: • IV: 0.2 to 1 mg IV every 2 to 3 hours, as needed. • SC / IM: 1 to 2 mg subcutaneously or IM every 2 to 3 hours as needed Pediatric Max dose: not indicated for use in children. However, maximum doses have been established for Other Supported Uses Usual dose: • IV: 0.01 to 0.6 mg IV 2 to 6 hours as needed initially. • SC / IM: 0.8 to 1 mg subcutaneously or IM every 4 to 6 hours as needed initially
J1200	Injection, diphenhydramine HCl, up to 50 mg (Benadryl)	Adult • Nausea and vomiting, pregnancy associated, severe or refractory • Urticaria • Vertigo, acute treatment Adult / Pediatric • Allergic conditions • Dystonic reactions • Motion sickness, treatment	Adult Max dose: 400 mg/day according to the prescribing information. Usual dose: 10 to 50 mg IV or IM every 6 hours as needed. Pediatric Max dose: 50 mg/dose; 300 mg/day according to the prescribing information. Usual dose: 1 to 2 mg/kg/dose IM or IV; may repeat every 6 hours. Note: Do not use in neonates and premature infants per prescribing information.
J1212	Injection, DMSO, dimethyl sulfoxide, 50%, 50 ml (Rimso-50)	Adult • Symptomatic relief of interstitial cystitis • Extravasation management	Adult Max dose: no well-described maximum dose for the approved indication according to the prescribing information. Usual dose: 50 mL instilled directly into the bladder. Pediatric Safety and effectiveness in children have not been established.
J1335	Injection, ertapenem sodium, 500 mg (Invanz)	Adult • For the prophylaxis of surgical-site infection in adults following elective colorectal surgery • Susceptible prosthetic joint infection	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information.

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
		Adult / Pediatric • Susceptible intra-abdominal infection, complicated • Susceptible pelvic infections • Susceptible pneumonia, community-acquired • Susceptible skin and skin structure infection, complicated • Susceptible urinary tract infection, complicated • Bite wound, treatment (animal or human bite) • Susceptible bloodstream infection • Susceptible osteomyelitis and/or discitis infection • Susceptible pneumonia, hospital-acquired or ventilator-associated infection	Usual dose: 1 g IV or IM once daily. Pediatric Max dose: • 13 years of age and older: no well-established maximum doses for the approved indications according to the prescribing information • ≤ 12 years of age: 1 g/day according to the prescribing information Usual dose: • 13 years of age and older: 1 g IV or IM once daily • ≤ 12 years of age: 15 mg/kg/dose IV or IM twice daily
J1380	Injection, estradiol valerate, up to 10 mg (Delestrogen)	Refer to Policy 1403, Oncology Medications for all oncology uses. Refer to Policy 0266, Treatment of Gender Dysphoria, for use in gender dysphoria. For all other uses: Adult • Hypoestrogenism due to hypogonadism, castration, or primary ovarian failure • Vasomotor symptoms associated with menopause • Vulval and vaginal atrophy associated with menopause	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 10 to 20 mg IM every 4 weeks. Pediatric Safety and efficacy have not been established.
J1410	Injection, estrogens~~,~~ conjugated, per 25 mg (Premarin)	Adult • Abnormal uterine bleeding	Adult Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: 25 mg intravenously (IV) or intramuscularly (IM). Repeat in 6 to 12 hours if necessary.
J1439	Injection, ferric carboxymaltose, 1 mg (Injectafer)	Adult • Abdominal surgery, major (perioperative anemia management) • Iron deficiency in heart failure with reduced ejection fraction (with or without anemia) Adult / Pediatric • Iron-deficiency anemia • Restless legs syndrome (RLS)	Adult Max dose: 1,500 mg cumulative dose (per treatment course) according to the prescribing information. Usual dose: • ≥ 50 kg: 750 mg IV on day 1; repeat dose after at least 7 days • < 50 kg: 15 mg/kg IV on day 1; repeat dose after at least 7 days • RLS: 1 g IV as a single dose; may repeat at least 12 weeks after initial infusion Pediatric

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			Max dose: 750 mg/dose Usual dose: • 15 mg/kg/dose IV for 2 doses separated by 7 days • RLS: 15 mg/kg IV as a single dose
J1450	Injection, fluconazole, 200 mg (Diflucan)	Adult / Pediatric • Candidiasis, prophylaxis • Candidiasis, treatment • Cryptococcal meningitis • Candidiasis, empiric therapy (non-neutropenic patients in the ICU) • Candidiasis, prophylaxis in high-risk ICU patients (in units with high incidence of invasive candidiasis) • Candidiasis, prophylaxis in solid organ transplant recipients • Primary antifungal prophylaxis in pediatric oncology patients	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 400 to 800 mg (6 to 12 mg/kg) IV once daily; then 200 to 800 mg (3 to 12 mg/kg) once daily. Pediatric Max dose: the following maximum doses are according to the prescribing information; however, maximum doses have been established by Other Supported evidence: • Cryptococcal meningitis, esophageal candidiasis, oropharyngeal candidiasis, systemic Candida infections: 600 mg/day Usual dose: 6 to 12 mg/kg IV on the first day, followed by 3 to 12 mg/kg IV once daily.
J1455	Injection, foscarnet sodium, per 1000 mg (Foscavir)	Adult • Cytomegalovirus treatment, ophthalmic disease (retinitis) • Herpes simplex virus • Cytomegalovirus, prevention in allogeneic hematopoietic cell transplant recipients • Varicella zoster virus, progressive outer retinal necrosis Adult / Pediatric • Cytomegalovirus treatment, GI disease (esophagitis or colitis) • Cytomegalovirus treatment, neurological disease	Adult Max dose: the following maximum doses are according to the prescribing information: • Cytomegalovirus treatment, ophthalmic disease (retinitis): 180 mg/kg/day (initial dosage); 120 mg/kg/day (maintenance dosage) • Herpes simplex virus infection (acyclovir resistant): 120 mg/kg/day Usual dose: 60 mg/kg/dose IV every 8 hours or 90 mg/kg/dose IV every 12 hours Pediatric Safety and effectiveness in pediatric patients have not been established. However, dosing guidance has been established for some Other Supported Uses. Foscavir is deposited in teeth and bone and deposition is greater in young and growing animals. Foscavir has been demonstrated to adversely affect

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			development of tooth enamel in mice and rats. The effects of this deposition on skeletal development have not been studied. Since deposition in human bone has also been shown to occur, it is likely that it does so to a greater degree in developing bone in pediatric patients. Administration to pediatric patients should be undertaken only after careful evaluation and only if the potential benefits for treatment outweigh the risks. Usual dose: • Cytomegalovirus esophagitis or colitis in HIV-infected patients (alternative to preferred ganciclovir) - Adolescents: o 60 mg/kg/dose IV every 8 hours or 90 mg/kg/dose IV every 12 hours for 21 to 42 days or until symptom resolution • Cytomegalovirus neurological disease in HIV-infected patients o 60 mg/kg/dose IV every 8 hours or 90 mg/kg/dose IV every 12 hours plus ganciclovir until symptoms improve followed by chronic maintenance suppression
J1610	Injection, glucagon hydrochloride, per 1 mg (GlucaGen)	Adult • Diagnostic aid for radiologic examinations Adult / Pediatric • Hypoglycemia • Treatment of anaphylaxis in patients on beta-blocker therapy who are refractory to epinephrine • Beta-blocker overdose • Calcium channel blocker overdose • Growth hormone deficiency (alternative diagnostic test)	Adult Max dose: no well-established maximum dose for the approved indications according to the prescribing information. Usual dose: • Diagnostic aid: 0.25 to 0.5 mg IV or 1 to 2 mg IM • Hypoglycemia: 1 mg subcutaneously, IM, or IV; may repeat in 15 minutes as needed • Beta-blocker anaphylaxis: 1 to 5 mg IV bolus • Beta-blocker / Calcium channel blocker overdose: 3 to 10 mg IV bolus, may repeat if no clinical response; if response continuous IV infusion at 3 to 5 mg/hour • Growth hormone deficiency diagnostic aid: o Weight ≤90 kg: 1 mg IM o Weight >90 kg: 1.5 mg IM Pediatric Max dose: no well-established maximum dose for the approved

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			indications according to the prescribing information Safety and effectiveness in pediatric patients have not been established for use as diagnostic aid. Usual dose: • Hypoglycemia; 0.5 mg to 1mg SC, IM, or IV; may repeat in 15 minutes • Beta-blocker anaphylaxis: 20 to 30 mcg/kg (maximum: 1 mg) administered as an IV bolus; follow the bolus dose with an IV infusion of 5 to 15 mcg/minute. • Beta-blocker / Calcium channel blocker toxicity/overdose: 0.05 mg/kg IV as a single dose; if no response, may repeat dose; follow load with IV infusion of 0.05 to 0.1 mg/kg/hour; titrate to effect, usual adolescent maintenance dose: 1 to 5 mg/hour
J1626	Injection, granisetron hydrochloride, 100 mcg (Kytril)	Adult • Prevention and treatment of postoperative nausea and vomiting in adults • Prophylaxis of radiation therapy-associated emesis Adult / Pediatric • Prevention of chemotherapy-induced nausea and vomiting	Adult Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: • Prevention of chemotherapy-induced nausea and vomiting: 10 mcg/kg IV within 30 minutes before initiation of chemotherapy • Prevention and treatment of postoperative nausea and vomiting in adults: 0.35 to 3 mg IV (5 to 20 mcg/kg IV) administered at the end of surgery • Prophylaxis of radiation therapy-associated emesis: 1 mg IV or 10 mcg/kg IV once daily prior to each fraction of radiation Pediatric Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: Prevention of chemotherapy-induced nausea and vomiting: • 40 mcg/kg IV as a single daily dose prior to chemotherapy.
J1650	Injection, enoxaparin sodium, 10 mg	Adult • Acute coronary syndromes	Adult Max dose:

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
	(Lovenox)	• Deep vein thrombosis, treatment (acute) • Venous thromboembolism, prophylaxis • Acute symptomatic superficial vein thrombosis (lower extremity; ≥5 cm in length) • Mechanical heart valve (bridging anticoagulation) • Pulmonary embolism (acute) • Venous thromboembolism prophylaxis, bariatric surgery (high venous thromboembolism risk) • Venous thromboembolism prophylaxis, nonmajor orthopedic surgery of lower limb • Venous thromboembolism prophylaxis, nonorthopedic surgery <u>Pediatric</u> • Thrombosis prophylaxis • Thrombosis treatment	• 100 mg for the first 2 doses for the treatment of acute ST-segment elevation myocardial infarction according to the prescribing information • Elderly (75 years of age or older) 75 mg for the first 2 doses only. No well-established maximum doses for the other approved indications according to the prescribing information. Usual dose: • Treatment dose: 1mg/kg every 12 hours or 1.5 mg/kg once daily • Prophylaxis: 30 mg every 12 hours or 40 mg SC once daily <u>Pediatric</u> Max dose: no well-established maximum doses for the other approved indications according to the prescribing information. Usual dose: • Treatment: o 2 months of age and older: 1 mg/kg subcutaneously every 12 hours o 1 to 2 months of age: 1.5 mg/kg subcutaneously every 12 hours • Prophylaxis: o 2 months of age and older: 0.5 mg/kg subcutaneously every 12 hours o 1 to 2 months of age: 0.75 mg/kg subcutaneously every 12 hours
J1670	Injection, tetanus immune globulin, human, up to 250 units HyperTET S/D (Tetanus Immune globulin/PF)	<u>Adult / Pediatric</u> • Prophylaxis against tetanus following injury in patients whose immunization is incomplete or uncertain. • Treatment of active tetanus	<u>Adult</u> • Routine prophylactic dosage schedule: o 250 units by deep IM injection, in conjunction with a tetanus toxoid-containing vaccine <u>Pediatric</u> • Routine prophylactic dosage schedule: o Neonates, infants, and children <7 years of age: 250 units IM as a single dose. May also calculate 4 units/kg; however, full

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			dose of 250 units is recommended. ○ Children ≥7 years of age and adolescents: 250 units IM as a single dose. <u>Adult / Pediatric</u> • Treatment of active cases of tetanus: ○ 3,000 to 6,000 units IM as a single dose. Infiltration of part of the dose around the wound is recommended. Some experts recommend a lower 500 unit dose which appears to be as effective as higher doses and may cause less discomfort.
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg (A-Hydrocort)	<u>Adult / Pediatric</u> • Allergic states • Dermatologic diseases • Endocrine disorders • GI diseases • Hematologic disorders • Neoplastic diseases • Ophthalmic diseases • Respiratory diseases • Rheumatic disorders • Tuberculous meningitis with subarachnoid block or impending block when used concurrently with appropriate antituberculous chemotherapy; trichinosis with neurologic or myocardial involvement • COVID-19, hospitalized patients • Septic shock • Thyroid storm	<u>Adult</u> Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 50 to 500 mg/dose IV or IM at intervals of 2, 4, 6, or 8 hours <u>Pediatric</u> Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 0.56 to 8 mg/kg/day or 20 to 240 mg/m^2/day IV or IM in 3 or 4 divided doses.
J1742	Injection, ibutilide fumarate, 1 mg (Corvert)	<u>Adult</u> • Atrial fibrillation/flutter • Facilitation of transthoracic electrical cardioversion for atrial fibrillation • Postoperative atrial fibrillation	<u>Adult</u> Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: • ≥ 60 kg: 1 mg IV over 10 minutes • < 60 kg: 0.01 mg/kg IV over 10 minutes <u>Pediatric</u> Safety and efficacy have not been established.
J1756	Injection, iron sucrose, 1 mg (Venofer)	<u>Adult / Pediatric</u> • Iron-deficiency anemia	<u>Adult</u> Max dose: no well-established maximum dose for the approved indication according to the prescribing information.

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			Usual dose: 100 mg to 200 mg IV per day; cumulative dose is usually 1,000 mg Pediatric Max dose (≥ 2 years of age): 100 mg per dose according to prescribing information. Usual dose (≥ 2 years of age): 0.5 mg/kg/dose IV every 2 weeks for 12 weeks (6 doses); may repeat if clinically indicated
J1800	Injection, propranolol HCl, up to 1 mg (Inderal)	Adult / Pediatric • Cardiac arrhythmias • Thyroid storm	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • Cardiac arrhythmias: 1 mg IV over 1 minute; repeat as needed every 2 minutes up to a maximum of 3 doses • Thyroid storm: 0.5 to 1 mg IV administered over 10 minutes; a repeat dose of 1 to 3 mg IV over 10 to 15 minutes may be given every few hours as needed until oral therapy can be initiated and takes effect Pediatric Max dose: not approved for use in pediatric patients according to the prescribing information. However, maximum doses have been established by Other Supported evidence. • Infants: 1 mg/dose • Children and adolescents: 3 mg/dose Usual dose: • Tacyarrhythmias: 0.01 to 0.15 mg/kg/dose slow IV over 10 minutes; may repeat every 6 to 8 hours as needed; maximum dose is age-dependent: Infants: 1 mg/dose; children and adolescents: 3 mg/dose • Thyroid storm: 0.5 to 1 mg slow IV push over 10 minutes.
J1940	Injection, furosemide, up to 20 mg (Lasix)	Adult / Pediatric • Edema	Adult Max dose: no well-established maximum dose for the approved indication according to the prescribing information.

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			Usual dose: 20 to 40 mg IV once initially, then titrate as needed to an effective dose. Pediatric Max dose: 6 mg/kg/dose for intermittent dosing (acute) according to the prescribing information. Usual dose: 0.5 to 2 mg/kg/dose IV or IM every 6 to 12 hours initially; may increase by 1 mg/kg/dose not sooner than 2 hours after the previous dose until the desired diuretic effect has been obtained.
J1953	Injection, levetiracetam, 10 mg (Keppra)	Adult • Craniotomy, seizure prophylaxis • Subarachnoid hemorrhage (short-term seizure prophylaxis) Adult / Pediatric • Focal (partial) onset seizures • Generalized onset seizures: Juvenile myoclonic epilepsy, Primary generalized tonic-clonic seizures • Status epilepticus • Traumatic brain injury, severe acute (short-term seizure prophylaxis)	Adult Max dose: • The following maximum dose is according to the prescribing information: o Focal (partial) onset seizure: 3 g/day o Generalized onset seizures: 3 g/day • No well-established maximum doses for the other approved indications according to the prescribing information. However, max dose has been established for Other Supported Uses. Usual dose: 500 mg IV twice daily • Focal (partial) onset seizures: o Initial dosage: 500 mg IV twice daily o Dosage titration: increase by 500 mg/dose every 2 weeks based on response and tolerability to a maximum of 1.5 g twice daily. Note: Additional benefit of doses > 3 g/day has not been established • Generalized onset seizures: o Initial dosage: 500 mg IV twice daily o Dosage titration: increase by 500 mg/dose every 2 weeks based on response and tolerability to a maximum of 1.5 g twice daily. • Craniotomy, seizure prophylaxis: o 1 g/day IV in 2 divided doses is commonly used o dosage range of 500 mg to 3 g/day

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			• Status epilepticus: 1 to 3 g IV administered at a rate of 2 to 5 mg/kg/minute or 40 to 60 mg/kg as a single dose infused over 5 to 15 minutes in combination with a parenteral benzodiazepine. o Max dose: 4.5 g • Subarachnoid hemorrhage (short-term seizure prophylaxis): Loading dose of 20 mg/kg (rounded to the nearest 250 mg); IV over 5 to 15 minutes, followed by 1 g IV over 15 minutes every 12 hours for 7 days; o may be increased to a maximum dose of 1.5 g every 12 hours if necessary • Traumatic brain injury, severe acute (short-term seizure prophylaxis): loading dose of 20 mg/kg (rounded to the nearest 250 mg); IV over 5 to 15 minutes, followed by 1 g IV over 15 minutes every 12 hours for 7 days; o May be increased to a maximum dose of 1.5 g every 12 hours if necessary. <u>Pediatric</u> Max dose: • ≥ 4 years of age: 3 g/day • < 4 years of age and infants ≥1 month of age: no well-established maximum dose for the approved indication. Usual dose: • Partial onset seizures: o Infants 1 to < 6 months of age: ▪ Initial dosage: 7 mg/kg/dose IV twice daily ▪ Dosage titration: increase dosage every 2 weeks by 7 mg/kg/dose twice daily based on response and tolerability to the recommended dose of 21 mg/kg/dose IV twice daily o Infants ≥ 6 months of age and children <4 years of age: ▪ Initial dosage: 10 mg/kg/dose IV twice daily ▪ Dosage titration: increase dosage every 2 weeks by 10 mg/kg/dose twice daily based on response and tolerability to the

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			recommended dose of 25 mg/kg/dose IV twice daily o Children ≥ 4 years of age and adolescents <16 years of age: ▪ Initial dosage: 10 mg/kg/dose IV twice daily ▪ Dosage titration: increase dosage every 2 weeks by 10 mg/kg/dose twice daily based on response and tolerability to the recommended dose of 30 mg/kg/dose IV twice daily o Adolescents ≥ 16 years of age: ▪ Initial dosage: 500 mg IV twice daily ▪ Dosage titration: increase dosage every 2 weeks by 500 mg/dose twice daily based on response and tolerability to a maximum recommended dose of 1,500 mg IV twice daily • Myoclonic seizures with juvenile myoclonic epilepsy: o Children ≥ 12 years of age and adolescents: ▪ Initial dosage: 500 mg IV twice daily ▪ Dosage titration: increase dosage every 2 weeks by 500 mg/dose twice daily based on response and tolerability to the recommended dose of 1,500 mg IV twice daily • Tonic-clonic seizures; primary generalized: o Children ≥ 6 years of age and adolescents <16 years of age: ▪ Initial dosage: 10 mg/kg/dose IV twice daily ▪ Dosage titration: increase dosage every 2 weeks by 10 mg/kg/dose twice daily based on response and tolerability to the recommended dose of 30 mg/kg/dose IV twice daily o Adolescents ≥ 16 years of age: ▪ Initial dosage: 500 mg IV twice daily ▪ Dosage titration: increase dosage every 2 weeks by 500 mg/dose twice daily based on response and

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			tolerability to the recommended dose of 1,500 mg IV twice daily
J2001	Injection, lidocaine HCL for intravenous infusion, 10 mg	Adult • Interstitial cystitis/bladder pain syndrome • Sudden cardiac arrest due to ventricular fibrillation or pulseless ventricular tachycardia Adult / Pediatric • For infiltration and nerve block • For cardiac arrhythmias	Adult Max dose: • Following maximum doses are according to the prescribing information: o Cardiac arrhythmias: 200 to 300 mg, administered during a 1-hour period o IV regional anesthesia: 4 mg/kh o Paracervical block: 200 mg total per 90-minute period in obstetric and nonobstetric patient • No well-established maximum doses for the other approved indications according to the prescribing information. Additional maximum doses have been established by Other Supported evidence. Usual dose: • Cardiac arrhythmias: 50 to 100 mg, administered IV at a rate of ~25 to 50 mg/min • Infiltration and nerve block: 5 to 300 mg IV or IM • Interstitial cystitis/bladder pain syndrome: 200 mg via bladder instillations • Sudden cardiac arrest due to ventricular fibrillation or pulseless ventricular tachycardia, unresponsive to cardiopulmonary resuscitation, defibrillation, and epinephrine: o 1 to 1.5 mg/kg IV push or intraosseous o If refractory ventricular fibrillation or pulseless ventricular tachycardia, repeat 0.5 to 0.75 mg/kg IV push every 5 to 10 minutes (maximum cumulative dose: 3 mg/kg) o Follow with continuous infusion (1 to 4 mg/minute) after return of perfusion Pediatric

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			Max dose: no well-established maximum doses for the approved indications according to the prescribing information. However, maximum doses have been established for Other Supported evidence. Usual dose: • Anesthesia (≥ 1 year of age): o Dose varies with procedure, degree of anesthesia needed, vascularity of tissue, duration of anesthesia required, and physical condition of patient o Cutaneous infiltration: ▪ typically solutions with concentration <2% should be used (allow for larger volumes) ▪ max dose: 5 mg/kg/dose ▪ not to exceed the recommended adult maximum dose of 300 mg/dose ▪ do not repeat within 2 hours • Ventricular fibrillation or pulseless ventricular tachycardia, shock-refractory: o Neonates, infants, children, and adolescents ▪ IV, intraosseous • Loading dose: 1 mg/kg IV or intraosseous; follow with continuous infusion; may administer second bolus if delay between initial bolus and start of infusion is >15 minutes • Continuous infusion: 20 to 50 mcg/kg/minute. Per the manufacturer, do not exceed 20 mcg/kg/minute in patients with shock, hepatic disease, cardiac arrest, or CHF ▪ Endotracheal: 2 to 3 mg/kg loading dose; flush with 5 mL of NS and follow with 5 assisted manual ventilations

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
J2010	Injection, lincomycin HCl, up to 300 mg (Lincocin)	Adult / Pediatric • Bacterial infections (serious): treatment of serious infections caused by susceptible strains of streptococci, pneumococci, and staphylococci	Adult / Pediatric Max dose: 8 g/day intravenously (IV) according to the prescribing information. Adult Usual dose: • IM: 600 mg every 12 to 24 hours • IV: 600 mg to 1 g IV every 8 to 12 hours • Ophthalmic subconjunctival injection: 75 mg injected as a single dose Pediatric Usual dose: • > 1 month: o IM: 10 mg/kg IM every 12 to 24 hours o IV: 10 to 20 mg/kg/day IV in divided doses every 8 to 12 hours • ≤ 1 month: Safety and efficacy have not been established.
J2020	Injection, linezolid, 200 mg (Zyvox)	Adult • Anthrax, systemic infection • Intracranial abscess (brain abscess, intracranial epidural abscess) and spinal epidural abscess • Prosthetic joint infection Adult / Pediatric • Methicillin-resistant Staphylococcus infections (for example, MRSA/ORSA, MRSE/ORSE) • Enterococcal infections (vancomycin resistant) • Pneumonia – community acquired caused by *Streptococcus pneumoniae* or *Staphylococcus aureus* (methicillin-susceptible strains only) • Pneumonia – hospital acquired or healthcare-associated pneumonia caused by *S. aureus* (methicillin-susceptible and methicillin-resistant isolates) or *S. pneumoniae* • Skin and skin structure infections – complicated skin and skin structure infections, including diabetic foot infections, without concomitant osteomyelitis, caused by *S. aureus* (methicillin-susceptible and methicillin-resistant	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 600 mg IV every 12 hours. Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information. However, maximum doses have been established by Other Supported evidence. Usual dose: • < 12 years of age: 10 mg/kg IV every 8 hours • ≥ 12 years of age: 600 mg IV every 12 hours

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
		isolates), *Streptococcus pyogenes*, or *Streptococcus agalactiae* • Skin and skin structure infections – uncomplicated skin and skin structure infections caused by *S. aureus* (methicillin-susceptible isolates) or *S. pyogenes* • CNS infection, health care associated (for example, cerebrospinal fluid shunt infection) • Endocarditis, treatment, naïve or prosthetic valve • Meningitis, bacterial • Tuberculosis, drug resistant • Nontuberculous atypical mycobacterial infections • Osteomyelitis and/or discitis • Septic arthritis	
J2060	Injection, lorazepam, 2 mg (Ativan)	Adult • Alcohol withdrawal syndrome • Catatonia • Intoxication: cocaine, methamphetamine, and other sympathomimetics • Sedation/Agitation, critical illness • Vertigo, acute episodes Adult / Pediatric • Procedural anxiety, premedication • Chemotherapy-associated nausea and vomiting • Status epilepticus	Adult Max dose: 4 mg (single dose) for procedural anxiety (premedication) according to the prescribing information. No well-established maximum dose for the other approved indication according to the prescribing information. Usual dose: 0.25to 2 mg IM or IV every 3, 4, or 6 hours • Procedural anxiety, premedication: 1 to 4 mg IV (single dose) • Status epilepticus: 4 mg given slowly (2 mg/min); If seizures continue or recur after a 10- to 15-minute observation period, an additional 4 mg dose may be slowly administered Pediatric Max dose: not approved for use in children according to the prescribing information. However, max dosing has been established for some Other Supported Uses. Usual dose: • Anxiety, acute - Infants and children <12 years of age: o 0.05 mg/kg IV every 4 to 8 hours o Max dose: 2 mg/dose • Chemotherapy-associated nausea and vomiting (breakthrough nausea/vomiting) - Children and adolescents:

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			○ 0.025 to 0.05 mg/kg/dose IV every 6 hours as needed ○ Max dose: 2 mg/dose • Status epilepticus - Infants, children, and adolescents: ○ 0.1 mg/kg slow IV; may repeat once in 5 to 10 minutes ○ Max dose: 4 mg/dose
J2175	Injection, meperidine hydrochloride, per 100 mg (Demerol)	Adult / Pediatric • Pain management	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 50 to 150 mg intramuscularly (IM) or subcutaneously every 3 to 4 hours as needed. Pediatric Max dose: 50 to 75 mg per dose according to the prescribing information. Usual dose: 0.8 to 2 mg/kg/dose IM, IV or subcutaneously every 3 to 4 hours as needed.
J2185	Injection, meropenem, 100 mg (Merrem)	Adult / Pediatric • Intra-abdominal infections • Meningitis, bacterial • Skin and skin structure infections, complicated • Anthrax • Bloodstream infection (gram-negative bacteremia) • Cystic fibrosis, acute pulmonary exacerbation • Neutropenic enterocolitis (typhilitis) • Neutropenic fever, high-risk cancer patients • Osteomyelitis and/or discitis • Pneumonia • Prosthetic joint infection (pathogen-directed therapy for multidrug-resistant gram-negative bacilli, including *P. aeruginosa*) • Sepsis and septic shock (broad-spectrum empiric therapy, including *P. aeruginosa*) • Urinary tract infection, complicated (including pyelonephritis)	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 1 to 2 gm IV every 8 hours Pediatric Max dose: • (≥ 3 months of age): the following maximum doses are according to the prescribing information. In addition, maximum doses have been established off label. ○ Meningitis: 2 g/dose ○ Skin and skin structure infections, complicated: 500 mg/dose ○ Intra-abdominal infection, complicated: 1 g/dose • < 3 months: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • General dosing, susceptible infection (non-CNS), treatment ○ Neonates: 20 mg/kg/dose IV every 8 to 12 hours ○ Infants, children, adolescents: 20 mg/kg/dose IV every 8

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			hours; maximum dose: 1,000 mg/dose • Meningitis: 40 mg/kg/dose IV every 8 hours; max 2 g/dose
J2248	Injection, micafungin sodium, 1 mg (Mycamine)	Adult / Pediatric • Treatment of candidemia, acute disseminated candidiasis, *Candida* peritonitis, and abscesses in adults and pediatric patients ≥ 4 months of age or in pediatric patients ≤ 4 months of age without meningoencephalitis and/or ocular dissemination • Treatment of esophageal candidiasis in adult and pediatric patients ≥ 4 months of age. • Prophylaxis of *Candida* infections in adults and pediatric patients ≥ 4 months of age undergoing hematopoietic stem cell transplantation • Aspergillosis (invasive) (salvage therapy) • Candidiasis, intravascular infections • Candidiasis, osteoarticular infections • Candidiasis, chronic disseminated (hepatosplenic) • Candidiasis empiric therapy (nonneutropenic ICU patients) • Candidiasis, oropharyngeal (refractory disease) • Candidiasis, prophylaxis against invasive candidiasis (high-risk ICU patients) • Empiric antifungal therapy (neutropenic fever) • Prophylaxis against invasive fungal infections (solid organ transplant recipients)	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 100 to 150 mg IV once daily. Pediatric Max dose: • ≥ 4 months of age, following maximum doses are according to the prescribing information: o Candidiasis, esophageal: 150 mg/day (in patients weighing > 30 kg) o Fungal infection, prophylaxis in hematopoietic stem cell transplant recipients: 50 mg/day • < 4 months of age and neonates: no well-established maximum doses for the approved indications according to the prescribing information Usual dose: • Candidiasis, esophageal (alternative agent in patients who cannot tolerate oral therapy) o ≤ 30 kg: 3 mg/kg/dose IV once daily o > 30 kg: 2.5 mg/kg/dose IV once daily; max dose 150 mg • Candidiasis, systemic (including candidemia and invasive candidiasis) o Neonates and infants <4 months of age: 10 mg/kg/dose IV once dailyRef; doses as high as 15 mg/kg/dose have been reported. Note: Manufacturer labeling recommends 4 mg/kg/dose once daily in patients without CNS or ocular involvement; however, a pharmacokinetic model in patients 1 to 7 kg suggested that doses of 3 to 4 mg/kg/day in neonates and young infants would result in only 40.5% to 43.3% of patients achieving exposure

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			similar to adults receiving 100 mg/day ○ Infants ≥4 months of age, children, and adolescents: 2 mg/kg/dose IV once daily initially; usual maximum dose: 100 mg/dose; may increase to 4 mg/kg/dose if clinical condition does not improve or mycologic persistence occurs at lower doses; maximum dose: 200 mg/dose
J2260	Injection, milrinone lactate, 5 mg	Adult / Pediatric • Acute decompensated heart failure - short-term IV therapy for patients with acute decompensated heart failure with reduced ejection fraction in need of inotropic support • Postoperative inotropic support for heart transplant recipients	Adult Max dose: 0.75 mcg/kg/minute or 1.13 mg/kg/day (maintenance dose) according to the prescribing information. Usual dose: 0.375 to 0.75 mcg/kg/min or 0.59 to 1.13 mg/kg/day Pediatric Safety and effectiveness in pediatric patients have not been established. However, dosing guidance has been established for Other Supported Uses. Usual dose: • PALS guidelines (cardiac output maintenance and postresuscitation stabilization): ○ Loading dose: 50 mcg/kg IV or intraosseous over 10 to 60 minutes ○ Maintenance dose: 0.25 to 0.75 mcg/kg/minute IV infusion
J2270 J2274	Injection, morphine sulfate, up to 10 mg Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg (Infumorph)	Adult • Critically ill patients in the ICU (analgesia and sedation) • Dyspnea in palliative care patients Adult / Pediatric • Pain management, acute and chronic pain	Adult Max dose: 10 mg (epidural) per 24 hours for pain not responsive to nonopioid analgesics according to the prescribing information. No well-established maximum doses for the other approved indications according to the prescribing information. Usual dose: 1 to 4 mg IV every 1 to 4 hours as needed initially; if pain is not relieved, may increase dose as tolerated. May give up to 10 mg every 4 hours as needed for severe, acute pain in hospitalized patients at low risk for respiratory depression. • Critically ill patients in the ICU (analgesia and sedation): 2 to 10 mg IV as a loading dose, followed by maintenance dosing. Maintenance dose is 2 to 4 mg IV every 1 to 2 hours or 4 to 8 mg IV every 3 to 4 hours

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			• Dyspnea in palliative care patients: 2.5 mg IV or subcutaneously initially; may repeat every 30 to 60 minutes subcutaneously or every 15 to 30 minutes IV. If 2 doses are well tolerated but fail to reduce dyspnea adequately, the dose may be doubled. Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: varies based on age; 0.025 mg/kg/dose to 5 mg IM, IV or SC every 2 to 4 hours.
J2278	Injection, ziconotide, 1 mcg (Prialt)	Adult • Chronic pain - management of severe chronic pain in patients for whom intrathecal therapy is warranted and who are intolerant of, or refractory to, other treatment (e.g., systemic analgesics, adjunctive therapies, intrathecal morphine)	Adult Max dose: 19.2 mcg/day (0.8 mcg/hour). Usual dose: initiate at ≤2.4 mcg/day (0.1 mcg/hour) intrathecally and titrate to patient response. Pediatric Safety and effectiveness have not been established.
J2300	Injection, nalbuphine hydrochloride (Nubain)	Adult / Pediatric • Pain management Adult • Opioid-induced pruritus	Adult Max dose: 20 mg/dose or 160 mg/day for the treatment of pain in non-opioid-tolerant patients according to the prescribing information. Usual dose: 10 mg subcutaneously, intramuscularly, or intravenously (IV) every 3 to 6 hours. Pediatric Max dose: not approved for use in pediatric patients according to the prescribing information. However, dosing guidance has been established for Other Supported Uses Usual dose: Pain management: • to 0.2 mg/kg every 3 to 4 hours as needed administered subcutaneously, intramuscularly, or IV • max dose: 20 mg/dose or 160 mg/day

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
J2370	Injection, phenylephrine HCl	Adult / Pediatric • Hypotension/shock Adult • Priapism (ischemic)	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 0.5 to 6 mcg/kg/minute IV; titrate to desired mean arterial pressure. • Priapism (ischemic): 100 to 500 mcg intracavernously injected every 3 to 5 minutes Pediatric Max dose: 500 mcg/dose. Usual dose: 44 to 88 mcg/kg/dose IM or subcutaneously; maximum dose: 500 mcg
J2407	Injection, oritavancin (Orbactiv)	Adult • Acute bacterial skin and skin structure infections: treatment of adult patients with acute bacterial skin and skin structure infections caused by susceptible isolates of the following gram-positive microorganisms: Staphylococcus aureus (including methicillin-susceptible and methicillin-resistant isolates); Streptococcus pyogenes; Streptococcus agalactiae; Streptococcus dysgalactiae; Streptococcus anginosus group (including S. anginosus, Streptococcus intermedius, Streptococcus constellatus); and Enterococcus faecalis (vancomycin-susceptible isolates only)	Adult Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: 1,200 mg IV as a single dose. Pediatric Safety and effectiveness have not been established.
J2425	Injection, palifermin (Kepivance)	Adult • Oral mucositis	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 60 mcg/kg/day IV for 3 consecutive days before and 3 consecutive days after myelotoxic therapy, for a total of 6 doses Pediatric Safety and efficacy in children have not been established.
J2426	Injection, paliperidone palmitate extended release (Invega Sustenna)	Adult • Schizoaffective disorder • Schizophrenia	Adult Max dose: no well-established maximum dose for the approved

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			indication according to the prescribing information. Usual dose: 234 mg IM on treatment day 1, followed by 156 mg IM 1 week later. <u>Pediatric</u> Safety and effectiveness have not been established.
J2430	Injection, pamidronate disodium	Refer to Policy 1403, Oncology Medications for all oncology uses. For non-oncology uses: <u>Adult</u> • Hypercalcemia of malignancy • Paget disease • Bone loss associated with androgen deprivation treatment in prostate cancer (prevention)	<u>Adult</u> Max dose: 90 mg/dose according to the prescribing information. Usual dose: 60 to 90 mg, as a single IV dose over 2 to 24 hours • Paget's disease: 30 mg IV infusion over 4 hours for 3 consecutive days (total dose is 90 mg) <u>Pediatric</u> Safety and efficacy have not been established.
J2501	Injection, paricalcitol (Zemplar)	<u>Adult / Pediatric</u> • Hyperparathyroidism	<u>Adult</u> Max dose: 0.24 mcg/kg/day according to the prescribing information. Usual dose: 0.04 to 0.1 mcg/kg (2.8 to 7 mcg) IV bolus dose no more frequently than every other day at any time during dialysis. <u>Pediatric (≥ 5 years of age)</u> Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: Dose based on baseline serum intact parathyroid hormone (iPTH); administer 3 times weekly at any time during dialysis session, and no more frequently than every other day. • iPTH <500 pg/mL: 0.04 mcg/kg/dose • iPTH ≥500 pg/mL: 0.08 mcg/kg/dose
J2540	Injection, penicillin G potassium (Pfizerpen)	<u>Adult / Pediatric</u> • Actinomycosis • Anthrax • Clostridial infections • Diphtheria • Erysipelothrix endocarditis • Fusospirochetosis • Listeria infections • Meningococcal infection • Pasteurella infections	<u>Adult</u> Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 10 to 30 million units/day in divided doses every 4 to 6 hours. <u>Pediatric</u>

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
		• Rat bite fever • Serious gram-positive infections • Syphilis • Community-acquired pneumonia (children) • Cutibacterium acnes infection of deep-brain stimulation hardware • Group B streptococcus, maternal prophylaxis for prevention of neonatal disease • Leptospirosis • Lyme neuroborreliosis • Osteomyelitis, native vertebral • Prosthetic joint infection • Skin and soft tissue infections	Max dose: 12 to 20 million units/day for the treatment of meningitis caused by pneumococcus and meningococcus according to the prescribing information. No well-established maximum doses for the other approved indications according to the prescribing information. Usual dose: 100,000 to 300,000 units/kg/day IM or IV in divided doses every 4 to 6 hours.
J2543	Injection, piperacillin sodium/tazobactam sodium (Zosyn)	Adult / Pediatric • Intra-abdominal infections • Pelvic infection • Pneumonia, community-acquired • Pneumonia, hospital-acquired (nosocomial) • Skin and skin structure infections • Bite wound infection, treatment (animal or human bite) • Bloodstream infection (gram-negative bacteremia) • Cystic fibrosis, severe acute pulmonary exacerbation • Endocarditis, treatment (pediatric) • Malignant (necrotizing) external otitis • Neutropenic fever, high-risk cancer patients (empiric therapy) • Sepsis and septic shock	Adult Max dose: 18 g/day. Usual dose: 3.375 g IV every 6 hours or 4.5 g IV every 6 to 8 hours. Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information. However, maximum doses have been established by Other Supported evidence: 16 to 18 g/day based on condition treated. Usual dose: varies based on age; 80 to 3,000 mg IV every 6 to 8 hours.
J2560	Injection, phenobarbital sodium	Adult / Pediatric • Sedation • Seizures - management of generalized tonic-clonic, status epilepticus, and partial seizures	Adult Max dose: • 400 mg/day for use as a sedative according to the prescribing information • No well-established maximum dose for the other approved indication according to the prescribing information Usual dose: • Sedation: 30 to 120 mg/day IM or IV in 2 to 3 divided doses • Preoperative sedation: 100 to 200 mg IM 60 to 90 minutes before surgery

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			• Acute convulsions: 20 to 320 mg IM or IV, repeated in 6 hours as necessary <u>Pediatric</u> Max dose: no well-established maximum dose for the approved indications according to the prescribing information. Usual dose: • Sedation: 1 to 3 mg/kg IM or IV • Anticonvulsion: 4 to 6 mg/kg/day for 7 to 10 days to blood level of 10 to 15 mcg/mL or 10 to 15 mg/kg/day IM or IV • Status Epilepticus: 15 to 20 mg/kg over 10 to 15 minutes IV, may repeat with an additional 5 to 10 mg/kg 10 minutes after loading dose
J2597	Injection, desmopressin acetate (DDAVP)	<u>Adult / Pediatric</u> • Central diabetes insipidus • Hemophilia A • von Willebrand disease (type 1) <u>Adult</u> • Intracranial hemorrhage associated with certain antiplatelet agents (Adult) • Surgical bleeding in patients with uremia (prevention) (Adult) • von Willebrand disease (type 2)	<u>Adult</u> Max dose: • Central diabetes insipidus: 4 mcg daily according to the prescribing information • No well-established maximum doses for the other approved indications according to the prescribing information Usual dose: • Central diabetes insipidus: 2 to 4 mcg (0.5 to 1 mL) IV or SC, usually in 2 divided doses • Hemophilia A: 0.3 mcg/kg IV • von Willebrand disease (type 1): 0.3 mcg/kg IV • Intracranial hemorrhage associated with certain antiplatelet agents: 0.4 mcg/kg IV • Surgical bleeding in patients with uremia (prevention): 0.3 to 0.4 mcg/kg IV <u>Pediatric</u> Max dose: • Central diabetes insipidus (≥ 12 years of age): 4 mcg daily according to the prescribing information • No well-established maximum doses for the other approved indications according to the prescribing information

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)

			Usual dose:
			• Central diabetes insipidus (≥ 12 years of age): 2 to 4 mcg (0.5 to 1 mL) IV or SC, usually in 2 divided doses
			  ○ < 12 years of age: safety and efficacy not established
			
			• Hemophilia A: (≥ 3 months of age): 0.3 mcg/kg IV
			  ○ < 3 months of age: do not use desmopressin per prescribing information
			
			• von Willebrand disease (type 1) (≥ 3 months of age): 0.3 mcg/kg IV
			  ○ < 3 months of age: do not use desmopressin per prescribing information

J2675	Injection, progesterone	Adult • Amenorrhea • Uterine bleeding	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • Amenorrhea: 5 to 10 mg/day intramuscularly (IM) for 6 to 8 consecutive days • Uterine bleeding (functional): 5 to 10 mg/day IM for 6 doses Pediatric Safety and effectiveness have not been established.
J2680	Injection, fluphenazine decanoate	Adult • Psychotic disorders • Chorea of Huntington disease	Adult Max dose: 100 mg/dose according to the prescribing information Usual dose: 6.25 to 25 mg IM or subcutaneously every 2 weeks (once at steady state, the effects of a single injection may last 4 to 6 weeks). Pediatric Safety and efficacy have not been established.
J2700	Injection, oxacillin sodium (Bactocill)	Adult / Pediatric • Staphylococcal infections • Catheter-related bloodstream infections • Skin and soft tissue necrotizing infections • Surgical site infections	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 1 to 2 g IV every 4 to 6 hours

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information. However, maximum doses have been established by Other Supported evidence. Usual dose: • Mild to moderate infections: o 100 to 150 mg/kg/day IM or IV in divided doses every 6 hours o max dose: 4,000 mg/day • Severe infections: o 150 to 200 mg/kg/day IM or IV in divided doses every 4 to 6 hours o max dose: 12 g/day
J2704	Injection, propofol (Diprivan)	Adult / Pediatric • Anesthesia Adult • Monitored anesthesia care (MAC) sedation • Intensive care unit (ICU) sedation • Postoperative nausea and vomiting, rescue therapy • Status epilepticus, refractory	Adult Max dose: Usual dose: • Anesthesia: o Induction: 2 to 2.5 mg/kg IV o Maintenance: patient's clinical response will determine the infusion rate or the amount and frequency of incremental injection • MAC: initiated by infusing propofol at 100 to 150 mcg/kg/minute (6 to 9 mg/kg/hour) for a period of 3 to 5 minutes and titrating to the desired clinical effect while closely monitoring respiratory function • ICU sedation: o Initial: For intubated, mechanically ventilated adults, slowly initiate with a continuous infusion of 5 mcg/kg/minute (0.3 mg/kg/hour) for at least 5 minutes to titrate to desired clinical effect and minimize hypotension. o Dosage titration: subsequent increments of 5 to 10 mcg/kg/minute (0.3 to 0.6 mg/kg/hour) over 5- to 10-minute intervals may be used until desired sedation level is achieved o Most ICU adults recovering from the effects of general anesthesia or deep sedation will require maintenance rates

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			of 5 to 50 mcg/kg/minute (0.3 to 3 mg/kg/hour) individualized and titrated to clinical response. • Postoperative nausea and vomiting, rescue therapy: 15 to 20 mg IV, may be repeated • Status epilepticus, refractory (Neurocritical Care Society recommendations) - Mechanical ventilation and cardiovascular monitoring required: o Loading dose: 1 to 2 mg/kg IV with initiation of a continuous infusion o Continuous infusion: initial: 20 mcg/kg/minute IV (1.2 mg/kg/hour). If the patient experiences breakthrough status epilepticus while on continuous infusion, increase infusion rate by 5 to 10 mcg/kg/minute (0.3 to 0.6 mg/kg/hour) every 5 minutes (may also administer a 1 mg/kg bolus dose with continuous infusion titration) o Dosage range: 30 to 200 mcg/kg/minute (1.8 to 12 mg/kg/hour) <u>Pediatric</u> Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose (≥ 3 years of age): 2.5 mg/kg to 3.5 mg/kg for induction; maintenance should be individualized and titrated to clinical response. • Status epilepticus, refractory - (Neurocritical Care Society recommendations) Mechanical ventilation and cardiovascular monitoring required: o Loading dose: 1 to 2 mg/kg IV with initiation of a continuous infusion o Continuous infusion: initial: 20 mcg/kg/minute IV (1.2 mg/kg/hour). If the patient experiences breakthrough status epilepticus while on continuous infusion, increase infusion rate by 5 to 10 mcg/kg/minute (0.3 to 0.6

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			mg/kg/hour) every 5 minutes (may also administer a 1 mg/kg bolus dose with continuous infusion titration) ○ Dosage range: 30 to 200 mcg/kg/minute (1.8 to 12 mg/kg/hour)
J2783	Injection, rasburicase (Elitek)	Adult / Pediatric • Hyperuricemia associated with malignancy	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 0.2 mg/kg as a 30-minute IV infusion daily for up to 5 days. Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 0.2 mg/kg as a 30-minute IV infusion daily for up to 5 days.
J2790	Injection, Rho d immune globulin, human (Rhogam)	Adult • Preventing Rh immunization for: ○ Pregnancy and other obstetrical conditions in Rh-negative women unless the father or baby are conclusively Rh-negative, e.g. delivery of an Rh-positive baby irrespective of the ABO groups of the mother and baby, any antepartum fetal-maternal hemorrhage (suspected or proven), actual or threatened pregnancy loss at any stage of gestation, and ectopic pregnancy • Prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • Pregnancy and other obstetrical conditions: 300 mcg IM • Transfusion: ○ 2.5 to 15 mL RhD-positive red blood cell exposure: 300 mcg IM. ○ More than 15 mL RhD-positive red blood cell exposure: 20 mcg per mL of RhD-positive red blood cell exposure IM Pediatric Safety and effectiveness in pediatric patients have not been established.
J2791	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous (Rhophylac)	Adult • Suppression of Rh isoimmunization in ○ Non-sensitized Rh_0(D)-negative women with an Rh-incompatible pregnancy ○ individuals transfused with Rh_0(D)-positive red blood cells (RBCs) or blood components containing Rh^0(D)-positive RBCs	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 300 mcg IM or IV Pediatric Safety and effectiveness in pediatric patients have not been established.

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
		• For the treatment of Rh0(D)-positive, non-splenectomized adults patients with chronic immune thrombocytopenic purpura (ITP) to raise platelet counts	
J2794	Injection, risperidone, long acting (RisperDAL Consta)	Adult • Bipolar disorder • Schizophrenia	Adult Max dose: 50 mg IM every 2 weeks according to the prescribing information. Usual dose: 25 mg IM every 2 weeks. Pediatric Not studied in children younger than 18 years.
J2800	Injection, methocarbamol (Robaxin)	Adult / Pediatric • Neuromuscular manifestations of tetanus Adult • Muscle spasm	Adult Max dose: 3 g/day for ≤3 consecutive days according to the prescribing information. Usual dose: 1 g IV or IM initially; may repeat every 8 hours. Pediatric Safety and effectiveness have not been established except in tetanus. Max dose: 1.8 g/m^2 for 3 consecutive days for tetanus according to the prescribing information. Usual dose: minimum initial dose of 15 mg/kg or 500 mg/m^2. This dosage may be repeated every 6 hours as required.
J2805	Injection, sincalide (Kinevac)	Adult • Gallbladder contraction stimulation • Pancreatic secretion stimulation • Barium meal transit time acceleration	Adult Max dose: no well-described maximum doses for the approved indications according to the prescribing information. Usual dose: • Gallbladder contraction stimulation: 0.02 mcg/kg IV infusion beginning 30 minutes after the start of secretin 0.25 units/kg IV infusion • Pancreatic secretion stimulation: 0.02 mcg/kg IV; after 15 minutes, if gallbladder contraction is unsatisfactory, a second dose of 0.04 mcg/kg IV may be administered. Alternatively, 0.12 mcg/kg IV infusion may be given to reduce intestinal side effects • Barium meal transit time acceleration: 0.04 mcg/kg IV; after 30 minutes, if the transit of the barium meal is unsatisfactory, may

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			repeat dose. Alternatively, 0.12 mcg/kg IV infusion may be given to reduce intestinal side effects Pediatric Safety and effectiveness have not been established.
J2820	Injection, sargramostim (GM-CSF) (Leukine)	Adult • To shorten time to neutrophil recovery and to reduce the incidence of severe and life-threatening infections and infections resulting in death following induction chemotherapy in adult patients 55 years and older with acute myeloid leukemia (AML) • For the mobilization of hematopoietic progenitor cells into peripheral blood for collection by leukapheresis and autologous transplantation in adult patients • For the acceleration of myeloid reconstitution following autologous bone marrow or peripheral blood progenitor cell transplantation in adult and pediatric patients 2 years of age and older • For the acceleration of myeloid reconstitution following allogeneic bone marrow transplantation in adult and pediatric patients 2 years of age and older • For treatment of delayed neutrophil recovery or graft failure after autologous or allogeneic bone marrow transplantation in adult and pediatric patients 2 years of age and older • To increase survival in adult and pediatric patients from birth to 17 years of age acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome [H-ARS]) • Primary prophylaxis of neutropenia in patients receiving chemotherapy (outside transplant and AML) or who are at high risk for neutropenic fever	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 250 mcg/m^2 IV, SC once daily Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 250 mcg/m^2 IV once daily

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
		Pediatric • For the acceleration of myeloid reconstitution following autologous bone marrow or peripheral blood progenitor cell transplantation in pediatric patients 2 years of age and older • For the acceleration of myeloid reconstitution following allogeneic bone marrow transplantation in pediatric patients 2 years of age and older • For treatment of delayed neutrophil recovery or graft failure after autologous or allogeneic bone marrow transplantation in pediatric patients 2 years of age and older • To increase survival in pediatric patients from birth to 17 years of age acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome [H-ARS]) • Neuroblastoma, high-risk • Primary prophylaxis of neutropenia in patients receiving chemotherapy (outside transplant and AML) or who are at high risk for neutropenic fever	
J2916	Injection, sodium ferric gluconate complex in sucrose injection (Ferrlecit)	Adult / Pediatric • Iron deficiency anemia	Adult Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: 125 mg per dose IV. Pediatric Max dose: 125 mg per dose according to the prescribing information. Usual dose: • 15 years: 125 mg per dose IV • 6 to 15 years of age: 1.5 mg/kg IV infusion • < 6 years of age: Safety and efficacy have not been established in pediatric patients younger than 6 years.

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
J2930	Injection, methylprednisolone sodium succinate (Solu-MEDROL)	Adult / Pediatric • Anti-inflammatory or immunosuppressant agent	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Corticosteroid dosage must be individualized and is highly variable depending on the nature and severity of the disease, route of treatment, and on patient response. Usual dose: • IV: 40 to 125 mg/day given in a single daily dose or in divided doses; rarely, for certain conditions, may go up to 1 to 2 mg/kg/day. • IM: 40 to 60 mg as a single dose. Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Corticosteroid dosage must be individualized and is highly variable depending on the nature and severity of the disease, route of treatment, and on patient response. Usual dose: 0.11 to 1.6 mg/kg/day or 3.2 to 48 mg/m^2/day IV or IM in divided doses every 6 to 12 hours.
J2997	Injection, alteplase recombinant (Activase)	Adult • Acute ischemic stroke • Pulmonary embolism • ST-elevation myocardial infarction • Frostbite • Parapneumonic pleural effusions and empyemas • Peripheral arterial occlusion • Prosthetic mechanical valve thrombosis	Adult Max dose: • Activase: o Acute Ischemic stroke: 0.9 mg/kg (90 mg). o Pulmonary embolism: no well-established maximum dose for the approved indication according to the prescribing information o ST-elevation MI: 100 mg (as a total dose) Usual dose: Acute ischemic stroke: • ≥100 kg: load with 9 mg (10% of 90 mg) as an IV bolus over 1 minute, followed by 81 mg (90% of 90 mg) as a continuous infusion over 60 minutes • <100 kg: load with 0.09 mg/kg (10% of 0.9 mg/kg dose) as an IV bolus over 1 minute, followed by 0.81 mg/kg (90% of 0.9 mg/kg dose) as a continuous infusion over 60 minutes Pulmonary embolism, acute (hemodynamically unstable/massive):

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			• 100 mg IV as an infusion over 2 hours. ST-elevation MI: • Accelerated regimen (weight based) o >67 kg: total dose 100 mg IV over 1.5 hours; administered as a 15 mg IV bolus over 1 to 2 minutes followed by IV infusions of 50 mg over 30 minutes, then 35 mg over 1 hour. o ≤67 kg: infuse 15 mg IV bolus over 1 to 2 minutes followed by IV infusions of 0.75 mg/kg (not to exceed 50 mg) over 30 minutes then 0.5 mg/kg (not to exceed 35 mg) over 1 hour. • Frostbite: o 2 to 4 mg intra-arterial bolus followed by a continuous intra-arterial infusion of 0.5 to 1 mg/hour (total dose in cases of bilateral extremity involvement • Prosthetic mechanical valve thrombosis: o 1 mg/hr continuous IV infusion for 25 hours (25 mg total); may repeat this dose up to 8 times if there is not adequate resolution of thrombus based on echocardiographic assessment o max total dose: 200 mg <u>Pediatric</u> Safety and efficacy of alteplase in children have not been established.
J3010	Injection, fentanyl citrate	<u>Adult / Pediatric</u> • Pain management, surgery	<u>Adult</u> Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Individualize dosing based on the factors such as age, body weight, physical status, underlying pathological condition, use of other drugs, type of anesthesia to be used, and the surgical procedure involved. Usual dose: • Loading: 25 to 100 mcg IV or 1 to 2 mcg/kg IV; may repeat dose x 1 • Maintenance: 5 to 50 mcg IV or 0.35 to 0.5 mcg/kg IV every 30 to 60 minutes as needed.

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Individualize dosing based on the factors such as age, body weight, physical status, underlying pathological condition, use of other drugs, type of anesthesia to be used, and the surgical procedure involved. Usual dose: • 12 years of age: refer to adult • 2 to 12 years of age: 2 to 3 mcg/kg/dose IV or IM. • < 2 years of age: Safety and efficacy have not been established.
J3095	Injection, telavancin (Vibativ)	Adult • Complicated skin and skin structure infections • Hospital-acquired and ventilator-associated bacterial pneumonia • Bloodstream infection	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 10 mg/kg intravenously (IV) once every 24 hours. Pediatric Safety and effectiveness have not been studied.
J3230	Injection, chlorpromazine HCl	Adult • Agitation/aggression (severe, acute) associated with psychiatric disorders (e.g., schizophrenia, bipolar disorder) • Behavioral problems • Bipolar disorder • Hyperactivity • Presurgical apprehension • Nausea and vomiting • Schizophrenia • Tetanus • Hiccups, prolonged or intractable • Nausea and vomiting of pregnancy Pediatric • Behavioral problems • Nausea and vomiting • Presurgical apprehension • Tetanus	Adult Max dose: the following is according to the prescribing information: • Agitation/aggression (severe, acute) associated with psychiatric disorders: 200 mg/day • Nausea/vomiting: 200 mg/day • No well-established maximum doses for the other approved indications according to the prescribing information Usual dose: • General: 25 to 50 mg IM or IV single dose; may give additional 25 to 50 mg in 1 hour based on response and tolerability • Hiccups: a single dose of 25 to 50 mg IM may be administered; or if hiccups persist, 1 mg/minute IV • Nausea and vomiting: o IM: 25 mg; if no hypotension occurs, administer 25 to 50 mg every 3 to 4 hours as needed until vomiting stops

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			○ IV: 2 mg over at least 2 minutes; may repeat at 2 minute intervals as needed • Schizophrenia: 25 mg IM; may repeat in 1 hour if necessary • Tetanus: 25 to 50 mg IM or IV every 6 to 8 hours; usually given in conjunction with barbiturates • Nausea and vomiting of pregnancy: 25 to 50 mg IV or IM every 4 to 6 hours; maximum dose: 300 mg/day. <u>Pediatric</u> Max dose: • ≥ 12 years of age: ○ Nausea and vomiting during surgery: 25 mg IV (total dose) • 6 months to 12 years of age: ○ Behavioral disorders/hyperactivity in hospitalized patients, nausea and vomiting, and tetanus: ▪ Children 6 months to 4 years of age (or weighing less than 22.7 kg): 40 mg/day IM ▪ Children 5 to 12 years of age (or weighing 22.7 to 45.5 kg): 75 mg/day IM ○ Intraoperative (to control acute nausea/vomiting): 0.275 mg/kg IV (total dose) Usual dose: • ≥ 12 years of age: ○ Nausea and vomiting during surgery: 25 mg IV (total dose), give 25 to 50 mg IM every 3 to 4 hours, as needed, until vomiting stops ○ Preoperative apprehension: 12.5 to 25 mg IM 1 to 2 hours before surgery ○ Tetanus ▪ IM: 25 to 50 mg 3 or 4 times per day, usually with barbiturates ▪ IV: 25 to 50 mg • 6 months to 12 years of age: ○ Behavioral problems/hyperactivity: 0.55

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			mg/kg IM every 6 to 8 hours, as needed ○ Preoperative apprehension: 0.55 mg/kg IM 1 to 2 hours before surgery ○ Tetanus: 0.55 mg/kg IM or IV every 6 to 8 hours • < 6 months: generally, do not use chlorpromazine in pediatric patients younger than 6 months except where potentially lifesaving. It should not be used in conditions for which specific pediatric dosages have not been established according to the prescribing information
J3243	Injection, tigecycline (Tygacil)	Adult / Pediatric • Intra-abdominal infections, complicated • Pneumonia, community-acquired • Skin and skin structure infections, complicated	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • Initial: 100 mg IV x 1 dose • Maintenance: 50 mg IV every 12 hours Pediatric Max dose: • 12 to 17 years of age: no well-established maximum doses for the approved indications according to the prescribing information. • 8 to 11 years of age: 50 mg every 12 hours according to the prescribing information Usual dose: • 12 to 17 years of age: 50 mg IV every 12 hours • 8 to 11 years of age: 1.2 mg/kg IV every 12 hours • < 8 years of age: Do not use.
J3250	Injection, trimethobenzamide HCl (Tigan)	Adult • Treatment of postoperative nausea and vomiting and for nausea associated with gastroenteritis	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 200 mg IM 3 or 4 times daily. Pediatric Use is contraindicated.

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
J3260	Injection, tobramycin sulfate	Adult / Pediatric • Bloodstream infection • Bone infections • Intra-abdominal infections • Meningitis, bacterial • Pneumonia • Skin and skin structure infections • Urinary tract infections • Peritonitis, treatment (peritoneal dialysis patients)	Adult Max dose: • 5 mg/kg/day for the treatment of life-threatening infections according to the prescribing information. • No well-established maximum doses for the other approved indications. Usual dose: 3 to 5 mg/kg/day IV or IM in divided doses every 8 hours • Titrate to target peak concentration; target peak concentration depends on indication and site of infection • In general, adjust dose to achieve peak of 4 to 6 mcg/mL for urinary tract infections and 7 to 10 mcg/mL for serious infections (including life-threatening infections) Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • Older than 1 week of age: 6 to 7.5 mg/kg/day IV or IM in 3 or 4 equally divided doses (2 to 2.5 mg/kg every 8 hours or 1.5 to 1.89 mg/kg every 6 hours) • 1 week of age or younger (premature or full-term neonates): up to 4 mg/kg/day IV or IM may be administered in 2 equal doses every 12 hours
J3300	Injection, triamcinolone acetonide, preservative free (Triesence)	Adult / Pediatric • Treatment of the following ocular diseases: sympathetic ophthalmia, temporal arteritis, uveitis, and ocular inflammatory conditions unresponsive to topical corticosteroids • Vitrectomy visualization	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • Ocular disease: 4 mg intravitreally; additional doses may be given as needed over the course of treatment • Vitrectomy visualization: 1 to 4 mg intravitreally Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose:

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			• Ocular disease: 4 mg intravitreally; additional doses may be given as needed over the course of treatment • Vitrectomy visualization: 1 to 4 mg intravitreally
J3360	Injection, diazepam	Adult • Alcohol withdrawal syndrome • Anxiety, acute/severe • Anxiety disorders • Muscle spasm, spasticity, and/or rigidity • Procedural anxiety, premedication • Seizures, acute, active; status epilepticus • Intoxication (cocaine, methamphetamine, and other sympathomimetics) • Vertigo, acute episodes, treatment Pediatric • Muscle spasm, spasticity, and/or rigidity • Seizures, acute, active; status epilepticus	Adult Max dose: • 30 mg (total dose) for the management of acute active seizures according to the prescribing information • No well-established maximum doses for the other approved indications according to the prescribing information Usual dose: 2 mg to 20 mg intramuscular or intravenous 3 to 4 hours, depending on the indication and its severity • Alcohol withdrawal syndrome: 10 mg, intramuscular or intravenous initially, then 5 mg to 10 mg in 3 to 4 hours, if necessary • Anxiety - anxiety, acute/severe (monotherapy or adjunctive therapy): 2 to 10 mg IM or IV every 3 to 6 hours as needed up to 40 mg/day; adjust dose based on response and tolerability • Anxiety - procedural anxiety (premedication): 2 to 10 mg IV or 0.03 to 0.1 mg/kg IV once (maximum single dose: 10 mg) 5 to 15 minutes prior to procedure; if needed due to incomplete response and/or duration of procedure, may repeat the dose • Muscle spasm, spasticity, and/or rigidity: 5 mg to 10 mg, intramuscular or intravenous initially, then 5 mg to 10 mg in 3 to 4 hours, if necessary. For tetanus, larger doses may be required. • Seizures - Acute active seizures (non–status epilepticus): 5 to 10 mg IV as a single dose; may repeat at 10- to 15-minute intervals up to a max dose of 30 mg Pediatric Max dose: no well-established maximum doses for the approved

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			indications according to the prescribing information. Usual dose: 10 mg to 20 mg I.M. depending on the indication and its severity. • Muscle spasm, spasticity, and/or rigidity (Tetanus): o Infants over 30 days of age: 1 mg to 2 mg intramuscular or intravenous, slowly, repeated every 3 to 4 hours as necessary o 5 years or older: 5 mg to 10 mg repeated every 3 to 4 hours may be required to control tetanus spasms • Seizures: o Infants over 30 days of age to 4 years of age: 0.2 mg to 0.5 mg slowly every 2 to 5 minutes up to a maximum of 5 mg; repeat in 2 to 4 hours if necessary o 5 years or older: 1 mg every 2 to 5 minutes up to a maximum of 10 mg; repeat in 2 to 4 hours if necessary.
J3370	Injection, vancomycin HCl	Adult / Pediatric • Endocarditis • Staphylococcal infections • Catheter-related bloodstream infection, antibiotic lock technique (catheter-salvage therapy) • Cerebrospinal fluid shunt infection • Clostridioides (formerly Clostridium) difficile infection (rectal administration) • Diabetic foot infection, moderate to severe • Intra-abdominal infection • Intracranial abscess (brain abscess, intracranial epidural abscess) or spinal epidural abscess • Meningitis, bacterial • Peritonitis, treatment (peritoneal dialysis patients) • Prosthetic joint infection • Streptococcus (group B), maternal prophylaxis for prevention of neonatal disease • Surgical prophylaxis	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • Initial: o 500 mg every 6 hours or 1 g every 12 hours; OR o 15 to 20 mg/kg/dose (rounded to the nearest 250 mg) IV every 8 to 12 hours initially o 20 to 35 mg/kg (maximum: 3 g/dose) may be required in seriously ill with MRSA • Maintenance: adjust based on therapeutic monitoring Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: 10 to 15 mg/kg per dose given every 6 hours • Neonates up to 1 month: initial dose of 15 mg/kg is suggested,

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			followed by 10 mg/kg every 12 hours for neonates in the 1st week of life and every 8 hours thereafter • Maintenance: adjust based on therapeutic monitoring
J3396	Injection, verteporfin (Visudyne)	Adult • Subfoveal choroidal neovascularization - treatment of predominantly classic subfoveal choroidal neovascularization due to age-related macular degeneration, pathologic myopia, or presumed ocular histoplasmosis	Adult Max dose: Usual dose: IV infusion 6 mg/m^2 body surface area (BSA) administered over 10 minutes at a rate of 3 mL/min. Pediatric Safety and effectiveness have not been established.
J3415	Injection, pyridoxine HCl	Adult • Pyridoxine deficiency	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • 10 to 20 mg IM or IV daily for 3 weeks, followed by daily oral therapy for several weeks. • Doses up to 600 mg/day may be needed with pyridoxine dependency syndrome. Pediatric Max dose: not approved for use according to the prescribing information. Usual dose: Pyridoxine deficiency; treatment: • Children: 5 to 25 mg/day IM or IV for 3 weeks, then 2.5 to 5 mg/day in multivitamin product • Adolescents: 10 to 20 mg/day IM or IV for 3 weeks, then 2 to 5 mg/day (usual dosage found in multivitamin products)
J3470	Injection, hyaluronidase (Amphadase)	Adult / Pediatric • As an adjuvant to increase the absorption and dispersion of other injected drugs • As an adjuvant in subcutaneous fluid administration (hypodermoclysis) for achieving hydration. • As an adjunct in subcutaneous urography for improving resorption of radiopaque agents	Adult Max dose: no well-described maximum doses for the approved indications according to the prescribing information. Usual dose: • Absorption and dispersion of injected drugs: add 50 to 300 units, most typically 150 units, to the injection solution • Subcutaneous fluid administration: 150 units injected under skin prior to clysis will facilitate absorption of 1,000 mL or more of solution

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			• Subcutaneous urography: 75 units subcutaneously over each scapula Pediatric Max dose: no well-described maximum doses for the approved indications according to the prescribing information. Usual dose: • Dehydration, treatment to facilitate subcutaneous fluid replacement - neonates, infants, children, and adolescents: 150 units facilitates absorption of ≥1,000 mL of solution • Dispersion/absorption enhancement of injected drugs - children and adolescents: 50 to 300 units added to injection solution • Urography, subcutaneous - infants, children, and adolescents: 75 units subcutaneously over each scapula
J3471	Injection, hyaluronidase, ovine, preservative free (Vitrase)	Adult / Pediatric • As an adjuvant to increase the absorption and dispersion of other injected drugs • As an adjuvant in subcutaneous fluid administration (hypodermoclysis) for achieving hydration. • As an adjunct in subcutaneous urography for improving resorption of radiopaque agents	Adult Max dose: no well-described maximum doses for the approved indications according to the prescribing information. Usual dose: • Absorption and dispersion of injected drugs: add 50 to 300 units, most typically 150 units, to the injection solution • Subcutaneous fluid administration: 200 units injected under skin prior to clysis will facilitate absorption of 1,000 mL or more of solution • Subcutaneous urography: 75 units subcutaneously over each scapula Pediatric Max dose: no well-described maximum doses for the approved indications according to the prescribing information. Usual dose: • Dehydration, treatment to facilitate subcutaneous fluid replacement - neonates, infants, children, and adolescents: 200 units facilitates absorption of ≥1,000 mL of solution • Dispersion/absorption enhancement of injected drugs - children and adolescents: 50 to 300 units added to injection solution

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			• Urography, subcutaneous - infants, children, and adolescents: 75 units subcutaneously over each scapula
J3475	Injection, magnesium sulfate	Adult • Hyperalimentation • Hypomagnesemia • Seizures in eclampsia/preeclampsia • Asthma (acute exacerbation) • Polymorphic VT (with pulse) associated with QT prolongation (torsades de pointes) or VF/pulseless VT associated with torsades de pointes Pediatric • Asthma (acute exacerbation) • Polymorphic VT (with pulse) associated with QT prolongation (torsades de pointes) or VF/pulseless VT associated with torsades de pointes	Adult Max dose: • 40 g per 24 hours for treatment of eclampsia/preeclampsia according to the prescribing information; however, this is variable by regimen • No well-established maximum doses for the other approved indications Usual dose: • Hyperalimentation: 8 to 24 mEq/day • Hypomagnesemia: o Mild hypomagnesemia" 1 g (2 mL) IM of the undiluted 50% solution every 6 hours for 4 doses. o Severe hypomagnesemia: up to 250 mg/kg (0.5 mL/kg) IM of the undiluted 50% solution within a period of 4 hours if necessary, or 5 g (approximately 40 mEq) can be added to 1 L of dextrose 5% injection or sodium chloride 0.9% injection for slow IV infusion over a 3-hour period • Seizures in eclampsia/preeclampsia: initial total dose of 10 to 14 g administered as follows: 4 g IV infusion with simultaneous IM injections of 4 to 5 g in each buttock. After the initial IV/IM doses, may administer a 1 to 2 g/hour continuous infusion or may follow with IM doses of 4 to 5 g into alternate buttocks every 4 hours as necessary • Asthma (acute exacerbation): 2 g IV as a single dose over 20 minutes as adjunctive therapy for severe life-threatening exacerbations and for exacerbations that remain severe

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			after 1 hour of intensive conventional therapy • Polymorphic VT (with pulse) associated with QT prolongation (torsades de pointes): 1 to 2 g (diluted in 50 to 100 mL D5W) IV over 15 minutes (range: 5 to 60 minutes); may follow with a continuous IV infusion of 0.5 to 1 g/hour • VF/pulseless VT associated with torsades de pointes: 1 to 2 g (diluted in 10 mL D5W) administered as an IV or intraosseous bolus <u>Pediatric</u> Max dose: no well-established maximum doses for the approved indications according to the prescribing information. However, dosing guidance has been established for some Other Supported Uses. Usual dose: • Asthma, acute refractory exacerbations (infants, children, and adolescents): 50 mg/kg/dose IV as a single dose; usual dose range: 25 to 75 mg/kg/dose IV; maximum dose: 2,000 mg/dose • Torsade de pointes or ventricular fibrillation/pulseless ventricular tachycardia associated with torsade de pointes (infants, children, and adolescents): 25 to 50 mg/kg/dose IV or intraosseous; maximum dose: 2,000 mg/dose
J3489	Injection, zoledronic acid (Reclast, Zometa)	Refer to Policy 1403, Oncology Medications for all oncology uses. For non-oncology uses: <u>Adult</u> Reclast • Treatment and prevention of osteoporosis in postmenopausal females; treatment to increase bone mass in males with osteoporosis; treatment and prevention of glucocorticoid-induced osteoporosis in males and females. • Treatment of Paget disease of bone in males and females	<u>Adult</u> Max dose: • 4 mg/dose (Zometa) for hypercalcemia of malignancy • No well-established maximum doses for the other approved indications according to the prescribing information. Usual dose: Reclast • Osteoporosis, prevention of fractures: 5 mg IV once every 12 to 24 months (interval dependent on fracture risk)

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		Zometa • Hypercalcemia of malignancy	• Paget disease (Reclast): initial dosage of 5 mg IV as a single dose; re-treatment of 5 mg IV dose may be considered after 12 months in patients with biochemical relapse Zometa • Hypercalcemia of malignancy: 4 mg IV as a single dose; may repeat dose after 7 days if hypercalcemia persists. <u>Pediatric</u> Not FDA-approved for use in children.
J7312	Injection, dexamethasone, intravitreal implant (Ozurdex)	Adult • Treatment of macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO) • Treatment of non-infectious uveitis affecting the posterior segment of the eye • Treatment of diabetic macular edema	<u>Adult</u> Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: <u>Pediatric</u> Safety and effectiveness have not been established.
J7501	Azathioprine sodium, parenteral	Adult • As adjunct for the prevention of rejection in kidney transplantation • For the management of active rheumatoid arthritis (RA) to reduce signs and symptoms Pediatric • As adjunct for the prevention of rejection in kidney transplantation	<u>Adult</u> Max dose: • 2.5 mg/kg/day for the treatment of RA according to the prescribing information • No well-established maximum dose for the other approved indication according to the prescribing information Usual dose: Initial dosage • As adjunct for the prevention of rejection in kidney transplantation: o Initial: 3 to 5 mg/kg IV once daily usually started on the day of transplant; however, has been initiated (rarely) 1 to 3 days prior to transplant o Maintenance: 1 to 3 mg/kg IV once daily. • For the management of active rheumatoid arthritis (RA) to reduce signs and symptoms: o Initial dosage: approximately 1 mg/kg (50 to 100 mg) IV once daily as a single dose or divided twice daily o Dosage titration: after 6 to 8 weeks, may increase by 0.5 mg/kg every 4 weeks until

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			response or up to 2.5 mg/kg/day o Maintenance dosage: reduce dose by 0.5 mg/kg (approximately 25 mg) daily every 4 weeks until lowest effective dose is reached <u>Pediatric</u> Not FDA-approved, however dosing information available for other supported uses. Usual dose: Transplantation, solid organ (infants, children, and adolescents): • Initial: 3 to 5 mg/kg/dose IV once daily, beginning at the time of transplant • Maintenance: 1 to 3 mg/kg/dose IV once daily
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral (Thymoglobulin)	<u>Adult / Pediatric</u> • For the prophylaxis and treatment of acute rejection in renal transplantation • Chronic graft-versus-host disease (prevention) • Heart transplant (acute cellular rejection) (treatment) • Heart transplant (induction therapy) • Lung transplant (induction therapy)	<u>Adult</u> Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: • Acute renal transplant rejection: 1.5 mg/kg IV once daily for 7 to 14 days. • Renal transplant (induction therapy): 1.5 mg/kg/day IV for 4 to 7 days • Chronic graft-versus-host disease (prevention): 0.5 mg/kg IV administered 2 days prior to transplant and 2 mg/kg administered 1 day before and 1 day after transplant or 2.5 mg/kg once daily for 3 days beginning 3 days prior to transplant • Heart transplant (acute cellular rejection) (treatment): 0.75 to 1.5 mg/kg/day IV for 5 to 14 days • Heart transplant (induction therapy): 1 to 1.5 mg/kg IV once daily for up to 7 days • Lung transplant (induction therapy): 1.5 mg/kg/day IV for 3 days; the first dose was administered within 24 hours of transplantation

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			Pediatric Safety and effectiveness of anti-thymocyte globulin for renal transplant (induction and acute cellular rejection treatment) in pediatric patients have not been established in controlled trials. However, the dose, efficacy, and adverse event profile are not thought to be different from adults based on limited European studies and US compassionate use.
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia (Feraheme)	Adult • Iron deficiency anemia	Adult Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: • 510 mg as an IV infusion over at least 15 minutes; after 3 to 8 days has elapsed, repeat dose. • Assess response at least 30 days following the second dose • May re-administer regimen in patients with persistent or recurrent iron-deficiency anemia Pediatric Safety and effectiveness have not been established.
Q2009	Injection, fosphenytoin, phenytoin equivalent (Cerebyx)	Adult / Pediatric • Seizures - control of generalized tonic-clonic status epilepticus and the prevention and treatment of seizures occurring during neurosurgery (e.g., prophylaxis during craniotomy); may be used for short-term parenteral administration (e.g., focal [partial] onset seizures or generalized-onset seizures) when oral phenytoin is not possible. • Traumatic brain injury, prevention of early posttraumatic seizure	Adult Max dose: no well-established maximum doses for the approved indications according to the prescribing information. However, maximum doses have been established off label. Usual dose: Seizures • Craniotomy, seizure prophylaxis (alternative agent) o Loading dose: 10 to 20 mg PE/kg IV at a rate of ≤150 mg PE/minute prior to incision o Postoperative prophylaxis: 5 to 7.5 mg PE/kg/day IV in 2 to 3 divided doses, until postoperative day 7; usual daily dose: 300 to 400 mg PE IV; adjust dose based on response and serum concentrations • Focal (partial) onset seizures and generalized-onset seizures (short-term alternative to oral therapy)

CPT / HCPC Code	Drug (Brand Name)	Covered Indications / Other Supported Uses	Recommended Dosing (where available)
			○ Loading dose (optional) (fosphenytoin/phenytoin naive): 10 to 20 mg PE/kg IM or IV given in 1 to 3 divided doses over 24 hours; administer IV loading dose at a rate of 100 to 150 mg PE/minute; usual total loading dose is 1 to 1.5 g PE; begin maintenance dose 8 to 12 hours after loading dose ○ Maintenance dosage: 4 to 7 mg PE/kg/day (usual daily dose: 300 to 400 mg PE) initially IV or IM given in 2 to 4 divided doses; adjust dose based on response and serum concentrations. • Status epilepticus (convulsive and nonconvulsive): ○ Loading dose (fosphenytoin/phenytoin naive): 20 mg PE/kg IV at a rate of 100 to 150 mg PE/minute in combination with a parenteral benzodiazepine (e.g., lorazepam) under continuous cardiac and blood pressure monitoring; reduce infusion rate if significant adverse events occur; if necessary, may give an additional 5 to 10 mg PE/kg 10 minutes after the loading dose; maximum total loading dose: 30 mg PE/kg. Begin maintenance dose 8 to 12 hours after loading dose. ○ Maintenance dose: 4 to 7 mg PE/kg/day (usual daily dose: 300 to 400 mg PE) initially IV or IM given in 2 to 4 divided doses; adjust dose based on response and serum concentrations Traumatic brain injury, prevention of early posttraumatic seizure (alternative agent) • Loading dose: 17 to 20 mg PE/kg IV at a rate of 100 to 150 mg PE/minute; usual maximum dose: 2 g PE; begin maintenance dose 8 to 12 hours after loading dose • Maintenance dosage: 100 mg PE IV every 8 hours or 5 mg PE/kg/day (round to the nearest 100 mg PE) IV given in divided doses every 8 hours

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			Pediatric Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: Status epilepticus (neonates, infants, children, and adolescents): • Loading dose15 to 20 mg PE/kg IV administered at 2 mg PE/kg/minute or 150 mg PE/minute, whichever is slower • Maintenance dosage: follow the loading dose with maintenance doses of fosphenytoin or phenytoin. The initial daily maintenance dosage for fosphenytoin is 4 to 8 mg PE/kg/day IV in divided doses at 1 to 2 mg PE/kg/minute or 100 mg/minute, whichever is slower
S0017	Injection, aminocaproic acid	Adult • Excessive bleeding • Intracranial hemorrhage associated with thrombolytics (plasminogen-activator) (e.g., alteplase, reteplase, tenecteplase) • Subarachnoid hemorrhage	Adult Max dose: 30 g per 24 hours according to the prescribing information. Usual dose: • Excessive bleeding: 5 g, followed by 1 to 1.25 g hourly, should achieve and sustain drug plasma levels at 0.13 mg/mL. • Intracranial hemorrhage associated with thrombolytics (plasminogen-activator) (e.g., alteplase, reteplase, tenecteplase): 4 to 5 g IV • Subarachnoid hemorrhage: Initiate therapy with 4 g IV as a loading dose, followed by a 1 g/h infusion for up to 72 hours after subarachnoid hemorrhage onset. Pediatric Safety and effectiveness in pediatric patients have not been established.
S0032	Injection, nafcillin sodium	Adult / Pediatric • Treatment of infections caused by penicillinase-producing staphylococci • Skin and soft tissue necrotizing infection • Streptococcal skin infections • Surgical site infections	Adult Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: 500 mg IV every 4 hours. For severe infections, 1 g every 4 hours is recommended. Pediatric

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			Max dose: no well-established maximum doses for the approved indications according to the prescribing information. Usual dose: • Infants and Children < 40 kg (88 lbs): 25 mg/kg IM twice daily • Neonates: 10 mg/kg IM twice daily
S0080	Injection, pentamidine isethionate	Adult / Pediatric • Treatment of pneumonia due to Pneumocystis jirovecii	Adult Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: 4 mg/kg/dose IV once daily for 21 days; may reduce to 3 mg/kg/dose once daily if toxicity occurs. Pediatric Max dose: no well-established maximum dose for the approved indication according to the prescribing information. Usual dose: • Infants ≥ 5 months of age, Children, and Adolescents: 4 mg/kg/dose IM or IV once daily for 14 to 21 days.

General Background

Drugs intended for human use are evaluated by FDA's Center for Drug Evaluation and Research (CDER) to ensure that drugs marketed in the United States are safe and effective. Biological products are evaluated by FDA's Center for Biologics Evaluation and Research (CBER). Federal law generally requires that prescription drugs in the U.S. be shown to be both safe and effective prior to marketing for all indications or uses. FDA's review of the applicant's labeling insures that health care professionals and patients have the information necessary to understand a drug product's risks and its safe and effective use. (U.S. FDA, 2020a, 2020b)

Good medical practice and the best interests of the patient require that physicians use legally available drugs, biologics and devices according to their best knowledge and judgment. If physicians use a product for an indication not in the approved labeling, they have the responsibility to be well informed about the product, to base its use on firm scientific rationale and on sound medical evidence. This use is called "off-label" and the FDA generally allows an FDA-approved, marketed product used in this manner when the intent is the "practice of medicine". (U.S. FDA, 2020c)

Employers and health care organizations have an interest in promoting positive patient outcomes. One resource employed to achieve this goal is the medication precertification ,process. This process takes into consideration evidence of a particular medication's efficacy and safety to promote appropriate utilization and thereby minimize waste and error.

Where medical precertification is a part of a benefit plan, specific criteria must be met to promote appropriate use:

- Benefit plan coverage parameters
- Medical necessity, including appropriate clinical use

Standard Medical Reference Compendia
Standard medical reference compendia utilized to establish medical necessity include, but not limited to: American Hospital Formulary Service-Drug Information (AHFS), Elsevier/Gold Standard Clinical Pharmacology, Truven Health Analytics Micromedex DrugDEX® (DrugDEX), and Facts & Comparisons®.

References

1. Clinical Pharmacology [database]. Tampa, FL: Elsevier. 2020. Available from http://www.clinicalpharmacology.com.
2. Individual Drug Name Entries. Drug Facts and Comparisons. Facts & Comparisons® eAnswers [online]. 2020. Available from Wolters Kluwer Health, Inc. Accessed January 25, 2022.
3. Individual Drug Name Entries. DRUGDEX® System. Available from. Accessed 6/17/2020.
4. McEvoy GK, ed. AHFS 2019 Drug Information. Bethesda, MD: American Society of Health-Systems Pharmacists, Inc; 2019.
5. U.S. Department of Health and Human Service Food and Drug Administration (FDA)a. Guidance, Center for Biologics Evaluation and Research (CBER) Responsibilities. Accessed 6/17/2020. Available at https://www.fda.gov/about-fda/center-biologics-evaluation-and-research-cber/center-biologics-evaluation-and-research-cber-responsibilities-questions-and-answersU.S. Department of Health and Human Services
6. U.S. Department of Health and Human Service Food and Drug Administration (FDA)b. Guidance, Compliance and Regulatory Information. Accessed 6/17/2020. Available at https://www.fda.gov/about-fda/fda-organization/center-drug-evaluation-and-research-cder.
7. U.S. Department of Health and Human Service Food and Drug Administration (FDA)c. Guidance, Understanding Unapproved Use of Approved Drugs “Off Label”. Accessed 6/17/2020. Available at https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label.
8. U.S. Food and Drug Administration. Drugs@FDA. U.S. Department of Health & Human Services: http://www.accessdata.fda.gov/scripts/cder/drugsatfda.

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