Michigan Department of Health and Human Services
Medicaid Health Plan Injectable Drugs and Biologicals Carve-Out
October 2025

The information in this document serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy, Letters & Forms webpage. If there are discrepancies between the information in this document and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

The following list of Medicaid program covered injectable drugs and biological products are carved out from Medicaid Health Plan (MHP) coverage. They will be reimbursed as a fee-for-service (FFS) benefit for all FFS and MHP enrollees. Reimbursement will be made in accordance with the relevant reimbursement methodology (e.g., DRG, OPPS, physician services).

Code	Short Description	PA Required	Comments
J0217	Inj Velmanase Alfa-Tycv 1 Mg		Added 04/01/2024
J0738	Hiv Prep, Inj, Lenacapavir		Added 10/01/2025
J0739	Hiv Prep, Inj, Cabotegravir		Added 07/01/2022
J0741	Inj, Cabote Rilpivir 2mg 3mg		Added 10/01/2021
J0752	Hiv Prep, Oral Lenacapavir		Added 10/01/2025
J1322	Elosulfase Alfa, Injection	Yes	Added 04/01/2019
J1411	Inj, Hemgenix, Per Tx Dose	Yes	Added 01/01/2024
J1413	Inj Delandistrogene Mox Rokl	Yes	Added 01/01/2024
J1426	Injection, Casimersen, 10 Mg	Yes	Added 10/01/2021
J1427	Inj. Viltolarsen	Yes	Added 04/01/2021
J1428	Inj, Eteplirsen, 10 Mg	Yes	Added 10/01/2018
J1429	Inj Golodirsen 10 Mg	Yes	Added 07/01/2020
J1746	Inj., Ibalizumab-Uiyk, 10 Mg		Added 01/01/2023
J1961	Inj, Lenacapavir, 1 Mg		Added 07/01/2023
J2326	Inj, Nusinersen, 0.1mg	Yes	Added 01/01/2018
J3392	Inj, Exagamglogene Autotem	Yes	Added 01/01/2025
J3393	Inj, Betibeglogene Autotemce	Yes	Added 08/01/2024
J3394	Inj, Lovotibeglogene Autotem	Yes	Added 08/01/2024
J3398	Inj Luxturna 1 Billion Vec G	Yes	Added 01/01/2019
J3399	Inj Onase Abepar-Xioi Treat	Yes	Added 07/01/2020
J3401	Vyjuvek 5x10^9pfu/Ml, 0.1 Ml	Yes	Added 05/01/2025
Q2041	Axicabtagene Ciloleucel Car+	Yes	Added 01/01/2019
Q2042	Tisagenlecleucel Car-Pos T	Yes	Added 01/01/2019
Q2053	Brexucabtagene Car Pos T	Yes	Added 04/01/2021
Q2054	Lisocabtagene Mara Car Pos T	Yes	Added 10/01/2021
Q2055	Idecabtagene Vicleucel Car	Yes	Added 01/01/2022
Q2056	Ciltacabtagene Car-Pos T	Yes	Added 10/01/2022
Q2057	Afamitresgene Autoleucel	Yes	Added 04/01/2025
Q2058	Obecbtge Autol Up To 400 Mil	Yes	Added 07/01/2025

Refer to Medicaid Code and Rate Reference Tool in CHAMPS for additional information. Also, for covered physician-administered drugs and fee screens, refer to www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >>