

Physician-Administered Medications Requiring a Prior Authorization (PA)

September 2015

NOTE: This list is not all inclusive and subject to change on a regular basis. All medications and HCPCS codes listed here require a PA. Drugs being billed with the miscellaneous J codes (J3490/J3590/J9999/C9399) require a PA. Changes on this list from the previous month are highlighted in yellow.

Please fax PA form ALONG with clinical notes/supporting documentation to 866-617-4971

Drug - Brand Name	Drug - Generic Name	HCPCS Codes
Abbokinase	Urokinase	J3364
Abbokinase	Urokinase	J3365
Abraxane	Paclitaxel Protein-Bound	J9264
Acthar HP	Corticotropin	J0800
Adcetris	Brentuximab	J9042
Advate	Antihemophilic Factor, Recombinant	J7192
Aldurazyme	Laronidase	J1931
Alferon N	Interferon Alfa-N3	J9215
Alimta	Pemetrexed	J9305
Alkeran	Melphalan	J9245
Alphanate	Antihemophilic factor/VWF (Human)	J7186
Alphanate	Antihemophilic factor/VWF (Human)	J7190
Alphanine SD	Coagulation Factor IX	J7193
Alprolix	Coagulation Factor IX	J7199
Alprolix	Coagulation Factor IX	J7201
Amevive	Alefacept	J0215
Apokyn	Apomorphine Hydrochloride	J0364
Aralast NP	Alpha1-Proteinase Inhibitor (Human)	J0256
Aranesp	Darbepoetin	J0881
Aranesp	Darbepoetin	J0882
Arcalyst	Rilonacept	J2793
Arranon	Nelarabine	J9261
Arzerra	Ofatumumab	J9302
Asparaginase	Asparaginase (Erwinaze)	J9019
Atgam	Lymphocyte Immune Globulin, Antithymocyte Globulin Equine	J7504
Atryn	Anti-Thrombin, Recombinant	J7196
Autoplex T	Anti-Inhibitor Coagulant Complex	J7198
Avastin	Bevacizumab	J9035
Aveed	Testosterone Undecanoate	J3490

Physician-Administered Medications Requiring a Prior Authorization (PA)

September 2015

NOTE: This list is not all inclusive and subject to change on a regular basis. All medications and HCPCS codes listed here require a PA. Drugs being billed with the miscellaneous J codes (J3490/J3590/J9999/C9399) require a PA. Changes on this list from the previous month are highlighted in yellow.

Please fax PA form ALONG with clinical notes/supporting documentation to 866-617-4971

Drug - Brand Name	Drug - Generic Name	HCPCS Codes
Aveed	Testosterone Undecanoate	J3590
Baygam	Gamma Globulin IM	J1560
Bebulin	Factor IX Complex	J7194
Bebulin VH	Factor IX Complex	J7194
Beleodaq	Belinostat	J9999
BeneFix	Coagulation Factor IX Recombinant	J7195
Benlysta	Belimumab	J0490
Berinert	C1 Esterase Inhibitor (Human)	J0597
Bioclata	Factor XIII, Antihemophilic Factor, Recombinant	J7192
Bivigam	Immune Globulin (Human)	J1556
Blinicyto	Blinatumomab	J3490
Blinicyto	Blinatumomab	J3590
Blinicyto	Blinatumomab	J9999
Boniva	Ibandronate	J1740
Botox	Onabotulinumtoxin A	J0585
Bravelle	Urofollitropin Purified	J3355
Campath	Alemtuzumab	J9010
Carimune NF	Immune Globulin (Human)	J1556
Carticel	Autologous Cultured Chondrocytes	J7330
Ceprotin	Protein C Concentrate (Human)	J2724
Cerezyme	Imiglucerase	J1785
Cerezyme	Imiglucerase	J1786
Cetrotide	Cetrorelix Acetate	J3490
Cimzia	Certolizumab Pegol	J0717
Cimzia	Certolizumab Pegol	J0718
Cinryze	C1 Esterase Inhibitor (Human)	J0598
Corifact	Factor XIII Concentrate (Human)	J7180
Cosentyx	Secukinumab	C9399
Cosentyx	Secukinumab	J3490
Cosentyx	Secukinumab	J3590

Physician-Administered Medications Requiring a Prior Authorization (PA)

September 2015

NOTE: This list is not all inclusive and subject to change on a regular basis. All medications and HCPCS codes listed here require a PA. Drugs being billed with the miscellaneous J codes (J3490/J3590/J9999/C9399) require a PA. Changes on this list from the previous month are highlighted in yellow.

Please fax PA form ALONG with clinical notes/supporting documentation to 866-617-4971

Drug - Brand Name	Drug - Generic Name	HCPCS Codes
Cresamba IV	Isavuconazonium	C9025
Cresamba IV	Isavuconazonium	J3490
Cresamba IV	Isavuconazonium	J3590
Cubicin	Daptomycin	J0878
Cyramza	Ramucirumab	C9025
Cyramza	Ramucirumab	J3490
Cyramza	Ramucirumab	J3590
Cyramza	Ramucirumab	J9999
Cytogam	Cytomegalovirus Immune Globulin (Human)	J0850
Dacogen	Decitabine	J0894
Dalvance	Dalbavancin	J3490
Decitabine	Decitabine	J0894
Desferal	Deferoxamine	J0895
Dysport	Abobotulinumtoxina	J0586
Egrifta	Tesamorelin Acetate	J3490
Egrifta	Tesamorelin Acetate	J3590
Elaprase	Idursulfase	J1743
ElELYso	Taliglucerase Alfa	J3060
Eligard	Leuprolide Acetate	J9217
Elitek	Rasburicase	J2783
Eloctate	Antihemophilic Factor, Recombinant	J7199
Elosulfase	Elosulfase Alfa	C9022
Elspar	Asparaginase	J9020
Entyvio	Vedolizumab	C9026
Entyvio	Vedolizumab	J3490
Entyvio	Vedolizumab	J3590
Epogen	Epoetin Alfa	J0885
Epogen	Epoetin Alfa	J0886
Epoprostenol	Epoprostenol	J1325
Erbix	Cetuximab	J9055

Physician-Administered Medications Requiring a Prior Authorization (PA)

September 2015

NOTE: This list is not all inclusive and subject to change on a regular basis. All medications and HCPCS codes listed here require a PA. Drugs being billed with the miscellaneous J codes (J3490/J3590/J9999/C9399) require a PA. Changes on this list from the previous month are highlighted in yellow.

Please fax PA form ALONG with clinical notes/supporting documentation to 866-617-4971

Drug - Brand Name	Drug - Generic Name	HCPCS Codes
Erwinaze	Asparaginase	J9019
Ethiol	Amifostine	J0207
Euflexxa	Hyaluronate Sodium	J7323
Evzio	Naloxone	J3490
Eylea	Aflibercept	J0178
Fabrazyme	Agalsidase Beta	J0180
Faslodex	Fulvestrant	J9395
Feiba NF	Antiinhibitor Coagulant	J7198
Fertinex	Urofollitropin Purified	J3355
Firazyr	Icatibant Acetate	J1744
Firmagon	Degarelix Acetate	J9155
Flebogamma	Immune Globulin (Human)	J1572
Flolan	Epoprostenol	J1325
Follistim	Follitropin Beta	J3490
Follistim	Follitropin Beta	S0128
Folotyn	Pralatrexate	J9307
Forteo	Teriparatide	J3110
Fusilev	Levoleucovorin Calcium	J0641
Fuzeon	Enfuvirtide	J1324
Gamastan S/D	Immune Globulin (Human)	J1460
Gammagard	Immune Globulin (Human)	J1569
Gammagard S/D	Immune Globulin (Human)	J1569
Gammaplex	Immune Globulin (Human)	J1557
Gamunex - C	Immune Globulin (Human)	J1561
Ganirelix AC	Ganirelix Acetate	S0132
Ganirelix Acetate Antagon	Ganirelix Acetate	J3490
Gattex	Teduglutide	J3490
Gattex	Teduglutide	J3590
Gazyva	Obinutuzumab	J9301
Gel - One	Cross-Linked Hyaluronate	J7326

Physician-Administered Medications Requiring a Prior Authorization (PA)

September 2015

NOTE: This list is not all inclusive and subject to change on a regular basis. All medications and HCPCS codes listed here require a PA. Drugs being billed with the miscellaneous J codes (J3490/J3590/J9999/C9399) require a PA. Changes on this list from the previous month are highlighted in yellow.

Please fax PA form ALONG with clinical notes/supporting documentation to 866-617-4971

Drug - Brand Name	Drug - Generic Name	HCPCS Codes
Geref	Sermorelin	Q0515
Glassia	Alpha1-Proteinase Inhibitor (Human)	J0257
GlucaGen	Glucagon	J1610
Gonal-F	Follitropin Alfa	S0126
Gonal-F RFF	Follitropin Alfa	S0126
Granix	Tbo-Filgrastim	J1446
H.P. Acthar	Corticotropin	J0800
Halaven	Eribulin Mesylate	J9179
Hectorol	Doxercalciferol	J1270
Helixate	Factor VIII, Antihemophilic Factor, Recombinant	J7192
Helixate FS	Factor VIII, Antihemophilic Factor, Recombinant	J7192
Hemofil M	Antihemophilic Factor (Human)	J7190
Hepagam B	Hepatitis B Immune Globulin (Human)	J1571
Hepagam B	Hepatitis B Immune Globulin (Human)	J1573
Herceptin	Trastuzumab	J9355
Hizentra	Immune Globulin (Human)	J1559
Humate- P	Antihemophilic factor/VWF (Human)	J7186
Hyalgan	Sodium Hyaluronate	J7321
Hycamtin	Topotecan	J9351
Hylanex	Hyaluronidase	J3473
Hyperhep B	Hepatitis B Immune Globulin (Human)	J1571
HyperRHO S/D	RHO D Immune Globulin (Human)	J2788
HyperRHO S/D	RHO D Immune Globulin (Human)	J2790
Hyqvia	Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase	J3490
Hyqvia	Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase	J3590
Ilaris	Canakinumab	J0638
Iluvien	Fluocinolone Acetonide Intravitreal Implant	J7311
Increlex	Mecasermin	J2170

Physician-Administered Medications Requiring a Prior Authorization (PA)

September 2015

NOTE: This list is not all inclusive and subject to change on a regular basis. All medications and HCPCS codes listed here require a PA. Drugs being billed with the miscellaneous J codes (J3490/J3590/J9999/C9399) require a PA. Changes on this list from the previous month are highlighted in yellow.

Please fax PA form ALONG with clinical notes/supporting documentation to 866-617-4971

Drug - Brand Name	Drug - Generic Name	HCPCS Codes
Invega Sustenna	Paliperidone Palmitate ER	J2426
Iplex	Mecasermin Rinfabate	J2170
Iprivask	Desirudin	J3490
Iprivask	Desirudin	J3590
Istodax	Romidepsin	J9315
IVIG Lyophilized NOS	IVIG Not Otherwise Specified	J1566
IVIG Non-Lyophilized	IVIG Not Otherwise Specified	J1599
Ixempra	Ixabepilone	J9207
Ixinity	Coagulation Factor IX Recombinant	J7195
Ixinity	Coagulation Factor IX Recombinant	J7200
Jetrea	Ocriplasmin	J7316
Jevtana	Cabazitaxel	J9043
Kadcyla	Ado-Trastuzumab Emtansine	J9354
Kalbitor	Ecallantide	J1290
Kepivance	Palifermin	J2425
Keytruda	Pembrolizumab	J9999
Koate-DVI	Antihemophilic Factor (Human)	J7190
Kogenate FS	Factor VIII, Antihemophilic Factor, Recombinant	J7192
Krystexxa	Pegloticase	J2507
Kyprolis	Carfilzomib	J9047
Lemtrada	Alemtuzumab	J3490
Lemtrada	Alemtuzumab	J3590
Leukine	Sargramostim	J2820
Leuprolide	Leuprolide Acetate	J9218
Lucentis	Ranibizumab	J2778
Lumizyme	Alglucosidase alfa	J0221
Lupaneta Pack	Leuprolide/Norethindrone	J3490
Lupron Depot	Leuprolide Acetate	J9217
Lupron Depot	Leuprolide Acetate	J9218
Lupron Depot	Leuprolide Acetate	J9219

Physician-Administered Medications Requiring a Prior Authorization (PA)

September 2015

NOTE: This list is not all inclusive and subject to change on a regular basis. All medications and HCPCS codes listed here require a PA. Drugs being billed with the miscellaneous J codes (J3490/J3590/J9999/C9399) require a PA. Changes on this list from the previous month are highlighted in yellow.

Please fax PA form ALONG with clinical notes/supporting documentation to 866-617-4971

Drug - Brand Name	Drug - Generic Name	HCPCS Codes
Lupron Dep-Ped	Leuprolide Acetate	J1950
Luveris	Lutropin alfa	J3490
Luveris	Lutropin alfa	J3590
Macugen	Pegaptanib	J2503
Makena	Hydroxyprogesterone Caproate	J1725
Marqibo	Vincristine Sulfate Liposome	J9371
Menopur	Menotropins	J3490
Metvixia	Methyl AminoLevulinate (MAL)	J7309
Micrhogam PL	RHO D Immune Globulin (Human)	J2788
Monoclate-P	Antihemophilic Factor (Human)	J7190
Mononine	Coagulation Factor IX	J7193
Monovisc	Sodium Hyaluronate	J7327
Mozobil	Plerixafor	J2562
Myalept	Metreleptin	J3490
Myobloc	Rimabotulinumtoxin B	J0587
Myozyme	Alglucosidase Alfa	J0220
Nabi-HB	Hepatitis B Immune Globulin (Human)	J1573
Naglazyme	Galsulfase	J1458
Natrecor	Nesiritide	J2325
Neulasta	Pegfilgrastim	J2505
Neumega	Oprelvekin	J2355
Neupogen	Filgrastim	J1440
Neupogen	Filgrastim	J1442
Neutroval	Tbo-Filgrastim	J1446
Novantrone	Mitoxantrone HCL	J9293
Novarel	Chorionic Gonadotropin	J0725
NovoEight	Antihemophilic Factor VIII, Recombinant	J7182
NovoSeven	Coagulation Factor VIIa	J7189
Nplate	Romiplostim	J2796
Nulojix	Belatacept	J0485

Physician-Administered Medications Requiring a Prior Authorization (PA)

September 2015

NOTE: This list is not all inclusive and subject to change on a regular basis. All medications and HCPCS codes listed here require a PA. Drugs being billed with the miscellaneous J codes (J3490/J3590/J9999/C9399) require a PA. Changes on this list from the previous month are highlighted in yellow.

Please fax PA form ALONG with clinical notes/supporting documentation to 866-617-4971

Drug - Brand Name	Drug - Generic Name	HCPCS Codes
Obizur	Antihemophilic Factor, Recombinant	J3490
Obizur	Antihemophilic Factor, Recombinant	J3590
Octagam	Immune Globulin (Human)	J1568
Octreotide	Octreotide Acetate	J2353
Octreotide	Octreotide Acetate	J2354
Omontys	Pefinesatide	J0890
Oncaspar	Pegaspargase	J9266
Ontak	Denileukin Diftitox	J9160
Opdivo	Nivolumab	J3490
Opdivo	Nivolumab	J3590
Opdivo	Nivolumab	J9999
Orbactiv	Oritavancin	J3490
Orbactiv	Oritavancin	J3590
Orencia	Abatacept	J0129
Orthoclone OKT3	Muromonab-CD3	J7505
Orthovisc	Hyaluronan	J7324
Otrexup	Methotrexate Soln PF Auto-Inj	J3490
Ovidrel	Gonadotropin Alfa	J0725
Ozurdex	Dexamethasone Intravitreal Implant	J7312
Perjeta	Pertuzumab	J9306
Photofrin	Porfimer Injection	J9600
Pregnyl	Chorionic Gonadotropin	J0725
Prialt	Ziconotide	J2278
Privigen	Immune Globulin (Human)	J1459
Procrit	Epoetin Alfa	J0885
Procrit	Epoetin Alfa	J0886
Profasi	Chorionic Gonadotropin	J0725
Profilnine	Factor IX Complex	J7194
Prograf	Tacrolimus, Parenteral	J7525
Prolastin	Alpha1-Proteinase Inhibitor (Human)	J0256

Physician-Administered Medications Requiring a Prior Authorization (PA)

September 2015

NOTE: This list is not all inclusive and subject to change on a regular basis. All medications and HCPCS codes listed here require a PA. Drugs being billed with the miscellaneous J codes (J3490/J3590/J9999/C9399) require a PA. Changes on this list from the previous month are highlighted in yellow.

Please fax PA form ALONG with clinical notes/supporting documentation to 866-617-4971

Drug - Brand Name	Drug - Generic Name	HCPCS Codes
Proleukin	Aldesleukin	J9015
Prolia	Denosumab	J0897
Proplex T	Factor IX Complex	J7194
Provenge	Sipuleucel-T	C9273
Provenge	Sipuleucel-T	Q2043
Pulmozyme	Dornase Alfa	J7639
Rasuvo	Methotrexate Soln PF Auto-Inj	J3490
Rasuvo	Methotrexate Soln PF Auto-Inj	J3590
Recombinate	Factor VIII, Antihemophilic Factor, Recombinant	J7192
ReFacto	Factor VIII, Antihemophilic Factor, Recombinant	J7192
Refludan	Lepirudin	J1945
Regranex	Becaplermin	S0157
Remicade	Infliximab	J1745
Remodulin	Treprostinil	J3285
ReoPro	Abciximab	J0130
Repronex	Menotropins	J3490
Repronex	Menotropins	S0122
Retavase	Reteplase	J2993
Retisert	Fluocinolone Acetonide	J7311
RhoGAM	RHO D Immune Globulin (Human)	J2788
RhoGAM	RHO D Immune Globulin (Human)	J2790
RHOphylac	RHO D Immune Globulin (Human)	J2791
Riastap	Fibrinogen Conc (Human)	J7178
Rituxan	Rituximab	J9310
Rixubis	Coagulation Factor IX Recombinant	J7195
Rixubis	Coagulation Factor IX Recombinant	J7200
Ruconest	C1 Esterase Inhibitor , Recombinant	J3590
Sandimmune	Cyclosporine, Parenteral	J7516
Sandostatin	Octreotide Acetate	J2353
Sandostatin	Octreotide Acetate	J2354

Physician-Administered Medications Requiring a Prior Authorization (PA)

September 2015

NOTE: This list is not all inclusive and subject to change on a regular basis. All medications and HCPCS codes listed here require a PA. Drugs being billed with the miscellaneous J codes (J3490/J3590/J9999/C9399) require a PA. Changes on this list from the previous month are highlighted in yellow.

Please fax PA form ALONG with clinical notes/supporting documentation to 866-617-4971

Drug - Brand Name	Drug - Generic Name	HCPCS Codes
Signifor/LAR	Pasireotide	C9399
Signifor/LAR	Pasireotide	J3490
Signifor/LAR	Pasireotide	J3590
Simponi/ARIA	Golimumab	J1602
Simulect	Basiliximab	J0480
Sivextro	Tedizolid	J3490
Sivextro	Tedizolid	J3590
Solaris	Eculizumab	J1300
Solesta	Dextranomer-Sodium Hyaluronate	L8605
Somatuline Depot	Lanreotide Acetate ER	J1930
Somavert	Pegvisomant	J3590
Supartz	Sodium Hyaluronate	J7321
Supprelin LA	Histrelin Acetate (CPP) Implant	J1675
Supprelin LA	Histrelin Acetate (CPP) Implant	J9226
Sylvant	Siltuximab	J3490
Sylvant	Siltuximab	J3590
Synarel	Nafarelin Acetate Soln	J3490
Synribo	Omacetaxine Mepesuccinate	J9262
Synvisc	Hylan	J7325
Synvisc One	Hylan	J7325
Taxol	Paclitaxel	J9267
Taxotere	Docetaxel	J9171
TBO-filgrastim	Tbo-filgrastim	J1446
Thrombate	Antithrombin III (Human)	J7197
Thyrogen	Thyrotropin Alfa	J3240
TNKase	Tenecteplase	J3100
TNKase	Tenecteplase	J3101
Torisel	Temsirolimus	J9330
Treanda	Bendamustine HCL	J9033
Trelstar Dep	Triptorelin Pamoate	J3315

Physician-Administered Medications Requiring a Prior Authorization (PA)

September 2015

NOTE: This list is not all inclusive and subject to change on a regular basis. All medications and HCPCS codes listed here require a PA. Drugs being billed with the miscellaneous J codes (J3490/J3590/J9999/C9399) require a PA. Changes on this list from the previous month are highlighted in yellow.

Please fax PA form ALONG with clinical notes/supporting documentation to 866-617-4971

Drug - Brand Name	Drug - Generic Name	HCPCS Codes
Tretten	Catridecacog Coag Factor XIII A-Subunit	J7181
Tretten	Catridecacog Coag Factor XIII A-Subunit	J7199
Tysabri	Natalizumab	J2323
Tyvaso	Treprostinil	J7686
Unituxin	Dinutuximab	C9399
Unituxin	Dinutuximab	J3490
Unituxin	Dinutuximab	J3590
Unituxin	Dinutuximab	J9999
Valstar	Valrubicin	J9357
Vantas	Histrelin Acetate (CPP) Implant	J9225
Varithena	Polidocanol (Laureth-9) Inj Foam	J3490
Varithena	Polidocanol (Laureth-9) Inj Foam	J3590
Vectibix	Panitumumab	J9303
Velcade	Bortezomib	J9041
Veletri	Epoprostenol	J1325
Viadur	Leuprolide Acetate Implant, 65mg	J9219
Vidaza	Azacitidine	J9025
Vimizim	Elosulfase Alfa	J1322
Vimizim	Elosulfase Alfa	J3590
Vistide	Cidofovir Inj	J0740
Visudyne	Verteporfin	J3396
Vitrasert	Ganciclovir, Long-Acting Implant	J7310
Vivaglobin	Immune Globulin (Human)	J1562
Vivitrol	Naltrexone	J2315
Voraxaze	Glucarpidase	C9293
Vpriv	Velaglucerase	J3385
Wilate	Antihemophilic Factor/VWF (Human)	J7186
WINRHO	RHO D Immune Globulin (Human)	J2792
Xeomin	Incobotulinumtoxina	J0588
Xgeva	Denosumab	J0897

Physician-Administered Medications Requiring a Prior Authorization (PA)

September 2015

NOTE: This list is not all inclusive and subject to change on a regular basis. All medications and HCPCS codes listed here require a PA. Drugs being billed with the miscellaneous J codes (J3490/J3590/J9999/C9399) require a PA. Changes on this list from the previous month are highlighted in yellow.

Please fax PA form ALONG with clinical notes/supporting documentation to 866-617-4971

Drug - Brand Name	Drug - Generic Name	HCPCS Codes
Xiaflex	Collagenase Clostridium Hystolyticum	J0775
Xigris	Drotrecogin Alfa	J3490
Xolair	Omalizumab	J2357
Xyntha	Factor VIII, Antihemophilic Factor, Recombinant	J7185
Yervoy	Ipilimumab	J9228
Zaltrap	Ziv-Aflibercept	J9400
Zarxio	Filgrastim-SNDZ	C9399
Zarxio	Filgrastim-SNDZ	J3490
Zarxio	Filgrastim-SNDZ	J3590
Zarxio	Filgrastim-SNDZ	J9999
Zemaira	Alpha1-Proteinase Inhibitor (Human)	J0256
Zemplar	Paricalcitol	J2501
Zenapax	Daclizumab	J7513
Zevalin	Ibritumomab Tiuxetan	A9542
Zevalin	Ibritumomab Tiuxetan	A9543
Zoladex	Goserelin Acetate Implant	J9202
Zometa	Zoledronic Acid	J3489
	Last Updated September 1, 2015 (VB)	