Provider Bulletin — April 2017

A bulletin for the **Molina Healthcare of New York, Inc.** Network
(Formerly Total Care, A Today's Options® of New York Health Plan)

Questions?
Call Provider Services
(877) 872-4716
Monday through Thursday
8:00 a.m.-5:00 p.m.
Friday
9:00 a.m.-5:00 p.m.

Molina Healthcare Provider Update – J Code Authorization Policy

Effective May 15, 2017, Molina Healthcare of New York, Inc. will require prior authorization for J codes for all participating providers. Prior authorization is required before services are rendered for the following J Codes:

J1745	Infliximab not biosimil 10mg
J2505	Injection, pegfilgrastim 6mg
J2357	Omalizumab injection
J0178	Aflibercept injection
J0585	Injection,onabotulinumtoxina
J9305	Pemetrexed injection
J9354	Inj, ado-trastuzumab emt 1mg
J0881	Darbepoetin alfa, non-esrd
J2323	Natalizumab injection
J9310	Rituximab injection
J9035	Bevacizumab injection
J9299	Injection, nivolumab
J0490	Belimumab injection
J9355	Trastuzumab injection
J1569	Gammagard liquid injection
J0129	Abatacept injection
J7198	Anti-inhibitor
J1950	Leuprolide acetate /3.75 mg
J9308	Injection, ramucirumab
J9055	Cetuximab injection
J1572	Flebogamma injection
J9306	Injection, pertuzumab, 1 mg

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J9217	Leuprolide acetate suspension
J9264	Paclitaxel protein bound
J1602	Golimumab for iv use 1mg
J0641	Levoleucovorin injection
J9070	Cyclophosphamide 100 mg inj
J1561	Gamunex-c/gammaked
J9226	Supprelin la implant
J2796	Romiplostim injection
J3380	Injection, vedolizumab
J9033	Inj., treanda 1 mg
J9271	Inj pembrolizumab
J0897	Denosumab injection
J9041	Bortezomib injection
J2353	Octreotide injection, depot
J7192	Factor viii recombinant nos
J2778	Ranibizumab injection
J9263	Oxaliplatin
J1459	Inj ivig privigen 500 mg
J0587	Inj, rimabotulinumtoxinb
J3262	Tocilizumab injection
J9155	Degarelix injection
J7189	Factor viia
J3396	Verteporfin injection
J9171	Docetaxel injection
J0740	Cidofovir injection

Please fax a completed "NYS Medicaid Prior Authorization Request Form For Prescriptions" along with any supporting clinical documentation to fax number: 1-866-879-4742. Our Prior Authorization Form can be found on our website: www.molinahealthcare.com.