

Medical/Specialty Pharmacy (Rx) Drugs Requiring Prior Auth

Florida Blue requires prior authorization for a wide range of drug services when being processed through the Medical benefit through various Utilization Management (UM) Programs and/or when prior auth required for the Member's product.

For the products and UM Programs that require prior authorization for the listed drugs, a separate review is NOT required for the administration/ supportive services unless separately identified.

Example 1: Oncology drug, Yervoy (J9228) requires prior auth listed below which the corresponding administration CPT code, 96413, would be identified as a supportive service that would not need to be separately reviewed .

Example 2: Eye injection, Lucentis (J2778) requires prior auth listed below which the corresponding administration CPT code, 67028, would be identified as a supportive service that would not need to be separately reviewed.

Requesting Prior Authorization for Medical/Specialty Pharmacy (Rx) Drugs

Medical/ Specialty Pharmacy (Rx) drug prior authorization requests are handled through different Florida Blue/ Vendor entities based upon various circumstances. This section will provide guidance with identifying where the drug review must be submitted when processed through the member's Medical benefit.

The following information will need to be determined in order to identify the Florida Blue/ Vendor Entity that will perform the review (Prior Authorization/ VPSS) for the Medical/ Specialty Pharmacy (Rx) Drugs:

- Specific Drug
- Place of Service
- Rendering Entity (Entity Billing Drug)
- Member Product Type (Listed below)
- Rendering Entity Participation Status

<u>Member Product Type</u>	<u>Entity Billing Drug</u>	<u>Where to Submit Medical/Specialty Rx Review</u>
FEP	FL Physician and FL Outpatient Facilities	Advanced Benefit Determination is available for select services; see our Voluntary Predetermination for Select Services in the Utilization Management section.
FEP/ SAO	Drugs ordered through Pharmacy Provider ('just in time'/drug replacement')	Prior approval required for certain medications. Refer to Caremark (Pharmacy Benefit Manager for FEP & SAO) for a current Rx drug prior approval list.
All**	Drugs included in PADP Drug list (identified 'x' within PADP column) not ordered through Caremark, Prime Specialty Pharmacy, or CareCentrix	Magellan Rx Management's provider self-service at http://ih.magellanrx.com and click on the physician tab. and click on the physician tab. - Phone# (800) 424-4947.

All	Drugs not included PADP Drug list and not ordered through Caremark, Prime Specialty Pharmacy, or CareCentrix	Submit authorization requests electronically through Availity or contact Florida Blue using Blue Express, our automated phone system.
All	Home Health, Home Infusion*, or Ambulatory Infusion Suite (AIS) participating within CareCentrix (CCX) Network	Review coordinated with CareCentrix (CCX) Phone# (877)561-9910 Fax#(877)627-6688
All	Caremark Specialty Pharmacy*	Caremark Specialty Pharmacy Services All Products Phone: (866) 278-5108 Fax: (800) 323-2445
Florida Blue Comm U65 products	Prime Specialty Pharmacy*	Prime Therapeutics Specialty Pharmacy (Prime Specialty Pharmacy) Phone: (877) 627-MEDS (6337) Fax: (877) 828-3939
Part D (Med Adv)	Retail Pharmacy/ Infusion Pharmacy (Home Setting)	Prime Therapeutics LLC Phone: (800) 926-6565 Fax: (800) 693-6703
***FB PBM (U65 products)	Drugs identified as 'Self-Administered' that are not ordered through Caremark or Prime Specialty Pharmacy	Prime Therapeutics LLC (877) 627-6337 Fax (877) 828-3939 Phone:

* Refer to the Remote Provider section of the Provider Manual for drug supplier billing guidelines to determine if "Local Plan" would be identified as Florida Blue

**Includes: BlueOptions, BlueChoice, BlueSelect, BlueCare, My Blue, State Account Employees, Medicare Advantage PPO & HMO, Traditional, Miami-Dade Blue, and Go Blue.

***FB PBM - excludes State Account Employees, FEP (Federal Employee Program), and all non-standard plans with pharmacy benefit carved out.

Identifying Product/ Plans that Require Prior Authorization

Member's products and coverage vary based upon the policy type and benefits. All services must meet the definition of medical necessity as outlined in the Member's benefit contract. Select benefit types enforce prior authorization to ensure the services align with the medical necessity criteria before the services are rendered, while other benefits verify the medical necessity criteria through post-service or concurrent review.

For products that require a prior authorization, failure to obtain an authorization prior to the service being rendered may result in the services (and supportive services) being denied which will apply the financial liability to the member/ provider depending upon the contract arrangements.

Below are the standard product types that require a prior authorization for the Medical/Specialty Pharmacy (Rx) Drugs:

- BlueCare HMO
- My Blue*
- Medicare Advantage HMO*
- BlueSelect (Group & Individual plans)
- BlueOptions ACA Plans (Group & Individual plans)
- Medicare Advantage PPO
- BlueChoice Group ACA Plans (effective 4/1/2016)
- SimplyBlue Group

* Prior Authorization required in addition to referral when applicable

NOTE: Products that do not require prior authorization for the listed drugs are eligible for a Voluntary Predetermination of Select Services.

Medical/ Specialty Pharmacy (Rx) Drug List Requiring Prior Auth

The following Medical/Specialty Pharmacy (Rx) Drug List does **NOT** identify the following:

→ Medical/ Specialty Pharmacy (Rx) Drugs Listed do **NOT** guarantee coverage is available through the member's medical benefit. It is important Eligibility and Benefits (E&B) is verified prior to providing services to determine if the member's product has coverage.

→ Medical/ Specialty Pharmacy (Rx) Drug List does **NOT** identify Prior Authorization requirements for drugs processed and covered through the Member's Pharmacy Benefit (PBM).

→ Medical/ Specialty Pharmacy (Rx) Drug List should **NOT** be used as reference for BlueCard Out-of Area members. NOTE - Contact BlueCard Eligibility for Out-of-Area members benefits and Utilization Management Questions #(800)676-2583

The following Medical/Specialty Pharmacy (Rx) Drug List **does** identify the following:

→ Drugs services that require prior authorization based upon the Member's product type which will verify the services are medically necessary prior to the services be administered.

→ The drugs which have an 'x' in the 'PADP' column below are drugs that are included in the Provider Administered Drug Program(PADP), which are reviewed by Magellan Rx Management (formerly ICORE). Refer to the PADP (Provider Administered Drug Program) section of the Provider Manual**

→ The drug HCPCS/CPT code(s), Drug Brand Name & Drug Generic Name that requires prior authorization. Drugs newly FDA approved would require prior authorization based upon the Unclassified HCPCS/CPT codes listed below. List updates (excluding newly FDA approved drugs) are added or removed twice a year (Jan & July). NOTE - This does not identify any changes to the member's product & benefits.

Newly Added Drug or Newly FDA Approved Drug

New HCPCS/CPT code assigned - drug was previously included

New Drug Added to PADP (MRxM Managed)

Drug no longer Requiring Prior Auth (Removed Date based on service date)

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
90281	GamaSTAN S/D	HUMAN IMMUNE GLOBULIN				12/15/1999	n/a	
90283	CARIMUNE NF	HUMAN IMMUNE GLOBULIN				12/15/1999	n/a	
90283	FLEBOGAMMA	HUMAN IMMUNE GLOBULIN				01/11/2004	n/a	
90283	FLEBOGAMMA DIF	HUMAN IMMUNE GLOBULIN				01/11/2004	n/a	
90283	GAMMAGARD	HUMAN IMMUNE GLOBULIN		x	BOTH***	07/01/2005	n/a	
90283	GAMMAGARD SD	HUMAN IMMUNE GLOBULIN		x	BOTH***	12/15/1999	n/a	
90283	GAMMAKED	HUMAN IMMUNE GLOBULIN		x	BOTH***	08/03/2011	n/a	
90283	GAMMAPLEX	HUMAN IMMUNE GLOBULIN				03/31/2010	n/a	
90283	GAMUNEX	HUMAN IMMUNE GLOBULIN		x	BOTH***	10/09/2003	n/a	
90283	GAMUNEX-C	HUMAN IMMUNE GLOBULIN		x	BOTH***	12/07/2010	n/a	
90283	OCTAGAM	HUMAN IMMUNE GLOBULIN				05/24/2004	n/a	
90283	PRIVIGEN	HUMAN IMMUNE GLOBULIN				01/01/2008	n/a	
90284	CUVITRU	HUMAN IMMUNE GLOBULIN		x	SAD**	10/06/2016	n/a	
90284	GAMMAGARD LIQUID	HUMAN IMMUNE GLOBULIN		x	BOTH***	07/01/2005	n/a	
90284	GAMMAKED	HUMAN IMMUNE GLOBULIN		x	BOTH***	08/03/2011	n/a	
90284	GAMUNEX-C	HUMAN IMMUNE GLOBULIN		x	BOTH***	12/07/2010	n/a	
90284	HIZENTRA	HUMAN IMMUNE GLOBULIN		x	SAD**	04/01/2010	n/a	
90284	HYQVIA	IMMUNE GLOBULIN		x	SAD**	10/06/2014	n/a	
90378	SYNAGIS	PALIVIZUMAB				01/01/2008	n/a	
90399*	Unlisted IVIG*	HUMAN IMMUNE GLOBULIN				01/01/1999	n/a	
A9543	ZEVALIN	IBRITUMOMAB TIUXETAN	x			07/01/2009	n/a	Drug added to PADP eff 11/14/2016
A9606	XOFIGO	RADIUM RA 223 DICHLORIDE	x			05/15/2013	n/a	Drug added to PADP eff 11/14/2016

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
A9699*	Unclassified Rx*	RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED				01/01/2003	n/a	
C9014	BRINEURA	CERLIPONASE ALFA				04/27/2017	n/a	
C9015	HAEGARDA	C-1 ESTERASE INHIBITOR		x	SAD**	07/17/2017	n/a	
C9016	TRIPTODUR	TRIPTORELIN ER				09/22/2017	n/a	
C9024	VYXEOS	DAUNORUBICIN and CYTARABINE	x			08/11/2017	n/a	
C9029	TREMFYA	GUSELKUMAB		x	SAD**	07/14/2017	n/a	
C9257	AVASTIN (non-oncology- indication)	BEVACIZUMAB				12/15/2012	06/30/2015	
C9028	BESPONSA	INOTUZUMAB OZOGAMICIN	x			08/18/2017	n/a	
C9030	ALIQOPA	COPANLISIB	x			09/18/2017	n/a	
C9140	AFSTYLA	ANTIHEMOPHILIC FACTOR		x	SAD**	05/25/2016	12/31/2017	New HCPCS, J7210 eff 01/01/2018
C9399	AIMOVIG	ERENUMAB-AOOE		x	SAD**	05/17/2018	n/a	
C9399	ALUNBRIG	BRIGATINIB		x	SAD**	04/28/2017	n/a	
C9399	BENLYSTA SQ	BELIMUMAB SQ		x	SAD**	08/14/2017	n/a	
C9399	CINVANTI	APREPITANT				01/02/2018	n/a	New HCPCS, C9463, Eff 04/01/2018
C9399	CALQUENCE	ACALABRUTINIB		x	SAD**	10/31/2017	n/a	
C9399	COSENTYX	SECUKINUMAB		x	SAD**	01/30/2015	n/a	
C9399	CRYSVITA	BUROSUMAB-TWZA				04/17/2018	n/a	
C9399	DEFITELIO	DEFBROTIDE SODIUM				04/04/2016	n/a	
C9399	DOPTELET	AVATROMBOPAG			SAD**	05/30/2018	n/a	
C9399	DUPIXENT	DUPIUMAB		x	SAD**	03/28/2017	n/a	
C9399	DUROLANE	HYALURONIC ACID				11/09/2017	n/a	New HCPCS, C9465, Eff 04/01/2018
C9399	EGRIFTA	TESAMORELIN		x	SAD**	11/30/2010	n/a	
C9399	ERLEADA	APALUTAMIDE		x	SAD**	02/14/2018	n/a	
C9399	EVZIO	NALOXONE HCL		x	SAD**	12/12/2016	n/a	
C9399	FASENRA	BENRALIZUMAB				11/14/2017	n/a	New HCPCS, C9466, Eff 04/01/2018
C9399	FORTESTA	TESTOSTERONE (non- injectable formulation)		x	SAD**	01/26/2011	n/a	
C9399	GATTEX	TEDUGLUTIDE		x	SAD**	01/29/2013	n/a	
C9399	HEMLIBRA	EMICIZUMAB-KXWH		x	SAD**	11/16/2017	n/a	New HCPCS, Q9995, Eff 07/01/2018
C9399	IBRANCE	PALBOCICLIB		x	SAD**	02/03/2015	n/a	
C9399	IDHIFA	ENASIDENIB		x	SAD**	08/01/2017	n/a	
C9399	IMBRUVICA	IBRUTINIB		x	SAD**	11/13/2013	n/a	
C9399	KEVZARA	SARILUMAB		x	SAD**	05/22/2017	n/a	

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
C9399	KISQALI	RIBOCICLIB		x	SAD**	03/14/2017	n/a	
C9399	KYBELLA	DEOXYCHOLIC ACID				07/27/2016	n/a	
C9399	KYNAMRO	MIPOMERSEN		x	SAD**	03/01/2013	n/a	
C9399	LONSURF	TRIFLURIDINE and TIPIRACIL		x	SAD**	10/01/2015	n/a	
C9399	LUPANETA	LEUPROLIDE ACETATE AND NORETHINDRONE				07/01/2015	n/a	
C9399	LUXTURNA	VORETIGENE NEPARVOVEC- RZYL				01/03/2018	n/a	New HCPCS, C9032, Eff 07/01/2018
C9399	LYNPARZA	OLAPARIB		x	SAD**	08/17/2017	n/a	
C9399	MEPSEVII	VESTRONIDASE ALFA-VJBK				11/15/2017	n/a	
C9399	MYALEPT	METRELEPTIN		x	SAD**	04/11/2014	n/a	
C9399	NATPARA	PARATHYROID HORMONE		x	SAD**	04/02/2015	n/a	
C9399	NERLYNX	NERATINIB		x	SAD**	07/17/2017	n/a	
C9399	NINLARO	IXAZOMIB		x	SAD**	11/20/2015	n/a	
C9399	ODOMZO	SONIDEGIB		x	SAD**	09/28/2015	n/a	
C9399	OZEMPIC	SEMAGLUTIDE		x	SAD**	12/05/2017	n/a	
C9399	PALYNZIQ	PEGVALIASE-PQPZ		x	SAD**	06/28/2018	n/a	
C9399	PHOTREXA	RIBOFLAVIN 5-PHOSPHATE				07/01/2017	n/a	
C9399	PLEGRIDY	PEGINTERFERON BETA-1A		x	SAD**	10/03/2014	n/a	
C9399	PRALUENT	ALIROCUMAB		x	SAD**	07/24/2015	n/a	
C9399	REPATHA	EVOLOCUMAB		x	SAD**	08/31/2015	n/a	
C9399	RUBRACA	RUCAPARIB		x	SAD**	12/19/2016	n/a	
C9399	RYDAPT	MIDOSTAURIN		x	SAD**	04/28/2017	n/a	
C9399	SIGNIFOR	PASREOTIDE		x	SAD**	03/11/2013	n/a	
C9399	SIMPONI	GOLIMUMAB		x	SAD**	04/27/2009	n/a	
C9399	SILIQ	BRODALUMAB		x	SAD**	02/15/2017	n/a	
C9399	SOLIQUA	INSULIN GLARGINE and LIXISENATIDE		x	SAD**	12/12/2016	n/a	
C9399	STRENSIQ	ASFOTASE ALFA		x	SAD**	10/23/2015	n/a	
C9399	TAVALISSE	FOSTAMATINIB		x	SAD**	05/08/2018	n/a	
C9399	TYMLOS	ABALOPARATIDE		x	SAD**	05/01/2017	n/a	
C9399	VARITHENA	POLIDOCANOL INJECTABLE FOAM				04/15/2014	n/a	Drug not separately allowed, bundled within administration CPT
C9399	VARUBI	ROLAPITANT- HYDROCHLORIDE				11/15/2017	n/a	New HCPCS, C9464, Eff 04/01/2018

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
C9399	VERZENIO	ABEMACICLIB		x	SAD**	10/09/2017	n/a	
C9399	XULTOPHY	INSULIN DEGLUDEC and LIRAGLUTIDE		x	SAD**	03/03/2017	n/a	
C9399	ZILRETTA	TRIAMCINOLONE				10/23/2017	n/a	New HCPCS, C9469, Eff 04/01/2018
C9399	ZINBRYTA	DACLIZUMAB		x	SAD**	08/01/2016	n/a	
C9399*	Unclassified Rx*	UNCLASSIFIED DRUGS OR BIOLOGICALS			BOTH***	01/01/2004	n/a	C-codes only applicable for Outpatient Facility (OPPS)
C9462	BAXDELA	DELAFLXACIN				10/20/2017	n/a	
C9463	CINVANTI	APREPITANT				01/02/2018	n/a	
C9464	VARUBI	ROLAPITANT				11/15/2017	n/a	
C9465	DUROLANE	HYALURONAN/ DERIVATIVE				11/09/2017	n/a	
C9466	FASENRA	BENRALIZUMAB				11/14/2017	n/a	
C9467	RITUXAN HYCELA	RITUXIMAB HYALURONIDASE	x			06/22/2017	n/a	
C9468	REBINYN	FACTOR IX		x	SAD**	11/20/2017	n/a	
C9469	ZILRETTA	TRIAMCINOLONE ACETONIDE				10/23/2017	n/a	New HCPCS, Q9993, Eff 07/01/2018
C9483	TECENTRIQ	ATEZOLIZUMAB	x			05/18/2016	12/31/2017	New HCPCS, J9022 eff 1/1/2018
C9484	EXONDYS 51	ETEPLIRSEN				09/19/2016	n/a	New HCPCS, J1428 eff 1/1/2018
C9485	LARTRUVO	OLARATUMAB	x			03/06/2017	12/31/2017	New HCPCS, J9285 eff 1/1/2018
C9486	SUSTOL	GRANISETRON				10/04/2016	12/31/2017	new HCPCS eff 04/01/2017
C9487	STELARA IV	USTEKINUMAB				09/27/2016	12/31/2017	New HCPCS, J3358 eff 01/01/2018
C9489	SPINRAZA	NUSINERSEN				12/28/2016	12/31/2017	New HCPCS, J2326 eff 1/1/2018
C9490	ZINPLAVA	BEZLOTOXUMAB				12/08/2016	12/31/2017	New HCPCS, J0565 eff 1/1/2018
C9491	BAVENCIO	AVELUMAB	x			03/23/2017	12/31/2017	New HCPCS, J9023, eff 1/1/2018
C9492	IMFINZI	DURVALUMAB	x			05/01/2017	n/a	
C9493	RADICAVA	EDARAVONE				05/05/2017	n/a	
C9494	OCREVUS	OCRELIZUMAB				03/28/2017	n/a	New HCPCS, J2350 eff 1/1/2018
J0129	ORENCIA SQ	ABATACEPT	x	x	BOTH***	01/01/2014	n/a	
J0135	HUMIRA	ADALIMUMAB		x	SAD**	01/01/2005	n/a	
J0178	EYLEA	AFLIBERCEPT	x			11/21/2011	n/a	Drug added to PADP eff 04/01/2015
J0180	FABRAZYME	AGALSIDASE BETA				07/01/2016	n/a	
J0202	LEMTRADA	ALEMTUZUMAB	x			11/21/2014	n/a	Drug added to PADP eff 11/14/2016
J0215	AMEVIVE	ALEFACEPT				10/15/2008	12/31/2014	product no longer available
J0220	MYOZYME	ALGLUCOSIDASE ALFA				01/01/2016	n/a	
J0221	LUMIZYME	ALGLUCOSIDASE ALFA				01/01/2016	n/a	

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
J0256	ARALAST	ALPHA 1-PROTEINASE INHIBITOR	x			01/01/2005	n/a	Drug added to PADP eff 01/01/2014
J0256	ARALAST NP	ALPHA 1-PROTEINASE INHIBITOR	x			02/25/2008	n/a	Drug added to PADP eff 01/01/2014
J0256	PROLASTIN-C	ALPHA 1-PROTEINASE INHIBITOR	x			11/23/2009	n/a	Drug added to PADP eff 01/01/2014
J0256	ZEMAIRA	ALPHA 1-PROTEINASE INHIBITOR	x			01/01/2005	n/a	Drug added to PADP eff 01/01/2014
J0257	GLASSIA	ALPHA 1-PROTEINASE INHIBITOR	x			10/11/2010	n/a	Drug added to PADP eff 01/01/2014
J0470	BAL IN OIL	DIMERCAPROL				08/15/2001	n/a	
J0490	BENLYSTA IV	BELIMUMAB IV				03/10/2011	n/a	
J0565	ZINPLAVA	BEZLOTOXUMAB				12/08/2016	n/a	
J0570	PROBUPHINE IMPLANT KIT	BUPRENORPHINE IMPLANT				06/06/2016	n/a	
J0585	BOTOX	ONABOTULINUMTOXIN A	x			10/01/1999	n/a	Drug added to PADP eff 01/01/2014
J0586	DYSPORE	ONABOTULINUMTOXIN A	x			11/02/2009	n/a	Drug added to PADP eff 01/01/2014
J0587	MYOBLOC	ONABOTULINUMTOXIN B	x			12/11/2000	n/a	Drug added to PADP eff 01/01/2014
J0588	XEOMIN	ONABOTULINUMTOXIN A	x			12/11/2000	n/a	Drug added to PADP eff 01/01/2014
J0596	RUCONEST	C1 ESTERASE INHIBITOR		x	SAD**	09/05/2014	n/a	
J0597	BERINERT	C1 ESTERASE INHIBITOR	x	x	BOTH***	10/15/2009	n/a	
J0598	CINRYZE	C1 ESTERASE INHIBITOR		x	SAD**	07/15/2009	n/a	
J0600	CALCIUM EDTA	EDETATE CALCIUM DISODIUM				08/15/2001	n/a	
J0600	EDETATE CALCIUM DISODIUM	EDETATE CALCIUM DISODIUM				08/15/2001	n/a	
J0638	ILARIS	CANAKINUMAB	x			10/15/2013	n/a	Drug added PADP Eff 11/14/2016
J0641	FUSILEV	LEVOLEUCOVORIN	x			04/01/2015	n/a	
J0717	CIMZIA	CERTOLIZUMAB PEGOL	x	x	BOTH***	04/22/2008	n/a	
J0725	NOVAREL	CHORIONIC GONADOTROPIN		x	SAD**	11/13/2000	n/a	infertility benefit review
J0725	PREGNYL	CHORIONIC GONADOTROPIN		x	SAD**	02/15/1999	n/a	infertility benefit review
J0775	XIAFLEX	COLLAGENASE, CLOST HIST INJ				01/01/2016	n/a	
J0800	HP ACTHAR	CORTICOTROPIN	x	x	BOTH***	01/07/2013	n/a	Drug added to PADP eff 01/01/2014
J0881	ARANESP	DARBEPOETIN ALFA	x		BOTH***	01/01/2014	n/a	

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
J0882	ARANESP	DARBEPOETIN ALFA			BOTH***	01/01/2014	n/a	
J0885	EPOGEN	EPOETIN ALFA	x		BOTH***	01/01/2014	n/a	
J0885	PROCRIT	EPOETIN ALFA	x		BOTH***	01/01/2014	n/a	
J0886	EPOGEN	EPOETIN ALFA			BOTH***	01/01/2014	n/a	
J0886	PROCRIT	EPOETIN ALFA			BOTH***	01/01/2014	n/a	
J0887	MIRCERA	EPOETIN BETA (ESRD use)	x		BOTH***	10/01/2014	n/a	
J0888	MIRCERA	EPOETIN BETA (non- ESRD use)			BOTH***	10/01/2014	n/a	
J0897	PROLIA	DENOSUMAB	x			06/05/2010	n/a	Drug added to PADP eff 01/01/2014
J0897	XGEVA	DENOSUMAB	x			11/20/2010	n/a	Drug added to PADP eff 01/01/2014
J1071	DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE		x	BOTH***	06/15/2010	n/a	
J1290	KALBITOR	ECALLANTIDE	x			12/16/2009	n/a	Drug added to PADP eff 01/01/2014
J1300	SOLIRIS	ECULIZUMAB	x			03/15/2010	n/a	Drug added to PADP eff 01/01/2014
J1322	VIMIZIM	ELOSULFASE ALFA				02/14/2014	n/a	
J1325	FLOLAN	EPOPROSTENOL				11/15/2009	n/a	
J1325	VELETRI	EPOPROSTENOL				11/15/2009	n/a	
J1428	EXONDYS 51	ETEPLIRSEN				09/19/2016	n/a	
J1438	ENBREL	ETANERCEPT		x	SAD**	04/15/2001	n/a	
J1439	INJECTAFER	FERRIC CARBOXYMALTOSE				07/25/2013	n/a	
J1442	NEUPOGEN	FILGRASTIM	x		BOTH***	11/15/2000	n/a	Drug added to PADP eff 07/20/2009
J1447	GRANIX	TBO-FILGRASTIM	x		BOTH***	11/11/2013	n/a	
J1453	EMEND	FOSAPREPITANT	x			11/14/2016	n/a	
J1458	NAGLAZYME	GALSULFASE				01/01/2016	n/a	
J1459	PRIVIGEN	HUMAN IMMUNE GLOBULIN	x			01/01/2008	n/a	Drug added to PADP eff 01/16/2012
J1555	CUVITRU	IMMUNE GLOBULIN		x	SAD**	10/06/2016	n/a	
J1556	BIVIGAM	HUMAN IMMUNE GLOBULIN	x			12/19/2012	n/a	
J1557	GAMMAPLEX	HUMAN IMMUNE GLOBULIN	x			03/31/2010	n/a	Drug added to PADP eff 01/16/2012
J1559	HIZENTRA	HUMAN IMMUNE GLOBULIN		x	SAD**	04/01/2010	n/a	
J1561	GAMMAKED	HUMAN IMMUNE GLOBULIN	x	x	BOTH***	08/03/2011	n/a	Drug added to PADP eff 01/16/2012
J1561	GAMMUNEX	HUMAN IMMUNE GLOBULIN	x	x	BOTH***	10/09/2003	n/a	Drug added to PADP eff 01/16/2012
J1561	GAMUNEX-C	HUMAN IMMUNE GLOBULIN	x	x	BOTH***	12/07/2010	n/a	Drug added to PADP eff 01/16/2012
J1562	VIVAGLOBIN	HUMAN IMMUNE GLOBULIN				03/01/2006	n/a	*product discontinued
J1566	CARIMUNE NF	HUMAN IMMUNE GLOBULIN	x			12/15/1999	n/a	Drug added to PADP eff 01/16/2012
J1566	GAMMAGARD SD	HUMAN IMMUNE GLOBULIN	x	x	BOTH***	12/15/1999	n/a	Drug added to PADP eff 01/16/2012
J1568	OCTAGAM	HUMAN IMMUNE GLOBULIN	x			05/24/2004	n/a	Drug added to PADP eff 01/16/2012

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
J1569	GAMMAGARD LIQUID	HUMAN IMMUNE GLOBULIN	x	x	BOTH***	07/01/2005	n/a	Drug added to PADP eff 01/16/2012
J1572	FLEBOGAMMA	HUMAN IMMUNE GLOBULIN	x			01/11/2004	n/a	Drug added to PADP eff 01/16/2012
J1575	HYQVIA	IMMUNE GLOBULIN		x	SAD**	10/06/2014	n/a	
J1595	COPAXONE	GLATIRAMER		x	SAD**	10/01/2011	n/a	
J1595	GLATOPA	GLATIRAMER		x	SAD**	06/18/2015	n/a	
J1595	GLATIRAMER ACETATE	GLATIRAMER ACETATE		x	SAD**	10/04/2017	n/a	
J1599*	Unclassified IVIG*	HUMAN IMMUNE GLOBULIN	x			01/01/2011	n/a	HCPCS added to PADP eff 1/16/2012
J1602	SIMPONI ARIA	GOLIMUMAB	x			07/25/2013	n/a	Drug added to PADP eff 11/14/2016
J1627	SUSTOL	GRANISETRON				10/04/2016	n/a	
J1645	FRAGMIN	DALTEPARIN SODIUM			SAD**	03/15/2001	12/31/2014	
J1650	LOVENOX	ENOXAPARIN SODIUM			SAD**	07/15/2001	12/31/2014	
J1652	ARIXTRA	FONDAPARINUX SODIUM			SAD**	10/15/2005	12/31/2014	
J1725	MAKENA	HYDROXYPROGESTERONE CAPROATE	x			02/14/2011	12/31/2017	New HCPCS, J1726 eff 1/1/2018
J1726	MAKENA	HYDROXYPROGESTERONE CAPROATE	x			02/11/2011	n/a	Drug added to PADP eff 11/14/2016
J1729	HYDROXYPROGESTER ONE CAPROATE	HYDROXYPROGESTERONE CAPROATE				06/09/2016	n/a	
J1740	BONIVA	IBANDRONATE SODIUM	x			12/15/2007	n/a	Drug added to PADP eff 11/14/2016
J1743	ELAPRASE	IDURSULFASE				01/01/2016	n/a	
J1744	FIRAZYR	ICATIBANT		x	SAD**	08/25/2011	n/a	
J1745	REMICADE	INFLIXIMAB	x			04/25/2001	n/a	Drug added to PADP eff 01/01/2014
J1786	CEREZYME	IMUGLUCERASE	x			04/15/2002	n/a	Drug added to PADP eff 11/14/2016
J1826	AVONEX	INTERFERON BETA-1A		x	SAD**	10/01/2011	n/a	
J1830	BETASERON	INTERFERON BETA-1B		x	SAD**	10/01/2011	n/a	
J1830	EXTAVIA	INTERFERON BETA-1B		x	SAD**	10/01/2011	n/a	
J1930	SOMATULINE DEPOT	LANREOTIDE	x			04/15/2010	n/a	Drug added to PADP eff 11/14/2016
J1931	ALDURAZYME	LARONIDASE				01/01/2016	n/a	
J1950	LUPRON DEPOT	LEUPROLIDE ACETATE	x			01/01/2005	n/a	Drug added to PADP eff 01/01/2004
J2170	INCRELEX	MECASERMIN		x	SAD**	06/15/2006	n/a	
J2182	NUCALA	MEPOLIZUMAB				11/30/2015	n/a	
J2212	RELISTOR	METHYLNALTREXONE		x	SAD**	01/01/2009	n/a	
J2315	VIVITROL	NALTREXONE				09/15/2008	12/31/2015	
J2323	TYSABRI	NATALIZUMAB	x			03/15/2008	n/a	Drug added to PADP eff 04/01/2003
J2326	SPINRAZA	NUSINERSEN				12/28/2016	n/a	
J2350	OCREVUS	OCRELIZUMAB				03/28/2017	n/a	

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
J2353	SANDOSTATIN LAR DEPOT	OCTREOTIDE	x			03/15/2009	n/a	Drug added to PADP eff 01/01/2014
J2355	NEUMEGA	OPRELVEKIN		x	SAD**	11/15/2000	n/a	
J2357	XOLAIR	OMALIZUMAB	x			12/15/2004	n/a	Drug added to PADP eff 01/01/2014
J2469	ALOXI	PALONOSETRON	x			02/15/2009	n/a	Drug added to PADP eff 07/20/2009
J2502	SIGNIFOR LAR	PASREOTIDE LONG ACTING				02/17/2015	n/a	
J2503	MACUGEN	PEGAPTANIB SODIUM	x			01/01/2005	n/a	Drug added to PADP eff 04/01/2015
J2505	NEULASTA	PEGFILGRASTIM	x		BOTH***	04/01/2002	n/a	Drug added to PADP eff 07/20/2009
J2507	KRYSTEXXA	PEGLOTICASE	x			01/01/2016	n/a	Drug added to PADP eff 11/14/2016
J2562	MOZOBI	PLERIXAFOR	x			07/15/2012	n/a	Drug added to PADP eff 11/14/2016
J2675	Progesterone in Oil	PROGESTERONE				05/15/2011	n/a	
J2724	CEPROTIN	PROTEIN C CONCENTRATE				12/15/2013	n/a	
J2778	LUCENTIS	RANIBIZUMAB	x			10/15/2007	n/a	Drug added to PADP eff 04/01/2015
J2783	ELITEK	RASBURICASE	x			01/01/2016	n/a	Drug added to PADP eff 11/14/2016
J2786	CINQAIR	RESLIZUMAB				04/01/2016	n/a	
J2788	HYPER-RHO-SD Mini- dose	RHO-D IMMUNE GLOBULIN				01/01/2008	06/30/2015	
J2790	HYPER-RHO SD	RHO-D IMMUNE GLOBULIN				01/01/2008	06/30/2015	
J2790	HYPERRHO S/D (Full- Dose)/-RHOGAM Ultra- Filtered PLUS	RHO-D IMMUNE GLOBULIN				01/01/2008	06/30/2015	
J2791	RHOPHYLAC	RHO-D IMMUNE GLOBULIN				01/01/2008	06/30/2015	
J2792	WINRHO SDF	RHO-D IMMUNE GLOBULIN				01/01/2008	06/30/2015	
J2793	ARCALYST	RILONACEPT		x	SAD**	10/15/2013	n/a	
J2796	NPLATE	ROMIPLOSTIM	x			03/15/2009	n/a	Drug added to PADP eff 01/01/2014
J2820	LEUKINE	SARGRAMOSTIM (GM-CSF)	x			11/14/2016	n/a	
J2840	KANUMA	SEBELIPASE ALFA				12/08/2015	n/a	
J2860	SYLVANT	SILTUXIMAB				04/25/2014	n/a	
J2941	GENOTROPIN	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	HUMATROPE	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	NORDITROPIN	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	NUTROPIN	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	NUTROPIN AQ	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	OMNITROPE	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	SAIZEN	SOMATROPIN		x	SAD**	11/15/2000	n/a	

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
J2941	SEROSTIM	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	TEVTROPIN	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	ZOMACTON	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J2941	ZORBTIVE	SOMATROPIN		x	SAD**	11/15/2000	n/a	
J3060	ELELYSO	TALIGLUCERASE ALFA	x			05/08/2012	n/a	Drug added to PADP eff 11/14/2016
J3110	FORTEO	TERIPARATIDE		x	SAD**	01/01/2005	n/a	
J3121	DELATESTRYL	TESTOSTERONE ENANTHATE		x	BOTH***	06/15/2010	n/a	
J3145	AVEED	TESTOSTERONE UNDECANOATE				03/10/2014	n/a	
J3262	ACTEMRA IV	TOCILIZUMAB IV	x			01/18/2010	n/a	
J3285	REMODULIN	TREPROSTINIL		x	SAD**	05/23/2002	n/a	
J3315	TRELSTAR DEPOT	TRIPTORELIN PAMOATE	x			01/01/2005	n/a	Drug added to PADP eff 01/01/2014
J3315	TRELSTAR LA	TRIPTORELIN PAMOATE	x			01/01/2005	n/a	Drug added to PADP eff 01/01/2014
J3355	BRAVELLE	UROFOLLITROPIN		x	SAD**	05/27/2002	n/a	infertility benefit review
J3357	STELARA SQ	USTEKINUMAB	x	x	BOTH***	09/25/2009	n/a	
J3358	STELARA IV	USTEKINUMAB IV	x			09/27/2016	n/a	Added to PADP eff 07/01/2017
J3380	ENTYVIO	VEDOLIZUMAB	x			05/21/2014	n/a	
J3385	VPRIV	VELAGLUCERASE ALFA	x			04/15/2002	n/a	Drug added to PADP eff 01/01/2014
J3396	VISUDYNE	VERTEPORFIN	x			04/12/2000	n/a	Drug added to PADP eff 11/14/2016
J3420	B-12	CYANOCOBALAMIN			BOTH***	03/15/2001	06/30/2014	
J3489	ZOMETA/ RECLAST	ZOLEDRONIC ACID	x			02/15/2008	n/a	Drug added to PADP eff 01/01/2014
J3490	ANDROGEL	TESTOSTERONE (non-injectable formulation)		x	SAD**	06/15/2010	n/a	
J3490	AIMOVIG	ERENUMAB-AOOE		x	SAD**	05/17/2018	n/a	
J3490	AVASTIN (non-oncology indication)	BEVACIZUMAB				12/15/2012	06/30/2015	
J3490	BAXDELA	DELAFLXACIN				10/20/2017	n/a	
J3490	CETROTIDE	CETRORELIX		x	SAD**	01/17/2001	n/a	infertility benefit review
J3490	CINVANTI	APREPITANT				01/02/2018	n/a	
J3490	DEFITELIO	DEFBROTIDE SODIUM				04/04/2016	n/a	
J3490	DUROLANE	HYALURONIC ACID				11/09/2017	n/a	
J3490	EGRIFTA	TESAMORELIN		x	SAD**	11/30/2010	n/a	
J3490	ENDARI	L-GLUTAMINE		x	SAD**	10/01/2017	n/a	
J3490	EMFLAZA	DEFLAZACORT		x	SAD**	02/10/2017	n/a	
J3490	EVZIO	NALOXONE HCL		x	SAD**	12/12/2016	n/a	
J3490	EXELDERM	SULCONAZOLE		x	SAD**	07/01/2018	n/a	

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
J3490	FOLLISTIM AQ	FOLLITROPIN BETA		x	SAD**	03/23/2004	n/a	infertility benefit review
J3490	FORTESTA	TESTOSTERONE (non- injectable formulation)		x	SAD**	06/15/2010	n/a	
J3490	GANIRELIX	GANIRELIX ACETATE		x	SAD**	05/01/2003	n/a	infertility benefit review
J3490	GATTEX	TEDUGLUTIDE		x	SAD**	01/29/2013	n/a	
J3490	GONAL-F	FOLLITROPIN ALFA		x	SAD**	10/01/1997	n/a	infertility benefit review
J3490	KYBELLA	DEOXYCHOLIC ACID				07/27/2016	n/a	
J3490	KYNAMRO	MIPOMERSEN		x	SAD**	03/01/2013	n/a	
J3490	LUPANETA	LEUPROLIDE ACETATE AND NORETHINDRONE				07/01/2015	n/a	
J3490	LUVERIS	LUTROPIN ALFA		x	SAD**	10/18/2004	n/a	infertility benefit review
J3490	MENOPUR	MENOTROPINS INJECTION		x	SAD**	04/11/2005	n/a	infertility benefit review
J3490	OVIDREL	CHORIOGONADOTROPIN ALFA		x	SAD**	09/20/2000	n/a	infertility benefit review
J3490	OZEMPIC	SEMAGLUTIDE		x	SAD**	12/05/2017	n/a	
J3490	RADICAVA	EDARAVONE				05/05/2017	n/a	
J3490	REPRONEX	MENOTROPINS INJECTION		x	SAD**	02/10/1998	n/a	infertility benefit review
J3490	REVATIO IV	SILDENAFIL CITRATE INJECTON				03/08/2010	n/a	
J3490	SIGNIFOR	PASREOTIDE		x	SAD**	03/11/2013	n/a	
J3490	SOLIQUA	INSULIN GLARGINE and LIXISENATIDE		x	SAD**	12/12/2016	n/a	
J3490	SUBLOCADE	BUPRENORPHINE				01/01/2018	n/a	New HCPCS Q9991 & Q9992 Eff 7/1/2018
J3490	TARGRETIN GEL	BEXAROTENE GEL		x	SAD**	12/15/2016	n/a	
J3490	TESTIM	TESTOSTERONE (non- injectable formulation)		x	SAD**	06/15/2010	n/a	
J3490	TESTOPEL	TESTOSTERONE PELLETS				06/15/2010	n/a	
J3490	TESTOSTERONE (non- injectable formulation)	TESTOSTERONE (non- injectable formulation)		x	SAD**	06/15/2010	n/a	
J3490	TRIPTODUR KIT	TRIPTORELIN ER				09/22/2017	n/a	
J3490	TYMLOS	ABALOPARATIDE		x	SAD**	05/01/2017	n/a	
J3490	VARITHENA	POLIDOCANOL INJECTABLE FOAM				04/15/2014	n/a	Drug not separately allowed, bundled within administration CPT code+I313
J3490	VARUBI	ROLAPITANT HYDROCHLORIDE				11/15/2017	n/a	

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
J3490	VISTOGARD ORAL GRANULES	URIDINE TRIACETATE		x	SAD**	02/19/2016	n/a	
J3490	VOGELXO	TESTOSTERONE (non-injectable formulation)		x	SAD**	06/15/2010	n/a	
J3490	XULTOPHY	INSULIN DEGLUDEC and LIRAGLUTIDE		x	SAD**	03/03/2017	n/a	
J3490	XURIDEN ORAL GRANULES	URIDINE TRIACETATE		x	SAD**	02/19/2016	n/a	
J3490	ZILRETTA	TRIAMCINOLONE				10/23/2017	n/a	New HCPCS, Q9993, Eff 07/01/2018
J3490*	Unclassified Rx*	UNCLASSIFIED DRUGS			BOTH***	09/22/1989	n/a	
J3520	EDTA	edetate disodium				08/15/2001	n/a	
J3590	ACTEMRA SQ	TOCILIZUMAB SQ		x	SAD**	10/21/2013	n/a	Previously assigned to HCPCS J3262
J3590	AMJEVITA	ADALIMUMAB-ATTO		x	SAD**	09/23/2016	n/a	
J3590	BENLYSTA SQ	BELIMUMAB SQ		x	SAD**	08/14/2017	n/a	
J3590	BRINEURA	CERLIPONASE ALFA				04/27/2017	n/a	
J3590	COSENTYX	SECUKINUMAB		x	SAD**	01/30/2015	n/a	
J3590	CRYSVITA	BUROSUMAB-TWZA				04/17/2018	n/a	
J3590	CYLTEZO	ADALIMUMAB-ADBIM		x	SAD**	08/25/2017	n/a	
J3590	DUPIXENT	DUPILUMAB		x	SAD**	03/28/2017	n/a	
J3590	ERELZI	ETANERCEPT		x	SAD**	08/30/2016	n/a	
J3590	FASENRA	BENRALIZUMAB				11/14/2017	n/a	
J3590	HAEGARDA	C-1 ESTERASE INHIBITOR		x	SAD**	07/17/2017	n/a	
J3590	HEMLIBRA	EMICIZUMAB-KXWH		x	SAD**	11/16/2017	n/a	New HCPCS, Q9995, Eff 07/01/2018
J3590	KEVZARA	SARILUMAB		x	SAD**	05/22/2017	n/a	
J3590	KINERET	ANAKINRA		x	SAD**	01/01/2005	n/a	
J3590	LUXTURNA	VORETIGENE NEPARVOVEC-RZYL				01/03/2018	n/a	
J3590	MEPSEVII	VESTRONIDASE ALFA-VJBK				11/15/2017	n/a	
J3590	MYALEPT	METRELEPTIN		x	SAD**	04/11/2014	n/a	
J3590	NATPARA	PARATHYROID HORMONE		x	SAD**	04/02/2015	n/a	
J3590	ODACTRA	DERMATOPHAGOIDES FARINAE DERMATOPHAGOIDES PTERONYSSINUS		x	SAD**	01/08/2018	n/a	
J3590	PALYNZIQ	PEGVALIASE-PQPZ		x	SAD**	06/28/2018	n/a	
J3590	PEG-INTRON	PEGINTERFERON ALFA-2B		x	SAD**	01/01/2016	n/a	
J3590	PEGASYS	PEGINTERFERON ALFA-2A		x	SAD**	01/01/2016	n/a	

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
J3590	PLEGRIDY	PEGINTERFERON BETA-1A		x	SAD**	10/03/2014	n/a	
J3590	PRALUENT	ALIROCUMAB		x	SAD**	07/24/2015	n/a	
J3590	REPATHA	EVOLOCUMAB		x	SAD**	08/31/2015	n/a	
J3590	SILIQ	BRODALUMAB		x	SAD**	02/15/2017	n/a	
J3590	SIMPONI	GOLIMUMAB		x	SAD**	04/27/2009	n/a	
J3590	STRENSIQ	ASFOTASE ALFA		x	SAD**	10/23/2015	n/a	
J3590	TALTZ	IXEKIZUMAB		x	BOTH***	03/23/2016	n/a	
J3590	TREMFYA	GUSELKUMAB		x	SAD**	07/14/2017	n/a	
J3590	ZINBRYTA	DACLIZUMAB		x	SAD**	08/01/2016	n/a	
J3590*	Unclassified Rx*	UNCLASSIFIED BIOLOGICS			BOTH***	01/01/2003	n/a	
J7175	COAGADEX	FACTOR X, (human)		x	SAD**	12/01/2015	n/a	
J7178	RIASTAP	HUMAN FIBRINOGEN		x	SAD**	03/24/2009	n/a	
J7179	VONVENDI	VON WILLEBRAND FACTOR(recombinant)		x	SAD**	07/05/2016	n/a	
J7180	CORIFACT	FACTOR XIII CONCENTRATE		x	SAD**	04/04/2011	n/a	
J7181	TRETTEN	FACTOR XIII A-SUBUNIT		x	SAD**	03/14/2014	n/a	
J7182	NOVOEIGHT	FACTOR VIII		x	SAD**	04/02/2015	n/a	
J7183	WILATE	VON WILLEBRAND FACTOR/COAGULATON FACTOR VIII COMPLEX		x	SAD**	01/01/2010	n/a	
J7185	XYNTHA	FACTOR VIII		x	SAD**	07/10/2008	n/a	
J7186	ALPHANATE VWF	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX		x	SAD**	03/15/2001	n/a	
J7187	HUMATE P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX		x	SAD**	03/15/2001	n/a	
J7188	OBIZUR	Antihemophilic Factor (Recombinant), Porcine Sequence		x	SAD**	11/17/2014	n/a	
J7189	NOVOSEVEN RT	FACTOR VIIIA		x	SAD**	03/15/2001	n/a	
J7190	HEMOFIL M	FACTOR VIII		x	SAD**	06/14/2001	n/a	
J7190	KOATE-DVI	FACTOR VIII		x	SAD**	03/15/2001	n/a	
J7190	MONOCLATE-P	FACTOR VIII		x	SAD**	03/15/2001	n/a	
J7192	ADVATE	FACTOR VIII		x	SAD**	07/25/2003	n/a	
J7192	HELIXATE FS	FACTOR VIII		x	SAD**	03/15/2001	n/a	

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
J7192	KOGENATE FS	FACTOR VIII		x	SAD**	03/15/2001	n/a	
J7192	KOGENATE FS BIO-SET	FACTOR VIII		x	SAD**	03/15/2001	n/a	
J7192	RECOMBINATE	FACTOR VIII		x	SAD**	03/15/2001	n/a	
J7193	ALPHANINE	FACTOR IX		x	SAD**	03/15/2001	n/a	
J7193	MONONINE	FACTOR IX		x	SAD**	03/15/2001	n/a	
J7194	BEBULIN VH	FACTOR IX		x	SAD**	03/15/2001	n/a	
J7194	BEBULIN, PROFILNINE SD	FACTOR IX		x	SAD**	03/15/2001	n/a	
J7195	BENEFIX	FACTOR IX		x	SAD**	03/15/2001	n/a	
J7195	IXINITY	FACTOR IX		x	SAD**	05/29/2015	n/a	
J7198	FEIBA	ANTI-INHIBITOR COAGUALTION COMPLEX		x	SAD**	03/15/2001	n/a	
J7199*	Unclassified FACTOR	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED		x	SAD**	03/15/2001	n/a	
J7199	REBINYN	FACTOR IX		x	SAD**	11/20/2017	n/a	
J7200	RIXUBIS	FACTOR IX		x	SAD**	10/02/2013	n/a	
J7201	ALPROLIX	FACTOR IX		x	SAD**	04/18/2014	n/a	
J7202	IDELVION	FACTOR IX		x	SAD**	03/04/2016	n/a	
J7205	ELOCTATE	FACTOR VIII		x	SAD**	07/14/2014	n/a	
J7207	ADYNOVATE	FACTOR VIII		x	SAD**	12/01/2015	n/a	
J7209	NUWIG	FACTOR VIII		x	SAD**	11/01/2015	n/a	
J7210	AFSTYLA	ANTIHEMOPHILIC FACTOR		x	SAD**	05/25/2016	n/a	
J7211	KOVALTRY	ANTIHEMOPHILIC FACTOR		x	SAD**	03/16/2016	n/a	
J7311	RETISERT	FLUCINOLONE ACETONIDE	x			05/15/2015	n/a	Drug added to PADP eff 11/14/2016
J7312	OZURDEX	DEXAMETHASONE	x			05/15/2015	n/a	Drug added to PADP eff 11/14/2016
J7313	ILUVIEN	FLUOCINOLONE ACETONIDE	x			12/01/2014	n/a	Drug added to PADP eff 11/14/2016
J7320	GENVISC 850	HYALURONAN/ DERIVATIVE	x			01/01/2016	n/a	
J7321	HYALGAN	SODIUM HYALURONATE	x			06/15/2000	n/a	Drug added to PADP eff 04/01/2013
J7321	SUPARTZ	SODIUM HYALURONATE	x			06/15/2000	n/a	Drug added to PADP eff 04/01/2013
J7321	VISCO-3	SODIUM HYALURONATE	x			05/01/2017	n/a	
J7322	HYMOVIS	HYALURONAN/ DERIVATIVE	x			11/12/2015	n/a	Drug added to PADP eff 01/01/2017
J7323	EUFLEXXA	SODIUM HYALURONATE	x			10/24/2005	n/a	Drug added to PADP eff 04/01/2013
J7324	ORTHOVISC	HIGH MOLECULAR WEIGHT HYALURONAN INJECTION	x			03/01/2004	n/a	Drug added to PADP eff 04/01/2013

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
J7325	SYNVISC	HYLAN G-F 20	x			06/15/2000	n/a	Drug added to PADP eff 04/01/2013
J7325	SYNVISC ONE	HYLAN G-F 20	x			03/09/2009	n/a	Drug added to PADP eff 04/01/2013
J7326	GEL-ONE	CROSS-LINKED HYALURONATE	x			11/01/2012	n/a	Drug added to PADP eff 04/01/2013
J7327	MONOVISC	HIGH MOLECULAR WEIGHT HYALURONAN INJECTION	x			04/16/2014	n/a	Drug added to PADP eff 01/01/2015
J7328	GEL-SYN	HYALURONAN/ DERIVATIVE	x			01/01/2016	n/a	Drug added to PADP eff 01/01/2016
J7330	CARTICEL	AUTOLOGOUS CULTURED CHONDROCYTES				09/01/2001	n/a	
J7330	MACI	AUTOLOGOUS CULTURED CHONDROCYTES				01/01/2017	n/a	
J7686	TYVASO	TREPROSTINIL INHALATION SOLUTION		x	SAD**	08/14/2009	n/a	
J7699*	NOC INHALATION SOLUTION, DME	NOC INHALATION SOLUTION, DME		x	SAD**	01/13/1993	n/a	
J7799*	NOC OTHER THAN INHALATION DRUGS, DME	NOC OTHER THAN INHALATION DRUGS, DME		x	SAD**	01/13/1993	n/a	
J7999*	NOC (FINAL COMPOUNDED PRODUCT)	NOC (FINAL COMPOUNDED PRODUCT)			BOTH***	01/01/2016	n/a	
J8499*	Unclassified Rx*	PRESCRIPTION DRUG, ORAL, NONCHEMOTHERAPEUTIC, NOS		x	SAD**	01/01/1994	n/a	
J8520	XELODA	CAPECITABINE		x	SAD**	01/01/2012	n/a	
J8521	XELODA	CAPECITABINE		x	SAD**	01/01/2012	n/a	
J8565	IRESSA	GEFITINIB		x	SAD**	09/15/2015	n/a	
J8655	AKYNZEO	NETUPITANT and PALONOSETRON		x	SAD**	04/01/2017	n/a	
J8700	TEMODAR	TEMOZOLOMIDE		x	SAD**	01/01/2012	n/a	
J8705	HYCAMTIN ORAL	TOPOTECAN		x	SAD**	05/15/2009	n/a	
J8999*	Unclassified Rx*	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS		x	SAD**	12/21/1994	n/a	
J9019	ERWINAZE	ASPARAGINASE	x			07/15/2012	n/a	Drug added to PADP eff 11/14/2016
J9022	TECENTRIQ	ATEZOLIZUMAB	x			05/18/2016	n/a	Drug added to PADP eff 11/14/2016

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
J9023	BAVENCIO	AVELUMAB	x			03/23/2017	n/a	
J9025	VIDAZA	AZACITIDINE	x			04/01/2015	n/a	Drug added to PADP eff 04/01/2015
J9032	BELEODAQ	BELINOSTAT	x			07/21/2014	n/a	Drug added to PADP eff 11/14/2016
J9033	TREANDA	BENDAMUSTINE	x			04/01/2015	n/a	Drug added to PADP eff 04/01/2015
J9034	BENDEKA	BENDAMUSTINE	x			12/11/2015	n/a	Drug added to PADP eff 11/14/2016
J9035	AVASTIN (oncology use)	BEVACIZUMAB	x			07/20/2009	n/a	
J9039	BLINCYTO	BLINATUMOMAB	x			12/16/2014	n/a	Drug added to PADP eff 11/14/2016
J9041	VELCADE	BORTEZOMIB	x			04/01/2013	n/a	
J9042	ADCETRIS	BRENTUXIMAB	x			08/25/2011	n/a	Drug added to PADP eff 11/14/2016
J9043	JEVTANA	CABAZITAXEL	x			07/15/2010	n/a	Drug added to PADP eff 01/01/2014
J9045	CARBOPLATIN	CARBOPLATIN				04/15/2009	12/31/2014	
J9047	KYPROLIS	CARFILZOMIB	x			07/20/2012	n/a	Drug added to PADP eff 11/14/2016
J9055	ERBITUX	CETUXIMAB	x			04/01/2013	n/a	
J9145	DARZALEX	DARATUMUMAB	x			11/17/2015	n/a	Drug added to PADP eff 11/14/2016
J9171	DOCEFREZ	DOCETAXEL	x			04/01/2013	n/a	
J9171	TAXOTERE	DOCETAXEL	x			04/01/2013	n/a	
J9176	EMPLICITI	ELOTUZUMAB	x			11/30/2015	n/a	Drug added to PADP eff 11/14/2016
J9179	HALAVEN	ERIBULIN	x			11/16/2010	n/a	Drug added to PADP eff 04/01/2013
J9204	GEMZAR	GEMCITABINE				04/15/2009	12/31/2014	
J9202	ZOLADEX	GOSERELIN ACETATE	x			01/01/2014	n/a	
J9203	MYLOTARG	GEMTUZUMAB OZOGAMICIN	x			09/07/2017	n/a	
J9205	ONIVYDE	IRINOTECAN LIPOSOME	x			10/26/2015	n/a	Drug added to PADP eff 11/14/2016
J9206	CAMPTOSAR	INJECTION, IRINOTECAN, 20-MG				05/15/2009	12/31/2014	
J9214	INTRON A	INTERFERON, ALFA-2B		x	SAD**	01/01/2006	12/31/2014	
J9215	ALFERON N	INTERFERON, ALFA-N3		x	SAD**	01/01/2006	12/31/2014	
J9216	ACTIMMUNE	INTERFERON, GAMMA-1B		x	SAD**	01/01/2017	n/a	
J9217	ELIGARD	LEUPROLIDE ACETATE	x			01/01/2005	n/a	Drug added to PADP eff 01/01/2014
J9217	LUPRON DEPOT	LEUPROLIDE ACETATE	x			01/01/2005	n/a	Drug added to PADP eff 01/01/2014
J9218	Leuprolide acetate	LEUPROLIDE ACETATE		x	SAD**	01/01/2005	n/a	
J9219	Leuprolide acetate	LEUPROLIDE ACETATE		x	SAD**	01/01/2005	12/31/2014	product discontinued
J9225	VANTAS	HISTRELIN ACETTE	x			11/10/2004	n/a	Drug added to PADP eff 01/01/2014
J9226	SUPPRELIN LA	HISTRELIN ACETATE	x			06/18/2007	n/a	Drug added to PADP eff 04/01/2015
J9228	YERVOY	IPILIMUMAB	x			03/29/2011	n/a	Drug added to PADP eff 04/01/2003
J9245	EVOMELA	MELPHALAN HCI				01/01/2017	n/a	

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
J9262	SYNRIBO	OMACETAXINE MEPESUCCINATE	x			11/12/2012	n/a	Drug added to PADP eff 11/14/2016
J9263	ELOXATIN	OXALIPLATIN	x			05/15/2009	n/a	Drug added to PADP eff 04/01/2013
J9264	ABRAXANE	PACLITAXEL	x			05/15/2009	n/a	Drug added to PADP eff 04/01/2013
J9265	ONXOL	PACLITAXEL				05/15/2009	12/31/2014	
J9271	KEYTRUDA	PEMBROLIZUMAB	x			09/08/2014	n/a	Drug added to PADP eff 11/14/2016
J9285	LARTRUVO	OLARATUMAB	x			03/06/2017	n/a	
J9295	PORTRAZZA	NECITUMUMAB	x			12/14/2015	n/a	Drug added to PADP eff 11/14/2016
J9299	OPDIVO	NIVOLUMAB	x			12/23/2014	n/a	Drug added to PADP eff 11/14/2016
J9301	GAZYVA	OBINUTUZUMAB	x			11/01/2013	n/a	Drug added to PADP eff 11/14/2016
J9302	ARZERRA	OFATUMUMAB	x			06/01/2015	n/a	Drug added to PADP eff 11/14/2016
J9303	VECTIBIX	PANITUMUMAB	x			04/15/2009	n/a	Drug added to PADP eff 04/01/2013
J9305	ALIMTA	PEMETREXED	x			05/15/2009	n/a	Drug added to PADP eff 04/01/2013
J9306	PERJETA	PERTUZUMAB	x			06/08/2012	n/a	Drug added to PADP eff 11/14/2016
J9307	FOLOTYN	PRALATREXATE	x			09/28/2009	n/a	Drug added to PADP eff 11/14/2016
J9308	CYRAMZA	RAMUCIRUMAB	x			04/28/2014	n/a	Drug added to PADP eff 11/14/2016
J9310	RITUXAN	RITUXIMAB	x			08/15/2006	n/a	Drug added to PADP eff 04/01/2013
J9325	IMLYGIC	TALIMOGENE LAHERPAREPVEC	x			11/02/2015	n/a	Drug added to PADP eff 11/14/2016
J9330	TORISEL	TEMSIROLIMUS	x			03/15/2014	n/a	Drug added to PADP eff 11/14/2016
J9352	YONDELIS	TRABECTEDIN	x			10/23/2015	n/a	Drug added to PADP eff 11/14/2016
J9354	KADCYLA	ADO-TRASTUZUMAB	x			02/22/2013	n/a	Drug added to PADP eff 01/01/2014
J9355	HERCEPTIN	TRASTUZUMAB	x			07/20/2009	n/a	Drug added to PADP eff 07/20/2009
J9395	FASLODEX	FULVESTRANT				05/15/2009	12/31/2014	
J9400	ZALTRAP	ZIV-ALFILBERCEPT	x			08/20/2012	n/a	Drug added to PADP eff 11/14/2016
J9999	ALIQOPA	COPANLISIB	x			09/18/2017	n/a	
J9999	BORTEZOMIB	BORTEZOMIB	x			12/04/2017	n/a	
J9999	BESPONSA	INOTUZUMAB OZOGAMICIN	x			08/18/2017	n/a	
J9999	IMFINZI	DURVALUMAB	x			05/01/2017	n/a	
J9999	MVASI	BEVACIZUMAB-AWWB	x			09/14/2017	n/a	
J9999	OGIVRI	TRASTUZUMAB-DKST	x			12/01/2017	n/a	
J9999	RITUXAN HYCELA	RITUXIMAB HYALURONIDASE	x			06/22/2017	n/a	
J9999	SYLATRON	PEGINTERFERON ALFA-2b		x	SAD**	04/15/2011	12/31/2014	
J9999	UNITUXIN	DINUTUXIMAB	x			05/01/2017	n/a	
J9999	VYXEOS	DAUNORUBICIN and CYTARABINE	x			08/11/2017	n/a	

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
J9999	YESCARTA	AXICABTAGENE CILOLEUCEL	x			10/18/2017	n/a	New HCPCS, Q2041, eff 04/01/2018
J9999*	Unclassified Rx*	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	x		BOTH***	09/22/1989	n/a	HCPCS added to PADP eff 11/14/2016
Q2040	KYMRIAH	TISAGENLECLEUCEL	x			08/31/2017	n/a	
Q2041	YESCARTA	AXICABTAGENE CILOLEUCEL	x			10/18/2017	n/a	
Q2043	PROVENGE	SIPULEUCEL-T AUTOLOGOUS CD54+ CELLS	x			04/29/2010	n/a	Drug added to PADP eff 04/01/2013
Q2049	LIPODOX	DOXORUBICIN LIPOSOMAL	x			04/01/2015	n/a	Drug added to PADP eff 04/01/2015
Q2050	DOXIL	DOXORUBICIN LIPOSOMAL	x			04/01/2015	n/a	Drug added to PADP eff 04/01/2015
Q3027	AVONEX	INTERFERON BETA-1A		x	SAD**	10/01/2011	n/a	
Q3028	REBIF	INTERFERON BETA-1A		x	SAD**	10/01/2011	n/a	
Q4074	VENTAVIS	ILOPROST INHALATION SOLUTION		x	SAD**	11/15/2009	n/a	
Q4082*	Unclassified Rx*	UNCLASSIFIED DRUGS OR BIOLOGICALS, (CAP)			BOTH***	01/01/2007	n/a	
Q5101	ZARXIO	FILGRASTIM-SNDZ	x		BOTH***	09/03/2015	n/a	
Q5102	INFLECTRA	INFLECTRA, Biosimilar	x			11/21/2016	n/a	New HCPCS, Q5103, eff 04/01/2018
Q5102	RENFLEXIS	INFLECTRA, Biosimilar	x			07/25/2017	n/a	New HCPCS, Q5104, eff 04/01/2018
Q5103	INFLECTRA	INFLIXIMAB-DYYB	x			11/21/2016	n/a	
Q5104	RENFLEXIS	INFLIXIMAB-ABDA	x			07/25/2017	n/a	
Q9985	HYDROXYPROGESTER ONE-CAPROATE	HYDROXYPROGESTERONE- CAPROATE				06/09/2016	12/31/2017	New HCPCS, J1729, eff 01/01/2018
Q9986	MAKENA	HYDROXYPROGESTERONE- CAPROATE	x			07/01/2017	12/31/2017	New HCPCS, J1726, eff 01/01/2018
Q5106	RETACRIT	EPOETIN ALFA				06/18/2018	n/a	
Q9991	SUBLOCADE	BUPRENORPHINE				01/01/2018	n/a	
Q9992	SUBLOCADE	BUPRENORPHINE				01/01/2018	n/a	
Q9993	ZILRETTA	TRIAMCINOLONE				10/23/2017	n/a	
Q9995	HEMLIBRA	EMICIZUMAB-KXWH		x	SAD**	11/16/2017	n/a	
S0088	GLEEVEC	IMATINIB		x	SAD**	01/01/2012	n/a	
S0122	MENOPUR	MENOTROPINS INJECTION		x	SAD**	04/11/2005	n/a	infertility benefit review
S0122	REPRONEX	MENOTROPINS INJECTION		x	SAD**	02/10/1998	n/a	infertility benefit review

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>SAD**/ BOTH***</u>	<u>DRUG REQUIRE PRIOR AUTH Eff Date</u>	<u>CODE TERM/ REMOVED PA Date</u>	<u>COMMENTS</u>
S0126	GONAL-F	FOLLITROPIN ALFA		x	SAD**	10/01/1997	n/a	infertility benefit review
S0128	FOLLISTIM AQ	FOLLITROPIN BETA		x	SAD**	03/23/2004	n/a	infertility benefit review
S0132	GANIRELIX	GANIRELIX ACETATE		x	SAD**	05/01/2003	n/a	infertility benefit review
S0145	PEGASYS	PEGYLATED INTERFERON ALFA-2A		x	SAD**	01/01/2016	n/a	
S0148	PEG INTRON	PEGYLATED INTERFERON ALFA-2B		x	SAD**	01/01/2006	n/a	
S0189	TESTOPEL	TESTOSTERONE PELLETS		x		06/15/2010	n/a	
S0190	KORLYM	MIFEPRISTONE		x	SAD**	03/23/2012	n/a	
S5000*	UNLISTED GENERIC DRUG	PRESCRIPTION DRUG, GENERIC NAME		x	SAD**	01/01/2000	n/a	
S5001*	UNLISTED BRAND DRUG	PRESCRIPTION DRUG, BRAND NAME		x	SAD**	01/01/2000	n/a	

* new drugs approved by FDA may **not** be listed but could be subject to prior authorization

** self-administered drug coverage has limited benefits through the medical benefit

*** Covered as Self-Administered or Provider-Administered Specialty drugs

NOTES -

- 1 Drugs listed may not be covered by the member's benefits. Benefits vary by plan, so benefits need to be verified prior to providing services.
- 2 Based on new codes being assigned to drug(s), search by HCPCS or CPT code and/or Drug Brand Name