

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 Commercial U65 products	Prime Specialty Pharmacy*	Prime Therapeutics Specialty Pharmacy (Prime Specialty Pharmacy) Phone: (877) 627-MEDS (6337) Fax: (877) 828-3939
Part D (medicare 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 Phone: (877) 627-6337 Fax (877) 828-3939

* 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)

** 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
- Drug Removed from Requiring Prior Auth
- New Drug Added to PADP (MRxM Managed)

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
90281	GamaSTAN S/D	HUMAN IMMUNE GLOBULIN			
90283	CARIMUNE NF	HUMAN IMMUNE GLOBULIN			
90283	FLEBOGAMMA	HUMAN IMMUNE GLOBULIN			
90283	FLEBOGAMMA DIF	HUMAN IMMUNE GLOBULIN			
90283	GAMMAGARD	HUMAN IMMUNE GLOBULIN		x	***Covered as Self-Administered or Provider Administered
90283	GAMMAGARD SD	HUMAN IMMUNE GLOBULIN		x	***Covered as Self-Administered or Provider Administered
90283	GAMMAKED	HUMAN IMMUNE GLOBULIN		x	***Covered as Self-Administered or Provider Administered
90283	GAMMAPLEX	HUMAN IMMUNE GLOBULIN			
90283	GAMUNEX	HUMAN IMMUNE GLOBULIN		x	***Covered as Self-Administered or Provider Administered
90283	GAMUNEX-C	HUMAN IMMUNE GLOBULIN		x	***Covered as Self-Administered or Provider Administered
90283	OCTAGAM	HUMAN IMMUNE GLOBULIN			
90283	PRIVIGEN	HUMAN IMMUNE GLOBULIN			

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
90284	CUVITRU	HUMAN IMMUNE GLOBULIN		x	FDA Approved 10/06/2016 **self-administered drug
90284	GAMMAGARD LIQUID	HUMAN IMMUNE GLOBULIN		x	***Covered as Self-Administered or Provider Administered
90284	GAMMAKED	HUMAN IMMUNE GLOBULIN		x	***Covered as Self-Administered or Provider Administered
90284	GAMUNEX-C	HUMAN IMMUNE GLOBULIN		x	***Covered as Self-Administered or Provider Administered
90284	HIZENTRA	HUMAN IMMUNE GLOBULIN		x	**self-administered drug
90378	SYNAGIS	PALIVIZUMAB			
90399*	Unlisted IVIG*	HUMAN IMMUNE GLOBULIN			
A9543	ZEVALIN	IBRITUMOMAB TIUXETAN	x		Drug added PADP Eff 11/14/2016
A9606	XOIFIGO	RADIUM RA 223 DICHLORIDE	x		Drug added PADP Eff 11/14/2016
A9699*	Unclassified Rx*	RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED			
C9140	AFSTYLA	ANTIHEMOPHILIC FACTOR		x	**self-administered drug
C9257	AVASTIN	BEVACIZUMAB			HCPCS removed from requiring Prior Auth 07/01/2015
C9399	COSENTYX	SECUKINUMAB		x	***Covered as Self-Administered or Provider Administered
C9399	CUVITRU	HUMAN IMMUNE GLOBULIN		x	FDA Approved 10/06/2016 **self-administered drug
C9399	DEFITELIO	DEFBROTIDE SODIUM			FDA Approved 04/04/2016
C9399	EGRIFTA	TESAMORELIN		x	**self-administered drug
C9399	EXONDYS 51	ETEPLIRSEN			
C9399	FORTESTA	TESTOSTERONE (non-injectable formulation)		x	**self-administered drug
C9399	GATTEX	TEDUGLUTIDE		x	**self-administered drug
C9399	KYBELLA	DEOXYCHOLIC ACID			
C9399	KYNAMRO	MIPOMERSEN		x	**self-administered drug
C9399	LARTRUVO				C9399 not accepted for drug, must be billed with J9999
C9399	LONSURF	TRIFLURIDINE and TIPIRACIL		x	
C9399	LUPANETA	LEUPROLIDE ACETATE AND NORETHINDRONE			New Drug added 07/01/2015
C9399	MYALEPT	METRELEPTIN		x	**self-administered drug
C9399	NATPARA	PARATHYROID HORMONE		x	**self-administered drug
C9399	ODOMZO	SONIDEGIB		x	**self-administered drug
C9399	PLEGRIDY	PEGINTERFERON BETA-1A		x	**self-administered drug
C9399	PRALUENT	ALIROCUMAB		x	**self-administered drug

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
C9399	REPATHA	EVOLOCUMAB		x	**self-administered drug
C9399	SIMPONI	GOLIMUMAB		x	**self-administered drug
C9399	STELARA IV	USTEKINUMAB			
C9399	STRENSIQ	ASFOTASE ALFA		x	**self-administered drug
C9399	SUSTOL	GRANISETRON			FDA approved 10/04/2016
C9399	VARITHENA	POLIDOCANOL INJECTABLE FOAM			C-codes only applicable for Outpatient Facility (OPPS)
C9399*	Unclassified Rx*	UNCLASSIFIED DRUGS OR BIOLOGICALS			C-codes only applicable for Outpatient Facility (OPPS)
C9483	TECENTRIQ	ATEZOLIZUMAB	x		new HCPCS eff 1/1/2017 - added PADP 11/14/2016
J0129	ORENCIA SQ	ABATACEPT	x	x	***Covered as Self-Administered or Provider Administered
J0135	HUMIRA	ADALIMUMAB		x	**self-administered drug
J0178	EYLEA	AFLIBERCEPT	x		Drug added to PADP 04/01/2015
J0180	FABRAZYME	AGALSIDASE BETA			
J0202	LEMTRADA	ALEMTUZUMAB	x		Drug added PADP Eff 11/14/2016
J0220	MYOZYME	ALGLUCOSIDASE ALFA			Added 1/1/2016 to require Prior Auth Required
J0221	LUMIZYME	ALGLUCOSIDASE ALFA			
J0256	ARALAST	ALPHA 1-PROTEINASE INHIBITOR	x		
J0256	ARALAST NP	ALPHA 1-PROTEINASE INHIBITOR	x		
J0256	PROLASTIN-C	ALPHA 1-PROTEINASE INHIBITOR	x		
J0256	ZEMAIRA	ALPHA 1-PROTEINASE INHIBITOR	x		
J0257	GLASSIA	ALPHA 1-PROTEINASE INHIBITOR	x		
J0470	BAL IN OIL	DIMERCAPROL			
J0490	BENLYSTA	BELIMUMAB			
J0570	PROBUPHINE IMPLANT KIT	BUPRENORPHINE IMPLANT			HCPCS Eff 1/1/2017 (Previous HCPCS J3490)
J0585	BOTOX	ONABOTULINUMTOXIN A	x		
J0586	DYSPOET	ONABOTULINUMTOXIN A	x		
J0587	MYOBLOC	ONABOTULINUMTOXIN B	x		
J0588	XEOMIN	ONABOTULINUMTOXIN A	x		
J0596	RUCONEST	C1 ESTERASE INHIBITOR		x	**self-administered drug
J0597	BERINERT	C1 ESTERASE INHIBITOR	x	x	***Covered as Self-Administered or Provider Administered
J0598	CINRYZE	C1 ESTERASE INHIBITOR		x	**self-administered drug

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
J0600	CALCIUM EDTA	EDETATE CALCIUM DISODIUM			
J0600	EDETATE CALCIUM DISODIUM	EDETATE CALCIUM DISODIUM			
J0638	ILARIS	CANAKINUMAB	x		Drug added PADP Eff 11/14/2016
J0641	FUSILEV	LEVOLEUCOVORIN	x		Drug added to PADP 04/01/2015
J0717	CIMZIA	CERTOLIZUMAB PEGOL	x	x	***Covered as Self-Administered or Provider Administered
J0725	NOVAREL	CHORIONIC GONADOTROPIN		x	**self-administered drug -- infertility benefit review
J0725	PREGNYL	CHORIONIC GONADOTROPIN		x	**self-administered drug -- infertility benefit review
J0775	XIAFLEX	COLLAGENASE, CLOST HIST INJ			Added 1/1/2016 to require Prior Auth Required
J0800	HP ACTHAR	CORTICOTROPIN	x	x	***Covered as Self-Administered or Provider Administered
J0881	ARANESP	DARBEPOETIN ALFA	x		***Covered as Self-Administered or Provider Administered
J0882	ARANESP	DARBEPOETIN ALFA			***Covered as Self-Administered or Provider Administered
J0885	EPOGEN	EPOETIN ALFA	x		***Covered as Self-Administered or Provider Administered
J0885	PROCRIT	EPOETIN ALFA	x		***Covered as Self-Administered or Provider Administered
J0886	EPOGEN	EPOETIN ALFA			***Covered as Self-Administered or Provider Administered
J0886	PROCRIT	EPOETIN ALFA			***Covered as Self-Administered or Provider Administered
J0887	MIRCERA	EPOETIN BETA (ESRD use)	x		***Covered as Self-Administered or Provider Administered
J0888	MIRCERA	EPOETIN BETA (non- ESRD use)			***Covered as Self-Administered or Provider Administered
J0897	PROLIA	DENOSUMAB	x		
J0897	XGEVA	DENOSUMAB	x		
J1071	DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE		x	***Covered as Self-Administered or Provider Administered
J1290	KALBITOR	ECALLANTIDE	x		
J1300	SOLIRIS	ECULIZUMAB	x		
J1322	VIMIZIM	ELOSULFASE ALFA			
J1325	FLOLAN	EPOPROSTENOL			
J1325	VELETRI	EPOPROSTENOL			
J1438	ENBREL	ETANERCEPT		x	**self-administered drug
J1439	INJECTAFER	FERRIC CARBOXYMALTOSE			
J1442	NEUPOGEN	FILGRASTIM	x		***Covered as Self-Administered or Provider Administered
J1447	GRANIX	TBO-FILGRASTIM	x		
J1453	EMEND	FOSAPREPITANT	x		Drug added PADP Eff 11/14/2016
J1458	NAGLAZYME	GALSULFASE			Added 1/1/2016 to require Prior Auth Required

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
J1459	PRIVIGEN	HUMAN IMMUNE GLOBULIN	x		
J1460	GamaSTAN S/D	HUMAN IMMUNE GLOBULIN			
J1556	BIVIGAM	HUMAN IMMUNE GLOBULIN	x		
J1557	GAMMAPLEX	HUMAN IMMUNE GLOBULIN	x		
J1559	HIZENTRA	HUMAN IMMUNE GLOBULIN		x	**self-administered drug
J1560	GamaSTAN S/D	HUMAN IMMUNE GLOBULIN			
J1561	GAMMAKED	HUMAN IMMUNE GLOBULIN	x	x	***Covered as Self-Administered or Provider Administered
J1561	GAMUNEX	HUMAN IMMUNE GLOBULIN	x	x	***Covered as Self-Administered or Provider Administered
J1561	GAMUNEX-C	HUMAN IMMUNE GLOBULIN	x	x	***Covered as Self-Administered or Provider Administered
J1562	VIVAGLOBIN	HUMAN IMMUNE GLOBULIN			*product discontinued
J1566	CARIMUNE NF	HUMAN IMMUNE GLOBULIN	x		
J1566	GAMMAGARD SD	HUMAN IMMUNE GLOBULIN	x	x	***Covered as Self-Administered or Provider Administered
J1568	OCTAGAM	HUMAN IMMUNE GLOBULIN	x		
J1569	GAMMAGARD LIQUID	HUMAN IMMUNE GLOBULIN	x	x	***Covered as Self-Administered or Provider Administered
J1572	FLEBOGAMMA	HUMAN IMMUNE GLOBULIN	x		
J1575	HYQVIA	IMMUNE GLOBULIN		x	**self-administered drug
J1595	COPAXONE	GLATIRAMER		x	**self-administered drug
J1599*	Unclassified IVIG*	HUMAN IMMUNE GLOBULIN	x		
J1602	SIMPONI ARIA	GOLIMUMAB	x		Drug added PADP Eff 11/14/2016
J1725	MAKENA	HYDROXYPROGESTERONE CAPROATE	x		Drug added PADP Eff 11/14/2016
J1740	BONIVA	IBANDRONATE SODIUM	x		Drug added PADP Eff 11/14/2016
J1743	ELAPRASE	IDURSULFASE			Added 1/1/2016 to require Prior Auth Required
J1744	FIRAZYR	ICATIBANT		x	**self-administered drug
J1745	REMICADE	INFLIXIMAB	x		
J1786	CEREZYME	IMUGLUCERASE	x		
J1826	AVONEX	INTERFERON BETA-1A		x	**self-administered drug
J1830	BETASERON	INTERFERON BETA-1B		x	**self-administered drug
J1830	EXTAVIA	INTERFERON BETA-1B		x	**self-administered drug
J1930	SOMATULINE DEPOT	LANREOTIDE	x		Drug added PADP Eff 11/14/2016
J1931	ALDURAZYME	LARONIDASE			Added 1/1/2016 to require Prior Auth
J1950	LUPRON DEPOT	LEUPROLIDE ACETATE	x		

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
J2170	INCRELEX	MECASERMIN		x	**self-administered drug
J2182	NUCALA	MEPOLIZUMAB			HCPCS eff 1/1/2017 (prior HCPCS J3590 & C9473)
J2212	RELISTOR	METHYLNALTREXONE			
J2315	VIVITROL	NALTREXONE			Removed from requiring prior auth 12/31/2015
J2323	TYSABRI	NATALIZUMAB	x		
J2353	SANDOSTATIN LAR DEPOT	OCTREOTIDE	x		
J2355	NEUMEGA	OPRELVEKIN		x	**self-administered drug
J2357	XOLAIR	OMALIZUMAB	x		
J2469	ALOXI	PALONOSETRON	x		
J2502	SIGNIFOR	PASREOTIDE		x	**self-administered drug
J2503	MACUGEN	PEGAPTANIB SODIUM	x		Drug added to PADP 04/01/2015
J2505	NEULASTA	PEGFILGRASTIM	x		***Covered as Self-Administered or Provider Administered
J2507	KRYSTEXXA	PEGLOTICASE	x		Drug added PADP Eff 11/14/2016
J2562	MOZOBIL	PLERIXAFOR	x		Drug added PADP Eff 11/14/2016
J2675	Progesterone in Oil	PROGESTERONE			
J2724	CEPROTIN	PROTEIN C CONCENTRATE			
J2778	LUCENTIS	RANIBIZUMAB	x		Drug added to PADP 04/01/2015
J2783	ELITEK	RASBURICASE	x		Drug added PADP Eff 11/14/2016
J2786	CINQAIR	RESLIZUMAB			HCPCS eff 1/1/2017 (prior HCPCS J3590 & C9478)
J2793	ARCALYST	RILONACEPT		x	**self-administered drug
J2796	NPLATE	ROMIPLOSTIM	x		
J2820	LEUKINE	SARGRAMOSTIM (GM-CSF)	x		Drug added PADP Eff 11/14/2016
J2840	KANUMA	SEBELIPASE ALFA			HCPCS eff 1/1/2017 (prior HCPCS J3590 & C9481)
J2860	SYLVANT	SILTUXIMAB			
J2941	GENOTROPIN	SOMATROPIN		x	**self-administered drug
J2941	HUMATROPE	SOMATROPIN		x	**self-administered drug
J2941	NORDITROPIN	SOMATROPIN		x	**self-administered drug
J2941	NUTROPIN	SOMATROPIN		x	**self-administered drug
J2941	NUTROPIN AQ	SOMATROPIN		x	**self-administered drug
J2941	OMNITROPE	SOMATROPIN		x	**self-administered drug
J2941	SAIZEN	SOMATROPIN		x	**self-administered drug
J2941	SEROSTIM	SOMATROPIN		x	**self-administered drug

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
J2941	TEVTROPIN	SOMATROPIN		x	**self-administered drug
J2941	ZOMACTON	SOMATROPIN		x	**self-administered drug
J2941	ZORBTIVE	SOMATROPIN		x	**self-administered drug
J3060	ELELYSO	TALIGLUCERASE ALFA	x		Drug added PADP Eff 11/14/2016
J3110	FORTEO	TERIPARATIDE		x	**self-administered drug
J3121	DELATESTRYL	TESTOSTERONE ENANTHATE			
J3145	AVEED	TESTOSTERONE UNDECANOATE			
J3262	ACTEMRA	TOCILIZUMAB	x	x	***Covered as Self-Administered or Provider Administered
J3285	REMODULIN	TREPROSTINIL		x	**self-administered drug
J3315	TRELSTAR DEPOT	TRIPTORELIN PAMOATE	x		
J3315	TRELSTAR LA	TRIPTORELIN PAMOATE	x		
J3355	BRAVELLE	UROFOLLITROPIN		x	**self-administered drug -- infertility benefit review
J3357	STELARA SQ	USTEKINUMAB	x	x	***Covered as Self-Administered or Provider Administered
J3380	ENTYVIO	VEDOLIZUMAB	x		New Code Effective 01/01/2016
J3385	VPRIV	VELAGLUCERASE ALFA	x		
J3396	VISUDYNE	VERTEPORFIN	x		Drug added PADP Eff 11/14/2016
J3489	ZOMETA/ RECLAST	ZOLEDRONIC ACID	x		
J3490	ANDROGEL	TESTOSTERONE (non-injectable formulation)		x	**self-administered drug
J3490	CETROTIDE	CETRORELIX		x	**self-administered drug -- infertility benefit review
J3490	DEFITELIO	DEFBROTIDE SODIUM			FDA Approved 04/04/2016
J3490	EGRIFTA	TESAMORELIN		x	**self-administered drug
J3490	EXONDYS 51	ETEPLIRSEN			
J3490	FOLLISTIM AQ	FOLLITROPIN BETA		x	**self-administered drug -- infertility benefit review
J3490	FORTESTA	TESTOSTERONE (non-injectable formulation)		x	**self-administered drug
J3490	GANIRELIX	GANIRELIX ACETATE		x	**self-administered drug -- infertility benefit review
J3490	GATTEX	TEDUGLUTIDE		x	**self-administered drug
J3490	GONAL-F	FOLLTROPIN ALFA		x	**self-administered drug -- infertility benefit review
J3490	HYDROXYPROGESTERONE CAPROATE	HYDROXYPROGESTERONE CAPROATE			FDA Approved 06/09/2016
J3490	KYBELLA	DEOXYCHOLIC ACID			

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
J3490	KYNAMRO	MIPOMERSEN		x	**self-administered drug
J3490	LUPANETA	LEUPROLIDE ACETATE AND NORETHINDRONE			New Drug added 07/01/2015
J3490	LUVERIS	LUTROPIN ALFA		x	**self-administered drug -- infertility benefit review
J3490	MENOPUR	MENOTROPINS INJECTION		x	**self-administered drug -- infertility benefit review
J3490	OVIDREL	CHORIOGONADOTROPIN ALFA		x	**self-administered drug -- infertility benefit review
J3490	REPRONEX	MENOTROPINS INJECTION		x	**self-administered drug -- infertility benefit review
J3490	REVATIO IV	SILDENAFIL CITRATE INJECTON			
J3490	SIGNIFOR			x	*self-administered drug
J3490	SUSTOL	GRANISETRON			FDA Approved 10/04/2016
J3490	TESTIM	TESTOSTERONE (non-injectable formulation)		x	*self-administered drug
J3490	TESTOPEL	TESTOSTERONE PELLETS			Drug also aligned with HCPCS S0189
J3490	TESTOSTERONE (non- injectable formulation)	TESTOSTERONE (non-injectable formulation)		x	**self-administered drug
J3490	VARITHENA	POLIDOCANOL INJECTABLE FOAM			
J3490	VISTOGARD ORAL GRANULES	URIDINE TRIACETATE		x	*self-administered - FDA Approved 02/19/2016
J3490	VOGELXO	TESTOSTERONE (non-injectable formulation)		x	*self-administered drug
J3490	XURIDEN ORAL GRANULES	URIDINE TRIACETATE		x	*self-administered - FDA Approved 02/16/2016
J3490*	Unclassified Rx*	UNCLASSIFIED DRUGS			
J3520	EDTA	edetate disodium			
J3590	AMJEVITA	ADALIMUMAB-ATTO		x	FDA Approved 09/23/2016 **self-administered drug
J3590	COSENTYX	SECUKINUMAB		x	***Covered as Self-Administered or Provider Administered
J3590	CUVITRU	HUMAN IMMUNE GLOBULIN		x	FDA Approved 10/06/2016 **self-administered drug
J3590	ERELZI			x	*self-administered drug
J3590	KINERET	ANAKINRA		x	**self-administered drug
J3590	MYALEPT	METRELEPTIN		x	**self-administered drug
J3590	NATPARA	PARATHYROID HORMONE		x	**self-administered drug
J3590	PEG INTRON	PEGINTERFERON ALFA-2B		x	**self-administered drug
J3590	PEGASYS	PEGINTERFERON ALFA-2A		x	**self-administered drug

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
J3590	PLEGRIDY	PEGINTERFERON BETA-1A		x	**self-administered drug
J3590	PRALUENT	ALIROCUMAB		x	**self-administered drug
J3590	REPATHA	EVOLOCUMAB		x	**self-administered drug
J3590	SIMPONI	GOLIMUMAB		x	**self-administered drug
J3590	STELARA IV	USTEKINUMAB			
J3590	STRENSIQ	ASFOTASE ALFA		x	**self-administered drug
J3590	TALTZ	IXEKIZUMAB		x	***Covered as Self-Administered or Provider Administered
J3590	ZINBRYTA			x	**self-administered drug
J3590*	Unclassified Rx*	UNCLASSIFIED BIOLOGICS			
J7175	COAGADEX	FACTOR X, (human)		x	**self-administered drug
J7178	RIASTAP	HUMAN FIBRINOGEN		x	**self-administered drug
J7179	VONVENDI	VON WILLEBRAND FACTOR(recombinant)		x	**self-administered drug
J7180	CORIFACT	FACTOR XIII CONCENTRATE		x	**self-administered drug
J7181	TRETEN	FACTOR XIII A-SUBUNIT		x	**self-administered drug
J7182	NOVOEIGHT	FACTOR VIII		x	**self-administered drug
J7183	WILATE	VON WILLEBRAND FACTOR/COAGULATON FACTOR VIII COMPLEX		x	**self-administered drug
J7185	XYNTHA	FACTOR VIII		x	**self-administered drug
J7186	ALPHANATE VWF	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX		x	**self-administered drug
J7187	HUMATE P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX		x	**self-administered drug
J7188	OBIZUR	Antihemophilic Factor (Recombinant), Porcine Sequence		x	**self-administered drug
J7189	NOVOSEVEN RT	FACTOR VIIA		x	**self-administered drug
J7190	HEMOFIL M	FACTOR VIII		x	**self-administered drug
J7190	KOATE-DVI	FACTOR VIII		x	**self-administered drug
J7190	MONOCLATE-P	FACTOR VIII		x	**self-administered drug

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
J7192	ADVATE	FACTOR VIII		x	**self-administered drug
J7192	HELIXATE FS	FACTOR VIII		x	**self-administered drug
J7192	KOGENATE FS	FACTOR VIII		x	**self-administered drug
J7192	KOGENATE FS BIO-SET	FACTOR VIII		x	**self-administered drug
J7192	NUWIQ	FACTOR VIII		x	**self-administered drug
J7192	RECOMBINATE	FACTOR VIII		x	**self-administered drug
J7193	ALPHANINE	FACTOR IX		x	**self-administered drug
J7193	MONONINE	FACTOR IX		x	**self-administered drug
J7194	BEBULIN VH	FACTOR IX		x	**self-administered drug
J7194	BEBULIN, PROFILNINE SD	FACTOR IX		x	**self-administered drug
J7195	BENEFIX	FACTOR IX		x	**self-administered drug
J7195	IXINITY	FACTOR IX		x	**self-administered drug
J7198	FEIBA	ANTI-INHIBITOR COAGULATION COMPLEX		x	**self-administered drug
J7199	AFSTYLA	ANTIHEMOPHILIC FACTOR		x	**self-administered drug
J7199*	Unclassified FACTOR	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED		x	**self-administered drug
J7200	RIXUBIS	FACTOR IX		x	**self-administered drug
J7201	ALPROLIX	FACTOR IX		x	**self-administered drug
J7202	IDELVION	FACTOR IX		x	HCPCS eff 1/1/2017 (Previous HCPCS C9139 & J7199) **self-administered drug
J7205	ELOCTATE	FACTOR VIII		x	**self-administered drug
J7207	ADYNOVATE	FACTOR VIII		x	HCPCS eff 1/1/2017 (Previous HCPCS C9137 & J7199) **self-administered drug
J7209	NUWIG	FACTOR VIII		x	HCPCS eff 1/1/2017 (Previous HCPCS C9138 & J7199) **self-administered drug
J7311	RETISERT	FLUCINOLONE ACETONIDE	x		Drug added PADP Eff 11/14/2016
J7312	OZURDEX	DEXAMETHASONE	x		Drug added PADP Eff 11/14/2016
J7313	ILUVIEN	FLUOCINOLONE ACETONIDE	x		Drug added PADP Eff 11/14/2016
J7320	GENVISC 850	HYALURONAN/ DERIVATIVE	x		new HCPCS eff 1/1/2017 (Previous HCPCS Q9980)
J7321	HYALGAN	SODIUM HYALURONATE	x		

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
J7321	SUPARTZ	SODIUM HYALURONATE	x		
J7322	HYMOVIS	HYALURONAN/ DERIVATIVE	x		new HCPCS eff 1/1/2017 (Previous HCPCS J3490)
J7323	EUFLEXXA	SODIUM HYALURONATE	x		
J7324	ORTHOVISC	HIGH MOLECULAR WEIGHT HYALURONAN INJECTION	x		
J7325	SYNVISC	HYLAN G-F 20	x		
J7325	SYNVISC ONE	HYLAN G-F 20	x		
J7326	GEL-ONE	CROSS-LINKED HYALURONATE	x		
J7327	MONOVISC	HIGH MOLECULAR WEIGHT HYALURONAN INJECTION	x		PADP Eff 01/01/2015
J7328	GEL-SYN	HYALURONAN/ DERIVATIVE	x		
J7330	CARTICEL	AUTOLOGOUS CULTURED CHONDROCYTES			
J7686	TYVASO	TREPROSTINIL INHALATION SOLUTION		x	**self-administered drug
J7699*	NOC INHALATION SOLUTION, DME	NOC INHALATION SOLUTION, DME		x	**self-administered drug
J7799*	NOC OTHER THAN INHALATION DRUGS, DME	NOC OTHER THAN INHALATION DRUGS, DME		x	**self-administered drug
J7999*	NOC (FINAL COMPOUNDED PRODUCT)	NOC (FINAL COMPOUNDED PRODUCT)			New Code effective 1/1/2016
J8499	ADCIRCA	TADALAFIL		x	**self-administered drug
J8499	ADEMPAS	RIOCIGUAT		x	**self-administered drug
J8499	AMPYRA	FALFAMPRIDINE		x	**self-administered drug
J8499	ANDROXY	TESTOSTERONE (non-injectable formulation)		x	**self-administered drug
J8499	AUBAGIO	TERIFLUNOMIDE		x	**self-administered drug
J8499	BUPHENYL	SODIUM PHENYLBUTYRATE		x	**self-administered drug
J8499	CARBAGLU	CARGLUMIC ACID		x	**self-administered drug
J8499	CERDELGA	ELIGUSTAT		x	**self-administered drug
J8499	CHEMET	SUCCIMER		x	**self-administered drug
J8499	CHOLBAM	CHOLIC ACID		x	**self-administered drug
J8499	COPEGUS	RIBAVIRIN		x	**self-administered drug
J8499	CUPRIMINE	PENICILLAMINE		x	**self-administered drug

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
J8499	CYSTADANE	BETAIN ANHYDROUS		x	**self-administered drug
J8499	CYSTARAN	CYSTEAMINE OPTHALIMIC SOLUTION		x	**self-administered drug
J8499	DAKLINZA	DACLATASVIR		x	**self-administered drug
J8499	DARAPRIM	PYRIMETHAMINE		x	**self-administered drug
J8499	DEPEN	PENICILLAMINE		x	**self-administered drug
J8499	EPCULSA	SOFOSBUVIR/ VELPATASVIR		x	
J8499	ESBRIET	PIRFENIDONE		x	**self-administered drug
J8499	FERRIPROX	DEFERIPRONE		x	
J8499	GILENYA	FINGOLOMOD		x	**self-administered drug
J8499	HARVONI	LEDIPASVIR/ SOFOSBUVIR		x	**self-administered drug
J8499	HETLIOZ	TASIMELTEON		x	**self-administered drug
J8499	INCIVEK	TELAPREVIR		x	**self-administered drug
J8499	JUXTAPID	LOMITAPIDE		x	**self-administered drug
J8499	KALYDECO	IVACAFTOR		x	**self-administered drug
J8499	KEVEYIS	DICHLORPHENAMIDE		x	**self-administered drug
J8499	KUVAN	SPAROTERIN DIHYDROCHLORIDE		x	**self-administered drug
J8499	LETAIRIS	AMBRISENTAN		x	**self-administered drug
J8499	NUPLAZID	PIMAVANSERIN TARTRATE		x	
J8499	OALIVA	OBETICHOLIC ACID		x	
J8499	OFEV	NINTEDANIB		x	**self-administered drug
J8499	OLYSIO	SIMEPREVIR		x	**self-administered drug
J8499	OPSUMIT	MACITENTAN		x	**self-administered drug
J8499	ORENITRAM	TREPROSTINIL		x	**self-administered drug
J8499	ORFADIN	NITISINONE		x	**self-administered drug
J8499	ORKAMBI	LUMACAFTOR/ IVACAFTOR		x	**self-administered drug
J8499	OTEZLA	APREMILAST		x	**self-administered drug
J8499	PROCYSBI	CYSTEAMINE BITARTRATE		x	**self-administered drug
J8499	PROMACTA	ELTROMBOPAG		x	**self-administered drug
J8499	RAVICTI	GLYCEROL PHENYLBUTYRATE		x	**self-administered drug
J8499	REBETOL	RIBAVIRIN		x	**self-administered drug

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
J8499	REVATIO	SILDNAFIL CITRATE		x	**self-administered drug
J8499	RIBAPAK	RIBAVIN		x	**self-administered drug
J8499	RIBATAB	RIBAVIRIN		x	**self-administered drug
J8499	RIBAVIRIN	RIBAVIRIN		x	**self-administered drug
J8499	RIPASHPERE	RIBAVIRIN		x	**self-administered drug
J8499	SILDENAFIL	SILDANAFIL		x	**self-administered drug
J8499	SOVALDI	SOFOSBUVIR		x	**self-administered drug
J8499	SUCRAID	SACROSIDASE		x	**self-administered drug
J8499	SYPRINE	TRIENTINE		x	**self-administered drug
J8499	TECFIDERA	DIMETHYL FUMARATE		x	**self-administered drug
J8499	TECHNIVIE	OMBITASVIR/ PARITAPREVIR/ RITONAVIR		x	**self-administered drug
J8499	TESTOSTERONE (non- injectable formulation)	TESTOSTERONE (non-injectable formulation)		x	**self-administered drug
J8499	THIOLA	TIOPRONIN		x	**self-administered drug
J8499	TRACLEER	BOSENTAN		x	**self-administered drug
J8499	UPTRAVI	SELEXIPAG		x	
J8499	VICTRELIS	BOCEPREVIR		x	**self-administered drug
J8499	VIEKIRA PAK/ VIEKIRA XR	OMBITASVIR/ PARITAPREVIR/ RITONAVIR		x	**self-administered drug
J8499	VISTOGARD	URIDINE TRIACETATE		x	**self-administered drug
J8499	XELJANZ/ XELJANZ XR	TOFACITINIB CITRATE		x	**self-administered drug
J8499	XENAZINE	TETRABENAZINE		x	**self-administered drug
J8499	XYREM	SODIUM OXYBATE		x	**self-administered drug
J8499	ZAVESCA	MIGLUSTAT		x	**self-administered drug
J8499	ZEPATIER	ELBASVIR and GRAZOPREVIR		x	
J8499*	Unclassified Rx*	PRESCRIPTION DRUG, ORAL, NONCHEMOTHERAPEUTIC, NOS		x	**self-administered drug
J8520	XELODA	CAPECITABINE		x	**self-administered drug
J8521	XELODA	CAPECITABINE		x	**self-administered drug
J8565	IRESSA	GEFITINIB		x	**self-administered drug
J8700	TEMODAR	TEMOZOLOMIDE		x	**self-administered drug
J8705	HYCAMTIN ORAL	TOPOTECAN		x	**self-administered drug

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
J8999	AFINITOR	EVEROLIMUS		x	**self-administered drug
J8999	ALECENSA	ALECTINIB		x	**self-administered drug
J8999	BOSULIF	BOSUTINIB		x	**self-administered drug
J8999	CABOMETYX	CABOZANTINIB		x	**self-administered drug
J8999	CAPRELSA	VANDETANIB		x	**self-administered drug
J8999	COMETRIQ	CABOZANTINIB		x	**self-administered drug
J8999	COTELLIC	COBIMETINIB		x	**self administered drug
J8999	ERIVEDGE	VISMODEGIB		x	**self-administered drug
J8999	FARYDAK	PANOBINOSTAT		x	**self-administered drug
J8999	GILOTRIF	AFATINIB		x	**self-administered drug
J8999	GLEEVEC	IMATINIB		x	**self-administered drug
J8999	IBRANCE	PALBOCICLIB		x	**self-administered drug
J8999	ICLUSIG	PONATINIB		x	**self-administered drug
J8999	IMBRUVICA	IBRUTINIB		x	**self-administered drug
J8999	INLYTA	AXITINIB		x	**self-administered drug
J8999	JAKAFI	RUXOLITINIB		x	**self-administered drug
J8999	LENVIMA	LENVATINIB		x	**self administered drug
J8999	LONSURF	TRIFLURIDINE and TIPIRACIL		x	**self administered drug
J8999	LYNPARZA	OLAPARIB		x	**self administered drug
J8999	MEKINIST	TRAMETINIB		x	**self-administered drug
J8999	NEXAVAR	SORAFENIB		x	**self-administered drug
J8999	NINLARO	IXAZOMIB		x	**self administered drug
J8999	ODOMZO	SONIDEGIB		x	**self administered drug
J8999	POMALYST	POMALIDOMIDE		x	**self-administered drug
J8999	REVLIMID	LENALIDOMIDE		x	**self-administered drug
J8999	SPRYCEL	DASATINIB		x	**self-administered drug
J8999	STIVARGA	REGORAFENIB		x	**self-administered drug
J8999	SUTENT	SUNITINIB		x	**self-administered drug
J8999	TAFINLAR	DABRAFENIB		x	**self-administered drug
J8999	TAGRISSO	OSIMERTINIB		x	**self administered drug
J8999	TARCEVA	ERLOTINIB		x	**self-administered drug
J8999	TARGRETIN	ERLOTINIB		x	**self-administered drug

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
J8999	TASIGNA	NILOTINIB		x	**self-administered drug
J8999	THALOMID	THALIDOMIDE		x	**self-administered drug
J8999	TYKERB	LAPATINIB		x	**self-administered drug
J8999	VENCLEXTA			x	**self-administered drug
J8999	VESANOID	TRETINOIN (oral chemo)		x	**self administered drug
J8999	VOTRIENT	PAZOPANIB		x	**self-administered drug
J8999	XALKORI	CRIZOTINIB		x	**self-administered drug
J8999	XTANDI	ENZALUTAMIDE		x	**self-administered drug
J8999	ZELBORAF	VEMURAFENIB		x	**self-administered drug
J8999	ZOLINZA	VORINOSTAT		x	**self-administered drug
J8999	ZYDELIG	IDELALISIB		x	**self-administered drug
J8999	ZYKADIA	CERITINIB		x	**self-administered drug
J8999	ZYTIGA	ABIRATERONE		x	**self-administered drug
J8999*	Unclassified Rx*	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS		x	**self-administered drug
J9019	ERWINAZE	ASPARAGINASE	x		Drug added to PADP 11/14/2016
J9025	VIDAZA	AZACITIDINE	x		Drug added to PADP 04/01/2015
J9032	BELEODAQ	BELINOSTAT	x		Drug added to PADP 11/14/2016
J9033	TREANDA	BENDAMUSTINE	x		Drug added to PADP 04/01/2015
J9034	BENDEKA	BENDAMUSTINE	x		Drug added to PADP 11/14/2016
J9035	AVASTIN (oncology use)	BEVACIZUMAB	x		
J9039	BLINCYTO	BLINATUMOMAB	x		Drug added to PADP 11/14/2016
J9041	VELCADE	BORTEZOMIB	x		
J9042	ADCETRIS	BRENTUXIMAB	x		Drug added to PADP 11/14/2016
J9043	JEVTANA	CABAZITAXEL	x		
J9047	KYPROLIS	CARFILZOMIB	x		Drug added to PADP 11/14/2016
J9055	ERBITUX	CETUXIMAB	x		
J9145	DARZALEZ	DARATUMUMAB	x		new HCPCS eff 1/1/2017 (Prior HCPCS J9999) - added PADP 11/14/2016
J9171	DOCEFREZ	DOCETAXEL	x		
J9171	TAXOTERE	DOCETAXEL	x		
J9176	EMPLICITI	ERIBULIN	x		new HCPCS eff 1/1/2017 (Prior HCPCS J9999) - added PADP 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>COMMENTS</u>
J9179	HALAVEN	ERIBULIN	x		
J9202	ZOLADEX	GOSERELIN ACETATE	x		
J9205	ONIVYDE	IRINOTECAN LIPOSOME	x		new HCPCS eff 1/1/2017 (Prior HCPCS J9999) - added PADP 11/14/2016
J9216	ACTIMMUNE	INTERFERON, GAMMA-1B		x	Effective 1/1/2017, Prior Auth Req **self-administered drug
J9217	ELIGARD	LEUPROLIDE ACETATE	x		
J9217	LUPRON DEPOT	LEUPROLIDE ACETATE	x		
J9218	Leuprolide acetate	LEUPROLIDE ACETATE		x	**self-administered
J9225	VANTAS	HISTRELIN ACETTE	x		
J9226	SUPPRELIN LA	HISTRELIN ACETATE	x		Added to PADP 04/1/2015
J9228	YERVOY	IPILIMUMAB	x		
J9245	EVOMELA				Eff 01/01/2017 Prior Auth Required
J9262	SYNRIBO	OMACETAXINE MEPESUCCINATE	x		Drug added to PADP 11/14/2016
J9263	ELOXATIN	OXALIPLATIN	x		
J9264	ABRAXANE	PACLITAXEL	x		
J9271	KEYTRUDA	PEMBROLIZUMAB	x		Drug added to PADP 11/14/2016
J9295	PORTRAZZA	NECITUMUMAB	x		new HCPCS eff 1/1/2017 (Prior HCPCS J9999) - added PADP 11/14/2016
J9299	OPDIVO	NIVOLUMAB	x		Drug added to PADP 11/14/2016
J9301	GAZYVA	OBINUTUZUMAB	x		Drug added to PADP 11/14/2016
J9302	ARZERRA	OFATUMUMAB	x		new HCPCS eff 1/1/2017 (Prior HCPCS J9999) - added PADP 11/14/2016
J9303	VECTIBIX	PANITUMUMAB	x		
J9305	ALIMTA	PEMETREXED	x		
J9306	PERJETA	PERTUZUMAB	x		Drug added to PADP 11/14/2016
J9307	FOLOTYN	PRALATREXATE	x		Drug added to PADP 11/14/2016
J9308	CYRAMZA	RAMUCIRUMAB	x		Drug added to PADP 11/14/2016
J9310	RITUXAN	RITUXIMAB	x		
J9325	IMLYGIC	TALIMOGENE LAHERPAREPVEC	x		new HCPCS eff 1/1/2017 (Prior HCPCS J9999) - added PADP 11/14/2016
J9330	TORISEL	TEMSIROLIMUS			

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
J9352	YONDELIS	TRABECTEDIN	x		new HCPCS eff 1/1/2017 (Prior HCPCS J9999) - added PADP 11/14/2016
J9354	KADCYLA	ADO-TRASTUZUMAB	x		
J9355	HERCEPTIN	TRASTUZUMAB	x		
J9400	ZALTRAP	ZIV-ALFILBERCEPT	x		Drug added to PADP 11/14/2016
J9999	LARTRUVO	OLARATUMAB	x		Drug added to PADP 11/14/2016
J9999	TECENTRIQ	ATEZOLIZUMAB	x		Drug added to PADP 11/14/2016
J9999*	Unclassified Rx*	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	x		
Q2043	PROVENGE	SIPULEUCEL-T AUTOLOGOUS CD54+ CELLS	x		
Q2049	LIPODOX	DOXORUBICIN LIPOSOMAL	x		Added to PADP 04/01/2015
Q2050	DOXIL	DOXORUBICIN LIPOSOMAL	x		Added to PADP 04/01/2015
Q3027	AVONEX	INTERFERON BETA-1A		x	**self-administered drug
Q3028	REBIF	INTERFERON BETA-1A		x	**self-administered drug
Q4074	VENTAVIS	ILOPROST INHALATION SOLUTION		x	**self-administered drug
Q4082*	Unclassified Rx*	UNCLASSIFIED DRUGS OR BIOLOGICALS, (CAP)			
Q5101	ZARXIO	FILGRASTIM-SNDZ	x		***Covered as Self-Administered or Provider Administered
Q5102	INFLECTRA	INFLECTRA, Biosimilar	x		
S0088	GLEEVEC	IMATINIB		x	**self-administered drug
S0122	MENOPUR	MENOTROPINS INJECTION		x	**self-administered drug -- infertility benefit review
S0122	REPRONEX	MENOTROPINS INJECTION		x	**self-administered drug -- infertility benefit review
S0126	GONAL-F	FOLLITROPIN ALFA		x	**self-administered drug -- infertility benefit review
S0128	FOLLISTIM AQ	FOLLITROPIN BETA		x	**self-administered drug -- infertility benefit review
S0132	GANIRELIX	GANIRELIX ACETATE		x	**self-administered drug -- infertility benefit review
S0145	PEGASYS	PEGYLATED INTERFERON ALFA-2A		x	**self-administered drug
S0148	PEG INTRON	PEGYLATED INTERFERON ALFA-2B		x	**self-administered drug
S0189	TESTOPEL	TESTOSTERONE PELLETS		x	
S0190	KORLYM	MIFEPRISTONE		x	**self-administered drug

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>PADP</u>	<u>CE/ SOS</u>	<u>COMMENTS</u>
S5000*	UNLISTED GENERIC DRUG	PRESCRIPTION DRUG, GENERIC NAME		x	**self-administered drug
S5001*	UNLISTED BRAND DRUG	PRESCRIPTION DRUG, BRAND NAME		x	**self-administered drug
		<i>* new drugs approved by FDA may not be listed but could be subject to prior authorization</i>			
		<i>** self-administered drug coverage has limited benefits through the medical benefit</i>			
		<i>*** Covered as Self-Administered or Provider-Administered Specialty drugs</i>			
	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				