

## Peach State Health Plan

### Biopharmaceutical Pharmacy Program

Peach State Health Plan (Peach State) provides a number of biopharmaceutical products through the Biopharmaceutical Pharmacy Program. The program helps deliver medications to members or provider offices that are not traditionally found at a local pharmacy. Most biopharmaceuticals and injectables billed for more than \$250 require a prior authorization (PA) to be approved for payment by Peach State; however, PA requirements are programmed specific to the drug as indicated in the table below. Since the list of drugs requiring PA changes over time, due to new drug arrivals and other market conditions, the \$250 amount is used as a reference gauge to help in determining whether to apply for PA.

Some of these products can be delivered to the member or directly to the provider's location for office administration through CVS Caremark. Chemotherapy and products listed below when given for cancer diagnosis are screened through eviti and should be requested via eviti.com. Products which are not included on this list **and** also not listed on the state Physician Injectable Drug List are not covered benefits in the office/outpatient setting.

HCPCS CODE	Trade Name (if applicable)	Code Description	Max Units*	Additional Information	Specialty Vendor
90281	GamaSTAN S/D INJ	Immune Globulin (Ig), human, for intramuscular use (Code Price is per 2 mL)		Auth required for all providers	Home infusion option through UNIVITA
90283	Octagam, Carimune NF, Privigen, Gamunex, Flebogamma DIF, Gammoplex, Gammaked, Gamunex-C	Immune Globulin (IgIV), human, for intravenous use (Code Price is per 500 mg) (Use 90283 for CPT billing requirements ONLY)		Auth required for all providers	Home infusion option through UNIVITA
90284	Gamunex-C, Gammaked, Hizentra, Gammagard,	Immune globulin (SC Ig), human, for use in subcutaneous infusions, 100 mg, each		Auth required for all providers	Home infusion option through UNIVITA
90291	Cytogam	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use (Code price is per 50 mL)		Auth required for all providers	Home infusion option through UNIVITA
90378	Synagis	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	5	Auth required for all providers	Caremark Shipping REQUIRED

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A9542	Zevalin	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries (Code Price is per 5 millicuries)		Auth required for all providers	Screening through eviti.com
A9544	Bexxar	Iodine I-131 tositumomab, diagnostic, per study dose (Code Price is per 20 mL)		Auth required for all providers	Screening through eviti.com
A9545	Bexxar	Iodine I-131 tositumomab, therapeutic, per treatment dose (Code Price is per 20 mL)		Auth required for all providers	Screening through eviti.com
C9257	Avastin	Injection, bevacizumab, 0.25 mg	1	Auth required for all providers except ophthalmologists	Screening through eviti.com
C9292	Perjeta	Injection, pertuzumab, 10 mg	84	Auth required for all providers	Screening through eviti.com
C9293	Voraxase	Injection, glucarpidase, 10 units		Auth required for all providers	
C9295	Carfilzomib	Injection, carfilzomib, 1 mg (For billing prior to 1/1/13 use C9399 or J9999)	60	Auth required for all providers	Screening through eviti.com
C9296	Ziv-Aflibercept	Injection, ziv-aflibercept, 1 mg (For billing prior to 1/1/13 use C9399 or J9999)	16	Auth required for all providers	Screening through eviti.com
C9399	MISC	Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)		Auth required for all providers	
G3001	Bexxar	Administration and supply of tositumomab, 450 mg (Code is for both drug and administration - Code Price is for drug only)		Auth required for all providers	
J0129	Orencia	Injection, abatacept, 10 mg	100	Auth required for all providers	Caremark Shipping Optional
J0135	Humira	Injection, adalimumab, 20 mg		Auth required for all providers	Caremark Shipping REQUIRED
J0180	Fabrazyme	Injection, agalsidase beta, 1 mg	100	Auth required for all providers	Caremark Shipping Optional
J0207	Ethyol	Injection, amifostine, 500mg	4	Auth required for all providers	
J0220	Myozyme	Injection, alglucosidase alfa, 10 mg, not otherwise specified	120	Auth required for all providers	Caremark Shipping Optional
J0221	Lumizyme	Injection, alglucosidase alfa, (Lumizyme), 10 mg		Auth required for all providers	Caremark Shipping Optional

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J0256	Prolastin; Zemaira; Aralast; Prolastin-C	Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	480	Auth required for all providers	Caremark Shipping REQUIRED
J0257	Glassia	Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg		Auth required for all providers	Caremark Shipping Optional
J0364	Apokyn	Injection, apomorphine hydrochloride, 1 mg		Auth required for all providers	
J0480	Simullect	Injection, basiliximab, 20 mg		Auth required for all providers	
J0490	Benlysta	Injection, belimumab, 10 mg	100	Auth required for all providers	Caremark Shipping Optional
J0585	Botox	Injection, onabotulinumtoxinA, 1 unit	600	Auth required for all providers	Caremark Shipping Optional
J0586	Dysport	Injection, abobotulinumtoxinA, 5 units	200	Auth required for all providers	Caremark Shipping Optional
J0587	Myobloc	Injection, rimabotulinumtoxinB, 100 units	100	Auth required for all providers	Caremark Shipping Optional
J0588	Xeomin	Injection, incobotulinumtoxinA, 1 unit	300	Auth required for all providers	Caremark Shipping Optional
J0594	Busulfex	Injection, busulfan, 1 mg		Auth required for all providers	Screening through eviti.com
J0597	Berinert	Injection, C-1 esterase inhibitor (human), Berinert, 10 units		Auth required for all providers	Caremark Shipping Optional
J0598	Cinryze	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	100	Auth required for all providers	Caremark Shipping Optional
J0638	Ilaris	Injection, canakinumab, 1 mg		Auth required for all providers	Caremark Shipping Optional
J0640	Leucovorin Calcium	Injection, leucovorin calcium, per 50 mg	30	Auth required for all providers	Screening through eviti.com
J0641	Fusilev	Injection, levoleucovorin calcium, 0.5 mg	400	Auth required for all providers	Screening through eviti.com
J0718	Cimzia	Injection, certolizumab pegol, 1 mg		Auth required for all providers	Caremark Shipping Optional
J0775	Xiaflex	Injection, collagenase, clostridium histolyticum, 0.01 mg	90	Auth required for all providers	Caremark Shipping Optional
J0800	HP Acthar Gel	Injection, corticotropin, up to 40 units		Auth required for all providers	Caremark Shipping REQUIRED
J0850	CytoGam	Injection, cytomegalovirus, immune globulin intravenous (human), per vial (Code Price is per 50 mL)		Auth required for all providers	Home infusion option through UNIVITA

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J0881	Aranesp (non ESRD)	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	500	Auth required for all providers	Cancer Diagnosis use screening through eviti.com Caremark Shipping Optional
J0882	Aranesp (ESRD)	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)		Auth required for all providers	Caremark Shipping Optional
J0885	Epogen; Procrit (non ESRD)	Injection, epoetin alfa, (for non-ESRD use), 1000 units	60	Auth required for all providers	Cancer Diagnosis use screening through eviti.com Caremark Shipping Optional
J0886	Epogen; Procrit (ESRD)	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)		Auth required for all providers	Caremark Shipping Optional
J0894	Dacogen	Injection, decitabine, 1 mg	50	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J0895	Desferal	Injection, deferoxamine mesylate, 500 mg	4	Auth required for all providers	Caremark Shipping REQUIRED
J0897	Prolia, Xgeva	Injection, denosumab, 1 mg	60	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J1190	Zinecard; Totect	Injection, dextrazoxane hydrochloride, per 250 mg	8	Auth required for all providers	
J1290	Kalbitor	Injection, ecallantide, 1 mg	30	Auth required for all providers	Caremark Shipping Optional
J1300	Soliris	Injection, eculizumab, 10 mg	90	Auth required for all providers	Caremark Shipping Optional
J1324	Fuzeon	Injection, enfuvirtide, 1 mg		Auth required for all providers	Caremark Shipping Optional
J1325	Veletri; Flolan	Injection, epoprostenol, 0.5 mg		Auth required for all providers	(FOLAN can only be dispensed by ACCREDO at this time)
J1438	Enbrel	Injection, etanercept, 25 mg		Auth required for all providers	Caremark Shipping REQUIRED
J1440	Neupogen 300mcg	Injection, filgrastim (G-CSF), 300 mcg	3	Auth required for all providers	Cancer Diagnosis use Screening through eviti.com Caremark Shipping Optional

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J1441	Neupogen 480mcg	Injection, filgrastim (G-CSF), 480 mcg	2	Auth required for all providers	Cancer Diagnosis use Screening through eviti.com Caremark Shipping Optional
J1453	Emend	Injection, fosaprepitant, 1 mg	150	Auth required for all providers	Screening through eviti.com
J1458	Naglazyme	Injection, galsulfase, 1 mg	50	Auth required for all providers	Caremark Shipping Optional
J1459	Privigen	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g liquid), 500 mg	200	Auth required for all providers	Home infusion option through UNIVITA
J1460	GamaSTAN S/D	Injection, gamma globulin, intramuscular, 1 cc		Auth required for all providers	Home infusion option through UNIVITA
J1557	Gammplex	Injection, immune globulin, (Gammplex), intravenous, non-lyophilized (e.g. liquid), 500 mg		Auth required for all providers	Home infusion option through UNIVITA
J1559	Hizentra	Injection, immune globulin (Hizentra), 100 mg (see also 90284 for CPT billing requirements)		Auth required for all providers	Home infusion option through UNIVITA
J1560	GamaSTAN S/D	Injection, gamma globulin, intramuscular, over 10 cc (always use for any amount injected over 10cc and place number of units) (1cc = 1 unit)		Auth required for all providers	Home infusion option through UNIVITA
J1561	Gamunex, Gammaked	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg	200	Auth required for all providers	Home infusion option through UNIVITA
J1566	Carimune NF, Panglobulin NF and Gammagard S/D	Injection, immune globulin, intravenous, lyophilized (e.g powder), not otherwise specified, 500 mg	180	Auth required for all providers	Home infusion option through UNIVITA
J1568	Octagam	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg		Auth required for all providers	Home infusion option through UNIVITA
J1569	Gammagard Liquid	Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg	120	Auth required for all providers	Home infusion option through UNIVITA
J1572	Febogamma	Injection, immune globulin, (Febogamma/Febogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg	120	Auth required for all providers	Home infusion option through UNIVITA

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J1595	Copaxone	Injection, glatiramer acetate, 20 mg		Auth required for all providers	Caremark Shipping REQUIRED
J1599	MISC	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg		Auth required for all providers	
J1640	Panhematin	Injection, hemin, 1 mg		Auth required for all providers	
J1645	Fragmin	Injection, dalteparin sodium, per 2,500 IU		Auth required for all providers	Caremark Shipping REQUIRED
J1650	Lovenox	Injection, enoxaparin sodium, 10 mg		Auth required for all providers	Caremark Shipping Optional
J1652	Arixtra	Injection, fondaparinux sodium, 0.5 mg		Auth required for all providers	Caremark Shipping REQUIRED
J1655	Innohep	Injection, tinzaparin sodium, 1000 IU		Auth required for all providers	Caremark Shipping REQUIRED
J1725	Makena	Injection, hydroxyprogesterone caproate, 1 mg	1	Auth required for all providers	Caremark Shipping Optional
J1740	Boniva	Injection, ibandronate sodium, 1 mg		Auth required for all providers	Caremark Shipping Optional
J1743	Elaprase	Injection, idursulfase, 1 mg	45	Auth required for all providers	Caremark Shipping Optional
J1745	Remicade	Injection, infliximab, 10 mg	100	Auth required for all providers	Caremark Shipping Optional
J1786	Cerezyme	Injection, imiglucerase, 10 units		Auth required for all providers	Caremark Shipping Optional
J1826	Avonex	Injection, interferon beta-1a, 30 mcg (see also Q3025)		Auth required for all providers	Caremark Shipping REQUIRED
J1830	Betaseron	Injection, interferon beta-1B, 0.25 mg		Auth required for all providers	Caremark Shipping REQUIRED
J1930	Somatuline	Injection, lanreotide, 1 mg		Auth required for all providers	Caremark Shipping REQUIRED
J1931	Aldurazyme	Injection, laronidase, 0.1 mg		Auth required for all providers	Caremark Shipping Optional
J1950	Eligard; Lupron; Lupron 3; Lupron 4; Lupron Depot	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	8	Auth required for all providers	Cancer Diagnosis Use Screening through eviti.com Caremark Shipping Optional
J2170	Iplex; Increlex	Injection, mecasermin, 1 mg		Auth required for all providers	Caremark Shipping Optional

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J2278	Prialt	Injection, ziconotide, 1 microgram		Auth required for all providers	
J2315	Vivitrol	Injection, naltrexone, depot form, 1 mg		Auth required for all providers	Caremark Shipping Optional
J2323	Tysabri	Injection, natalizumab, 1 mg	300	Auth required for all providers	Caremark Shipping Optional
J2325	Natrecor	Injection, nesiritide, 0.1 mg		Auth required for all providers	
J2353	Sandostatin LAR	Injection, octreotide, depot form for intramuscular injection, 1 mg	30	Auth required for all providers	Cancer Diagnosis Use Screening through eviti.comCaremark Shipping Optional
J2354	Sandostatin	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	20	Auth required for all providers	Cancer Diagnosis Use Screening through eviti.com Caremark Shipping Optional
J2355	Neumega	Injection, oprelvekin, 5 mg	1	Auth required for all providers	Caremark Shipping Optional
J2357	Xolair	Injection, omalizumab, 5 mg	75	Auth required for all providers	Caremark Shipping Optional
J2358	Zyprexa Relprevv	Injection, olanzapine, long-acting, 1 mg		Auth required for all providers	
J2425	Keprivance	Injection, palifermin, 50 micrograms		Auth required for all providers	
J2426	Invega Sustenna	Injection, paliperidone palmitate extended release, 1 mg		Auth required for all providers	Caremark Shipping REQUIRED
J2430	Aredia	Injection, pamidronate disodium, per 30 mg		Auth required for all providers	Screening through eviti.com
J2501	Zemplar	Injection, paricalcitol, 1 mcg	20	Auth required for all providers	
J2503	Macugen	Injection, pegaptanib sodium, 0.3 mg		Auth required for all providers	Caremark Shipping Optional
J2504	Adagen	Injection, pegademase bovine, 25 IU		Auth required for all providers	Caremark Shipping Optional
J2505	Neulasta	Injection, pegfilgrastim, 6 mg	1	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J2507	Krystexxa	Injection, pegloticase, 1 mg	8	Auth required for all providers	Caremark Shipping Optional
J2562	Mozobil	Injection, plerixafor, 1 mg	24	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J2724	Ceprotin	Injection, protein C concentrate, intravenous, human, 10 IU		Auth required for all providers	Caremark Shipping Optional

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J2778	Lucentis	Injection, ranibizumab, 0.1 mg	5	Auth required for all providers	Caremark Shipping Optional
J2783	Elitek	Injection, rasburicase, 0.5 mg		Auth required for all providers	
J2791	HypRho SD	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU (see also 90384 and 90386 for CPT billing requirements)		Auth required for all providers	Caremark Shipping Optional
J2792	WINRho SDF	Injection, rho D immune globulin, intravenous, human, solvent detergent, 100 IU (see also 90384 and 90386 for CPT billing requirements)	250	Auth required for all providers	Caremark Shipping Optional
J2793	Arcalyst	Injection, rilonacept, 1 mg		Auth required for all providers	Caremark Shipping Optional
J2794	Risperdal Consta	Injection, risperidone, long acting, 0.5 mg	100	Auth required for all providers	Caremark Shipping REQUIRED
J2796	Nplate	Injection, romiplostim, 10 micrograms	100	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J2820	Leukine	Injection, sargramostim (GM-CSF), 50 mcg	17	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J2941	Humatrope; Genotropin Nutropin; Biotropin; Genotropin; Genotropin Miniquick; Norditropin; Nutropin; Nutropin AQ; Saizen; Saizen Somatropin RDNA; Serostim, Serostim RFNA; Tev-Tropin; Zorbtive	Injection, somatropin, 1 mg <b>TEV-TROPIN is Preferred Product</b>	4	Auth required for all providers	Caremark Shipping REQUIRED
J3095	Vibativ	Injection, telavancin, 10 mg		Auth required for all providers	

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J3110	Forteo	Injection, teriparatide, 10 mcg		Auth required for all providers	Caremark Shipping REQUIRED
J3240	Thyrogen	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial (Code Price is per 1 vial)	1	Auth required for all providers	Caremark Shipping Optional
J3262	Actemra	Injection, tocilizumab, 1 mg	800	Auth required for all providers	Caremark Shipping Optional
J3285	Remodulin	Injection, treprostinil, 1 mg		Auth required for all providers	Caremark Shipping Optional
J3315	Trelstar Depot; Trelstar Depot Plus; Debioclip Kit; Trelstar LA	Injection, triptorelin pamoate, 3.75 mg	6	Auth required for all providers	Cancer Diagnosis use Screening through eviti.com Caremark Shipping Optional
J3357	Stelara	Injection, ustekinumab, 1 mg	90	Auth required for all providers	Caremark Shipping Optional
J3385	Vpriv	Injection, velaglucerase alfa, 100 units	54	Auth required for all providers	Caremark Shipping Optional
J3396	Visudyne	Injection, verteporfin, 0.1 mg	120	Auth required for all providers	Caremark Shipping Optional
J3487	Zometa	Injection, zoledronic acid (Zometa), 1 mg	4	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J3488	Reclast	Injection, zoledronic acid (Reclast), 1 mg	5	Auth required for all providers	Cancer Diagnosis use Screening through eviti.com Caremark Shipping Optional
J3490	MISC	Unclassified drugs		Auth required for all providers	
J3590	MISC	Unclassified biologics		Auth required for all providers	
J7180	Corifact	Injection, factor XIII (antihemophilic factor, human), 1 IU		Auth required for all providers	
J7183	Wilate	Injection, von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO		Auth required for all providers	Caremark Shipping REQUIRED
J7185	Xyntha	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU		Auth required for all providers	Caremark Shipping REQUIRED
J7186	Alphanate	Injection, antihemophilic factor VIII/Von Willebrand factor complex (human), per factor VIII I.U.		Auth required for all providers	Caremark Shipping REQUIRED

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HCPCS CODE	Trade Name (if applicable)	Code Description	Max Units*	Additional Information	Specialty Vendor
J7187	Humate P	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO		Auth required for all providers	Caremark Shipping REQUIRED
J7189	NovoSeven RT	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram		Auth required for all providers	Caremark Shipping REQUIRED
J7190	Koate DVI; Monarc M; Monoclate P; Hemofil M	Factor VIII (antihemophilic factor [human]) per IU		Auth required for all providers	Caremark Shipping REQUIRED
J7192	Recombinate; Kogenate FS; Helixate FX; Advate rAHF PFM; Antihemophilic Factor Human Method M Monoclonal Purified; Refacto	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified		Auth required for all providers	Caremark Shipping REQUIRED
J7193	AlphaNine SD ; Mononine	Factor IX (antihemophilic factor, purified, non-recombinant) per IU		Auth required for all providers	Caremark Shipping REQUIRED
J7194	Konyne 80; Profilnine SD; Proplex T; Bebulin VH; factor IX+ complex	Factor IX, complex, per IU		Auth required for all providers	Caremark Shipping REQUIRED
J7195	Benefix	Factor IX (antihemophilic factor, recombinant) per IU		Auth required for all providers	Caremark Shipping REQUIRED
J7196	Atryn	Injection, antithrombin recombinant, 50 I.U.		Auth required for all providers	Caremark Shipping REQUIRED
J7197	Thrombate III; Atnativ	Antithrombin III (human), per IU		Auth required for all providers	Caremark Shipping REQUIRED
J7198	Autoplex T; Feiba VH AICC	Anti-inhibitor, per IU		Auth required for all providers	Caremark Shipping REQUIRED
J7199	MISC	Hemophilia clotting factor, not otherwise classified		Auth required for all providers	
J7310	Vitrasert	Ganciclovir, 4.5 mg, long-acting implant		Auth required for all providers	
J7312	Ozurdex	Injection, dexamethasone, intravitreal implant, 0.1 mg	7	Auth required for all providers	

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J7321	Hyalgan; Supartz	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose (Hyalgan dose is 20 mg/2 mL and Supartz dose is 25 mg/2.5 mL) (Note: Total dose regimen = 3 - 5 injections)	2	Auth required for all providers	Caremark Shipping Optional
J7323	Euflexxa	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (20 mg/2 mL) (Note: Total dose regimen = 3 injections)		Auth required for all providers	Caremark Shipping Optional
J7324	Orthovisc	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (30 mg/2 mL) (Note: Total dose regimen = 3 - 4 injections)		Auth required for all providers	Caremark Shipping Optional
J7325	Synvisc; Synvisc One	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg		Auth required for all providers	Caremark Shipping Optional
J7326	Gel One	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose		Auth required for all providers	
J7335	Qutenza	Capsaicin 8% patch, per 10 square centimeters		Auth required for all providers	
J7504	Atgam	Lymphocyte immune globulin, anti-thymocyte globulin, equine, parenteral, 250 mg		Auth required for all providers	
J7511	Thymoglobulin	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg		Auth required for all providers	
J7516	Neoral; Sandimmune; Gengraf; Sangcya	Cyclosporine, parenteral, 250 mg		Auth required for all providers	Cancer Diagnosis use Screening through eviti.com Caremark Shipping Optional
J7517	Cellcept	Mycophenolate mofetil, oral, 250 mg		Auth required for all providers	Caremark Shipping REQUIRED
J7518	Myfortic	Mycophenolic acid, oral, 180 mg		Auth required for all providers	Caremark Shipping REQUIRED
J7525	Prograf	Tacrolimus, parenteral, 5 mg		Auth required for all providers	Caremark Shipping REQUIRED
J7599	MISC	Immunosuppressive drug, not otherwise classified		Auth required for all providers	

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J7639	Pulmozyme	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram		Auth required for all providers	Caremark Shipping REQUIRED
J7682	Tobi	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams		Auth required for all providers	Caremark Shipping REQUIRED
J7686	Tyvaso	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg		Auth required for all providers	Caremark Shipping REQUIRED
J8499	MISC	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified		Auth required for all providers	Caremark Shipping REQUIRED
J8510	Busulfex; Myleran	Busulfan, oral, 2 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J8520	Xeloda	Capecitabine, oral, 150 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J8521	Xeloda	Capecitabine, oral, 500 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J8530	Cytoxan	Cyclophosphamide, oral, 25 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J8600	Alkeran	Melphalan, oral, 2 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J8700	Temodar	Temozolomide, oral, 5 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J8705	Hycamtin	Topotecan, oral, 0.25 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional

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## Biopharmaceutical Pharmacy Program



HCPCS CODE	Trade Name (if applicable)	Code Description	Max Units*	Additional Information	Specialty Vendor
J8999	MISC	Prescription drug, oral, chemotherapeutic, Not Otherwise Specified		Auth required for all providers	Caremark Shipping REQUIRED
J9000	Adriamycin PFS; Adriamycin RDF; Rubex	Injection, doxorubicin hydrochloride, 10 mg	25	Auth required for all providers	Screening through eviti.com
J9002	Doxorubicin HCl Liposomal	Injection, doxorubicin hydrochloride, liposomal, doxil, 10 mg	15	Auth required for all providers	Screening through eviti.com
J9015	Proleukin; IL 2; Interleukin	Injection, aldesleukin, per single-use vial	4	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9017	Trisenox	Injection, arsenic trioxide, 1 mg	15	Auth required for all providers	Screening through eviti.com
J9020	Elspar	Injection, asparaginase, not otherwise specified, 10,000 units	10	Auth required for all providers	Screening through eviti.com
J9025	Vidaza	Injection, azacitidine, 1 mg	215	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9027	Clofarabine	Injection, clofarabine, 1 mg	155	Auth required for all providers	Screening through eviti.com
J9031	TheraCys, Tice BCG; PACIS BCG	bCG (intravesical), per installation		Auth required for all providers	Screening through eviti.com
J9033	Treanda	Injection, bendamustine HCl, 1 mg	240	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9035	Avastin	Injection, bevacizumab, 10 mg	135	Auth required for all providers except ophthalmologists	Screening through eviti.com Caremark Shipping Optional
J9040	Blenoxane	Injection, bleomycin sulfate, 15 units	3	Auth required for all providers	Screening through eviti.com
J9041	Velcade	Injection, bortezomib, 0.1 mg	28	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9042	Brentuximab Vedotin	Adcetris 50mg, injection	200	Auth required for all providers	Screening through eviti.com
J9043	Jevtana	Injection, cabazitaxel, 1 mg	60	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9045	Paraplatin	Injection, carboplatin, 50 mg	40	Auth required for all providers	Screening through eviti.com

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## Biopharmaceutical Pharmacy Program



HCPCS CODE	Trade Name (if applicable)	Code Description	Max Units*	Additional Information	Specialty Vendor
J9050	BiCNU	Injection, carmustine, 100 mg	10	Auth required for all providers	Screening through eviti.com
J9055	Erbitux	Injection, cetuximab, 10 mg	107	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9060	Plantinol AQ	Injection, cisplatin, powder or solution, per 10 mg	50	Auth required for all providers	Screening through eviti.com
J9065	Leustatin	Injection, cladribine, per 1 mg		Auth required for all providers	Screening through eviti.com
J9070	Endoxan Asta	Injection, cyclophosphamide, 100 mg	40	Auth required for all providers except neurology or rheumatology providers.	Screening through eviti.com
J9098	Depocyt	Injection, cytarabine liposome, 10 mg	5	Auth required for all providers	Screening through eviti.com
J9100	Cytosar U; Ara C; Tarabin CFS	Injection, cytarabine, 100 mg	80	Auth required for all providers	Screening through eviti.com
J9120	Cosmegen	Injection, dactinomycin, 0.5 mg	7	Auth required for all providers	Screening through eviti.com
J9130	Dtic Dome	Dacarbazine, 100 mg	20	Auth required for all providers	Screening through eviti.com
J9150	Cerubidine	Injection, daunorubicin, 10 mg	11	Auth required for all providers	Screening through eviti.com
J9151	Daunoxone	Injection, daunorubicin citrate, liposomal formulation, 10 mg	18	Auth required for all providers	Screening through eviti.com
J9155	Degarelix	Injection, degarelix, 1 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9160	Ontak	Injection, denileukin dittox, 300 micrograms		Auth required for all providers	Screening through eviti.com
J9171	Taxotere	Injection, docetaxel, 1 mg	500	Auth required for all providers	Screening through eviti.com
J9175	Elliott's B Solution 1ml	Injection, Elliotts' B solution, 1 mL		Auth required for all providers	
J9178	Ellence	Injection, epirubicin HCl, 2 mg	200	Auth required for all providers	Screening through eviti.com
J9179	Halaven	Injection, eribulin mesylate, 0.1 mg	30	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9181	VePesid; Toposar	Injection, etoposide, 10 mg	30	Auth required for all providers	Screening through eviti.com

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## Biopharmaceutical Pharmacy Program



HCPCS CODE	Trade Name (if applicable)	Code Description	Max Units*	Additional Information	Specialty Vendor
J9185	Fludara	Injection, fludarabine phosphate, 50 mg	2	Auth required for all providers	Screening through eviti.com
J9190	Adrucil	Injection, fluorouracil, 500 mg	2	Auth required for all providers	Screening through eviti.com
J9200	FUDR	Injection, floxuridine, 500 mg		Auth required for all providers	Screening through eviti.com
J9201	Gemzar	Injection, gemcitabine hydrochloride, 200 mg	16	Auth required for all providers	Screening through eviti.com
J9202	Zoladex	Goserelin acetate implant, per 3.6 mg	3	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9206	Camptosar	Injection, irinotecan, 20 mg	42	Auth required for all providers	Screening through eviti.com
J9207	Ixempra	Injection, ixabepilone, 1 mg	89	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9208	Ifex; Mitoxana	Injection, ifosfamide, 1 gram	10	Auth required for all providers	Screening through eviti.com
J9209	Mesnex	Injection, mesna, 200 mg	10	Auth required for all providers	Screening through eviti.com
J9211	Idamycin	Injection, idarubicin hydrochloride, 5 mg		Auth required for all providers	Screening through eviti.com
J9212	Infergen	Injection, interferon Alfacon-1, recombinant, 1 microgram		Auth required for all providers	Caremark Shipping Optional
J9214	Intron A; Rebetron Kit	Injection, interferon, alfa-2b, recombinant, 1 million units	52	Auth required for all providers	Cancer Diagnosis use Screening through eviti.com Caremark Shipping Optional
J9215	Alferon N	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 IU		Auth required for all providers	Cancer Diagnosis use Screening through eviti.com
J9216	Actimmune	Injection, interferon, gamma-1b, 3 million units		Auth required for all providers	Caremark Shipping Optional
J9217	Lupron Depot; Eligard	Leuprolide acetate (for depot suspension), 7.5 mg	4	Auth required for all providers	Cancer Diagnosis use Screening through eviti.com Caremark Shipping Optional
J9218	Lupron	Leuprolide acetate, per 1 mg		Auth required for all providers	Cancer Diagnosis use Screening through eviti.com Caremark Shipping Optional

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## Biopharmaceutical Pharmacy Program



HCPCS CODE	Trade Name (if applicable)	Code Description	Max Units*	Additional Information	Specialty Vendor
J9225	Vantas Implant Kit	Histrelin implant (Vantas), 50 mg	1	Auth required for all providers	Caremark Shipping Optional
J9226	Supprelin LA	Histrelin implant (Supprelin LA), 50 mg		Auth required for all providers	Caremark Shipping Optional
J9228	Yervoy	Injection, ipilimumab, 1 mg	300	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9230	Mustargen	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	3	Auth required for all providers	Screening through eviti.com
J9245	Alkeran; L phenylalanine mustard	Injection, melphalan hydrochloride, 50 mg		Auth required for all providers	Screening through eviti.com
J9261	Arranon	Injection, nelarabine, 50 mg		Auth required for all providers	
J9263	Eloxatin	Injection, oxaliplatin, 0.5 mg	560	Auth required for all providers	Screening through eviti.com
J9264	Abraxane	Injection, paclitaxel protein-bound particles, 1 mg	559	Auth required for all providers	Screening through eviti.com
J9265	Taxol; Nov Onxol	Injection, paclitaxel, 30 mg	25	Auth required for all providers	Screening through eviti.com
J9266	Oncaspar	Injection, pegaspargase, per single dose vial		Auth required for all providers	
J9268	Nipent	Injection, pentostatin, per 10 mg		Auth required for all providers	Screening through eviti.com
J9280	Mutamycin	Injection, mitomycin, 5 mg	8	Auth required for all providers	Screening through eviti.com
J9293	Novantrone	Injection, mitoxantrone hydrochloride, per 5 mg	8	Auth required for all providers	Cancer Diagnosis use Screening through eviti.com Caremark Shipping Optional
J9302	Arzerra	Injection, ofatumumab, 10 mg	200	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9303	Vectibix	Injection, panitumumab, 10 mg	82	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9305	Alimta	Injection, pemetrexed, 10 mg	130	Auth required for all providers	Screening through eviti.com
J9307	Folotyn	Injection, pralatrexate, 1 mg	60	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional

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## Biopharmaceutical Pharmacy Program



HCPCS CODE	Trade Name (if applicable)	Code Description	Max Units*	Additional Information	Specialty Vendor
J9310	Rituxan	Injection, rituximab, 100 mg	60	Auth required for all providers	Cancer Diagnosis use Screening through eviti.com Caremark Shipping Optional
J9315	Istodax	Injection, romidepsin, 1 mg5)		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9320	Zanosar	Injection, streptozocin, 1 gram		Auth required for all providers	Screening through eviti.com
J9328	Temodar	Injection, temozolomide, 1 mg	440	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9330	Torisel	Injection, temsirolimus, 1 mg	25	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9340	Thioplex	Injection, thiotepa, 15 mg	5	Auth required for all providers	Screening through eviti.com
J9351	Hycamtin	Injection, topotecan, 0.1 mg	40	Auth required for all providers	Screening through eviti.com
J9355	Herceptin	Injection, trastuzumab, 10 mg	80	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9357	Valstar	Injection, valrubicin, intravesical, 200 mg	4	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
J9360	Velban	Injection, vinblastine sulfate, 1 mg	20	Auth required for all providers	Screening through eviti.com
J9370	Oncovin; Vincasar PFS	Vincristine sulfate, 1 mg	3	Auth required for all providers	Screening through eviti.com
J9390	Navelbine	Injection, vinorelbine tartrate, per 10 mg	10	Auth required for all providers	Screening through eviti.com
J9395	Faslodex	Injection, fulvestrant, 25 mg	20	Auth required for all providers	Screening through eviti.com
J9600	Photofrin	Injection, porfimer sodium, 75 mg	1	Auth required for all providers	
J9999	MISC	Not otherwise classified, antineoplastic drugs		Auth required for all providers	
Q0138	Feraheme (non ESRD)	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	510	Auth required for all providers	

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## Biopharmaceutical Pharmacy Program



HCPCS CODE	Trade Name (if applicable)	Code Description	Max Units*	Additional Information	Specialty Vendor
<b>Q0139</b>	Feraheme (ERSD)	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)		Auth required for all providers	
<b>Q2017</b>	Vumon	Injection, teniposide, 50 mg		Auth required for all providers	
<b>Q2026</b>	Radiesse	Injection, Radiesse, 0.1 mL		Auth required for all providers	
<b>Q2027</b>	Sculptra	Injection, Sculptra, 0.1 mL		Auth required for all providers	
<b>Q2043</b>	Provenge	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion (Code Price is per 250 mL)		Auth required for all providers	Screening through eviti.com
<b>Q2049</b>	Doxorubicin HCl Liposomal	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg - see also J9001	15	Auth required for all providers	Screening through eviti.com
<b>Q3025</b>	Avonex	Injection, interferon beta-1A, 11 mcg for intramuscular use (see also J1826)		Auth required for all providers	
<b>Q3026</b>	Rebif	Injection, interferon beta-1A, 11 mcg for subcutaneous use		Auth required for all providers	Caremark Shipping REQUIRED
<b>Q4074</b>	Ventavis	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms		Auth required for all providers	Caremark Shipping REQUIRED
<b>Q4081</b>	Epogen	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)		Auth required for all providers	Caremark Shipping Optional
<b>S0088</b>	Gleevac	Imatinib,100 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping REQUIRED
<b>S0145</b>	Pegasys	Injection, pegylated interferon alfa-2a, 180 mcg per mL (Code Price is per 180 mcg)		Auth required for all providers	Caremark Shipping REQUIRED
<b>S0148</b>	Peg-Intron	Injection, pegylated interferon alfa-2b, 10 mcg		Auth required for all providers	Caremark Shipping REQUIRED

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## Biopharmaceutical Pharmacy Program



HCPCS CODE	Trade Name (if applicable)	Code Description	Max Units*	Additional Information	Specialty Vendor
<b>S0172</b>	Leukeran	Chlorambucil, oral, 2 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping REQUIRED
<b>S0175</b>	Eulexin	Flutamide, oral, 125 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping REQUIRED
<b>S0178</b>	Ceenu	Lomustine, oral, 10 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping REQUIRED
<b>S0182</b>	Matulane	Procarbazine HCl, oral, 50 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping REQUIRED

*For the most current program description you may call Member Services at 1-800-704-1484 (TTY/TTD 1-800-659-7487) or visit the Peach State website at [www.psphp.com](http://www.psphp.com).*

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