

# Peach State Health Plan

## Biopharmaceutical Pharmacy Program

**P**each 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
<b>90281</b>	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
<b>90283</b>	Octagam, Carimune NF, Privigen, Gamunex, Flebogamma DIF, Gammaplex, 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
<b>90284</b>	Gamunex-C, Gammaked, Hizentra, Gammagard,	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each		Auth required for all providers	Home infusion option through UNIVITA
<b>90291</b>	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
<b>90378</b>	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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HCPDS CODE	Trade Name (if applicable)	Code Description	Max Units*	Additional Information	Specialty Vendor
<b>A9542</b>	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
<b>A9544</b>	Bexxar	Iodine I-131 tositumomab, diagnostic, per study dose (Code Price is per 20 mL)		Auth required for all providers	Screening through eviti.com
<b>A9545</b>	Bexxar	Iodine I-131 tositumomab, therapeutic, per treatment dose (Code Price is per 20 mL)		Auth required for all providers	Screening through eviti.com
<b>C9257</b>	Avastin	Injection, bevacizumab, 0.25 mg	1	Auth required for all providers except ophthalmologists	Screening through eviti.com
<b>C9292</b>	Perjeta	Injection, pertuzumab, 10 mg	84	Auth required for all providers	Screening through eviti.com
<b>C9293</b>	Voraxase	Injection, glucarpidase, 10 units		Auth required for all providers	
<b>C9295</b>	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
<b>C9296</b>	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
<b>C9399</b>	MISC	Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)		Auth required for all providers	
<b>G3001</b>	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	
<b>J0129</b>	Orencia	Injection, abatacept, 10 mg	100	Auth required for all providers	Caremark Shipping Optional
<b>J0135</b>	Humira	Injection, adalimumab, 20 mg		Auth required for all providers	Caremark Shipping REQUIRED
<b>J0180</b>	Fabrazyme	Injection, agalsidase beta, 1 mg	100	Auth required for all providers	Caremark Shipping Optional
<b>J0207</b>	Ethyol	Injection, amifostine, 500mg	4	Auth required for all providers	
<b>J0220</b>	Myozyme	Injection, alglucosidase alfa, 10 mg, not otherwise specified	120	Auth required for all providers	Caremark Shipping Optional
<b>J0221</b>	Lumizyme	Injection, alglucosidase alfa, (Lumizyme), 10 mg		Auth required for all providers	Caremark Shipping Optional

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<b>J0256</b>	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
<b>J0257</b>	Glassia	Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg		Auth required for all providers	Caremark Shipping Optional
<b>J0364</b>	Apokyn	Injection, apomorphine hydrochloride, 1 mg		Auth required for all providers	
<b>J0480</b>	Simulect	Injection, basiliximab, 20 mg		Auth required for all providers	
<b>J0490</b>	Benlysta	Injection, belimumab, 10 mg	100	Auth required for all providers	Caremark Shipping Optional
<b>J0585</b>	Botox	Injection, onabotulinumtoxinA, 1 unit	600	Auth required for all providers	Caremark Shipping Optional
<b>J0586</b>	Dysport	Injection, abobotulinumtoxinA, 5 units	200	Auth required for all providers	Caremark Shipping Optional
<b>J0587</b>	Myobloc	Injection, rimabotulinumtoxinB, 100 units	100	Auth required for all providers	Caremark Shipping Optional
<b>J0588</b>	Xeomin	Injection, incobotulinumtoxinA, 1 unit	300	Auth required for all providers	Caremark Shipping Optional
<b>J0594</b>	Busulfex	Injection, busulfan, 1 mg		Auth required for all providers	Screening through eviti.com
<b>J0597</b>	Berinert	Injection, C-1 esterase inhibitor (human), Berinert, 10 units		Auth required for all providers	Caremark Shipping Optional
<b>J0598</b>	Cinryze	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	100	Auth required for all providers	Caremark Shipping Optional
<b>J0638</b>	Ilaris	Injection, canakinumab, 1 mg		Auth required for all providers	Caremark Shipping Optional
<b>J0640</b>	Leucovorin Calcium	Injection, leucovorin calcium, per 50 mg	30	Auth required for all providers	Screening through eviti.com
<b>J0641</b>	Fusilev	Injection, levoleucovorin calcium, 0.5 mg	400	Auth required for all providers	Screening through eviti.com
<b>J0718</b>	Cimzia	Injection, certolizumab pegol, 1 mg		Auth required for all providers	Caremark Shipping Optional
<b>J0775</b>	Xiaflex	Injection, collagenase, clostridium histolyticum, 0.01 mg	90	Auth required for all providers	Caremark Shipping Optional
<b>J0800</b>	HP Acthar Gel	Injection, corticotropin, up to 40 units		Auth required for all providers	Caremark Shipping REQUIRED
<b>J0850</b>	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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HCPDS CODE	Trade Name (if applicable)	Code Description	Max Units*	Additional Information	Specialty Vendor
<b>J0881</b>	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
<b>J0882</b>	Aranesp (ESRD)	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)		Auth required for all providers	Caremark Shipping Optional
<b>J0885</b>	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
<b>J0886</b>	Epogen; Procrit (ESRD)	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)		Auth required for all providers	Caremark Shipping Optional
<b>J0894</b>	Dacogen	Injection, decitabine, 1 mg	50	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
<b>J0895</b>	Desferal	Injection, deferoxamine mesylate, 500 mg	4	Auth required for all providers	Caremark Shipping REQUIRED
<b>J0897</b>	Prolia, Xgeva	Injection, denosumab, 1 mg	60	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
<b>J1190</b>	Zinecard; Totect	Injection, dexrazoxane hydrochloride, per 250 mg	8	Auth required for all providers	
<b>J1290</b>	Kalbitor	Injection, ecallantide, 1 mg	30	Auth required for all providers	Caremark Shipping Optional
<b>J1300</b>	Soliris	Injection, eculizumab, 10 mg	90	Auth required for all providers	Caremark Shipping Optional
<b>J1324</b>	Fuzeon	Injection, enfuvirtide, 1 mg		Auth required for all providers	Caremark Shipping Optional
<b>J1325</b>	Veletri; Flolan	Injection, epoprostenol, 0.5 mg		Auth required for all providers	(FLOLAN can only be dispensed by ACCREDO at this time)
<b>J1438</b>	Enbrel	Injection, etanercept, 25 mg		Auth required for all providers	Caremark Shipping REQUIRED
<b>J1440</b>	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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<b>J1441</b>	Neupogen 480mcg	Injection, filgrastim (G-CSF), 480 mcg	2	Auth required for all providers	Cancer Diagnosis use Screening through eviti.com Caremark Shipping Optional
<b>J1453</b>	Emend	Injection, fosaprepitant, 1 mg	150	Auth required for all providers	Screening through eviti.com
<b>J1458</b>	Naglazyme	Injection, galsulfase, 1 mg	50	Auth required for all providers	Caremark Shipping Optional
<b>J1459</b>	Privigen	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g liquid), 500 mg	200	Auth required for all providers	Home infusion option through UNIVITA
<b>J1460</b>	GamaSTAN S/D	Injection, gamma globulin, intramuscular, 1 cc		Auth required for all providers	Home infusion option through UNIVITA
<b>J1557</b>	Gammaplex	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg		Auth required for all providers	Home infusion option through UNIVITA
<b>J1559</b>	Hizentra	Injection, immune globulin (Hizentra), 100 mg (see also 90284 for CPT billing requirements)		Auth required for all providers	Home infusion option through UNIVITA
<b>J1560</b>	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
<b>J1561</b>	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
<b>J1566</b>	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
<b>J1568</b>	Octagam	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg		Auth required for all providers	Home infusion option through UNIVITA
<b>J1569</b>	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
<b>J1572</b>	Febogamma	Injection, immune globulin, (Febogamma/Flebogamma 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.com Caremark 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	Ceprotrin	Injection, protein C concentrate, intravenous, human, 10 IU		Auth required for all providers	Caremark Shipping Optional

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<b>J2778</b>	Lucentis	Injection, ranibizumab, 0.1 mg	5	Auth required for all providers	Caremark Shipping Optional
<b>J2783</b>	Elitek	Injection, rasburicase, 0.5 mg		Auth required for all providers	
<b>J2791</b>	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
<b>J2792</b>	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
<b>J2793</b>	Arcalyst	Injection, rilonacept, 1 mg		Auth required for all providers	Caremark Shipping Optional
<b>J2794</b>	Risperdal Consta	Injection, risperidone, long acting, 0.5 mg	100	Auth required for all providers	Caremark Shipping REQUIRED
<b>J2796</b>	Nplate	Injection, romiplostim, 10 micrograms	100	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
<b>J2820</b>	Leukine	Injection, sargramostim (GM-CSF), 50 mcg	17	Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
<b>J2941</b>	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
<b>J3095</b>	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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<b>J7187</b>	Humate P	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO		Auth required for all providers	Caremark Shipping REQUIRED
<b>J7189</b>	NovoSeven RT	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram		Auth required for all providers	Caremark Shipping REQUIRED
<b>J7190</b>	Koate DVI; Monarc M; Monoclate P; Hemofil M	Factor VIII (antihemophilic factor [human]) per IU		Auth required for all providers	Caremark Shipping REQUIRED
<b>J7192</b>	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
<b>J7193</b>	AlphaNine SD ; Mononine	Factor IX (antihemophilic factor, purified, non-recombinant) per IU		Auth required for all providers	Caremark Shipping REQUIRED
<b>J7194</b>	Konyne 80; Profilnine SD; Proplex T; Bebulin VH; factor IX+ complex	Factor IX, complex, per IU		Auth required for all providers	Caremark Shipping REQUIRED
<b>J7195</b>	Benefix	Factor IX (antihemophilic factor, recombinant) per IU		Auth required for all providers	Caremark Shipping REQUIRED
<b>J7196</b>	Atryn	Injection, antithrombin recombinant, 50 I.U.		Auth required for all providers	Caremark Shipping REQUIRED
<b>J7197</b>	Thrombate III; Atnativ	Antithrombin III (human), per IU		Auth required for all providers	Caremark Shipping REQUIRED
<b>J7198</b>	Autoplex T; Feiba VH AICC	Anti-inhibitor, per IU		Auth required for all providers	Caremark Shipping REQUIRED
<b>J7199</b>	MISC	Hemophilia clotting factor, not otherwise classified		Auth required for all providers	
<b>J7310</b>	Vitrasert	Ganciclovir, 4.5 mg, long-acting implant		Auth required for all providers	
<b>J7312</b>	Ozurdex	Injection, dexamethasone, intravitreal implant, 0.1 mg	7	Auth required for all providers	

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<b>J7321</b>	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
<b>J7323</b>	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
<b>J7324</b>	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
<b>J7325</b>	Synvisc; Synvisc One	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg		Auth required for all providers	Caremark Shipping Optional
<b>J7326</b>	Gel One	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose		Auth required for all providers	
<b>J7335</b>	Qutenza	Capsaicin 8% patch, per 10 square centimeters		Auth required for all providers	
<b>J7504</b>	Atgam	Lymphocyte immune globulin, anti-thymocyte globulin, equine, parenteral, 250 mg		Auth required for all providers	
<b>J7511</b>	Thymoglobulin	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg		Auth required for all providers	
<b>J7516</b>	Neoral; Sandimmune; Gengraf; Sangcya	Cyclosporine, parenteral, 250 mg		Auth required for all providers	Cancer Diagnosis use Screening through eviti.com Caremark Shipping Optional
<b>J7517</b>	Cellcept	Mycophenolate mofetil, oral, 250 mg		Auth required for all providers	Caremark Shipping REQUIRED
<b>J7518</b>	Myfortic	Mycophenolic acid, oral, 180 mg		Auth required for all providers	Caremark Shipping REQUIRED
<b>J7525</b>	Prograf	Tacrolimus, parenteral, 5 mg		Auth required for all providers	Caremark Shipping REQUIRED
<b>J7599</b>	MISC	Immunosuppressive drug, not otherwise classified		Auth required for all providers	

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## Biopharmaceutical Pharmacy Program

HCPSC CODE	Trade Name (if applicable)	Code Description	Max Units*	Additional Information	Specialty Vendor
<b>J7639</b>	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
<b>J7682</b>	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
<b>J7686</b>	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
<b>J8499</b>	MISC	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified		Auth required for all providers	Caremark Shipping REQUIRED
<b>J8510</b>	Busulfex; Myleran	Busulfan, oral, 2 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
<b>J8520</b>	Xeloda	Capecitabine, oral, 150 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
<b>J8521</b>	Xeloda	Capecitabine, oral, 500 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
<b>J8530</b>	Cytosan	Cyclophosphamide, oral, 25 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
<b>J8600</b>	Alkeran	Melphalan, oral, 2 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
<b>J8700</b>	Temodar	Temozolomide, oral, 5 mg		Auth required for all providers	Screening through eviti.com Caremark Shipping Optional
<b>J8705</b>	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

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

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## Biopharmaceutical Pharmacy Program

HCPSC 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	Erbix	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 diftitox, 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

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

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

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

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# Biopharmaceutical Pharmacy Program

HCPDS 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



HCPSC 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.pshp.com](http://www.pshp.com).*

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