

Effective date: January 1, 2015



Peach State Health Plan

Biopharmaceutical Pharmacy Program

Peach State Health Plan 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 Health Plan; 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 Acaria Specialty Pharmacy. **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.

HCPSC Code	Brand Name (if applicable)	Code Description	Authorization Requirement
90281	GamaSTAN S/D INJ	Immune Globulin (Ig), human, for intramuscular use	Authorization required for all providers
90283	Octagam, Carimune NF, Privigen, Gamunex, Flebogamma DIF, Gammaplex, Gammaked, Gamunex-C	Immune Globulin (IgIV), human, for intravenous use	Authorization required for all providers
90284	Gamunex-C, Gammaked, Hizentra, Gammagard,	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	Authorization required for all providers
90291	Cytogam	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	Authorization required for all providers
90371	HBIg	Hepatitis B Immune Globulin (HBIg), human, for intramuscular use	No authorization required
90375	Bayrab	Rabies Immune Globulin (RIg), human, for intramuscular and/or subcutaneous use	No authorization required
90378	Synagis	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	Authorization required for all providers
90585	Tice BCG	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	No authorization required
90586	Tice	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	No authorization required
90632	Havrix	Hepatitis A vaccine, adult dosage, for intramuscular use	No authorization required
90636	Twinrix	Hepatitis A & Hepatitis B vaccine (HepA-HepB) adult dosage, for intramuscular use	No authorization required

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
90649	Gardasil	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	No authorization required
90650	Cervarix	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use (Code Price is per dose = 0.5 mL)	No authorization required
90654	Flu Vaccine	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, for intradermal use (Code Price is per 0.1 mL)	No authorization required
90656	Flu Vaccine	Influenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use (Code Price is per 0.5 mL dose)	No authorization required
90658	Flu Vaccine	Influenza virus vaccine, trivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Code price is per 0.5 mL)	No authorization required
90661	Flucelvax	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use (Code Price is per 0.5 mL)	No authorization required
90670	Pevnar 13	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	No authorization required
90672	FluMist	Influenza virus vaccine, quadrivalent, live, for intranasal use (Code price is per dose = 0.2 mL)	No authorization required
90675	Rabavert	Rabies vaccine, for intramuscular use	No authorization required
90686	Flu Vaccine	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use (Code Price is per 0.5 mL)	No authorization required
90688	Flu Vaccine	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Code Price is per 0.5 mL)	No authorization required
90707	M-M-R II Vaccine w/ Diluent	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	No authorization required
90713	I POL	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use	No authorization required
90714	Td	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free	No authorization required
90715	Tdap	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap)	No authorization required
90716	Varivax	Varicella virus vaccine, live, for subcutaneous use	No authorization required
90732	Pneumovax 23	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage	No authorization required
90733	Menomune A/C/Y/W-135	Meningococcal polysaccharide vaccine, for subcutaneous use	No authorization required

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
90734	Menactra, Menveo	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (quadrivalent), for intramuscular use	No authorization required
90736	Zostavax	Zoster (shingles) vaccine, live, for subcutaneous injection (Code Price is per single dose)	No authorization required
90746	Recombivax HB	Hepatitis B vaccine, adult dosage (3 dose schedule), for intramuscular use	No authorization required
90747	Engerix-B 40mcg/1ml	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4-dose schedule), for intramuscular use	No authorization required
C9025	Cyramza	ramucirumab, 5 mg	Authorization required for all providers
C9026	Entyvio	vedolizumab, 1 mg	Authorization required for all providers
C9027	Keytruda	pembrolizumab, 1 mg	Authorization required for all providers
C9132	Kcentra	Prothrombin complex concentrate (human), Kcentra, per i.u. of Factor IX activity	Authorization required for all providers
C9257	Avastin	bevacizumab, 0.25 mg	AUTH REQD FOR ALL EXCEPT OPHTHALMOLOGIST
C9293	Voraxase	glucarpidase, 10 units	Authorization required for all providers
C9399	MISC	Unclassified drugs or biologicals	Authorization required for all providers
C9399	Egrifta SOLR	Tesamorelin, 1mg	Authorization required for all providers
C9442	Beleodaq	belinostat, 10 mg	Authorization required for all providers
J0129	Orencia	abatacept, 10 mg	Authorization required for all providers
J0133	Zovirax	acyclovir, 5 mg	No authorization required
J0135	Humira	adalimumab, 20 mg	Authorization required for all providers
J0153	Adenocard, Adenoscan	adenosine, 1 mg	No authorization required
J0171	Adrenalin	adrenalin, epinephrine, 0.1 mg	No authorization required
J0178	Eylea	aflibercept, 1 mg	Authorization required for all providers
J0180	Fabrazyme	agalsidase beta, 1 mg	Authorization required for all providers
J0207	Ethylol	amifostine, 500mg	Authorization required for all providers
J0220	Myozyme	alglucosidase alfa, 10 mg, not otherwise specified	Authorization required for all providers
J0221	Lumizyme	alglucosidase alfa, (Lumizyme), 10 mg	Authorization required for all providers
J0256	Prolastin,Zemaira,Aralast,Prolastin-C	alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	Authorization required for all providers
J0257	Glassia	alpha 1 proteinase inhibitor (human), (Glassia), 10 mg	Authorization required for all providers

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J0278	Amikin	amikacin sulfate, 100 mg	No authorization required
J0280	Aminophylline	aminophyllin, up to 250mg	No authorization required
J0285	Amphocin, Fungizone	amphotericin B, 50mg	No authorization required
J0290	Ampicillin Sodium	ampicillin sodium, 500mg	No authorization required
J0295	Unasyn	ampicillin sodium/sulbactam sodium, per 1.5 g	No authorization required
J0300	Amytal	amobarbital, up to 125mg	No authorization required
J0360	Apresoline	hydralazine HCl, up to 20mg	No authorization required
J0364	Apokyn	apomorphine hydrochloride, 1 mg	Authorization required for all providers
J0401	Abilify Maintena	aripiprazole, extended release, 1 mg	Authorization required for all providers
J0461	Atropine Sulfate	atropine sulfate, 0.01 mg	No authorization required
J0475	Lioresal	baclofen 10 mg	No authorization required
J0480	Simulect	basiliximab, 20 mg	Authorization required for all providers
J0485	Nulojix	belatacept, 1 mg	Authorization required for all providers
J0490	Benlysta	belimumab, 10 mg	Authorization required for all providers
J0500	Bentyl	dicyclomine HCl, up to 20mg	No authorization required
J0515	Cogentin	benztropine mesylate, per 1 mg	No authorization required
J0558	Bicillin CR, Bicillin CR 900/300	penicillin G benzathine and penicillin G procaine, 100,000 units	No authorization required
J0561	Penicillin G Benzathine	penicillin G benzathine, 100,000 units	No authorization required
J0585	Botox	onabotulinumtoxinA, 1 unit	Authorization required for all providers
J0586	Dysport	abobotulinumtoxinA, 5 units	Authorization required for all providers
J0587	Myobloc	rimabotulinumtoxinB, 100 units	Authorization required for all providers
J0588	Xeomin	incobotulinumtoxinA, 1 unit	Authorization required for all providers
J0594	Busulfex	busulfan, 1 mg	Authorization required for all providers
J0595	Stadol	butorphanol tartrate, 1mg	No authorization required
J0597	Berinert	C-1 esterase inhibitor (human), Berinert, 10 units	Authorization required for all providers
J0598	Cinryze	C1 esterase inhibitor (human), Cinryze, 10 units	Authorization required for all providers

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J0610	Calcium Gluconate	calcium gluconate, per 10 mL	No authorization required
J0638	Ilaris	canakinumab, 1 mg	Authorization required for all providers
J0640	Leucovorin Calcium	leucovorin calcium, per 50 mg	Authorization required for all providers
J0641	Fusilev	levoleucovorin calcium, 0.5 mg	Authorization required for all providers
J0670	Carbocaine	mepivacaine hydrochloride, per 10 mL	No authorization required
J0690	Ancef, Kefzol	cefazolin sodium, 500 mg	No authorization required
J0694	Mefoxin	cefoxitin sodium, 1 g	No authorization required
J0696	Rocephin	ceftriaxone sodium, per 250 mg	No authorization required
J0697	Zinacef	sterile cefuroxime sodium, per 750 mg	No authorization required
J0698	Claforan	Cefotaxime sodium, per gram	No authorization required
J0702	Celestone Soluspan	betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	No authorization required
J0717	Cimzia	certolizumab pegol, 1 mg	Authorization required for all providers
J0725	Profasi HP; Pregnyl	chorionic gonadotropin, per 1,000 USP units	No authorization required
J0743	Primaxin	cilastatin sodium; imipenem, per 250 mg	No authorization required
J0775	Xiaflex	collagenase, clostridium histolyticum, 0.01 mg	Authorization required for all providers
J0780	Compazine	prochlorperazine, up to 10 mg	No authorization required
J0795	Acthrel	corticotropin ovine triflutate, 1 microgram	No authorization required
J0800	HP Acthar Gel	corticotropin, up to 40 units	Authorization required for all providers
J0850	CytoGam	cytomegalovirus, immune globulin intravenous (human), per vial (Code Price is per 50 mL)	Authorization required for all providers
J0878	Cubicin	daptomycin, 1 mg	No authorization required
J0881	Aranesp (non ESRD)	darbepoetin alfa, 1 microgram (non-ESRD use)	Authorization required for all providers
J0882	Aranesp (ESRD)	darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Authorization required for all providers
J0885	Epogen, Procrit (non ESRD)	epoetin alfa, (for non-ESRD use), 1000 units	Authorization required for all providers
J0886	Epogen, Procrit (ESRD)	epoetin alfa, 1000 units (for ESRD on dialysis)	Authorization required for all providers
J0894	Dacogen	decitabine, 1 mg	Authorization required for all providers
J0895	Desferal	deferoxamine mesylate, 500 mg	Authorization required for all providers

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J0897	Prolia, Xgeva	denosumab, 1 mg	Authorization required for all providers
J1000	Depogen	depo-estradiol cypionate, up to 5 mg	No authorization required
J1020	Depo-Medrol	methylprednisolone acetate, 20 mg	No authorization required
J1030	Edrol-40	methylprednisolone acetate, 40 mg	No authorization required
J1040	Edrol-80	methylprednisolone acetate, 80 mg	No authorization required
J1050	Depo-Provera	medroxyprogesterone acetate, 1 mg	No authorization required
J1071	Depo-Testosterone	testosterone cypionate, 1 mg	No authorization required
J1100	Decajet, Dexone, Solurex	dexamethasone sodium phosphate, 1 mg	No authorization required
J1110	D.H.E. 45	dihydroergotamine mesylate, per 1 mg	No authorization required
J1120	Diamox	acetazolamide sodium, up to 500 mg	No authorization required
J1160	Lanoxin	digoxin, up to 0.5 mg	No authorization required
J1165	Dilantin	phenytoin sodium, per 50 mg	No authorization required
J1170	Dilaudid	hydromorphone, up to 4 mg	No authorization required
J1190	Zinecard, Totect	dexrazoxane hydrochloride, per 250 mg	Authorization required for all providers
J1200	Benadryl	diphenhydramine HCl, up to 50 mg	No authorization required
J1245	Persantine	dipyridamole, per 10 mg	No authorization required
J1250	Dobutrex	dobutamine hydrochloride, per 250 mg	No authorization required
J1260	Anzemet	dolasetron mesylate, 10 mg	No authorization required
J1290	Kalbitor	ecallantide, 1 mg	Authorization required for all providers
J1300	Soliris	eculizumab, 10 mg	Authorization required for all providers
J1322	Vimizim	elosulfase alfa, 1 mg	Authorization required for all providers
J1324	Fuzeon	enfuvirtide, 1 mg	Authorization required for all providers
J1325	Veletri, Flolan	epoprostenol, 0.5 mg	Authorization required for all providers
J1335	Invanz	ertapenem sodium, 500 mg	No authorization required
J1364	Erythromycin Lactobionate	erythromycin lactobionate, per 500 mg	No authorization required
J1410	Premarin	estrogens, conjugated, per 25 mg	No authorization required

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J1438	Enbrel	etanercept, 25 mg (not for use when drug is self-administered)	Authorization required for all providers
J1439	Injectafer	ferric carboxymaltose, 1 mg	Authorization required for all providers
J1442	Neupogen	filgrastim (G-CSF), 1 microgram	Authorization required for all providers
J1446	Granix	tbo-filgrastim, 5 micrograms	Authorization required for all providers
J1450	Diflucan in Saline	fluconazole, 200 mg	No authorization required
J1453	Emend	fosaprepitant, 1 mg	Authorization required for all providers
J1458	Naglazyme	galsulfase, 1 mg	Authorization required for all providers
J1459	Privigen	immune globulin (Privigen), intravenous, non-lyophilized (e.g liquid), 500 mg	Authorization required for all providers
J1460	GamaSTAN S/D	gamma globulin, intramuscular, 1 cc	Authorization required for all providers
J1556	Bivigam	immune globulin (Bivigam), 500 mg	Authorization required for all providers
J1557	Gammaplex	immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg	Authorization required for all providers
J1559	Hizentra	immune globulin (Hizentra), 100 mg	Authorization required for all providers
J1560	GamaSTAN S/D	gamma globulin, intramuscular, over 10 cc	Authorization required for all providers
J1561	Gamunex, Gammaked, Polygam	immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg	Authorization required for all providers
J1566	Carimune NF, Panglobulin NF and Gammagard S/D	immune globulin, intravenous, lyophilized (e.g powder), not otherwise specified, 500 mg	Authorization required for all providers
J1568	Octagam	immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	Authorization required for all providers
J1569	Gammagard Liquid	immune globulin, (Gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg	Authorization required for all providers
J1570	Cytovene	ganciclovir sodium, 500 mg	No authorization required
J1572	Febogamma	immune globulin, (Febogamma/Flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg	Authorization required for all providers
J1580	Gentamycin	garamycin, gentamicin, up to 80 mg	No authorization required
J1595	Copaxone	glatiramer acetate, 20 mg	Authorization required for all providers
J1599	MISC	immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg	Authorization required for all providers
J1602	Simponi	golimumab, 1 mg, for intravenous use	Authorization required for all providers
J1610	Glucagon	glucagon hydrochloride, per 1 mg	No authorization required

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J1626	Kytril	granisetron hydrochloride, 100 mcg	No authorization required
J1630	Haldol	haloperidol, up to 5 mg	No authorization required
J1631	Haloperidol Deconate	haloperidol decanoate, per 50 mg	No authorization required
J1640	Panhematin	hemin, 1 mg	Authorization required for all providers
J1642	Heparin Lock Flush	heparin sodium (heparin lock flush), per 10 units	No authorization required
J1644	Heparin Sodium	heparin sodium, per 1,000 units	No authorization required
J1645	Fragmin	dalteparin sodium, per 2,500 IU	Authorization required for all providers
J1650	Lovenox	enoxaparin sodium, 10 mg	Authorization required for all providers
J1652	Arixtra	fondaparinux sodium, 0.5 mg	Authorization required for all providers
J1670	Baytet	tetanus immune globulin, human, up to 250 units	No authorization required
J1720	Solu-Cortef	hydrocortisone sodium succinate, up to 100 mg	No authorization required
J1725	Makena	hydroxyprogesterone caproate, 1 mg	Authorization required for all providers
J1740	Boniva	ibandronate sodium, 1 mg	Authorization required for all providers
J1743	Elaprase	idursulfase, 1 mg	Authorization required for all providers
J1744	Firazyr	icatibant, 1 mg	Authorization required for all providers
J1745	Remicade	infliximab, 10 mg	Authorization required for all providers
J1750	INFeD	iron dextran, 50 m	No authorization required
J1756	Venofer	iron sucrose, 1 mg	No authorization required
J1786	Cerezyme	imiglucerase, 10 units	Authorization required for all providers
J1790	Inapsine	droperidol, up to 5 mg	No authorization required
J1800	Inderal	propranolol HCl, up to 1 mg	No authorization required
J1815	Insulins	insulin, per 5 units	No authorization required
J1826	Avonex	interferon beta-1a, 30 mcg -see also Q3027	Authorization required for all providers
J1830	Betaseron	interferon beta-1B, 0.25 mg	Authorization required for all providers
J1885	Toradol	ketorolac tromethamine, per 15 mg	No authorization required
J1930	Somatuline	lanreotide, 1 mg	Authorization required for all providers
J1931	Aldurazyme	laronidase, 0.1 mg	Authorization required for all providers

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J1940	Lasix	furosemide, up to 20 mg	No authorization required
J1950	Lupron,Lupron 3,Lupron 4,Lupron Depot, Eligard	leuprolide acetate (for depot suspension), per 3.75 mg	Authorization required for all providers
J1955	Carnitor	levocarnitine, per 1 g	No authorization required
J1980	Levsin	hyoscyamine sulfate, up to 0.25 mg	No authorization required
J2001	Xylocaine HCl	lidocaine HCL for intravenous infusion, 10 mg	No authorization required
J2010	Lincocin	lincomycin HCl, up to 300 mg	No authorization required
J2020	Zyvox	linezolid, 200 mg	No authorization required
J2150	Mannitol	mannitol, 25% in 50 mL	No authorization required
J2170	Iplex,Increlex	mecasermin, 1 mg	Authorization required for all providers
J2175	Demerol	meperidine hydrochloride, per 100 mg	No authorization required
J2185	Merrem	meropenem, 100 mg	No authorization required
J2210	Methergine	methylergonovine maleate, up to 0.2 mg	No authorization required
J2212	Relistor	methylnaltrexone, 0.1 mg	Authorization required for all providers
J2250	Versed	midazolam hydrochloride, per 1 mg	No authorization required
J2260	Primacor	milrinone lactate, per 5 mg	No authorization required
J2270	Depodur, Infumorph	morphine sulfate, up to 10 mg	No authorization required
J2274	DepoDur, Astromorph PF, Duramorph PF	morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	No authorization required
J2278	Prialt	ziconotide, 1 microgram	Authorization required for all providers
J2300	Nubain	nalbuphine hydrochloride, per 10 mg	No authorization required
J2310	Narcan	naloxone hydrochloride, per 1 mg	No authorization required
J2315	Vivitrol	naltrexone, depot form, 1 mg	Authorization required for all providers
J2323	Tysabri	natalizumab, 1 mg	Authorization required for all providers
J2325	Natrecor	nesiritide, 0.1 mg	Authorization required for all providers
J2353	Sandostatin LAR	octreotide, depot form for intramuscular 1 mg	Authorization required for all providers
J2354	Sandostatin	octreotide, non-depot form for subcutaneous or intravenous 25 mcg	Authorization required for all providers
J2355	Neumega	oprelvekin, 5 mg	Authorization required for all providers

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J2357	Xolair	omalizumab, 5 mg	Authorization required for all providers
J2358	Zyprexa Relprevv	olanzapine, long-acting, 1 mg	Authorization required for all providers
J2360	Norflex	orphenadrine citrate, up to 60 mg	No authorization required
J2370	Neo-Synephrine	phenylephrine HCl, up to 1 mL	No authorization required
J2405	Zofran	ondansetron hydrochloride, per 1 mg	No authorization required
J2410	Numorphan	oxymorphone HCl, up to 1 mg	No authorization required
J2425	Keprivance	palifermin, 50 micrograms	Authorization required for all providers
J2426	Invega Sustenna	paliperidone palmitate extended release, 1 mg	Authorization required for all providers
J2430	Aredia	pamidronate disodium, per 30 mg	Authorization required for all providers
J2469	Aloxi	palonosetron HCl, 25 mcg	No authorization required
J2501	Zemplar	paricalcitol, 1 mcg	Authorization required for all providers
J2503	Macugen	pegaptanib sodium, 0.3 mg	Authorization required for all providers
J2504	Adagen	pegademase bovine, 25 IU	Authorization required for all providers
J2505	Neulasta	pegfilgrastim, 6 mg	Authorization required for all providers
J2507	Krystexxa	pegloticase, 1 mg	Authorization required for all providers
J2510	Wycillin Tubex	penicillin G procaine, aqueous, up to 600,000 units	No authorization required
J2515	Nembutal Sodium	pentobarbital sodium, per 50 mg	No authorization required
J2540	Pfizerpen, Pen G K+	penicillin G potassium, up to 600,000 units	No authorization required
J2543	Zosyn	piperacillin sodium/tazobactam sodium, 1 g/0.125 g	No authorization required
J2550	Phenergan	promethazine HCl, up to 50 mg	No authorization required
J2560	Phenobarbital	phenobarbital sodium, up to 120 mg	No authorization required
J2562	Mozobil	plerixafor, 1 mg	Authorization required for all providers
J2675	Progesterone	progesterone, per 50 mg	No authorization required
J2680	Prolixin	fluphenazine decanoate, up to 25 mg	No authorization required
J2690	Procainamide	procainamide HCl, up to 1 g	No authorization required
J2700	Bactocill	oxacillin sodium, up to 250 mg	No authorization required

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J2710	Prostigmin	neostigmine methylsulfate, up to 0.5 mg	No authorization required
J2720	Protamine Sulfate	protamine sulfate, per 10 mg	No authorization required
J2724	Ceprothin	protein C concentrate, intravenous, human, 10 IU	Authorization required for all providers
J2765	Reglan	metoclopramide HCl, up to 10 mg	No authorization required
J2778	Lucentis	ranibizumab, 0.1 mg	Authorization required for all providers
J2783	Elitek	rasburicase, 0.5 mg	Authorization required for all providers
J2785	Lexiscan	regadenoson, 0.1 mg	No authorization required
J2790	WinRho-D	Rho d immune globulin, human, full dose, 300 micrograms	No authorization required
J2791	Rhophylac	Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU	Authorization required for all providers
J2792	WINRho SDF	rho D immune globulin, intravenous, human, solvent detergent, 100 IU (see also 90384 and 90386 for CPT billing requirements)	Authorization required for all providers
J2793	Arcalyst	riloncept, 1 mg	Authorization required for all providers
J2794	Risperdal Consta	risperidone, long acting, 0.5 mg	Authorization required for all providers
J2796	Nplate	romiplostim, 10 micrograms	Authorization required for all providers
J2800	Robaxin	methocarbamol, up to 10 mL	No authorization required
J2820	Leukine	sargramostim (GM-CSF), 50 mcg	Authorization required for all providers
J2916	Ferrlecit	sodium ferric gluconate complex in sucrose 12.5 mg	No authorization required
J2920	Solu-Medrol	methylprednisolone sodium succinate, up to 40 mg	No authorization required
J2930	Solu-Medrol	methylprednisolone sodium succinate, up to 125 mg	No authorization required
J2941	Humatrope, Genotropin Nutropin, Biotropin, Genotropin , Genotropin Miniquick, Norditropin, Nutropin, Nutropin AQ, Saizen, Saizen Somatropin RDNA, Serostim, Serostim RFNA, Tev-Tropin, Zorbtive	somatropin, 1 mg	Authorization required for all providers
J3000	Streptomycin Sulfate	streptomycin, up to 1 g	No authorization required
J3010	Sublimaze	fentanyl citrate, 0.1 mg	No authorization required
J3030	Imitrex	sumatriptan, succinate, 6 mg (not for use when drug is self-administered)	No authorization required

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J3060	Ellyso	taliglucerase alfa, 10 units	Authorization required for all providers
J3070	Talwin	pentazocine, 30 mg	No authorization required
J3095	Vibativ	telavancin, 10 mg	Authorization required for all providers
J3105	Brethine	terbutaline sulfate, up to 1 mg	No authorization required
J3110	Forteo	teriparatide, 10 mcg	Authorization required for all providers
J3121	Delatestryl	testosterone enanthate, 1 mg	No authorization required
J3230	Chlorpromazine HCl	chlorpromazine HCl, up to 50 mg	No authorization required
J3240	Thyrogen	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	Authorization required for all providers
J3250	Tigan	trimethobenzamide HCl, up to 200 mg	No authorization required
J3260	Nebcin	tobramycin sulfate, up to 80 mg	No authorization required
J3262	Actemra	tocilizumab, 1 mg	Authorization required for all providers
J3285	Remodulin	treprostinil, 1 mg	Authorization required for all providers
J3301	Kenalog 10	triamcinolone acetonide, , per 10 mg	No authorization required
J3303	Aristospan	triamcinolone hexacetonide, per 5 mg	No authorization required
J3315	Trelstar Depot, Trelstar Depot Plus, Debioclip Kit, Trelstar LA	triptorelin pamoate, 3.75 mg	Authorization required for all providers
J3357	Stelara	ustekinumab, 1 mg	Authorization required for all providers
J3360	Valium	diazepam, up to 5 mg	No authorization required
J3370	Vancocin	vancomycin HCl, 500 mg	No authorization required
J3385	Vpriv	velaglucerase alfa, 100 units	Authorization required for all providers
J3396	Visudyne	verteporfin, 0.1 mg	Authorization required for all providers
J3410	Vistaril	hydroxyzine HCl, up to 25 mg	No authorization required
J3420	Vitamin B-12	vitamin B-12 cyanocobalamin, up to 1,000 mcg	No authorization required
J3430	Aqua-Mephyton	phytonadione (vitamin K) per 1 mg	No authorization required
J3475	Magnesium Sulfate 50%	magnesium sulfate, per 500 mg	No authorization required
J3480	Potassium Chloride	potassium chloride, per 2 mEq	No authorization required
J3486	Geodon	ziprasidone mesylate, 10 mg	No authorization required

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J3489	Reclast	zoledronic acid, 1 mg	Authorization required for all providers
J3490	MISC	Unclassified drugs	Authorization required for all providers
J3490	Egrifta SOLR	Tesamorelin	Authorization required for all providers
J3490	HyperHEP B	Hepatitis B Immune Globulin, HBIG	Authorization required for all providers
J3490	Northera	Droxidopa capsules	Authorization required for all providers
J3490	Stimate	desmopressin, oral tablet/nasal spray	Authorization required for all providers
J3490	Thiola	Tiopronin Tab 100 MG	Authorization required for all providers
J3590	MISC	Unclassified biologics	Authorization required for all providers
J7030	Sodium Chloride	Infusion, normal saline solution, 1,000 cc	No authorization required
J7040	Sodium Chloride	Infusion, normal saline solution, sterile (500 mL = 1 unit)	No authorization required
J7042	Dextrose with Na CL	5% Dextrose/normal saline (500 mL = 1 unit)	No authorization required
J7050	Sodium Chloride	Infusion, normal saline solution, 250 cc	No authorization required
J7060	Dextrose in Water	5% Dextrose/water (500 mL = 1 unit)	No authorization required
J7070	Dextrose in Water	Infusion, D5W, 1,000 cc	No authorization required
J7100	Rheomacrodex in D5	Infusion, dextran 40, 500 mL	No authorization required
J7120	Lactated Ringers	Ringer's lactate infusion, up to 1,000 cc	No authorization required
J7178	RiaSTAP	human fibrinogen concentrate, 1 mg	Authorization required for all providers
J7180	Corifact	factor XIII (antihemophilic factor, human), 1 IU	Authorization required for all providers
J7183	Wilate	von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO	Authorization required for all providers
J7185	Xyntha	factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	Authorization required for all providers
J7186	Alphanate	antihemophilic factor VIII/Von Willebrand factor complex (human), per factor VIII I.U.	Authorization required for all providers
J7187	Humate P	Von Willebrand factor complex (Humate-P), per IU, VWF:RCO	Authorization required for all providers
J7189	NovoSeven RT	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram	Authorization required for all providers
J7190	Koate DVI, Monarc M, Monoclate P, Hemofil M	Factor VIII (antihemophilic factor [human]) per IU	Authorization required for all providers
J7192	Recombinate, Kogenate FS, Helixate FX, Advate rAHF PFM, Antihemophilic Factor Human Method M Monoclonal Purified, Refacto	Factor VIII (antihemophilic factor, recombinant) per IU	Authorization required for all providers

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J7193	AlphaNine SD ,Mononine	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	Authorization required for all providers
J7194	Konyne 80,Profilnine SD,Proplex T,Bebulin VH,factor IX+ complex	Factor IX, complex, per IU	Authorization required for all providers
J7195	Benefix	Injection factor IX (antihemophilic factor, recombinant) per IU	Authorization required for all providers
J7196	Atryn	antithrombin recombinant, 50 I.U.	Authorization required for all providers
J7197	Thrombate III,Atnativ	Antithrombin III (human), per IU	Authorization required for all providers
J7198	Autoplex T,Feiba VH AICC	Anti-inhibitor, per IU	Authorization required for all providers
J7199	MISC	Hemophilia clotting factor, not otherwise classified	Authorization required for all providers
J7300	ParaGard IUD	Intrauterine copper contraceptive	No authorization required
J7301	Skyla	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg	No authorization required
J7302	Mirena	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	No authorization required
J7307	Nexplanon	Etonogestrel (contraceptive) implant system, including implant and supplies	No authorization required
J7312	Ozurdex	dexamethasone, intravitreal implant, 0.1 mg	Authorization required for all providers
J7315	Mitosol	Mitomycin, ophthalmic, 0.2 mg	Authorization required for all providers
J7316	Jetrea	ocriplasmin, 0.125 mg	Authorization required for all providers
J7321	Hyalgan,Supartz	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular per dose	Authorization required for all providers
J7323	Euflexxa	Hyaluronan or derivative, Euflexxa, for intra-articular per dose (20 mg/2 mL)	Authorization required for all providers
J7324	Orthovisc	Hyaluronan or derivative, Orthovisc, for intra-articular per dose (30 mg/2 mL) (Note: Total dose regimen = 3 - 4 injections)	Authorization required for all providers
J7325	Synvisc,Synvisc One	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular 1 mg	Authorization required for all providers
J7326	Gel One	Hyaluronan or derivative, Gel-One, for intra-articular per dose	Authorization required for all providers
J7504	Atgam	Lymphocyte immune globulin, anti-thymocyte globulin, equine, parenteral, 250 mg	Authorization required for all providers
J7508	Astagraf	Tacrolimus, extended release, oral, 0.1 mg	Authorization required for all providers
J7511	Thymoglobulin	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Authorization required for all providers
J7516	Neoral, Sandimmune	Cyclosporine, parenteral, 250 mg	Authorization required for all providers
J7527	Zortress	Everolimus, oral, 0.25 mg	Authorization required for all providers

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J7599	MISC	Immunosuppressive drug, not otherwise classified	Authorization required for all providers
J7639	Pulmozyme	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded	Authorization required for all providers
J7682	Tobi	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	Authorization required for all providers
J7686	Tyvaso	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	Authorization required for all providers
J8499	MISC	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified	Authorization required for all providers
J8499	Adcirca	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified	Authorization required for all providers
J8499	Adcirca	tadalafil, oral tablets	Authorization required for all providers
J8499	Adempas	riociguat, oral tablet	Authorization required for all providers
J8499	Amicar	aminocaproic acid, oral, 1000mg; aminocaproic acid, oral, 500mg; aminocaproic acid, syrup, 25%	Authorization required for all providers
J8499	Ampyra	dalfampridine, oral tablets	Authorization required for all providers
J8499	Aptivus	Tipranavir, oral	Authorization required for all providers
J8499	Atripla	Efavirenz; Emtricitabine; Tenofovir	Authorization required for all providers
J8499	Aubagio	teriflunomide, oral tablets	Authorization required for all providers
J8499	Baraclude	Entecavir, oral	Authorization required for all providers
J8499	Carbaglu	carglumic acid, oral tablet	Authorization required for all providers
J8499	Complera	Emtricitabine; Rilpivirine; Tenofovir	Authorization required for all providers
J8499	Copegus, Rebetol, RibaPak, Ribasphere	ribavirin, oral tablets/capsules	Authorization required for all providers
J8499	Crixivan	Indinavir, oral	Authorization required for all providers
J8499	Edurant	Rilpivirine, oral	Authorization required for all providers
J8499	Emtriva	Emtricitabine, oral solution/tablet	Authorization required for all providers
J8499	Epivir HBV	Lamivudine, oral	Authorization required for all providers
J8499	Exjade	deferasirox, oral tablet	Authorization required for all providers
J8499	Ferriprox	deferiprone, oral tablet	Authorization required for all providers
J8499	Gilenya	fingolimod, oral capsule	Authorization required for all providers

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J8499	Harvoni	Ledipasvir + Sofosbuvir	Authorization required for all providers
J8499	Hepsera	Adefovir, oral	Authorization required for all providers
J8499	Kalydeco	ivacaftor, oral tablets	Authorization required for all providers
J8499	Korlym	mifepristone, oral tablet	Authorization required for all providers
J8499	Kuvan	sapropterin, oral tablets	Authorization required for all providers
J8499	Letairis	ambrisentan, oral tablets	Authorization required for all providers
J8499	Olysio	Simeprevir, oral	Authorization required for all providers
J8499	Procysbi	Cysteamine, oral	Authorization required for all providers
J8499	Promacta	eltrombopag, oral tablets	Authorization required for all providers
J8499	Sabril	vigabatrin, oral tablet/solution	Authorization required for all providers
J8499	Sensipar	cinacalcet, oral tablets	Authorization required for all providers
J8499	Sovaldi	Sovaldi 400mg tabs	Authorization required for all providers
J8499	Tecfidera	Dimethyl fumarate capsules	Authorization required for all providers
J8499	Tracleer	bosentan, oral tablets	Authorization required for all providers
J8499	Tyzeka	Telbivudine, oral	Authorization required for all providers
J8499	Victrelis	boceprevir, oral capsules	Authorization required for all providers
J8499	Viramune, Viramune XR	Nevirapine, oral	Authorization required for all providers
J8499	Viread	Tenofovir, PMPA	Authorization required for all providers
J8499	Xeljanz	Tofacitinib, oral	Authorization required for all providers
J8499	Xenazine	tetrabenazine, oral tablets	Authorization required for all providers
J8499	Xyrem	Sodium Oxybate, oral	Authorization required for all providers
J8499	Zavesca	miglustat, oral capsules	Authorization required for all providers
J8499	Zerit	Stavudine, d4T, oral	Authorization required for all providers
J8499	Ziagen, Ziagen Solution	Abacavir, oral	Authorization required for all providers
J8499	Revatio	sildenafil, oral tablets	Authorization required for all providers
J8510	Busulfex	Busulfan, oral, 2 mg	Authorization required for all providers
J8520	Xeloda 150 MG	Capecitabine, oral, 150 mg	Authorization required for all providers
J8521	Xeloda 500 MG	Capecitabine, oral, 500 mg	Authorization required for all providers

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J8530	Cytoxan, Cyclophosphamide	Cyclophosphamide, oral, 25 mg	Authorization required for all providers
J8600	Alkeran	Melphalan, oral, 2 mg	Authorization required for all providers
J8700	Temodar	Temozolomide, oral, 5 mg	Authorization required for all providers
J8705	Hycamtin	Topotecan, oral, 0.25 mg	Authorization required for all providers
J8999	MISC	Prescription drug, oral, chemotherapeutic, Not Otherwise Specified	Authorization required for all providers
J8999	Afinitor	Everolimus, oral capsule	Authorization required for all providers
J8999	Bosulif	Bosutinib, oral tablets	Authorization required for all providers
J8999	Caprelsa	Vandetanib, oral tablets	Authorization required for all providers
J8999	Cometriq	Cabozantinib S-Malate	Authorization required for all providers
J8999	Emcyt	Estramustine Phosphate Sodiumm, oral capsule	Authorization required for all providers
J8999	Erivedge	Vismodegib, oral capsule	Authorization required for all providers
J8999	Femara	Letrozole, oral tablets	Authorization required for all providers
J8999	Hexalen	Altretamine, oral	Authorization required for all providers
J8999	Iclusig	Ponatinib HCl, oral tablets	Authorization required for all providers
J8999	Inlyta	Axitinib, oral tablets	Authorization required for all providers
J8999	Jakafi	Ruxolitinib Phosphate, orla tablets	Authorization required for all providers
J8999	Lysodren	Mitotane, oral tablets	Authorization required for all providers
J8999	NexAVAR	Sorafenib Tosylate, oral tablets	Authorization required for all providers
J8999	Pomalyst	Pomalidomide, oral capsule	Authorization required for all providers
J8999	Revlimid	Lenalidomide, oral capsules	Authorization required for all providers
J8999	Sprycel	Dasatinibm, oral tablets	Authorization required for all providers
J8999	Stivarga	Regorafenib, oral tablets	Authorization required for all providers
J8999	Sutent	Sunitinib Malate, oral capsule	Authorization required for all providers
J8999	Tabloid	Thioguanine, oral tablets	Authorization required for all providers
J8999	Tarceva	Erlotinib, oral tablets	Authorization required for all providers
J8999	Targretin	Bexarotene, oral capsules	Authorization required for all providers
J8999	Tasigna	Nilotinib, oral capsule	Authorization required for all providers
J8999	Thalomid	Thalidomide, oral capsule	Authorization required for all providers

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J8999	Tykerb, tablets	Lapatinib Ditosylate, oral tablets	Authorization required for all providers
J8999	Votrient	Pazopanib HCl, oral tablets	Authorization required for all providers
J8999	Xalkori	Crizotinib, oral capsule	Authorization required for all providers
J8999	Xtandi	Enzalutamide, oral capsule	Authorization required for all providers
J8999	Zelboraf	Vemurafenib, oral tablets	Authorization required for all providers
J8999	Zolinza	Vorinostat, oral capsule	Authorization required for all providers
J8999	Zytiga tablets	Abiraterone Acetate, oral	Authorization required for all providers
J8999		Tretinoin (Chemotherapy)	Authorization required for all providers
J9000	Adriamycin PFS, Adriamycin RDF, Rubex	doxorubicin hydrochloride, 10 mg	Authorization required for all providers
J9015	Proleukin, IL 2, Interleukin	aldesleukin, per single-use vial	Authorization required for all providers
J9017	Trisenox	arsenic trioxide, 1 mg	Authorization required for all providers
J9019	Erwinaze	asparaginase (Erwinaze), 1,000 IU	Authorization required for all providers
J9025	Vidaza	azacitidine, 1 mg	Authorization required for all providers
J9027	Clolar	clofarabine, 1 mg	Authorization required for all providers
J9031	TheraCys, Tice BCG, PACIS BCG	bCG (intravesical), per installation	Authorization required for all providers
J9033	Treanda	bendamustine HCl, 1 mg	Authorization required for all providers
J9035	Avastin	bevacizumab, 10 mg	AUTH REQD FOR ALL EXCEPT OPHTHALMOLOGIST
J9040	Blenoxane	bleomycin sulfate, 15 units	Authorization required for all providers
J9041	Velcade	bortezomib, 0.1 mg	Authorization required for all providers
J9042	Adcetris	brentuximab vedotin, 1 mg	Authorization required for all providers
J9043	Jevtana	cabazitaxel, 1 mg	Authorization required for all providers
J9045	Paraplatin	carboplatin, 50 mg	Authorization required for all providers
J9047	Kyprolis	carfilzomib, 1 mg	Authorization required for all providers
J9050	BiCNU	carmustine, 100 mg	Authorization required for all providers
J9055	Erbix	cetuximab, 10 mg	Authorization required for all providers
J9060	Plantinol AQ	cisplatin, powder or solution, per 10 mg	Authorization required for all providers
J9065	Leustatin	cladribine, per 1 mg	Authorization required for all providers

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J9070	Cytoxan	Cyclophosphamide, 100 mg	AUTH REQD FOR ALL EXCEPT NEUROLOGISTS AND RHEUMATOLOGISTS
J9098	Depocyt	cytarabine liposome, 10 mg	Authorization required for all providers
J9100	Cytosar U,Ara C,Tarabin CFS	cytarabine, 100 mg	Authorization required for all providers
J9120	Cosmegen	dactinomycin, 0.5 mg	Authorization required for all providers
J9130	Dtic Dome	Dacarbazine, 100 mg	Authorization required for all providers
J9150	Cerubidine	daunorubicin, 10 mg	Authorization required for all providers
J9151	Daunoxone	daunorubicin citrate, liposomal formulation, 10 mg	Authorization required for all providers
J9155	Degarelix	degarelix, 1 mg	Authorization required for all providers
J9171	Taxotere	docetaxel, 1 mg	Authorization required for all providers
J9175	Elliott's B Solution 1ml	Elliott's B solution, 1 mL	Authorization required for all providers
J9178	Ellence	epirubicin HCl, 2 mg	Authorization required for all providers
J9179	Halaven	eribulin mesylate, 0.1 mg	Authorization required for all providers
J9181	VePesid,Toposar	etoposide, 10 mg	Authorization required for all providers
J9185	Fludara	fludarabine phosphate, 50 mg	Authorization required for all providers
J9190	Adrucil	fluorouracil, 500 mg	Authorization required for all providers
J9200	FUDR	floxuridine, 500 mg	Authorization required for all providers
J9201	Gemzar	gemcitabine hydrochloride, 200 mg	Authorization required for all providers
J9202	Zoladex	Goserelin acetate implant, per 3.6 mg	Authorization required for all providers
J9206	Camptosar	irinotecan, 20 mg	Authorization required for all providers
J9207	Ixempra	ixabepilone, 1 mg	Authorization required for all providers
J9208	Ifex,Mitoxana	ifosfamide, 1 gram	Authorization required for all providers
J9209	Mesnex	mesna, 200 mg	Authorization required for all providers
J9211	Idamycin	idarubicin hydrochloride, 5 mg	Authorization required for all providers
J9214	Intron A,Rebetron Kit	interferon, alfa-2b, recombinant, 1 million units	Authorization required for all providers
J9215	Alferon N	interferon, alfa-n3, (human leukocyte derived), 250,000 IU	Authorization required for all providers
J9216	Actimmune	interferon, gamma-1b, 3 million units	Authorization required for all providers
J9217	Lupron Depot, Eligard	Leuprolide acetate (for depot suspension), 7.5 mg	Authorization required for all providers

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J9218	Lupron	Leuprolide acetate, per 1 mg	Authorization required for all providers
J9225	Vantas Implant Kit	Histrelin implant (Vantas), 50 mg	Authorization required for all providers
J9226	Supprelin LA	Histrelin implant (Supprelin LA), 50 mg	Authorization required for all providers
J9228	Yervoy	ipilimumab, 1 mg	Authorization required for all providers
J9230	Mustargen	mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	Authorization required for all providers
J9245	Alkeran,L phenylalanine mustard	melphalan hydrochloride, 50 mg	Authorization required for all providers
J9250	Folex	Methotrexate sodium, 5 mg	No authorization required
J9260	Folex	Methotrexate sodium, 50 mg	No authorization required
J9261	Arranon	nelarabine, 50 mg	Authorization required for all providers
J9262	Synribo	omacetaxine mepesuccinate, 0.01 mg	Authorization required for all providers
J9263	Eloxatin	oxaliplatin, 0.5 mg	Authorization required for all providers
J9264	Abraxane	paclitaxel protein-bound particles, 1 mg	Authorization required for all providers
J9266	Oncaspar	pegaspargase, per single dose vial	Authorization required for all providers
J9267	Taxol	paclitaxel, 1 mg	Authorization required for all providers
J9268	Nipent	pentostatin, per 10 mg	Authorization required for all providers
J9280	Mutamycin	mitomycin, 5 mg	Authorization required for all providers
J9293	Novantrone	mitoxantrone hydrochloride, per 5 mg	Authorization required for all providers
J9301	Gazyva	obinutuzumab, 10 mg	Authorization required for all providers
J9302	Arzerra	ofatumumab, 10 mg	Authorization required for all providers
J9303	Vectibix	panitumumab, 10 mg	Authorization required for all providers
J9305	Alimta	pemetrexed, 10 mg	Authorization required for all providers
J9306	Perjeta	pertuzumab, 1 mg	Authorization required for all providers
J9307	Folotyn	pralatrexate, 1 mg	Authorization required for all providers
J9310	Rituxan	rituximab, 100 mg	Authorization required for all providers
J9315	Istodax	romidepsin, 1 mg	Authorization required for all providers
J9320	Zanosar	streptozocin, 1 gram	Authorization required for all providers
J9328	Temodar	temozolomide, 1 mg	Authorization required for all providers
J9330	Torisel	temsirolimus, 1 mg	Authorization required for all providers

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
J9351	Hycamtin	topotecan, 0.1 mg	Authorization required for all providers
J9354	Kadcyla	ado-trastuzumab emtansine, 1 mg	Authorization required for all providers
J9355	Herceptin	trastuzumab, 10 mg	Authorization required for all providers
J9357	Valstar	valrubicin, intravesical, 200 mg	Authorization required for all providers
J9360	Velban	vinblastine sulfate, 1 mg	Authorization required for all providers
J9370	Oncovin,Vincasar PFS	Vincristine sulfate, 1 mg	Authorization required for all providers
J9371	Marqibo	vincristine sulfate liposome, 1 mg	Authorization required for all providers
J9390	Navelbine	vinorelbine tartrate, per 10 mg	Authorization required for all providers
J9395	Faslodex	fulvestrant, 25 mg	Authorization required for all providers
J9400	Zaltrap	ziv-aflibercept, 1 mg	Authorization required for all providers
J9600	Photofrin	porfimer sodium, 75 mg	Authorization required for all providers
J9999	MISC	Not otherwise classified, antineoplastic drugs	Authorization required for all providers
J9999	Sylatron	Peginterferon alfa-2b (Antineoplastic)	Authorization required for all providers
P9046	Plasbumin 25	Infusion, albumin (human), 25%, 20 mL	No authorization required
P9047	Plasbumin 25	Infusion, albumin (human), 25%, 50 mL	No authorization required
P9048	Plasmaprotein fract, 5%,	Infusion, plasma protein fraction (human), 5%, 250 mL	No authorization required
Q0138	Feraheme (non ERSD)	ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	Authorization required for all providers
Q0139	Feraheme (ERSD)	ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)	Authorization required for all providers
Q2017	Vumon	teniposide, 50 mg	Authorization required for all providers
Q2026	Radiesse	Radiesse, 0.1 mL	Authorization required for all providers
Q2035	Afluria	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria) (Code Price is per 0.5 mL) - see also 90658	No authorization required
Q2036	Flulaval	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval) (Code Price is per 0.5 mL) - see also 90658	No authorization required
Q2037	Fluvirin	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin) (Code Price is per 0.5 mL) - see also 90658	No authorization required

HCPCS Code	Brand Name (if applicable)	Code Description	Authorization Requirement
Q2038	Fluzone	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone) (Code Price is per 0.5 mL) - see also 90657 and 90658	No authorization required
Q2043	Provenge	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF	Authorization required for all providers
Q2049	Lipodox	doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	Authorization required for all providers
Q2050	Doxil	doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Authorization required for all providers
Q3027	Avonex	interferon beta-1a, 1 mcg for intramuscular use - see also J1826	Authorization required for all providers
Q3028	Rebif	interferon beta-1a, 1 mcg for subcutaneous use	Authorization required for all providers
Q4074	Ventavis	lloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms	Authorization required for all providers
Q4081	Epogen	epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Authorization required for all providers
S0020	Marcaine	bupivacaine hydrochloride, 30 mL	No authorization required
S0032	Nafcellin Sodium	nafcillin sodium, 2 g	No authorization required
S0077	Cleocin	clindamycin phosphate, 300 mg	No authorization required
S0088	Gleevec	Imatinib, 100 mg	Authorization required for all providers
S0145	Pegasys	pegylated interferon alfa-2a, 180 mcg per mL	Authorization required for all providers
S0148	Peg-Intron	pegylated interferon alfa-2b, 10 mcg	Authorization required for all providers
S0166	Zyprexa	olanzapine, 2.5 mg	No authorization required
S0175	Eulexin	Flutamide, oral, 125 mg	Authorization required for all providers
S0178	Ceenu	Lomustine, oral, 10 mg	Authorization required for all providers
S0182	Matulane	Procarbazine hydrochloride, oral, 50 mg	Authorization required for all providers

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.