

Absolute Total Care 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 Absolute Total Care; 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 Health. Prescribers can submit requests for biopharmaceutical products to Absolute Total Care by filling out the Absolute Total Care Specialty Medications Prior Authorization Form that is available on the Coordinated Care website at [www.absolutetotalcare.com](http://www.absolutetotalcare.com). Fax the Absolute Total Care Specialty Medications Prior Authorization Form to 1-855-865-9469 or call Absolute Total Care at 1-866-433-6041 ext. 64455. If approved, Acaria Health Specialty Pharmacy will contact the member and/or the provider for delivery confirmation.

Updated PA Requirement (PL Codes)	HCPCS Code	Trade Name (if applicable)	HCPCS Description	Additional Information
GENERAL	90281		GLOBULIN, IMMUNE	Auth required for all providers
GENERAL	90283		GLOBULIN, IMMUNE	Auth required for all providers
GENERAL	90284		GLOBULIN, IMMUNE SC (ZLB BEHRING)	Auth required for all providers
GENERAL	90291		GLOBULIN, IMMUNE SC (ZLB BEHRING)	Auth required for all providers
GENERAL	90378	Synagis	PALIVIZUMAB	Auth required for all providers
HEM/ONC	A9542	Zevalin	IBRITUMOMAB TIUXETAN	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	A9545	Bexxar	IODINE I 131 TOSITUMOMAB	Auth required for all providers except hospital, hematology, or oncology providers.

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Updated PA Requirement (PL Codes)	HCPCS Code	Trade Name (if applicable)	HCPCS Description	Additional Information
HEM/ONC	J9035	Avastin	BEVACIZUMAB	Auth required for all providers
GENERAL	J0485	Nulojix	BELATACEPT	Auth required for all providers
HEM/ONC	J9042	Adcetris	BRENTUXIMAB VEDOTIN	Auth required for all providers except hospital, hematology, or oncology providers.
MISC	C9399	MISC	MISC CODES	Auth required for all providers
HEM/ONC	G3001	Bexxar	TOSITUMOMAB	Auth required for all providers except hospital, hematology, or oncology providers.
GENERAL	J0129	Orencia	ABATACEPT	Auth required for all providers
GENERAL	J0135	Humira	ADALIMUMAB	Auth required for all providers
GENERAL	J0180	Fabrazyme	AGALSIDASE BETA	Auth required for all providers
GENERAL	J0205	Ceredase	ALGLUCERASE	Auth required for all providers
GENERAL	J0207	Ethylol	AMIFOSTINE	Auth required for all providers
GENERAL	J0215	Amevive	ALEFACEPT	Auth required for all providers
GENERAL	J0220	Myozyme	ALGLUCOSIDASE ALFA	Auth required for all providers
GENERAL	J0221	Lumizyme	ALGLUCOSIDASE ALFA	Auth required for all providers
GENERAL	J0256	Prolastin; Zemira	PROTEINASE INHIBITOR (HUMAN)	Auth required for all providers
Updated PA Requirement (PL Codes)	HCPCS Code	Trade Name (if applicable)	HCPCS Description	Additional Information

\*As of 06/2015

GENERAL	J0257	Glassia	ALPHA 1 PROTEINASE INHIBITOR (HUMAN)	Auth required for all providers
GENERAL	J0364	Apokyn	A POMORPHINE HYDROCHLORIDE	Auth required for all providers
GENERAL	J0480	Simulect	BASILIXIMAB	Auth required for all providers
GENERAL	J0490	Benlysta	BELIMUMAB	Auth required for all providers
GENERAL	J0585	Botox	CLOSTRIDIUM BOTULINUM TOXIN TYPE A	Auth required for all providers
GENERAL	J0586	Dysport	ABOBOTULINUMTOXINA	Auth required for all providers
GENERAL	J0587	Myobloc	CLOSTRIDIUM BOTULINUM TOXIN TYPE B	Auth required for all providers
GENERAL	J0588	Xeomin	INCOBOTULINUMTOXIN A	Auth required for all providers
HEM/ONC	J0594	Busulfex	BUSULFAN	Auth required for all providers except hospital, hematology, or oncology providers.
GENERAL	J0597	Berinert	C 1 ESTERASE, BERINERT	Auth required for all providers
GENERAL	J0598	Cinryze	C1 INHIBITOR (HUMAN)	Auth required for all providers
GENERAL	J0638	Ilaris	CANAKINUMAB	Auth required for all providers
GENERAL	J0641	Fusilev	LEVOLEUCOVORIN CALCIUM	Auth required for all providers
GENERAL	J0775	Xiaflex	COLLAGENASE, CLOST HIST	Auth required for all providers
GENERAL	J0800	HP Acthar Gel	CORTICOTROPIN	Auth required for all providers
<b>Updated PA Requirement (PL Codes)</b>	<b>HCPCS Code</b>	<b>Trade Name (if applicable)</b>	<b>HCPCS Description</b>	<b>Additional Information</b>

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GENERAL	J0850	CytoGam	CYTOMEGALOVIRUS IMMUNE GLOBULIN	Auth required for all providers
GENERAL	J0881	Aranesp (non ESRD)	DARBEPOETIN ALFA	Auth required for all providers
GENERAL	J0882	Aranesp (ESRD)	DARBEPOETIN ALFA	Auth required for all providers
GENERAL	J0885	Epogen; Procrit (non ESRD)	EPOETIN ALFA	Auth required for all providers
GENERAL	J0886	Epogen; Procrit (ESRD)	EPOETIN ALFA	Auth required for all providers
HEM/ONC	J0894	Dacogen	DECITABINE	Auth required for all providers except hospital, hematology, or oncology providers.
GENERAL	J0895	Desferal	DEFEROXAMINE MESYLATE	Auth required for all providers
GENERAL	J0897	Prolia; Xgeva	DENOSUMAB INJECTION	Auth required for all providers
GENERAL	J1190	Zinecard	DEXRAZOXANE	Auth required for all providers
GENERAL	J1290	Kalbitor	ECALLANTIDE	Auth required for all providers
GENERAL	J1300	Soliris	ECULIZUMAB	Auth required for all providers
GENERAL	J1324	Fuzeon	ENFUVRTIDE	Auth required for all providers
GENERAL	J1325	Flolan	EPOPROSTENOL SODIUM	Auth required for all providers
GENERAL	J1438	Enbrel	ETANERCEPT	Auth required for all providers
GENERAL	J1442	Neupogen 300mcg & 480mcg	FILGRASTIM	Auth required for all providers
<b>Updated PA Requirement (PL Codes)</b>	<b>HCPCS Code</b>	<b>Trade Name (if applicable)</b>	<b>HCPCS Description</b>	<b>Additional Information</b>
GENERAL	J1458	Naglazyme	GALSULFASE	Auth required for all providers

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GENERAL	J1459	Privigen	GLOBULIN, IMMUNE IV (BAXTER/AM RED CROS)	Auth required for all providers
GENERAL	J1460	GamaSTAN S/D	GLOBULIN, IMMUNE	Auth required for all providers
GENERAL	J1557	Gammaplex	GLOBULIN, IMMUNE	Auth required for all providers
GENERAL	J1559	Hizentra	HIZENTRA	Auth required for all providers
GENERAL	J1560	GamaSTAN S/D	GLOBULIN, IMMUNE	Auth required for all providers
GENERAL	J1561	Gamunex	GLOBULIN, IMMUNE IV (TALECRIS)	Auth required for all providers
GENERAL	J1562	Vivaglobin	GLOBULIN, IMMUNE SC (ZLB BEHRING)	Auth required for all providers
GENERAL	J1566	Carimune	GLOBULIN, IMMUNE	Auth required for all providers
GENERAL	J1568	Octagam	GLOBULIN, IMMUNE IV (OCTAPHARM)	Auth required for all providers
GENERAL	J1569	Gammagard Liquid	GLOBULIN, IMMUNE IV (BAXTER/AM RED CROS)	Auth required for all providers
GENERAL	J1572	Febogamma	GLOBULIN, IMMUNE	Auth required for all providers
GENERAL	J1595	Copaxone	GLATIRAMER ACETATE	Auth required for all providers
MISC	J1599	MISC	IVIG NON LYOPHILIZED, NOS	Auth required for all providers
GENERAL	J1640	Panhematin	HEMIN	Auth required for all providers
GENERAL	J1645	Fragmin	DALTEPARIN SODIUM	Auth required for all providers
GENERAL	J1650	Lovenox	ENOXAPARIN SODIUM	Auth required for all providers
<b>Updated PA Requirement (PL Codes)</b>				
	<b>HCPCS Code</b>	<b>Trade Name (if applicable)</b>	<b>HCPCS Description</b>	<b>Additional Information</b>
GENERAL	J1652	Arixtra	FONDAPARINUX SODIUM	Auth required for all providers
GENERAL	J1655	Innohep	TINZAPARIN SODIUM	Auth required for all providers

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GENERAL	J7178	RiaSTAP	FIBRINOGEN CONCENTRATE (HUMAN)	Auth required for all providers
GENERAL	J1725	Makena	HYDROXYPROGESTERONE CAPROATE	Auth required for all providers
GENERAL	J1740	Boniva	IBANDRONATE SODIUM	Auth required for all providers
GENERAL	J1743	Elaprase	IDURSULFASE	Auth required for all providers
GENERAL	J1745	Remicade	INFLIXIMAB	Auth required for all providers
GENERAL	J1786	Cerezyme	IMUGLUCERASE	Auth required for all providers
GENERAL	J1826	Avonex	INTERFERON BETA 1A	Auth required for all providers
GENERAL	J1830	Betaseron	INTERFERON BETA 1B	Auth required for all providers
GENERAL	J1930	Somatuline	LANREOTIDE ACETATE	Auth required for all providers
GENERAL	J1931	Aldurazyme	LARONIDASE	Auth required for all providers
GENERAL	J1950	Eliguard; Lupron; Lupron 3; Lupron 4; Lupron Depot	LEUPROLIDE ACETATE	Auth required for all providers
GENERAL	J2170	Iplex; Increlex	MECASERMIN	Auth required for all providers
GENERAL	J2278	Prialt	ZICONOTIDE ACETATE	Auth required for all providers
GENERAL	J2315	Vivitrol	NALTREXONE	Auth required for all providers
<b>Updated PA Requirement (PL Codes)</b>				
	<b>HCPCS Code</b>	<b>Trade Name (if applicable)</b>	<b>HCPCS Description</b>	<b>Additional Information</b>
GENERAL	J2323	Tysabri	NATALIZUMAB	Auth required for all providers
GENERAL	J2325	Natrecor	NESIRITIDE	Auth required for all providers

GENERAL	J2353	Sandostatin LAR	OCTREOTIDE ACETATE	Auth required for all providers
GENERAL	J2354	Sandostatin	OCTREOTIDE ACETATE	Auth required for all providers
GENERAL	J2355	Neumega	OPRELVEKIN	Auth required for all providers
GENERAL	J2357	Xolair	OMALIZUMAB	Auth required for all providers
GENERAL	J2358	Zyprexa Relprevv	OLANZAPINE LONG ACTING	Auth required for all providers
GENERAL	J2425	Keprivance	PALIFERMIN	Auth required for all providers
GENERAL	J2426	Invega Sustenna	PALIPERIDONE PALMITATE	Auth required for all providers
GENERAL	J2503	Macugen	PEGAPTANIB SODIUM (PEGAPTANIB OCTASODIUM)	Auth required for all providers
GENERAL	J2504	Adagen	PEGADEMASE BOVINE	Auth required for all providers
GENERAL	J2505	Neulasta	PEGFILGRASTIM	Auth required for all providers
GENERAL	J2507	Krystexxa	PEGLOTICASE	Auth required for all providers
GENERAL	J2562	Mozobil	PLERIXAFOR	Auth required for all providers
GENERAL	J2724	Ceprotrin	HUMAN PROTEIN C	Auth required for all providers
GENERAL	J2778	Lucentis	RANIBIZUMAB	Auth required for all providers
<b>Updated PA Requirement (PL Codes)</b>				
	<b>HCPCS Code</b>	<b>Trade Name (if applicable)</b>	<b>HCPCS Description</b>	<b>Additional Information</b>
GENERAL	J2783	Elitek	RASBURICASE	Auth required for all providers
GENERAL	J2791	HypRho SD	RHO (D) IMMUNE GLOBULIN	Auth required for all providers
GENERAL	J2792	WINRho SDF	RHO (D) IMMUNE GLOBULIN	Auth required for all providers

GENERAL	J2793	Arcalyst	RILONACEPT	Auth required for all providers
GENERAL	J2794	Risperdal Consta	RISPERIDONE	Auth required for all providers
GENERAL	J2796	Nplate	ROMIPLOSTIM	Auth required for all providers
GENERAL	J2820	Leukine	SARGRAMOSTIM	Auth required for all providers
GENERAL	J2941	Humatrope; Genotropin Nutropin; Biotropin; Genotropin; Genotropin Miniquick; Norditropin; Nutropin; Nutropin AQ; Saizen; Saizen Somatropin RDNA; Serostim, Serostim RFNA; Zorbitive; Tev- Tropin (preferred)	SOMATROPIN	Auth required for all providers
GENERAL	J3095	Vibativ	TELEVANCIN	Auth required for all providers
GENERAL	J3110	Forteo	TERIPARATIDE	Auth required for all providers
<b>Updated PA Requirement (PL Codes)</b>				
	<b>HCPCS Code</b>	<b>Trade Name (if applicable)</b>	<b>HCPCS Description</b>	<b>Additional Information</b>
GENERAL	J3240	Thyrogen	THYROTROPIN ALFA	Auth required for all providers
GENERAL	J3262	Actemra	TOCILIZUMAB	Auth required for all providers
GENERAL	J3285	Remodulin	TREPROSTINIL SODIUM	Auth required for all providers



<b>GENERAL</b>	J3315	Trelstar Depot; Trelstar Depot Plus; Debioclip Kit; Trelstar LA	TRIPTORELIN PAMOATE	Auth required for all providers
<b>GENERAL</b>	J3357	Stelara	USTEKINUMAB	Auth required for all providers
<b>GENERAL</b>	J3385	Vpriv	VELAGLUCERASE ALFA	Auth required for all providers
<b>GENERAL</b>	J3396	Visudyne	VERTEPORFIN	Auth required for all providers
<b>GENERAL</b>	J3489	Zometa; Reclast	ZOLEDRONIC ACID	Auth required for all providers
<b>MISC</b>	J3490	MISC	MISC CODES	Auth required for all providers
<b>MISC</b>	J3590	MISC	MISC CODES	Auth required for all providers
<b>HEMOPHILIA</b>	J7180	Corifact	FACTOR XIII ANTI HEM FACTOR	Auth required for all providers
<b>HEMOPHILIA</b>	J7183	Wilate	WILATE INJECTION	Auth required for all providers
<b>HEMOPHILIA</b>	J7185	Xyntha	ANTIHEMOPHILIC FACTOR (RECOMB) PAF	Auth required for all providers
<b>HEMOPHILIA</b>	J7186	Alphanate	ANTIHEMOPHILIC FACTOR/VWF CMPLX (HUMAN)	Auth required for all providers
<b>HEMOPHILIA</b>	J7187	Humate P	ANTIHEMOPHILIC FACTOR/VWF CMPLX (HUMAN)	Auth required for all providers
<b>Updated PA Requirement (PL Codes)</b>	<b>HCPCS Code</b>	<b>Trade Name (if applicable)</b>	<b>HCPCS Description</b>	<b>Additional Information</b>
<b>HEMOPHILIA</b>	J7189	NovoSeven RT	FACTOR VIIA COAGULANT, RECOMB(BHK CELLS)	Auth required for all providers
<b>HEMOPHILIA</b>	J7190	Koate DVI; Monarc M; Monoclate P	ANTIHEMOPHILIC FACTOR	Auth required for all providers

HEMOPHILIA	J7192	Recombinate; Kogenate FS; Hexlixate FX; Advate rAHF PFM; Antihemophilic Factor Human Method M Monoclonal Purified; Refacto	ANTIHEMOPHILIC FACTOR RAHF PFM	Auth required for all providers
HEMOPHILIA	J7193	AlphaNine SD ; Mononine	COAGULATION FACTOR IX	Auth required for all providers
HEMOPHILIA	J7194	Konyne 80; Profilnine SD; Proplex T; Bebulin VH; factor IX+ complex	FACTOR IX	Auth required for all providers
HEMOPHILIA	J7195	Benefix	COAGULATION FACTOR IX, RECOMBINANT	Auth required for all providers
GENERAL	J7196	Atryn	ANTITHROMBIN RECOMBINANT	Auth required for all providers
HEMOPHILIA	J7197	Thrombate III; Atnativ	Antithrombin III (human), per IU	Auth required for all providers
HEMOPHILIA	J7198	Autoplex T; Feiba VH AICC	ANTI INHIBITOR COAGULANT COMPLEX	Auth required for all providers
HEMOPHILIA	J7199	MISC	Hemophilia clotting factor, not otherwise classified	Auth required for all providers
<b>Updated PA Requirement (PL Codes)</b>				
	<b>HCPCS Code</b>	<b>Trade Name (if applicable)</b>	<b>HCPCS Description</b>	<b>Additional Information</b>
GENERAL	J7310	Vitrasert	GANCICLOVIR	Auth required for all providers
GENERAL	J7312	Ozurdex	DEXAMETHASONE INTRA IMPLANT	Auth required for all providers
GENERAL	J7321	Hyalgan; Supartz	SODIUM HYALURONATE	Auth required for all providers
GENERAL	J7323	Euflexxa	SODIUM HYALURONATE	Auth required for all providers

GENERAL	J7324	Orthovisc	HYALURONAN	Auth required for all providers
GENERAL	J7325	Synvisc; Synvisc One	HYLAN	Auth required for all providers
GENERAL	J7326	Gel One	CROSS-LINKED HYALURONATE GEL	Auth required for all providers
GENERAL	J7504	Atgam	ANTI THYMOCYTE GLOBULIN (EQUINE)	Auth required for all providers
GENERAL	J7511	Thymoglobulin	ANTI THYMOCYTE GLOBULIN (RABBIT)	Auth required for all providers
GENERAL	J7513	Zenapax	DACLIZUMAB	Auth required for all providers
GENERAL	J7516	Neoral; Sandimmune; Gengraf; Sangcya	CYCLOSPORINE	Auth required for all providers
GENERAL	J7517	Cellcept	MYCOPHENOLATE MOFETIL	Auth required for all providers
GENERAL	J7518	Myfortic	MYCOPHENOLATE SODIUM	Auth required for all providers
GENERAL	J7525	Prograf	TACROLIMUS	Auth required for all providers
GENERAL	J7599	MISC	Immunosuppressive drug, not otherwise classified	Auth required for all providers
GENERAL	J7639	Pulmozyme	DORNASE ALFA	Auth required for all providers
Updated PA Requirement (PL Codes)				
	HCPCS Code	Trade Name (if applicable)	HCPCS Description	Additional Information
GENERAL	J7682	Tobi	TOBRAMYCIN	Auth required for all providers
GENERAL	J7686	Tyvaso	TREPROSTINIL	Auth required for all providers
MISC	J8499	MISC	MISC CODES	Auth required for all providers
GENERAL	J8510	Myleran	BUSULFAN	Auth required for all providers

GENERAL	J8520	Xeloda	CAPECITABINE, ORAL (per 150mg)	Auth required for all providers
GENERAL	J8521	Xeloda	CAPECITABINE, ORAL (per 500mg)	Auth required for all providers
GENERAL	J8530	Cytosan (Oral)	CYCLOPHOSPHAMIDE	Auth required for all providers
GENERAL	J7527	Zortress	EVEROLIMUS	Auth required for all providers
GENERAL	J8562	Oforta	FLUDARABINE PHOSPHATE	Auth required for all providers
GENERAL	J8565	Iressa	GEFITINIB	Auth required for all providers
GENERAL	J8600	Alkeran	MELPHALAN	Auth required for all providers
GENERAL	J8700	Temodar	TEMOZOLOMIDE (per 5mg)	Auth required for all providers
GENERAL	J8705	Hycamtin	TOPOTECAN HYDROCHLORIDE	Auth required for all providers
MISC	J8999	MISC	oral, chemotherapeutic, Not Otherwise Specified	Auth required for all providers
HEM/ONC	J9000	Adriamycin PFS; Adriamycin RDF; Rubex	DOXORUBICIN HYDROCHLORIDE	Auth required for all providers except hospital, hematology, or oncology providers.
<b>Updated PA Requirement (PL Codes)</b>				
	<b>HCPCS Code</b>	<b>Trade Name (if applicable)</b>	<b>HCPCS Description</b>	<b>Additional Information</b>
HEM/ONC	J9010	Campath	ALEMTUZUMAB	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9015	Proleukin; IL 2; Interleukin	ALDESLEUKIN	Auth required for all providers except hospital, hematology, or oncology providers.

HEM/ONC	J9017	Trisenox	ARSENIC TRIOXIDE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9020	Elspar	ASPARAGINASE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9025	Vidaza	AZACITIDINE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9027	Clolar	CLOFARABINE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9031	TheraCys, Tice BCG; PACIS BCG	BCG VACCINE	Auth required for all providers except hospital, hematology, or oncology providers.
Updated PA Requirement (PL Codes)				
Updated PA Requirement (PL Codes)	HCPCS Code	Trade Name (if applicable)	HCPCS Description	Additional Information
HEM/ONC	J9033	Treanda	BENDAMUSTINE HYDROCHLORIDE	Auth required for all providers except hospital, hematology, or oncology providers.
GENERAL	C9257	Avastin (Intraocular)	BEVACIZUMAB (per 0.25mg)	Auth required for all providers except for OPHTHALMOLOGISTS
HEM/ONC	J9040	Blenoxane	BLEOMYCIN SULFATE	Auth required for all providers except hospital, hematology, or

				oncology providers.
HEM/ONC	J9041	Velcade	BORTEZOMIB	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9043	Jevtana	CABAZITAXEL	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9045	Paraplatin	CARBOPLATIN	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9050	BICNU	CARMUSTINE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9055	Erbix	CETUXIMAB	Auth required for all providers except hospital, hematology, or oncology providers.
Updated PA Requirement (PL Codes)	HCPCS Code	Trade Name (if applicable)	HCPCS Description	Additional Information
HEM/ONC	J9060	Plantinol AQ	CISPLATIN	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9065	Leustatin	CLADRIBINE	Auth required for all providers except hospital, hematology, or oncology providers.

HEM/ONC	J9070	Endoxan Asta/ Cytoxan Injectable	CYCLOPHOSPHAMIDE	Auth required for all providers except hospital, hematology, neurology, oncology or rheumatology providers.
HEM/ONC	J9098	Depocyt	CYTARABINE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9100	Cytosar U; Ara C; Tarabin CFS	CYTARABINE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9120	Cosmegen	DACTINOMYCIN	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9130	Dtic Dome	DACARBAZINE	Auth required for all providers except hospital, hematology, or oncology providers.
<b>Updated PA Requirement (PL Codes)</b>				
	<b>HCPCS Code</b>	<b>Trade Name (if applicable)</b>	<b>HCPCS Description</b>	<b>Additional Information</b>
HEM/ONC	J9150	Cerubidine	DAUNORUBICIN HYDROCHLORIDE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9151	Daunoxone	DAUNORUBICIN CITRATE	Auth required for all providers except hospital, hematology, or oncology providers.
GENERAL	J9155	Degarelix	DEGARELIX ACETATE	Auth required for all providers

HEM/ONC	J9160	Ontak	DENILEUKIN DIFTITOX	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9171	Taxotere	DOCETAXEL	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9175	Elliott's B Solution 1ml	CALCIUM CHLORIDE DIHYDRATE; DEXTROSE (ANHYDROUS); MAGNESIUM SULFATE, HEPTAHYDRATE; POTASSIUM CHLORIDE; SODIUM BICARBONATE; SODIUM CHLORIDE; SODIUM PHOSPHATE, DIBASIC	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9178	Ellence	EPIRUBICIN HCL	Auth required for all providers except hospital, hematology, or oncology providers.
Updated PA Requirement (PL Codes)	HCPCS Code	Trade Name (if applicable)	HCPCS Description	Additional Information
HEM/ONC	J9179	Halaven	ERIBULIN MESYLATE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9181	VePesid; Toposar	ETOPOSIDE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9185	Fludara	FLUDARABINE PHOSPHATE	Auth required for all providers except hospital, hematology, or



				oncology providers.
HEM/ONC	J9190	Adrucil	FLUOROURACIL	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9200	FUDR	FLOXURIDINE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9201	Gemzar	GEMCITABINE HCL	Auth required for all providers except hospital, hematology, or oncology providers.
GENERAL	J9202	Zoladex	GOSERELIN ACETATE	Auth required for all providers
HEM/ONC	J9206	Camptosar	IRINOTECAN HYDROCHLORIDE	Auth required for all providers except hospital, hematology, or oncology providers.
Updated PA Requirement (PL Codes)				
Updated PA Requirement (PL Codes)	HCPCS Code	Trade Name (if applicable)	HCPCS Description	Additional Information
HEM/ONC	J9207	Ixempra	IXABEPILONE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9208	Ifex; Mitoxana	IFOSFAMIDE	Auth required for all providers except hospital, hematology, or oncology providers.

HEM/ONC	J9209	Mesnex	MESNA	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9211	Idamycin	IDARUBICIN HCL	Auth required for all providers except hospital, hematology, or oncology providers.
GENERAL	J9212	Infergen	INTERFERON ALFACON 1	Auth required for all providers
GENERAL	J9214	Intron A; Rebetron Kit	INTERFERON ALFA 2B	Auth required for all providers
GENERAL	J9215	Alferon N	INTERFERON ALFA n3	Auth required for all providers
GENERAL	J9216	Actimmune	INTERFERON GAMMA 1B	Auth required for all providers
GENERAL	J9217	Lupron Depot; Eligard	LEUPROLIDE ACETATE	Auth required for all providers
GENERAL	J9218	Lupron	LEUPROLIDE ACETATE	Auth required for all providers
GENERAL	J9225	Vantas Implant Kit	HISTRELIN ACETATE	Auth required for all providers
GENERAL	J9226	Supprelin LA	HISTRELIN ACETATE	Auth required for all providers
<b>Updated PA Requirement (PL Codes)</b>				
	<b>HCPCS Code</b>	<b>Trade Name (if applicable)</b>	<b>HCPCS Description</b>	<b>Additional Information</b>
HEM/ONC	J9228	Yervoy	IPILIMUMAB	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9230	Mustargen	MECHLORETHAMINE HYDROCHLORIDE	Auth required for all providers except hospital, hematology, or oncology providers.

HEM/ONC	J9245	Alkeran; L phenylalanine mustard	MELPHALAN	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9261	Arranon	NELARABINE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9263	Eloxatin	OXALIPLATIN	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9264	Abraxane	PACLITAXEL: ALBUMIN-BOUND (HUMAN)	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9265	Taxol; Nov Onxol	PACLITAXEL	Auth required for all providers except hospital, hematology, or oncology providers.
Updated PA Requirement (PL Codes)	HCPCS Code	Trade Name (if applicable)	HCPCS Description	Additional Information
HEM/ONC	J9266	Oncaspar	PEGASPARGASE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9268	Nipent	PENTOSTATIN	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9280	Mutamycin	MITOMYCIN C	Auth required for all providers except hospital, hematology, or

				oncology providers.
HEM/ONC	J9293	Novantrone	MITOXANTRONE HYDROCHLORIDE	Auth required for all providers except hematology or oncology providers.
HEM/ONC	J9300	Mylotarg	GEMTUZUMAB OZOGAMICIN	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9302	Arzerra	OFATUMUMAB	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9303	Vectibix	PANITUMUMAB	Auth required for all providers except hospital, hematology, or oncology providers.
Updated PA Requirement (PL Codes)	HCPCS Code	Trade Name (if applicable)	HCPCS Description	Additional Information
HEM/ONC	J9305	Alimta	PEMETREXED DISODIUM	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9307	Folotyn	PRALATREXATE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9310	Rituxan	RITUXIMAB	Auth required for all providers except hematology or oncology providers.

HEM/ONC	J9315	Istodax	ROMIDEPSIN	Auth required for all providers except hematology or oncology providers.
HEM/ONC	J9320	Zanosar	STREPTOZOCIN	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9328	Temodar	TEMOZOLOMIDE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9330	Torisel	TEMSIROLIMUS	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9340	Thioplex	THIOTEPA	Auth required for all providers except hospital, hematology, or oncology providers.
Updated PA Requirement (PL Codes)				
Updated PA Requirement (PL Codes)	HCPCS Code	Trade Name (if applicable)	HCPCS Description	Additional Information
HEM/ONC	J9351	Hycamtin	TOPOTECAN	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9355	Herceptin	TRASTUZUMAB	Auth required for all providers
HEM/ONC	J9357	Valstar	VALRUBICIN	Auth required for all providers except hospital, hematology, or oncology providers.

HEM/ONC	J9360	Velban	VINBLASTINE SULFATE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9370	Oncovin; Vincasar PFS	VINCRISTINE SULFATE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9390	Navelbine	VINORELBINE TARTRATE	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9395	Faslodex	FULVESTRANT	Auth required for all providers except hospital, hematology, or oncology providers.
HEM/ONC	J9600	Photofrin	PORFIMER SODIUM	Auth required for all providers except hospital, hematology, or oncology providers.
Updated PA Requirement (PL Codes)				
Updated PA Requirement (PL Codes)	HCPCS Code	Trade Name (if applicable)	HCPCS Description	Additional Information
MISC	J9999	MISC	MISC CODES	Auth required for all providers
GENERAL	Q0138	Feraheme (non ERSD)	FERUMOXYTOL	Auth required for all providers
GENERAL	Q0139	Feraheme (ERSD)	FERUMOXYTOL	Auth required for all providers
HEM/ONC	Q2017	Vumon	TENIPOSIDE	Auth required for all providers except hospital, hematology, or oncology providers.
GENERAL	Q2043	Provenge	SIPULEUCEL-T	Auth required for all providers

GENERAL	Q3025	Afluria	INTERFERON BETA 1A	Auth required for all providers
GENERAL	Q4074	Ventavis	ILOPROST	Auth required for all providers
GENERAL	Q4081	Epogen (for renal dialysis facilities and hospital use)	EPOETIN ALFA	Auth required for all providers
GENERAL	S0088	Gleevac	IMATINIB MESYLATE	Auth required for all providers
GENERAL	S0145	Pegasys	PEGINTERFERON ALFA 2A	Auth required for all providers
GENERAL	S0148	Peg-Intron	PEGINTERFERON ALFA 2B	Auth required for all providers
GENERAL	S0172	Leukeran	CHLORAMBUCIL	Auth required for all providers
GENERAL	S0175	Eulexin	FLUTAMIDE	Auth required for all providers
GENERAL	S0178	Ceenu	LOMUSTINE	Auth required for all providers
GENERAL	S0182	Matulane	PROCARBAZINE HYDROCHLORIDE	Auth required for all providers
<b>Updated PA Requirement (PL Codes)</b>				
	<b>HCPCS Code</b>	<b>Trade Name (if applicable)</b>	<b>HCPCS Description</b>	<b>Additional Information</b>
GENERAL	J0401	Abilify Maintena	ARIPIRAZOLE	Auth required for all providers
GENERAL	J7699	Cayston	AZTREONAM	Auth required for all providers
GENERAL	J0717	Cimzia	CERTOLIZUMAB PEGOL	Auth required for all providers
HEM/ONC	J9019	Erwinaze	ASPARAGINASE	Auth required for all providers except hospital, hematology, or oncology providers.
GENERAL	J0178	Eylea	AFLIBERCEPT	Auth required for all providers
GENERAL	J1439	Injectafer	FERRIC CARBOXYMALTOSE	Auth required for all providers

<b>GENERAL</b>	J9354	Kadcyla	ADO-TRASTUZUMAB EMTANSINE	Auth required for all providers
<b>GENERAL</b>	J9047	Kyprolis	CARFILZOMIB	Auth required for all providers
<b>GENERAL</b>	J9306	Perjeta	PERTUZUMAB	Auth required for all providers
<b>GENERAL</b>	J7336	Qutenza	CAPSAICIN	Auth required for all providers
<b>GENERAL</b>	Q3028	Rebif	INTERFERON BETA-1A	Auth required for all providers
<b>GENERAL</b>	J2212	Relistor	METHYLNALTREXONE BROMIDE	Auth required for all providers
<b>GENERAL</b>	J8499	Revatio	SILDENAFIL CITRATE	Auth required for all providers
<b>GENERAL</b>	J9999	Cyramza	RAMUCIRUMAB	Auth required for all providers
<b>GENERAL</b>	J9400	Zaltrap	ZIV-AFLIBERCEPT	Auth required for all providers