



## Specialty Medications-Prior Authorization

Medication	Code	Approval Process
17 Hydroxy Progesterone	<b>J2675</b>	Requires a prior auth by the RX Dept.
Advate (factor viii)	<b>J1792</b>	Requires a prior auth by the RX Dept.
Aloxi	J2469	EXCLUDED BENEFIT
Aranesp (Darbepoetin)	<b>J0881</b>	Requires a prior auth by the RX Dept.
Boniva injectable	J1740	Requires a prior auth by the UM Dept.
Cimzia	<b>J0718</b>	Requires a prior auth by the RX Dept.
Emend Injection	J1453	Requires a prior auth by the UM Dept.
Enbrel	<b>J1438</b>	Requires a prior auth by the RX Dept.
Humira Pen	<b>J0135</b>	Requires a prior auth by the RX Dept.
Infed Infusion	J1750	Requires a prior auth by the UM Dept.
Invanz IV Infusion	J1335	Requires a prior auth by the UM Dept.
Lucentis	J2778	Requires a prior auth by the UM Dept.
Lupron Injection	<b>J1950</b>	Requires a prior auth by the RX Dept.
Mifepristone	S0190	Requires a prior auth by UM Dept.-Commercial only
Misoprostol	S0191	Requires a prior auth by UM Dept.-Commercial only
Naltrexone Injection	<b>J2315</b>	Requires a prior auth by RX Dept.-Commercial only
Neulasta	J2505	Requires a prior auth by the UM Dept.
Neupogen Injection	<b>J1441, J1440</b>	Requires a prior auth by the RX Dept.
Orencia	<b>J0129</b>	Requires a prior auth by the UM Dept.
Procrit Injection	<b>J0885, J0886</b>	Requires a prior auth by the RX Dept.
Progesterone	S9560	Requires a prior auth by the UM Dept.
Reclast	J3488	Requires a prior auth by the UM Dept.
Remicade Infusion	J1745	Requires a prior auth by the UM Dept.
RhoGAM	J2792	Requires a prior auth by the UM Dept.
Synagis Injectable	<b>J3490, C9003</b>	Requires a prior auth by the RX Dept.
Tygacil	J3243	Requires a prior auth by the UM Dept.
Tysabri	<b>J2323</b>	Requires a prior auth by the RX Dept.
Venofer	J1756	Requires a prior auth by the UM Dept.
Vivaglobin	J1562	Requires a prior auth by the UM Dept.
Xyntha	<b>J7192</b>	Requires a prior auth by the RX Dept.
Zometa	<b>J3487</b>	Requires a prior auth by the RX Dept.

### Pharmacy Prior Authorization

To obtain prior authorization, complete a specialty prior authorization form and fax to Catamaran at 1-888-852-1832 with supporting medical documentation. The form is available on THC's website at [www.thcmi.com](http://www.thcmi.com): Select Providers, scroll down to the Pharmacy-Prior Authorization Forms. THC's specialty medications are provided by CVS/Caremark and will be processed to ship to the member or the provider. If you have any questions, you may reach THC's pharmacy department at 1-313-871-2000, opt. 2 or 1-800-826-2862, opt. 2, Catamaran at 1-877-634-9202 or CVS/Caremark 1-800-753-2777.

### UM Department Prior Authorization

To obtain prior authorization, fax a letter of medical necessity including clinical information with diagnosis and procedures codes to 313-748-1312. If you have any questions, you may reach the UM Department at 313-871-2000 or 1-800-826-2862.