



Prior Authorization

To obtain a medical drug prior authorization, please complete a Total Health Care (THC) medical drug prior authorization form (which is located on THC's website at https://thcmi.com/PDF/providers/PDF/Forms/Medical_Drug_Prior_Auth.pdf) and fax to THC at 313-871-6229 with supporting medical documentation. If you have any questions, you may reach THC's Utilization Management Department at 800-826-2862, extension 3355.

To obtain a specialty pharmacy drug prior authorization, please complete a THC specialty prior authorization form (which is located on THC's website at <https://thcmi.com/PDF/pharmacy/PDF/SpecialtyPharmacyPriorAuthorizationForm.pdf>) and fax to EnvisionRx at 1-877-309-0687 with supporting medical documentation. THC's specialty medications are provided by EnvisionSpecialty Pharmacy 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 800-826-2862, ext. 3300, EnvisionRx at 1-844-222-5584 or EnvisionSpecialty Pharmacy at 1-877-437-9012.

The information contained in this document is provided by THC solely for the convenience of medical providers and members. THC does not warrant or assure accuracy of this information, nor is it intended to be comprehensive in nature.

Coverage limitations

Prior authorization will be required under the following circumstances regardless of whether a medication is listed on this document:

- Cost exceeding \$2,000
- Experimental agents (may be a benefit exclusion)
- Off-label usage (may be a benefit exclusion)
- Products billed under Healthcare Common Procedure Coding System (HCPCS) codes C9399, J3490, J3590, J7999, J8999, or J9999

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
Abraxane	J9264	X		Yes	Breast cancer, non-small cell lung cancer, pancreatic adenocarcinoma	Refer to NCCN Guidelines
Actemra IV	J3262	X		Yes	Rheumatoid Arthritis, Juvenile idiopathic arthritis, Polyarticular juvenile rheumatoid arthritis	T/F TNF blockers with or without DMARDS Weight, CBC with differential, liver function tests, lipid panel, tuberculin skin test results, immunization history, hepatitis B screening
Adakveo		X		Yes	Sickle cell disease (to reduce frequency of vaso-occlusive crises)	Internal criteria available
Adcirca (Tadalafil)			X	Yes	Pulmonary arterial hypertension	Internal criteria available as well as listed in provider portal.
Adrenalin, epinephrine	J0171	X (Medicaid bill Fee-For-Service)		No	Asystole/pulseless arrest, pulseless VT/VF, Hypersensitivity reaction (eg, anaphylaxis)	
Advate (factor viii)	J1792	X (Medicaid bill Fee-For-Service)		Yes	Factor XIII deficiency	Weight, hemoglobin, hematocrit Factor XIII levels
Aldurazyme	J1931	X (Medicaid bill Fee-For-Service)		Yes	Hurler & Hurler-Scheie forms of mucopolysaccharidosis (Type 1)	Weight, disease status α-L iduronidase activity or DNA testing confirming diagnosis
Alimta	J9305	X		Yes	Malignant pleural mesothelioma and Non-small cell lung cancer, nonsquamous	Refer to NCCN Guidelines
Aloxi	J2469	X		Yes	Prevention of chemotherapy-induced and post-operative nausea/vomiting	THC covers Ondansetron and Granisetron.

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
Alphanine	J7193	X (Medicaid bill Fee-For-Service)		Yes	Hemophilia B	Weight, aPTT, blood pressure, heart rate Factor IX levels
Amevive	J0215	X		Yes	Plaque Psoriasis	CD4 count, immunization history, transaminase, body surface area affected, TB test results, previous trial of phototherapy, previous trial with Enbrel and Humira
Anthim		X		No	Inhaled anthrax due to Bacillus anthracis in combination with appropriate antibacterial drugs.	
Aralast	J0256	X		Yes	Alpha 1-antitrypsin deficiency	Weight, pulmonary function tests, COPD diagnosis – emphysema, concomitant COPD treatment, normal CRP Absence of IgA deficiency (anti-IgA antibodies)
Arcalyst	J2793	X (Medicaid bill Fee-For-Service)		Yes	Cryopyrin-Associated Periodic Syndromes	Weight, lipid profile, CBC with differential, C-reactive protein, serum amyloid A, Immunization history, tuberculin skin test 12 years of age or older
Aranesp	J0881 J0882		X	Yes	Anemia associated with chronic kidney disease, chemotherapy or HIV, surgery patients	Anemia is defined as Hemoglobin (Hgb) 10 or below or Hematocrit (Hct) 30 or below. If member currently receiving Procrit therapy, please evaluate for Hgb 12 or below. Must provide current labs. Preferred agent is Retacrit.
Aripiprazole Injection	J0400	X (Medicaid bill Fee-For-Service)		No		
Aripiprazole Maintena	J0401	X (Medicaid bill Fee-		Yes		Internal criteria available as well as listed in provider portal.

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
		For-Service)				
Aripiprazole Lauroxil	J1942	X (Medicaid bill Fee-For-Service)		Yes		Internal criteria available as well as listed in provider portal.
Arranon	J9261	X		Yes	T-cell acute lymphoblastic leukemia/lymphoma	Refer to NCCN Guidelines
Asparaginase	J9020	X		Yes		Refer to NCCN Guidelines
Arzerra	J9302	X		Yes	Chronic lymphoid leukemia, refractory	Weight, CBC with differential, platelets, Hepatitis B screening T/F fludarabine and alemtuzumab. Refer to NCCN Guidelines
Avastin	J9035	X		*	Cervical cancer, colorectal cancer, glioblastoma, non-small cell lung cancer, renal cell cancer, ovarian cancer	<u>Chemotherapy</u> : Requires prior authorization <u>Age-related macular degeneration and diabetic macular edema</u> : Does not require prior authorization.
Avonex	J1826 Q3027		X	Yes	Multiple Sclerosis	Internal criteria available as well as listed in provider portal.
Bavencio	J9023	X		Yes	Merkel Cell Carcinoma, Renal Cell Carcinoma, Urothelial Carcinoma	Refer to NCCN Guidelines
Bacillus Calmette-Guérin (BCG)	J9031	X		No		
Bebulin VH	J7194	X		Yes	Hemophilia B	Weight, aPTT, blood pressure, heart rate Factor IX levels
Bendeka	J9034	X		Yes	Chronic lymphocytic leukemia and Non-Hodgkin lymphomas	Refer to NCCN Guidelines
Benefix	J7195	X (Medicaid bill Fee-		Yes	Hemophilia B	Weight, aPTT, blood pressure, heart rate

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
		For-Service)				
Benlysta IV	J0490	X		Yes	Systemic lupus erythematosus	Weight, serum creatinine, immunization history
Benzotropine	J0515	X (Medicaid bill Fee-For-Service)		No		
Beovu	J0179	X		Yes	Neovascular (wet) age-related macular degeneration	
Berinerit	J0597	X (Medicaid bill Fee-For-Service)		Yes	Hereditary angioedema	Weight, disease history 12 years of age or older Medication history
Betaseron (Extavia)	J1830		X	Yes	Multiple Sclerosis	Internal criteria available as well as listed in provider portal.
BiCNU	J9050	X		Yes	Brain tumors, Hodgkin lymphoma, multiple myeloma, non-Hodgkin lymphoma, Glioblastoma, Glioma	Refer to NCCN Guidelines
Bleomycin	J9040	X		No	Chemotherapy	
Blinicyto	J9039	X		Yes	Acute lymphoblastic leukemia	Refer to NCCN Guidelines
Boniva injectable	J1740	X		Yes	Postmenopausal Osteoporosis	Reclast is Covered Bone mineral density (T score), serum creatinine, calcium, vitamin D, phosphorus, and magnesium levels Concurrent calcium and vitamin D intake Failed trial with oral bisphosphonates
Botox, onabotulinum toxinA	J0585	X	X – Chronic Migraine only	Yes	Achalasia, Anal Fissure, Hyperhidrosis, Movement Disorder (Blepharospasm, Cerebral Palsy, Cervical	Trail / failure of other oral or injectable medications PT/OT as applicable Medication and disease history

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
					Dystonia, Demyelinating CNS disorders, Dysphonia, Facial Nerve Disorders, Lower Limb Spasticity), Pelvic Foot Disorder, Sialorrhea, Urinary Incontinence	Antibody testing, lab results, Neurological test results, pain assessment
Bridion		X		No	IV: neuromuscular blockade reversal agent indicated for the reversal of neuromuscular blockage induced by rocuronium bromide and vecuronium bromide	
Cafcit IV	J0706	X		Yes	Apnea of prematurity	Weight, serum caffeine levels Medication history with theophylline
Camptosar	J9206	X		No	Chemotherapy	
Carboplatin	J9045	X		No	Chemotherapy	
Cefepime	J0692	X		No		
Ceftriaxone	J0696	X		No		
Cerezyme	J1786	X (Medicaid bill Fee-For-Service)		Yes	Gaucher Disease (type 1)	Weight, CBC, Platelets, Hemoglobin & Hematocrit, liver function tests, IgG antibody, acid phosphatase, MRI/CT results of liver and spleen B-glucoocerebrosidase enzyme assay, DNA testing or bone marrow histology confirming diagnosis
Chlorpromazine	J3230	X (Medicaid bill Fee-For-Service)		No		
Cimzia	J0717 J0718		X	Yes	Ankylosing spondylitis, crohn disease, psoriatic arthritis, rheumatoid arthritis	Internal criteria available as well as listed in provider portal.
Cinryze	J0598	X		Yes	Hereditary angioedema, prophylaxis	Weight, disease history 9 years of age or older

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
		(Medicaid bill Fee-For-Service)				Medication history
Cinvanti	J0185	X		Yes	Prevention of chemotherapy-induced nausea and vomiting	THC covers Ondansetron and Granisetron.
Cisplatin	J9060	X		No	Chemotherapy	
Cladribine	J9065	X		Yes	Hairy cell leukemia, multiple sclerosis	Refer to NCCN Guidelines Internal criteria available as well as listed in provider portal.
Clolar	J9027	X		Yes	Acute lymphoblastic leukemia,	Refer to NCCN Guidelines
Copaxone	J1595		X	Yes	Multiple Sclerosis	Internal criteria available as well as listed in provider portal.
Corvert	J1742	X		No	Atrial arrhythmia	Weight, arrhythmia onset Anticoagulation if 3 or more day duration
Cyclophosphamide	J9070	X		No	Chemotherapy	
Cytarabine	J9100	X		No	Chemotherapy	
Cyramza	J9308	X		Yes	Colorectal cancer, gastric cancer, hepatocellular carcinoma, non-small cell lung cancer	Refer to NCCN Guidelines
Dacarbazine	J9130	X		No	Hodgkin lymphoma, Melanoma	Refer to NCCN Guidelines
Dactinomycin	J9120	X		Yes	Ewing Sarcoma, Gestational Trophoblastic Neoplasm, Regional Perfusion in Solid Tumors	Refer to NCCN Guidelines
Daptomycin	J0878	X		Yes		Internal criteria available
Daunorubicin	J9150, J9151	X		Yes	Acute nonlymphocytic leukemia (myelogenous,	Refer to NCCN Guidelines

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		Medical	Specialty Pharmacy			
					monocytic, erythroid) and Acute lymphocytic leukemia	
Darzalex	J9145	X		Yes	Multiple Myeloma	Refer to NCCN Guidelines
Decadron	J1100	X		No	Corticosteroid	
Diazepam	J3360	X (Medicaid bill Fee-For-Service)		No		
Docetaxel	J9171	X		No	Chemotherapy	
Depo-Provera	J0150		X	No	Abnormal uterine bleeding Endometriosis Endometrial hyperplasia Secondary physiologic amenorrhea	Covered via Pharmacy with Rx
Diethylstilbestrol (DES)	J9165	X		Yes		Internal criteria available as well as listed in provider portal.
Diphenhydramine	J1200	X (Medicaid bill Fee-For-Service)		No		
Doxil	Q2050	X		Yes	AIDS-related Kaposi sarcoma, Multiple myeloma, and Ovarian cancer, advanced	Refer to NCCN Guidelines
Doxorubicin	J9000	X		No	Chemotherapy	
Dysport	J0586	X		Yes	Cervical dystonia, glabellar lines and upper limb spasticity	Internal criteria available as well as listed in provider portal.
Elaprase	J1743	X (Medicaid bill Fee-		Yes	Hunter Syndrome (Mucopolysaccharidosis II)	Weight, Enzyme assay demonstrating a deficiency of iduronaet 2-sulfase activity or DNA testing

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
		For-Service)				
Eligard		J9217 (IM)	J1950 (SC)	Yes	Prostate Cancer	Refer to NCCN Guidelines
Elliot's B	J9175	X		Yes		Internal criteria available as well as listed in provider portal.
Emend Injection	J1453	X		Yes	Prevention of chemotherapy-induced and post-operative nausea/vomiting	THC covers Ondansetron and Granisetron.
Empliciti	J9176	X		Yes	Multiple Myeloma	Refer to NCCN Guidelines
Enbrel	J1438		X	Yes	Ankylosing spondylitis, psoriatic arthritis, rheumatoid arthritis, plaque psoriasis	Internal criteria available as well as listed in provider portal.
Epirubicin	J9178	X		No	Chemotherapy	
Erbitux	J9055	X		Yes	Colorectal cancer, metastatic, KRAS wild-type (without mutation) and Head and neck cancer (squamous cell)	Refer to NCCN Guidelines
Erwinaze	J9019	X		Yes	Acute lymphoblastic leukemia	Refer to NCCN Guidelines
Etoposide	J9181	X		No	Chemotherapy	
Euflexxa	J7323	X		No		Covered for osteoarthritis of the knee
Evenity	J3111	X		Yes	Osteoporosis	Internal criteria available.
Exondys 51	J1428	X (Medicaid bill Fee-For-Service)		X	Duchenne muscular dystrophy	Excluded Benefit – Exondys 51 is considered investigational for all conditions, including Duchenne muscular dystrophy that is amenable to exon 51 skipping, and is therefore not covered.
Extavia	J1830		X	Yes	Multiple Sclerosis	Internal criteria available as well as listed in provider portal.
Eylea	J0178	X		Yes	Wet Age Related Macular Degeneration Central Retinal Vein Occlusion	Baseline visual acuity T/F Avastin

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
					Diabetic Macular Edema	Internal criteria available as well as listed in provider portal.
Fabrazyme	J0180	X (Medicaid bill Fee-For-Service)		Yes	Fabry Disease (over age 7)	Enzyme assay demonstrating deficiency of alpha-galactosidase activity OR DNA testing Weight IgG, IgE, SCr, BUN
Fasenra	J0517		X	Yes	Sub-Q: interleukin-5 (IL-5) antagonist monoclonal antibody indicated for the treatment of severe asthma	Internal criteria available
Faslodex	J9395	X		Yes	Breast cancer, advanced or metastatic	Internal criteria available
Feiba VH	J7198	X (Medicaid bill Fee-For-Service)		Yes	Hemophilia	Weight, fibrinogen, platelets, thrombin time, Blood pressure, heart rate, hemoglobin, hematocrit
Feraheme	Q0138 Q0139	X		Yes	Iron-deficient anemia, iron replacement, cancer/chemotherapy associated anemia	THC covers Infed, Venofer, and Ferrlecit.
Ferrlecit	J2916	X		No	Iron-deficient anemia, iron replacement, cancer/chemotherapy associated anemia	Covered within FDA approved guidelines for diagnosis and quantity.
Firmagon	J9155		X	Yes	Prostate cancer	Refer to NCCN Guidelines
Flolan	J1325	X		Yes	Pulmonary Arterial Hypertension	Weight, blood pressure, heart rate. 6 minute walk test baseline Trial/failure of oral calcium channel blocker, conventional oral therapy WHO Group 1, HYHA Class III or IV
Floxuridine	J9200	X		No	Chemotherapy	

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
Fluorouracil	J9190	X		No	Chemotherapy	
Fluphenazine	J2680	X (Medicaid bill Fee-For-Service)		Yes		
Fulphila	Q5108	X		Yes	Prevention of chemotherapy-induced neutropenia, hematopoietic radiation injury syndrome (acute)	Preferred agents are Granix and Nivestym (bioequivalents to Neupogen).
Gamifant	J9210		X	Yes		<p>Must be diagnosed with primary hemophagocytic lymphohistiocytosis (HLH) and have the diagnosis confirmed by one of the following:</p> <ol style="list-style-type: none"> a. Genetic testing b. Family History c. Greater than or equal to 5 out of 8 HLH-2004 diagnostic criteria: <ol style="list-style-type: none"> i. Fever ii. Splenomegaly iii. Bicytopenia iv. Hypertriglyceridemia and/or hypofibrinogenemia v. Hemophagocytosis vi. Low/absent NK-cell-activity vii. Hyperferritinemia viii. High soluble interleukin-2-receptor cells 2. Must be prescribed by a hematology/oncology specialist 3. Must have evidence of active disease 4. Must have relapsed on other standard treatments (such as an etoposide regimen) 5. Must have infection or treatment-related toxicity ruled out

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		Medical	Specialty Pharmacy			
Gazyva	J9301	X		Yes	Chronic lymphocytic leukemia, Follicular lymphoma	Refer to NCCN Guidelines
Gel-One	J7326	X		No		Covered for osteoarthritis of the knee
Gemcitabine	J9201	X		No	Chemotherapy	
Gentamicin	J1580	X		No		
Givlaari			X	Yes	Acute hepatic porphyria	Internal criteria available.
Glassia	J0257	X		Yes	Alpha 1-antitrypsin deficiency	Weight, pulmonary function tests, COPD diagnosis – emphysema, concomitant COPD treatment, normal CRP Absence of IgA deficiency (anti-IgA antibodies)
Gleevec	S0088		X (Medicaid bill Fee-For-Service)	Yes		Refer to NCCN Guidelines
Granisetron	J1626	X		No	Prevention of chemotherapy-induced and post-operative nausea/vomiting	
Granix Injection	J1447	X	X	*	Myelosuppressive chemotherapy recipients with nonmyeloid malignancies, Acute myeloid leukemia (AML) following induction or consolidation chemotherapy, Bone marrow transplantation, Hematopoietic radiation injury syndrome, acute, Peripheral blood progenitor cell collection and therapy, Severe chronic neutropenia.	(bioequivalent to Neupogen) Does not require prior authorization if billed via the Medical Benefit. Prior authorization required if processed via the Specialty Pharmacy benefit (internal criteria available)
Halaven	J9179	X		Yes	Breast Cancer and Liposarcoma	Refer to NCCN Guidelines

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
Haloperidol	J1630	X (Medicaid bill Fee-For-Service)		No		
Haloperidol Decanoate	J1631	X (Medicaid bill Fee-For-Service)		No		
Helixate FS	J7192	X (Medicaid bill Fee-For-Service)		Yes	Hemophilia A Factor VIII deficiency	Weight, hemoglobin, hematocrit, heart rate, blood pressure Factor VIII levels
Hemophilia Factor	J7199	X (Medicaid bill Fee-For-Service)		Yes	Hemophilia	Clinical documentation per diagnosis NDC and number of units
Herceptin	J9355	X		Yes	Breast Cancer, HER2+ (adjuvant treatment)	Refer to NCCN Guidelines . Internal criteria available as well as listed in provider portal. *Must have documented failure or inability to utilize therapy with biosimilar (ex. Kanjinti) when clinically appropriate (see entry for Kanjinti)*
Humate P	J7187	X (Medicaid bill Fee-For-Service)		Yes	Hemophilia A Von Willebrand disorder	Weight, hemoglobin, hematocrit, heart rate, blood pressure Von Willebrand Factor activity, Factor VIII levels
Humira Pen	J0135		X	Yes	Ankylosing spondylitis, crohn disease, hidradenitis suppurativa, plaque psoriasis,	Internal criteria available as well as listed in provider portal.

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
					psoriatic arthritis, rheumatoid arthritis, ulcerative colitis	
Idamycin	J9211	X		No	Chemotherapy	
Ifosfamide	J9208	X		No	Chemotherapy	
Imfinzi	J9173	X		Yes	Non-small cell lung cancer (stage III), unresectable and Urothelial carcinoma, locally advanced or metastatic	Refer to NCCN Guidelines .
Imlygic	J9325	X		No	Chemotherapy	
Infed infusion	J1750	X		No	Iron-deficient anemia, iron replacement, cancer/chemotherapy associated anemia	Covered within FDA approved guidelines for diagnosis and quantity.
Inflectra	Q5103	X		Yes	Ankylosing spondylitis, Psoriatic arthritis, Rheumatoid arthritis, Plaque psoriasis, Crohn's disease, Ulcerative colitis	Weight, tuberculin skin test results, Hepatitis B screening Trial / failure with first line agents, depending on diagnosis: Psoriatic Arthritis & Ankylosing Spondylitis: t/f NSAIDs and DMARDs Rheumatoid Arthritis: t/f two DMARDs, including methotrexate Plaque Psoriasis: t/f phototherapy and systemic therapy Crohn's: t/f 2 conventional therapies Ulcerative Colitis: t/f 1 conventional therapy
Injectafer	J1439	X		Yes	Iron-deficient anemia, iron replacement,	THC covers Infed, Venofer, and Ferrlecit.

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
					cancer/chemotherapy associated anemia	
Invanz	J1335	X		Yes	Complicated intra-abdominal infections Complicated skin and skin structure infections, including diabetic foot infections without osteomyelitis Community-acquired pneumonia Complicated urinary tract infections including pyelonephritis Acute pelvic infections including postpartum endomyometritis, septic abortion and post-surgical gynecologic infections Prophylaxis of surgical site infection following elective colorectal surgery	Documentation of appropriate diagnosis Culture and sensitivities showing effectiveness of requested medication
Invega Sustenna	J2426	X (Medicaid bill Fee-For-Service)		Yes	Schizophrenia	H/O non-adherence with oral antipsychotics, H/O violent behavior, T/F at least two oral antipsychotics, plus oral paliperidone (Invega)
IV Immune Globulin - IVIG (various brands)	J1459, J1460, J1557, J1559, J1560, J1561, J1566, J1568,	X		Yes	Bacterial infection prophylaxis, Hepatitis A prophylaxis, Idiopathic Thrombocytopenic Purpura (ITP), Inflammatory demyelinating polyradiculoneuropathy, Kawasaki disease, Measles /	Weight, serum creatinine/BUN, hemoglobin, hematocrit, platelets, blood viscosity, anti-neutrophil antibodies, immunization history Absence of risk factors for acute renal failure and IgA deficiency

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
	J1569, J1572, J1599				Rubella post exposure prophylaxis, Motor neuropathy with multiple conduction block, Primary immune deficiency disorder **FDA approved indications vary by brand name**	
Istodax	J9315	X		Yes	Cutaneous T-cell lymphoma, Peripheral T-cell lymphoma	Refer to NCCN Guidelines .
Jevtana	J9043	X		Yes	Prostate Cancer	Refer to NCCN Guidelines .
Kadcyla	J9354	X		Yes	Breast cancer, early, HER2+, adjuvant therapy for residual disease and Breast cancer, metastatic, HER2+	Refer to NCCN Guidelines .
Kalbitor	J1290	X (Medicaid bill Fee-For-Service)		Yes	Hereditary angioedema	16 years of age or above Weight, disease history Medication history
Kanjinti	Q5117	X		Yes		Refer to NCCN Guidelines . Internal criteria available as well as listed in provider portal. Note: Approved in combination with Taxol but not in combination with Perjeta
Kenalog	J3301	X		No	Dermatoses (steroid-responsive), Gout, acute flares (alternative agent), Inflammatory/allergic conditions/other steroid-responsive systemic conditions, Multiple sclerosis (acute exacerbation), Rheumatic conditions (excluding acute gout flares)	

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		Medical	Specialty Pharmacy			
Ketamine		X		Yes	Anesthesia	Internal criteria available
Keytruda	J9271	X		Yes	Cervical Cancer, Gastric Cancer, Head and Neck Cancer, Hepatocellular Cancer, Hodgkin Lymphoma, Melanoma, Merkel Cell Cancer, Microsatellite Instability-High Cancer, Non-Small Cell Lung Cancer, Primary Mediastinal Large B-Cell Lymphoma, Renal Cell Cancer, and Urothelial Cancer	Refer to NCCN Guidelines . Internal criteria available as well as listed in provider portal.
Koate	J7190	X (Medicaid bill Fee-For-Service)		Yes	Hemophilia A	Weight, hemoglobin, hematocrit, heart rate, blood pressure Factor VIII levels
Kyleena	J7296	X		No	IUD	Initially releases levonorgestrel ~17.5 mcg/day, then rate subsequently decreases; the average release rate over 5 years is levonorgestrel ~9 mcg/day. Do not leave device in place for >5 years.
Kymriah	Q2042	X (Medicaid bill Fee-For-Service)		Yes	Acute lymphoblastic leukemia, Diffuse large B-cell lymphoma	Internal criteria available
Kyprolis	J9047	X		Yes	Multiple Myeloma	Refer to NCCN Guidelines
Lartruvo	J9285	X		Yes		Refer to NCCN Guidelines

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
Leucovorin	J0640	X		No		
Leuprolide	J9219	X		Yes	Prostate cancer, Endometriosis, Uterine leiomyomata	Internal criteria available
Lexiscan	J2785	X		No	Myocardial Perfusion Imaging	IV: 0.4mg over ~ 10 seconds, followed immediately by a 5mL saline flush.
Liletta	J7297	X		No	IUD	Initially releases levonorgestrel 20 mcg/day, then rate subsequently decreases; the average release rate over 6 years is levonorgestrel ~14.3 mcg/day. Do not leave in place for >6 years.
Linezolid (IV)	J2020	X		Yes		Internal criteria available
Lorazepam	J2060	X (Medicaid bill Fee-For-Service)		No		
Lucentis	J2778	X		Yes		Neovascular (wet) Age-Related Macular Degeneration Macular Edema following Retinal Vein Occlusion Diabetic Macular Edema Diabetic Retinopathy Internal criteria available as well as listed in provider portal.
Lumizyme	J0221	X (Medicaid bill Fee-For-Service)		Yes	Pompe Disease	Weight, IgG, IgE, Liver enzymes Lumizyme ACE program
Lupron Injection	J1950		X	Yes	Endometriosis, uterine fibroids, breast cancer (off-label but medically accepted)	Internal criteria available as well as listed in provider portal.

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
Luxturna	J3398	X (Medicaid bill Fee-For-Service)		Yes	Retinal dystrophy	Internal criteria available
Magnesium Sulfate	J3475	X		No		
Marqibo	J9371	X		Yes	Acute lymphoblastic leukemia	Refer to NCCN Guidelines
Melphalan	J9245	X		Yes	Multiple Myeloma, Ovarian Cancer	Refer to NCCN Guidelines
Mesna	J9209	X		No	Prevention of ifosfamide-induced hemorrhagic cystitis	
Methotrexate	J9250, J9260	X		No		
Methylpredni solone	J2920	X		No		
Mifepristone	S0190	X - Medicaid Exclusion			Hyperglycemia in patients with Cushing syndrome (Korlym), Termination of pregnancy (Mifeprex)	
Mirena	J7298	X		No	IUD	Initially releases levonorgestrel 20 mcg/day, then rate subsequently decreases to half of that after 5 years. Do not leave device in place for >5 years.
Misoprostol	S0191	X - Medicaid Exclusion			Hyperglycemia in patients with Cushing syndrome (Korlym), Termination of pregnancy (Mifeprex)	
Mitomycin	J9280	X		No	Chemotherapy	
Mitoxantrone	J9293	X		Yes	Acute myeloid leukemia, Hodgkin lymphoma, Multiple sclerosis, Prostate cancer	Refer to NCCN Guidelines Internal criteria available as well as listed in provider portal.
Mononine	J7193	X - Medicaid		Yes	Hemophilia B	Weight, aPTT, heart rate, blood pressure, Factor IX levels

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
		bill Fee-For-Service				
Monovisc	J7327	X		Yes	Osteoarthritis of the knee	Covered alternatives include Synvisc, Supartz, Synvisc, Orthovisc, and Gel-One
Mvasi	Q5107	X		*	Cervical cancer, colorectal cancer, glioblastoma, non-small cell lung cancer, renal cell cancer	Biosimilar for Avastin <u>Chemotherapy</u> : Requires prior authorization <u>Age-related macular degeneration and diabetic macular edema</u> : Does not require prior authorization.
Myleran	J8510	X		Yes	Palliative treatment of chronic myelogenous leukemia Hematopoietic stem cell transplant conditioning	Weight, BCB with differential, platelet count, LFTs. Refer to NCCN Guidelines
Mylotarg	J9203	X		Yes	Acute Myeloid Leukemia	Refer to NCCN Guidelines
Naltrexone Injection (Vivitrol)	J2315		X - Medicaid bill Fee-For-Service	Yes	Alcohol dependence, opioid dependence	Internal criteria available as well as listed in provider portal.
Neulasta	J2505	X		Yes	Prevention of chemotherapy-induced neutropenia, hematopoietic radiation injury syndrome (acute)	Preferred agents are Granix and Nivestym (bioequivalents to Neupogen), then biosimilar Neulasta (Fulphila/Udenyca).
Neupogen Injection	J1441, J1440		X	Yes	Myelosuppressive chemotherapy recipients with nonmyeloid malignancies, Acute myeloid leukemia (AML) following induction or consolidation chemotherapy, Bone marrow transplantation, Hematopoietic radiation injury syndrome, acute, Peripheral blood progenitor cell	Preferred agents are Granix and Nivestym (bioequivalents to Neupogen).

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
					collection and therapy, Severe chronic neutropenia.	
Nipent	J9268	X		Yes	Acute graft-versus-host disease, steroid-refractory, Chronic graft-versus-host disease, steroid-refractory, Hairy cell leukemia	Refer to NCCN Guidelines Internal criteria available as well as listed in provider portal.
Nivestym	Q5101	X	X	*	Myelosuppressive chemotherapy recipients with nonmyeloid malignancies, Acute myeloid leukemia (AML) following induction or consolidation chemotherapy, Bone marrow transplantation, Hematopoietic radiation injury syndrome, acute, Peripheral blood progenitor cell collection and therapy, Severe chronic neutropenia.	(bioequivalent to Neupogen) Does not require prior authorization if billed via the Medical Benefit. Prior authorization required if processed via the Specialty Pharmacy benefit (internal criteria available)
Novarel	J0725	X		Yes	Cryptorchidism	Serum testosterone levels
Nplate	J2796		X	Yes	Idiopathic chronic immune thrombocytopenic purpura	T/F corticosteroids, immune globulin or splenectomy Weight, CBC with differential and platelet count
Novoseven	J7189	X (Medicaid bill Fee-For-Service)		Yes	Factor VII deficiency Hemophilia	Weight, prothrombin time, aPTT, factor VII levels, hematocrit, hemoglobin
Nubeqa			X	Yes	Prostate cancer, nonmetastatic, castration-resistant	Refer to NCCN Guidelines
Nucala	J2182	X		Yes	Sub-Q: interleukin-5 (IL-5) antagonist monoclonal antibody indicated for the	Internal criteria available

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
					treatment of severe eosinophilic asthma	
Ocrevus	J2350	X		Yes	Multiple sclerosis, relapsing or primary progressive	<p>Ocrevus may be considered medically necessary when all criteria below are met:</p> <p>A. Patient must be diagnosed with a relapsing form of MS (relapsing remitting or secondary progressive) AND</p> <p>a. Diagnosis confirmed by patient’s chart notes/medical records/MRI results</p> <p>b. The diagnosis has been established or confirmed by a multiple sclerosis specialist or neurologist</p> <p>c. Trial and failure* of all of the following:</p> <p>i. An Interferon beta product (Avonex, Rebif or Extavia) OR glatiramer acetate AND</p> <p>ii. An oral agent (Tecfidera, Aubagio, or Gilenya) OR</p> <p>iii. Patient has a very aggressive initial disease course defined by one of the following:</p> <ol style="list-style-type: none"> 1. EDSS score of ≥ 4 within 5 years of onset 2. Multiple (2 or more) relapses with incomplete resolution in the past year 3. At least 2 MRI studies showing new or enlarging T2 lesions or gadolinium-enhancing lesions despite treatment over 6 months 4. The presence of spinal or brainstem lesions on MRI <p>OR</p> <p>B. Patient must be diagnosed with primary progressive MS</p> <p>a. Diagnosis confirmed by patient’s chart notes/medical records/MRI results</p> <p>b. The diagnosis has been established or confirmed by a multiple sclerosis specialist or neurologist</p>

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
						C. Ocrevus may not be used in combination with any other immunosuppressive or disease modifying drugs that treat multiple sclerosis
Olanzapine	S0166	X (Medicaid bill Fee-For-Service)		No		
Oncaspar	J9266	X		Yes	Acute lymphoblastic leukemia	Refer to NCCN Guidelines .
Ondansetron	J2405	X		Yes	Prevention of chemotherapy-induced and post-operative nausea/vomiting	
Onivyde	J9205	X		Yes	Pancreatic adenocarcinoma	Refer to NCCN Guidelines .
Opdivo	J9299	X		Yes		Refer to NCCN Guidelines . Internal criteria available as well as listed in provider portal.
Orencia IV	J0129	X		Yes	Rheumatoid arthritis, Juvenile idiopathic arthritis (JIA)	For RA: Formulary methotrexate, leflunomide, sulfasalazine, hydroxychloroquine, and azathioprine. For JIA: Formulary methotrexate, prednisone, and sulfasalazine.
Orilissa			X	Yes		Preferred alternative is Depo-Provera, then Zoladex (Prior Authorization required)
Orthovisc	J7324	X		No		Covered for osteoarthritis of the knee
Oxaliplatin	J9263	X		No	Chemotherapy	
Paclitaxel	J9267	X		No	Chemotherapy	
Paragard	J7300	X		No	IUD	One intrauterine device (IUD) to be inserted into the uterine cavity; may be inserted at any time during the menstrual cycle as long as it is reasonably certain the woman is not pregnant. A new unit may be inserted immediately after the previous IUD is removed if otherwise appropriate. Do not leave any one system in place for >10 years.

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
Peg-Intron			X (Medicaid bill Fee-For-Service)	Yes	Melanoma, chronic hepatitis C	For Melanoma, refer to NCCN Guidelines
Perjeta	J9306	X		Yes	Breast Cancer, metastatic (HER2+) and Breast Cancer, early HER2+ (adjuvant and neoadjuvant)	Refer to NCCN Guidelines . Internal criteria available as well as listed in provider portal.
Phenobarbital	J2560	X (Medicaid bill Fee-For-Service)		Yes		
Photofrin	J9600	X		Yes	Esophageal cancer or endobronchial non-small cell lung cancer, Barrett esophagus dysplasia	Refer to NCCN Guidelines .
Piqray			X	Yes	Breast cancer, advanced or metastatic (HR-positive, HER2-negative, PIK3CA-mutated)	Refer to NCCN Guidelines .
Polivy		X		Yes	Diffuse large B-cell lymphoma, relapsed or refractory	Refer to NCCN Guidelines .
Portrazza	J9295	X		Yes	Non-small cell lung cancer (squamous)	Refer to NCCN Guidelines .
Praxbind		X		No	IV Antidote; indicated to reverse the anticoagulant effects of Pradaxa in cases of emergency surgery/urgent procedures or life-threatening and/or uncontrolled bleeding	
Pregnyl	J0725	X			Cryptorchidism	Serum testosterone levels

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
Probuphine	J0570	X (Medicaid bill Fee-For-Service)		Yes		Internal criteria available as well as listed in provider portal.
Prochlorperazine	J0780	X (Medicaid bill Fee-For-Service)		No		
Procrit Injection (Epogen)	J0885 J0886 Q4081		X	Yes	Anemia associated with chronic kidney disease, chemotherapy or HIV, surgery patients	Anemia is defined as Hemoglobin (Hgb) 10 or below or Hematocrit (Hct) 30 or below. If member currently receiving Procrit therapy, please evaluate for Hgb 12 or below. Must provide current labs. Preferred drug is Retacrit.
Progesterone	J1725		X	Yes		Progesterone vaginal suppositories are covered
Prograf	J7525	X	X	No	Heart, Liver, Kidney transplant rejection prophylaxis	T/F oral immunosuppressive therapy Concomitant use of azathioprine or mycophenolate mofetil and adrenal corticosteroids for heart or kidney transplant Concomitant use of adrenal corticosteroids for liver transplant Weight, CBC with differential, calcium, magnesium, potassium, LFT, serum creatinine, BUN
Proleukin	J9015	X		Yes	Melanoma and Renal Cell Carcinoma	Refer to NCCN Guidelines
Prolia	J0897		X	Yes	Treatment of androgen deprivation-induced and aromatase inhibitor-induced bone loss in men with prostate cancer, aromatase inhibitor-induced bone loss in women with breast cancer	Alternatives are Fosamax and Actonel. Reclast is also covered.

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
					and osteoporosis in men or postmenopausal women.	
Pulmozyme	J7639	X		Yes	Cystic Fibrosis	Pulmonary function tests (FEV1, FVC) Concomitant use of standard CF therapy (antibiotics, bronchodilators, inhaled corticosteroids) 5 years of age or older
Qutenza	J7335	X		Yes	Postherpetic Neuralgia	T/F with 2 oral agents (gabapentin, tricyclic antidepressants)
Oxzurdex	J7312	X		Yes	Macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO); treatment of noninfective uveitis affecting the posterior segment of the eye; treatment of diabetic macular edema	Internal criteria available.
Radiesse		X		Yes	Facial wrinkles and hand augmentation	
Recarbrio		X		Yes	Intra-abdominal infection, complicated and Urinary tract infection, complicated (including pyelonephritis)	
Reclast	J3488	X		No	Osteoporosis, glucocorticoid-induced, treatment and prevention, paget disease	Covered within FDA approved guidelines for diagnosis and quantity.
Remicade Infusion	J1745	X		Yes	Ankylosing spondylitis, Psoriatic arthritis, Rheumatoid arthritis, Plaque psoriasis, Crohn's disease, Ulcerative colitis	Inflectra/Renflexis Preferred – Weight, tuberculin skin test results, Hepatitis B screening Trial / failure with first line agents, depending on diagnosis: Psoriatic Arthritis & Ankylosing Spondylitis: t/f NSAIDs and DMARDs

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
						Rheumatoid Arthritis: t/f two DMARs, including methotrexate Plaque Psoriasis: t/f phototherapy and systemic therapy Crohn's: t/f 2 conventional therapies Ulcerative Colitis: t/f 1 conventional therapy
Remodulin	J3285	X		Yes	Pulmonary Arterial Hypertension	Weight, blood pressure, heart rate, baseline 6 minute walk test T/F oral calcium channel blockers, oral PAH agents WHO Group 1, NYHA Class II-IV
Renflexis	Q5104	X		Yes	Ankylosing spondylitis, Psoriatic arthritis, Rheumatoid arthritis, Plaque psoriasis, Crohn's disease, Ulcerative colitis	Weight, tuberculin skin test results, Hepatitis B screening Trial / failure with first line agents, depending on diagnosis: Psoriatic Arthritis & Ankylosing Spondylitis: t/f NSAIDs and DMARDs Rheumatoid Arthritis: t/f two DMARs, including methotrexate Plaque Psoriasis: t/f phototherapy and systemic therapy Crohn's: t/f 2 conventional therapies Ulcerative Colitis: t/f 1 conventional therapy
Retacrit	Q5105 Q5106		X	Yes	Anemia associated with chronic kidney disease, chemotherapy or HIV, surgery patients	Anemia is defined as Hemoglobin (Hgb) 10 or below or Hematocrit (Hct) 30 or below. If member currently receiving Procrit therapy, please evaluate for Hgb 12 or below. Must provide current labs
Revlimid			X	Yes	Follicular lymphoma, Mantle cell lymphoma, Marginal zone lymphoma, Multiple myeloma, Myelodysplastic syndrome with deletion 5q	Refer to NCCN Guidelines
Revatio (sildenafil)			X	Yes	Pulmonary arterial hypertension	Internal criteria available as well as listed in provider portal. Excluded for Erectile Dysfunction (Not FDA Indicated)

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
RhoGAM, Rho D immune globulin	J2790, J2791, J2792	X	X	No	Immune thrombocytopenia, Rho(D) suppression	RhoGAM Ultra-Filtered Plus 1,500 unit (300mcg) covered via pharmacy.
Ribasphere (ribavirin)			X (Medicaid bill Fee-For-Service)	Yes	Chronic hepatitis C	Internal criteria available as well as listed in provider portal.
Risperdal Consta	J2794	X - Medicaid bill Fee-For-Service		Yes	Schizophrenia Bipolar I Disorder	H/O non-adherence with oral antipsychotics, H/O violent behavior, T/F at least two oral antipsychotics, plus oral risperidone (Risperdal)
Rituxan	J9311 J9312	X		Yes	Oncologic use Rheumatoid arthritis Wegener's granulomatosis Microscopic polyarteritis nodosa	PaWeight, height, BCB with differential, platelets Hepatitis B screening T/F TNF blockers plus oral DMARD for RA use Refer to NCCN Guidelines Internal criteria available as well as listed in provider portal.
Sandimmune	J7516	X		Yes	Heart, Liver, Kidney transplant rejection prophylaxis	T/F oral immunosuppressive therapy Concomitant use of adrenal corticosteroids Weight, CBC with differential, LFT, serum creatinine, BUN
Sandostatin	J2353		X	Yes	Acromegaly, Carcinoid tumors, VIPomas	Internal criteria available.
Sensipar (cinacalcet)	J0604		X	Yes	Hyperparathyroidism, Parathyroid carcinoma	Internal criteria available as well as listed in provider portal.
Simponi Aria	J1602	X		Yes	Ankylosing spondylitis, psoriatic arthritis, rheumatoid arthritis, ulcerative colitis	Internal criteria available.
Skyla	J7301	X		No	IUD	Initially releases levonorgestrel ~14 mcg/day after 24 days, then rate subsequently decreases; mean release rate over 3 years is levonorgestrel ~6 mcg/day. Do not leave device in place for >3 years.

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
Soliris	J1300	X (Medicaid bill Fee-For-Service)		Yes	Hemolytic uremic syndrome Paroxysmal nocturnal hemoglobinuria (PMH)	Immunization history, CBC with differential, lactic dehydrogenase (LDH), AST, urinalysis, serum creatinine Meningococcal vaccine at least 2 weeks prior to treatment
Solu-Medrol	J2930	X		No		
Somatuline	J1930	X		Yes	Acromegaly	Serum GH, IGF-1, glucose levels, heart rate, gall bladder ultrasonography, TRH tests, CT of pituitary
Stelara	J3357	X (IV)	X (SubQ)	Yes	Plaque Psoriasis Psoriatic Arthritis	Weight, CBC, with differential, tuberculin skin test results, immunization history, body surface area affected T/F NSAIDS and DMARDS for psoriatic arthritis T/F first line therapy and phototherapy for plaque psoriasis
Spinraza	J2326	X (Medicaid bill Fee-For-Service)		Yes	Spinal muscular atrophy	Internal criteria available.
Supartz	J7321	X		No		Covered for osteoarthritis of the knee
Supprelin LA	J9226	X		Yes	Central precocious puberty	
Synagis Injectable	90378		X	Yes	Prevention of RSV	Internal criteria available as well as listed in provider portal.
Synvisc / Synvisc-One	J7325	X		No		Covered for osteoarthritis of the knee
Tarceva (erlotinib)			X (Medicaid bill Fee-For-Service)	Yes		Refer to NCCN Guidelines
Tasigna (nilotinib)			X (Medicaid bill Fee-For-Service)	Yes		Refer to NCCN Guidelines

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
Tecentriq	J9022	X		Yes	Breast Cancer, Non-Small Cell Lung Cancer, Small Cell Lung Cancer, and Urothelial Carcinoma	Refer to NCCN Guidelines
Temodar		J9328 (IV)	J8700 (PO)	Yes	Anaplastic astrocytoma of brain, refractory glioblastoma multiforme of brain, newly diagnosed	Weight, height, CBC with differential, platelets, LFTs T/F nitrosurea and procarbazine for anaplastic astrocytoma. Refer to NCCN Guidelines
Temsirolimus	J9330	X		Yes	Renal Cell cancer	Refer to NCCN Guidelines
Testosterone Cypionate	J1071	X	X	No		
Tepadina	J9340	X		Yes	Adenocarcinoma of the breast or ovary, bladder cancer	Refer to NCCN Guidelines
Thalomid			X	Yes	Erythema nodosum leprosum, acute cutaneous, Erythema nodosum leprosum, maintenance, Multiple Myeloma	Refer to NCCN Guidelines
Topotecan	J9351	X		No	Chemotherapy	
Treana	J9033	X		Yes	Chronic Lymphocytic Leukemia, Non-Hodgkin Lymphoma	Refer to NCCN Guidelines
Trisenox	J9017	X		Yes	Acute promyelocytic leukemia	Refer to NCCN Guidelines
Truxima	Q5115	X		Yes	Oncologic use Rheumatoid arthritis Wegener's granulomatosis Microscopic polyarteritis nodosa	*Biosimilar Rituxan* PaWeight, height, BCB with differential, platelets Hepatitis B screening T/F TNF blockers plus oral DMARD for RA use Refer to NCCN Guidelines Internal criteria available as well as listed in provider portal.
Tygacil	J3243	X		Yes	Pneumonia, community-acquired, Intra-abdominal infections, complicated,	

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
					Skin/skin structure infections, complicated	
Tyvaso	J7686	X		Yes	Pulmonary Arterial Hypertension	Weight, blood pressure, heart rate, baseline 6 minute walk test T/F oral calcium channel blockers, generic oral PAH medications WHO Group 1, NYHA Class III-IV
Tysabri	J2323	X		Yes	Crohn disease, Multiple Sclerosis	MRI, other records indicating relapsing / remitting MS Enrollment in TOUCH program T/F first line MS treatment T/F first line treatment and TNF Inhibitor for Crohn's disease
Udenyca	Q5111	X		Yes	Prevention of chemotherapy-induced neutropenia, hematopoietic radiation injury syndrome (acute)	Preferred agents are Granix and Nivestym (bioequivalents to Neupogen).
Unclassified drugs Unclassified biologics	J3490 J3590 J9999	X			Various	Documentation will be required depending upon diagnosis, NDC and number of units
Valrubicin	J9357	X		Yes	Bladder Cancer	Refer to NCCN Guidelines
Vancomycin IV	J3370	X		No		
Vantas	J9225	X		Yes	Prostate Cancer	Refer to NCCN Guidelines
Vectibix	J9303	X		Yes	Colorectal cancer	Refer to NCCN Guidelines
Velcade	J9041	X (Medicaid bill Fee-For-Service)		Yes	Multiple Myeloma, Mantle cell lymphoma,	Refer to NCCN Guidelines
Venofer	J1756	X		No	Iron-deficient anemia, iron replacement,	Covered within FDA approved guidelines for diagnosis and quantity.

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
					cancer/chemotherapy associated anemia	
Vidaza	J9025	X		Yes	Myelodysplastic syndromes	Refer to NCCN Guidelines
Vimizim	J1322	X (Medicaid bill Fee-For-Service)		Yes	Mucopolysaccharidosis type IVA	Internal criteria available.
Vinblastine	J9360	X		No	Chemotherapy	
Vincristine	J9370	X		No	Chemotherapy	
Vinorelbine	J9390	X		No	NSCLC	
Visudyne	J3324 0596	X		Yes	Subfoveal choroidal neovascularization	Internal criteria available
VPRIV	J3385	X (Medicaid bill Fee-For-Service)		Yes	Non-neuropathic Gaucher disease	Weight, CBC, platelets, hemoglobin, hematocrit, liver function tests, IgG antibody, acid phosphatase, MRI/CT results of liver and spleen
Vyondys 53				X	Duchenne muscular dystrophy	Benefit Exclusion
Wilate	J7187	X (Medicaid bill Fee-For-Service)		Yes	Hemophilia A Von Willebrand disorder	Weight, hemoglobin, hematocrit, heart rate, blood pressure Von Willebrand Factor activity, Factor VIII levels
Xeloda	J8520, J8521		X	Yes		Refer to NCCN Guidelines
Xiaflex	J0775		X	Yes	Dupuytren's contracture and Peyronie's disease	<u>Diagnosis of Dupuytren's contracture</u> a. A finger flexion contracture with a palpable cord of at least one finger (other than the thumb) involving the metocarpophalangeal (MP) joint or the proximal interphalangeal (PIP) joint that is 20 degrees or more

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
						<p>b. Administering physician must be a surgeon who has experience and training in hand surgeries (such as orthopedic surgeon, hand surgeon, general surgeon, plastic surgeon or rheumatologist)</p> <p>c. No more than 2 injections in the same hand during a treatment. Two palpable cords affecting 2 joints may be injected or 1 palpable cord affecting 2 joints in the same finger may be injected at 2 locations during a treatment visit</p> <p>d. Must not have surgery on the primary joint in the past 90 days</p> <p style="text-align: center;"><u>Diagnosis of Peyronie’s disease</u></p> <p>a. Diagnosis must be made in consultation with a urologist</p> <p>b. Symptoms have persisted 12 months or greater</p> <p>c. Palpable plaque and curvature deformity of 30 degrees or greater at start of therapy</p> <p>d. Treatment with at least ONE of the following was ineffective after 2 months, contraindicated or not tolerated: pentoxifylline or intralesional verapamil</p>
Xgeva	J0897		X	Yes	Bone metastases from solid tumors (prevention of skeletal-related events, Giant cell tumor of bone, Hypercalcemia of malignancy, Multiple myeloma	Zometa is Covered
Xolair	J2357		X	Yes	Allergic Asthma, Chronic idiopathic urticaria	IgE levels, positive allergy tests, pulmonary function tests, non-smoker Moderate to severe persistent asthma (per NIH guidelines), 12 year or older

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
						T/F high-dose ICS, LABA and leukotriene modifier (with demonstrated adherence) Internal criteria available as well as listed in provider portal.
Xpovio			X	Yes	Multiple Myeloma	Refer to NCCN Guidelines
Xyntha	J7185	X – Medicaid Exclusion		Yes	Hemophilia A	Weight, hemoglobin, hematocrit, heart rate, blood pressure Factor VIII levels
Yervoy	J9228	X		Yes	Malignant Melanoma (unresectable or metastatic)	Weight, LFTs, thyroid function tests. Refer to NCCN Guidelines
Yescarta	Q2041	X (Medicaid bill Fee-For-Service)		Yes	Large B-cell lymphoma	Internal criteria available
Yondelis	J9352	X		Yes	Soft tissue sarcoma, unresectable/metastatic	Refer to NCCN Guidelines
Zaltrap	J9400	X		Yes	Colorectal cancer	Refer to NCCN Guidelines
Zanosar	J9320	X		Yes	Pancreatic neuroendocrine tumors	Refer to NCCN Guidelines
Zarxio	Q5101		X	Yes	Myelosuppressive chemotherapy recipients with nonmyeloid malignancies, Acute myeloid leukemia (AML) following induction or consolidation chemotherapy, Bone marrow transplantation, Hematopoietic radiation injury syndrome, acute, Peripheral blood progenitor cell collection and therapy, Severe chronic neutropenia.	Contraindicated for patients with latex allergies. Preferred agents are Granix and Nivestym (bioequivalents to Neupogen).

Medication	Code	Processed via		Prior Authorization Required	Diagnoses	Criteria / Information Required
		Medical	Specialty Pharmacy			
Ziextenzo		X		Yes	Prevention of chemotherapy-induced neutropenia, hematopoietic radiation injury syndrome (acute)	Preferred agent is Zarxio, via prior authorization (bioequivalent to Neupogen).
Zilretta	J3304	X		Yes	Rheumatic conditions (excluding acute gout flares)	Triamcinolone Acetonide Injection 40mg/mL
Ziprasidone	J3486	X (Medicaid bill Fee-For-Service)		Yes		
Zirabev	Q5118	X		*	Cervical cancer, colorectal cancer, glioblastoma, non-small cell lung cancer, renal cell cancer	Biosimilar for Avastin <u>Chemotherapy</u> : Requires prior authorization <u>Age-related macular degeneration and diabetic macular edema</u> : Does not require prior authorization.
Zofran	J8597	X		No	Chemotherapy-induced nausea and vomiting, prevention	
Zolgensma		X		Yes	Spinal muscular atrophy	Internal criteria available
Zometa	J3489	X		No	Hypercalcemia of malignancy, Multiple myeloma or metastatic bone lesions from solid tumors, Osteoporosis (prevention), paget disease	Covered within FDA approved guidelines for diagnosis and quantity.
Zyprexa Relprevv	J2358	X (Medicaid bill Fee-For-Service)	Medicaid Exclusion	Yes	Schizophrenia	H/O non-adherence with oral antipsychotics, H/O violent behavior, T/F at least two oral antipsychotics, plus oral olanzapine (Zyprexa)