



Prior Authorization

To obtain a medical drug prior authorization, please complete a medical drug prior authorization form (which can be 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 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.

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 J3490, J3590, or J9999

Medication	Code	Medical Authorization from UM Dept.	Specialty Pharmacy Authorization	Covered Diagnoses	Criteria / Information Required
Actemra IV	J3262	X		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
Adcirca (Tadalafil)			X	Pulmonary arterial hypertension	Internal criteria available as well as listed in provider portal.
Adrenalin, epinephrine	J0171	X		Asystole/pulseless arrest, pulseless VT/VF, Hypersensitivity reaction (eg, anaphylaxis)	
Advate (factor viii)	J1792	X (Medicaid bill Fee-For-Service)		Factor XIII deficiency	Weight, hemoglobin, hematocrit Factor XIII levels
Aldurazyme	J1931	X (Medicaid bill Fee-For-Service)		Hurler & Hurler-Scheie forms of mucopolysaccharidosis (Type 1)	Weight, disease status α-L iduronidase activity or DNA testing confirming diagnosis
Aloxi	J2469	X		Prevention of chemotherapy-induced and post-operative nausea/vomiting	Oral Zofran (ondansetron) is covered via pharmacy and IV Zofran is covered via medical.
Alphanine	J7193	X (Medicaid bill Fee-For-Service)		Hemophilia B	Weight, aPTT, blood pressure, heart rate Factor IX levels
Amevive	J0215	X		Plaque Psoriasis	CD4 count, immunization history, transaminase, body surface area affected, TB test results, previous trial of phototherapy, previous trial with Enbrel and Humira
Andexxa	J3590	X		For patients treated with rivaroxaban and apixaban, when reversal of anticoagulation is	

				needed due to life-threatening or uncontrolled bleeding.	
Anthim		X		Inhaled anthrax due to Bacillus anthracis in combination with appropriate antibacterial drugs.	
Aralast	J0256	X		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)		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 (Darbepoetin)	J0881		X	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 Procrit.
Arzerra	J9302	X		Chronic lymphoid leukemia, refractory	Weight, CBC with differential, platelets, Hepatitis B screening T/F fludarabine and alemtuzumab. Refer to NCCN Criteria
Avastin	J9035	X			Does not require prior authorization.
Avonex			X	Multiple Sclerosis	Internal criteria available as well as listed in provider portal.
Bebulin VH	J7194	X		Hemophilia B	Weight, aPTT, blood pressure, heart rate Factor IX levels
Benefix	J7195	X (Medicaid bill Fee-For-Service)		Hemophilia B	Weight, aPTT, blood pressure, heart rate
Benlysta	J0490	X		Systemic lupus erythematosus	Weight, serum creatinine, immunization history
Berinert	J0597	X (Medicaid bill Fee-For-Service)		Hereditary angioedema	Weight, disease history 12 years of age or older Medication history
Betaseron (Extavia)	J1830		X	Multiple Sclerosis	Internal criteria available as well as listed in provider portal.

Boniva injectable	J1740	X		Postmenopausal Osteoporosis	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, onabotulinumtoxin A	J0585	X	X – Chronic Migraine only	Muscle spasticity disorders Overactive bladder Chronic Migraine	Trail / failure of other oral or injectable medications PT/OT as applicable Medication and disease history Antibody testing, lab results, Neurological test results, pain assessment
Bridion		X		IV: neuromuscular blockade reversal agent indicated for the reversal of neuromuscular blockage induced by rocuronium bromide and vecuronium bromide	
Buprenex	J0592	X		Moderate to severe pain	Liver function tests Trial / failure of dose-optimized long acting opioid
Cafcit	J0706	X		Apnea of prematurity	Weight, serum caffeine levels Medication history with theophylline
Ceredase	J0205	X (Medicaid bill Fee-For-Service)		Gaucher Disease (type 1)	Age 2 and over Weight, CBC, platelets, acid phosphatase (AP), liver function tests, plasma glucocerebrosidase, IgG antibody
Cerezyme	J1786j	X (Medicaid bill Fee-For-Service)		Gaucher Disease (type 1)	Weight, CBC, Platelets, Hemoglobin & Hematocrit, liver function tests, IgG antibody, acid phosphatase, MRI/CT results of liver and spleen B-glucocerebrosidase enzyme assay, DNA testing or bone marrow histology confirming diagnosis
Cimzia	J0718		X	Ankylosing spondylitis, crohn disease, psoriatic arthritis, rheumatoid arthritis	Internal criteria available as well as listed in provider portal.
Cinryze	J0598	X (Medicaid bill Fee-For-Service)		Hereditary angioedema, prophylaxis	Weight, disease history 9 years of age or older Medication history
Copaxone	J1595		X	Multiple Sclerosis	Internal criteria available as well as listed in provider portal.
Corvert	J1742	X		Atrial arrhythmia	Weight, arrhythmia onset Anticoagulation if 3 or more day duration

Depo-Provera	J0150		X	Abnormal uterine bleeding Endometriosis Endometrial hyperplasia Secondary physiologic amenorrhea	Covered via Pharmacy with Rx
Dysport	J0586	X		Cervical dystonia, glabellar lines and upper limb spasticity	Internal criteria available as well as listed in provider portal.
Elaprase	J1743	X (Medicaid bill Fee-For-Service)		Hunter Syndrome (Mucopolysaccharidosis II)	Weight, Enzyme assay demonstrating a deficiency of iduronaet 2-sulfase activity or DNA testing
Eligard		J9217 (IM)	J1950 (SC)	Prostate Cancer	Refer to NCCN Criteria
Emend Injection	J1453	X		Prevention of chemotherapy-induced and post-operative nausea/vomiting	Oral Zofran (ondansetron) is covered via pharmacy and IV Zofran is covered via medical.
Enbrel	J1438		X	Ankylosing spondylitis, psoriatic arthritis, rheumatoid arthritis, plaque psoriasis	Internal criteria available as well as listed in provider portal.
Extavia	J1830		X	Multiple Sclerosis	Internal criteria available as well as listed in provider portal.
Eylea	J0178	X		Wet Age Related Macular Degeneration Central Retinal Vein Occlusion Diabetic Macular Edema	Baseline visual acuity T/F Avastin Internal criteria available as well as listed in provider portal.
Fabrazyme	J0180	X (Medicaid bill Fee-For-Service)		Fabry Disease (over age 7)	Enzyme assay demonstrating deficiency of alpha-galactosidase activity OR DNA testing Weight IgG, IgE, SCr, BUN
Fasenra	J3590		X	Sub-Q: interleukin-5 (IL-5) antagonist monoclonal antibody indicated for the treatment of severe asthma	

Feiba VH	J7198	X (Medicaid bill Fee-For-Service)		Hemophilia	Weight, fibrinogen, platelets, thrombin time, Blood pressure, heart rate, hemoglobin, hematocrit
Feraheme	Q0138	X		Iron-deficient anemia, iron replacement, cancer/chemotherapy associated anemia	INFeD, Venofer, and Ferrlecit are covered.
Ferrlecit	J2916	X		Iron-deficient anemia, iron replacement, cancer/chemotherapy associated anemia	This medication is covered for FDA indicated diagnoses and dosages.
Flolan	J1325	X		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
Glassia	J0257	X		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)		Refer to NCCN Criteria
Helixate FS	J7192	X (Medicaid bill Fee-For-Service)		Hemophilia A Factor VIII deficiency	Weight, hemoglobin, hematocrit, heart rate, blood pressure Factor VIII levels
Hemophilia Factor	J7199	X (Medicaid bill Fee-For-Service)		Hemophilia	Clinical documentation per diagnosis NDC and number of units
Humate P	J7187	X (Medicaid bill Fee-For-Service)		Hemophilia A Von Willebrand disorder	Weight, hemoglobin, hematocrit, heart rate, blood pressure Von Willebrand Factor activity, Factor VIII levels
Humira Pen	J0135		X	Ankylosing spondylitis, crohn disease, hidradenitis suppurativa, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis, ulcerative colitis	Internal criteria available as well as listed in provider portal.

Infed infusion	J1750	X		Iron-deficient anemia, iron replacement, cancer/chemotherapy associated anemia	This medication is covered for FDA indicated diagnoses and dosages.
Inflectra	Q5103	X		Ankylosing spondylitis, Crohn's disease, Hidradentitis suppurativa, Psoriatic arthritis, Rheumatoid arthritis, Plaque psoriasis, Ulcerative colitis, Uveitis	<p><u>Ankylosing spondylitis</u>: Established by/in consultation with a rheumatologist and inadequate response to 2+ DMARDS</p> <p><u>Crohn's disease</u>: Established by/in consultation with a gastroenterologist, an adequate course of systemic corticosteroid has been ineffective/contraindicated, patient has been unable to taper off an adequate course of systemic corticosteroids without experiencing worsening of disease, or the patient experienced breakthrough disease while stabilized for at least 3 months on immunomodulatory medication.</p> <p><u>Hidradentitis suppurativa (HS)</u>: moderate/severe HS established by/in consultation with a dermatologist, confirmation that the patient is suffering from pain and significant functional impairment from HS, documentation of use of general measures, such as education, avoidance of skin trauma, hygiene, dressings, smoking cessation, weight management, and diet, of trial and failure of antibiotic therapies with 12 weeks of doxycycline, tetracycline, or minocycline and 12 weeks of clindamycin + rifampin, documentation that the patient has tried at least one of the following therapies and had an inadequate response: intralesional corticosteroids, procedural intervention in combination with pharmacological therapies, or hormonal therapy for six months in combination with antibiotic therapy.</p> <p><u>Juvenile idiopathic arthritis</u>: Established by/in consultation with a rheumatologist and has tried and failed/unable to use methotrexate AND one other nonbiologic DMARD for 3 months each.</p> <p><u>Psoriatic arthritis</u>: Established by or in consultation with a specialist in dermatology or rheumatology and documentation that patient experienced an inadequate response to at least two nonbiologic DMARDs unless all are contraindicated.</p> <p><u>Rheumatoid arthritis</u>: Established by/in consultation with a rheumatologist and documentation that patient experienced an</p>

					<p>inadequate response to at least two nonbiologic DMARDs unless all are contraindicated.</p> <p><u>Ulcerative colitis (UC)</u>: Established by or in consultation with a gastroenterologist for patient > age 5, documentation that UC is refractory to or requires continuous immunosuppression with corticosteroids and refractory to or contraindicated to two of the following therapies for 90 days each: azathioprine, budesonide, oral aminosalicylates, cyclosporine, and mercaptopurine.</p> <p><u>Uveitis</u>: Established by an ophthalmologist with confirmed refractory or intolerance to corticosteroids and immunosuppressive drugs at maximally tolerated doses unless contraindicated.</p>
Injectafer	J1439	X		Iron-deficient anemia, iron replacement, cancer/chemotherapy associated anemia	INFeD, Venofer, and Ferrlecit are covered.
Invanz	J1335	X		<p>Complicated intra-abdominal infections</p> <p>Complicated skin and skin structure infections, including diabetic foot infections without osteomyelitis</p> <p>Community-acquired pneumonia</p> <p>Complicated urinary tract infections including pyelonephritis</p> <p>Acute pelvic infections including postpartum endomyometritis, septic abortion and post-surgical gynecologic infections</p> <p>Prophylaxis of surgical site infection following elective colorectal surgery</p>	<p>Documentation of appropriate diagnosis</p> <p>Culture and sensitivities showing effectiveness of requested medication</p>

Invega Sustenna	J2426	X	Medicaid bill Fee-For-Service	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, J1569, J1572, J1599	X		Bacterial infection prophylaxis, Hepatitis A prophylaxis, Idiopathic Thrombocytopenic Purpura (ITP), Inflammatory demyelinating polyradiculoneuropathy, Kawasaki disease, Measles / Rubella post exposure prophylaxis, Motor neuropathy with multiple conduction block, Primary immune deficiency disorder **FDA approved indications vary by brand name**	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
Kalbitor	J1290	X (Medicaid bill Fee-For-Service)		Hereditary angioedema	16 years of age or above Weight, disease history Medication history
Koate	J7190	X (Medicaid bill Fee-For-Service)		Hemophilia A	Weight, hemoglobin, hematocrit, heart rate, blood pressure Factor VIII levels
Lexiscan	J2785			Myocardial Perfusion Imaging	IV: 0.4mg over ~ 10 seconds, followed immediately by a 5mL saline flush.
Lucentis	J2778	X			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)		Pompe Disease	Weight, IgG, IgE, Liver enzymes Lumizyme ACE program

Lupron Injection	J1950		X	Endometriosis, uterine fibroids, breast cancer (off-label but medically accepted)	Internal criteria available as well as listed in provider portal.
Mifepristone	S0190	X - Medicaid Exclusion		Hyperglycemia in patients with Cushing syndrome (Korlym), Termination of pregnancy (Mifeprex)	
Misoprostol	S0191	X - Medicaid Exclusion		Hyperglycemia in patients with Cushing syndrome (Korlym), Termination of pregnancy (Mifeprex)	
Mononine	J7193	X - Medicaid bill Fee-For-Service		Hemophilia B	Weight, aPTT, heart rate, blood pressure, Factor IX levels
Myleran	J8510	X		Palliative treatment of chronic myelogenous leukemia Hematopoietic stem cell transplant conditioning	Weight, BCB with differential, platelet count, LFTs. Refer to NCCN Criteria
Naltrexone Injection (Vivitrol)	J2315		X - Medicaid bill Fee-For-Service	Alcohol dependence, opioid dependence	Internal criteria available as well as listed in provider portal.
Neulasta	J2505	X		Prevention of chemotherapy-induced neutropenia, hematopoietic radiation injury syndrome (acute)	Preferred agent is Zarxio, via prior authorization (bioequivalent to Neupogen).
Neupogen Injection	J1441, J1440		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	Preferred agent is Zarxio, via prior authorization (bioequivalent to Neupogen).

				progenitor cell collection and therapy, Severe chronic neutropenia.	
Novarel	J0725	X		Cryptorchidism	Serum testosterone levels
Nplate	J2796	X		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)		Factor VII deficiency Hemophilia	Weight, prothrombin time, aPTT, factor VII levels, hematocrit, hemoglobin
Nucala		X		Sub-Q: interleukin-5 (IL-5) antagonist monoclonal antibody indicated for the treatment of severe eosinophilic asthma	
Opdivo	J9299	X			Refer to NCCN Criteria . Internal criteria available as well as listed in provider portal.
Orencia IV	J0129	X		Rheumatoid arthritis, Juvenile idiopathic arthritis (JIA)	For RA: Formulary methotrexate, leflunomide, sulfasalazine, hydroxychloroquine, and azathioprine. For JIA: Formulary methotrexate, prednisone, and sulfasalazine.
Peg-Intron			X (Medicaid bill Fee-For-Service)	Melanoma, chronic hepatitis C	For Melanoma, refer to NCCN Criteria
Praxbind		X		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
Procrit Injection (Epogen)	J0885, J0886		X	Anemia associated with chronic kidney disease,	Anemia is defined as Hemoglobin (Hgb) 10 or below or Hematocrit (Hct) 30 or below. If member currently receiving

				chemotherapy or HIV, surgery patients	Procrit therapy, please evaluate for Hgb 12 or below. Must provide current labs.
Progesterone	J1725		X		Progesterone vaginal suppositories are covered
Prograf	J7525	X		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
Prolia	J0897		X	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 and osteoporosis in men or postmenopausal women.	Alternatives are Fosamax and then PA Actonel. After failure of other oral PA alternatives, Reclast is the PA alternative.
Pulmozyme	J7639	X		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		Postherpetic Neuralgia	T/F with 2 oral agents (gabapentin, tricyclic antidepressants)
Radiesse		X		Facial wrinkles and hand augmentation	
Reclast	J3488	X		Osteoporosis, glucocorticoid-induced, treatment and prevention, paget disease	Covered within FDA approved guidelines for diagnosis and quantity.
Remicade Infusion	J1745	X		Ankylosing spondylitis, Crohn's disease, Hidradentitis suppurativa, Juvenile idiopathic arthritis, Psoriatic arthritis, Rheumatoid	Biosimilar Therapy (Inflectra/Renflexis) Required – <u>Ankylosing spondylitis</u> : Established by/in consultation with a rheumatologist and inadequate response to 2+ DMARDS <u>Crohn's disease</u> : Established by/in consultation with a gastroenterologist, an adequate course of systemic corticosteroid has been ineffective/contraindicated, patient has

arthritis, Plaque psoriasis,
Ulcerative colitis, Uveitis

been unable to taper off an adequate course of systemic corticosteroids without experiencing worsening of disease, or the patient experienced breakthrough disease while stabilized for at least 3 months on immunomodulatory medication.

Hidradentitis suppurativa (HS): moderate/severe HS established by/in consultation with a dermatologist, confirmation that the patient is suffering from pain and significant functional impairment from HS, documentation of use of general measures, such as education, avoidance of skin trauma, hygiene, dressings, smoking cessation, weight management, and diet, of trial and failure of antibiotic therapies with 12 weeks of doxycycline, tetracycline, or minocycline and 12 weeks of clindamycin + rifampin, documentation that the patient has tried at least one of the following therapies and had an inadequate response: intralesional corticosteroids, procedural intervention in combination with pharmacological therapies, or hormonal therapy for six months in combination with antibiotic therapy.

Juvenile idiopathic arthritis: Established by/in consultation with a rheumatologist and has tried and failed/unable to use methotrexate AND one other nonbiologic DMARD for 3 months each.

Psoriatic arthritis: Established by or in consultation with a specialist in dermatology or rheumatology and documentation that patient experienced an inadequate response to at least two nonbiologic DMARDs unless all are contraindicated.

Rheumatoid arthritis: Established by/in consultation with a rheumatologist and documentation that patient experienced an inadequate response to at least two nonbiologic DMARDs unless all are contraindicated.

Ulcerative colitis (UC): Established by or in consultation with a gastroenterologist for patient > age 5, documentation that UC is refractory to or requires continuous immunosuppression with corticosteroids and refractory to or contraindicated to two of the following therapies for 90 days each: azathioprine, budesonide, oral aminosalicylates, cyclosporine, and mercaptopurine.

					<u>Uveitis</u> : Established by an ophthalmologist with confirmed refractory or intolerance to corticosteroids and immunosuppressive drugs at maximally tolerated doses unless contraindicated.
Remodulin	J3285	X		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		Ankylosing spondylitis, Crohn's disease, Hidradentitis suppurativa, Psoriatic arthritis, Rheumatoid arthritis, Plaque psoriasis, Ulcerative colitis, Uveitis	<u>Ankylosing spondylitis</u> : Established by/in consultation with a rheumatologist and inadequate response to 2+ DMARDS <u>Crohn's disease</u> : Established by/in consultation with a gastroenterologist, an adequate course of systemic corticosteroid has been ineffective/contraindicated, patient has been unable to taper off an adequate course of systemic corticosteroids without experiencing worsening of disease, or the patient experienced breakthrough disease while stabilized for at least 3 months on immunomodulatory medication. <u>Hidradentitis suppurativa (HS)</u> : moderate/severe HS established by/in consultation with a dermatologist, confirmation that the patient is suffering from pain and significant functional impairment from HS, documentation of use of general measures, such as education, avoidance of skin trauma, hygiene, dressings, smoking cessation, weight management, and diet, of trial and failure of antibiotic therapies with 12 weeks of doxycycline, tetracycline, or minocycline and 12 weeks of clindamycin + rifampin, documentation that the patient has tried at least one of the following therapies and had an inadequate response: intralesional corticosteroids, procedural intervention in combination with pharmacological therapies, or hormonal therapy for six months in combination with antibiotic therapy. <u>Juvenile idiopathic arthritis</u> : Established by/in consultation with a rheumatologist and has tried and failed/unable to use methotrexate AND one other nonbiologic DMARD for 3 months each. <u>Psoriatic arthritis</u> : Established by or in consultation with a specialist in dermatology or rheumatology and documentation that patient experienced an inadequate response to at least two nonbiologic DMARDS unless all are contraindicated.

					<p><u>Rheumatoid arthritis</u>: Established by/in consultation with a rheumatologist and documentation that patient experienced an inadequate response to at least two nonbiologic DMARDs unless all are contraindicated.</p> <p><u>Ulcerative colitis (UC)</u>: Established by or in consultation with a gastroenterologist for patient > age 5, documentation that UC is refractory to or requires continuous immunosuppression with corticosteroids and refractory to or contraindicated to two of the following therapies for 90 days each: azathioprine, budesonide, oral aminosalicylates, cyclosporine, and mercaptopurine.</p> <p><u>Uveitis</u>: Established by an ophthalmologist with confirmed refractory or intolerance to corticosteroids and immunosuppressive drugs at maximally tolerated doses unless contraindicated.</p>
Revlimid			X		Refer to NCCN Criteria
Revatio (sildenafil)			X	Pulmonary arterial hypertension	Internal criteria available as well as listed in provider portal. Excluded for Erectile Dysfunction (Not FDA Indicated)
RhoGAM, Rho D immune globulin	J2890, J2971, J2792	X	X	Immune thrombocytopenia, Rho(D) suppression	RhoGAM Ultra-Filtered Plus 1,500 unit (300mcg) covered via pharmacy.
Ribasphere (ribavirin)			X (Medicaid bill Fee-For-Service)	Chronic hepatitis C	Internal criteria available as well as listed in provider portal.
Risperdal Consta	J2794	X	X - Medicaid bill Fee-For-Service	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	J9310	X		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 Criteria Internal criteria available as well as listed in provider portal.
Sandimmune	J7516	X		Heart, Liver, Kidney transplant rejection prophylaxis	T/F oral immunosuppressive therapy Concomitant use of adrenal corticosteroids Weight, CBC with differential, LFT, serum creatinine, BUN
Sensipar (cinacalcet)			X	Hyperparathyroidism, Parathyroid carcinoma	Internal criteria available as well as listed in provider portal.

Soliris	J1300	X (Medicaid bill Fee-For-Service)		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
Somatuline	J1930	X		Acromegaly	Serum GH, IGF-1, glucose levels, heart rate, gall bladder ultrasonography, TRH tests, CT of pituitary
Stelara	J3357	X		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
Supprelin LA	J9226	X		Central precocious puberty	
Synagis Injectable	J3490, C9003		X	Prevention of RSV	Internal criteria available as well as listed in provider portal.
Tarceva (erlotinib)			X (Medicaid bill Fee-For-Service)		Refer to NCCN Criteria
Tasigna (nilotinib)			X (Medicaid bill Fee-For-Service)		Refer to NCCN Criteria
Temodar		J9328 (IV)	J8700 (PO)	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 Criteria
Thalomid			X		Refer to NCCN Criteria
Tygacil	J3243	X		Pneumonia, community-acquired, Intra-abdominal infections, complicated, Skin/skin structure infections, complicated	
Tyvaso	J7686	X		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		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

Unclassified drugs Unclassified biologics	J3490 J3590 J9999	X		Various	Documentation will be required depending upon diagnosis, NDC and number of units
Venofer	J1756	X		Iron-deficient anemia, iron replacement, cancer/chemotherapy associated anemia	This medication is covered for FDA indicated diagnoses and dosages.
VPRIV	J3385	X (Medicaid bill Fee-For- Service)		Non-neuropathic Gaucher disease	Weight, CBC, platelets, hemoglobin, hematocrit, liver function tests, IgG antibody, acid phosphatase, MRI/CT results of liver and spleen
Wilate	J7187	X (Medicaid bill Fee-For- Service)		Hemophilia A Von Willebrand disorder	Weight, hemoglobin, hematocrit, heart rate, blood pressure Von Willebrand Factor activity, Factor VIII levels
Xeloda	J8520, J8521		X		Refer to NCCN Criteria
Xolair	J2357		X	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 T/F high-dose ICS, LABA and leukotriene modifier (with demonstrated adherence) Internal criteria available as well as listed in provider portal.
Xyntha	J7185	X – Medicaid Exclusion		Hemophilia A	Weight, hemoglobin, hematocrit, heart rate, blood pressure Factor VIII levels
Yervoy	J9228	X		Malignant Melanoma (unresectable or metastatic)	Weight, LFTs, thyroid function tests. Refer to NCCN Criteria
Zarxio	Q5101		X	Myelosuppressive chemotherapy recipients with nonmyeloid malignancies, Acute myeloid leukemia (AML) following induction or consolidation chemotherapy, Bone marrow transplantation, Hematopoietic radiation injury syndrome, acute,	Contraindicated for patients with latex allergies. Internal criteria available as well as listed in provider portal.

				Peripheral blood progenitor cell collection and therapy, Severe chronic neutropenia.	
Zometa	J3487	X		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 Exclusion	Schizophrenia	H/O non-adherence with oral antipsychotics, H/O violent behavior, T/F at least two oral antipsychotics, plus oral olanzapine (Zyprexa)