

Providence OHP & Commercial Plans Pharmacy Medical Services Prior-Authorization List

(Last revised 1/7/2012)

Drugs administered under the medical benefit (administered by physician/facility) - PA required			
HCPCS	Brand Name (Drug Name)	HCPCS	Brand Name (Drug Name)
J9264	Abraxane (Paclitaxel Protein-Bound)	J2778	Lucentis (Ranibizumab) **PA through Medical Management
J3262	Actemra (Tocilizumab)	J9217, J1950 J9218, J9219	Lupron (Leuprolide Acetate), Viadur **except Dx Prostate CA
J0800	Acthar Gel (Corticotropin)	Q2042 (7/1/11) J1725 (1/1/12)	Makena (Hydroxprogesterone caproate)
J9999 C9287 (1/1/12)	Adcetris (brentuximab vedotin) *C code for OPPS billing only	J2562	Mozobil (Plerixafor)
J9216	Actimmune (Interferon-gamma-1b)	J0587	Myobloc (Abotulinumtoxin A) **PA through Medical Management
J9245	Alkeran (Melphalan)	J0220	Myozyme (Aglucosidase alfa)
J0256 J0257 (1/1/12)	Alpha ₁ -Proteinase Inhibitor (Aralast, Prolastin, Zemaira) Glassia (do not bill with J0256 use J0257)	J1458	Naglazyme (Galsulfase)
J0215	Amevive (Alefacept)	J2505	Neulasta (Pegfilgrastim)
J0881, J0882	Aranesp (Darbepoetin)	J2355	Neumega (Oprelvekin)
J2793	Arcalyst (Rilonacept)	J1440, J1441	Neupogen (Filgrastim)
J9261	Arranon (Nelarabine)	J2796	Nplate (Romiplostim)
J9302	Arzerra (Ofatumumab)	J0725	Pregnyl (Chorionic Gonadotropin)
J9035 C9257*	Avastin (Bevacizumab) *C code for OPPS billing only	J0129	Orencia (Abatacept)
Q2044 J0490 (1/1/12)	Benlysta (Belimumab)	J7312	Ozurdex (Dexamethasone) **PA through Medical Management
J0597	Berinert (C1 Esterase Inhibitor)	J9045	Paraplatin (Carboplatin)
J1740	Boniva IV (Ibandronate sodium)	J0725	Profasi (Chorionic Gonadotropin)
J0585	Botox (Onabotulinumtoxin A) **PA through Medical Management	J3490 C9272*	Prolia (Denosumab) *C code for OPPS billing only
J9010	Campath (Alemtuzumab)	J7335	Qutenza (Capsaicin 8% Patch)

J9206	Camptosar (Irinotecan HCL)	J3488	Reclast (Zoledronic acid)
J7330	Carticel (Autologous cultured chondrocytes) **PA through Medical Management	J1745	Remicade (Infliximab)
J0718	Cimzia (Certolizumab pegol)	J3285	Remodulin (Treprostinil)
J0598	Cinryze (C1 esterase inhibitor)	J7311	Retisert (Fluocinolone acetonide) **PA through Medical Management
J0894	Dacogen (Decitabine)	J9310	Rituxan (Rituximab)
J1270	Doxercalciferol (Hectorol)	J2353 J2354	Sandostatin LAR (Octreotide depot) & Sandostatin (Octreotide)
J0586	Dysport (Abobotulinumtoxin) **PA through Medical Management	J9999 Q2043(7/1/11) C9273*	Sipuleucel-T Provenge (Sipuleucel-T/Lactated Ringers) *C code for OPSS billing only
J9263	Eloxatin (Oxaliplatin)	J1300	Soliris (Eculizumab)
J0885, J0886, Q4081	Epogen/Procrit (Epoetin Alfa)	J1930	Somatuline Depot (Lanreotide acetate)
J9055	Erbitux (Cetuximab)	J3357	Stelara (Ustekinumab)
J9395	Faslodex (Fulvestrant)	J9265	Taxol (Paclitaxel, Semi-Synthetic)
J1325	Flolan (Epoprostenol)	J9171	Taxotere (Docetaxel)
J9307	Folotyn (Pralatrexate)	J9328	Temodar IV (Temozolomide)
J9201	Gemzar (Gemcitabine HCL)	J9330	Torisel (Temsirrolimus)
Q9280(4/1/11) J9179(1/1/12)	Halaven (Eribulin Mesylate)	J9033	Treanda (bendamustine HCl)
90632	Hepatitis A Vaccine (Havrix, Vaqta)	J2323	Tysabri (Natalizumab)
90636	Hepatitis A/B Combo Vaccine (Twinrix)	J7686	Tyvaso (Treprostinil)
J9355	Herceptin (Trastuzumab)	J3355	Urofollitropin (Bravelle, Fertinex)
J0638	Ilaris (Canakinumab/PF)	J9303	Vectibix (Panitumumab)
J9212	Infergen (Interferon Alfacon-1, Recombinant)	J9041	Velcade (Bortezomib)
J1459, J1557, J1559, J1561, J1562, J1566, J1568, J1569, J1572, J1599, C9270*	Immune Globulin (IVIG): Carimune NF, Flebogamma, Flebogamma DIF, Gammagard, Gammagard S/D, Gammaked, Gamunex, Gamunex-C, Hizentra, Octagam, Panglobulin NF, Priviligen, Vivaglobulin *C code for OPSS billing only	Q4074	Ventavis (Iloprost)
J2426	Invega Sustenna (Paliperidone Palmitate)	J9025	Vidaza (Azacitidine)

J9315	Istodax (Romidepsin)	J0588	Xeomin (Incobotulinumtoxin A) **PA through Medical Management
J9207	Ixempra (Ixabepilone)	J3590 J0897 (1/1/12)	XGeva (Denosumab)
J9999 J9043 (1/1/12)	Jevtana (Cabazitaxel)	J0775	Xiaflex (Collagenase Clostridium Hist.) **PA through Medical Management
Q9281(4/1/11) J2507 (1/1/12)	Krystexxa (Pegloticase)	J2357	Xolair (Omalizumab)
J2820	Leukine (Sargramostim)	Q9284 (7/1/11) J9228 (1/1/12)	Yervoy (Ipilimumab)
J2778	Lucentis (Ranibizumab) **PA through Medical Management	J2501	Zemplar (Paricalcitol)
J3590 J0221 (1/1/12)	Lumizyme (Aglucosidase alfa)	J2358	Zyprexa Relprew (olanzapine pamoate)

Drugs delivered under the supervision of a covered/eligible health care provider are covered under the medical benefit and are subject to review by the Ambulatory Pharmacy and Therapeutics Committee (APTC). **New drugs and new FDA-approved indications require prior authorization until reviewed by APTC.** Prior to APTC review, such drugs and indications are subject to policy APTCOTH013.1208. New medical drugs and new FDA-approved indications are reviewed within 12 months after the medication becomes available on the market.

New FDA-approved drugs not yet reviewed by APTC*

HCPCS Code	Drug Name
J3590	Corifact (Factor XIII)
J9999	Erwinaze (asparaginase Erwinia chrysanthmi)
J3590	Eylea (afilbercept)
J7309	Metvixia (Methylaminolevulinate HCL)
J3490 C9286*	Nulojix (Belatacept) *C code for OPPS billing only
J3490	Solesta (Dextranomer/Hyaluronate/Sod Cl)

***This list is updated monthly and may not include all newly approved drugs and indications. If you have any questions, you may call Providence Health Plans Pharmacy Department at 503-574-7400 or 877-216-3644.**