

# MedStar Medicare Choice Pharmacy Services

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## At a Glance

Welcome to Medicare Choice Pharmacy Services. Pharmacy services partners with the physician-led network of Medicare Choice providers to meet the medication and cost needs of members. The approach focuses on improving patient health through coordinated formulary and Care Advising programs that enhance the member and provider experience.

Medicare Choice develops a formulary of medications chosen based on clinical effectiveness, safety and value. The formulary's pricing strategy is designed to achieve the goal of better clinical outcomes at an affordable cost. The formulary is developed by physicians and clinical pharmacists.

Medicare Choice formulary includes the following features:

- Required generics
- Lists of preferred drugs (formulary medications)
- Prior authorization or step therapy requirements for selected medications
- Quantity limits (based on FDA guidelines and accepted standards of care)

## Contact a Clinical Pharmacist

Medicare Choice encourages providers to contact the Pharmacy Services department at **855-266-0712** from Monday through Friday, 8 a.m. to 5 p.m., with comments or questions about a member's medication history, duplicate medications or compliance. A dedicated clinical pharmacy team is available to provide extra support, including

- Answering medication-related questions from providers and network pharmacies
- Developing and conducting prospective and retrospective drug utilization reviews
- Supporting providers, network pharmacies and members on pharmacy changes
- Serving as a clinical resource for the provider network
- Conducting a medication therapy management (MTM) program
- Providing physician and member education materials to network practices to support drug selection and use based on the best objective and clinical evidence

## Coverage Reviews/Prior Authorizations

A limited number of medications require authorization before they are provided for patients. Authorizations may be needed for the following reasons:

- Prior authorization or a step therapy requirement as indicated on the formulary
- Prescriptions that exceed Medicare Choice quantity limits
- Non-formulary medications
- Early refills

In some cases, clinical documentation is necessary to review these medication requests. All requests will be reviewed promptly, and the decision will be communicated to the physician or patient.

## How to Obtain Prior Authorization

To receive authorization for a medication requiring a prior authorization or quantity limits or for a non-formulary medication:

- Obtain a prior authorization form from the following website:  
<http://medstarprovidernetwork.com/medicare-choice/pharmacy-prior-authorization-forms>
- Fax: 855-862-6517

Medicare Choice will immediately communicate all coverage determinations/prior authorization decisions by fax to the physician's office once the review process is complete. If a fax number is not available, Medicare Choice Pharmacy Services will communicate decisions by phone and will mail a copy of any decision documentation to the provider's office. Patients will be notified of all pharmacy coverage determinations/prior authorization decisions determined by Medicare Choice.

### **Submitting a Request for a Coverage Determination or Appeal**

A request may be made for a coverage decision for formulary exceptions which include: coverage of a drug not on the plan formulary; a request to waive restrictions on the plan's coverage of a drug such as quantity limits, the removal of prior authorization requirements, the requirement to use a generic version of the drug or the requirement to try a different drug first (often referred to as step therapy.) Coverage decisions may also be requested for a tiering exception to change the coverage of a drug to a lower cost-sharing tier. If the drug is in Tier 4 (non-preferred brand drugs), a request may be made to cover it at the cost-sharing amount that applies to drugs in Tier 3 (preferred brand drugs). Tiering exceptions may not be made for any drug in Tier 5 (specialty drugs).

If the health of the member requires a quick response, a provider may request an expedited coverage decision. A supporting statement outlining the medical reasons for the request must be submitted. A standard coverage decision means the plan will provide a response within 72 hours of receiving the request and supporting statement. For an expedited coverage decision, a response will be provided within 24 hours of receiving the request and supporting statement. A request for an expedited coverage decision will only be granted if using the standard deadlines could cause serious harm to the health of the member.

If a coverage decision that has been made for a formulary or tiering exception has been denied, a Level 1 appeal may be requested. The appeal must be submitted within 60 calendar days from the date of the denial. As with a coverage decision, if the health of the member requires it, the provider may request an expedited appeal. A decision on an expedited Level 1 appeal will be communicated within 72 hours of receiving the request and supporting documents. A response will be made sooner if the health of the member requires it. A decision will be made on standard Level 1 appeals within seven calendar days of receipt of the request and supporting documents. A decision will be made sooner if the member has not received the drug yet and their health condition requires it.

A Level 2 appeal may be requested through an independent review entity (IRE) if the Level 1 appeal upholds the initial coverage determination. Specific instructions on filing deadlines and how to submit the next level appeal are included in the written notification of the denial. When an appeal is made to the independent review organization, the plan will send the Level 1 appeal information to this organization. The independent review organization is an independent organization that is hired by Medicare. This organization is not connected with the plan, and it is not a government agency. This organization is a company chosen by Medicare to review plan decisions on Part D benefits. If the health of the member requires an expedited appeal, the IRE must provide a response to the Level 2 appeal within 72 hours

of receipt. If the IRE approves all or part of the appeal, the drug will be supplied within 24 hours after the decision from the review organization is received. For a standard Level 2 Appeal, the IRE must respond within seven calendar days of receipt. If the IRE approves all or part of the appeal, the drug will be supplied within 72 hours after the decision from the review organization is received.

If the IRE upholds the decision, there are three additional levels in the appeals process. However, in order to request a Level 3, 4, or 5 appeal, the dollar value of the drug coverage requested must meet a minimum amount. For most situations, the last three levels of appeals work in much the same way as the Level 1 and Level 2 appeals. Specific instructions on filing deadlines and how to submit the next level appeal are included in the written notification of the denial. A Level 3, 4, and 5 appeal is handled by an administrative law judge or the Appeals, Council, and Federal District Court, respectively. If the result of the appeal is overturned at any of these levels, the plan will authorize or provide the drug coverage that was approved within 72 hours. If a Level 3 or 4 appeal is upheld, the member may appeal to the next level. A Level 5 appeal is the last step of the appeals process.

Coverage decisions and appeals for Part D prescription drugs may be submitted to the following address:

**MedStar Medicare Choice  
Attn: Pharmacy Services  
950 N. Meridian St.  
Suite 600  
Indianapolis, IN 46204**

# Pharmacy Policies

## Prior Authorization Criteria

Prior authorizations are set on a specific drug-by-drug basis and require specific criteria for approval based upon FDA and manufacturer guidelines, medical literature, safety concerns and appropriate use. Drugs that require prior authorization may be

- Newer medications requiring monitoring by Medicare Choice
- Medications not used as a standard first option in treating a medical condition
- Medications with potential side effects that Medicare Choice would like to monitor to ensure safety

All prior authorization criteria are reviewed by the Pharmacy and Therapeutics (P&T) committee.

The physician should submit clinical information to the Medicare Choice Pharmacy Services department. Once that information has been received, a decision regarding the medical necessity of the requested medication will be made.

## Step Therapy

Step therapy ensures patients are taking the most effective medication at the best cost. This means trying the least expensive medication that has been proven effective to treat a condition. The step therapy process for Medicare Choice includes

- Step 1: When your prescribed drug is impacted by step therapy, the patient will be asked to try preferred, often generic, drugs first. The generic drugs recommended will be approved by the Food and Drug Administration (FDA) as providing the same benefits at a much lower cost.
- Step 2: If the drug in Step 1 does not work, patients may need to try a drug in Step 2. Step therapy is coordinated with the patient's benefit plan. Some medications are automatically approved if there is a record that the patient has already tried a preferred medication.

If there is no record of a preferred medication in the patient's medication history, the physician must submit clinical information to the Medicare Choice Pharmacy Services team. Once that information is received, a decision regarding payment for the requested medication will be made.

## Quantity Limits

A quantity limit or dose duration may be placed on certain medications to ensure patients are getting the most cost-effective drug/dose combination.

Medicare Choice follows the FDA and manufacturer's recommended dosing guidelines and limits how much of the medication the patient may receive in a certain time period. Providers are encouraged to incorporate these quantity limits into their prescribing patterns.

For the above pharmacy exceptions, please call Pharmacy Services at **855-266-0712** from Monday through Friday, 8 a.m. to 5 p.m.

## Mandatory Generics

Most formularies require the use of a generic version of a drug if one is available.

# Medicare Choice Pharmacy Programs

## Medicare Choice Pharmacy Benefit Coverage

Medicare Choice pharmacy plan includes a five tier formulary. Many medications, unless they are benefit exclusions, are covered under this benefit.

The formulary allows patients to access multiple medications, allowing patients and providers to determine the medication that is best for the individual patient.

- **First tier:** The first tier consists of preferred generic medications and has the lowest copay. These are therapeutically equivalent to the branded products and approved by the FDA. When a generic medication is available, providers are encouraged to prescribe the generic medication to patients.
- **Second tier:** The second tier has a slightly higher cost share and consists of non-preferred generic medications. These are therapeutically equivalent to the branded products and are approved by the FDA. When a generic medication is available, providers are encouraged to prescribe the generic medication to patients.
- **Third tier:** The third tier includes the brand-name drugs to be used when generics are not available. Medicare Choice has designated these medications as “preferred” based on clinical efficacy, safety profile and cost effectiveness.
- **Fourth tier:** The fourth tier includes brand-name medications that are not preferred but which the patient may purchase at a higher cost share.
- **Fifth tier:** The fifth tier includes specialty, high-cost and biological medication regardless of how the medication is administered (injectable, oral, transdermal or inhaled). These medications are often used to treat complex clinical conditions and usually require close management by a physician because of their potential side effects and the need for frequent dosage adjustments.

### Additional Information about the Medicare Choice Pharmacy Benefit

The Medicare Choice pharmacy benefit is designed to provide patients with coverage for medications at an affordable cost.

#### Generics

To achieve this goal, prescribing a generic version of the drug is recommended if one is available. If members receive a brand-name drug when a generic is available, the member must pay the cost share amount in addition to the retail cost difference between the brand-name and generic forms of the drug.

#### Quantity Limits

Also, quantities are limited to a 30-day supply for controlled substances and for medications defined as specialty. A 90-day supply of most drugs is available from the mail order pharmacy, CVS. The CVS customer service center is available 24/7 at **844-441-8027**.

#### Formulary

The drugs are listed in the 2017 formulary. This is a COMPLETE listing of the most commonly prescribed drugs and represents the drug formulary that is at the core of this pharmacy benefit plan. As drugs are released into the market, they are reviewed by the P&T Committee for formulary placement. Benefit exclusions may apply. Call Medicare Choice Pharmacy Services for more information at **855-266-0712**.

# Where to Obtain Prescriptions

## How to Fill Prescription Medications

### Short-term Medications

These are drugs needed immediately and include medications used to treat short-term infections or to relieve pain temporarily. Providers can send these prescriptions:

- To a MedStar pharmacy: To locate a MedStar pharmacy, members should call Medicare Choice Member Services at **855-222-1041**.
- To a retail network pharmacy: Medicare Choice uses the CVS national retail network for members to obtain prescription drugs. To locate the nearest retail network, pharmacy members should call Medicare Choice Member Services at **855-222-1041**.

### Long-term Medications

These are drugs taken on a regular basis and can be picked up at a MedStar pharmacy or mailed to the members home for up to a 90-day supply. Members can fill these prescriptions:

- At a MedStar pharmacy: MedStar pharmacies can fill prescriptions for up to a 90-day supply. Often, the MedStar pharmacy may have a lower copay for the member's medication.
- Through home delivery from CVS Mail Order Pharmacy: These medications will be delivered directly to the member's home in a plain, weather-resistant pouch for privacy and protection. Standard shipping is free.

### Specialty Medications

Specialty medications treat specific medical conditions such as cancer, hemophilia, hepatitis, multiple sclerosis, psoriasis, pulmonary arterial hypertension, respiratory syncytial virus, rheumatoid arthritis and more. Providers can send these prescriptions:

- To MedStar pharmacy: To locate a MedStar pharmacy, members should call MedStar Medicare Choice Member Services at **855-222-1041**.
- To CVS Specialty Pharmacy: Members should call MedStar Medicare Choice Pharmacy Services at **855-266-0712** to learn more about specialty medications.

For Medicare Choice members who require specialty medications to be administered by a healthcare professional, such as Remicade, Orencia, etc., please follow the defined protocol to assist with prior authorization requests.

# Obtaining Prior Authorization for Specialty Medications

## For Medications Covered under the Pharmacy Benefit:

- To request prior authorization for medications covered under the pharmacy benefit, please visit the following website: <http://medstarprovidernetwork.com/medicare-choice/pharmacy-prior-authorization-forms>
- From the website, complete, print and fax prior authorization forms for specific drugs and non-formulary exceptions. Fax completed prior authorization forms for Pharmacy Services along with supporting documentation to **855-862-6517**.
- Please contact the Medicare Choice Pharmacy Services team at **855-266-0712** for assistance with steps 1 and 2 mentioned above.

## For Medications Covered under the Medical Benefit:

To request prior authorization for medications covered under the medical benefit, please contact the Medicare Choice Medical Management/Prior Authorization team for assistance at **855-242-4875**.

## Fax Instructions for Prior Authorization Forms:

Completed forms should be faxed, along with supporting documentation, to Pharmacy Services at **855-862-6517**.

- Please indicate on the form that the request is going to be paid through the “buy and bill” method.
- To avoid delays in responses, please provide all relevant information. Examples follow:
  - Patient diagnosis
  - Previously medications attempts (including the trial period)
  - Supporting lab reports
  - Notes from the member’s most recent office visit
  - Contact information for attending physician or office manager on the fax document
- For additional support regarding J-Code selection for specialty medications provided under the medical benefit, please refer to the table provided below.

## Prior Authorization for Medical Necessity Pharmacy Review Process

If the request is approved under the medical benefit (e.g., buy and bill), you will be provided with an authorization number to provide on your claim submittal via a faxed approval letter.

If the request is approved under the pharmacy benefit, no additional authorization numbers are needed and the medication can be obtained at any network pharmacy.

If coverage is denied, you will be notified of the denial reason and the appeals process via a fax to your office and a letter to the member.



J-Code	Brand Name	Description	Prior Authorization for Medical <i>PA's apply at all places of service except 21 (inpatient) unless otherwise specified</i>		J-Code Block <i>J-Code blocks are effective at place of service 11 unless otherwise specified</i>	
			MC	Exception	MC	Exception
90378 (CPT)	<b>Synagis</b>	PALIVIZUMAB	X			
A9606	<b>Xofigo</b>	Radium RA-223 dichloride, therapeutic, per microcurie	X			
C9484	<b>Exondys 51</b>	Injection, eteplirsen, 10 mg	X			
C9487	<b>Stelara IV</b>	Ustekinumab, for intravenous injection, 1 mg	X			
J0129	<b>Orencia</b>	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	X			
J0135	<b>Humira</b>	INJECTION, ADALIMUMAB, 20 MG	X			
J0178	<b>Eylea</b>	INJECTION, AFLIBERCEPT, 1 MG	X	Claim pays when submitted with ICD-9 diagnosis code 362.52 or ICD-10 diagnosis code H35.32		
J0180	<b>Fabrazyme</b>	INJECTION, AGALSIDASE BETA, 1 MG	X			
J0202	<b>Lemtrada</b>	INJECTION ALEMTUZUMAB 1 MG	X			
J0220	<b>Myozyme</b>	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	X			
J0221	<b>Lumizyme</b>	Injection, alglucosidase alfa, (Lumizyme), 10 mg	X			
J0256	<b>Aralast NP, Prolastin C, Zemaira</b>	INJECTION, ALPHA 1-PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	X			
J0257	<b>Glassia</b>	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	X			
J0364	<b>Apokyn</b>	INJECTION, APOMORPHINE HYDROCHLORIDE 1 MG	B		X	
J0485	<b>Nulojix</b>	INJECTION, BELATACEPT, 1 MG	X			
J0490	<b>Benlysta</b>	INJECTION, BELIMUMAB, 10 MG	X			
J0570	<b>Probuphine</b>	BUPRENORPHINE IMPLANT 74.2MG	X			
J0571	<b>Subutex</b>	Buprenorphine, oral, 1 mg	X		X	

J-Code	Brand Name	Description	Prior Authorization for Medical		J-Code Block	
			MC	Exception	MC	Exception
J0572	<b>Suboxone</b>	Buprenorphine/naloxone, oral, less than or equal to 3 mg	X		X	
J0573	<b>Suboxone</b>	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg	X		X	
J0574	<b>Suboxone</b>	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg	X		X	
J0575	<b>Suboxone</b>	Buprenorphine/naloxone, oral, greater than 10 mg	X		X	
J0585	<b>Botox</b>	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	X			
J0586	<b>Dysport</b>	AbobotulinumtoxinA	X			
J0587	<b>Myobloc</b>	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	X			
J0588	<b>Xeomin</b>	Injection, incobotulinumtoxinA, 1 unit	X			
J0596	<b>Ruconest</b>	INJ C-1 ESTERASE INHIB RUCONEST 10 U	X	PA effective at POS 12 (home) only		
J0597	<b>Berinert</b>	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	X	PA applies to POS 12 (home) only		
J0598	<b>Cinryze</b>	INJECTION, C-1 ESTERASE, 10 UNITS	X			
J0638	<b>Ilaris</b>	INJECTION, CANAKINUMAB	X			
J0717	<b>Cimzia</b>	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	X			
J0718	<b>Cimzia</b>	INJECTION, CERTOLIZUMAB PEGOL, 1 MG	X			
J0775	<b>Xiaflex</b>	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	*	*Med Mgmt has Xiaflex policy. Provider should contact provider services for questions on coverage.		
J0800	<b>Acthar Gel</b>	Corticotropin injection	X			

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			MC	Exception	MC	Exception
J0897	<b>Prolia/Xgeva</b>	INJECTION, DENOSUMAB, 1MG	X	Claim pays when hematologist / oncologist AND claim includes ICD-9 diagnosis code 198.5/ ICD-10 diagnosis codes C79.51; C79.52 (secondary malignant neoplasm of bone or bone marrow) anywhere on the claim		
J1070	<b>Depo-Testosterone</b>	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	X			
J1071	<b>Depo-Testosterone</b>	Injection, testosterone cypionate, 1 mg	X			
J1080	<b>Depo-Testosterone</b>	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	X			
J1290	<b>Kalbitor</b>	INJECTION, ECALLANTIDE	X	PA applies to POS 12 (home) only		
J1300	<b>Soliris</b>	INJECTION, ECULIZUMAB, 10 MG	X			
J1322	<b>Vimizim</b>	Injection, elosulfase alfa, 1 mg	X			
J1325	<b>Flolan</b>	Epoprostenol injection	X			
J1438	<b>Enbrel</b>	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	X		X	
J1458	<b>Naglazyme</b>	Galsulfase injection	X			
J1459	<b>Privigen</b>	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	X			
J1460	<b>Gamastan</b>	INJECTION, GAMMA GLOBULIN, 1CC	X			

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			MC	Exception	MC	Exception
J1556	<b>Bivigam</b>	Injection, immune globulin (bivigam), 500 mg	X			
J1557	<b>Gammaplex</b>	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	X			
J1559	<b>Hizentra</b>	Hizentra injection	X			
J1560	<b>Gamastan</b>	INJECTION, GAMMA GLOBULIN, 10CC	X			
J1561	<b>Gamunex, Gammunex-C, Gammaked</b>	INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NONLYOPHILIZED (E.G., LIQUID), 500 MG	X			
J1562	<b>Vivaglobin</b>	IVIG	X			
J1566	<b>Gammagard S/D / Carimune Nf</b>	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG	X			
J1568	<b>Octagam</b>	INJECTION, OCTAGAM, 500MG	X			
J1569	<b>Gammagard Liquid</b>	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NONLYOPHILIZED, (E.G., LIQUID), 500 MG	X			
J1572	<b>Flebogamma</b>	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	X			
J1575	<b>HyQyvia</b>	INJ IG/HYALURONIDASE 100 MG IG	X			
J1595	<b>Copaxone</b>	INJECTION, GLATIRAMER ACETATE, 20 MG	B		X	
J1599		IVIG, NON-LYOPHILIZED, LIQUID, NOS	X			
J1602	<b>Simponi Aria</b>	Injection, golimumab, 1 mg, for intravenous use	X			
J1725	<b>Makena</b>	Injection, hydroxyprogesterone caproate, 1 mg	X	changing to Qcode 7/1/2017		
J1740	<b>Boniva</b>	INJECTION, IBANDRONATE SODIUM, 1 MG	X			
J1743	<b>Elaprase</b>	INJECTION, IDURSULFASE	X			
J1744	<b>Firazyr</b>	INJECTION, ICATIBANT, 1 MG	X	PA effective at POS 12 (home) only		

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			MC	Exception	MC	Exception
J1745	<b>Remicade</b>	INJECTION, INFILIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	X			biosimilar exclusion added 1/1/2017
J1786	<b>Cerezyme</b>	INJECTION, IMIGLUCERASE, 10 UNITS	X			
J1830	<b>Betaseron/ Extavia</b>	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	B		X	
J1930	<b>Somatuline Depot</b>	Lanreotide injection	X			
J1931	<b>Aldurazyme</b>	Laronidase injection	X			
J1950	<b>Lupron</b>	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	X	PA at POS 11 only; heme/onc exempt from PA. Claim will pay with ICD-9 diagnosis code 185 (malignant neoplasm of the prostate) or ICD-10 diagnosis code C61		
J2182	<b>Nucala</b>	INJECTION, MEPOLIZUMAB, 1 MG	X			
J2212	<b>Relistor</b>	Injection, methylnaltrexone, 0.1 mg	X		X	
J2323	<b>Tysabri</b>	INJECTION, NATALIZUMAB, 1 MG	X			
J2353	<b>Sandostatin LAR</b>	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	X			
J2357	<b>Xolair</b>	INJECTION, OMALIZUMAB, 5 MG	X			
J2502	<b>Signifor LAR</b>	INJ PASIREOTIDE LONG ACTING 1 MG	X			
J2504	<b>Adagen</b>	PEGADEMASE BOVINE 25 IU	X			
J2507	<b>Krystexxa</b>	INJECTION, PEGLOTICASE, 1 MG	X			

J-Code	Brand Name	Description	Prior Authorization for Medical		J-Code Block	
			MC	Exception	MC	Exception
J2547	Rapivab	INJECTION PERAMIVIR 1 MG	*	*Not covered on either medical or pharmacy benefit		
J2562	Mozobil	PLERIXAFOR	X			
J2778	Lucentis	INJECTION, RANIBIZUMAB, 0.1 MG	X	Claim will pay with ICD-9 diagnosis codes 362.52 (Exudative senile macular degeneration) or 362.07 (Diabetic macular edema) or ICD-10 diagnosis code E11.311 (diabetic macular edema)		
J2786	Cinqair	INJECTION, RESLIZUMAB, 1 MG	X			
J2793	Arcalyst	RILONACEPT	X		X	
J2796	Nplate	INJECTION, ROMIPLOSTIM, 10 MCG	X			
J2840	Kanuma	INJECTION, SEBELIPASE ALFA, 1 MG	X			
J2860	Sylvant	INJECTION SILTUXIMAB 10 MG	X			
J2941	Genotropin	SOMATROPIN	X		X	
J3060	Elelyso	Injection, taliglucerase alfa, 10 units	X			
J3120	Delatestryl	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG	X			
J3121	Delatestryl	Injection, testosterone enanthate, 1 mg	X			
J3130	Delatestryl	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	X			
J3145	Aveed	Injection, testosterone undecanoate, 1 mg	X			
J3262	Actemra	INJECTION, TOCILIZUMAB, 1 MG	X			
J3285	Remodulin	Treprostinil injection	X			

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			MC	Exception	MC	Exception
J3315	<b>Trelstar</b>	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	X	PA at POS 11 only; heme/onc exempt from PA Claim will pay with ICD-9 diagnosis code 185 (malignant neoplasm of the prostate) or ICD-10 diagnosis code C61		
J3357	<b>Stelara</b>	Ustekinumab injection	X			
J3380	<b>Entyvio</b>	INJECTION VEDOLIZUMAB 1 MG	X			
J3385	<b>Vpriv</b>	Velaglucerase alfa	X			
J3490		UNCLASSIFIED DRUGS	*	Requests for drugs with unclassified codes are reviewed for medical necessity and appropriate indication.		
J3590		UNCLASSIFIED BIOLOGICS	*	Requests for drugs with unclassified codes are reviewed for medical necessity and appropriate indication.		

\*\*The services listed below require a Prior Authorization when covered under the medical benefit. The list is subject to change. Please contact Pharmacy Services for confirmation prior to administration of services. This list was last updated on **October 1, 2017**. \*\*