

# Healthfirst Pharmacy Medications Requiring Prior Authorization Under the Medical Benefit

(Last Revised 9/01/20)

- It is the policy of Healthfirst to require prior authorization for medical claims for all medications listed within this document when administered in an office or clinic setting
- Some devices and supplies will also require prior authorization if listed
- In addition, all drugs requested by nonparticipating providers shall require prior authorization
- All drugs that are self-administered are covered as part of the Pharmacy Benefit. Prior authorization will be required to be covered as a Medical Benefit.
- Any drug that does not have an indication supported by FDA or Compendia requires authorization. Acceptable Compendia are Micromedex DrugDex and NCCN (National Comprehensive Cancer Network).

## Ways to Submit Prior Authorization:

- **Online via the Provider Portal at [hfproviderportal.org](http://hfproviderportal.org)** – Log in to the Provider Portal, click on the “Online Authorization Request” tab, and then click “Begin”. Once member is identified, select “Outpatient” as Request Type, then select “Outpatient Pharmacy” as Authorization Type.
- **By calling Provider Services at 1-888-801-1660**, Monday to Friday, 8:30am–5:30pm
- **By faxing 1-212-801-3223** (Note: DO NOT use for pharmacy benefit authorizations via CVS Caremark)

## How to Use This Resource:

- **Line of Business Affected** – Identifies the lines of business that require a prior authorization for each respective code
- **Code** – Lists the Healthcare Common Procedure Coding System (HCPCS) code used to identify injectable drugs
- **1 Billable Unit Equal to** – can be used to calculate the billable units required on the authorization request by identifying the total drug dose and dividing it by the billable units (BU)
  - **Example:** Spinraza, nusinersen (J2326) 1 BU = 0.1mg
  - Authorization request:** Spinraza 12 mg intrathecally every 4 months, Dates of service for one year
    - $12 \text{ mg} / 0.1 \text{ mg} = 120 \text{ BU per dose}$
    - $120 \text{ BU} \times 3 \text{ administrations for one year} = 360 \text{ BU}$
    - prior authorization should request 360 BU for the dates of service

# Healthfirst Pharmacy

## Medications Requiring Prior Authorization Under the Medical Benefit

Prior authorizations are required when prescribing the specialty drugs listed below to be covered as a Medical Benefit. This applies to the following Healthfirst lines of business (LOB): Child Health Plus (CHP), the Essential Plan (EP), Leaf & Leaf Premier Plans (L&LPP), Medicare (MA), Medicaid (ME), Personal Wellness Plan (PWP), Pro EPO and Pro Plus EPO Plans, and Small Business Plans (SBP) for each respective code (unless otherwise noted). Note: this does not impact Senior Health Partners.

| Brand  | Generic                                      | Code  | 1 Billable Unit Equals | LOB   |
|--|--|---|------------------------|---|
| Miscellaneous Codes                              | Unclassified drugs                           | C9399<br>J3490<br>J3590<br>J7599<br>J8499<br>J8999<br>J9999 | 1 per NDC package size | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| <b>Antineoplastic / Immunologic / Adjunctive</b> |  |   |                        |   |
| Abraxane   | paclitaxel protein-bound particles           | J9264   | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Alimta   | Pemetrexed                                   | J9305   | 10 mg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Bendeka  | Bendamustine                                 | J9034   | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Blincyto   | Blinatumomab                                 | J9039   | 1 mcg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Darzalex   | daratumumab                                  | J9145   | 10 mg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Enhertu  | fam-trastuzumab deruxtecan-nxki (biosimilar) | J9358   | 1 mg                   | CHP, EP, HFIC, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Faslodex   | Fulvestrant                                  | J9395   | 25 mg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Herceptin  | Trastuzumab                                  | J9355   | 10 mg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Herceptin Hylecta                                | trastuzumab and hyaluronidase-oysk           | J9356   | 10 mg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Herzuma  | trastuzumab-pkrb, biosimilar                 | Q5113   | 10 mg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Jevtana  | Cabazitaxel                                  | J9043   | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Kadcyla  | ado-trastuzumab emt (biosimilar)             | J9354   | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Kanjinti   | trastuzumab-anns (biosimilar)                | Q5117   | 10 mg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |

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| Brand  | Generic                      | Code  | 1 Billable Unit Equals                        | LOB   |
|--|------------------------------|-------|---|---|
| <b>Antineoplastic / Immunologic / Adjunctive</b> |                              |       |   |   |
| Keytruda   | pembrolizumab                | J9271 | 1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Kymriah  | tisagenlecleucel             | Q2042 | up to 600 million CAR-positive viable T-cells | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Lartruvo   | olaratumab                   | J9285 | 10 mg   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Lemtrada   | alemtuzumab                  | J0202 | 1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Mvasi  | bevacizumab-awwb, biosimilar | Q5107 | 10 mg   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Ogivri   | trastuzumab-dkst, biosimilar | Q5114 | 10 mg   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Oncaspar   | pegaspargase                 | J9266 | 1 per single dose vial                        | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Ontruzant  | trastuzumab-dttb, biosimilar | Q5112 | 10 mg   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Opdivo   | nivolumab                    | J9299 | 1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Padcev   | enfortumab vedotin-ejfv      | J9177 | 0.25 mg                                       | CHP, EP, HFIC, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Perjeta  | pertuzumab                   | J9306 | 1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Rituxan  | rituximab                    | J9312 | 10 mg   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Rituxan Hycela                                   | rituximab and hyaluronidase  | J9311 | 10 mg   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Ruxience   | rituximab-pvvr (biosimilar)  | Q5119 | 10 mg   | CHP, EP, HFIC, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Tecentriq  | atezolizumab                 | J9022 | 10 mg   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Trazimera  | trastuzumab-qyyp, biosimilar | Q5116 | 10 mg   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Treanda  | bendamustine                 | J9033 | 1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |

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| Brand  | Generic                           | Code  | 1 Billable Unit Equals                        | LOB   |
|--|-----------------------------------|-------|---|---|
| <b>Antineoplastic / Immunologic / Adjunctive</b> |                                   |       |   |   |
| Truxima  | rituximab-abbs (biosimilar)       | Q5115 | 10 mg   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Velcade  | bortezomib                        | J9041 | 0.1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Yervoy   | ipilimumab                        | J9228 | 1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Yescarta   | axicabtagene ciloleucel           | Q2041 | up to 200 million CAR-positive viable T-cells | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Zaltrap  | ziv- aflibercept                  | J9400 | 1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Zirabev  | bevacizumab-bvzr (biosimilar)     | Q5118 | 10 mg   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| <b>Antiviral / Anti-Infective</b>                |                                   |       |   |   |
| Synagis  | Respiratory syncytial virus       | 90378 | 50 mg   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| <b>Cardiovascular</b>                            |                                   |       |   |   |
| Flolan, Veletri                                  | epoprostenol                      | J1325 | 0.5 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Milrinone lactate                                | milrinone lactate                 | J2260 | 5 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Papaverin generic                                | papaverin hcl                     | J2440 | up to 60 mg                                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Phentolamine generic                             | phentolamine mesylate             | J2760 | up to 5 mg                                    | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Remodulin  | treprostinil                      | J3285 | 1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Revatio  | sildenafil citrate                | S0090 | 25 mg   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Tyvaso   | treprostinil, non-compounded unit | J7686 | 1.74 mg                                       | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| <b>Endocrine-Metabolic</b>                       |                                   |       |   |   |
| Aveed  | testosterone undecanoate          | J3145 | 1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Caverject, Edex                                  | alprostadil                       | J0270 | 1.25 mcg                                      | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |

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| Brand                      | Generic                          | Code  | 1 Billable Unit Equals | LOB   |
|----------------------------|----------------------------------|-------|------------------------|---|
| <b>Endocrine-Metabolic</b> |                                  |       |                        |   |
| Cerezyme                   | imuglucerase                     | J1786 | 10 units               | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Delatestryl, Xyosted       | testosterone enanthate           | J3121 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Depo-testosterone          | testosterone cypionate           | J1071 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Elaprase                   | idursulfase                      | J1743 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Fabrazyme                  | agalsidase beta                  | J0180 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Krystexxa                  | Pegloticase injection            | J2507 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Lumizyme                   | alglucosidase alfa               | J0221 | 10 mg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Muse                       | alprostadil urethral suppository | J0275 | per unit, per dose     | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Myozyme                    | alglucosidase alfa               | J0220 | 10 mg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Naglazyme                  | galsulfase                       | J1458 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Prolia, Xgeva              | denosumab                        | J0897 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Reclast, Zometa            | zoledronic acid                  | J3489 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Sandostatin                | octreotide, non-depot            | J2354 | 25 mcg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| SandoSTATIN LAR Depot      | octreotide depot                 | J2353 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Somatulin depot            | lanreotide                       | J1930 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Supprelin LA               | histrelin implant                | J9226 | 50 mg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Tepezza                    | teprotumumab-trbw                | C9061 | 10 mg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Vimizim                    | elosulfase alfa                  | J1322 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |

# Medications Requiring Prior Authorization Under the Medical Benefit

| Brand                       | Generic   | Code  | 1 Billable Unit Equals | LOB   |
|-----------------------------|---|-------|------------------------|---|
| <b>Hematopoietic Agents</b> |   |       |                        |   |
| Aranesp                     | darbepoetin alfa (non-esrd use)                   | J0881 | 1 mcg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Aranesp                     | darbepoetin alfa (for esrd on dialysis)           | J0882 | 1 mcg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Epogen, Procrit             | epoetin alfa (for non-esrd use)                   | J0885 | 1,000 units            | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Epogen, Procrit             | Injection, epoetin alfa (for esrd on dialysis)    | Q4081 | 100 units              | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Fulphila                    | pegfilgrastim-jmdb (biosimilar)                   | Q5108 | 0.5 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Granix                      | tbo-filgrastim (biosimilar)                       | J1446 | 5 mcg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Granix                      | tbo-filgrastim                                    | J1447 | 1 mcg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Leukine                     | sargramostim                                      | J2820 | 50 mcg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Mircera                     | epoetin beta (for esrd on dialysis)               | J0887 | 1 mcg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Mircera                     | epoetin beta (for non-esrd use)                   | J0888 | 1 mcg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Neulasta                    | pegfilgrastim                                     | J2505 | 6 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Neupogen                    | Filgrastim (excludes biosimilars)                 | J1442 | 1 mcg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Nivestym                    | filgrastim-aafi (biosimilar)                      | Q5110 | 1 mcg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Nplate                      | romiplostim                                       | J2796 | 10 mcg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Retacrit                    | epoetin alfa-epbx, (biosimilar, for non-esrd use) | Q5106 | 1,000 units            | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Udenyca                     | Injection, pegfilgrastim-cbqv (biosimilar)        | Q5111 | 0.5 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Zarxio                      | filgrastim-sndz (biosimilar)                      | Q5101 | 1 mcg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Ziextenzo                   | pegfilgrastim-bmez (biosimilar)                   | Q5120 | 0.5 mg                 | CHP, EP, HFIC, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |

# Healthfirst Pharmacy

## Medications Requiring Prior Authorization Under the Medical Benefit

| Brand  | Generic   | Code  | 1 Billable Unit Equals | LOB   |
|--|---|-------|------------------------|---|
| <b>Hemophilia and Related Bleeding Disorders</b> |   |       |                        |   |
| Adakveo  | crizanlizumab-tmca  | J0791 | 5 mg                   | CHP, EP, HFIC, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Advate, Helixate FS, Kogenate, Recombinate       | Recombinant, Factor VIII, not otherwise specified               | J7192 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Adynovate  | Recombinant, PEGylated Factor VIII                              | J7207 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Afstyla  | Recombinant Factor VIII   | J7210 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Alphanate  | Human, antihemophilic factor VIII/Von Willebrand factor complex | J7186 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Alphanine, Mononine                              | Non-recombinant, Factor IX                                      | J7193 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Alprolix   | Recombinant Factor IX, Fc fusion protein                        | J7201 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| BeneFIX, Ixinity                                 | Recombinant, Factor IX, not otherwise specified                 | J7195 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Coagadex   | Human, Factor X   | J7175 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Coagadex, Jivi                                   | Hemophilia clot factor, not otherwise classified                | J7199 | NOC code               | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Corifact   | Human, Factor XIII  | J7180 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Eloctate   | Recombinant Factor VIII, Fc fusion protein                      | J7205 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Esperoct   | Recombinant, Glycopegylated-exei, Factor VIII                   | J7204 | 1 i.u                  | CHP, EP, HFIC, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Factor viii (porcine)                            | Porcine, Factor VIII  | J7191 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Feiba NF   | Anti-inhibitor Coagulant Complex                                | J7198 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Hemlibra   | emicizumab-kxwh   | J7170 | 0.5 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |

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| Brand  | Generic                                       | Code  | 1 Billable Unit Equals | LOB   |
|--|---|-------|------------------------|---|
| <b>Hemophilia and Related Bleeding Disorders</b> |   |       |                        |   |
| Humate-P   | Von Willebrand factor complex                 | J7187 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Idelvion   | Recombinant Factor IX, albumin fusion protein | J7202 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Jivi   | Recombinant, pegylated-aucl, Factor VIII      | J7208 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Koate, Koate-DVI, Hemofil M                      | Human, Factor VIII                            | J7190 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Kovaltry   | Recombinant Factor VIII                       | J7211 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Novoeight  | Recombinant, Factor VIII                      | J7182 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| NovoSeven RT                                     | Recombinant, Factor VIII                      | J7189 | 1 mcg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Nuwiq  | Recombinant Factor VIII                       | J7209 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Obizur   | Recombinant, Factor VIII                      | J7188 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Reblozyl   | luspatercept-aamt                             | J0896 | 0.25 mg                | CHP, EP, HFIC, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Rixubis  | Human Recombinant, Factor IX                  | J7200 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Wilate   | Von Willebrand factor complex                 | J7183 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Xyntha   | Recombinant, Factor VIII                      | J7185 | 1 i.u                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| <b>Immune Globulin, IVIG</b>                     |   |       |                        |   |
| Asceniv, Panzyga                                 | immune globulin, IVIG                         | J1599 | 500 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Bivigam  | immune globulin, IVIG                         | J1556 | 500 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Cuvitru  | immune globulin, IVIG                         | J1555 | 100 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |



# Healthfirst Pharmacy

## Medications Requiring Prior Authorization Under the Medical Benefit

| Brand   | Generic                              | Code  | 1 Billable Unit Equals | LOB   |
|---|--------------------------------------|-------|------------------------|---|
| <b>Immune Globulin, IVIG</b>                      |                                      |       |                        |   |
| Flebogamma  | immune globulin, IVIG                | J1572 | 500 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Gammagard   | immune globulin, IVIG                | J1569 | 500 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Gammaplex   | immune globulin, IVIG                | J1557 | 500 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Gamunex-c, Gammaked                               | immune globulin, IVIG                | J1561 | 500 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Hizentra  | immune globulin, IVIG                | J1559 | 100 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Hyqvia  | immune globulin, IVIG                | J1575 | 100 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Immune globulin, powder                           | immune globulin, powder              | J1566 | 500 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Octagam   | immune globulin, IVIG                | J1568 | 500 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Privigen  | immune globulin, IVIG                | J1459 | 500 mg                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| <b>Immunological Agents / Immune Modulator</b>    |                                      |       |                        |   |
| Berinert  | C-1 esterase inhibitor (human)       | J0597 | 10 units               | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Cinryze   | C-1 esterase (human)                 | J0598 | 10 units               | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Orencia   | abatacept                            | J0129 | 10 mg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Ruconest  | C-1 esterase inhibitor (recombinant) | J0596 | 10 units               | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| <b>Immunological Agents / Monoclonal Antibody</b> |                                      |       |                        |   |
| Avsola  | infliximab-axxq (biosimilar)         | Q5121 | 10 mg                  | CHP, EP, HFIC, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Benlysta  | belimumab                            | J0490 | 10 mg                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Entyvio   | vedolizumab                          | J3380 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |

# Medications Requiring Prior Authorization Under the Medical Benefit

| Brand   | Generic                          | Code  | 1 Billable Unit Equals                  | LOB   |
|---|----------------------------------|-------|---|---|
| <b>Immunological Agents / Monoclonal Antibody</b> |                                  |       |   |   |
| Ifixi   | infliximab-qbtx (biosimilar)     | Q5109 | 10 mg                                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Inflectra   | infliximab-dyyb (biosimilar)     | Q5103 | 10 mg                                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Ocrevus   | ocrelizumab                      | J2350 | 1 mg                                    | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Remicade  | infliximab (excludes biosimilar) | J1745 | 10 mg                                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Renflexis   | infliximab-abda (biosimilar)     | Q5104 | 10 mg                                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Simponi Aria                                      | golimumab                        | J1602 | 1 mg                                    | CHP, EP, HFIC, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Soliris   | eculizumab                       | J1300 | 10 mg                                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Stelara   | ustekinumab (subcutaneous)       | J3357 | 1 mg                                    | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Stelara   | ustekinumab (intravenous)        | J3358 | 1 mg                                    | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Tysabri   | natalizumab                      | J2323 | 1 mg                                    | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| <b>Neuromuscular Agents</b>                       |                                  |       |   |   |
| Botox   | onabotulinumtoxina               | J0585 | 1 unit                                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Dysport   | abobotulinumtoxina               | J0586 | 5 units                                 | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Myobloc   | rimabotulinumtoxina              | J0587 | 100 units                               | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Spinraza  | nusinersen                       | J2326 | 0.1 mg                                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Vyondys 53  | golodirsen                       | J1429 | 10 mg                                   | CHP, EP, HFIC, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| Xeomin  | Incobotulinumtoxin a             | J0588 | 1 unit                                  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Zolgensma   | onasemnogene abeparvovec-xioi    | J3399 | up to 5x10 <sup>15</sup> vector genomes | CHP, EP, HFIC, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |

# Healthfirst Pharmacy

## Medications Requiring Prior Authorization Under the Medical Benefit

| Brand                    | Generic                                      | Code  | 1 Billable Unit Equals                                  | LOB   |
|--------------------------|--|-------|---|---|
| <b>Ophthalmic Agents</b> |  |       |   |   |
| Eylea                    | aflibercept                                  | J0178 | 1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP   |
| Iluvien                  | fluocinolone acetonide, intravitreal implant | J7313 | 0.01 mg   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP   |
| Luxturna                 | voretigene neparvovec-rzyl                   | J3398 | 1 billion vector genomes                                | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP   |
| Ozurdex                  | dexamethasone, intravitreal implant          | J7312 | 0.1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP<br>if unable to enter via the Provider Portal, please call in or fax the request to the numbers on page 1 |
| Retisert                 | fluocinolone acetonide, intravitreal implant | J7311 | 0.01 mg   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP   |
| Yutiq                    | fluocinolone acetonide, intravitreal implant | J7311 | 0.01 mg   | L&LPP, Pro EPO, Pro Plus EPO, SBP   |
| <b>Osteoarthritis</b>    |  |       |   |   |
| Euflexxa                 | Hyaluronan or derivative                     | J7323 | per dose (20mg/2ml)                                     | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP   |
| Gel-One                  | hyaluronate sodium, cross-linked             | J7326 | per dose (30mg/3ml)                                     | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP   |
| Gelsyn-3                 | hyaluronate sodium                           | J7328 | 0.1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP   |
| Genvisc                  | hyaluronate sodium                           | J7320 | 1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP   |
| Hyalgan, Supartz         | hyaluronate sodium                           | J7321 | per dose (Hyalgan = 20mg/2ml)<br>(Supartz = 25mg/2.5ml) | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP   |
| Hymovis                  | hyaluronate sodium                           | J7322 | 1 mg  | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP   |
| Monovisc                 | hyaluronate sodium, stabilized               | J7327 | per dose (88mg/4ml)                                     | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP   |
| OrthoVisc                | hyaluronate sodium                           | J7324 | per dose (30mg/2ml)                                     | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP   |

# Medications Requiring Prior Authorization Under the Medical Benefit

| Brand                     | Generic                  | Code  | 1 Billable Unit Equals | LOB   |
|---------------------------|--------------------------|-------|------------------------|---|
| <b>Osteoarthritis</b>     |                          |       |                        |   |
| Synjoynt                  | hyaluronate sodium 1%    | J7331 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Synvisc, Synvisc-One      | hyaluronan or derivative | J7325 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Triluron                  | hyaluronate sodium       | J7332 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Visco -3                  | hyaluronan or derivative | J7333 | per dose (25mg/5ml)    | CHP, EP, HFIC, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP |
| <b>Respiratory Agents</b> |                          |       |                        |   |
| Nucala                    | mepolizumab              | J2182 | 1 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |
| Xolair                    | omalizumab               | J2357 | 5 mg                   | CHP, EP, L&LPP, MA, ME, PWP, Pro EPO, Pro Plus EPO, SBP       |