

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

(Last revised 11/11/2009)

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)	J9300	Mylotarg (Gemtuzumab Ozogamicin)
J0800	Acthar Gel (Corticotropin)	J0587	Myobloc (Botulinum Toxin Type B)
J9216	Actimmune (Interferon-gamma-1b)	J0220	Myozyme (Aglucosidase alfa)
J9245	Alkeran (Melphalan)	J1458	Naglazyme (Galsulfase)
J0256	Alpha ₁ -Proteinase Inhibitor (Aralast, Prolastin, Zemaira)	J2505	Neulasta (Pegfilgrastim)
J0215	Amevive (Alefcept)	J2355	Neumega (Oprelvekin)
J0881, J0882	Aranesp (Darbepoetin)	J1440, J1441	Neupogen (Filgrastim)
J9261	Arranon (Nelarabine)	J3590	Nplate (Romiplostim)
J9035	Avastin (Bevacizumab)	J0725	Pregnyl (Chorionic Gonadotropin)
J1740	Boniva IV (Ibandronate sodium)	J0129	Orencia (Abatacept)
J0585	Botox (Botulinum toxin type A)	J9045	Paraplatin (Carboplatin)
J9010	Campath (Alemtuzumab)	J0725	Profasi (Chorionic Gonadotropin)
J9206	Camptosar (Irinotecan HCL)	J3488	Reclast (Zoledronic acid)
J3590	Cimzia (Certolizumab pegol)	J1745	Remicade (Infliximab)
J3590	Cinryze (C1 esterase inhibitor)	J3285	Remodulin (Treprostini)
J0894	Dacogen (Decitabine)	J9310	Rituxan (Rituximab)
J1270	Doxercalciferol (Hectorol)	J2353 J2354	Sandostatin LAR (Octreotide depot) Sandostatin (Octreotide)
J9263	Eloxatin (Oxaliplatin)	J1300	Soliris (Eculizumab)
J0885, J0886, Q4081	Epogen/Procrit (Epoetin Alfa)	J1930	Somatuline Depot (Lanreotide acetate)
J9055	Erbitux (Cetuximab)	J9170	Taxotere (Docetaxel)

J9395	Faslodex (Fulvestrant)	J9265	Taxol (Paclitaxel, Semi-Synthetic)
J1325	Flolan (Epoprostenol)	J9265	Temodar IV (Temozolomide)
J0641	Fusilev (Levoleucovorin Calcium)	J9330	Torisel (Temsirrolimus)
J9201	Gemzar (Gemcitabine HCL)	J9033	Treanda (bendamustine HCl)
90632	Hepatitis A Vaccine (Havrix, Vaqta)	J2323	Tysabri (Natalizumab)
90636	Hepatitis A/B Combo Vaccine (Twinrix)	J3355	Urofollitropin (Bravelle, Fertinex)
J9355	Herceptin (Trastuzumab)	J9303	Vectibix (Panitumumab)
J1459, J1561, J1562, J1566, J1568, J1569, J1572	<u>IVIG Immune Globulin:</u> Carimune NF, Flebogamma, Flebogamma DIF, Gammagard, Gammagard S/D, Gamunex, Octagam, Panglobulin NF, Privigen, Vivaglobulin	J9041	Velcade (Bortezomib)
J3490	Invega Sustenna (Paliperidone Palmitate)	Q4080	Ventavis (Iloprost)
J9207	Ixempra (Ixabepilone)	J9025	Vidaza (Azacitidine)
J2820	Leukine (Sargramostim)	J2315	Vivitrol (Naltrexone)
J9217, J1950, J9218, J9219	Lupron (Leuprolide Acetate), Viadur **except Dx Prostate CA	J2357	Xolair (Omalizumab)
90733	Menomune (Meningococcal polysaccharide vaccine)	J2501	Zemplar (Paricalcitol)
J3590	Mozobil (Plerixafor)		

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
J3490	Arzerra (Ofatumumab)
J3490	Dysport (Abobotulinumtoxina)
J3490	Feraheme (Ferumoxytol)
J9999	Firmagon (Degarelix Acetate)
J3490	Folotyn (Pralatrexate)
J3490	Ilaris (Canakinumab/PF)

J3490	Ozurdex (Dexamethasone)
J3490	Stelara (Ustekinumab)
J7799	Tyvaso (Treprostinil)
J3490	Vibativ (Telavancin HCL)

*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.