Medicaid and Child Welfare List of Drugs Requiring Prior Authorization

The following is the list of drugs that Sunshine Health's utilization management department must approve prior to the drug being given. Prior authorization (PA) requirements are programmed specific to the drug as indicated in the table below. Since the list of drugs requiring PA changes over time, due to new drug arrivals and other market conditions, the most up-to-date reference of whether a PA is needed can be found on our web-site at: http://www.sunshinehealth.com/for-providers/pre-auth-needed/medicaid-pre-auth-needed/. You can reach the pharmacy department for more information at *1-866-796-0530.* This list does not show all covered and non-covered benefits. There are drugs that can be obtained at a Sunshine participating pharmacy that also need a PA. Please refer to the Preferred Drug List (PDL) for a more complete list of covered medications and those that need a prior authorization. The PDL can be found at http://www.sunshinehealth.com/for-providers/pharmacy/. Some of these products can be delivered to the member's residence or directly to the provider's office for administration through AcariaHealth Specialty Pharmacy.

Prior authorization is required for all requesting providers unless otherwise noted below by * or ** by the brand name.

HCPCS Code	Brand Name (if applicable)	Code Description
90281	GamaSTAN S/D INJ	Immune Globulin (Ig), human, for intramuscular use
90283	Octagam, Carimune NF, Privigen, Gamunex, Flebogamma DIF, Gammaplex, Gammaked, Gamunex-C	Immune Globulin (IgIV), human, for intravenous use
90284	Gamunex-C, Gammaked, Hizentra, Gammagard,	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each
90291	Cytogam	Cytomegalovirus immune globulin (CMV- IgIV), human, for intravenous use
90378	Synagis	Palivizumab; Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
C9025	Cyramza	ramucirumab, 5 mg
C9286	Nulojix	Injection, belatacept 1mg
C9293	Voraxase	glucarpidase, 10 units
C9399	MISC	Unclassified drugs or biologicals
J0129	Orencia	abatacept, 10 mg
J0180	Fabrazyme	agalsidase beta, 1 mg
J0205	Ceredase	Alglucerase
J0207	Ethyol	amifostine, 500mg
J0215	Amevive	Injection, alefacept, 0.5mg IM

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J0220	Myozyme	alglucosidase alfa, 10 mg, not otherwise specified
J0221	Lumizyme	alglucosidase alfa, (Lumizyme), 10 mg
J0256	Prolastin,Zemaira,Aralast,Prol astin-C	alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified
J0289	Amphotericin B Liposome (ABLC)	Amphotericin B Liposome (ABLC)
J0364	Apokyn	apomorphine hydrochloride, 1 mg
J0401	Abilify Maintena	aripiprazole, extended release, 1 mg
J0480	Simulect	basiliximab, 20 mg
J0490	Benlysta	belimumab, 10 mg
J0585	Botox	onabotulinumtoxinA, 1 unit
J0586	Dysport	abobotulinumtoxinA, 5 units
J0587	Myobloc	rimabotulinumtoxinB,100 units
J0588	Xeomin	incobotulinumtoxinA, 1 unit
J0597	Berinert	C-1 esterase inhibitor (human), Berinert, 10 units
J0598	Cinryze	C1 esterase inhibitor (human), Cinryze, 10 units
J0638	Ilaris	canakinumab, 1 mg
J0641	Fusilev	levoleucovorin calcium, 0.5 mg
J0717	Cimzia	certolizumab pegol, 1 mg
J0725	Profasi HP; Pregnyl	chorionic gonadotropin, per 1,000 USP units
J0775	Xiaflex	collagenase, clostridium histolyticum, 0.01 mg
J0800	HP Acthar Gel	corticotropin, up to 40 units
J0850	CytoGam	cytomegalovirus, immune globulin intravenous (human), per vial (per 50 mL)
J0878	Cubicin	daptomycin, 1 mg
J0881	Aranesp (non ESRD)	darbepoetin alfa, 1 microgram (non-ESRD use)
J0882	Aranesp (ESRD)	darbepoetin alfa, 1 microgram (for ESRD on dialysis)
J0885	Epogen,Procrit (non ESRD)	epoetin alfa, (for non-ESRD use), 1000 units
J0886	Epogen,Procrit (ESRD)	epoetin alfa, 1000 units (for ESRD on dialysis)

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J0895	Desferal	deferoxamine mesylate, 500 mg
J0897	Prolia, Xgeva	denosumab, 1 mg
J1190	Zinecard,Totect	dexrazoxane hydrochloride, per 250 mg
J1290	Kalbitor	ecallantide, 1 mg
J1300	Soliris	eculizumab, 10 mg
J1322	Vimizim	elosulfase alfa, 1 mg
J1324	Fuzeon	enfuvirtide, 1 mg
J1325	Veletri,Flolan	epoprostenol, 0.5 mg
J1439	Injectafer	ferric carboxymaltose, 1 mg
J1442	Neupogen	filgrastim (G-CSF), 1 microgram
J1446	Granix	tbo-filgrastim, 5 micrograms
J1458	Naglazyme	galsulfase, 1 mg
J1459	Privigen	immune globulin (Privigen), intravenous, non-lyophilized (e.g liquid), 500 mg
J1460	GamaSTAN S/D	gamma globulin, intramuscular, 1 cc
J1556	Bivigam	immune globulin (Bivigam), 500 mg
J1557	Gammaplex	immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1559	Hizentra	immune globulin (Hizentra), 100 mg
J1560	GamaSTAN S/D	gamma globulin, intramuscular, over 10 cc
J1561	Gamunex, Gammaked, Polygam	immune globulin, (Gamunex- C/Gammaked), non-lyophilized (e.g. liquid), 500 mg
J1566	Carimune NF, Panglobulin NF and Gammagard S/D	immune globulin, intravenous, lyophilized (e.g powder), not otherwise specified, 500 mg
J1568	Octagam	immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1569	Gammagard Liquid	immune globulin, (Gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg
J1572	Febogamma	immune globulin, (Flebogamma/Flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg

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J1599	MISC	immune globulin, intravenous, non- lyophilized (e.g. liquid), not otherwise specified, 500 mg
J1602	Simponi	golimumab, 1 mg, for intravenous use
J1640	Panhematin	hemin, 1 mg
J1650	Lovenox*	enoxaparin sodium, 10 mg
J1652	Arixtra	fondaparinux sodium, 0.5 mg
J1655	Innohep	Tinzaparin sodium, 1000 IU
J1680	RiaSTAP	Fibrinogen concentrate 100mg
J1725	Makena	hydroxyprogesterone caproate, 1 mg
J1743	Elaprase	idursulfase, 1 mg
J1745	Remicade	infliximab, 10 mg
J1786	Cerezyme	imiglucerase, 10 units
J1931	Aldurazyme	laronidase, 0.1 mg
J1950	Lupron Depot	leuprolide acetate (for depot suspension), per 3.75 mg
J2170	Iplex,Increlex	mecasermin, 1 mg
J2278	Prialt	ziconotide, 1 microgram
J2315	Vivitrol	naltrexone, depot form, 1 mg
J2323	Tysabri	natalizumab, 1 mg
J2325	Natrecor	nesiritide, 0.1 mg
J2353	Sandostatin LAR	octreotide, depot form for intramuscular 1 mg
J2354	Sandostatin	octreotide, non-depot form for subcutaneous or intravenous 25 mcg
J2355	Neumega	oprelvekin, 5 mg
J2357	Xolair	omalizumab, 5 mg
J2358	Zyprexa Relprevv	olanzapine, long-acting, 1 mg
J2425	Keprivance	palifermin, 50 micrograms
J2426	Invega Sustenna	paliperidone palmitate extended release, 1 mg

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J2469	Aloxi	palonosetron HCl, 25 mcg
J2501	Zemplar	paricalcitol, 1 mcg
J2503	Macugen	pegaptanib sodium, 0.3 mg
J2504	Adagen	pegademase bovine, 25 IU
J2505	Neulasta	pegfilgrastim, 6 mg
J2507	Krystexxa – check if valid code	pegloticase 1mg
J2562	Mozobil	plerixafor, 1 mg
J2724	Ceprotin	protein C concentrate, intravenous, human, 10 IU
J2778	Lucentis	ranibizumab, 0.1 mg
J2783	Elitek	rasburicase, 0.5 mg
J2792	WINRho SDF**	Rho D immune globulin, intravenous, human, solvent detergent, 100 IU (see also 90384 and 90386 for CPT billing requirements)
J2793	Arcalyst	rilonacept, 1 mg
J2794	Risperdal Consta	risperidone, long acting, 0.5 mg
J2796	Nplate	romiplostim, 10 micrograms
J2820	Leukine	sargramostim (GM-CSF), 50 mcg
J2941	Humatrope,Genotropin Nutropin,Biotropin,Genotropin, Norditropin,Nutropin AQ, Saizen,Saizen Serostim,Tev-Tropin,Zorbtive	somatropin, 1 mg
J3060	Elelyso	taliglucerase alfa, 10 units
J3095	Vibativ	telavancin, 10 mg
J3110	Forteo	teriparatide, 10 mcg
J3240	Thyrogen	Injection,thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial
J3262	Actemra	tocilizumab, 1 mg
J3285	Remodulin	treprostinil, 1 mg
J3315	Trelstar Depot,Trelstar Depot Plus,Debioclip Kit,Trelstar LA	triptorelin pamoate, 3.75 mg
J3357	Stelara	ustekinumab, 1 mg
J3385	Vpriv	velaglucerase alfa, 100 units
J3396	Visudyne	verteporfin, 0.1 mg

HCPCS Code	Brand Name (if applicable)	Code Description
J3489	Reclast	zoledronic acid, 1 mg
J3490	MISC	Unclassified drugs
J3590	MISC	Unclassified biologics
J7310	Vitrasert	Ganciclovir, 4.5mg, long-implant
J7312	Ozurdex	dexamethasone, intravitreal implant, 0.1 mg
J7321	Hyalgan,Supartz	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular per dose
J7323	Euflexxa	Hyaluronan or derivative, Euflexxa, for intra-articular per dose (20 mg/2 mL)
J7324	Orthovisc	Hyaluronan or derivative, Orthovisc, for intra-articular per dose (30 mg/2 mL)
J7325	Synvisc,Synvisc One	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular 1 mg
J7504	Atgam	Lymphocyte immune globulin, anti- thymocyte globulin, equine, parenteral
J7511	Thymoglobulin	Lymphocyte immune globulin, anti-thymocyte globulin, rabbit, parenteral, 25 mg
J7513	Zenapax	Daclizumab, parenteral, 25mg
J7516	Neoral, Sandimmune	Cyclosporine, parenteral, 250 mg
J7525	Prograf	Tacrolimus, parenteral, 5mg
J7599	MISC	Immunosuppressive drug, not otherwise classified
J7639	Pulmozyme	Dornase alfa, inhalation solution, FDA- approved final product, non-compounded
J7682	Tobi	Tobramycin, inhalation solution, FDA- approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams
J7686	Tyvaso	Treprostinil, inhalation solution, FDA- approved, non-compounded, admin through DME, unit dose 1.74 mg
J9035	Avastin	bevacizumab, 10 mg
J9155	Degarelix	degarelix, 1 mg
J9202	Zoladex	Goserelin acetate implant, per 3.6 mg
J9212	Infergen	Interferon Alfacon-1, recombinant, 1mcg
J9214	Intron A,Rebetron Kit	interferon, alfa-2b, recombinant, 1 million units
J9215	Alferon N	interferon, alfa-n3, (human leukocyte derived), 250,000 IU
J9216	Actimmune	interferon, gamma-1b, 3 million units

HCPCS Code	Brand Name (if applicable)	Code Description
J9217	Lupron Depot, Eligard	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	Lupron	Leuprolide acetate, per 1 mg
J9225	Vantas Implant Kit	Histrelin implant (Vantas), 50 mg
J9226	Supprelin LA	Histrelin implant (Supprelin LA), 50 mg
J9301	Gazyva	obinutuzumab, 10 mg
J9306	Perjeta	pertuzumab, 1 mg
J9354	Kadcyla	ado-trastuzumab emtansine, 1 mg
J9355	Herceptin	trastuzumab, 10 mg
J9999	MISC	Not otherwise classified, antineoplastic drugs
Q0138	Feraheme (non ERSD)	ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)
Q4081	Epogen	epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)
Q4082	MISC	Drug or Biological, not otherwise classified

*Auth required except Hospitals and Ambulatory Surgical Centers

** Authorization required for all providers except perinatologists and obstetrician/gynecologists