

BC/TCS Specialty Pharmacy Medications Requiring Prior Authorization

Drug Name	Auth Date Span	HCPCS CPT Code(s)
Actemra	1 year	J3262
Acthar Gel (HP) Gel	1 Year	J0800
Amevive (Alefcept)	3 month period	J0215
Aranesp (Darbepoetin Alfa)	Should be reviewed every 2-3 months	J0881(<i>non-ESRD use</i>) J0882 (<i>ESRD use</i>)
Avastin (Bevacizumab)	1 Year	J9035 Avastin for eye does not require precert
C1 Esterase Inhibitor (Cinryze and Berinert)	1 Year	J0597, J0598, J3590
Cimzia Vials(Certolizumab Pegol)	1 Year	J0718 C9249
Epogen (Epoetin Alfa)	Should be reviewed every 2-3 months	Q4081
Erbix (Cetuximab)	1 Year	J9055
Flolan (Epoprostenol Sodium)	1 Year	J1325
Halavan	1 Year	J9999
Jevatana (Cabazitaxel)	1 Year	J9999
Lanreotide Acetate (Somatuline)	1 Year	J3490
Lumizyme	1 Year	J0200 and J3590
Orencia (Abatacept)	1 Year	J0129
Procrit (Epoetin Alfa)	Should be reviewed every 2-3 months	J0885 (<i>non-ESRD use</i>) J0886(<i>ESRD use</i>)
Prolia (Denosumab)	1 Year	J3590
Remicade (Infliximab)	1 Year	J1745
Remodulin (Tresprostinil Sodium)	1 Year	J3285
Rituxan (Rituximab)	1 Year	J9310
Stelara	1 Year	C9399 and J3590
Synagis (Palivizumab)	Seasonal Nov 1 st – March 31 st	90378
Temodar (Temozolomide)	1 Year	J8700 and J9328
Tysabri (Natalizumab)	1 Year	J2323
Vectibix (Panitumumab)	1 Year	J9303
Velcade (Bortezomib)	1 Year	J9041
Veletri	1 Year	J1325
Xeomin	1Year	J0585, J0586, and J0587
Xolair (Omalizumab)	1 Year	J2357