

Pharmacy Services

Table of Contents

At a Glance	page 2
Obtaining Prior Authorization for Medically Covered Medications... ..	page 2
Prior Authorization List	page 3

At a Glance

Welcome to MedStar Select Pharmacy Services. MedStar Select Pharmacy Services partners with CVS Caremark to meet the medication and cost needs of associates and covered dependents. For more information please contact Caremark:

By phone: **888-771-7282**

By website: [Click Here](#)

Please note, to request prior authorization for medications covered under the medical benefit, please call the MedStar Medical Prior Authorization Services Team at 855-266-0712.

Obtaining Prior Authorization for Medically Covered Medications

Medically covered medications are those medications (i.e., IV infusions) that will be administered by a healthcare provider.

For Medications Covered under the Medical Benefit:

To request prior authorization for medications covered under the medical benefit, please contact the Medically Covered Prior Authorization Team for assistance at **855-266-0712**.

Fax Instructions for Prior Authorization Forms:

Completed forms should be faxed, along with supporting documentation to Pharmacy Services at **855-862-6517**. Prior authorization forms can be found [here](#).

1. Please indicate on the form that the request is going to be for the medical benefit.
2. To avoid delays in responses, please provide all relevant information. Some examples include
 - a. Patient diagnosis
 - b. Previous medication attempts (including the trial period)
 - c. Supporting documentation
 - d. Notes from the patient's most recent office visit
 - e. Contact information for the attending physician or office manager on the faxed document
3. For additional support regarding J-Code selection for Medically Covered Medications provided under the medical benefit, please refer to the table provided below.

Prior Authorization for the Medical Necessity Pharmacy Review Process

If the request is approved under the medical benefit, you will be provided with an authorization number to provide on your claim submittal via a faxed approval letter. The services listed below require a Prior Authorization when covered under the medical benefit.

Prior Authorization Requirements

The list is subject to change. Please contact Pharmacy Services for confirmation prior to administration of services. This list was last updated on **September 19, 2019** **

J-Code	Brand Name	Description	Prior Authorization for Medical PA's apply at all POS except 21 (inpatient) unless otherwise specified	J-Code Block <i>J-Code blocks are effective at place of service 11 (physician office) unless otherwise specified</i>
J3262	Actemra	INJECTION, TOCILIZUMAB, 1 MG	X	
J0800	Acthar Gel	Corticotropin injection	X	
J9216	Actimmune	Interferon gamma 1-b	X (Not payable under medical benefit)	
J2504	Adagen	PEGADEMASE BOVINE 25 IU	X	
J9042	Adcetris	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	*	
J9000	Adriamycin	INJECTION, DOXORUBICIN HCL, 10 MG	*	
J9190	Adrucil	INJECTION, FLUOROURACIL, 500 MG	*	
J1931	Aldurazyme	Laronidase injection	X	
J9305	Alimta	INJECTION, PEMETREXED, 10 MG	*	
J9057	Aliqopa	INJECTION COPANLISIB 1 MG	*	
J8600	Alkeran	Melphalan oral 2 MG	*	X
J9245	Alkeran	INJECTION, MELPHALAN HYDROCHL, 50MG	*	
J0364	Apokyn	INJECTION, APOMORPHINE HYDROCHLORIDE 1 MG	X	X
J0256	Aralast NP, Prolastin, Prolastin C, Zemaira	INJECTION, ALPHA 1-PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	X	
J2793	Arcalyst	RILONACEPT	X	X

J9261	Arranon	INJECTION, NELARBINE, 50 MG	*	
J9302	Arzerra	INJECTION, OFATUMUMAB, 10 MG	*	
J7508	Astagraf XL	Tacrolimus, extended release, oral, 0.1 mg		X
J9035	Avastin	INJECTION, BEVACIZUMAB, 10 MG	*	
J3145	Aveed	Injection, testosterone undecanoate, 1 mg	X	
Q3027	Avonex	Injection, interferon beta- 1a, 1 mcg for intramuscular use		x
C9407	Azedra	IODINE I-131 IOBENGUANE DIAGN 1 MCI	X	
C9408	Azedra	IODINE I-131 IOBENGUANE TX 1 MCI	X	
J9030	BCG Live	BCG LIVE INTRAVESICAL INSTL 1 MG	*	
J9032	Beleodaq	INJECTION BELINOSTAT 10 MG	*	
J0490	Benlysta	INJECTION, BELIMUMAB, 10 MG	X	
J0597	Berinert	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	X (PA applies to POS 12 (home) only)	
J1830	Betaseron/ Extavia	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)		X
J1556	Bivigam	Injection, immune globulin (bivigam), 500 mg	X	

J1740	Boniva	INJECTION, IBANDRONATE SODIUM, 1 MG	X	
J0585	Botox	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	X	
J0567	Brineura	INJECTION CERLIPONASE ALFA 1 MG	X	
C9047	Cablivi	INJECTION CAPLACIZUMAB-YHDP 1 MG	X	
J1786	Cerezyme	INJECTION, IMIGLUCERASE, 10 UNITS	X	
J0717	Cimzia	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	Cimzia	INJECTION, CERTOLIZUMAB PEGOL, 1 MG	X	
J2786	Cinqair	INJECTION, RESLIZUMAB, 1 MG	X	
J0598	Cinryze	INJECTION, C-1 ESTERASE, 10 UNITS	X	
J1595	Copaxone	INJECTION, GLATIRAMER ACETATE, 20 MG		X
J0584	Crysvita	INJECTION BUROSUMAB- TWZA 1 MG	X	
J1555	Cuvitru	INJECTION IMMUNE GLOBULIN 100 MG	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	
J1070	Depo-Testosterone	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	X	
J1071	Depo-Testosterone	Injection, testosterone cypionate, 1 mg	X	
J1080	Depo-Testosterone	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	X	
J7318	Durolane	HYLAN/DERIV DUROLANE IA INJ PER D	X	
J0586	Dysport	AbobotulinumtoxinA	X	
J1743	Elaprase	INJECTION, IDURSULFASE	X	
J3060	Elelyso	Injection, taliglucerase alfa, 10 units	X	
J9217	Eligard	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	X (PA at POS 11 only; hem/onc exempt from PA with ICD-10 C61)	
C9049	Elzonris	INJECTION TAGRAXOFUSP-ERZS 10 MCG	X	
J1438	Enbrel	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
J3380	Entyvio	INJECTION VEDOLIZUMAB 1 MG	X	
J8560	Etoposide	Etoposide oral 50 MG		x
J7323	Euflexxa	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	X	

J1428	Exondys	INJECTION ETEPLIRSEN 10 MG	X	
J0178	Eylea	INJECTION, AFLIBERCEPT, 1 MG	x	
J0180	Fabrazyme	INJECTION, AGALSIDASE BETA, 1 MG	X	
J0517	Fasenra	INJECTION BENRALIZUMAB 1 MG	X	
J1444	Ferric Pyrophosphate Citrate	INJECTION FPC POWDER 0.1 MG IRON	x	
J1744	Firazyr	INJECTION, ICATIBANT, 1 MG	X (PA at POS 12 (home) only)	
J9155	Firmagon	INJECTION, DEGARELIX, 1 MG	X (PA at POS 11 only; hem/onc exempt from PA with ICD- 10C61)	
J1572	Flebogamma	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOG A MMA DIF), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	X	
J1325	Flolan	Epoprostenol injection	X	
J1460	Gamastan	INJECTION, GAMMA GLOBULIN, 1CC	X	
J1560	Gamastan	INJECTION, GAMMA GLOBULIN, 10CC	X	
C9050	Gamifant	INJECTION EMAPALUMAB-LZSG 1 MG	X	
J1569	Gammagard Liquid	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NONLYOPHILIZED, (E.G., LIQUID), 500 MG	X	
J1566	Gammagard S/D / Carimune Nf	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG	X	

J1557	Gammaplex	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	X	
J1561	Gamunex, Gammunex-C, Gammaked	INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNE X- C/GAMMAKED), NONLYOPHILIZED (E.G., LIQUID), 500 MG	X	
J7328	Gel-Syn	HYAL/DERIVATV GEL-SYN IA INJ 0.1 MG	X	
J2941	Genotropin	SOMATROPIN	X	X
J7320	Genvisc 850	HYLAN/DER GENVISC 850 FOR IA INJ 1 MG	X	
J0257	Glassia	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	X	
S0088	Gleevec	IMATINIB		X (POS 11, 12 and 99)
J0599	Haegarda	INJECTION C-1 ESTERASE INHIBITOR HAEGARDA 10 U	X	
J1559	Hizentra	Hizentra injection	X	
J0135	Humira	INJECTION, ADALIMUMAB, 20 MG	X	
J7326	Hyaluronan "Gel-One"	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	X	
J8705	Hycamtin	TOPOTCAN, ORAL		X
J7322	Hymovis	Hyaluronan or derivative for intra-articular injection, 1 mg	X	
J1575	HyQyvia	INJ IG/HYALURONIDASE 100 MG IG	X	
J0638	Ilaris	INJECTION, CANAKINUMAB	X	
J3245	Ilumya	INJECTION TILDRAKIZUMAB 1 MG	X	
J7313	Iluvien	INJ FA INTRAVITREAL IMPL 0.01 MG	X	
Q5103 Q5102	Inflectra	INJ INFLIXIMAB-DYYB BIOSIMILR 10 MG	X	

Q5109	Ixifi	INJ INFLIXIMAB-QBTX BIOSIMILR 10 MG	X	
J7316	Jetrea	Injection, ocriplasmin, 0.125 mg	X	
J1290	Kalbitor	INJECTION, ECALLANTIDE	X (PA applies to POS 12 (home) only)	
J2840	Kanuma	INJECTION, SEBELIPASE ALFA, 1 MG	X	
J2507	Krystexxa	INJECTION, PEGLOTICASE, 1 MG	X	
Q2042	Kymriah	CTIL019 TO 600 M CAR-+ VI T CE P TD	X	
J0202	Lemtrada	INJECTION ALEMTUZUMAB 1 MG	X	
J2778	Lucentis	INJECTION, RANIBIZUMAB, 0.1 MG	X (Claim will pay with ICD-10 Diagnosis Code E11.311)	
J0221	Lumizyme	Injection, alglucosidase alfa, (Lumizyme), 10 mg	X	
J1950	Lupron	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	X (PA at POS 11 only; hem/onc exempt from PA)	
J9218	Lupron	LEUPROLIDE ACETATE, PER 1 MG	X (PA at POS 11 only; hem/onc exempt from PA)	
C9031	Lutathera	LUTETIUM LU 177 DOTATATE THER 1 MCI	X	
J3398	Luxturna	INJ VORETGN NEPARVVC-RZYL 1 B VEC G	X	
J1725	Makena	Injection, hydroxyprogester one caproate, 1 mg	X	
J1726	Makena	INJECTION HYDROXYPROGESTER ON E CAPROATE 10 MG	X	
J3397	Mepsevii	INJECT VESTRONIDASE ALFA-VJBK 1 MG	X	
J7327	Monovisc	Hyaluronan or derivative, Monovisc, for intra- articular injection, per dose	X	

J2562	Mozobil	PLERIXAFOR	X	
J8510	Myleran	Oral busulfan		X
J0587	Myobloc	INJECTION, RIMABOTULINUMTOXIN B, 100 UNITS	X	
J0220	Myozyme	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	X	
J1458	Naglazyme	Galsulfase injection	X	
J2796	Nplate	INJECTION, ROMIPLOSTIM, 10 MCG	X	
J2182 C9473	Nucala	INJECTION, MEPOLIZUMAB, 1 MG	X	
J0485	Nulojix	INJECTION, BELATACEPT, 1 MG	X	
J2350	Ocrevus	injection, ocrelizumab, 1 mg	X	
J1568	Octagam	INJECTION, OCTAGAM, 500MG	X	
J8562	Oforta	Oral fludarabine phosphate	X	x
C9036	Onpattro	INJECTION PATISIRAN 0.1 MG	X	
J0129	Orencia	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	
J7324	Orthovisc	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	X	
J7312	Ozurdex	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	X	
C9037	Perseris	INJECTION RISPERIDONE 0.5 MG	X	

J2787	Photextra Viscous	RIBOFLAVIN 5'-PHO OPHTH SOL TO 3 ML	X	
C9038	Poteligeo	INJECTION MOGAMULIZUMAB- KPKC 1 MG	X	
J1459	Privigen	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	X	
J0570	Probuphine	buprenorphine implant, 74.2mg	X	
J0897	Prolia/Xgeva	INJECTION, DENOSUMAB, 1MG	X	
Q2043	Provenge	Sipuleucel-T auto CD54+	X	
J7639	Pulmozyme	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	X	
J7336	Qutenza	Capsaicin 8% patch, per sq cm	X	
J1301	Radicava	injection, edaravone, 1 mg	X	
Q3028	Rebif	Injection, interferon beta- 1a, 1 mcg for subcutaneous use	X	X
J2212	Relistor	Injection, methylnaltrexone, 0.1 mg	X	X
J1745	Remicade	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	X	
J3285	Remodulin	Treprostinil injection	X	
Q5104 Q5102	Renflexis	INJ INFLIXIMAB- ABDA BIOSIMILR 10 MG	X	
J9310	Rituxan	INJECTION, RITUXIMAB, 100 MG	X (Claim will pay for hem/onc prov without PA. PA Policy does not apply to chemotherapeutic indications)	

J9312	Rituxan	INJECTION RITUXIMAB 10 MG	X	
J3911	Rituxan Hycela	INJ RITUXIMAB 10 MG & HYALURONIDASE	X	
J0596	Ruconest	INJ C1 ESTERASE INHIB RUCONEST 10 U	X (PA at POS 12 (home) only)	
J2353	Sandostatin LAR	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	X	
J2502	Signifor LAR	INJ PASIREOTIDE LONG ACTING 1 MG	X	
J1602	Simponi Aria	Injection, golimumab, 1 mg, for intravenous use	X	
J1300	Soliris	INJECTION, ECULIZUMAB, 10 MG	X	
J1930	Somatuline Depot	Lanreotide injection	X	
C9489	Spinraza	injection, nusinersen	X	
J2326	Spinraza	INJECTION NUSINERSEN 0.1 MG	X	
J3357	Stelara	Ustekinumab injection	X	
J3358	Stelara	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	X	
J0572	Suboxone	Buprenorphine/naloxone, oral, less than or equal to 3 mg	X	X
J0573	Suboxone	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg	X	X
J0574	Suboxone	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg	X	X
J0575	Suboxone	Buprenorphine/naloxo ne, oral, greater than 10 mg	X	X
J0571	Subutex	Buprenorphine, oral, 1 mg	X	X
J7321	Supartz/ Hyalgan	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA- ARTICULAR INJECTION, PER DOSE	X	

J9226	Supprelin LA	HISTRELIN IMPLANT	X	
J2860	Sylvant	INJECTION SILTUXIMAB 10 MG	X	
90378 (CPT)	Synagis	PALIVIZUMAB	X	X
J7325	Synvisc/ Synvisc-One	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA- ARTICULAR INJECTION, 1 MG	X	
J8700	Temodar	TEMOZOLOMIDE		X
S0189	Testopel	Implant, testosterone pellet	X	
J7682	Tobi	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MG		X
J3315	Trelstar	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	X (PA at POS 11 only; hem/onc exempt from PA. Claim will pay with ICD-10 diagnosis code C61)	
J3316	Trelstar	INJECTION TRIPTORELIN ER 3.75 MG	X	
J1628	Tremfya	INJECTION GUSELKUMAB 1 MG	X	
J7329	Trivisc	HYALN/DERIV TRIVISC FOR IA INJ 1 MG	X	
J1746	Trogarzo	INJECTION IBALIZUMAB- UIYK 10 MG	X	
Q5115	Truxima	INJ RITUXIMAB-ABBS BIOSIMILAR 10 MG	X	
J2323	Tysabri	INJECTION, NATALIZUMAB, 1 MG	X	
J7686	Tyvaso	Treprostinil, non-comp unit	X	
C9052	Utomiris	INJECTION RAVULIZUMAB- CWVZ 10 MG	X	

J9225	Vantas	HISTRELIN IMPLANT (VANTAS), 50 MG	X (PA at POS 11 only; hem/onc exempt from PA. Claim will pay with ICD-10 diagnosis code C61)	
J8670	Varubi	ROLAPITANT, ORAL 1 MG		X (POS 11, 12 and 22)
Q4074	Ventavis	Iloprost non-comp unit dose	X	
J1322	Vimizim	Injection, elosulfase alfa, 1 mg	X	
J1562	Vivaglobin	IVIG	X	
J2315	Vivitrol	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	X	
J3385	Vpriv	Velaglucerase alfa	X	
J8520	Xeloda	Capecitabine, oral, 150 mg		X
J8521	Xeloda	Capecitabine, oral, 500 mg		X
J0588	Xeomin	Injection, incobotulinumtoxinA, 1 unit	X	
A9606	Xofigo	Radium RA-223 dichloride, therapeutic, per microcurie	X	
J2357	Xolair	INJECTION, OMALIZUMAB, 5 MG	X	
Q2041	Yescarta	KTE-C19 TO 200 M AUTO ANTI-CD19 CAR	X	
J0565	Zinplava	INJECTION BEZLOTOXUMAB 10 MG	X	
J9202	Zoladex	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	X (PA at POS 11 only; hem/onc exempt from PA. Claim will pay with ICD10 diagnosis code C61)	
J7527	Zortress	Everolimus, oral, 0.25 mg		X (POS 11, 12 and 99)
J1599		IVIG, NON-LYOPHILIZED, LIQUID, NOS	X	

*Drugs used to treat cancer that are marked with an * do not require PA. However, if a request has been received it will be reviewed for medical necessity and appropriate indicate.