



BAPTIST HEALTH PLAN[®]

Medication Prior Authorization List

Effective January 1, 2017

Prior Authorization (PA) is required for the following drugs when delivered in all outpatient settings (i.e. physician office, clinic, outpatient hospital, or home setting). **Must bill J-code on appropriate claim form.** Home Health/Home Infusion is provided through the home health provider. Unless listed below, all self-administered pharmacy products are covered under the Prescription Drug Benefit ONLY. Please contact BHP's Pharmacy Services Department at 877-205-6308 to request PA.

Drug Name		Jcode	Quantity Limit (if applicable)
Brand	Generic		
Abraxane	nanoparticle albumin-bound paclitaxel	J9264	
Actemra IV	tocilizumab	J3262	800mg x 30 days
Adcetris	brentuximab vedotin	J9042	
Akynzeo	netupitant/palonosetron	J8655	
Alimta	pemetrexed	J9305	
Aloxi	palonosetron	J2469	5mL x 30 days
Antihemophilic Factor Agents		J7180; J7181; J7182; J7183; J7185; J7186; J7187; J7188; J7189; J7190; J7191; J7192; J7198; J7199; J7205	
Aranesp	darbepoetin alfa	J0881; J0882	4 vials/syringes x 30 days
Arcalyst	rilonacept	J2793	4 vials x 30 days
Arranon	nelarabine	J9261	
Arzerra	ofatumumab	J9302	
Avastin	bevacizumab	J9035	
Beleodaq	belinostat	J9032	
Bendeka*	bendamustine	J9033	
Benlysta	belimumab	J0490	
Berinert	C1 inhibitor, human	J0597	
Blincyto	blinatumomab	J9039	
Botox	botulinum toxin	J0585	
Buprenex	buprenorphine	J0592	
Ceprotrin	protein-C concentrate	J2724	
Cerezyme	imiglucerase	J1786	
Cinqair*	reslizumab	J3590	
Cimzia	certolizumab pegol	J0717	2 x 30 days
Cinryze	C1 inhibitor, human	J0598	
Cyramza	ramucirumab	J9308	
Dacogen	decitabine	J0894	
Darzalex*	daratumumab	J9999	
Dysport	botulinum toxin	J0586	



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Brand	Generic		
Ellyso	<i>taliglucerase</i>	J3060	
Eligard IM	<i>leuprolide acetate</i>	J9217	7.5mg = 1 kit x 30 days; 22.5mg = 1 kit x 90 days; 30mg = 1 kit x 120 days; 45mg = 1 kit x 180 days
Ellence	<i>epirubicin</i>	J9178	
Emend PO & IV	<i>fosaprepitant</i>	J1453; J8501	40mg, 115mg, 125mg & 150mg = 2 x 30 days; 80mg = 4 x 30 days; Therapy Pack = 6 x 30 days
Empliciti*	<i>elotuzumab</i>	J9999	
Entyvio	<i>vedolizumab</i>	J3380	Initial = 4 x 4 months Maintenance = 7 x Calendar Year
Epogen	<i>epoetin alfa</i>	J0885; J0886	12 x 30 days
Erbix	<i>cetuximab</i>	J9055	
Euflexxa	<i>sodium hyaluronate</i>	J7323	
Eylea	<i>aflibercept</i>	J0178	
Factor IX Concentrates		J7193; J7194; J7195; J7200; J7201	
Flolan	<i>epoprostenol sodium</i>	J1325	
Gazyva	<i>obinutuzumab</i>	J9301	
Gel-One	<i>sodium hyaluronate</i>	J7326	
Gelsyn-3*	<i>sodium hyaluronate</i>	J7328	
Granix	<i>tbo-filgrastim</i>	J1447	
Growth Hormone	<i>Somatropin</i>	J2941	
H.P. Acthar Gel	<i>corticotropin, ACTH</i>	J0800	
Halaven	<i>eribulin mesylate</i>	J9179	
Herceptin	<i>trastuzumab</i>	J9355	
Hyalgan	<i>sodium hyaluronate</i>	J7321	
Hymovis*	<i>hyaluronan</i>	J3490	
Ilaris	<i>canakinumab</i>	J0638	
Immune globulin	<i>IVIG</i>	J1459; J1460; J1556; J1557; J1559; J1560; J1561; J1562; J1566; J1568; J1569; J1572; J1575; J1599; 90281; 90283; 90284	



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Brand	Generic		
Intron-A IV	<i>interferon alfa</i>	J9214	12 vials x 30 days
Ixempra	<i>ixabepilone</i>	J9207	
Jetrea	<i>ocriplasmin</i>	J7316	
Jevtana	<i>cabazitaxel</i>	J9043	
Kadcyla	<i>ado-trastuzumab emtansine</i>	J9354	
Kanuma*	<i>sebelipase alfa</i>	J3590	
Keytruda	<i>pembrolizumab</i>	J9271	
Krystexxa	<i>pegloticase</i>	J2507	
Kyprolis	<i>carfilzomib</i>	J9047	
Lemtrada	<i>alemtuzumab</i>	J0202	
Leukine	<i>sargramostim</i>	J2820	
Lucentis	<i>ranibizumab</i>	J2778	
Lupron Depot	<i>leuprolide acetate</i>	J9217; J9218; J9219; J1950	3.75mg, 7.5mg, & Pediatric Formulations = 1 kit x 30 days; 11.25 & 22.5mg = 1 kit x 90 days; 30mg = 1 kit x 120 days; 45mg = 1 kit x 180 days
Macugen	<i>pegaptanib sodium</i>	J2503	
Makena	<i>hydroxyprogesterone</i>	J1725	
Mircera	<i>methoxy polyethylene glycol-epoetin</i>	J0887; J0888	
Monovisc	<i>sodium hyaluronate</i>	J7327	
Mozobil	<i>plerixafor</i>	J2562	
Myobloc	<i>botulinum toxin</i>	J0587	
Neulasta	<i>pegfilgrastim</i>	J2505	
Neupogen	<i>filgrastim</i>	J1440; J1441; J1442	14 syringes x 30 days
Nplate	<i>romiplostim</i>	J2796	
Nucala*	<i>mepolizumab</i>	J3590	100mg x 28 days
Omontys	<i>peginesatide</i>	J0890	
Onivyde*	<i>irinotecan liposomal</i>	J3490; J9999	
Opdivo	<i>Nivolumab</i>	J9299	
Orencia	<i>abatacept</i>	J0129	4 vials x 30 days
Orthovisc	<i>sodium hyaluronate</i>	J7324	
Perjeta	<i>pertuzumab</i>	J9306	
Portrazza*	<i>necitumumab</i>	J3490; J3590; J9999	
Prialt	<i>ziconotide</i>	J2278	



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Brand	Generic		
Procrit	<i>epoetin alfa</i>	J0885; J0886	12 vials x 30 days
Prolia	<i>denosumab</i>	J0897	
Provenge	<i>sipuleucel-T</i>	Q2043	1 treatment cycle per lifetime
Reclast	<i>zoledronic acid</i>	J3489	
Remicade	<i>infliximab</i>	J1745	1 dose every 6-8 weeks
Remodulin	<i>treprostinil</i>	J3285	
Rituxan	<i>rituximab</i>	J9310	300mL x 30 days
Ruconest	<i>c1 esterase inhibitor</i>	J3590	
Sandostatin IV/LAR	<i>octreotide</i>	J2353; J2354	
Simponi ARIA	<i>golimumab</i>	J1602	5 vials every 8 weeks
Soliris	<i>eculizumab</i>	J1300	
Stelara	<i>ustekinumab</i>	J3357	1 vial x 12 weeks
Supartz	<i>sodium hyaluronate</i>	J7321	
Supprelin LA	<i>histrelin acetate</i>	J9226	
Sylvant	<i>siltuximab</i>	J2860	
Synagis	<i>palivizumab</i>	90378	2 vials x 30 days
Synvisc/Synvisc-One	<i>sodium hyaluronate</i>	J7325	
Tecentriq*	<i>atezolizumab</i>	J3490; J3590; J9999	
Testosterone cypionate and enanthate injections and Testopel Pellet	<i>testosterone</i>	J1070; J1071; J1080; J3121; J3145; S0189	Testopel: 6 pellets every 3 months*
Treanda*	<i>bendamustine</i>	J9033	
Tysabri	<i>natalizumab</i>	J2323	1 vial x 30 days
Unituxin	<i>dinutuximab</i>	J3490; J3590; J9999	
Vantas	<i>histrelin acetate</i>	J9225	
Vectibix	<i>panitumumab</i>	J9303	
Veletri	<i>epoprostenol sodium</i>	J1325	
Vidaza	<i>azacitadine</i>	J9025	
Vimizim	<i>elosulfase alfa</i>	J1322	
Visudyne	<i>verteporfin</i>	J3396	
Vivitrol	<i>naltrexone</i>	J2315	
Vpriv	<i>velaglucerase</i>	J3385	



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Xeomin	<i>incobotulinumtoxinA</i>	J0588	
Xgeva	<i>denosumab</i>	J0897	
Xiaflex	<i>collagenase clostridium histolyticum</i>	J0775	
Xolair	<i>omalizumab</i>	J2357	
Yervoy	<i>ipilimumab</i>	J9228	
Zaltrap	<i>ziv-aflibercept</i>	J9400	
Zarxio	<i>filgrastim</i>	J1440; J1441; J1442	14 syringes x 30 days
Zoladex	<i>goserelin</i>	J9202	3.6mg = 1 kit x 30 days; 10.8mg = 1 kit x 90 days
Zometa	<i>zoledronic acid</i>	J3489	

** New Prior Authorization Requirement for 2017*

Discrimination is Against the Law.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.787.2680 (TTY: 1 844.708.1389).

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