

To: AmeriHealth Caritas Louisiana Providers

Date: March 30, 2018

Subject: Changes to Prior Authorization Requirements for Physician-Administered Infusions and Injectables

Summary: Effective April 1, 2018, AmeriHealth Caritas Louisiana will determine prior authorization requirements for physician-administered infusions and injectables based on the medication's HCPCS code rather than billed dollar amount.

To date, AmeriHealth Caritas Louisiana has required prior authorization for physician-administered infusions and injectables with billed amounts of \$250 or greater. Effective April 1, 2018, prior authorization requirements will be based on the medication's HCPCS code instead of the billed amount.

A comprehensive list of HCPCS codes for physician-administered infusions and injectables requiring prior authorization is included with this communication and available on our website at www.amerihealthcaritasla.com > Providers > Prior Authorizations.

The procedure for requesting a prior authorization for physician-administered infusions and injectables is not changing. The process is outlined below for your reference.

1. Providers may submit medication prior authorization requests to PerformRx, AmeriHealth Caritas Louisiana's pharmacy benefits manager, by phone at 1-800-684-5502, fax at 1-855-452-9131, or by accessing the **Online PA Request Form** located on our website at www.amerihealthcaritasla.com > Pharmacy > Pharmacy Prior Authorizations.
2. The HCPCS code that corresponds to the medication request must be included in the request. If the HCPCS code is a miscellaneous code, the National Drug Code (NDC) number must also be included on the request.
3. PerformRx will confirm receipt of the request via facsimile to the requesting provider.
4. PerformRx will make a determination within 24 hours of receipt.
5. PerformRx will communicate the final determination to the provider as follows:
 - a. If approved, an approval fax will be sent to the provider.
 - b. If denied, the provider will be notified via a denial fax and a denial letter via U.S. mail. The member will also receive a copy of the denial letter via U.S. mail.

Questions:

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.

HCPCS Codes Requiring Authorization

Code	Procedure Code Definition	Brand Name
J0202	Injection, Alemtuzumab	Lemtrada
J0207	Amifostine	Ethyol
J0476	Baclofen intrathecal trial	Lioresal, Gablofen
J0587	Inj, rimabotulinumtoxinB	Myobloc
J0594	Busulfan injection	Busulfex
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10	Ruconest
J0640	Leucovorin calcium injection	Leucovorin calcium injection
J0641	Levoleucovorin injection	Levoleucovorin injection
J0714	Ceftazidime/avibactam	Avycaz
J0875	Injection, dalbavancin	Dalvance
J0881	Darbepoetin alfa, non-esrd	Aranesp
J0882	Darbepoetin alfa	Aranesp
J0885	Epoetin alfa, non-esrd	Procrit
J0894	Decitabine injection	Dacogen
J1442	Inj filgrastim excl biosimil	Neupogen
J1447	Inj tbo filgrastim 1 microg	Granix
J1453	Fosaprepitant injection	Emend
J1556	Inj, Imm Glob Bivigam, 500mg	Bivigam
J1575	Hyqvia 100mg immunoglobulin	Hyqvia
J1626	Granisetron hcl injection	Kytril
J1650	Inj enoxaparin sodium	Lovenox
J1652	Fondaparinux sodium	Arixtra
J1655	Injection, tinzaparin sodium, 1000 iu	Innohep
J1833	Isavuconazonium sulfate	Cresemba
J1950	Leuprolide acetate /3.75 MG	Lupron
J2020	Linezolid injection	Zyvox
J2355	Oprelvekin	Neumega
J2407	Oritavancin	Orbactiv
J2425	Palifermin	Kepivance
J2430	Pamidronate disodium /30 MG	Aredia
J2469	Palonosetron hcl	Aloxi
J2502	Pasireotide long acting	Signifor
J2505	Injection, pegfilgrastim 6mg	Neulasta

HCPSC Codes Requiring Authorization

Code	Procedure Code Definition	Brand Name
J2547	Peramivir 1mg Inj.	Rapivab
J2562	Plerixafor injection	Mozobil
J2770	Quinpristin/dalfopristin	Synercid
J2820	Sargramostim 50 mcg injection	Leukine
J2941	Injection, somatropin, 1 mg	Humatrope, Nutropin, Morditropin
J3060	Taliglucerase alfa	ElELYso
J3095	Telavancin injection	Vibativ
J3489	Zoledronic Acid 1mg	Reclast or Zometa
J3490	Unclassified Drugs	
J7513	Daclizumab	Zinbryta
J7999	Compounded drug, nos	
J8498	Antiemetic drug, rectal/suppository, nos	
J8499	Prescription drug, oral, non chemotherapeutic, nos	
J8597	Anti-emetic drug, oral, nos	
J8670	Injection, rolapitant, oral, 1mg	Varubi
J8999	Prescription drug, oral, chemotherapeutic, nos	
J9000	Doxorubicin hcl injection	Adriamycin PFS, Adriamycin RDF, Rubex
J9025	Azacitidine injection	Vidaza
J9033	Bendamustine injection	Treanda
J9035	Bevacizumab injection	Avastin
J9039	Blinatumomab 1 microgram Inj.	Blincyto
J9040	Bleomycin sulfate injection	Blenoxane
J9041	Bortezomib injection	Velcade
J9042	Brentuximab vedotin inj	Adcentris
J9047	Injection, Carfilzomib, 1 mg	Kyprolis
J9055	Cetuximab injection	Erbix
J9098	Cytarabine liposome inj	Depocyt
J9100	Cytarabine hcl 100 MG inj	Cytosar
J9120	Dactinomycin injection	Actinomycin
J9130	Dacarbazine 100 mg inj	DTIC
J9155	Degarelix	Firmagon
J9176	Injection, elotuzumab, 1 mg	Empliciti
J9179	Eribulin mesylate injection	Halaven

HCPSC Codes Requiring Authorization

Code	Procedure Code Definition	Brand Name
J9185	Fludarabine phosphate inj	Fludara
J9201	Gemcitabine hcl injection	Gemzar
J9202	Goserelin acetate implant	Zoladex
J9207	Ixabepilone injection	Ixempra
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram	Infergen
J9214	Interferon alfa-2b inj	Intron A
J9215	Injection, interferon, alfa-n3, (human leukocyte derived),	Alferon N
J9216	Injection, interferon, gamma 1-b, 3 million units	Actimmune
J9217	Leuprolide acetate suspnsion	Lupron
J9218	Leuprolide acetate injeciton	Lupron
J9219	Leuprolide acetate implant, 65 mg	Lupron
J9228	Ipilimumab injection	Yervoy
J9264	Paclitaxel protein bound	Abraxane
J9267	Paclitaxel 1mg injection	Abraxane
J9268	Pentostatin injection	Nipent
J9271	Inj pembrolizumab	Keytruda
J9299	Injection, nivolumab	Opdivo
J9303	Panitumumab injection	Vectibix
J9305	Pemetrexed injection	Alimta
J9306	Injection, Pertuzumab, 1 mg	Perjeta
J9310	Rituximab injection	Rituxan
J9351	Topotecan injection	Hycamtin
J9354	Inj, Ado-trastuzumab Emt 1mg	Kadcycla
J9355	Trastuzumab injection	Herceptin
J9360	Vinblastine sulfate inj	Velbe
J9370	Vincristine sulfate 1 MG inj	Marqibo
J9371	Inj, vincristine sul lip 1 mg	Marqibo
J9390	Vinorelbine tartrate inj	Navelbine
J9395	Injection, Fulvestrant	Faslodex
J9999	Not otherwise classified, antineoplastic drugs	
Q0515	Injection, sermorelin acetate, 1 microgram	
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	

HCPCS Codes Requiring Authorization

Code	Procedure Code Definition	Brand Name
Q4074	Iloprost	Ventavis
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	Procrit
Q5101	Filgastrim - sndz	Zarxio
Q5102	Injection, Infliximab biosimilar	Inflectra
Q9989	Ustekinumab	Stelara