

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ ALTERNATE DRUG NAME</u>	<u>UM PROGRAM</u>	<u>CE SOS</u>	<u>COMMENTS</u>
90281	GamaSTAN S/D	HUMAN IMMUNE GLOBULIN			
90283	CARIMUNE NF	HUMAN IMMUNE GLOBULIN			
90283	FLEBOGAMMA	HUMAN IMMUNE GLOBULIN			
90283	FLEBOGAMMA DIF	HUMAN IMMUNE GLOBULIN			
90283	GAMMAGARD	HUMAN IMMUNE GLOBULIN		Y	***Covered as Self-Administered or Provider Administered
90283	GAMMAGARD SD	HUMAN IMMUNE GLOBULIN		Y	***Covered as Self-Administered or Provider Administered
90283	GAMMAKED	HUMAN IMMUNE GLOBULIN		Y	***Covered as Self-Administered or Provider Administered
90283	GAMMAPLEX	HUMAN IMMUNE GLOBULIN			
90283	GAMUNEX	HUMAN IMMUNE GLOBULIN		Y	***Covered as Self-Administered or Provider Administered
90283	GAMUNEX-C	HUMAN IMMUNE GLOBULIN		Y	***Covered as Self-Administered or Provider Administered
90283	OCTAGAM	HUMAN IMMUNE GLOBULIN			
90283	PRIVIGEN	HUMAN IMMUNE GLOBULIN			
90284	GAMMAGARD LIQUID	HUMAN IMMUNE GLOBULIN		Y	***Covered as Self-Administered or Provider Administered
90284	GAMMAKED	HUMAN IMMUNE GLOBULIN		Y	***Covered as Self-Administered or Provider Administered

90284	GAMUNEX-C	HUMAN IMMUNE GLOBULIN		Y	***Covered as Self-Administered or Provider Administered
90284	HIZENTRA	HUMAN IMMUNE GLOBULIN		Y	**self-administered drug
90378	SYNAGIS	PALIVIZUMAB			
90399*	Unlisted IVIG*	HUMAN IMMUNE GLOBULIN			
A9606	XOIFIGO	RADIUM RA 223 DICHLORIDE			
A9699*	Unclassified Rx*	RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED			
C9021	GAZYVA	OBINUTUZUMAB			termed 12/31/2014
C9022	VIMIZIM	ELOSULFASE-ALFA			code termed 12/31/2014
C9023	AVEED	TESTOSTERONE-UNDECANOATE			code termed 12/31/2014
C9025	CYRAMZA	RAMUCIRUMAB			C-codes only applicable for Outpatient Facility (OPPS)
C9026	ENTYVIO	VEDOLIZUMAB			C-codes only applicable for Outpatient Facility (OPPS)
C9027	KEYTRUDA	PEMBROLIZUMAB			C-codes only applicable for Outpatient Facility (OPPS)
C9021	GAZYVA	OBINUTUZUMAB			termed 12/31/2014
C9022	VIMIZIM	ELOSULFASE-ALFA			code termed 12/31/2014
C9023	AVEED	TESTOSTERONE-UNDECANOATE			code termed 12/31/2014

C9133	RIXUBIS	FACTOR IX		Y	code termed 12/31/2013 **self-administered drug
C9134	ALPROLIX	FACTOR IX		Y	code termed 12/31/2014 **self-administered drug
C9134	TRETTEN	FACTOR XIII A-SUBUNIT		Y	code termed 12/31/2014 **self-administered drug
C9136	ELOCTATE	FACTOR VIII		Y	Code Termed 03/31/2015 Refer to Q9975 **self-administered drug
C9257	AVASTIN	BEVACIZUMAB			C-codes only applicable for Outpatient Facility (OPPS)
C9399	HYQVIA	IMMUNE GLOBULIN			C-codes only applicable for Outpatient Facility (OPPS)
C9399	RUCONEST	C1 ESTERASE INHIBITOR			C-codes only applicable for Outpatient Facility (OPPS)
C9399	SYLVANT	SILTUXIMAB			C-codes only applicable for Outpatient Facility (OPPS)
C9399	VARITHENA	POLIDOCANOL INJECTABLE FOAM			C-codes only applicable for Outpatient Facility (OPPS)
C9399*	Unclassified Rx*	UNCLASSIFIED DRUGS OR BIOLOGICALS			C-codes only applicable for Outpatient Facility (OPPS)
C9442	BELEODAQ	BELINOSTAT			C-codes only applicable for Outpatient Facility (OPPS)
C9450	ILUVIEN	FLUOCINOLONE ACETONIDE			New Drug added 07/01/2015 - C-codes only applicable for Outpatient Facility (OPPS)
C9454	SIGNIFOR LAR	PASIREOTIDE LONG ACTING			C-codes only applicable for Outpatient Facility (OPPS)
J0129	ORENCIA SQ	ABATACEPT	PADP	Y	***Covered as Self- Administered or Provider Administered
J0135	HUMIRA	ADALIMUMAB		Y	**self-administered drug

J0178	EYLEA	AFLIBERCEPT	PADP		Drug added to PADP 04/01/2015
J0180	FABRAZYME	AGALSIDASE BETA			
J0215	AMEVIVE	ALEFACEPT			Removed from requiring PA 12/31/2014 **no products available any longer**
J0221	LUMIZYME	ALGLUCOSIDASE ALFA			
J0256	ARALAST NP	ALPHA 1-PROTEINASE INHIBITOR	PADP		
J0256	ARALAST	ALPHA 1-PROTEINASE INHIBITOR	PADP		
J0256	PROLASTIN-C	ALPHA 1-PROTEINASE INHIBITOR	PADP		
J0256	ZEMAIRA	ALPHA 1-PROTEINASE INHIBITOR	PADP		
J0257	GLASSIA	ALPHA 1-PROTEINASE INHIBITOR	PADP		
J0470	BAL IN OIL	DIMERCAPROL			
J0490	BENLYSTA	BELIMUMAB			
J0585	BOTOX	ONABOTULINUMTOXIN A	PADP		
J0586	DYSPORT	ONABOTULINUMTOXIN A	PADP		
J0587	MYOBLOC	ONABOTULINUMTOXIN B	PADP		
J0588	XEOMIN	ONABOTULINUMTOXIN A	PADP		

J0597	BERINERT	C1 ESTERASE INHIBITOR	PADP		***Covered as Self-Administered or Provider Administered
J0598	CINRYZE	C1 ESTERASE INHIBITOR		Y	**self-administered drug
J0600	CALCIUM EDTA	EDETATE CALCIUM DISODIUM			
J0600	EDETATE CALCIUM DISODIUM	EDETATE CALCIUM DISODIUM			
J0638	ILARIS	CANAKINUMAB			
J0641	FUSILEV	LEVOLEUCOVORIN	PADP		Drug added to PADP 04/01/2015
J0717	CIMZIA	CERTOLIZUMAB PEGOL	PADP	Y	***Covered as Self-Administered or Provider Administered
J0725	NOVAREL	CHORIONIC GONADOTROPIN			**self-administered drug -- infertility benefit review
J0725	PREGNYL	CHORIONIC GONADOTROPIN			**self-administered drug -- infertility benefit review
J0800	HP ACTHAR	CORTICOTROPIN	PADP	Y	***Covered as Self-Administered or Provider Administered
J0881	ARANESP	DARBEPOETIN ALFA	PADP	Y	***Covered as Self-Administered or Provider Administered
J0882	ARANESP	DARBEPOETIN ALFA		Y	***Covered as Self-Administered or Provider Administered
J0885	EPOGEN	EPOETIN ALFA	PADP	Y	***Covered as Self-Administered or Provider Administered
J0885	PROCRIT	EPOETIN ALFA	PADP	Y	***Covered as Self-Administered or Provider Administered
J0886	EPOGEN	EPOETIN ALFA		Y	***Covered as Self-Administered or Provider Administered

J0886	PROCRIT	EPOETIN ALFA		Y	***Covered as Self-Administered or Provider Administered
J0887	MIRCERA	EPOETIN BETA (ESRD use)			***Covered as Self-Administered or Provider Administered
J0888	MIRCERA	EPOETIN BETA (non- ESRD use)			***Covered as Self-Administered or Provider Administered
J0897	PROLIA	DENOSUMAB	PADP		
J0897	XGEVA	DENOSUMAB	PADP		
J1050	DEPO-PROVERA	MEDROXYPROGESTERONE-ACETATE			As of 01/01/2015 No longer requires PA, allows based on Benefits.
J1070	DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE			code termed 12/31/2014
J1071	DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE			
J1080	DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE			code termed 12/31/2014
J1290	KALBITOR	ECALLANTIDE	PADP		
J1300	SOLIRIS	ECULIZUMAB	PADP		
J1322	VIMIZIM	ELOSULFASE ALFA			
J1325	FLOLAN	EPOPROSTENOL			**self-administered drug
J1325	VELETRI	EPOPROSTENOL			**self-administered drug
J1438	ENBREL	ETANERCEPT		Y	**self-administered drug

J1439	INJECTAFER	FERRIC CARBOXYMALTOSE			
J1442	NEUPOGEN	FILGRASTIM	PADP	Y	***Covered as Self-Administered or Provider Administered
J1446	GRANIX	TBO-FILGRASTIM			
J1459	PRIVIGEN	HUMAN IMMUNE GLOBULIN	PADP		
J1460	GamaSTAN S/D	HUMAN IMMUNE GLOBULIN	PADP		
J1556	BIVIGAM	HUMAN IMMUNE GLOBULIN	PADP		
J1557	GAMMAPLEX	HUMAN IMMUNE GLOBULIN	PADP		
J1559	HIZENTRA	HUMAN IMMUNE GLOBULIN		Y	**self-administered drug
J1560	GamaSTAN S/D	HUMAN IMMUNE GLOBULIN	PADP		
J1561	GAMMAKED	HUMAN IMMUNE GLOBULIN	PADP	Y	***Covered as Self-Administered or Provider Administered
J1561	GAMUNEX	HUMAN IMMUNE GLOBULIN	PADP	Y	***Covered as Self-Administered or Provider Administered
J1561	GAMUNEX-C	HUMAN IMMUNE GLOBULIN	PADP	Y	***Covered as Self-Administered or Provider Administered
J1562	VIVAGLOBIN	HUMAN IMMUNE GLOBULIN	PADP		*product discontinued
J1566	CARIMUNE NF	HUMAN IMMUNE GLOBULIN	PADP		
J1566	GAMMAGARD SD	HUMAN IMMUNE GLOBULIN	PADP	Y	***Covered as Self-Administered or Provider Administered

J1568	OCTAGAM	HUMAN IMMUNE GLOBULIN	PADP		
J1569	GAMMAGARD LIQUID	HUMAN IMMUNE GLOBULIN	PADP	Y	***Covered as Self-Administered or Provider Administered
J1572	FLEBOGAMMA	HUMAN IMMUNE GLOBULIN	PADP		
J1595	COPAXONE	GLATIRAMER		Y	**self-administered drug
J1599*	Unclassified IVIG*	HUMAN IMMUNE GLOBULIN	PADP		
J1602	SIMPONI ARIA	GOLIMUMAB			
J1645	FRAGMIN	DALTEPARIN SODIUM			**self-administered drug - removed from requiring PA 12/31/2014 based on self-administered covered RX
J1650	LOVENOX-	ENOXAPARIN SODIUM			**self-administered drug - removed from requiring PA 12/31/2014 based on self-administered covered RX
J1652	ARIXTRA	FONDAPARINUX SODIUM			**self-administered drug - removed from requiring PA 12/31/2014 based on self-administered covered RX
J1725	MAKENA	HYDROXYPROGESTERONE CAPROATE			
J1740	BONIVA	IBANDRONATE SODIUM			
J1744	FIRAZYR	ICATIBANT		Y	**self-administered drug
J1745	REMICADE	INFLIXIMAB	PADP		
J1786	CEREZYME	IMUGLUCERASE	PADP		
J1826	AVONEX	INTERFERON BETA-1A		Y	**self-administered drug

J1830	BETASERON	INTERFERON BETA-1B		Y	**self-administered drug
J1830	EXTAVIA	INTERFERON BETA-1B		Y	**self-administered drug
J1930	SOMATULINE DEPOT	LANREOTIDE			
J1950	LUPRON DEPOT	LEUPROLIDE ACETATE	PADP		
J2170	INCRELEX	MECASERMIN		Y	**self-administered drug
J2212	RELISTOR	METHYLNALTREXONE			
J2315	VIVITROL	NALTREXONE			
J2323	TYSABRI	NATALIZUMAB	PADP		
J2353	SANDOSTATIN LAR DEPOT	OCTREOTIDE	PADP		
J2355	NEUMEGA	OPRELVEKIN			**self-administered drug
J2357	XOLAIR	OMALIZUMAB	PADP		
J2469	ALOXI	PALONOSETRON	PADP		
J2503	MACUGEN	PEGAPTANIB SODIUM	PADP		Drug added to PADP 04/01/2015
J2505	NEULASTA	PEGFILGRASTIM	PADP	Y	***Covered as Self-Administered or Provider Administered
J2562	MOZOBIL	PLERIXAFOR			

J2675	Progesterone in Oil	PROGESTERONE			
J2724	CEPROTIN	PROTEIN C CONCENTRATE			
J2778	LUCENTIS	RANIBIZUMAB	PADP		Drug added to PADP 04/01/2015
J2788	HYPER RHO SD Mini dose	RHO D IMMUNE GLOBULIN			
J2790	HYPER RHO SD	RHO D IMMUNE GLOBULIN			
J2790	HYPERRHO S/D (Full-Dose)/ RHOGAM Ultra- Filtered PLUS	RHO D IMMUNE GLOBULIN			
J2791	RHOPHYLAC	RHO D IMMUNE GLOBULIN			
J2792	WINRHO SDF	RHO D IMMUNE GLOBULIN			
J2793	ARCALYST	RILONACEPT		Y	**self-administered drug
J2796	NPLATE	ROMIPLOSTIM	PADP		
J2941	ZORBTIVE	SOMATROPIN		Y	**self-administered drug
J2941	GENOTROPIN	SOMATROPIN		Y	**self-administered drug
J2941	HUMATROPE	SOMATROPIN		Y	**self-administered drug
J2941	NORDITROPIN	SOMATROPIN		Y	**self-administered drug
J2941	NUTROPIN	SOMATROPIN		Y	**self-administered drug

J2941	NUTROPIN AQ	SOMATROPIN		Y	**self-administered drug
J2941	OMNITROPE	SOMATROPIN		Y	**self-administered drug
J2941	SAIZEN	SOMATROPIN		Y	**self-administered drug
J2941	SEROSTIM	SOMATROPIN		Y	**self-administered drug
J2941	TEVTROPIN	SOMATROPIN		Y	**self-administered drug
J3060	ELELYSO	TALIGLUCERASE ALFA			
J3110	FORTEO	TERIPARATIDE		Y	**self-administered drug
J3120-	DELATESTRYL	TESTOSTERONE ENANTHATE			code termed 12/31/2014
J3121	DELATESTRYL	TESTOSTERONE ENANTHATE			
J3130	DELATESTRYL	TESTOSTERONE ENANTHATE			code termed 12/31/2014
J3145	AVEED	TESTOSTERONE UNDECANOATE			
J3262	ACTEMRA	TOCILIZUMAB		Y	***self-administered drug
J3285	REMODULIN	TREPROSTINIL			**self-administered drug
J3315	TRELSTAR DEPOT	TRIPTORELIN PAMOATE	PADP		
J3315	TRELSTAR LA	TRIPTORELIN PAMOATE	PADP		

J3355	BRAVELLE	UROFOLLITROPIN			**self-administered drug -- infertility benefit review
J3357	STELARA	USTEKINUMAB	PADP	Y	***Covered as Self-Administered or Provider Administered
J3385	VPRIV	VELAGLUCERASE ALFA	PADP		
J3396	VISUDYNE	VERTEPORFIN			
J3420	B-12	CYANOCOBALAMIN			Removed from requiring PA 07/01/2014
J3489	ZOMETA/ RECLAST	ZOLEDRONIC ACID	PADP		
J3490	AVASTIN — non-oncology use	BEVACIZUMAB			Removed from requiring PA 06/30/2015
J3490	CETROTIDE	CETRORELIX			**self-administered drug -- infertility benefit review
J3490	EGRIFTA	TESAMORELIN		Y	**self-administered drug
J3490	FOLLISTIM AQ	FOLLITROPIN BETA			**self-administered drug -- infertility benefit review
J3490	GANIRELIX	GANIRELIX ACETATE			**self-administered drug -- infertility benefit review
J3490	GATTEX	TEDUGLUTIDE		Y	**self-administered drug
J3490	GONAL-F	FOLLTROPIN ALFA			**self-administered drug -- infertility benefit review
J3490	ILUVIEN	FLUOCINOLONE ACETONIDE			New Drug added 07/01/2015
J3490/ J3590	KYBELLA	DEOXYCHOLIC ACID			

J3490	KYNAMRO	MIPOMERSEN		Y	**self-administered drug
J3490	LUPANETA	LEUPROLIDE ACETATE AND NORETHINDRONE			New Drug added 07/01/2015
J3490	LUVERIS	LUTROPIN ALFA			**self-administered drug -- infertility benefit review
J3490	MENOPUR	MENOTROPINS INJECTION			**self-administered drug -- infertility benefit review
J3490	OVIDREL	CHORIOGONADOTROPIN ALFA			**self-administered drug -- infertility benefit review
J3490	REPRONEX	MENOTROPINS INJECTION			**self-administered drug -- infertility benefit review
J3490	REVATIO IV	SILDENAFIL CITRATE INJECTON			
J3490	SIGNIFOR	PASREOTIDE		Y	**self-administered drug
J3490	TESTOPEL	TESTOSTERONE PELLETS			
J3490	VARITHENA	POLIDOCANOL INJECTABLE FOAM			
J3490*	Unclassified Rx*	UNCLASSIFIED DRUGS			
J3520	EDTA	edetate disodium			
J3590	ENTYVIO	VEDOLIZUMAB	PADP		Drug added to PADP 04/01/2015
J3590	HYQVIA	IMMUNE GLOBULIN		Y	**self-administered drug
J3590	KINERET	ANAKINRA		Y	**self-administered drug

J3590	LEMTRADA	ALEMTUZUMAB			
J3590	MYALEPT	METRELEPTIN		Y	**self-administered drug
J3590	PEG INTRON	PEGINTERFERON ALFA-2B		Y	**self-administered drug
J3590	PEGASYS	PEGINTERFERON ALFA-2A		Y	**self-administered drug
J3590	PLEGRIDY	PEGINTERFERON BETA-1A		Y	**self-administered drug
J3590	REBIF TITRATION	INTERFERON BETA-1A		Y	**self-administered drug
J3590	RUCONEST	C1 ESTERASE INHIBITOR			
J3590	SIMPONI	GOLIMUMAB		Y	**self-administered drug
J3590	SYLVANT	SILTUXIMAB			
J3590	COSENTYX	SECUKINUMAB		Y	***Covered as Self-Administered or Provider Administered
J3590	NATPARA	PARATHYROID HORMONE		Y	**self-administered drug
J3590	REPATHA	EVOLOCUMAB		Y	**self-administered drug
J3590	PRALUENT	ALIROCUMAB		Y	**self-administered drug
J3590*	Unclassified Rx*	UNCLASSIFIED BIOLOGICS			
J7180	CORIFACT	FACTOR XIII CONCENTRATE		Y	**self-administered drug

J7181	TRETEN	FACTOR XIII A-SUBUNIT		Y	**self-administered drug
J7182	NOVOEIGHT	FACTOR VIII		Y	**self-administered drug
J7183	WILATE	VON WILLEBRAND FACTOR/COAGULATON FACTOR VIII COMPLEX		Y	**self-administered drug
J7185	XYNTHA	FACTOR VIII		Y	**self-administered drug
J7186	ALPHANATE VWF	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX		Y	**self-administered drug
J7187	HUMATE P	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX		Y	**self-administered drug
J7189	NOVOSEVEN RT	FACTOR VIIA		Y	**self-administered drug
J7190	HEMOFIL M	FACTOR VIII		Y	**self-administered drug
J7190	KOATE-DVI	FACTOR VIII		Y	**self-administered drug
J7190	MONOCLATE-P	FACTOR VIII		Y	**self-administered drug
J7192	ADVATE	FACTOR VIII		Y	**self-administered drug
J7192	HELIXATE FS	FACTOR VIII		Y	**self-administered drug
J7192	KOGENATE FS	FACTOR VIII		Y	**self-administered drug
J7192	KOGENATE FS BIO-SET	FACTOR VIII		Y	**self-administered drug
J7192	RECOMBINATE	FACTOR VIII		Y	**self-administered drug

J7193	ALPHANINE	FACTOR IX		Y	**self-administered drug
J7193	MONONINE	FACTOR IX		Y	**self-administered drug
J7194	BEBULIN VH	FACTOR IX		Y	**self-administered drug
J7194	BEBULIN, PROFILNINE SD	FACTOR IX		Y	**self-administered drug
J7195	BENEFIX	FACTOR IX		Y	**self-administered drug
J7198	FEIBA	ANTI-INHIBITOR COAGUALTION COMPLEX		Y	**self-administered drug
J7199	ELOCTATE	FACTOR VIII		Y	New HCPCS Q9975 eff 04/01/2015
J7199	OBIZUR	Antihemophilic Factor (Recombinant), Porcine Sequence		Y	**self-administered drug
J7199*	Unclassified FACTOR	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED		Y	**self-administered drug
J7200	RIXUBIS	FACTOR IX		Y	**self-administered drug
J7201	ALPROLIX	FACTOR IX		Y	**self-administered drug
J7311	RETISERT	FLUCINOLONE ACETONIDE			New Drug added 07/01/2015
J7312	OZURDEX	DEXAMETHASONE			New Drug added 07/01/2015
J7321	HYALGAN	SODIUM HYALURONATE	PADP		
J7321	SUPARTZ	SODIUM HYALURONATE	PADP		

J7323	EUFLEXXA	SODIUM HYALURONATE	PADP		
J7324	ORTHOVISC	HIGH MOLECULAR WEIGHT HYALURONAN INJECTION	PADP		
J7325	SYNVISC	HYLAN G-F 20	PADP		
J7325	SYNVISC ONE	HYLAN G-F 20	PADP		
J7326	GEL-ONE	CROSS-LINKED HYALURONATE	PADP		
J7327	MONOVISC	HIGH MOLECULAR WEIGHT HYALURONAN INJECTION	PADP		PADP Eff 01/01/2015
J7330	CARTICEL	AUTOLOGOUS CULTURED CHONDROCYTES			
J7686	TYVASO	TREPROSTINIL INHALATION SOLUTION		Y	**self-administered drug
J8499	ADCIRCA	TADALAFIL		Y	**self-administered drug
J8499	ADEMPAS	RIOCIGUAT		Y	**self-administered drug
J8499	AMPYRA	FALFAMPRIDINE		Y	**self-administered drug
J8499	AUBAGIO	TERIFLUNOMIDE		Y	**self-administered drug
J8499	BUPHENYL	SODIUM PHENYLBUTYRATE		Y	**self-administered drug
J8499	CERDELGA	ELIGUSTAT		Y	**self-administered drug
J8499	COPEGUS	RIBAVIRIN		Y	**self-administered drug

J8499	CYSTADANE	BETAIN ANHYDROUS		Y	**self-administered drug
J8499	CYSTARAN	CYSTEAMINE OPHTHALIMIC SOLUTION		Y	**self-administered drug
J8499	DACLATASVIR	DACLATASVIR		Y	**self-administered drug
J8499	ESBRIET	PIRFENIDONE		Y	**self-administered drug
J8499	GILENYA	FINGOLOMOD		Y	**self-administered drug
J8499	HARVONI	LEDIPASVIR/ SOFOSBUVIR		Y	**self-administered drug
J8499	HETLIOZ	TASIMELTEON		Y	**self-administered drug
J8499	INCIVEK	TELAPREVIR		Y	**self-administered drug
J8499	JUXTAPID	LOMITAPIDE		Y	**self-administered drug
J8499	KALYDECO	IVACAFTOR		Y	**self-administered drug
J8499	KUVAN	SPAROTERIN DIHYDROCHLORIDE		Y	**self-administered drug
J8499	LETAIRIS	AMBRISENTAN		Y	**self-administered drug
J8499	OFEV	NINTEDANIB		Y	**self-administered drug
J8499	OLYSIO	SIMEPREVIR		Y	**self-administered drug
J8499	OMBITASVIR/ PARITAPREVIR/ RITONAVIR	OMBITASVIR/ PARITAPREVIR/ RITONAVIR		Y	**self-administered drug

J8499	OPSUMIT	MACITENTAN		Y	**self-administered drug
J8499	ORENITRAM	TREPROSTINIL		Y	**self-administered drug
J8499	ORFADIN	NITISINONE		Y	**self-administered drug
J8499	ORKAMBI	LUMACAFTOR/ IVACAFTOR		y	**self-administered drug
J8499	OTEZLA	APREMILAST		Y	**self-administered drug
J8499	PROCYSBI	CYSTEAMINE BITARTRATE		Y	**self-administered drug
J8499	PROMACTA	ELTROMBOPAG		Y	**self-administered drug
J8499	RAVICTI	GLYCEROL PHENYL BUTYRATE		Y	**self-administered drug
J8499	REBETROL	RIBAVIRIN		Y	**self-administered drug
J8499	REVATIO	SILDNAFIL CITRATE		Y	**self-administered drug
J8499	RIBAPAK	RIBAVIN		Y	**self-administered drug
J8499	RIBATAB	RIBAVIRIN		Y	**self-administered drug
J8499	RIBAVIRIN	RIBAVIRIN		Y	**self-administered drug
J8499	RIPASHPERE	RIBAVIRIN		Y	**self-administered drug
J8499	SILDENAFIL	SILDANAFIL		Y	**self-administered drug

J8499	SOVALDI	SOFOSBUVIR		Y	**self-administered drug
J8499	TECFIDERA	DIMETHYL FUMARATE		Y	**self-administered drug
J8499	TRACLEER	BOSENTAN		Y	**self-administered drug
J8499	VICTRELIS	BOCEPREVIR		Y	**self-administered drug
J8499	XELJANZ	TOFACITINIB CITRATE		Y	**self-administered drug
J8499	XENAZINE	TETRABENAZINE		Y	**self-administered drug
J8499	XYREM	SODIUM OXYBATE		Y	**self-administered drug
J8499	ZAVESCA	MIGLUSTAT		Y	**self-administered drug
J8499*	Unclassified Rx*	PRESCRIPTION DRUG, ORAL, NONCHEMOTHERAPEUTIC, NOS		Y	**self-administered drug
J8520	XELODA	CAPECITABINE		Y	**self-administered drug
J8521	XELODA	CAPECITABINE		Y	**self-administered drug
J8700	TEMODAR	TEMOZOLOMIDE		Y	**self-administered drug
J8705	HYCAMTIN ORAL	TOPOTECAN		Y	**self-administered drug
J8999	AFINITOR	EVEROLIMUS		Y	**self-administered drug
J8999	BOSULIF	BOSUTINIB		Y	**self-administered drug

J8999	CAPRELSA	VANDETANIB		Y	**self-administered drug
J8999	COMETRIQ	CABOZANTINIB		Y	**self-administered drug
J8999	ERIVEDGE	VISMODEGIB		Y	**self-administered drug
J8999	GILOTRIF	AFATINIB		Y	**self-administered drug
J8999	GLEEVEC	IMATINIB		Y	**self-administered drug
J8999	ICLUSIG	PONATINIB		Y	**self-administered drug
J8999	IMBRUVICA	IBRUTINIB		Y	**self-administered drug
J8999	INLYTA	AXITINIB		Y	**self-administered drug
J8999	JAKAFI	RUXOLITINIB		Y	**self-administered drug
J8999	MEKINIST	TRAMETINIB		Y	**self-administered drug
J8999	NEXAVAR	SORAFENIB		Y	**self-administered drug
J8999	POMALYST	POMALIDOMIDE		Y	**self-administered drug
J8999	REVLIMID	LENALIDOMIDE		Y	**self-administered drug
J8999	SPRYCEL	DASATINIB		Y	**self-administered drug
J8999	STIVARGA	REGORAFENIB		Y	**self-administered drug

J8999	SUTENT	SUNITINIB		Y	**self-administered drug
J8999	TAFINLAR	DABRAFENIB		Y	**self-administered drug
J8999	TARCEVA	ERLOTINIB		Y	**self-administered drug
J8999	TARGRETIN	ERLOTINIB		Y	**self-administered drug
J8999	TASIGNA	NILOTINIB		Y	**self-administered drug
J8999	THALOMID	THALIDOMIDE		Y	**self-administered drug
J8999	TYKERB	LAPATINIB		Y	**self-administered drug
J8999	VESANOID	TRETINOIN		Y	**self-administered drug
J8999	VOTRIENT	PAZOPANIB		Y	**self-administered drug
J8999	XALKORI	CRIZOTINIB		Y	**self-administered drug
J8999	XTANDI	ENZALUTAMIDE		Y	**self-administered drug
J8999	ZELBORAF	VEMURAFENIB		Y	**self-administered drug
J8999	ZOLINZA	VORINOSTAT		Y	**self-administered drug
J8999	ZYDELIG	IDELALISIB		Y	**self-administered drug
J8999	ZYKADIA	CERITINIB		Y	**self-administered drug

J8999	ZYTIGA	ABIRATERONE		Y	**self-administered drug
J8999*	Unclassified Rx*	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS		Y	**self-administered drug
J9002	DOXIL	DOXORUBICIN LIPOSOMAL			
J9019	ERWINAZE	ASPARAGINASE			
J9025	VIDAZA	AZACITIDINE	PADP		Drug added to PADP 04/01/2015
J9033	TREANDA	BENDAMUSTINE	PADP		Drug added to PADP 04/01/2015
J9035	AVASTIN	BEVACIZUMAB	PADP		
J9041	VELCADE	BORTEZOMIB	PADP		
J9042	ADCETRIS	BRENTUXIMAB			
J9043	JEVTANA	CABAZITAXEL	PADP		
J9045	CARBOPLATIN	CARBOPLATIN			Removed from Requiring PA 12/31/2014
J9047	KYPROLIS	CARFILZOMIB			
J9055	ERBITUX	CETUXIMAB	PADP		
J9155	FIRMAGON	DEGARELIX	PADP		Removed from Requiring PA 12/31/2014
J9171	DOCEFREZ	DOCETAXEL	PADP		

J9171	TAXOTERE	DOCETAXEL	PADP		
J9179	HALAVEN	ERIBULIN	PADP		
J9201	GEMZAR	GEMCITABINE			Removed from Requiring PA 12/31/2014
J9202	ZOLADEX	GOSERELIN ACETATE	PADP		
J9206	CAMPTOSAR	INJECTION, IRINOTECAN, 20-MG			Removed from Requiring PA 12/31/2014
J9214	INTRON-A	INTERFERON, ALFA-2B			Removed from Requiring PA 12/31/2014 - **self-administered drug
J9215	ALFERON-N	INTERFERON, ALFA-N3			Removed from Requiring PA 12/31/2014 - **self-administered drug
J9217	ELIGARD	LEUPROLIDE ACETATE	PADP		
J9217	LUPRON DEPOT	LEUPROLIDE ACETATE	PADP		
J9218	Leuprolide acetate	LEUPROLIDE ACETATE		Y	**self-administered drug
J9219	Leuprolide-acetate	LEUPROLIDE-ACETATE			Removed from requiring PA 12/31/2014 - product discontinued **self-administered drug.
J9225	VANTAS	HISTRELIN ACETTE	PADP		
J9226	SUPPRELIN LA	HISTRELIN ACETATE			
J9228	YERVOY	IPILIMUMAB	PADP		
J9262	SYNRIBO	OMACETAXINE MEPESUCCINATE			

J9263	ELOXATIN	OXALIPLATIN	PADP		
J9264	ABRAXANE	PACLITAXEL	PADP		
J9265	ONXOL	PACLITAXEL			Removed from requiring PA 12/31/2014
J9301	GAZYVA	OBINUTUZUMAB			
J9303	VECTIBIX	PANITUMUMAB	PADP		
J9305	ALIMTA	PEMETREXED	PADP		
J9306	PERJETA	PERTUZUMAB			
J9307	FOLOTYN	PRALATREXATE			
J9310	RITUXAN	RITUXIMAB	PADP		
J9330	TORISEL	TEMSIROLIMUS			
J9354	KADCYLA	ADO-TRASTUZUMAB	PADP		
J9355	HERCEPTIN	TRASTUZUMAB	PADP		
J9395	FASLODEX	FULVESTRANT			Removed from requiring PA 12/31/2014
J9400	ZALTRAP	ZIV-ALFILBERCEPT			
J9999	BELEODAQ	BELINOSTAT			

J9999	CYRAMZA	RAMUCIRUMAB			
J9999	KEYTRUDA	PEMBROLIZUMAB			
J9999	OPDIVO	NIVOLUMAB			
J9999	BLINCYTO	BLINATUMOMAB			
J9999	SYLATRON	PEGINTERFERON ALFA-2b-			Removed from Requiring PA 12/31/2014 - **self-administered drug
J9999*	Unclassified Rx*	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS			
Q2043	PROVENGE	SIPULEUCEL-T AUTOLOGOUS CD54+ CELLS	PADP		
Q2049	LIPODOX	DOXORUBICIN LIPOSOMAL			
Q2050	DOXIL	DOXORUBICIN LIPOSOMAL			
Q3026	REBIF	INTERFERON BETA-1A		Y	**self-administered drug
Q3027	AVONEX	INTERFERON BETA-1A		Y	**self-administered drug
Q4074	VENTAVIS	ILOPROST INHALATION SOLUTION		Y	**self-administered drug
Q5101	ZARXIO	FILGRASTIM-SNDZ		Y	***Covered as Self-Administered or Provider Administered
Q9970	INJECTAFER	FERRIC CARBOXYMALTOSE			code term 12/31/2014
Q9975	ELOCTATE	FACTOR VIII		Y	**self-administered drug

S0088	GLEEVEC	IMATINIB		Y	**self-administered drug
S0122	MENOPUR	MENOTROPINS INJECTION			**self-administered drug -- infertility benefit review
S0122	REPRONEX	MENOTROPINS INJECTION			**self-administered drug -- infertility benefit review
S0126	GONAL-F	FOLLITROPIN ALFA			**self-administered drug -- infertility benefit review
S0128	FOLLISTIM AQ	FOLLITROPIN BETA			**self-administered drug -- infertility benefit review
S0132	GANIRELIX	GANIRELIX ACETATE			**self-administered drug -- infertility benefit review
S0145	PEGASYS	PEGYLATED INTERFERON ALFA-2A		Y	**self-administered drug
S0148	PEG INTRON	PEGYLATED INTERFERON ALFA-2B		Y	**self-administered drug
S0189	TESTOPEL	TESTOSTERONE PELLETS			
S0190	KORLYM	MIFEPRISTONE		Y	**self-administered drug

** new drugs approved by FDA may not be listed but could be subject to prior authori:*

*** self-administered drug coverage has limited benefits through the medical benefit*

**** Covered as Self-Administered or Provider-Administered Specialty drugs*

NOTES -

1 *Drugs listed may not be covered by the member's benefits. Benefits vary by plan, so benefits need to*

2 *Based on new codes being assigned to drug(s), search by HCPCS or CPT code and/or Drug Brand Nar*

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› be verified prior to providing services.

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