



Dear Provider,

Beginning February 1, 2013, Positive Healthcare will implement required pre-service reviews of a select group of injectable drugs that may be administered in a physician's office. These reviews are intended to ensure consistent adjudication of the patient's benefits as well as ensure that utilization of costly injectables is consistent with the Positive Healthcare Pharmacy and Therapeutics Committee's evidence-based criteria for coverage.

The review process gives the clinician a single point of contact for pre-authorization requests for listed drugs. The Pharmacy Services department will coordinate all Positive Healthcare reviews and return a decision as quickly as possible. Expedited review is also possible when time is of the essence.

Which drugs require pre-service authorization?

The current list of "Injectable Drugs Requiring Pre-Service Approval" [with detailed criteria](http://positivehealthcare.net/) is available under Provider Materials on the Positive Healthcare Websites at <http://positivehealthcare.net/>.

This letter is a 60-day notice that effective February 1, 2013 providers must obtain pre-service approval prior to administering these medications in a physician's office.

Financial liability

If you administer one of the listed injectable drugs without receiving authorization, and it does not meet criteria for approval, Positive Healthcare may not reimburse you for the drug.

Contact the Pre-Service Department first

When you plan to administer a drug on the list, please request prior authorization using the downloadable Pre-Service Injectable Authorization form under Provider Materials on the Positive Healthcare Website at <http://positivehealthcare.net/>.

Information required

Our goal is to give you and your patient the most accurate answer possible the first time, rather than to tie you up with a series of requests for information. To that end, please be sure that your request includes the appropriate diagnosis code and patient identification, as well as the patient's age, weight, gender, lab values, co-morbidities, and outcomes of other treatment regimens.



How long will the review take?

Routine review will take no longer than 1 week. If you need an expedited review, please make that clear on the request. We will do our best to respond quickly to requests for expedited review.

Will patients already receiving coverage be re-evaluated?

Yes, patients currently receiving coverage for these medications will be evaluated for medical necessity.

What if the physician doesn't get authorization before administering the drug?

When the claim is received, Pharmacy Services will contact the provider office to get the clinical information regarding the patient. If the criteria are met, the provider will be paid for the medication. If the criteria are not met, the provider may not be paid for the medication.

How do clinicians check the status of a request or get more information?

The physician's office can call the Pharmacy Help Desk at 1-888-554-1334.

Thank you for the care you provide to our members, your patients.

Sincerely,

Dr. Rebecca Colon,
Medical Director

Molly Colombo, PharmD
Managed Care Director of Pharmacy

Injectable Drugs Requiring Pre-Service Approval
 (Effective February 1, 2013)



Generic Name	Brand Name	J Codes	Comments
Abatacept	Orencia	J0129, 10 mg	Non-formulary
Adalimumab	Humira	J0135, 20 mg	Prior Authorization
Antihemophilic Factor	Factor VIII, IX	J7180 J7183-87 J7189-95	Prior Authorization to confirm diagnosis one time per member
bevacizumab	Avastin	J9035	Prior Authorization
Cabazitaxel	Jevtana	J9043, 1 mg	Prior Authorization
Collagenase clostridium histolyticum	Xiaflex	J0775, 0.01mg	Non-formulary
Darbepoetin	Aranesp	J0881, 1 mcg J0882, 1 mcg	Non-formulary
Denosumab	Prolia	J0897, 1 mg	Non-formulary
Epoetin alfa	Epogen, Procrit	J0885, 1000 Units J0886, 1000 Units	Prior Authorization
Etanercept	Enbrel	J1438, 25 mg	Prior Authorization
Filgrastim and pegfilgrastim	Neupogen Neulasta	J1440 J1441 J2505	Prior Authorization
Growth hormone Somatotropin	Genotropin; Humatrope; Norditropin NordiFlex; Nutropin; Omnitrope; Saizen; Serostim; Tev-Tropin; Zorbtive	J2941	Non-formulary Self-injectable growth hormone is not eligible for office administration
Hyaluronic acid, intra-articular	Supartz/Hyalgan Euflexxa Orthovisc Synvisc/Synvisc One	J7323 J7324 J7325 J7326	Prior Authorization
Ibandronate	Boniva	J1740, 1 mg	Prior Authorization
Immunoglobulin subcutaneous	Hizentra	J1559, 100mg	Non-formulary
Immunoglobulin subcutaneous	Vivaglobin	J1562, 100 mg	Non-formulary
Infliximab	Remicade	J1745, 10 mg	Prior Authorization
IVIG	Gamunex Octagam Gammagard liquid Flebogamma Privigen Other immune globulins	J1561 J1568 J1569 J1572 J1459 J1566, J1557, J1599	Privigen, Flebogamma, Carimune Prior Authorization Others are Non-formulary

Naltrexone IM	Vivitrol	J2315, 1mg	Non-formulary
Natalizumab	Tysabri	J2323, 1 mg	Non-formulary
Octreotide	Sandostatin	J2353 - depot J2354	Non-formulary
Omalizumab	Xolair	J2357	Prior Authorization
Onabotulinumtoxin A RimabotulinumtoxinB AbobotulinumtoxinA IncobotulinumtoxinA	Botox Myobloc Dysport Xeomin	J0585: Type A per unit J0587: Type B per 100 units J0586 per 5 units J0588, Per 1 unit	Non-formulary Not approved for cosmetic purposes
Rituximab (needs pre-approval for non-oncology diagnoses only)	Rituxan	J9310, 100 mg	Prior Authorization
Sipuleucel-T	Provenge	Q2043 J3490 C9273	Non-formulary
Tocilizumab	Actemra	J3262, 1 mg	Non-formulary
Ustekinumab	Stelara	J3357, 1 mg	Non-formulary
Zoledronic acid 5mg IV	Reclast	J3488, 1 mg	Prior Authorization

Non-formulary agents must go through a formulary exception process prior to administration for the Plan to determine coverage.