

Pharmacy Services

Table of Contents

At a Glance.....page 2

Obtaining Prior Authorization for Medically Covered Medications.....page 2

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. If

coverage is denied, you will be notified of the denial reason and the appeals process via a fax to the office and a letter to the patient.

The services listed below require a Prior Authorization when covered under the medical benefit. The list is subject to change. Please contact Pharmacy Services for confirmation prior to administration of services. This list was last updated on **May 4, 2017. **

Jcode	Brand Name	Description	Prior Authorization for Medical PA's apply at all places of service except 21 (inpatient) unless otherwise specified		J-code Block J-code blocks are effective at place of service 11 (physician office) unless otherwise specified	
			Select	Exceptions/Notes	Select	Exceptions/Notes
90378 (CPT)	Synagis	PALIVIZUMAB	X		X	
A9606	Xofigo	Radium RA-223 dichloride, therapeutic, per microcurie	X			
J7322	Hymovis	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	X			
J2181	Nucala	Injection, mepolizumab, 1 mg	X			
J2840	Kanuma	Injection, sebelipase alfa , 1 mg	X			
J2786	Cinqair	Injection, reslizumab 1mg	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			
J0135	Humira	INJECTION, ADALIMUMAB, 20 MG	X			
J0178	Eylea	Injection, aflibercept, 1 mg	X			
J0180	Fabrazyme	INJECTION, AGALSIDASE BETA, 1 MG	X			
J0202	Lemtrada	INJECTION ALEMTUZUMAB 1 MG	X			
J0220	Myozyme	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	X			
J0221	Lumizyme	Injection, alglucosidase alfa, (Lumizyme), 10 mg	X			
J0256	Aralast NP, Prolastin, Prolastin C, Zemaira	INJECTION, ALPHA 1-PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	X			
J0257	Glassia	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	X			
J0364	Apokyn	INJECTION, APOMORPHINE HYDROCHLORIDE 1 MG	X		X	
J0485	Nulojix	Injection, belatacept, 1 mg	X			

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			Select	Exceptions/Notes	Select	Exceptions/Notes
J0490	Benlysta	Injection, belimumab, 10 mg	X			
J0571	Subutex	Buprenorphine, oral, 1 mg	X		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/naloxone, oral, greater than 10 mg	X		X	
J0585	Botox	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	X			
J0586	Dysport	AbobotulinumtoxinA	X			
J0587	Myobloc	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	X			
J0588	Xeomin	Injection, incobotulinumtoxinA, 1 unit	X			
J0596	Ruconest	INJ C1 ESTERASE INHIB RUCONEST 10 U	X	PA applies to POS 12 (home) only		
J0597	Beriner	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	X	PA applies to POS 12 (home) only		
J0598	Cinryze	INJECTION, C-1 ESTERASE, 10 UNITS	X			
J0638	Ilaris	Canakinumab injection	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			
J0775	Xiaflex	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	*	*Med Mgmt has Xiaflex policy. Contact provider services for questions on coverage.		

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			Select	Exceptions/Notes	Select	Exceptions/Notes
J0800	Acthar Gel	Corticotropin injection	X			
J0897	Prolia/Xgeva	Injection, denosumab, 1 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			
J1290	Kalbitor	Ecallantide injection	X	PA applies to POS 12 (home) only		
J1300	Soliris	INJECTION, ECULIZUMAB, 10 MG	X			
J1322	Vimizim	Injection, elosulfase alfa, 1 mg	X			
J1325	Flolan	Epoprostenol injection	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	
J1458	Naglazyme	Galsulfase injection	X			
J1459	Privigen	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	X			
J1460	Gamastan	INJECTION, GAMMA GLOBULIN, 1CC	X			
J1556	Bivigam	Injection, immune globulin (bivigam), 500 mg	X			
J1557	Gammaplex	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	X			
J1559	Hizentra	Hizentra injection	X			
J1560	Gamastan	INJECTION, GAMMA GLOBULIN, 10CC	X			
J1561	Gamunex, Gammunex-C, Gammaked	INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NONLYOPHILIZED (E.G., LIQUID), 500 MG	X			

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J1562	Vivaglobin	IVIG	X			
J1566	Gammagard S/D / Carimune Nf	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG	X			
J1568	Octagam	INJECTION, OCTAGAM, 500MG	X			
J1569	Gammagard Liquid	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NONLYOPHILIZED, (E.G., LIQUID), 500 MG	X			
J1572	Flebogamma	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	X			
J1573	Hepagam B	INJECTION, HEPAGAM B INTRAVENOUS, 0.5ML				
J1575	HyQyvia	INJ IG/HYALURONIDASE 100 MG IG	X			
J1595	Copaxone	INJECTION, GLATIRAMER ACETATE, 20 MG			X	
J1599		IVIG, NON-LYOPHILIZED, LIQUID, NOS	X			
J1602	Simponi Aria	Injection, golimumab, 1 mg, for intravenous use	X			
J1725	Makena	Injection, hydroxyprogesterone caproate, 1 mg	X			
J1740	Boniva	INJECTION, IBANDRONATE SODIUM, 1 MG	X			
J1743	Elaprase	Idursulfase injection	X			
J1744	Firazyr	Injection, icatibant, 1 mg	X	PA applies at POS 12 (home) only		
J1745	Remicade	INJECTION INFLIXIMAB, excludes biosimilar, 10 MG	X			
J1786	Cerezyme	INJECTION, IMIGLUCERASE, 10 UNITS	X			

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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	
J1930	Somatuline Depot	Lanreotide injection	X			
J1931	Aldurazyme	Laronidase injection	X			
J1950	Lupron	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	X	PA applies at POS 11 only; hem/onc exempt from PA		
J2212	Relistor	Injection, methylnaltrexone, 0.1 mg	X		X	
J2315	Vivitrol	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	X			
J2323	Tysabri	INJECTION, NATALIZUMAB, 1 MG	X			
J2353	Sandostatin LAR	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	X			
J2357	Xolair	INJECTION, OMALIZUMAB, 5 MG	X			
J2502	Signifor LAR	INJ PASIREOTIDE LONG ACTING 1 MG	X			
J2504	Adagen	Pegademase bovine, 25 iu	X			
J2507	Krystexxa	Injection, pegloticase, 1 mg	X			
J2547	Rapivab	INJECTION PERAMIVIR 1 MG	*	*Not covered on either medical or pharmacy benefit		
J2562	Mozobil	PLERIXAFOR	X			
J2778	Lucentis	INJECTION, RANIBIZUMAB, 0.1 MG	X			
J2793	Arcalyst	RILONACEPT	X		X	
J2796	Nplate	INJECTION, ROMIPLOSTIM, 10 MCG	X			

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J2860	Sylvant	INJECTION SILTUXIMAB 10 MG	X			
J2941	Genotropin	SOMATROPIN	X		X	
J3060	Elelyso	Injection, taliglucerase alfa, 10 units	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			
J3145	Aveed	Injection, testosterone undecanoate, 1 mg	X			
J3262	Actemra	INJECTION, TOCILIZUMAB, 1 MG	X			
J3285	Remodulin	Treprostinil injection	X			
J3315	Trelstar	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	X			
J3357	Stelara	Ustekinumab injection	X			
J3380	Entyvio	INJECTION VEDOLIZUMAB 1 MG	X			
J3385	Vpriv	Velaglucerase alfa	X			
J3490		UNCLASSIFIED DRUGS	*	Requests for drugs with unclassified codes are reviewed for medical necessity and appropriate indication.		
J3590		UNCLASSIFIED BIOLOGICS	*	Requests for drugs with unclassified codes are reviewed for medical necessity and appropriate indication.		

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J7312	Ozurdex	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	X			
J7313	Iluvien	INJ FA INTRAVITREAL IMPL 0.01 MG	X			
J7315	Mitosol	Mitomycin, ophthalmic, 0.2 mg				
J7316	Jetrea	Injection, ocriplasmin, 0.125 mg	X			
J7321	Supartz/ Hyalgan	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	X		X	
J7323	Euflexxa	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	X		X	
J7324	Orthovisc	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	X		X	
J7325	Synvisc/ Synvisc-One	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	X		X	
J7326	Hyaluronan "Gel-One"	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	X		X	
J7327	Monovisc	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	X		X	
J7328	Gel-Syn	HYAL/DERIVATV GEL-SYN IA INJ 0.1 MG	X		X	
J7330	Carticel	IMPLANT, CULTURED CHONDROCYTES, 1 EA				
J7336	Qutenza	Capsaicin 8% patch, per sq cm	X			
J7508	Astagraf XL	Tacrolimus, extended release, oral, 0.1 mg			X	Blocked at POS 11, 12, and 99
J7527	Zortress	Everolimus, oral, 0.25 mg			X	Blocked at POS 11, 12, and 99

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J7639	Pulmozyme	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	X			
J7682	Tobi	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MG			X	
J7686	Tyvaso	Treprostinil, non-comp unit	X			
J8510	Myleran	Oral busulfan			X	
J8520	Xeloda	Capecitabine, oral, 150 mg			X	
J8521	Xeloda	Capecitabine, oral, 500 mg			X	
J8560	Etoposide	Etoposide oral 50 MG			X	
J8562	Oforta	Oral fludarabine phosphate	X		X	CS and Chartwell
J8600	Alkeran	Melphalan oral 2 MG			X	
J8700	Temodar	Temozolomide			X	
J8705	Hycamtin	Topotecan oral			X	
J8999		PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	*	Requests for drugs with unclassified codes are reviewed for medical necessity and appropriate indication.		
J9155	Firmagon	INJECTION, DEGARELIX, 1 MG	X	PA at POS 11 only; hem/onc exempt from PA		
J9202	Zoladex	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	X	PA at POS 11 only; hem/onc exempt from PA		
J9216	Actimmune	Interferon gamma 1-b	X	*Not payable on medical benefit		
J9217	Eligard	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	X	PA at POS 11 only; hem/onc exempt from PA		

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J9218	Lupron	LEUPROLIDE ACETATE, PER 1 MG	X	PA at POS 11 only; hem/onc exempt from PA		
J9225	Vantas	HISTRELIN IMPLANT (VANTAS), 50 MG	X	PA at POS 11 only; hem/onc exempt from PA		
J9226	Supprelin LA	HISTRELIN IMPLANT	X			
J9310	Rituxan	INJECTION, RITUXIMAB, 100 MG	X	Hem/onc exempt from PA		
J9999		NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	*	Requests for drugs with unclassified codes are reviewed for medical necessity and appropriate indication.		
Q2043	Provenge	Sipuleucel-T auto CD54+	X			
Q3027	Avonex	Injection, interferon beta-1a, 1 mcg for intramuscular use			X	
Q3028	Rebif	Injection, interferon beta-1a, 1 mcg for subcutaneous use	X		X	
Q4074	Ventavis	lloprost non-comp unit dose	X			
Q5102	Inflectra	Injection, infliximab, biosimilar 10 mg	X			
J7320	Genvisc 850	HYLAN/DER GENVISC 850 FOR IA INJ	X			
J8670	Varubi	rolapitant, oral 1 mg			X	
S0088	Gleevec	IMATINIB			X	Jcode blocked at POS 11, 12, and 99
S0189	Testopel	Implant, testosterone pellet	X			