



# Health Plans

## Commercial and Individual & Family IU Health Plans Pharmacy Benefits Management

### Medications Requiring Prior Authorization

For questions, call 866.822.6504. Fax prior authorization request forms to 855.397.8762.

**These infusions and injections require authorization prior to administering. Medical claims billed using these J-codes will not pay without prior authorization.**

J-Code	Brand Name	Description
J3262	<b>ACTEMRA</b>	INJECTION, TOCILIZUMAB, 1 MG
J0800	<b>ACTHAR GEL</b>	CORTICOTROPIN INJECTION
J9216	<b>ACTIMMUNE</b>	INTERFERON GAMMA 1-B
J2504	<b>ADAGEN</b>	PEGADEMASE BOVINE 25 IU
J1931	<b>ALDURAZYME</b>	LARONIDASE INJECTION
J0364	<b>APOKYN</b>	INJECTION, APOMORPHINE HYDROCHLORIDE 1 MG
J0256	<b>ARALAST NP, PROLASTIN, PROLASTIN C, ZEMAIRA</b>	INJECTION, ALPHA 1-PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG
J2793	<b>ARCALYST</b>	RILONACEPT
J3145	<b>AVEED</b>	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG
J0490	<b>BENLYSTA</b>	INJECTION, BELIMUMAB, 10 MG
J0597	<b>BERINERT</b>	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS
J1556	<b>BIVIGAM</b>	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG
J1740	<b>BONIVA</b>	INJECTION, IBANDRONATE SODIUM, 1 MG
J0585	<b>BOTOX</b>	INJECTION, ONABOTULINUMTOXINA, 1 UNIT
J1786	<b>CEREZYME</b>	INJECTION, IMIGLUCERASE, 10 UNITS
J0717	<b>CIMZIA</b>	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)
J0718	<b>CIMZIA</b>	INJECTION, CERTOLIZUMAB PEGOL, 1 MG
J2786	<b>CINQAIR</b>	INJECTION, RESLIZUMAB, 1 MG
J0598	<b>CINRYZE</b>	INJECTION, C-1 ESTERASE, 10 UNITS
J3120	<b>DELATESTRYL</b>	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG
J3121	<b>DELATESTRYL</b>	INJECTION, TESTOSTERONE ENANTHATE, 1 MG
J3130	<b>DELATESTRYL</b>	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG
J1070	<b>DEPO- TESTOSTERONE</b>	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
J1071	<b>DEPO- TESTOSTERONE</b>	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
J1080	<b>DEPO- TESTOSTERONE</b>	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
J0586	<b>DYSPORT</b>	ABOBOTULINUMTOXINA

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J1743	<b>ELAPRASE</b>	INJECTION, IDURSULFASE
J3060	<b>ELELYSO</b>	INJECTION, TALIGLUCERACE ALFA, 10 UNITS
J9217	<b>ELIGARD</b>	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
J1438	<b>ENBREL</b>	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)
J3380	<b>ENTYVIO</b>	INJECTION VEDOLIZUMAB 1 MG
J7323	<b>EUFLEXXA</b>	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE ***PLEASE NOTE THIS CLASS OF MEDICATIONS (HYALURONIC ACID DERIVATIVES) IS EXCLUDED FROM COVERAGE FOR IU HEALTH EMPLOYEE PLAN MEMBERS
J0178	<b>EYLEA</b>	INJECTION, AFLIBERCEPT, 1 MG
C9484	<b>EXONDYS 51</b>	INJECTION, ETEPLIRSEN, 10 MG
J0180	<b>FABRAZYME</b>	INJECTION, AGALSIDASE BETA, 1 MG
J1744	<b>FIRAZYR</b>	INJECTION, ICATIBANT, 1 MG
J9155	<b>FIRMAGON</b>	INJECTION, DEGARELIX, 1 MG
J1572	<b>FLEBOGAMMA</b>	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG
J1325	<b>FLOLAN</b>	EPOPROSTENOL INJECTION
J1460	<b>GAMASTAN</b>	INJECTION, GAMMA GLOBULIN, 1CC
J1560	<b>GAMASTAN</b>	INJECTION, GAMMA GLOBULIN, 10CC
J1569	<b>GAMMAGARD LIQUID</b>	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NONLYOPHILIZED, (E.G., LIQUID), 500 MG
J1566	<b>GAMMAGARD S/D / CARIMUNE NF</b>	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG
J1557	<b>GAMMAPLEX</b>	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG
J1561	<b>GAMUNEX, GAMMUNEX-C, GAMMAKED</b>	INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NONLYOPHILIZED (E.G., LIQUID), 500 MG
J7328	<b>GEL-SYN</b>	HYAL/DERIVATV GEL-SYN IA INJ 0.1 MG ***PLEASE NOTE THIS CLASS OF MEDICATIONS (HYALURONIC ACID DERIVATIVES) IS EXCLUDED FROM COVERAGE FOR IU HEALTH EMPLOYEE PLAN MEMBERS
J2941	<b>GENOTROPIN</b>	SOMATROPIN
J7320	<b>GENVISC 850</b>	HYLAN/DER GENVISC 850 FOR IA INJ 1 MG ***PLEASE NOTE THIS CLASS OF MEDICATIONS (HYALURONIC ACID DERIVATIVES) IS EXCLUDED FROM COVERAGE FOR IU HEALTH EMPLOYEE PLAN MEMBERS
J0257	<b>GLASSIA</b>	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG
J1559	<b>HIZENTRA</b>	HIZENTRA INJECTION
J0135	<b>HUMIRA</b>	INJECTION, ADALIMUMAB, 20 MG
J7326	<b>HYALURONAN "GEL-ONE"</b>	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE ***PLEASE NOTE THIS CLASS OF MEDICATIONS (HYALURONIC ACID DERIVATIVES) IS EXCLUDED FROM COVERAGE FOR IU HEALTH EMPLOYEE PLAN MEMBERS
J7322	<b>HYMOVIS</b>	HYALURONAN OR DERIVATIVE FOR INTRA-ARTICULAR INJECTION, 1 MG ***PLEASE NOTE THIS CLASS OF MEDICATIONS (HYALURONIC ACID DERIVATIVES) IS EXCLUDED FROM COVERAGE FOR IU HEALTH EMPLOYEE PLAN MEMBERS
J1575	<b>HYQYVIA</b>	INJ IG/HYALURONIDASE 100 MG IG
J0638	<b>ILARIS</b>	INJECTION, CANAKINUMAB
J7313	<b>ILUVIEN</b>	INJ FA INTRAVITREAL IMPL 0.01 MG

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J-Code	Brand Name	Description
Q5103	<b>INFLECTRA</b>	INJECTION, INFLECTRA
J7316	<b>JETREA</b>	INJECTION, OCRIPLASMIN, 0.125 MG
J1290	<b>KALBITOR</b>	INJECTION, ECALLANTIDE
J2840	<b>KANUMA</b>	INJECTION, SEBELIPASE ALFA, 1 MG
J2507	<b>KRYSTEXXA</b>	INJECTION, PEGLOTICASE, 1 MG
J0202	<b>LEMTRADA</b>	INJECTION ALEMTUZUMAB 1 MG
J2778	<b>LUCENTIS</b>	INJECTION, RANIBIZUMAB, 0.1 MG
J0221	<b>LUMIZYME</b>	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG
J1950	<b>LUPRON</b>	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG
J9218	<b>LUPRON</b>	LEUPROLIDE ACETATE, PER 1 MG
J1725	<b>MAKENA</b>	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG
Q9986	<b>MAKENA</b>	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG
J7327	<b>MONOVISC</b>	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE ***PLEASE NOTE THIS CLASS OF MEDICATIONS (HYALURONIC ACID DERIVATIVES) IS EXCLUDED FROM COVERAGE FOR IU HEALTH EMPLOYEE PLAN MEMBERS
J2562	<b>MOZOBIL</b>	PLERIXAFOR
J0587	<b>MYOBLOC</b>	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS
J0220	<b>MYOZYME</b>	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED
J1458	<b>NAGLAZYME</b>	GALSULFASE INJECTION
J2796	<b>NPLATE</b>	INJECTION, ROMIPLOSTIM, 10 MCG
J2182	<b>NUCALA</b>	INJECTION, MEPOLIZUMAB, 1 MG
J0485	<b>NULOJIX</b>	INJECTION, BELATACEPT, 1 MG
J2350	<b>OCREVUS</b>	INJECTION, OCRELIZUMAB, 1 MG
J1568	<b>OCTAGAM</b>	INJECTION, OCTAGAM, 500MG
J8562	<b>OFORTA</b>	ORAL FLUDARABINE PHOSPHATE
J0129	<b>ORENCIA</b>	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)
J7324	<b>ORTHOVISC</b>	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE ***PLEASE NOTE THIS CLASS OF MEDICATIONS (HYALURONIC ACID DERIVATIVES) IS EXCLUDED FROM COVERAGE FOR IU HEALTH EMPLOYEE PLAN MEMBERS
J7312	<b>OZURDEX</b>	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG
J1459	<b>PRIVIGEN</b>	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG
J0570	<b>PROBUPHINE</b>	BUPRENORPHINE IMPLANT 74.2MG
J0897	<b>PROLIA/XGEVA</b>	INJECTION, DENOSUMAB, 1MG
Q2043	<b>PROVENGE</b>	SIPULEUCEL-T AUTO CD54+
J7639	<b>PULMOZYME</b>	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG
J7336	<b>QUTENZA</b>	CAPSAICIN 8% PATCH, PER SQ CM
C9493	<b>RADICAVA</b>	INJECTION, EDARAVONE, 1 MG
Q3028	<b>REBIF</b>	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE
J2212	<b>RELISTOR</b>	INJECTION, METHYLNALTREXONE, 0.1 MG
J1745	<b>REMICADE</b>	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG
J3285	<b>REMODULIN</b>	TREPROSTINIL INJECTION
Q5104	<b>RENFLXIS</b>	INJECTION, RENFLXIS
J9310	<b>RITUXAN</b>	INJECTION, RITUXIMAB, 100 MG
J0596	<b>RUCONEST</b>	INJ C1 ESTERASE INHIB RUCONEST 10 U

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J2353	<b>SANDOSTATIN LAR</b>	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
J2502	<b>SIGNIFOR LAR</b>	INJ PASIREOTIDE LONG ACTING 1 MG
J1602	<b>SIMPONI ARIA</b>	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE
J1300	<b>SOLIRIS</b>	INJECTION, ECUZUMAB, 10 MG
J1930	<b>SOMATULINE DEPOT</b>	LANREOTIDE INJECTION
J2326	<b>SPINRAZA</b>	INJECTION, NUSINERSEN
J3357	<b>STELARA</b>	USTEKINUMAB INJECTION
J3358	<b>STELARA IV</b>	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG
J0572	<b>SUBOXONE</b>	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG
J0573	<b>SUBOXONE</b>	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG
J0574	<b>SUBOXONE</b>	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG
J0575	<b>SUBOXONE</b>	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG
J0571	<b>SUBUTEX</b>	BUPRENORPHINE, ORAL, 1 MG
J7321	<b>SUPARTZ/ HYALGAN</b>	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE ***PLEASE NOTE THIS CLASS OF MEDICATIONS (HYALURONIC ACID DERIVATIVES) IS EXCLUDED FROM COVERAGE FOR IU HEALTH EMPLOYEE PLAN MEMBERS
J9226	<b>SUPPRELIN LA</b>	HISTRELIN IMPLANT
J2860	<b>SYLVANT</b>	INJECTION SILTUXIMAB 10 MG
90378 (CPT)	<b>SYNAGIS</b>	PALIVIZUMAB
J7325	<b>SYNISC/ SYNISC-ONE</b>	HYALURONAN OR DERIVATIVE, SYNISC OR SYNISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG ***PLEASE NOTE THIS CLASS OF MEDICATIONS (HYALURONIC ACID DERIVATIVES) IS EXCLUDED FROM COVERAGE FOR IU HEALTH EMPLOYEE PLAN MEMBERS
S0189	<b>TESTOPEL</b>	IMPLANT, TESTOSTERONE PELLETT
J3315	<b>TRELSTAR</b>	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG
J2323	<b>TYSABRI</b>	INJECTION, NATALIZUMAB, 1 MG
J7686	<b>TYVASO</b>	TREPROSTINIL, NON-COMP UNIT
J9225	<b>VANTAS</b>	HISTRELIN IMPLANT (VANTAS), 50 MG
Q4074	<b>VENTAVIS</b>	ILOPROST NON-COMP UNIT DOSE
J1322	<b>VIMIZIM</b>	INJECTION, ELOSULFASE ALFA, 1 MG
J1562	<b>VIVAGLOBIN</b>	IVIG
J2315	<b>VIVITROL</b>	INJECTION, NALTREXONE, DEPOT FORM, 1 MG
J3385	<b>VPRIV</b>	VELAGLUCERASE ALFA
J0588	<b>XEOMIN</b>	INJECTION, INCOBOTULINUMTOXINA, 1 UNIT
A9606	<b>XOFIGO</b>	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE
J2357	<b>XOLAIR</b>	INJECTION, OMALIZUMAB, 5 MG
J0565	<b>ZINPLAVA</b>	INJECTION, BEZLOTOXUMAB, 1 MG
J9202	<b>ZOLADEX</b>	GOSERELIN ACETATE IMPLANT, PER 3.6 MG
J1599		IVIG, NON-LYOPHILIZED, LIQUID, NOS

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