

2020 Provider-Administered Specialty Pharmacy Drug List

The provider-administered specialty drugs listed below require prior authorization. Providers may request a prior authorization review one of the following ways:

- + Log in to **Availity**[®].
 - Select the Tennessee region, then select **“Payer Space.”**
 - Click the **“Authorization Submission/Review”** application.
 - Select **“Specialty Pharmacy.”**
- + Call **1-800-924-7141** for **Commercial** members.

HCPCS Code	Drug Name	HCPCS Code	Drug Name	HCPCS Code	Drug Name
J9264	Abraxane	J7320	Genvisc	Q2043	Provenge
J3262	Actemra	J0257	Glassia	J1301	Radicava
J0800	Acthar H.P. Gel	J0599	Haegarda	J3489	Reclast
J2504	Adagen	J9179	Halaven	J1745	Remicade
J9042	Adcetris	J9355	Herceptin	J3285	Remodulin
J1454	Akynzeo	J9356	Herceptin Hylecta	Q5104	Renflexis
J1931	Aldurazyme	Q5113	Herzuma	Q5106	Retacrit (non-ESRD)
J9305	Alimta	J1559	Hizentra	Q5105	Retacrit (ESRD on dialysis)
J9057	Aliqopa	J7321	Hyalgan	J7311	Retisert
J2469	Aloxi	J7322	Hymovis	J3590	Revcovi
J0256	Aralast NP	J1575	HyQvia	J9312	Rituxan
J0882	Aranesp (ESRD on dialysis)	J0638	Ilaris	J9311	Rituxan Hycela
J0881	Aranesp (non-ESRD)	J3245	Ilumya	J0596	Ruconest
J9261	Arranon	J7313	Iluvien	J9999	Ruxience
J9302	Arzerra	J9173	Imfinzi	J2353	Sandostatin LAR
J1599	Asceniv	J9325	Imlygic	J2502	Signifor LAR
J9118	Asparlas	Q5103	Inflectra	J1602	Simponi Aria
J9035	Avastin	J9199	Infugem	J1300	Soliris
J9023	Bavencio	J9315	Istodax	J1930	Somatuline Depot
J9032	Beleodaq	J9207	Ixempra	J2326	Spinraza
J9036	Belrapzo	J7316	Jetrea	J3358	Stelara IV
J9034	Bendeka	J9043	Jevtana	J3357	Stelara SC
J0490	Benlysta	J9354	Kadcyla	J7321	Supartz
J0597	Berinert	J1290	Kalbitor	J9226	Supprelin LA
J9229	Besponsa	Q5117	Kanjinti	J1627	Sustol

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J1556	Bivigam	J2840	Kanuma	J2860	Sylvant
J9039	Blinicyto	J9271	Keytruda	90378	Synagis
J9044	Bortezomib	J0642	Khapzory	J7331	Synjoynt
J0585	Botox	J2507	Krystexxa	J9262	Synribo
J0567	Brineura	Q2042	*Kymriah	J7325	Synvisc
J1566	Carimune NF	J9047	Kyprolis	J7325	Synvisc-One
J1786	Cerezyme	J9285	Lartruvo	J0593	Takhzyro
J0717	Cimzia vials	J0202	Lemtrada	J9022	Tecentriq
J2786	Cinqair	J2820	Leukine	J3490	Tegsedi
J0598	Cinryze	J9119	Libtayo	J9328	Temodar
J0584	Crysvita	J2778	Lucentis	S0189	Testopel
J3590	Cutaquig	J0221	Lumizyme	J3240	Thyrogen
J1555	Cuvitru	J9313	Lumoxiti	J9330	Torisel
J9308	Cyramza	J9217	Lupron Depot (antineoplastic use)	Q5116	Trazimera
J9145	Darzalex	J1950	Lupron Depot (endocrine use)	J9033	Treanda
J7318	Durolane	J3398	Luxturna	J3315	Trelstar
J0586	Dysport	J2503	Macugen	J7332	Triluron
J1743	Elaprase	J9371	Marqibo	J3316	Triptodur
J3060	Elelyso	J3397	Mepsevii	J7329	TriVisc
J9217	Eligard IM	J0887	Mircera (ESRD on dialysis)	J1746	Trogarzo
J9269	Elzonris	J0888	Mircera (non-ESRD)	Q5115	Truxima
J9176	Empliciti	J7327	Monovisc	J2323	Tysabri
J3380	Entyvio	Q5107	Mvasi	J7686	Tyvaso
J0885	Epogen (non-ESRD)	J9203	Mylotarg	Q5111	Udenyca
Q4081	Epogen (ESRD on dialysis)	J0587	Myobloc	J1303	Ultomiris
J1325	Epoprostenol	J1458	Naglazyme	J9225	Vantas
J9055	Erbix	J2505	Neulasta	J9303	Vectibix
J9019	Erwinaze	J2796	Nplate	J9041	Velcade
J7323	Euflexxa	J2182	Nucala	J1325	Velettri
J3111	Evenity	J2350	Ocrevus	J9025	Vidaza
J1428	Exondys 51	J1568	Octagam	J1322	Vimizim
J0178	Eylea	Q5114	Ogivri	J7321	Visco-3
J0180	Fabrazyme	J9266	Oncaspar	J3396	Visudyne
J0517	Fasenra	J9205	Onivyde	J3385	VPRIV
J1744	Firazyr	J0222	Onpattro	J9153	Vyxeos
J9155	Firmagon	Q5112	Ontruzant	J3590	Xembify
J1572	Flebogamma	J9299	Opdivo	J0588	Xeomin
J1325	Flolan	J0129	Orencia IV	J0897	Xgeva

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J9307	Folotyn	J7324	Orthovisc	J0775	Xiaflex
Q5108	Fulphila	J7312	Ozurdex	J2357	Xolair
J0641	Fusilev	J1599	Panzyga	J9228	Yervoy
J9210	Gamifant	J9306	Perjeta	Q2041	*Yescarta
J1569	Gammagard Liquid	J9309	Polivy	J9352	Yondelis
J1566	Gammagard S-D (powder)	J9295	Portrazza	J7314	Yutiq
J1561	Gammaked	J9204	Poteligeo	J9400	Zaltrap
J1557	Gammaplex	J1459	Privigen	J0256	Zemaira
J1561	Gamunex-C	J0885	Procrit (non-ESRD)	Q5118	Zirabev
J9301	Gazyva	Q4081	Procrit (ESRD on dialysis)	J9202	Zoladex
J7326	Gel-One	J0256	Prolastin C	J3590	Zolgensma
J7328	Gel-Syn	J9015	Proleukin	J3489	Zometa
		J0897	Prolia		

* Requires an inpatient authorization