

Buckeye Community Health Plan Biopharmaceutical Program

Buckeye Community Health Plan (Buckeye) provides a number of biopharmaceutical products through the Biopharmaceutical Program. The program helps deliver medications to you or your physician that are not traditionally found at your local pharmacy. Most biopharmaceuticals and injectables billed for more than \$250 require a prior authorization (PA) to be approved for payment by Buckeye; however, PA requirements are programmed specific to the drug as indicated in the table below. Since the list of drugs requiring PA changes over time, due to new drug arrivals and other market conditions, the \$250 amount is used as a reference gauge to help in determining whether to apply for PA.

HCPCS CODE	INGREDIENT	DESCRIPTION	AUTHORIZATION REQUIREMENTS
90281	GLOBULIN, IMMUNE	Immune Globulin (Ig), human, for intramuscular use (Code Price is per 2 mL)	Auth required for all providers
90283	GLOBULIN, IMMUNE	Immune Globulin (IgIV), human, for intravenous use (Code Price is per 500 mg)	Auth required for all providers
90284	GLOBULIN, IMMUNE SC (ZLB BEHRING)	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	Auth required for all providers
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use (Code price is per 50 mL)	Auth required for all providers
90378	PALIVIZUMAB	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	Auth required for all providers
A9542	IBRITUMOMAB TIUXETAN	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries	Auth required for all providers except hospital, hematology, or oncology providers.
A9544	IODINE I 131 TOSITUMOMAB	Iodine I-131 tositumomab, diagnostic, per study dose (Code Price is per 20 mL)	Auth required for all providers except hospital, hematology, or oncology providers.
A9545	IODINE I 131 TOSITUMOMAB	Iodine I-131 tositumomab, therapeutic, per treatment dose	Auth required for all providers except hospital, hematology, or oncology providers.
C9257	BEVACIZUMAB	Injection, bevacizumab, 0.25 mg	Auth required for all providers except hospital, hematology, or oncology providers.
C9270	GLOBULIN, IMMUNE	Injection, immune globulin (Gammaplex), intravenous, non-lyophilized	Auth required for all providers
C9272	DENOSUMAB	Injection, denosumab, 1 mg	Auth required for all providers
C9273	SIPULEUCEL-T	Sipuleucel-T infusion (Code Price is per 250 mL)	Auth required for all providers
C9276	CABAZITAXEL	injection, cabazitaxel, 1 mg	Auth required for all providers
C9277	ALGLUCOSIDE ALFA	injection, alglucosidase alfa 1 mg	Auth required for all providers
C9278	INCOBOTULINUMTOXIN	injection, incobotulinumtoxin a, 1 unit	Auth required for all providers

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	A		
C9280	ERIBULIN MESYLATE	Injection, eribulin mesylate, 1 mg	Auth required for all providers
C9281	PEGLOTICASE	Injection, pegloticase, 1 mg	Auth required for all providers
C9399	MISC	MISC	Auth required for all providers
G3001	TOSITUMOMAB	Administration and supply of tositumomab, 450 mg (Code is for both drug and administration)	Auth required for all providers except hospital, hematology, or oncology providers.
J0129	ABATACEPT	Injection, abatacept, 10 mg	Auth required for all providers
J0135	ADALIMUMAB	Injection, adalimumab, 20 mg	Auth required for all providers
J0180	AGALSIDASE BETA	Injection, agalsidase beta, 1 mg	Auth required for all providers
J0205	ALGLUCERASE	Injection, alglucerase, per 10 units	Auth required for all providers
J0207	AMIFOSTINE	Injection, amifostine, 500mg	Auth required for all providers
J0215	ALEFACEPT	Injection, alefacept, 0.5mg (Note: Code Price is based on IM product - IV product is no longer manufactured)	Auth required for all providers
J0220	ALGLUCOSIDASE ALFA	Injection, alglucosidase alfa, 10 mg	Auth required for all providers
J0256	PROTEINASE INHIBITOR (HUMAN)	Injection, alpha 1-proteinase inhibitor, human, 10mg	Auth required for all providers
J0364	APOMORPHINE HYDROCHLORIDE	Injection, apomorphine hydrochloride, 1 mg	Auth required for all providers
J0480	BASILIXIMAB	Injection, basiliximab, 20 mg	Auth required for all providers
J0585	CLOSTRIDIUM BOTULINUM TOXIN TYPE A	Injection, onabotulinumtoxinA, 1 unit	Auth required for all providers
J0586	ABOBOTULINUMTOXINA	Injection, abobotulinumtoxinA, 5 units	Auth required for all providers
J0587	CLOSTRIDIUM BOTULINUM TOXIN TYPE B	Injection, rimabotulinumtoxinB, 100 units	Auth required for all providers
J0594	BUSULFAN	Injection, busulfan, 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J0597	C-1 ESTERASE INHIBITOR	injection, c-1 esterase inhibitor (human), berinert, 10 units	Auth required for all providers
J0598	C-1 ESTERASE INHIBITOR (HUMAN)	Injection, C1 esterase inhibitor (human),	Auth required for all providers
J0638	CANAKINUMAB	injection, canakinumab, 1 mg	Auth required for all providers
J0641	LEVOLEUCOVORIN CALCIUM	Injection, levoleucovorin calcium, 0.5 mg	Auth required for all providers
J0718	CERTOLIZUMAB PEGOL	Injection, certolizumab pegol, 1 mg	Auth required for all providers
J0775	COLLAGENASE, CLOST HIST	injection, collagenase, clostridium histolyticum, 0.01 mg	Auth required for all providers
J0800	CORTICOTROPIN	Injection, corticotropin, up to 40 units	Auth required for all providers
J0850	CYTOMEGALOVIRUS IMMUNE GLOBULIN	Injection, cytomegalovirus, immune globulin intravenous (human), per vial (Code Price is per 50 mL)	Auth required for all providers
J0881	DARBEPOETIN ALFA	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Auth required except for HEM/ONC providers
J0882	DARBEPOETIN ALFA	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Auth required for all providers
J0885	EPOETIN ALFA	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Auth required for all providers

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HCPCS CODE	INGREDIENT	DESCRIPTION	AUTHORIZATION REQUIREMENTS
J0886	EPOETIN ALFA	Injection, epoetin alfa, 1000 units (for ESRD on dialysis) (renal dialysis facilities and hospitals must use code Q4081 effective 1/1/07)	Auth required except for dialysis center by par providers
J0894	DECITABINE	Injection, decitabine, 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J0895	DEFEROXAMINE MESYLATE	Injection, deferoxamine mesylate, 500 mg	Auth required for all providers
J1190	DEXRAZOXANE	Injection, dexrazoxane hydrochloride, per 250 mg	Auth required for all providers
J1290	ECALLANTIDE	injection, ecallantide, 1 mg	Auth required for all providers
J1300	ECULIZUMAB	Injection, eculizumab, 10 mg	Auth required for all providers
J1324	ENFUVRTIDE	Injection, enfuvirtide, 1 mg	Auth required for all providers
J1325	EPOPROSTENOL SODIUM	Injection, epoprostenol, 0.5 mg	Auth required for all providers
J1438	ETANERCEPT	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)	Auth required for all providers
J1440	FILGRASTIM	Injection, filgrastim (G-CSF), 300 mcg	Auth required except for HEM/ONC providers
J1441	FILGRASTIM	Injection, filgrastim (G-CSF), 480 mcg	Auth required except for HEM/ONC providers
J1458	GALSULFASE	Injection, galsulfase, 1 mg	Auth required for all providers
J1459	GLOBULIN, IMMUNE IV	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g liquid), 500 mg	Auth required for all providers
J1460	GLOBULIN, IMMUNE	Injection, gamma globulin, intramuscular, 1 cc	Auth required for all providers
J1470	GLOBULIN, IMMUNE	Injection, gamma globulin, intramuscular, 2 cc	Auth required for all providers
J1480	GLOBULIN, IMMUNE	Injection, gamma globulin, intramuscular, 3 cc	Auth required for all providers
J1490	GLOBULIN, IMMUNE	Injection, gamma globulin, intramuscular, 4 cc	Auth required for all providers
J1500	GLOBULIN, IMMUNE	Injection, gamma globulin, intramuscular, 5 cc	Auth required for all providers
J1510	GLOBULIN, IMMUNE	Injection, gamma globulin, intramuscular, 6 cc	Auth required for all providers
J1520	GLOBULIN, IMMUNE	Injection, gamma globulin, intramuscular, 7 cc	Auth required for all providers
J1530	GLOBULIN, IMMUNE	Injection, gamma globulin, intramuscular, 8 cc	Auth required for all providers
J1540	GLOBULIN, IMMUNE	Injection, gamma globulin, intramuscular, 9 cc	Auth required for all providers
J1550	GLOBULIN, IMMUNE	Injection, gamma globulin, intramuscular, 10 cc	Auth required for all providers
J1559	HIZENTRA	injection, immune globulin (hizentra), 100 mg	Auth required for all providers

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HCPCS CODE	INGREDIENT	DESCRIPTION	AUTHORIZATION REQUIREMENTS
J1560	GLOBULIN, IMMUNE	Injection, gamma globulin, intramuscular, over 10 cc (always use for any amount injected over 10cc and place number of units) (1cc = 1 unit)	Auth required for all providers
J1561	GLOBULIN, IMMUNE IV	Injection, immune globulin, (Gamunex), intravenous, non-lyophilized (e.g. liquid), 500 mg (Code re-used by CMS effective 1/1/08)	Auth required for all providers
J1562	GLOBULIN, IMMUNE SC	Injection, immune globulin, (Vivaglobin), 100 mg	Auth required for all providers
J1566	GLOBULIN, IMMUNE	Injection, immune globulin, intravenous, lyophilized (e.g powder), not otherwise specified, 500 mg (Only Carimune NF, and Gammagard S/D should be billed using this code)	Auth required for all providers
J1568	GLOBULIN, IMMUNE IV	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	Auth required for all providers
J1569	GLOBULIN, IMMUNE IV	Injection, immune globulin, (Gammagard), intravenous, non-lyophilized, (e.g. liquid), 500 mg	Auth required for all providers
J1572	GLOBULIN, IMMUNE	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg	Auth required for all providers
J1595	GLATIRAMER ACETATE	Injection, glatiramer acetate, 20 mg	Auth required for all providers
J1599	IVIG NON-LYOPHILIZED MISC	injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not specified	Auth required for all providers
J1640	HEMIN	Injection, hemin, 1 mg	Auth required for all providers
J1645	DALTEPARIN SODIUM	Injection, dalteparin sodium, per 2,500 IU	Auth required for all providers
J1650	ENOXAPARIN SODIUM	Injection, enoxaparin sodium, 10 mg	Auth required for all providers
J1652	FONDAPARINUX SODIUM	Injection, fondaparinux sodium, 0.5 mg	Auth required for all providers
J1655	TINZAPARIN SODIUM	Injection, tinzaparin sodium, 1000 IU	Auth required for all providers
J1680	FIBRINOGEN CONCENTRATE (HUMAN)	Injection, human fibrinogen concentrate, 100 mg	Auth required for all providers
J1740	IBANDRONATE SODIUM	Injection, ibandronate sodium, 1 mg	Auth required for all providers
J1743	IDURSULFASE	Injection, idursulfase, 1 mg	Auth required for all providers
J1745	INFLIXIMAB	Injection, infliximab, 10 mg	Auth required for all providers
J1786	IMUGLUCERASE	injection, imiglucerase, 10 units	Auth required for all providers
J1825	INTERFERON BETA-1A	Injection, interferon beta-1a, 33 mcg	Auth required for all providers
J1826	INTERFERON BETA-1A	injection, interferon beta-1a, 30 mcg	Auth required for all providers
J1830	INTERFERON BETA-1B	Injection, interferon beta-1B, 0.25 mg (code may be used for Medicare when drug administered under direct supervision of a physician; not for use if self-administered)	Auth required for all providers
J1930	LANREOTIDE ACETATE	Injection, lanreotide, 1 mg	Auth required for all providers
J1931	LARONIDASE	Injection, laronidase, 0.1 mg	Auth required for all providers
J1950	LEUPROLIDE ACETATE	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Auth required for all providers

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HCPCS CODE	INGREDIENT	DESCRIPTION	AUTHORIZATION REQUIREMENTS
J2170	MECASERMIN	Injection, mecasermin, 1 mg	Auth required for all providers
J2278	ZICONOTIDE ACETATE	Injection, ziconotide, 1 microgram	Auth required for all providers
J2315	NALTREXONE	Injection, naltrexone, depot form, 1 mg	Auth required for all providers
J2323	NATALIZUMAB	Injection, natalizumab, 1 mg	Auth required for all providers
J2325	NESIRITIDE	Injection, nesiritide, 0.1 mg	Auth required for all providers
J2353	OCTREOTIDE ACETATE	Injection, octreotide, depot form for intramuscular injection, 1 mg	Auth required for all providers
J2354	OCTREOTIDE ACETATE	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Auth required for all providers
J2355	OPRELVEKIN	Injection, oprelvekin, 5 mg	Auth required for all providers
J2357	OMALIZUMAB	Injection, omalizumab, 5 mg	Auth required for all providers
J2358	OLANZAPINE LONG-ACTING	injection, olanzapine, long-acting, 1 mg	Auth required for all providers
J2425	PALIFERMIN	Injection, palifermin, 50 micrograms	Auth required for all providers
J2426	PALIPERIDONE PALMITATE	injection, paliperidone palmitate extended release, 1 mg	Auth required for all providers
J2503	PEGAPTANIB SODIUM (PEGAPTANIB OCTASODIUM)	Injection, pegaptanib sodium, 0.3 mg	Auth required for all providers
J2504	PEGADEMASE BOVINE	Injection, pegademase bovine, 25 IU	Auth required for all providers
J2505	PEGFILGRASTIM	Injection, pegfilgrastim, 6 mg	Auth required except for HEM/ONC providers
J2562	PLERIXAFOR	Injection, plerixafor, 1 mg	Auth required for all providers
J2724	HUMAN PROTEIN C	Injection, protein C concentrate, intravenous, human, 10 IU	Auth required for all providers
J2778	RANIBIZUMAB	Injection, ranibizumab, 0.1 mg	Auth required for all providers
J2783	RASBURICASE	Injection, rasburicase, 0.5 mg	Auth required for all providers
J2791	RHO (D) IMMUNE GLOBULIN	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU	Auth required for all providers
J2792	RHO (D) IMMUNE GLOBULIN	Injection, rho D immune globulin, intravenous, human, solvent detergent, 100 IU	Auth required for all providers
J2793	RILONACEPT	Injection, riloncept, 1 mg	Auth required for all providers
J2794	RISPERIDONE	Injection, risperidone, long acting, 0.5 mg	Auth required for all providers
J2796	ROMIPLOSTIM	Injection, romiplostim, 10 micrograms	Auth required for all providers
J2820	SARGRAMOSTIM	Injection, sargramostim (GM-CSF), 50 mcg	Auth required except for HEM/ONC providers
J2941	SOMATROPIN	Injection, somatropin, 1 mg	Auth required for all providers
J3095	TELEVANCIN	injection, televancin, 10 mg	Auth required for all providers
J3110	TERIPARATIDE	Injection, teriparatide, 10 mcg	Auth required for all providers
J3240	THYROTROPIN ALFA	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial (Code Price is per 1 vial)	Auth required for all providers
J3262	TOCILIZUMAB	injection, tocilizumab, 1 mg	Auth required for all providers
J3285	TREPROSTINIL SODIUM	Injection, treprostinil, 1 mg	Auth required for all providers
J3315	TRIPTORELIN PAMOATE	Injection, triptorelin pamoate, 3.75 mg	Auth required for all providers
J3357	USTEKINUMAB	injection, ustekinumab, 1 mg	Auth required for all providers
J3385	VELAGLUCERASE ALFA	injection, velaglucerase alfa, 100 units	Auth required for all providers

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HCPCS CODE	INGREDIENT	DESCRIPTION	AUTHORIZATION REQUIREMENTS
J3396	VERTEPORFIN	Injection, verteporfin, 0.1 mg	Auth required for all providers
J3487	ZOLEDRONIC ACID MONOHYDRATE	Injection, zoledronic acid (Zometa), 1 mg	Auth required for all providers
J3488	ZOLEDRONIC ACID MONOHYDRATE	Injection, zoledronic acid (Reclast), 1 mg	Auth required for all providers
J3490	MISC	MISC	Auth required for all providers
J3590	MISC	MISC	Auth required for all providers
J7184	WILATE	injection, von willebrand factor complex (human), wilate, per 100 iu vwf:rc0	Auth required for all providers
J7185	ANTIHEMOPHILIC FACTOR (RECOMB) PAF	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	Auth required for all providers
J7186	ANTIHEMOPHILIC FACTOR/VWF CMLX (HUMAN)	Injection, antihemophilic factor VIII/Von Willebrand factor complex (human), per factor VIII I.U.	Auth required for all providers
J7187	ANTIHEMOPHILIC FACTOR/VWF CMLX (HUMAN)	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO	Auth required for all providers
J7189	FACTOR VIIA COAGULANT, RECOMB(BHK CELLS)	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram	Auth required for all providers
J7190	ANTIHEMOPHILIC FACTOR	Factor VIII (antihemophilic factor [human]) per IU	Auth required for all providers
J7192	ANTIHEMOPHILIC FACTOR RAHF-PFM	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Auth required for all providers
J7193	COAGULATION FACTOR IX	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	Auth required for all providers
J7194	FACTOR IX	Factor IX, complex, per IU	Auth required for all providers
J7195	COAGULATION FACTOR IX, RECOMBINANT	Factor IX (antihemophilic factor, recombinant) per IU	Auth required for all providers
J7196	ANTIETHROMBIN RECOMBINANT	injection, antithrombin recombinant, 50 i.u.	Auth required for all providers
J7197	ANTIETHROMBIN III (HUMAN)	Antithrombin III (human), per IU	Auth required for all providers
J7198	ANTI-INHIBITOR COAGULANT COMPLEX	Anti-inhibitor, per IU	Auth required for all providers
J7199	HEMOPHILIA CLOTTING FACTOR MISC	Hemophilia clotting factor, not otherwise classified	Auth required for all providers
J7310	GANCICLOVIR	Ganciclovir, 4.5 mg, long-acting implant	Auth required for all providers
J7312	DEXAMETHASONE INTRA IMPLANT	injection, dexamethasone, intravitreal implant, 0.1 mg	Auth required for all providers
J7321	SODIUM HYALURONATE	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose (Hyalgan dose is 20 mg/2 mL and Supartz dose is 25 mg/2.5 mL) (Note: Total dose regimen = 3 - 5 injections)	Auth required for all providers
J7323	SODIUM HYALURONATE	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (20 mg/2 mL) (Note: Total dose regimen = 3 injections)	Auth required for all providers

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J7324	HYALURONAN	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (30 mg/2 mL) (Note: Total dose regimen = 3 - 4 injections)	Auth required for all providers
J7325	HYLAN	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	Auth required for all providers
J7335	CAPSAICIN 8% PATCH	capsaicin 8% patch, per 10 square centimeters	Auth required for all providers
J7500	AZATHIOPRINE	Azathioprine, oral, 50 mg	Auth required for all providers
J7504	ANTI-THYMOCYTE GLOBULIN (EQUINE)	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	Auth required for all providers
J7511	ANTI-THYMOCYTE GLOBULIN (RABBIT)	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Auth required for all providers
J7513	DACLIZUMAB	Daclizumab, parenteral, 25 mg	Auth required for all providers
J7516	CYCLOSPORINE	Cyclosporine, parenteral, 250 mg	Auth required for all providers
J7517	MYCOPHENOLATE MOFETIL	Mycophenolate mofetil, oral, 250 mg	Auth required for all providers
J7518	MYCOPHENOLATE SODIUM	Mycophenolic acid, oral, 180 mg	Auth required for all providers
J7525	TACROLIMUS	Tacrolimus, parenteral, 5 mg	Auth required for all providers
J7599	MYCOPHENOLATE MOFETIL HYDROCHLORIDE	Immunosuppressive drug, not otherwise classified (Please refer manual for billing instructions)	Auth required for all providers
J7639	DORNASE ALFA	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	Auth required for all providers
J7682	TOBRAMYCIN	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	Auth required for all providers
J7686	TREPROSTINIL, NON-COMP UNIT	treprostinil, inhalation solution, fda-approved final product, non-compounded,	Auth required for all providers
J7699	AZTREONAM	Cayston	Auth required for all providers
J8499	MISC	MISC	Auth required for all providers
J8510	BUSULFAN	Busulfan, oral, 2 mg	Auth required for all providers
J8520	CAPECITABINE	Capecitabine, oral, 150 mg	Auth required for all providers
J8521	CAPECITABINE	Capecitabine, oral, 500 mg	Auth required for all providers
J8530	CYCLOPHOSPHAMIDE	Cyclophosphamide, oral, 25 mg	Auth required for all providers
J8562	FLUDARABINE PHOSPHATE	fludarabine phosphate, oral, 10 mg	Auth required for all providers
J8565	GEFITINIB	Gefitinib, oral, 250 mg	Auth required for all providers
J8600	MELPHALAN	Melphalan, oral, 2 mg	Auth required for all providers
J8700	TEMOZOLOMIDE	Temozolomide, oral, 5 mg	Auth required for all providers
J8705	TOPOTECAN HYDROCHLORIDE	Topotecan, oral, 0.25 mg	Auth required for all providers
J8999	MISC	MISC	Auth required for all providers

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HCPCS CODE	INGREDIENT	DESCRIPTION	AUTHORIZATION REQUIREMENTS
J9000	DOXORUBICIN HYDROCHLORIDE	Injection, doxorubicin hydrochloride, 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9001	DOXORUBICIN HCL LIPOSOME	Injection, doxorubicin hydrochloride, all lipid formulations, 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9010	ALEMTUZUMAB	Injection, alemtuzumab, 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9015	ALDESLEUKIN	Aldesleukin, per single-use vial	Auth required for all providers except hospital, hematology, or oncology providers.
J9017	ARSENIC TRIOXIDE	Injection, arsenic trioxide, 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9020	ASPARAGINASE	Injection, asparaginase, 10,000 units	Auth required for all providers except hospital, hematology, or oncology providers.
J9025	AZACITIDINE	Injection, azacitidine, 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9027	CLOFARABINE	Injection, clofarabine, 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9031	BCG VACCINE	BCG (intravesical), per installation	Auth required for all providers except hospital, hematology, or oncology providers.
J9033	BENDAMUSTINE HYDROCHLORIDE	Injection, bendamustine HCl, 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9035	BEVACIZUMAB	Injection, bevacizumab, 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9040	BLEOMYCIN SULFATE	Bleomycin sulfate, 15 units	Auth required for all providers except hospital, hematology, or oncology providers.
J9041	BORTEZOMIB	Injection, bortezomib, 0.1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9045	CARBOPLATIN	Carboplatin, 50 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9050	CARMUSTINE	Injection, carmustine, 100 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9055	CETUXIMAB	Injection, cetuximab, 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9060	CISPLATIN	Cisplatin, powder or solution, per 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.

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HCPCS CODE	INGREDIENT	DESCRIPTION	AUTHORIZATION REQUIREMENTS
J9062	CISPLATIN	Cisplatin, 50 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9065	CLADRIBINE	Injection, cladribine, per 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9070	CYCLOPHOSPHAMIDE	Cyclophosphamide, 100 mg	Auth required for all providers except hospital, hematology, neurology, oncology or rheumatology providers.
J9098	CYTARABINE	Injection, cytarabine liposome, 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9100	CYTARABINE	Injection, cytarabine, 100 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9110	CYTARABINE	Injection, cytarabine, 500 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9120	DACTINOMYCIN	Injection, dactinomycin, 0.5 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9130	DACARBAZINE	Dacarbazine, 100 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9140	DACARBAZINE	Dacarbazine, 200 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9150	DAUNORUBICIN HYDROCHLORIDE	Injection, daunorubicin, 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9151	DAUNORUBICIN CITRATE	Injection, daunorubicin citrate, liposomal formulation, 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9155	DEGARELIX ACETATE	Injection, degarelix, 1 mg (For billing prior to 1/1/10 use J9999 or C9399)	Auth required for all providers
J9160	DENILEUKIN DIFTTTOX	Injection, denileukin diftttox, 300 micrograms	Auth required for all providers except hospital, hematology, or oncology providers.
J9171	DOCETAXEL	Injection, docetaxel, 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9175	ELLIOTTS' B SOLUTION:	Injection, Elliotts' B solution, 1 mL	Auth required for all providers except hospital, hematology, or oncology providers.
J9178	EPIRUBICIN HCL	Injection, epirubicin HCl, 2 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9181	ETOPOSIDE	Injection, etoposide, 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.

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HCPCS CODE	INGREDIENT	DESCRIPTION	AUTHORIZATION REQUIREMENTS
J9185	FLUDARABINE PHOSPHATE	Injection, fludarabine phosphate, 50 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9190	FLUOROURACIL	Injection, fluorouracil, 500 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9200	FLOXURIDINE	Injection, floxuridine, 500 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9201	GEMCITABINE HCL	Injection, gemcitabine hydrochloride, 200 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9202	GOSERELIN ACETATE	Goserelin acetate implant, per 3.6 mg	Auth required for all providers
J9206	IRINOTECAN HYDROCHLORIDE	Injection, irinotecan, 20 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9207	IXABEPILONE	Injection, ixabepilone, 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9208	IFOSFAMIDE	Injection, ifosfamide, 1 gram	Auth required for all providers except hospital, hematology, or oncology providers.
J9209	MESNA	Injection, mesna, 200 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9211	IDARUBICIN HCL	Injection, idarubicin hydrochloride, 5 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9212	INTERFERON ALFACON-1	Injection, interferon Alfacon-1, recombinant, 1 microgram	Auth required for all providers
J9214	INTERFERON ALFA-2B	Injection, interferon, alfa-2b, recombinant, 1 million units	Auth required for all providers
J9215	INTERFERON ALFA-n3	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 IU	Auth required for all providers
J9216	INTERFERON GAMMA-1B	Injection, interferon, gamma 1-b, 3 million units	Auth required for all providers
J9217	LEUPROLIDE ACETATE	Leuprolide acetate (for depot suspension), 7.5 mg	Auth required for all providers
J9218	LEUPROLIDE ACETATE	Leuprolide acetate, per 1 mg	Auth required for all providers
J9225	HISTRELIN ACETATE	Histrelin implant (Vantas) 50 mg	Auth required for all providers
J9226	HISTRELIN ACETATE	Histrelin implant (Supprelin LA), 50 mg	Auth required for all providers
J9230	MECHLORETHAMINE HYDROCHLORIDE	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9245	MELPHALAN	Injection, melphalan hydrochloride, 50 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9261	NELARABINE	Injection, nelarabine, 50 mg	Auth required for all providers except hospital, hematology, or oncology providers.

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HCPCS CODE	INGREDIENT	DESCRIPTION	AUTHORIZATION REQUIREMENTS
J9263	OXALIPLATIN	Injection, oxaliplatin, 0.5 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9264	PACLITAXEL	Injection, paclitaxel protein-bound particles, 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9265	PACLITAXEL	Injection, paclitaxel, 30 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9266	PEGASPARGASE	Injection, pegaspargase, per single dose vial	Auth required for all providers except hospital, hematology, or oncology providers.
J9268	PENTOSTATIN	Injection, pentostatin, per 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9280	MITOMYCIN C	Mitomycin, 5 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9290	MITOMYCIN C	Mitomycin, 20 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9291	MITOMYCIN C	Mitomycin, 40 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9293	MITOXANTRONE HYDROCHLORIDE	Injection, mitoxantrone hydrochloride, per 5 mg	Auth required for all providers except hematology or oncology providers.
J9300	GEMTUZUMAB OZOGAMICIN	Injection, gemtuzumab ozogamicin, 5 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9302	OFATUMUMAB	injection, ofatumumab, 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9303	PANITUMUMAB	Injection, panitumumab, 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9305	PEMETREXED DISODIUM	Injection, pemetrexed, 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9307	PRALATREXATE	injection, pralatrexate, 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9310	RITUXIMAB	Injection, rituximab, 100 mg	Auth required for all providers except hematology or oncology providers.
J9315	ROMIDEPSIN	injection, romidepsin, 1 mg	Auth required for all providers except hematology or oncology providers.
J9320	STREPTOZOCIN	Injection, streptozocin, 1 gram	Auth required for all providers except hospital, hematology, or oncology providers.

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HCPCS CODE	INGREDIENT	DESCRIPTION	AUTHORIZATION REQUIREMENTS
J9328	TEMOZOLOMIDE	Injection, temozolomide, 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9330	TEMSIROLIMUS	Injection, temsirolimus, 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9340	THIOTEPA	Injection, thiotepa, 15 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9350	TOPOTECAN HYDROCHLORIDE	Injection, topotecan, 4 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9351	TOPOTECAN INJECTION	injection, topotecan, 0.1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9355	TRASTUZUMAB	Injection, trastuzumab, 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9357	VALRUBICIN	Injection, valrubicin, intravesical, 200 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9360	VINBLASTINE SULFATE	Injection, vinblastine sulfate, 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9370	VINCRISTINE SULFATE	Vincristine sulfate, 1 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9375	VINCRISTINE SULFATE	Vincristine sulfate, 2 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9380	VINCRISTINE SULFATE	Vincristine sulfate, 5 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9390	VINORELBINE TARTRATE	Injection, vinorelbine tartrate, per 10 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9395	FULVESTRANT	Injection, fulvestrant, 25 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9600	PORFIMER SODIUM	Injection, porfimer sodium, 75 mg	Auth required for all providers except hospital, hematology, or oncology providers.
J9999	MISC	MISC	Auth required for all providers
Q0138	FERUMOXYTOL	Injection, ferumoxylol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	Auth required for all providers
Q0139	FERUMOXYTOL	Injection, ferumoxylol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)	Auth required for all providers

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HCPCS CODE	INGREDIENT	DESCRIPTION	AUTHORIZATION REQUIREMENTS
Q2017	TENIPOSIDE	Injection, teniposide, 50 mg	Auth required for all providers except hospital, hematology, or oncology providers.
Q2025	FLUDARABINE PHOSPHATE	Fludarabine phosphate, oral, 1 mg	Auth required for all providers
Q2026	RADIESSE	Injection, Radiesse, 0.1 mL	Auth required for all providers
Q2027	SCULPTRA	Injection, Sculptra, 0.1 mL	Auth required for all providers
Q2040	INCOBOTULINUMTOXIN A	Injection, incobotulinumtoxinA, 1 unit	Auth required for all providers
Q3025	INTERFERON BETA-1A	Injection, interferon beta-1A, 11 mcg for intramuscular use	Auth required for all providers
Q4074	ILOPROST	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms	Auth required for all providers
Q4081	EPOETIN ALFA	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	Auth required except for dialysis center by par providers
S0088	IMATINIB MESYLATE	Imatinib, 100 mg	Auth required for all providers
S0145	PEGINTERFERON ALFA-2A	Injection, pegylated interferon alfa-2a, 180 mcg per mL	Auth required for all providers
S0148	PEGINTERFERON ALFA-2B	Injection, pegylated interferon alfa-2b, 10 mcg	Auth required for all providers
S0172	CHLORAMBUCIL	Chlorambucil, oral, 2 mg	Auth required for all providers
S0175	FLUTAMIDE	Flutamide, oral, 125 mg	Auth required for all providers
S0178	LOMUSTINE	Lomustine, oral, 10 mg	Auth required for all providers
S0182	PROCARBAZINE HYDROCHLORIDE	Procarbazine HCl, oral, 50 mg	Auth required for all providers

A listing of the products provided by AcariaHealth can be found in the AcariaHealth Pharmacy Supplied Biopharmaceutical Program. For the most current program description you may call Member Services at 1-866-246-4358 (TTY/TTD 1-800-750-0750) or visit the Buckeye Community Health Plan website at www.bchpobio.com.