Louisiana Healthcare Connections

Office Administered Drug Prior Authorization List

Louisiana Healthcare Connections requires prior authorization (PA) for certain office administered drugs in order for reimbursement to be issued to the provider. Below please find a list of office administered drugs that require PA. Since this list changes over time due to new drug arrivals and other market conditions, it is important to contact Provider Services at 1-866-595-8133 or check the Louisiana Healthcare Connections website at www.LouisianaHealthConnect.com for updates to this benefit.

Practitioners can submit requests for office administered drugs to Louisiana Healthcare Connections by filling out the **Medication Prior Authorization Request Form** that is available on the Louisiana Healthcare Connections website at www.LouisianaHealthConnect.com. For efficient processing of the request be sure to complete the Medication Prior Authorization Request Form in its entirety, including clinical information and lab reports as appropriate.

If you are a **PROVIDER** that wishes to dispense from **OFFICE STOCK**, please **FAX** the completed request to Louisiana Healthcare Connections at **1-877-401-8172** for review. **ALL OTHER** requests should be **FAXED** to **1-866-399-0929**.

HCPCS CODE	INGREDIENT	ADDITIONAL INFORMATION
90281	GLOBULIN, IMMUNE	Auth required for all providers
90283	GLOBULIN, IMMUNE	Auth required for all providers
90284	GLOBULIN, IMMUNE SC (ZLB BEHRING)	Auth required for all providers
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN	Auth required for all providers
90378	PALIVIZUMAB	Auth required for all providers
A9542	IBRITUMOMAB TIUXETAN	Auth required for all providers except hospital, hematology, or oncology providers.
A9544	IODINE I 131 TOSITUMOMAB	Auth required for all providers except hospital, hematology, or oncology providers.
A9545	IODINE I 131 TOSITUMOMAB	Auth required for all providers except hospital, hematology, or oncology providers.
C9257	BEVACIZUMAB	Auth required for all providers except hospital, hematology, or oncology providers.
C9286	BELATACEPT	Auth required for all providers
C9287	BRENTUXIMAB VEDOTIN	Auth required for all providers except hospital, hematology, or oncology providers.

HCPCS CODE	INGREDIENT	ADDITIONAL INFORMATION
C9289	ERWINIA CHRYSANTHEMI	Auth required for all providers except hospital, hematology, or oncology providers.
C9292	PERTUZUMAB	Auth required for all providers except hospital, hematology, or oncology providers.
C9293	GLUCARPIDASE	Auth required for all providers
C9399	SEE MISC TAB FOR WORK PROCESS AND CODE DESCRIPTIONS.	See MISC tab for specific authorization information.
G3001	TOSITUMOMAB	Auth required for all providers except hospital, hematology, or oncology providers.
J0129	ABATACEPT	Auth required for all providers
J0135	ADALIMUMAB	Auth required for all providers
J0180	AGALSIDASE BETA	Auth required for all providers
J0205	ALGLUCERASE	Auth required for all providers
J0207	AMIFOSTINE	Auth required for all providers
J0215	ALEFACEPT	Auth required for all providers
J0220	ALGLUCOSIDASE ALFA	Auth required for all providers
J0221	ALGLUCOSIDE ALFA	Auth required for all providers
J0256	PROTEINASE INHIBITOR (HUMAN)	Auth required for all providers
J0257	ALPHA 1 PROTEINASE INHIBITOR (HUMAN)	Auth required for all providers
J0364	APOMORPHINE HYDROCHLORIDE	Auth required for all providers
J0480	BASILIXIMAB	Auth required for all providers
J0490	BELIMUMAB INJECTION	Auth required for all providers
J0585	CLOSTRIDIUM BOTULINUM TOXIN TYPE A	Auth required for all providers
J0586	ABOBOTULINUMTOXINA	Auth required for all providers
J0587	CLOSTRIDIUM BOTULINUM TOXIN TYPE B	Auth required for all providers
J0588	INCOBOTULINUMTOXIN A	Auth required for all providers
J0594	BUSULFAN	Auth required for all providers except hospital, hematology, or oncology providers.
J0597	C-1 ESTERASE, BERINERT	Auth required for all providers
J0598	C1 INHIBITOR (HUMAN)	Auth required for all providers
J0638	CANAKINUMAB	Auth required for all providers
J0641	LEVOLEUCOVORIN CALCIUM	Auth required for all providers
J0718	CERTOLIZUMAB PEGOL	Auth required for all providers
J0775	COLLAGENASE, CLOST HIST	Auth required for all providers
J0800	CORTICOTROPIN	Auth required for all providers
J0850	CYTOMEGALOVIRUS IMMUNE GLOBULIN	Auth required for all providers
J0881	DARBEPOETIN ALFA	Auth required for all providers
J0882	DARBEPOETIN ALFA	Auth required for all providers

HCPCS CODE	INGREDIENT	ADDITIONAL INFORMATION
J0885	EPOETIN ALFA	Auth required for all providers
J0886	EPOETIN ALFA	Auth required for all providers
J0894	DECITABINE	Auth required for all providers except hospital, hematology, or oncology providers.
J0895	DEFEROXAMINE MESYLATE	Auth required for all providers
J0897	DENOSUMAB	Auth required for all providers
J1190	DEXRAZOXANE	Auth required for all providers
J1290	ECALLANTIDE	Auth required for all providers
J1300	ECULIZUMAB	Auth required for all providers
J1324	ENFUVIRTIDE	Auth required for all providers
J1325	EPOPROSTENOL SODIUM	Auth required for all providers
J1438	ETANERCEPT	Auth required for all providers
J1440	FILGRASTIM	Auth required for all providers
J1441	FILGRASTIM	Auth required for all providers
J1458	GALSULFASE	Auth required for all providers
J1459	GLOBULIN, IMMUNE IV (BAXTER/AM RED CROS)	Auth required for all providers
J1460	GLOBULIN, IMMUNE	Auth required for all providers
J1557	GLOBULIN, IMMUNE	Auth required for all providers
J1559	HIZENTRA	Auth required for all providers
J1560	GLOBULIN, IMMUNE	Auth required for all providers
J1561	GLOBULIN, IMMUNE IV (TALECRIS)	Auth required for all providers
J1566	GLOBULIN, IMMUNE	Auth required for all providers
J1568	GLOBULIN, IMMUNE IV (OCTAPHARM)	Auth required for all providers
J1569	GLOBULIN, IMMUNE IV (BAXTER/AM RED CROS)	Auth required for all providers
J1572	GLOBULIN, IMMUNE	Auth required for all providers
J1595	GLATIRAMER ACETATE	Auth required for all providers
J1599	IVIG NON-LYOPHILIZED, NOS	Auth required for all providers
J1640	HEMIN	Auth required for all providers
J1645	DALTEPARIN SODIUM	Auth required for all providers
J1650	ENOXAPARIN SODIUM	Auth required for all providers
J1652	FONDAPARINUX SODIUM	Auth required for all providers
J1655	TINZAPARIN SODIUM	Auth required for all providers
J1680	FIBRINOGEN CONCENTRATE (HUMAN)	Auth required for all providers
J1725	HYDROXYPROGESTERONE CAPROATE	Auth required for all providers
J1740	IBANDRONATE SODIUM	Auth required for all providers
J1743	IDURSULFASE	Auth required for all providers
J1745	INFLIXIMAB	Auth required for all providers
J1786	IMUGLUCERASE	Auth required for all providers
J1826	INTERFERON BETA-1A	Auth required for all providers
J1830	INTERFERON BETA-1B	Auth required for all providers

HCPCS CODE	INGREDIENT	ADDITIONAL INFORMATION
J1930	LANREOTIDE ACETATE	Auth required for all providers
J1931	LARONIDASE	Auth required for all providers
J1950	LEUPROLIDE ACETATE	Auth required for all providers
J2170	MECASERMIN	Auth required for all providers
J2278	ZICONOTIDE ACETATE	Auth required for all providers
J2315	NALTREXONE	Auth required for all providers
J2323	NATALIZUMAB	Auth required for all providers
J2325	NESIRITIDE	Auth required for all providers
J2353	OCTREOTIDE ACETATE	Auth required for all providers
J2354	OCTREOTIDE ACETATE	Auth required for all providers
J2355	OPRELVEKIN	Auth required for all providers
J2357	OMALIZUMAB	Auth required for all providers
J2358	OLANZAPINE LONG-ACTING	Auth required for all providers
J2425	PALIFERMIN	Auth required for all providers
J2426	PALIPERIDONE PALMITATE	Auth required for all providers
J2501	PARICALCITROL	Auth required for all providers
J2503	PEGAPTANIB SODIUM (PEGAPTANIB OCTASODIUM	Auth required for all providers
J2504	PEGADEMASE BOVINE	Auth required for all providers
J2505	PEGFILGRASTIM	Auth required for all providers
J2507	PEGLOTICASE	Auth required for all providers
J2562	PLERIXAFOR	Auth required for all providers
J2724	HUMAN PROTEIN C	Auth required for all providers
J2778	RANIBIZUMAB	Auth required for all providers
J2783	RASBURICASE	Auth required for all providers
J2791	RHO (D) IMMUNE GLOBULIN	Auth required for all providers
J2792	RHO (D) IMMUNE GLOBULIN	Auth required for all providers
J2793	RILONACEPT	Auth required for all providers
J2794	RISPERIDONE	Auth required for all providers
J2796	ROMIPLOSTIM	Auth required for all providers
J2820	SARGRAMOSTIM	Auth required for all providers
J2941	SOMATROPIN	Auth required for all providers
J3095	TELEVANCIN	Auth required for all providers
J3110	TERIPARATIDE	Auth required for all providers
J3240	THYROTROPIN ALFA	Auth required for all providers
J3262	TOCILIZUMAB	Auth required for all providers
J3285	TREPROSTINIL SODIUM	Auth required for all providers
J3315	TRIPTORELIN PAMOATE	Auth required for all providers
J3357	USTEKINUMAB	Auth required for all providers
J3385	VELAGLUCERASE ALFA	Auth required for all providers
J3396	VERTEPORFIN	Auth required for all providers
J3487	ZOLEDRONIC ACID MONOHYDRATE	Auth required for all providers
J3488	ZOLEDRONIC ACID MONOHYDRATE	Auth required for all providers
J3490	SEE MISC TAB FOR WORK PROCESS AND CODE DESCRIPTIONS.	See MISC tab for specific authorization information.

HCPCS CODE	INGREDIENT	ADDITIONAL INFORMATION
J3590	SEE MISC TAB FOR WORK PROCESS AND CODE DESCRIPTIONS.	See MISC tab for specific authorization information.
J7180	FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN)	Auth required for all providers
J7183	WILATE	Auth required for all providers
J7185	ANTIHEMOPHILIC FACTOR (RECOMB) PAF	Auth required for all providers
J7186	ANTIHEMOPHILIC FACTOR/VWF CMPLX (HUMAN)	Auth required for all providers
J7187	ANTIHEMOPHILIC FACTOR/VWF CMPLX (HUMAN)	Auth required for all providers
J7189	FACTOR VIIA COAGULANT, RECOMB(BHK CELLS)	Auth required for all providers
J7190	ANTIHEMOPHILIC FACTOR	Auth required for all providers
J7192	ANTIHEMOPHILIC FACTOR RAHF-PFM	Auth required for all providers
J7193	COAGULATION FACTOR IX	Auth required for all providers
J7194	FACTOR IX	Auth required for all providers
J7195	COAGULATION FACTOR IX, RECOMBINANT	Auth required for all providers
J7196	ANTITHROMBIN RECOMBINANT	Auth required for all providers
J7197	ANTITHROMBIN III (HUMAN), PER IU	Auth required for all providers
J7198	ANTI-INHIBITOR COAGULANT COMPLEX	Auth required for all providers
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	Auth required for all providers
J7310	GANCICLOVIR	Auth required for all providers
J7312	DEXAMETHASONE INTRA IMPLANT	Auth required for all providers
J7335	CAPSAICIN 8% PATCH	Auth required for all providers
J7321	SODIUM HYALURONATE	Auth required for all providers
J7323	SODIUM HYALURONATE	Auth required for all providers
J7324	HYALURONAN	Auth required for all providers
J7325	HYLAN	Auth required for all providers
J7326	HYALURONAN OR DERIVATIVE	Auth required for all providers
J7504	ANTI-THYMOCYTE GLOBULIN (EQUINE)	Auth required for all providers
J7511	ANTI-THYMOCYTE GLOBULIN (RABBIT)	Auth required for all providers
J7513	DACLIZUMAB	Auth required for all providers
J7516	CYCLOSPORINE	Auth required for all providers
J7517	MYCOPHENOLATE MOFETIL	Auth required for all providers
J7518	MYCOPHENOLATE SODIUM	Auth required for all providers
J7525	TACROLIMUS	Auth required for all providers
J7599	MYCOPHENOLATE MOFETIL HYDROCHLORIDE	Auth required for all providers
J7639	DORNASE ALFA	Auth required for all providers

HCPCS CODE	INGREDIENT	ADDITIONAL INFORMATION
J7682	TOBRAMYCIN	Auth required for all providers
J7686	TREPROSTINIL, NON-COMP UNIT	Auth required for all providers
J8499	**SEE MISC SECTION.**	**See MISC section.**
J8510	BUSULFAN	Auth required for all providers
J8520	CAPECITABINE	Auth required for all providers
J8521	CAPECITABINE	Auth required for all providers
J8530	CYCLOPHOSPHAMIDE	Auth required for all providers
J8561	EVEROLIMUS	Auth required for all providers
J8562	ORAL FLUDARABINE PHOSPHATE	Auth required for all providers
J8565	GEFITINIB	Auth required for all providers
J8600	MELPHALAN	Auth required for all providers
J8700	TEMOZOLOMIDE	Auth required for all providers
J8705	TOPOTECAN HYDROCHLORIDE	Auth required for all providers
J8999	**SEE MISC SECTION.**	**See MISC section.**
J9000	DOXORUBICIN HYDROCHLORIDE	Auth required for all providers except hospital, hematology, or oncology providers.
J9001	DOXORUBICIN HCL LIPOSOME	Auth required for all providers except hospital, hematology, or oncology providers.
J9010	ALEMTUZUMAB	Auth required for all providers except hospital, hematology, or oncology providers.
J9015	ALDESLEUKIN	Auth required for all providers except hospital, hematology, or oncology providers.
J9017	ARSENIC TRIOXIDE	Auth required for all providers except hospital, hematology, or oncology providers.
J9020	ASPARAGINASE	Auth required for all providers except hospital, hematology, or oncology providers.
J9025	AZACITIDINE	Auth required for all providers except hospital, hematology, or oncology providers.
J9027	CLOFARABINE	Auth required for all providers except hospital, hematology, or oncology providers.
J9031	BCG VACCINE	Auth required for all providers except hospital, hematology, or oncology providers.
J9033	BENDAMUSTINE HYDROCHLORIDE	Auth required for all providers except hospital, hematology, or oncology providers.
J9035	BEVACIZUMAB	Auth required for all providers except hospital, hematology, or oncology providers.

HCPCS CODE	INGREDIENT	ADDITIONAL INFORMATION
J9040	BLEOMYCIN SULFATE	Auth required for all providers except hospital, hematology, or oncology providers.
J9041	BORTEZOMIB	Auth required for all providers except hospital, hematology, or oncology providers.
J9043	CABAZITAXEL	Auth required for all providers except hospital, hematology, or oncology providers.
J9045	CARBOPLATIN	Auth required for all providers except hospital, hematology, or oncology providers.
J9050	CARMUSTINE	Auth required for all providers except hospital, hematology, or oncology providers.
J9055	CETUXIMAB	Auth required for all providers except hospital, hematology, or oncology providers.
J9060	CISPLATIN	Auth required for all providers except hospital, hematology, or oncology providers.
J9065	CLADRIBINE	Auth required for all providers except hospital, hematology, or oncology providers.
J9070	CYCLOPHOSPHAMIDE	Auth required for all providers except hospital, hematology, neurology, oncology or rheumatology providers.
J9098	CYTARABINE	Auth required for all providers except hospital, hematology, or oncology providers.
J9100	CYTARABINE	Auth required for all providers except hospital, hematology, or oncology providers.
J9120	DACTINOMYCIN	Auth required for all providers except hospital, hematology, or oncology providers.
J9130	DACARBAZINE	Auth required for all providers except hospital, hematology, or oncology providers.
J9150	DAUNORUBICIN HYDROCHLORIDE	Auth required for all providers except hospital, hematology, or oncology providers.
J9151	DAUNORUBICIN CITRATE	Auth required for all providers except hospital, hematology, or oncology providers.
J9155	DEGARELIX ACETATE	Auth required for all providers

HCPCS CODE	INGREDIENT	ADDITIONAL INFORMATION
J9160	DENILEUKIN DIFTITOX	Auth required for all providers except hospital, hematology, or oncology providers.
J9171	DOCETAXEL	Auth required for all providers except hospital, hematology, or oncology providers.
J9175	CALCIUM CHLORIDE DIHYDRATE; DEXTROSE (ANHYDROUS); MAGNESIUM SULFATE, HEPTAHYDRATE; POTASSIUM CHLORIDE; SODIUM BICARBONATE; SODIUM CHLORIDE; SODIUM PHOSPHATE, DIBASIC	Auth required for all providers except hospital, hematology, or oncology providers.
J9178	EPIRUBICIN HCL	Auth required for all providers except hospital, hematology, or oncology providers.
J9179	ERIBULIN MESYLATE	Auth required for all providers except hospital, hematology, or oncology providers.
J9181	ETOPOSIDE	Auth required for all providers except hospital, hematology, or oncology providers.
J9185	FLUDARABINE PHOSPHATE	Auth required for all providers except hospital, hematology, or oncology providers.
J9190	FLUOROURACIL	Auth required for all providers except hospital, hematology, or oncology providers.
J9200	FLOXURIDINE	Auth required for all providers except hospital, hematology, or oncology providers.
J9201	GEMCITABINE HCL	Auth required for all providers except hospital, hematology, or oncology providers.
J9202	GOSERELIN ACETATE	Auth required for all providers
J9206	IRINOTECAN HYDROCHLORIDE	Auth required for all providers except hospital, hematology, or oncology providers.
J9207	IXABEPILONE	Auth required for all providers except hospital, hematology, or oncology providers.
J9208	IFOSFAMIDE	Auth required for all providers except hospital, hematology, or oncology providers.
J9209	MESNA	Auth required for all providers except hospital, hematology, or oncology providers.

HCPCS CODE	INGREDIENT	ADDITIONAL INFORMATION
J9211	IDARUBICIN HCL	Auth required for all providers except hospital, hematology, or oncology providers.
J9212	INTERFERON ALFACON-1	Auth required for all providers
J9214	INTERFERON ALFA-2B	Auth required for all providers
J9215	INTERFERON ALFA-N3	Auth required for all providers
J9216	INTERFERON GAMMA-1B	Auth required for all providers
J9217	LEUPROLIDE ACETATE	Auth required for all providers
J9218	LEUPROLIDE ACETATE	Auth required for all providers
J9225	HISTRELIN ACETATE	Auth required for all providers
J9226	HISTRELIN ACETATE	Auth required for all providers
J9228	IPILIMUMAB	Auth required for all providers except hospital, hematology, or oncology providers.
J9230	MECHLORETHAMINE HYDROCHLORIDE	Auth required for all providers except hospital, hematology, or oncology providers.
J9245	MELPHALAN	Auth required for all providers except hospital, hematology, or oncology providers.
J9261	NELARABINE	Auth required for all providers except hospital, hematology, or oncology providers.
J9263	OXALIPLATIN	Auth required for all providers except hospital, hematology, or oncology providers.
J9264	PACLITAXEL	Auth required for all providers except hospital, hematology, or oncology providers.
J9265	INJECTION, PACLITAXEL, 30 MG	Auth required for all providers except hospital, hematology, or oncology providers.
J9266	PEGASPARGASE	Auth required for all providers except hospital, hematology, or oncology providers.
J9268	PENTOSTATIN	Auth required for all providers except hospital, hematology, or oncology providers.
J9280	MITOMYCIN C	Auth required for all providers except hospital, hematology, or oncology providers.
J9293	MITOXANTRONE HYDROCHLORIDE	Auth required for all providers except hematology or oncology providers.
J9300	GEMTUZUMAB OZOGAMICIN	Auth required for all providers except hospital, hematology, or oncology providers.

HCPCS CODE	INGREDIENT	ADDITIONAL INFORMATION
J9302	OFATUMUMAB	Auth required for all providers except hospital, hematology, or oncology providers.
J9303	PANITUMUMAB	Auth required for all providers except hospital, hematology, or oncology providers.
J9305	PEMETREXED DISODIUM	Auth required for all providers except hospital, hematology, or oncology providers.
J9307	PRALATREXATE	Auth required for all providers except hospital, hematology, or oncology providers.
J9310	RITUXIMAB	Auth required for all providers except hematology or oncology providers.
J9315	ROMIDEPSIN	Auth required for all providers except hematology or oncology providers.
J9320	STREPTOZOCIN	Auth required for all providers except hospital, hematology, or oncology providers.
J9328	TEMOZOLOMIDE	Auth required for all providers except hospital, hematology, or oncology providers.
J9330	TEMSIROLIMUS	Auth required for all providers except hospital, hematology, or oncology providers.
J9340	THIOTEPA	Auth required for all providers except hospital, hematology, or oncology providers.
J9351	TOPOTECAN INJECTION	Auth required for all providers except hospital, hematology, or oncology providers.
J9355	TRASTUZUMAB	Auth required for all providers except hospital, hematology, or oncology providers.
J9357	VALRUBICIN	Auth required for all providers except hospital, hematology, or oncology providers.
J9360	VINBLASTINE SULFATE	Auth required for all providers except hospital, hematology, or oncology providers.
J9370	VINCRISTINE SULFATE	Auth required for all providers except hospital, hematology, or oncology providers.
J9390	VINORELBINE TARTRATE	Auth required for all providers except hospital, hematology, or oncology providers.

HCPCS CODE	INGREDIENT	ADDITIONAL INFORMATION
J9395	FULVESTRANT	Auth required for all providers except hospital, hematology, or oncology providers.
J9600	PORFIMER SODIUM	Auth required for all providers except hospital, hematology, or oncology providers.
J9999	SEE MISC TAB FOR WORK PROCESS AND CODE DESCRIPTIONS.	See MISC tab for specific authorization information.
Q0138	FERUMOXYTOL	Auth required for all providers
Q0139	FERUMOXYTOL	Auth required for all providers
Q2017	TENIPOSIDE	Auth required for all providers except hospital, hematology, or oncology providers.
Q2026	INJECTION, RADIESSE, 0.1 ML	Auth required for all providers
Q2027	INJECTION, SCULPTRA, 0.1 ML	Auth required for all providers
Q2041	WILATE	Auth required for all providers
Q2043	SIPULEUCEL-T	Auth required for all providers
Q2045	FIBRINOGEN CONCENTRATE (HUMAN)	Auth required for all providers
Q2046	AFLIBERCEPT	Auth required for all providers
Q2047	PEGINESATIDE	Auth required for all providers
Q2048	DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL	Auth required for all providers except hospital, hematology, or oncology providers.
Q2049	DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL	Auth required for all providers except hospital, hematology, or oncology providers.
Q3025	INTERFERON BETA-1A	Auth required for all providers
Q3026	INTERFERON BETA-1A	Auth required for all providers
Q4074	ILOPROST	Auth required for all providers
Q4081	EPOETIN ALFA	Auth required for all providers
S0088	IMATINIB MESYLATE	Auth required for all providers
S0145	PEGINTERFERON ALFA-2A	Auth required for all providers
S0148	PEGINTERFERON ALFA-2B	Auth required for all providers
S0172	CHLORAMBUCIL	Auth required for all providers
S0175	FLUTAMIDE	Auth required for all providers
S0178	LOMUSTINE	Auth required for all providers
S0182	PROCARBAZINE HYDROCHLORIDE	Auth required for all providers
S0190	MIFEPRISTONE	
WW011	CYCLOPHOSPHAMIDE	WW codes are not used in Amisys configuration and are listed here for informational purposes only.
WW013	CYCLOPHOSPHAMIDE	WW codes are not used in Amisys configuration and are listed here for informational purposes only.

HCPCS CODE	INGREDIENT	ADDITIONAL INFORMATION
WW020	BUSULFAN	WW codes are not used in Amisys configuration and are listed here for informational purposes only.
WW080	MELPHALAN	WW codes are not used in Amisys configuration and are listed here for informational purposes only.
WW081	MELPHALAN	WW codes are not used in Amisys configuration and are listed here for informational purposes only.

MISC HCPCS CODE	MISC HCPCS CODE DRUG NAME	ADDITIONAL INFORMATION
C9399	AFINITOR	
C9399	CAPRELSA	
C9399	EGRIFTA	
C9399	ELELYSO	
C9399	ERIVEDGE	
C9399	ERWINAZE	
C9399	EYLEA	Auth required for all providers except hospital, hematology, or oncology providers.
C9399	FIRAZYR	
C9399	INLYTA	
C9399	JAKAFI	
C9399	KYPROLIS	
C9399	NEXAVAR	
C9399	OMONTYS	Auth required for all providers except hospital, hematology, or oncology providers.
C9399	PERJETA	Auth required for all providers except hospital, hematology, or oncology providers.
C9399	REBIF	
C9399	RELISTOR	
C9399	SIMPONI	
C9399	SOLESTA	
C9399	SUTENT	
C9399	SYLATRON	
C9399	TARCEVA	
C9399	VORAXAZE	
C9399	VOTRIENT	
C9399	XALKORI	
C9399	XTANDI	
C9399	ZELBORAF	
C9399	ZORTRESS	

MISC HCPCS CODE	MISC HCPCS CODE DRUG NAME	ADDITIONAL INFORMATION
C9399	ZYTIGA	
J1599	GAMMAKED	
J1599	GAMMAKED	
J1599	GAMMAKED	
J1599	GAMMAKED	
J1599	GAMMAKED	
J1599	GAMMAPLEX	
J3490	17 ALPHA-HYDROXYPROGESTERONE CAPROATE, 17P	
J3490	BUPHENYL	
J3490	CYKLOKAPRON	
J3490	EGRIFTA	
J3490	ELELYSO	
J3490	FIRAZYR	
J3490	HYDROXYPROGESTERONE CAPROATE, 17P	
J3490	OMONTYS	Auth required for all providers except hospital, hematology, or oncology providers.
J3490	RELISTOR	
J3490	REVATIO	
J3490	SOLESTA	
J3490	SOMAVERT	
J3490	STIMATE	
J3490	SYNAREL	
J3490	XIGRIS	
J3490	ZYPREXA	
J3590	EYLEA	Auth required for all providers except hospital, hematology, or oncology providers.
J3590	KINERET	
J3590	PEGASYS	
J3590	PEG-INTRON	
J3590	REBIF	
J3590	SIMPONI	
J3590	VORAXAZE	
J3590	XGEVA 120 MG/1.7ML SOLN	
J7599	ZORTRESS	
J7699	CAYSTON	
J7699	VIRAZOLE	
J8489	KALYDECO	
J8499	ADCIRCA	
J8499	AMPYRA	
J8499	CARBAGLU	

MISC HCPCS CODE	MISC HCPCS CODE DRUG NAME	ADDITIONAL INFORMATION
J8499	COPEGUS	
J8499	EXJADE	
J8499	FERRIPROX	
J8499	FERRIPROX	
J8499	GILENYA	
J8499	INCIVEK	
J8499	KORLYM	
J8499	KUVAN	
J8499	LETAIRIS	
J8499	PROMACTA	
J8499	REBETOL	
J8499	REVATIO	
J8499	RIBAPAK	
J8499	RIBASPHERE	
J8499	RIBATAB	
J8499	RIBAVIRIN CAPS	
J8499	RIBAVIRIN TABS	
J8499	SABRIL	
J8499	SAMSCA	
J8499	SENSIPAR	
J8499	TRACLEER	
J8499	VICTRELIS	
J8499	XENAZINE	
J8499	XYREM	
J8499	ZAVESCA	
J8999	AFINITOR	
J8999	CAPRELSA	
J8999	CEENU	
J8999	EMCYT	
J8999	ERIVEDGE	
J9999	ERWINAZE	
J8999	GLEEVEC	
J8999	HEXALEN	
J8999	INLYTA	
J8999	JAKAFI	
J9999	KYPROLIS	
J8999	LYSODREN	
J8999	MESNEX	
J8999	NEXAVAR	
J9999	PERJETA	Auth required for all providers except hospital, hematology, or oncology providers.
J8999	REVLIMID	
J8999	SPRYCEL	
J8999	SUTENT	

MISC HCPCS CODE	MISC HCPCS CODE DRUG NAME	ADDITIONAL INFORMATION
J9999	SYLATRON	
J8999	TABLOID	
J8999	TARCEVA	
J8999	TARGRETIN	
J8999	TASIGNA	
J8999	THALOMID	
J8999	TRETINOIN	
J8999	TYKERB	
J8999	VOTRIENT	
J8999	XALKORI	
J8999	XTANDI	
J8999	ZELBORAF	
J8999	ZOLINZA	
J8999	ZYTIGA	

For the most current Office Administered Drug Prior Authorization List please contact Louisiana Healthcare Connections at 1-866-595-8133 (TTY/TDD 1-877-285-4514) or visit www.LouisianaHealthConnect.com.