

Drug Information			Authorization Criteria									
Procedure Code	Generic Name	Brand Name	Authorization required?	Age	Diagnosis	Physician Specialty	Genetic Testing	Laboratory Results	Treatment History	Site of Care	Clinical documentation Required	Authorization Summary
J0586	ABOBOTULINUMTOXINA	Dysport®	X		X				X			<ul style="list-style-type: none"> · Diagnosis the medication is being used to treat · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J0178 (effective 7/1/17)	AFLIBERCEPT	Eylea®	X		X	X			X		X	<ul style="list-style-type: none"> · Diagnosis of Neovascular (Wet) Age-Related Macular Degeneration OR · Diagnosis of Macular Edema following either central retinal vein occlusion (CRVO) or venous tributary branch occlusion (BRVO) OR · Diagnosis of Diabetic Macular Edema AND · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J0180	AGALSIDASE BETA	Fabrazyme®	X		X		X	X				<ul style="list-style-type: none"> · Diagnosis of Fabry disease <ul style="list-style-type: none"> - Male diagnosis: deficient activity of enzyme α-galactosidase in plasma and/or leukocytes AND GLA mutation - Female diagnosis: GLA mutation · Any additional pertinent medical information
J0221	ALGLUCOSIDASE ALFA	Lumizyme®	X		X		X	X				<ul style="list-style-type: none"> · Diagnosis of Pompe disease · Diagnosis confirmed by the absence of acid alpha glucosidase (GAA) activity confirmed by GAA mutation testing or GAA activity testing in fibroblasts or muscle · Diagnosis supported by a series of screening tests (e.g., chest X-ray, electrocardiogram [ECG], electromyogram [EMG], creatine kinase [CK], among other laboratory tests) · Any additional pertinent medical information
J0220	ALGLUCOSIDASE ALFA	Myozyme®	X		X		X	X				<ul style="list-style-type: none"> · Diagnosis of infantile-onset Pompe disease · Diagnosis confirmed by the absence of acid alpha glucosidase (GAA) activity confirmed by GAA mutation testing or GAA activity testing in fibroblasts or muscle · Diagnosis supported by a series of screening tests (e.g., chest X-ray, electrocardiogram [ECG], electromyogram [EMG], creatine kinase [CK], among other laboratory tests) · Any additional pertinent medical information
J0256	ALPHA 1 PROTEINASE INHIBITOR	Aralast®, Prolastin-C®, Zemaira®	X	X	X			X				<ul style="list-style-type: none"> · Diagnosis of alpha-1 antitrypsin deficiency (AATD) · Diagnosis confirmed by alpha-1 antitrypsin serum levels · Evidence of symptomatic emphysema · Patient is greater than or equal to 18 years of age · Any additional pertinent medical information
J0257	ALPHA 1 PROTEINASE INHIBITOR	Glassia™	X	X	X			X				<ul style="list-style-type: none"> · Diagnosis of alpha-1 antitrypsin deficiency (AATD) · Diagnosis confirmed by alpha-1 antitrypsin serum levels · Evidence of symptomatic emphysema · Patient is greater than or equal to 18 years of age · Any additional pertinent medical information
J9032	BELINOSTAT	Beleodaq®	X		X				X			<ul style="list-style-type: none"> · Diagnosis of relapsed or refractory peripheral T-cell lymphoma (PTCL) · Previous treatment failure with at least one prior therapy · Any additional pertinent medical information

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J9047 (effective 7/1/17)	CARFILZOMIB	Kyprolis [®]	X		X	X		X	X		X	<ul style="list-style-type: none"> · Diagnosis of Multiple Myeloma with 2 prior therapies including bortezomib and an immunomodulatory agent with disease progression within 60 days of last therapy completion OR · Diagnosis of relapsed or refractory Multiple Myeloma <ul style="list-style-type: none"> - In combination with dexamethasone (with or without lenalidomide) for patients who received 1-3 lines of therapy - As a single agent for patients who received 1 or more lines of therapy - Previously treated patients on/off clinical trials for disease relapse, progressive, or refractory disease OR · Diagnosis of Waldenstrom's/Lymphoplasmacytic Lymphoma OR · Diagnosis of progressive solitary plasmacytoma or smoldering myeloma that has progressed to active myeloma · For transplant candidates
J9999	CHEMOTHERAPY DRUG	NOC	X	X	X				X			<ul style="list-style-type: none"> · Diagnosis the drug is being used to treat · Age of the member · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J0775	COLLAGENASE CLOSTRIDIUM HISTOLYTICUM	Xiaflex [®]	X	X	X				X			<ul style="list-style-type: none"> · Diagnosis of Dupuytren's contracture · Evidence of a finger flexion contracture with a palpable cord involving the metacarpophalangeal (MP) or proximal interphalangeal (PIP) joint is present OR · Diagnosis of Peyronie's disease · Evidence of palpable plaque and curvature deformity of ≥ 30 degrees at the start of therapy AND · Patient is greater than or equal to 18 years of age · Any additional pertinent medical information
J0897	DENOSUMAB	Prolia [®]	X		X			X	X			<ul style="list-style-type: none"> · Diagnosis of one of the following: <ul style="list-style-type: none"> - Osteoporosis confirmed by a BMD T-score at or below -2.5 at the lumbar spine or total hip - Men at high risk for fracture receiving androgen-deprivation therapy for nonmetastatic prostate cancer - Women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for nonmetastatic breast cancer AND · Any additional pertinent medical information
J0897	DENOSUMAB	Xgeva [®]	X		X			X	X			<ul style="list-style-type: none"> · Diagnosis of bone metastases from solid tumors · Any additional pertinent medical information OR · Diagnosis of giant cell tumor of the bone in adults and skeletally mature adolescents · Documentation supporting bone is unresectable or surgical resection is likely to result in severe morbidity · Any additional pertinent medical information OR · Diagnosis of hypercalcemia of malignancy (HCM) · Lab results supporting the corrected serum calcium (CSC) ≥ 12 mg/dL (3.0 mmol/L) · Treatment failure with at least one intravenous bisphosphonate · Any additional pertinent medical information

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J3490	DRUGS UNCLASSIFIED	NOC	X	X	X				X			<ul style="list-style-type: none"> · Diagnosis the medication is being used to treat · Age of the member · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J1322	ELOSULFASE ALFA	Vimizim™	X	X	X		X	X				<ul style="list-style-type: none"> · Diagnosis of mucopolysaccharidosis type IVA (MPS IVA [Morquio A Syndrome]) · Confirmed by serum assays of an enzyme deficiency of N-acetylgalactosamine-6-sulfatase AND urinary glucosaminoglycan (GAG) keratin sulfate · Any additional pertinent medical information
J1325	EPOPROSTENOL	FloLAN®, Veletri®	X		X			X				<ul style="list-style-type: none"> · Diagnosis of pulmonary arterial hypertension (PAH)(WHO Group I) · NYHA Functional Class
J1458	GALSULFASE	Naglazyme®	X		X		X	X				<ul style="list-style-type: none"> · Diagnosis of mucopolysaccharidosis (MPS) syndrome VI · Diagnosis confirmed by serum assays of an enzyme deficiency of N-acetylgalactosamine-6-sulfatase AND urinary glucosaminoglycan (GAG) dermatan sulfate · Any additional pertinent medical information
J1740	IBANDRONATE	Boniva®	X		X			X	X			<ul style="list-style-type: none"> · Diagnosis of hypercalcemia of malignancy · Lab results supporting the corrected serum calcium (CSC) > 12 mg/dL (3.0 mmol/L) OR · Bone metastases secondary to solid tumors, breast cancer, or prostate cancer OR · Diagnosis of osteoporosis · Documentation of BMD T-score at or below at or below -2.5 at the lumbar spine or total hip · Previous treatment failure or intolerance to an adequate trial of oral bisphosphonates AND · Any additional pertinent medical information
J1743	IDURSULFASE	Elaprase®	X		X		X	X				<ul style="list-style-type: none"> · Diagnosis of mucopolysaccharidosis II (MPS II [Hunter's Syndrome]) · Diagnosis confirmed by serum assays of an enzyme deficiency of iduronate sulfatase AND urinary glucosaminoglycan (GAG), dermatan sulfate or heparin sulfate · Any additional pertinent medical information
J1786	IMIGLUCERASE	Cerezyme®	X		X		X	X	X			<ul style="list-style-type: none"> · Diagnosis of Type 1 Gaucher disease confirmed by: <ul style="list-style-type: none"> - Two pathogenic mutations of glucocerebrosidase gene OR - Assay of glucocerebrosidase activity in WBCs or skin fibroblasts · Evidence of symptomatic manifestations of disease · Any additional pertinent medical information
J1575	IMMUNE GLOBULIN	Hyqvia®	X		X			X	X			<ul style="list-style-type: none"> · Diagnosis of a primary humoral immunodeficiency disease (i.e., X-linked agammaglobulinemia, hypogammaglobulinemia, common variable immunodeficiency (CVID), immunoglobulin subclass deficiency, combined immunodeficiency syndromes) · Pertinent laboratory results to confirm diagnosis · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J1556	IMMUNE GLOBULIN	Bivigam™	X		X			X	X			<ul style="list-style-type: none"> · Diagnosis the medication is being used to treat <ul style="list-style-type: none"> - Pertinent lab results to confirm diagnosis · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information

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J1572	IMMUNE GLOBULIN	Flebogamma®	X		X			X	X			· Diagnosis the medication is being used to treat - Pertinent lab results to confirm diagnosis · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J1569	IMMUNE GLOBULIN	Gammagard®	X		X			X	X			· Diagnosis the medication is being used to treat - Pertinent lab results to confirm diagnosis · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J1557	IMMUNE GLOBULIN	Gammaplex®	X		X			X	X			· Diagnosis the medication is being used to treat - Pertinent lab results to confirm diagnosis · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J1561	IMMUNE GLOBULIN	Gamunex®-C/ Gammaked™	X		X			X	X			· Diagnosis the medication is being used to treat - Pertinent lab results to confirm diagnosis · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J1559	IMMUNE GLOBULIN	Hizentra®	X		X			X	X			· Diagnosis the medication is being used to treat - Pertinent lab results to confirm diagnosis · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
90283	IMMUNE GLOBULIN	Immune Globulin (IgIV)	X		X			X	X			· Diagnosis the medication is being used to treat - Pertinent lab results to confirm diagnosis · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
90284	IMMUNE GLOBULIN	Immune globulin (SClg)	X		X			X	X			· Diagnosis the medication is being used to treat - Pertinent lab results to confirm diagnosis · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J1566	IMMUNE GLOBULIN	Carimune® NF	X		X			X	X			· Diagnosis the medication is being used to treat - Pertinent lab results to confirm diagnosis · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J1568	IMMUNE GLOBULIN	Octagam®	X		X			X	X			· Diagnosis the medication is being used to treat - Pertinent lab results to confirm diagnosis · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J1459	IMMUNE GLOBULIN	Privigen®	X		X			X	X			· Diagnosis the medication is being used to treat - Pertinent lab results to confirm diagnosis · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J0588	INCOBOTULINUMTOXIN A	Xeomin®	X		X				X			· Diagnosis the medication is being used to treat · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information

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J1745	INFLIXIMAB	Remicade®	X		X				X			<ul style="list-style-type: none"> · Diagnosis the medication is being used to treat · Lab results to confirm diagnosis · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
Q5102	INFLIXIMAB -DYYB	Inflectra™	X		X				X			<ul style="list-style-type: none"> · Diagnosis the medication is being used to treat · Lab results to confirm diagnosis · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J9228 (effective 7/1/17)	IPILIMUMAB	Yervoy®	X		X	X		X	X		X	<ul style="list-style-type: none"> · Diagnosis of unresectable or metastatic melanoma OR · Diagnosis of Small Cell Lung Cancer with performance status 0 through 2 · Used in combination with nivolumab · Primary progressive disease OR relapse within 6 months following response or stable disease with initial treatment OR · Diagnosis of Cutaneous Melanoma with involvement of regional lymph nodes > 1 mm who have had complete resection
J1931	LARONIDASE	Aldurazyme®	X		X			X				<ul style="list-style-type: none"> · Diagnosis of Hurler mucopolysaccharidosis (MPS) I with moderate to severe symptoms OR · Diagnosis of Hurler-Scheie (MPS) I with moderate to severe symptoms AND · Diagnosis confirmed by serum assays showing showing an enzyme deficiency of alpha-L-iduronidase AND urinary glucosaminoglycan (GAG), dermatan sulfate or heparin sulfate · Any additional pertinent medical information
J2182	MEPOLIZUMAB	Nucala®	X	X	X			X	X			<ul style="list-style-type: none"> · Diagnosis of severe uncontrolled eosinophilic asthma confirmed by: <ul style="list-style-type: none"> - Blood eosinophils ≥ 150 cells/mcL at initiation of treatment OR - Blood eosinophils ≥ 300 cells/mcL in the past 12 months AND - Will be used as add-on maintenance treatment AND · Patient is greater than or equal to 12 years of age · Any additional pertinent medical information

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J9299	NIVOLUMAB	Opdivo®	X		X			X	X			<ul style="list-style-type: none"> · One of the following diagnoses: <ul style="list-style-type: none"> - Diagnosis of unresectable or metastatic melanoma OR - Diagnosis of metastatic non-small cell lung cancer (NSCLC), recurrent or metastatic head and neck squamous cell carcinoma (HNSCC), or locally advanced or metastatic urothelial carcinoma AND previous treatment failure of platinum-based chemotherapy OR - Diagnosis of small cell lung cancer (SCLC) - Used as single agent or in combination with ipilimumab - Primary progressive disease OR relapse within 6 months following response or stable disease with initial treatment OR - Diagnosis of advanced renal cell carcinoma (RCC) - Previous treatment failure with at least 1 anti-angiogenic agent (i.e., Sutent, Votrient, and Nexavar) OR - Diagnosis of classical Hodgkin lymphoma - Progression or relapse after autologous hematopoietic stem cell transplantation (HSCT) and post-transplantation brentuximab vedotin
J0585	ONABOTULINUMTOXINA	Botox®	X		X				X			<ul style="list-style-type: none"> · Diagnosis the medication is being used to treat · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J2504	PEGADEMASE BOVINE	Adagen®	X		X			X	X			<ul style="list-style-type: none"> · Diagnosis of adenosine deaminase (ADA) deficiency in a patient with severe combined immunodeficiency disease (SCID) · Diagnosis confirmed by evidence of combined immunodeficiency AND an absence of thymus and other lymphoid tissues · Evidence the patient has previously failed or is an unsuitable candidate for bone marrow transplantation · No evidence of severe thrombocytopenia · Any additional pertinent medical information
J2503 (effective 7/1/17)	PEGAPTANIB	Macugen®	X		X	X			X			<ul style="list-style-type: none"> · Diagnosis of Neovascular (Wet) Age-Related Macular Degeneration · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J9271	PEMBROLIZUMAB	Keytruda®	X	X	X			X	X			<ul style="list-style-type: none"> · One of the following diagnoses: <ul style="list-style-type: none"> - Diagnosis of unresectable or metastatic melanoma OR - Diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) with the following criteria: <ul style="list-style-type: none"> - Positive result on the FDA-approved companion diagnostic test (PD-L1 IHC 22C3 pharmDx) - Treatment failure with all the following therapies: <ul style="list-style-type: none"> - Platinum-containing chemotherapy AND - FDA-approved therapy if EGFR or ALK genomic tumor aberrations are present · Any additional pertinent medical information OR - Diagnosis of recurrent or metastatic squamous cell head and neck cancer, with the following criteria: <ul style="list-style-type: none"> - Treatment failure with all the following therapies: <ul style="list-style-type: none"> - Platinum-containing chemotherapy

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J9308	RAMUCIRUMAB	Cyramza™	X		X				X			<ul style="list-style-type: none"> · Diagnosis of gastric cancer or gastroesophageal junction adenocarcinoma · Used as monotherapy OR in combination with paclitaxel · Previous treatment failure with fluoropyrimidine or platinum-containing chemotherapy OR · Diagnosis of metastatic non-small cell lung cancer (NSCLC) · Used in combination with docetaxel · Previous treatment failure with all of the following therapies: <ul style="list-style-type: none"> - Platinum-based chemotherapy - FDA-approved therapy, if EGFR or ALK genomic tumor aberration is present OR · Diagnosis of metastatic colorectal cancer (mCRC) · Used in combination with FOLFIRI (irinotecan, folinic acid, and 5-fluorouracil) · Previous treatment failure with bevacizumab, oxaliplatin, and a fluoropyrimidine AND · Any additional pertinent medical information
J2778 (effective 7/1/17)	RANIBIZUMAB	Lucentis®	X		X	X			X		X	<ul style="list-style-type: none"> · Diagnosis of Neovascular (Wet) Age-Related Macular Degeneration OR · Diagnosis of Macular Edema following either central retinal vein occlusion (CRVO) or venous tributary branch occlusion (BRVO) OR · Diagnosis of Diabetic Macular Edema OR · Diagnosis of Myopic Choroidal Neovascularization (mCNV) AND · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J2786	RESLIZUMAB	Cinqair®	X	X	X			X	X			<ul style="list-style-type: none"> · Diagnosis of severe uncontrolled eosinophilic asthma confirmed by: <ul style="list-style-type: none"> - Blood eosinophils \geq 150 cells/mcL at initiation of treatment OR - Blood eosinophils \geq 300 cells/mcL in the past 12 months AND - Will be used as add-on maintenance treatment AND · Patient is greater than or equal to 18 years of age · Any additional pertinent medical information
J0587	RIMABOTULINUMTOXINB	Myobloc®	X		X				X			<ul style="list-style-type: none"> · Diagnosis the medication is being used to treat · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information

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J9310 (effective 7/1/17)	RITUXIMAB	Rituxan [®]	X		X	X	X	X	X		X	<ul style="list-style-type: none"> · Diagnosis of CD20-Positive Chronic Lymphocytic Leukemia (CLL) · In combination with fludarabine and cyclophosphamide OR · Diagnosis of Granulomatosis with Polyangiitis (GPA) or Microscopic Polyangiitis (MPA) in adults · In combination with glucocorticoids OR · Diagnosis of CD20-Positive Non-Hodgkin Lymphomas (NHL) <ul style="list-style-type: none"> - As a single agent for relapsed or refractory, low-grade or follicular B-cell NHL - In combination with first line chemotherapy for Follicular B-cell NHL and, if responsive, as single agent maintenance therapy - In combination with CHOP chemotherapy for previously untreated Diffuse Large B-cell NHL OR · Diagnosis of moderate to severe Rheumatoid Arthritis in adults · In combination with methotrexate · Inadequate response to 1 or more TNF antagonist therapies OR · Any additional pertinent medical information supporting a use not listed above
J3590	SEBELIPASE ALFA	Kanuma [™]	X		X		X	X				<ul style="list-style-type: none"> · Diagnosis of lysosomal acid lipase deficiency (LAL-d) confirmed by blood test measuring LAL activity OR genetic testing · Any additional pertinent medical information
J3060	TALIGLUCERACE ALFA	Elelyso [®]	X		X		X	X	X			<ul style="list-style-type: none"> · Diagnosis of Type 1 Gaucher disease confirmed by one of the following: <ul style="list-style-type: none"> - Two pathogenic mutations of glucocerebrosidase gene OR - Assay of glucocerebrosidase activity in WBCs or skin fibroblasts AND · Any additional pertinent medical information
J7686	TREPROSTINIL	Tyvaso [®]	X		X							<ul style="list-style-type: none"> · Diagnosis of pulmonary arterial hypertension (PAH) (WHO Group 1) · NYHA Functional Class
J3285	TREPROSTINIL	Remodulin [®]	X		X							<ul style="list-style-type: none"> · Diagnosis of pulmonary arterial hypertension (PAH) (WHO Group 1) · NYHA Functional Class
J3590	UNCLASSIFIED BIOLOGICS	NOC	X	X	X				X			<ul style="list-style-type: none"> · Diagnosis the drug is being used to treat · Age of the member · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	NOC	X	X	X				X			<ul style="list-style-type: none"> · Diagnosis the drug is being used to treat · Age of the member · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information
J3385	VELAGLUCERASE ALFA	Vpriv [®]	X		X		X	X	X			<ul style="list-style-type: none"> · Diagnosis of Type 1 Gaucher disease <ul style="list-style-type: none"> - Two pathogenic mutations of glucocerebrosidase gene OR - Assay of glucocerebrosidase activity in WBCs or skin fibroblasts AND · Names of medications previously used to treat this condition, including dosages, dates of therapy and response · Any additional pertinent medical information



BCN AdvantageSM requirements for drugs covered under the medical benefit

March 2017

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J3489	ZOLEDRONIC ACID	Reclast®	X		X			X	X			· May be covered when the patient has failed a trial of the oral drug or has insurmountable issues related to absorption, compliance, or dosing posture. AND · Diagnosis of Paget's disease of bone OR · Prophylaxis and treatment of heterotopic ossification associated with spinal cord injury, traumatic brain injury, hip replacement, and burns OR · Diagnosis of osteoporosis AND · Documentation of BMD T-score at or below at or below -2.5 at the lumbar spine or total hip · Previous treatment failure or intolerance to an adequate trial of oral bisphosphonates · Any additional pertinent medical information
J3489	ZOLEDRONIC ACID	Zometa®	X		X			X	X			· May be covered when the patient has failed a trial of the oral drug or has insurmountable issues related to absorption, compliance, or dosing posture. AND · Diagnosis of bone-metastases from solid tumors OR · Diagnosis of multiple myeloma OR · Diagnosis of hypercalcemia of malignancy confirmed by a corrected serum calcium (CSC) > 12 mg/dL (3.0 mmol/L) OR · Diagnosis of cancer treatment-induced bone loss (CTIBL) in Breast and Prostate Cancer