Health Care District
PALM BEACH COUNTY

Physician/Provider Bulletin

Subject: J-Codes	
Plan: Coordinated Care	**Bulletin Date: April 1, 2012**
Bulletin Number: 02-12	**Effective Date: May 1, 2012**

The purpose of this bulletin is to inform all participating providers that updates have been made to services needing prior authorization request.

J Codes that require prior authorization from Pharmacy and/or may not be considered as covered services		
J0129	Abatacept	Orencia
J0130	Abciximab	ReoPro
J0135	Adalimumab	Humira
J0270	Alprostadil Inj	Caverject
J0275	Alprostadil Urethral	Muse
J0400	Aripiprazole	Abilify
J0585 - J0588	Botox	
J0640, J0641	Leucovorin	
J0718	Certolizumab	Cimzia
J0881, J0882	Darbepoetin	Aranesp
J0885, J0886	Epoetin	Epogen/Procrit
J1051, J1055	Medroxyprogesterone	Depo-Provera
J1056	Medroxyprogesterone/Estradiol	Lunelle
J1325	Enfuvirtide	Fuzeon
J1438	Etanercept	Enbrel
J1440, J1441	Filgrastim	Neupogen
J1453	Fosaprepitant	Emend
J1595	Glatiramer	Copaxone
J1725	Hydroxyprogesterone	Makena
J1740	Ibandronate	Boniva
J1745	Infliximab	Remicade
J1750	Iron Dextran	Infed
J1756	Iron Sucrose	Venofer
J1826, J1830	Interferon beta	Avonex, Rebif, Betaseron
J1950	Leuprolide	Lupron
J2323	Natalizumab	Tysabri
J2355	Oprelvekin	Neumega
J2357	Omalizumab	Xolair
J2358	Olanzapine	Zyprexa
J2426	Paliperidone	Invega Sustenna
J2469	Palonosetron	Aloxi
J2505	Pegfilgrastim	Neulasta
J2778	Ranibizumab	Lucentis
J2794	Risperidone	Risperdal Consta
J2796	Romiplostim	Nplate

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J2941	Somatropin	Humatrope, Genotropin, etc
J3110	Teriparatide	Forteo
J3240	Thyrotropin alpha	Thyrogen
J3262	Tocilizumab	Actemra
J3315	Triptorelin	Trelstar
J3355	Urofollitropin	Metrodin, Bravelle, Fertinex
J3357	Ustekinumab	Stelara
J3486	Ziprasidone	Geodon
J3487, J3488	Zoledronic acid	Zometa, Reclast
J7300	IUD	Paragard
J7302	Levonorgestrel IUD	Mirena
J7303	Contraceptive vaginal ring	Nuvaring
J7304	Contraceptive patch	
J7306	Levonorgestrel implant	Norplant
J7307	Etonogestrel implant	Implanon
J7500	Azathioprine ORAL	Azasan, Imuran
J7502, J7515	Cyclosporine ORAL	Neoral, Sandimmune, Gengraf
J7505	Muromonab-CD3	Orthoclone OKT3
J7507	Tacrolimus ORAL	Prograf
J7517	Mycophenolate mofetil ORAL	Cellcept
J7518	Mycophenolic acid ORAL	Myfortic
J7520	Sirolimus ORAL	Rapamune
J8501 - J9999	All chemotherapy drugs, oral and injectable	
J1200	Diphenhydramine	Benadryl *
J1260	Dolasetron	Anzemet *
J1626	Granisetron	Kytril *
J2060	Lorazepam	Ativan *
J2150	Mannitol *	
J2405	Ondansetron	Zofran *
J2430	Pamidronate	Aredia *
J2780	Ranitidine	Zantac*
J3475	Magnesium sulf *	
J3480	Potassium chl *	

*** Hematology/Oncology Specialties must requests these medications through the Pharmacy services.**

Please fax the MD REQUEST FOR NON FORMULARY MEDICALLY NECESSARY MEDICATION FORM TO 561-733-6663.

If you have questions regarding this provider bulletin, please contact your Provider Representative at (561) 659-1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.

MD REQUEST FOR NON-FORMULARY MEDICALLY NECESSARY MEDICATION

Health Care District PALM BEACH COUNTY

FAX COMPLETED FORMS TO: 561-733-6663

Important: Use one request form per drug
Incomplete forms will not be processed

Healthy PALM BEACHES

Requesting Provider Name: _____ **Provider Phone #:** _____

Name of Patient/Member: _____ **Provider Fax #:** _____

Patient/Member ID#: _____ **Patient DOB:** _____

Diagnosis Name (do not use ICD codes)**:** _____

Drug Name: _____ **Drug Strength:** _____

Directions: _____ **Quantity:** _____ **Refills:** _____

Patient's Weight (Synagis RXs only)**:** _____ **Trauma Patient: YES NO**

Please describe/explain why patient cannot utilize a formulary medication. Please include a list of medications that the patient has previously tried, including doses, durations, and reasons for discontinuation:

_____

_____

_____

Retail pharmacy name and phone # that the patient utilizes: _____

HCD pharmacy name and phone # that the patient utilizes (please circle one site below):

	West Palm	Lantana	Delray Beach	Belle Glade
Phone #:	561-209-2577	561-209-2575	561-209-2570	561-209-2580
Fax #:	561-514-5545	561-586-8690	561-265-2593	561-992-6278

Provider Signature: _____ **Date:** _____

****Important: IF REQUEST FOR A NON-FORMULARY MEDICATION IS APPROVED, THE APPROVAL FORM WILL BE FORWARDED TO MAXCARE FOR CLAIM PROCESSING. MAXCARE WILL NOTIFY THE DISPENSING PHARMACY SO THE STAFF CAN CONTACT THE PATIENT FOR RX PICK UP. IF THE REQUEST IS NOT APPROVED, THIS FORM WILL BE FAXED BACK TO THE PRESCRIBER'S OFFICE FOR PROPER FOLLOW UP. THE APPROVAL FOR THIS REQUEST IS CONTINGENT UPON MEMBER ACTIVE ELIGIBILITY STATUS/CRITERIA AND SPECIFIC PLAN COVERAGE AND LIMITATIONS.**

PHARMACY SERVICES USE ONLY:

ADDITIONAL ACTION REQUIRED:

- ☐ PLEASE COMPLETE FORM
- ☐ PLEASE SUBMIT CURRENT PERTINENT LABWORK
- ☐ PLEASE PROVIDE CULTURE/SENSITIVITY INDICATING _____(+)
- ☐ PLEASE PROVIDE ADDITIONAL OFFICE NOTES/PATIENT CHART
- ☐ ILLEGIBLE—PLEASE CLARIFY HANDWRITING
- ☐ PLEASE CLARIFY _____
- ☐ OTHER _____

REQUEST APPROVED: _____

DATE: _____

- ☐ APPROVED FOR _____
  +_____ REFILLS AT
  HCD / RETAIL PHARMACY SITES

PLEASE NOTE: _____

_____

REQUEST DENIED: _____ **DATE:** _____

- ☐ PLEASE CONSIDER UTILIZING HCD FORMULARY MEDICATION (i.e. _____)
- ☐ DRUG EXCLUSION: PLEASE CONSIDER CONTACTING PATIENT ASSISTANCE PROG AT _____
- ☐ INAPPROPRIATE DOSING AND/OR DIAGNOSIS
- ☐ DRUG EXCLUSION: OVER-THE-COUNTER MEDICATION
- ☐ OTHER _____