PHYSICIAN ADMINISTERED DRUGS (PAD) REQUIRING PRIOR AUTHORIZATION

Drugs billed with the HCPCS listed below require prior authorization by the Idaho Medicaid Pharmacy Unit. The pharmacy request forms can be found at www.medicaidpharmacy.idaho.gov. If there is no PA form listed for the specific drug, use the Universal PA form. At the top of the form please write "Physician Administered Drug" so that your PA is directed to the correct authorizing entity.

Row	Procedure Code	Description
1.	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR USE, 50 MG, EACH
2.	C9022	INJECTION, ELOSULFASE ALFA, 1 MG
3.	C9130	INJECTION, IVG BIVIGAM
4.	C9294	INJECTION, TALIGLUCERASE ALFA, 10 UNITS (USE FOR ELELYSO)
5.	C9295	INJECTION, CARFILZOMIB, 1 MG (USE FOR KYPROLIS)
6.	C9296	INJECTION, ZIV-AFLIBERCEPT, 1 MG (USE FOR ZALTRAP)
7.	C9297	OMACETAXINE MEPESUCCINATE
8.	C9298	INJECTION, OCRIPLASMIN
9.	J0178	INJECTION, AFLIBERCEPT, 1 MG (USE FOR EYLEA)
10.	J0215	INJECTION, ALEFACEPT, 0.5 MG (USE FOR AMEVIVE)
11.	J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG
12.	J0256	INJECTION, ALPHA 1-PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG (USE FOR ARALAST, ARALAST NP, PROLASTIN C, ZEMIRA)
13.	J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG
14.	J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG
15.	J0490	INJECTION, BELIMUMAB, 10 MG
16.	J0585	INJECTION, ONABOTULINUMTOXINA, PER UNIT
17.	J0586	ABOBOTULINUMTOXINA
18.	J0587	INJECTION, RIMABOTULINUMTOXINB, PER 100 UNITS
19.	J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT
20.	J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS
21.	J0638	INJECTION, CANAKINUMAB, 1 MG
22.	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE OR MEDICAID WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
23.	J0775	INJECTION, COLLOGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG (USE FOR XIAFLEX)
24.	J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS (USE FOR H.P. ACTHAR GEL)
25.	J0890	INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)
26.	J0897	INJECTION, DENOSUMAB, 1 MG (USE FOR XGEVA, PROLIA)
27.	J1300	ECULIZUMAB INJECTION, 10 MG
28.	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUIE), 500 MG
29.	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG
30.	J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUIE), 500 MG

31.	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100MG,
32.	J1561	INJECTION, IMMUNEGLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NONLYOPHILIZED (E.G., LIQUID), 500MG
33.	J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG
34.	J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500MG (USE FOR CARIMUNE)
35.	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS NONLYOPHILIZED, (E.G., LIQUID), 500MG
36.	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NONLYOPHILIZED, (E.G., LIQUID), 500MG
37.	J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/ FLEBOGAMMA DIF), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG
38.	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE
39.	J1620	INJECTION, GONADORELIN HCL, PER 100 MCG (USE FOR FACTREL, LUTREPULSE)
40.	J1725	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG (USE FOR MAKENA)
41.	J1743	INJECTION, IDURSALFASE, 1 MG (USE FOR ELAPRASE)
42.	J1744	INJECTION, ICATIBANT, 1 MG (USE FOR FIRAZYR)
43.	J1930	INJECTION, LANREOTIDE1 MG (USE FOR SOMATULINE)
44.	J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG (USE FOR ELIGARD, LUPRON, LUPRON-3, LUPRON-4, LUPRON DEPOT)
45.	J2170	INJECTION, MECASERMIN, 1 MG (USE FOR IPLEX, INCRELEX)
46.	J2212	INJECTION, METHYLNALTREXONE, 0.1 MG (USE FOR RELISTOR)
47.	J2278	ZICONOTIDE INJECTION, 1 MCG
48.	J2315	NALTREXONE, DEPOT FORM, 1 MG (VIVITROL)
49.	J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG (USED FOR SANDOSTATIN LAR)
50.	J2354	INJECTION, OCTREOTIDE, NONDEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG (USE FOR SANDOSTATIN)
51.	J2357	INJECTION, OMALIZUMAB, 5 MG (USE FOR XOLAIR)
52.	J2358	OLANZAPINE LONG-ACTING INJECTION, 1 MG
53.	J2425	INJECTION, PALIFERMIN, 5 MCG (USE FOR KEPIVANCE)
54.	J2426	INJECTION, PALIPERIDONE (INVEGA SUSTENNA), 1MG
55.	J2503	INJECTION PEGAPTANIB SODIUM, 0.3 MG (USE FOR MUCAGEN)
56.	J2504	INJECTION, PEGADEMASE BOVINE, 25 IU (USE FOR ADAGEN)
57.	J2507	INJECTION, PEGLOTICASE, 1 MG (USE FOR KRYSTEXXA)
58.	J2778	INJECTION, RANIBIZUMAB, 0.1 MG, USE FOR LUCENTIS)
59.	J2783	INJECTION, RASBURICASE, 0.5 MG (USE FOR ELITEK)
60.	J2941	INJECTION, SOMATROPIN, 1 MG
61.	J3060	INJECTION, TALIGLUCERACE ALFA, 10 UNITS
62.	J3396	INJECTION, VERTEPORFIN, 0.1 MG (USE FOR VISUDYNE)
63.	J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT USE WITH VITRASERT)
64.	J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (USE FOR RETISERT)
65.	J7316	INJECTION, OCRIPLASMIN, 0.125 MG
66.	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE

67.	J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU (USE FOR ERWINAZE)
68.	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG (USE FOR ADCENTRIS)
69.	J9047	INJECTION, CARFILZOMIB, 1 MG
70.	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG (USE FOR LUPRON DEPOT, ELIGARD)
71.	J9218	LEUPROLIDE ACETATE, PER 1 MG (USE FOR LUPRON)
72.	J9225	HISTRELIN IMPLANT (VANTAS), 50 MG
73.	J9226	HISTRELIN (SUPPRELIN LA), 50 MG
74.	J9262	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG
75.	J9400	INJECTION, ZIV-AFLIBERCEPT, 1MG
76.	Q0515	INJECTION, SERMORELIN ACETATE, 1 MCG
77.	Q2028	INJECTION, SCULPTRA, 0.5 MG
78.	S0189	TESTOSTERONE PELLET, 75 MG
79.	S1090	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS