

PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

PHP Notification/Prior Approval Table-All Products Effective December 1, 2018			
SERVICES / ITEMS / PROCEDURES/MEDICATION		Notification Requirement	
		Within 1 business day	Prior to Service
Acute admissions that are urgent or emergent (including direct admissions) except maternity admissions that fall within federal timelines (see below for exception)		√	
Acute maternity admissions that exceed federal mandated LOS (48 hours after vaginal delivery & 96 hours after cesarean section delivery)		√	
Acute pre-operative admission days			√
Acute psychiatric/substance abuse admissions that are urgent or emergent (facility notification)		√	
Acute rehabilitation admission			√
Acute scheduled admissions		√	
Acute scheduled psychiatric or substance abuse admissions (facility notification)			√
Autism Spectrum Disorders treatment			√
Bariatric surgery			√
Behavioral Health Services - certain outpatient services (e.g., ECT, neuro/cognitive/psychological testing, health and behavioral assessment, outpatient/ambulatory detoxification, etc.)			√
Behavioral Health Services - intermediate (day treatment, partial hospitalization, residential treatment)			√
Biofeedback training			√
Capsule endoscopy imaging			PA removed effective 10/1/18
CAR-T Cell Immunotherapy			√
Cosmetic - procedures that under some conditions, may be considered cosmetic and not medically necessary: e.g., abdominoplasty, breast reduction, procedures for gynecomastia, breast reconstruction and associated implants, gender reassignment, jaw/orthognathic surgeries, photodynamic therapy & special dermatologic procedures, sclerotherapy, varicose vein procedures including stripping and ligation, eyelid repair			√
Dental services - accidental			√
Durable medical equipment: Implantable devices, (e.g. bone stimulators, infusion pumps); insulin pumps, continuous glucose monitors and supplies, power wheelchairs and accessories, mobility devices, automatic external defibrillators, chest wall oscillation vest, oral appliances for OSA			√
External ambulatory insulin delivery system (V-Go)			√
Experimental/ investigational/ unproven services, emerging technology/category III codes (including tissue engineered skin substitutes)			√
Facet joint and facet neurotomy injections (all dates of service)			√
Fecal Bacteriotherapy (Fecal Microbiota Transplant)			PA removed effective 10/1/18
Femoro-Acetabular Hip Impingement Surgery			√
Gender reassignment surgeries			√
Glaucoma surgery: iStent Trabecular Micro-bypass Stent			PA removed effective 7/1/18
Home care services			√
Home infusion services			√
Hospice services			√
Hyperbaric oxygen therapy			√
Infertility medications			√
Lab tests - (e.g. genetic testing, salivary testing)			√
Long term acute care admission			√
Neuropsychiatric testing			√
Prosthetic devices over \$1,000; including scleral shells, cochlear implants, bone-anchored hearing aids and replacement parts, spinal cord stimulators and associated supplies			√
Outpatient rehab/ habilitative therapy (PT/OT/ST)			√
Peripheral nerve neurostimulators			√
Private duty nursing			√
Psychodiagnostic testing			√
Skilled nursing facility, subacute nursing & rehabilitation services			√
Spinal cord stimulators/sacral nerve stimulators and associated supplies (generator, transmitter, battery, leads, etc.)			√
Temporomandibular joint dysfunction/syndrome treatment			√
Total disc arthroplasty, cervical			√
Transplantation - solid organ and hematopoietic stem cell; (including evaluation and post-transplant) and related services; ventricular assist devices (VAD), travel and lodging reimbursement if a benefit			√
Code	Drug Name	Within 1 business day	Prior to Service
90378	# palivizumab (Synagis)		√
90587	# dengue vaccine		√
90625	# cholera vaccine (Dukoral-ShanChol)		√
C9014	# cerliponase alfa, (Zinplava)		√
C9015	# C1 esterase inhibitor (human) (Haegarda)		√
C9024	# liposomal daunorubicin and cytarabine (Vyxeos)		√
C9028	# inotuzumab ozogamicin (Besponsa)		√
C9029	# guselkumab (Tremfya)		√
C9030	# Injection, copanlisib, 1mg		√
C9031	# Lutetium Lu 177, dotatate, therapeutic, 1 mCi		√
C9032	# Injection, voretigene neparovec-rzyl, 1 billion vector genome		√
C9132	# factor products		√
C9136	# factor products		√
C9248	# clevidipine butyrate (Clevidipine)		√
C9293	# glucarpidase (Voraxaze)		√
C9462	# Injection, delafloxacin, 1mg		√
C9466	# Injection, benralizumab, 1mg		√
C9467	# Injection, rituximab and hyaluronidase, 10mg		√
C9468	# Injection, Factor IX (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 IU		√
C9482	# sotalol hydrochloride		√
C9488	# conivaptan hydrochloride (Vaprisol)		√
C9492	# durvalumab, 10 mg (Imfinzi)		√
C9493	# edaravone, 1 mg (Radicava)		√
J0129	# abatacept (Orencia)		√
J0135	# adalimumab (Humira) RX BENEFIT ONLY		√
J0178	# aflibercept (Eylea)		√
J0180	# agalsidease beta (Fabrazyme)		√
J0202	# alemtuzumab (Campath)		√
J0205	# alglucerase (Ceredase)		√
J0220	# alglucosidase alfa (Myozyme)		√
J0221	# alpha alglucosidase alfa (Lumizyme)		√
J0256	# alpha 1 proteinase inhibitor - human, (Aralast, Aralast NP, Prolastin, Prolastin-C, Zemaira)		√
J0257	# alpha 1 Antitrypsin-AAT (Glassia)		√

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J0270	# Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered). RX BENEFIT ONLY.		√
J0275	# Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered). RX BENEFIT ONLY.		√
J0365	# aprotinin (Trasylol)		√
J0401	# aripiprazole (Abilify)		√
J0485	# belatacept (Nulojix)		√
J0490	# belimumab (Benlysta)		√
J0565	# bezlotoxumab (Zinplava)		√
J0570	# buprenorphine (Probuphine)		√
J0571	# Buprenorphine, oral, 1 mg RX BENEFIT ONLY		√
J0572	# Buprenorphine/naloxone, oral, less than or equal to 3 mg RX BENEFIT ONLY		√
J0573	# Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg RX BENEFIT ONLY		√
J0574	# Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg RX BENEFIT ONLY		√
J0575	# Buprenorphine/naloxone, oral, greater than 10 mg RX BENEFIT ONLY		√
J0585- J0588	# Botox injections		√
J0596	# C-1 esterase inhibitor (Ruconest)		√
J0597	# C-1 esterase inhibitor (Berinert)		√
J0598	# C-1 esterase inhibitor (Cinryze)		√
J0638	# canakimab (Ilaris)		√
J0695	# ceftolozane and tazobactam (Kyocera)		√
J0712	# ceftaroline fosamil (Teflaro)		√
J0714	# ceftazidime and avibactam (Avycaz)		√
J0716	# centruroides immune f(ab) (Anascorp)		√
J0717	# certolizumab pegol (Cimzia) RX BENEFIT ONLY		√
J0775	# collagenase, clostridium histolyticum (Xiaflex)		√
J0795	# corticorelin ovine triflutate (Acthrel)		√
J0800	# corticotropin (Acthar)		√
J0875	# dalbavancin (Dalvance)		√
J0878	# Injection, daptomycin, 1 mg		√
J0881- J0882	# darbepoetin alfa (Aranesp)		√
J0885	# epoetin alfa (Epogen, Procrit)		√
J0887	# epoetin beta (for ESRD on dialysis)		√
J0888	# epoetin beta (for non-ESRD use)		√
J0890	# peginesatide (for non-ESRD use) (Omontys)		√
J0897	# denosumab (Prolia-Exgeva)		√
J1290	# ecallantide (Kalbitor)		√
J1300	# eculizumab (Soliris)		√
J1322	# elosulfase alfa (Vimizim)		√
J1325	# epoprostenol (Flolan)		√
J1428	# eteplirsen (Exondys 51)		√
J1438	# etanercept (Enbrel) RX BENEFIT ONLY		√
J1439	# Injection, ferric carboxymaltose, 1 mg (Injectafer)		√
J1442	# filgrastim (G-CSF), (Neupogen)		√
J1447	# Injection, tbo-filgrastim, 1 microgram (Granix) RX BENEFIT ONLY		√
J1458	# galsulfase (Naglazyme)		√
J1459	# immune globulin (Privigen)		√
J1555- J1557	# Immune globulin		√
J1559	# immune Globulin (Hizentra)		√
J1561	# Immune globulin		√
J1566	# immune globulin		√
J1568- J1569	# immune globulin		√
J1572	# immune globulin		√
J1575	# immune globulin/hyaluronidase (HyQvia)		√
J1602	# Golimumab (Simponi) IV		√
J1640	# panhematin (Hemin)		√
J1650	# enoxoprin (Lovenox) RX BENEFIT ONLY		√
J1675	# histrelin acetate		√
J1740	# ibandronate sodium (Boniva)		√
J1743	# idursulfase (Elaprase)		√
J1744	# icatibant (Firazyr) RX BENEFIT ONLY		√
J1745	# infliximab (Remicade)		√
J1786	# imiglucerase (Cerezyme)		√
J1826	# interferon Beta-1A (Avonex)		√
J1830	# Interferon Beta-1B (Betaseron)		√
J1833	# isavuconazonium (Cresemba)		√
J1931	# laronidase (Aldurazyme)		√
J1942	# aripiprazole lauroxil (Abilify)		√
J2170	# mecasermin (Increlex)		√
J2182	# mepolizumab (Nucala)		√
J2212	# methylnaltrexone (Relistor)		√
J2260	# milrinone lactate (Primacor)		√
J2274	# Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg. Only Covered via a Facility otherwise PHP reviews for PA		√
J2323	# natalizumab (Tysabri)		√
J2326	# nusinersen (Spinraza)		√
J2350	# ocrelizumab, 1 mg (Ocrevus)		√
J2353- J2354	# octreotide (Sandostatin)		√
J2357	# omalizumab (Xolair)		√
J2358	# olanzapine (Zyprexa Relprevv)		√
J2407	# oritavancin (Orbactiv)		√
J2426	# paliperidone palmitate ER (Invega)		√
J2502	# pasireotide (Signifor LAR)		√

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J2504	# pegademase bovine (Adagen)		√
J2505	# pegfilgrastim (Neulasta) RX BENEFIT ONLY		√
J2507	# pegloticase (Krystexxa)		√
J2562	# plerixafor (Mozobil)		√
J2704	# Injection, propofol, 10 mg. Only Covered via a Facility otherwise PHP Pharmacy reviews for a PA.		√
J2724	# protein c concentrate (Ceprotin)		√
J2778	# ranibizumab (Lucentis)		√
J2783	# rasburicase (Elitek)		√
J2786	# reslizumab (Cinqair)		√
J2793	# rilonacept (Arcalyst)		√
J2796	# romiplostim (Nplate)		√
J2840	# sebelipase alfa (Kanuma)		√
J2860	# siltuximab (Sylvant)		√
J2940	# somatrem (Protropin) RX BENEFIT ONLY		√
J2941	# somatropin (all growth hormones) RX BENEFIT ONLY		√
J3060	# taliglucerase alfa (Elelyso)		√
J3090	# tedizolid phosphate (Sivextro)		√
J3095	# televancin (Vibativ)		√
J3110	# teriparatide (Forteo)		√
J3121	# testosterone enanthate (Delatestryl)		√
J3145	# testosterone undecanoate (Andriol)		√
J3262	# tocilizumab, (Actemra)		√
J3285	# treprostinil (Remodulin)		√
J3357- J3358	# ustekinumab (Stelara)		√
J3380	# vedolizumab (Entyvio)		√
J3385	# velaglucerase alfa (VPRIV)		√
J3489	# zoledronic acid (Brand Reclast, Brand and Generic Zometa) Claims that exceed \$3000.00		√
J3490	# Unclassified drugs is a list of drugs without a specific HCPCs or CPT code assigned to it-PA is required for all of the following medications (the list is subject to change) : glucarpidase (Voraxaze), dinutuximab (Unituxin),		√
J3590	# Unclassified biologics is a list of drugs without a specific HCPCs or CPT code assigned to it-PA is required for all of the following medications (the list is subject to change) : reslizumab (Cinqair)		√
J7175- J7209	# factor products		√
J7178	# human fibrinogen concentrate (RiaStap)		√
J7210- J7211	# factor products		√
J7309	# methyl aminolevulinate (MAL), (Metvixia)		√
J7311	# flucinolone acetone (Retisert)		√
J7312	# dexamethasone (Ozurdex)		√
J7313	# flucinolone acetone (Iluvien)		√
J7316	# ocriplasmin (Jetrea)		√
J7336	# Capsaicin patch		√
J7340	# carbidopa 5 mg/levodopa 20 mg enteral suspension (Duopa)		√
J7342	# Installation, ciprofloxacin otic suspension, 6 mg RX BENEFIT ONLY		√
J7500	# Azathioprine, oral, 50 mg RX BENEFIT ONLY		√
J7502	# Cyclosporine, oral, 100 mg RX BENEFIT ONLY		√
J7503	# tacrolimus, extended release, oral, 0.25mg RX BENEFIT ONLY		√
J7507	# tacrolimus, oral, per 1mg (Prograf) RX BENEFIT ONLY		√
J7508	# tacrolimus, extended release, oral, 0.1mg RX BENEFIT ONLY		√
J7509	# Methylprednisolone oral, per 4 mg RX BENEFIT ONLY		√
J7510	# Prednisolone oral, per 5 mg RX BENEFIT ONLY		√
J7512	# prednisone, immediate release or delayed release, oral, 1 mg RX BENEFIT ONLY		√
J7515	# Cyclosporine, oral, 25 mg RX BENEFIT ONLY		√
J7516	# Cyclosporine, parenteral, 250 mg RX BENEFIT ONLY		√
J7517	# Mycophenolate mofetil, oral, 250 mg RX BENEFIT ONLY		√
J7518	# Mycophenolic acid, oral, 180 mg RX BENEFIT ONLY		√
J7520	# Sirolimus, oral, 1 mg RX BENEFIT ONLY		√
J7525	# Tacrolimus, parenteral, 5 mg RX BENEFIT ONLY		√
J7527	# everolimus (Zortress) RX BENEFIT ONLY		√
J7686	# treprostinil (Tyvaso)		√
J7699	# NOC drugs, inhalation solution administered through DME		√
J7799	# NOC drugs, other than inhalation drugs, administered through DME		√
J7999	# Compounded drug, not otherwise classified		√
J8498	# antiemetic drug, rectal/suppository, not otherwise specified RX BENEFIT ONLY		√
J8499	# prescription drug, oral, non chemotherapeutic, NOS RX BENEFIT ONLY		√
J8501	# aprepitant, oral, 5 mg (emend) RX BENEFIT ONLY		√
J8510	# busulfan, oral, 2 mg (Myleran) RX BENEFIT ONLY		√
J8515	# cabergoline, oral, 0.25 mg RX BENEFIT ONLY		√
J8520	# capecitabine, oral, 150 mg (Xeloda) RX BENEFIT ONLY		√
J8521	# capecitabine, oral, 500 mg (Xeloda) RX BENEFIT ONLY		√
J8530	# cyclophosphamide, oral, 25mg RX BENEFIT ONLY		√
J8540	# dexamethasone, oral, 0.25 mg RX BENEFIT ONLY		√
J8560	# etoposide, oral, 50 mg (Toposar) RX BENEFIT ONLY		√
J8562	# fludarabine phosphate (Oforta) RX BENEFIT ONLY		√
J8565	# gefitinib (Iressa) RX BENEFIT ONLY		√
J8597	# antiemetic drug, oral, not otherwise specified RX BENEFIT ONLY		√
J8600	# melphalan, oral, 2 mg (Aikeran) RX BENEFIT ONLY		√
J8610	# methotrexate, oral, 2.5 mg RX BENEFIT ONLY		√
J8650	# nabilone, oral, 1 mg (Cesamet) RX BENEFIT ONLY		√
J8655	# netupitant/palonosetron (Akyzneo)		√
J8670	# rolapitant, oral, 1 mg (Varubi) RX BENEFIT ONLY		√
J8700	# temozolomide (Temodar) RX BENEFIT ONLY		√
J8705	# topotecan, oral, 0.25 mg (Hycamtin) RX BENEFIT ONLY		√
J8999	# prescription drug, oral, chemotherapeutic, NOS RX BENEFIT ONLY		√
J9019	# asparaginase (Erwinaze)		√
J9022	# atezolizumab (Tecentriq)		√
J9023	# avelumab, 10 mg (Bavencio)		√
J9027	# clofarabine (Clolar)		√

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J9032	# belinostat (Beleodaq)	√
J9033	# bendamustine hydrochloride (Treanda)	√
J9034	# bendamustine HCl (Bendeka)	√
J9035	# bevacizumab (Avastin)	√
J9039	# blinatumomab (Blincyto)	√
J9041	# bortezomib (Velcade)	√
J9042	# brentuximab vedotin (Adcetris)	√
J9043	# cabazitaxel (Jevtana)	√
J9047	# carfilzomib (Kyprolis)	√
J9050	# injection, carmustine, 100mg (BiCNU)	√
J9145	# daratumumab (Darzalex)	√
J9155	# degarelix (Firmagon)	√
J9160	# denileukin diftitox (Ontak)	√
J9176	# elotuzumab (Empliciti)	√
J9179	# eribulin (Halaven)	√
J9185	# fludarabine phosphate (Fludara)	√
J9203	# gemtuzumab ozogamicin (Mylotarg)	√
J9205	# irinotecan liposome (Onivyde)	√
J9225	# histrelin implant (Vantas)	√
J9226	# histrelin implant (Supprelin LA)	√
J9228	# Ipilimumab (Yervoy)	√
J9262	# omacetaxine mepesuccinate (Synribo)	√
J9264	# Injection, paclitaxel protein-bound particles, 1 mg (Abraxane)	√
J9266	# Injection, pegaspargase, per single dose vial (Oncaspar)	√
J9268	# pentostatin (Nipent)	√
J9271	# pembrolizumab (Keytruda)	√
J9285	# olaratumab (Lartruvo)	√
J9295	# necitumumab (Portrazza)	√
J9299	# nivolumab (Opdivo)	√
J9301	# obinutuzumab (Gazyva)	√
J9302	# ofatumumab (Arzerra)	√
J9306	# pertuzumab (Perjeta)	√
J9307	# pralatrexate(Flotyn)	√
J9308	# ramucirumab (Cyramza)	√
J9310	# rituximab (Rituxan)	√
J9315	# romidepsin (Istodax)	√
J9328	# temozolomide (Temodar)	√
J9352	# trabectedin (Yondelis)	√
J9354	# ado-trastuzumab emtansine (Kadcyla)	√
J9355	# trastuzumab (Herceptin)	√
J9371	# vincristine sulfate liposome (Marqibo)	√
J9400	# ziv-aflibercept (Zaltrap)	√
J9999	# Unclassified biologics	√
Q2041	# axicabtagene ciloleucel (Anti-CD19 CAR T Cells)	√
Q2049-50	# doxorubicin hydrochloride liposomal doxil (Lipodox)	√
Q4081	# epoetin alfa (Epoen, Procrit)	√
Q5103-04	# Infliximab, biosimilar inflextra/Renflexis (Remicade)	√
Q5105	# Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units	√
Q5106	# Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	√
Q9991	# Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	√
Q9992	# Injection, buprenorphine extended-release (Sublocade), greater than 100 mg	√
Q9995	# Injection, emicizumab-kxwh (Hemlibra), 0.5 mg	√
	# Compounded drugs: All	√
PHP Notification/Prior Authorization/Prior Approval Table shows all possible services and medications that may require prior approval/authorization. It depends on the member's specific plan as to which of these services or medications do require prior approval/authorization.		
Not otherwise classified, unspecified, unlisted, miscellaneous CPT or HCPCS services- services will be reviewed prior to claim payment and may be denied as: criteria not met, cosmetic, investigational, experimental, unproven, or not medically necessary services.		
Services requiring prior authorization must be reviewed in advance of the service even if PHP is a secondary payor.		
PHP Notification/Prior Authorization/Prior Approval Table does not define benefit coverage. Benefit coverage is determined by the Member's COC or SPD. This means that there may be services and medications listed in this document that are not covered under a particular member's COC or SPD. This list is subject to change. For questions about a Member's benefit and coverage please contact the PHP Customer Service Department at 1.800.832.9186		
Non-emergent/urgent requests for benefit review are to be submitted at least 14 days in advance of the service or as soon as the service is determined to be appropriate by the practitioner. Urgent requests are requests for care or treatment for which a routine application of time periods for making the determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function or in the opinion of a practitioner would subject the member to severe pain that cannot be adequately managed without the care or treatment that is included in the request.		
# Medications that are reviewed and processed by the Pharmacy Department.		