

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	INVOICE NEEDED WITH CLAIM
1.	90283	IMMUNE GLOBULIN (IgIV), HUMAN, FOR INTRAVENOUS USE	INVOICE
2.	90284	IMMUNE GLOBULIN (SCIg), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH	INVOICE
3.	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR USE, 50 MG, EACH	N
4.	90399	UNLISTED IMMUNE GLOBULIN	INVOICE
5.	C9025	INJECTION, RAMUCIRUMAB, 5 MG	INVOICE
6.	C9026	INJECTION, VEDOLIZUMAB, 1 MG	INVOICE
7.	C9027	INJECTION, PEMBROLIZUMAB, 1 MG	INVOICE
8.	C9136	INJECTION, FACTOR VIII, FC FUSION PROTEIN, (RECOMBINANT), PER I.U.	INVOICE
9.	C9442	INJECTION, BELINOSTAT, 10 MG	INVOICE
10.	C9443	INJECTION, DALBAVANCIN, 10 MG	INVOICE
11.	C9444	INJECTION, ORITAVANCIN, 10 MG	INVOICE
12.	C9446	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	INVOICE
13.	J0178	INJECTION, AFLIBERCEPT, 1 MG (USE FOR EYLEA)	N
14.	J0215	INJECTION, ALEFACEPT, 0.5 MG (USE FOR AMEVIVE)	N
15.	J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	N
16.	J0256	INJECTION, ALPHA 1-PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG (USE FOR ARALAST, ARALAST NP, PROLASTIN C, ZEMIRA)	N
17.	J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	N
18.	J0401	INJECTION, ARIPIPIRAZOLE, EXTENDED RELEASE, 1 MG	N
19.	J0490	INJECTION, BELIMUMAB, 10 MG	N
20.	J0585	INJECTION, ONABOTULINUMTOXINA, PER UNIT	N
21.	J0586	ABOBOTULINUMTOXINA	N
22.	J0587	INJECTION, RIMABOTULINUMTOXINB, PER 100 UNITS	N
23.	J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	N
24.	J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS	N
25.	J0638	INJECTION, CANAKINUMAB, 1 MG	N
26.	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	N

		ADMINISTERED)	
27.	J0775	INJECTION, COLLOGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG (USE FOR XIAFLEX)	N
28.	J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS (USE FOR H.P. ACTHAR GEL)	N
29.	J0894	INJECTION, DECITABINE, 1 MG (USE FOR DACOGEN)	N
30.	J0897	INJECTION, DENOSUMAB, 1 MG (USE FOR XGEVA, PROLIA)	N
31.	J1300	ECULIZUMAB INJECTION, 10 MG	N
32.	J1322	INJECTION, ELOSULFASE ALFA, 1MG	INVOICE
33.	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUIE), 500 MG	N
34.	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	N
35.	J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUIE), 500 MG	N
36.	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100MG,	N
37.	J1561	INJECTION, IMMUNEGLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NONLYOPHILIZED (E.G., LIQUID), 500MG	N
38.	J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	INVOICE
39.	J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500MG (USE FOR CARIMUNE)	N
40.	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS NONLYOPHILIZED, (E.G., LIQUID), 500MG	N
41.	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NONLYOPHILIZED, (E.G., LIQUID), 500MG	N
42.	J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	N
43.	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	N
44.	J1620	INJECTION, GONADORELIN HCL, PER 100 MCG (USE FOR FACTREL, LUTREPULSE)	N
45.	J1725	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG (USE FOR MAKENA)	INVOICE
46.	J1743	INJECTION, IDURSALFASE, 1 MG (USE FOR ELAPRASE)	N
47.	J1744	INJECTION, ICATIBANT, 1 MG (USE FOR FIRAZYR)	INVOICE
48.	J1930	INJECTION, LANREOTIDE 1 MG (USE FOR SOMATULINE)	N
49.	J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG (USE FOR ELIGARD, LUPRON, LUPRON-3, LUPRON-4, LUPRON DEPOT)	N
50.	J2170	INJECTION, MECASERMIN, 1 MG (USE FOR IPLEX, INCRELEX)	INVOICE
51.	J2212	INJECTION, METHYLNALTREXONE, 0.1 MG (USE FOR RELISTOR)	INVOICE
52.	J2278	ZICONOTIDE INJECTION, 1 MCG	N
53.	J2315	NALTREXONE, DEPOT FORM, 1 MG (VIVITROL)	N
54.	J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG (USED FOR SANDOSTATIN LAR)	N
55.	J2354	INJECTION, OCTREOTIDE, NONDEPOT FORM FOR	N

		SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG (USE FOR SANDOSTATIN)	
56.	J2357	INJECTION, OMALIZUMAB, 5 MG (USE FOR XOLAIR)	N
57.	J2358	OLANZAPINE LONG-ACTING INJECTION, 1 MG	N
58.	J2425	INJECTION, PALIFERMIN, 5 MCG (USE FOR KEPIVANCE)	N
59.	J2426	INJECTION, PALIPERIDONE (INVEGA SUSTENNA), 1MG	N
60.	J2503	INJECTION PEGAPTANIB SODIUM, 0.3 MG (USE FOR MUCAGEN)	N
61.	J2504	INJECTION, PEGADEMASE BOVINE, 25 IU (USE FOR ADAGEN)	N
62.	J2507	INJECTION, PEGLOTICASE, 1 MG (USE FOR KRYSTEXXA)	N
63.	J2778	INJECTION, RANIBIZUMAB, 0.1 MG, USE FOR LUCENTIS)	N
64.	J2783	INJECTION, RASBURICASE, 0.5 MG (USE FOR ELITEK)	N
65.	J2941	INJECTION, SOMATROPIN, 1 MG	N
66.	J3060	INJECTION, TALIGLUCERACE ALFA, 10 UNITS	N
67.	J3145	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG	INVOICE
68.	J3357	INJECTION, USTEKINUMAB, 1 MG	N
69.	J3396	INJECTION, VERTEPORFIN, 0.1 MG (USE FOR VISUDYNE)	N
70.	J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 IU	N
71.	J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	INVOICE
72.	J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	INVOICE
73.	J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU	N
74.	J7201	INJECTION, FACTOR IX, FC FUSION PROTEIN (RECOMBINANT), PER IU	N
75.	J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT USE WITH VITRASERT)	N
76.	J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (USE FOR RETISERT)	N
77.	J7316	INJECTION, OCRIPLASMIN, 0.125 MG	N
78.	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	INVOICE
79.	J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME UNIT DOSE FORM, 1.74 MG (USE FOR TYVASO)	N
80.	J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU (USE FOR ERWINAZE)	N
81.	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG (USE FOR ADCENTRIS)	N
82.	J9047	INJECTION, CARFILZOMIB, 1 MG	N
83.	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG (USE FOR LUPRON DEPOT, ELIGARD)	N
84.	J9218	LEUPROLIDE ACETATE, PER 1 MG (USE FOR LUPRON)	N

85.	J9225	HISTRELIN IMPLANT (VANTAS), 50 MG	N
86.	J9226	HISTRELIN (SUPPRELIN LA), 50 MG	N
87.	J9262	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG	INVOICE
88.	J9301	INJECTION, OBINUTUZUMAB, 10 MG	N
89.	J9400	INJECTION, ZIV-AFLIBERCEPT, 1MG	N
90.	Q0515	INJECTION, SERMORELIN ACETATE, 1 MCG	INVOICE
91.	S0189	TESTOSTERONE PELLET, 75 MG	INVOICE
92.	S1090	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS	INVOICE