

Effective October 1, 2020

Products approved for prior authorization.*

Code	Procedure Code Definition	Brand Name	Added
90378	RSV mAb, intramuscular, 50 milligrams (mg)	Synagis	5/1/20
C9047	Injection, caplacizumab-yhdp, 1 mg		7/1/19
C9048	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg		7/1/19
C9049	Injection, tagraxofusp-erzs, 10 micrograms (mcg)		7/1/19
C9050	Injection, emapalumab-lzsg, 1 mg		7/1/19
C9051	Injection, omadacycline, 1 mg		7/1/19
C9052	Injection, ravulizumab-cwvz, 10 mg		7/1/19
C9062	Injection, daratumumab, 10 mg, and hyaluronidase-fihj		10/1/20
C9064	Mitomycin pyelocalyceal instillation, 1 mg		10/1/20
C9065	Injection, romidepsin, non-lyophilized (e.g., liquid), 1 mg		10/1/20
C9066	Injection, sacituzumab govitecan-hziy, 10 mg		10/1/20
C9257	Injection, bevacizumab, 0.25 mg	Avastin	8/30/17
C9399	Unclassified drugs or biologics		12/1/19
C9492	Durvalumab, 10 mg		1/7/18
J0121	Injection, omadacycline, 1 mg		10/1/19
J0122	Injection, eravacycline, 1 mg		10/1/19
J0129	Abatacept, injection	Orencia	12/6/17
J0135	Injection, adalimumab, 20 mg	Humira	5/1/20
J0178	Injection, afibercept, 1 mg	Eylea	8/30/17
J0179	Injection, brolucizumab-dbll, 1 mg	Beovu	5/1/20
J0180	Agalsidase beta injection	Fabrazyme	12/6/17
J0185	Injection, aprepitant, 1 mg	Cinvanti	5/1/20
J0202	Injection, alemtuzumab	Lemtrada	12/6/17
J0205	Injection, alglucerase, per 10 units	Ceredase	8/30/17
J0215	Injection, alefacept, 0.5 mg	Amevive	5/1/20
J0220	Alglucosidase alfa	Myozyme	12/6/17
J0221	Alglucosidase alfa	Lumizyme	12/6/17
J0222	Injection, patisiran, 0.1 mg		10/1/19
J0256	Alpha-1-proteinase inhibitor	Prolastin C, Aralast NP, Zemaira	12/6/17
J0257	Alpha-1-proteinase inhibitor	Glassia	12/6/17

*Please note that AmeriHealth Caritas Florida only reimburses provider-administered drugs for which the manufacturer has a Florida rebate agreement.

HCPCS Codes Requiring Prior Authorization

Code	Procedure Code Definition	Brand Name	Added
J0291	Injection, plazomicin, 5 mg		10/1/19
J0364	Injection, apomorphine hydrochloride (HCL), 1 mg	Apokyn	5/1/20
J0380	Injection, metaraminol bitartrate, per 10 mg	Aramine	5/1/20
J0400	Aripiprazole injection	Abilify	12/6/17
J0476	Baclofen intrathecal trial	Lioresal, Gablofen	12/6/17
J0480	Injection, basiliximab, 20 mg	Simulect	5/1/20
J0485	Belatacept injection	Nilojix	12/6/17
J0490	Belimumab injection	Benlysta	12/6/17
J0517	Injection, benralizumab, 1 mg	Fasenra	5/1/20
J0565	Injection, bezlotoxumab, 10 mg	Zinplava	5/1/20
J0570	Buprenorphine implant, 74.2 mg	Probuphine	5/1/20
J0584	Injection, burosomab-twza 1 mg	Crysvita	5/1/20
J0585	Injection, onabotulinumtoxinA	Botox	12/6/17
J0586	AbobotulinumtoxinA	Dysport	12/6/17
J0587	Injection, rimabotulinumtoxinB	Myobloc	12/6/17
J0588	IncobotulinumtoxinA	Xeomin	12/6/17
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug is administered under direct supervision of a physician; not for use when drug is self-administered)		10/1/19
J0596	Injection, c1 esterase inhibitor (recombinant), 10 units	Ruconest	5/1/20
J0597	C1 esterase inhibitor (human)	Berinert	12/6/17
J0598	C1 esterase inhibitor (human), 10 units	Cinryze	12/6/17
J0599	Injection, c1 esterase inhibitor (human), 10 units	Haegarda	5/1/20
J0606	Injection, etelcalcetide, 0.1 mg	Parsabiv	5/1/20
J0638	Canakinumab injection	Ilaris	12/6/17
J0640	Leucovorin calcium injection	Leucovorin calcium injection	11/10/17
J0641	Levoleucovorin injection	Levoleucovorin injection	11/10/17
J0642	Injection, levoleucovorin, 0.5 mg	Khapzory	10/1/19
J0695	Injection, ceftolozane/tazobactam, 50 mg-25 mg	Zerbaxa	5/1/20
J0710	Injection, cephapirin sodium, up to 1 gram (g)	Cefadyl	5/1/20
J0714	Injection, ceftazidime/avibactam, 0.5 g-0.125 g	Avycaz	5/1/20
J0715	Injection, ceftizoxime sodium, per 500 mg	Cefizox	5/1/20
J0717	Certolizumab pegol	Cimzia	12/6/17
J0740	Cidofovir, 375 mg	Vistide	1/7/18
J0775	Collagenase clostridium histolyticum	Xiaflex	12/6/17
J0800	Injection, corticotropin, up to 40 units	H.P. Acthar	5/1/20

*Please note that AmeriHealth Caritas Florida only reimburses provider-administered drugs for which the manufacturer has a Florida rebate agreement.

HCPCS Codes Requiring Prior Authorization

Code	Procedure Code Definition	Brand Name	Added
J0875	Injection, dalbavancin, 5 mg	Dalvance	5/1/20
J0878	Daptomycin injection	Cubicin	12/6/17
J0881	Darbepoetin alfa, non-end-stage renal disease (ESRD)	Aranesp	12/6/17
J0882	Darbepoetin alfa (for ESRD on dialysis)	Aranesp	12/6/17
J0883	Injection, argatroban, 1 mg (for non-ESRD use)	Argatroban	5/1/20
J0884	Injection, argatroban, 1 mg (for ESRD on dialysis)	Argatroban	5/1/20
J0885	Epoetin alfa, for non-ESRD use	Procrit	12/6/17
J0897	Denosumab injection	Prolia, Xgeva	12/6/17
J1095	Injection, dexamethasone 9%, intraocular, 1 mcg	Dexycu	5/1/20
J1260	Injection, dolasetron mesylate, 10 mg	Anzemet	5/1/20
J1290	Ecallantide	Kalbitor	12/6/17
J1300	Eculizumab injection	Soliris	12/6/17
J1301	Injection, edaravone, 1 mg	Radicava	5/1/20
J1303	Injection, ravulizumab-cwvz, 10 mg		10/1/19
J1322	Elosulfase alfa	Vimizim	12/6/17
J1325	Injection, epoprostenol, 0.5 mg	Veletri	5/1/20
J1428	Injection, eteplirsen, 10 mg	Exondys 51	5/1/20
J1435	Injection, estrone, per 1 mg	Theelin	5/1/20
J1436	Injection, etidronate disodium, per 300 mg	Didronel	5/1/20
J1437	Injection, ferric derisomaltose, 10 mg		10/1/20
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug is administered under the direct supervision of a physician; not for use when drug is self-administered)	Enbrel	5/1/20
J1439	Injection, ferric carboxymaltose, 1 mg		8/30/17
J1442	Injection filgrastim, excluding biosimilars	Neupogen	12/6/17
J1447	Injection tbo filgrastim, 1 mcg	Granix	12/6/17
J1450	Injection fluconazole, 200 mg	Diflucan	5/1/20
J1452	Injection, fomivirsene sodium, intraocular, 1.65 mg	Vitavene	5/1/20
J1454	Injection, fosnetupitant/palonosetron, 235 mg-0.25 mg	Akynzeo	5/1/20
J1457	Injection, gallium nitrate, 1 mg	Ganite	5/1/20
J1458	Galsulfase, 1 mg		1/7/18
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Privigen	5/1/20
J1460	Injection, gamma globulin, intramuscular, 1 cubic centimeter (cc)	Gamastan S/D	5/1/20
J1555	Injection, immune globulin, 100 mg	Cuvitru	5/1/20
J1556	Injection, immune globulin, 500 mg	Bivigam	5/1/20

*Please note that AmeriHealth Caritas Florida only reimburses provider-administered drugs for which the manufacturer has a Florida rebate agreement.

HCPCS Codes Requiring Prior Authorization

Code	Procedure Code Definition	Brand Name	Added
J1557	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammaglobin	5/1/20
J1559	Injection, immune globulin, 100 mg	Hizentra	5/1/20
J1560	Injection, gamma globulin, intramuscular, over 10 cc	Gamastan S/D	5/1/20
J1561	Injection, immune globulin, non-lyophilized (e.g., liquid), 500 mg	Gamunex-C, Gammaked	5/1/20
J1562	Injection, immune globulin, 100 mg	Vivaglobin	5/1/20
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), NOS, 500 mg	Gammagard S/D	5/1/20
J1568	Injection, immune globuli, intravenous, non-lyophilized (e.g., liquid), 500 mg	Octagam	5/1/20
J1569	Injection, immune globulin, non-lyophilized, (e.g., liquid), 500 mg	Gammagard Liquid	5/1/20
J1572	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), 500 mg	Flebogamma, Flebogamma DIF	5/1/20
J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	Hyqvia	5/1/20
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), NOS, 500 mg	Immune Globulin (NOS)	5/1/20
J1600	Injection, gold sodium thiomalate, up to 50 mg	Myochrisine	5/1/20
J1602	Golimumab for IV use, 1 mg	Simponi	12/6/17
J1620	Injection, gonadorelin HCL, per 100 mcg	Factrel	5/1/20
J1626	Granisetron HCL injection	Kytril	12/6/17
J1627	Injection, granisetron, extended-release, 0.1 mg	Kytril	5/1/20
J1632	Injection, brexanolone, 1 mg		10/1/20
J1645	Dalteparin sodium	Fragmin	12/6/17
J1650	Injection enoxaparin sodium	Lovenox	12/6/17
J1652	Fondaparinux sodium	Arixtra	12/6/17
J1655	Injection, tinzaparin sodium, 1000 IU	Innohep	5/1/20
J1675	Injection, histrelin acetate, 10 mcg	Vantas	5/1/20
J1726	Hydroxyprogesterone caproate, 10 mg	Makena	1/7/18
J1729	Hydroxyprogesterone caproate, 1 mg	Makena	1/7/18
J1742	Injection, ibutilide fumarate, 1 mg	Convert	5/1/20
J1743	Injection, idursulfase, 1 mg	Elaprase	8/30/17
J1744	Injection, icatibant, 1 mg	Firazyr	5/1/20
J1745	Infliximab injection	Remicade	12/6/17
J1786	Imiglucerase	Cerezyme	12/6/17
J1826	Injection, interferon beta-1a, 30 mcg	Avonex	5/1/20
J1830	Injection, interferon beta-1b, 0.25 mg (code may be used for Medicare when drug is administered under the direct supervision of a physician; not for use when drug is self-administered)	Betaseron	5/1/20

*Please note that AmeriHealth Caritas Florida only reimburses provider-administered drugs for which the manufacturer has a Florida rebate agreement.

HCPCS Codes Requiring Prior Authorization

Code	Procedure Code Definition	Brand Name	Added
J1833	Injection, isavuconazonium, 1 mg	Cresemba	5/1/20
J1930	Lanreotide, 1 mg		1/7/18
J1931	Laronidase, 0.1 mg		1/7/18
J1943	Injection, aripiprazole lauroxil, 1 mg	Aristada Initio	10/1/19
J1944	Injection, aripiprazole lauroxil, 1 mg	Aristada	10/1/19
J1950	Leuprolide acetate, 3.75 mg	Lupron	12/6/17
J2062	Loxapine for inhalation, 1 mg	Adasuve	5/1/20
J2170	Injection, mecasermin, 1 mg	Increlex	5/1/20
J2182	Injection, mepolizumab, 1 mg	Nucala	5/1/20
J2212	Injection, methylnaltrexone, 0.1 mg	Relistor	5/1/20
J2278	Ziconotide	Prialt	8/1/17
J2315	Naltrexone, depot form	Vivitrol	12/6/17
J2323	Natalizumab injection	Tysabri	12/6/17
J2326	Injection, nusinersen, 0.1 mg	Spinraza	5/1/20
J2350	Ocrelizumab, 1 mg		1/7/18
J2353	Octreotide depot form, intramuscular, 1 mg		1/7/18
J2355	Oprelvekin	Neumega	12/6/17
J2357	Omalizumab injection	Xolair	12/6/17
J2358	Olanzapine long-acting injection	Zyprex Relprevv	12/6/17
J2425	Injection, palifermin, 50 mcg	Kepivance	5/1/20
J2426	Paliperidone palmitate injection	Invega	12/6/17
J2469	Palonosetron HCL	Aloxi	12/6/17
J2503	Pegaptanib sodium	Macugen	12/6/17
J2504	Pegademase bovine, 25 international units (IU)		1/7/18
J2505	Injection, pegfilgrastim, 6 mg	Neulasta	10/13/17
J2507	Pegloticase	Krystexxa	12/6/17
J2547	Injection, peramivir, 1 mg	Rapivab	5/1/20
J2562	Plerixafor injection	Mozobil	12/6/17
J2724	Injection, protein C concentrate, intravenous, human, 10 IU	Ceprotin	5/1/20
J2770	Injection, quinupristin/dalfopristin, 500 mg (150 mg-350 mg)	Synercid	5/1/20
J2778	Injection, ranibizumab, 0.1 mg	Lucentis	8/30/17
J2783	Rasburicase, 0.5 mg		1/7/18
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	Photrex Viscous	5/1/20
J2793	Injection, rilonacept, 1 mg	Arcalyst	5/1/20
J2794	Risperidone, long-acting	Risperdal	12/6/17

*Please note that AmeriHealth Caritas Florida only reimburses provider-administered drugs for which the manufacturer has a Florida rebate agreement.

HCPCS Codes Requiring Prior Authorization

Code	Procedure Code Definition	Brand Name	Added
J2796	Romiplostim	Nplate	12/6/17
J2798	Injection, risperidone, 0.5 mg	Perseris	10/1/19
J2820	Sargramostim injection, 50 mcg	Leukine	12/6/17
J2840	Injection, sebelipase alfa, 1 mg	Kanuma	5/1/20
J2860	Injection, siltuximab, 10 mg	Sylvant	5/1/20
J2941	Injection, somatropin, 1 mg	Humatrope	5/1/20
J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug is administered under the direct supervision of a physician; not for use when drug is self-administered)		10/1/19
J3032	Injection, eptinezumab-jjmr, 1 mg		10/1/20
J3060	Taliglucerase alfa	Elelyso	12/6/17
J3095	Telavancin injection	Vibativ	12/6/17
J3111	Injection, romosozumab-aqqg, 1 mg		10/1/19
J3241	Injection, tepochtumumab-trbw, 10 mg		10/1/20
J3245	Injection, tildrakizumab-asmn, 1 mg	Ilumya	5/1/20
J3262	Tocilizumab injection	Actemra	12/6/17
J3285	Injection, treprostinil, 1 mg	Remodulin	5/1/20
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Zilretta	5/1/20
J3358	Ustekinumab, 1mg (intravenous only)		1/7/18
J3380	Vedolizumab	Entyvio	12/6/17
J3385	Velaglucerase alfa	Vpriv	12/6/17
J3396	Injection, verteporfin, 0.1 mg	Visudyne	8/30/17
J3397	Injection, vestrinidase alfa-vjbk, 1 mg	Mepsevii	5/1/20
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Luxturna	5/1/20
J3471	Injection, hyaluronidase, ovine, preservative-free, per 1 United States Pharmacopeia (USP) unit (up to 999 USP units)	Vitrase	5/1/20
J3472	Injection, hyaluronidase, ovine, preservative-free, per 1000 USP units	Vitrase	5/1/20
J3473	Hyaluronidase recombinant		1/7/18
J3486	Ziprasidone mesylate	Geodon	12/6/17
J3489	Zoledronic acid, 1mg	Reclast or Zometa	12/6/17
J3490	Unclassified drugs		12/6/17
J3590	Unclassified biologics		12/1/19
J3591	Unclassified drug or biologic used for ESRD on dialysis		5/1/20
J7170	Injection, emicizumab-kxwh, 0.5 mg	Hemlibra	5/1/20
J7175	Injection, factor X, (human), 1 IU	Coagadex	5/1/20

*Please note that AmeriHealth Caritas Florida only reimburses provider-administered drugs for which the manufacturer has a Florida rebate agreement.

HCPCS Codes Requiring Prior Authorization

Code	Procedure Code Definition	Brand Name	Added
J7177	Injection, human fibrinogen concentrate, 1 mg	Fibryga	5/1/20
J7179	Injection, von Willebrand factor (recombinant), 1 IU vWF:RCO	Vonvendi	5/1/20
J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU	Corifact	5/1/20
J7181	Injection, factor XIII A-subunit (recombinant), per IU	Tretten	5/1/20
J7182	Injection, factor VIII (antihemophilic factor, recombinant), per IU	Novoeight	5/1/20
J7183	Injection, von Willebrand factor complex (human), 1 IU vWF:RCO	Wilate	5/1/20
J7185	Injection, factor VIII (antihemophilic factor, recombinant), per IU	Xyntha	5/1/20
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII IU	Alphanate	5/1/20
J7187	Injection, von Willebrand factor complex, per IU vWF:RCO	Humate-P	5/1/20
J7188	Injection, factor VIII (antihemophilic factor, recombinant), per IU	Obizur	5/1/20
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	NovoSeven RT	5/1/20
J7190	Factor VIII (antihemophilic factor, human), per IU	Monoclate-P	5/1/20
J7191	Factor VIII (antihemophilic factor, porcine), per IU	Hyate-C	5/1/20
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, NOS	Recombinate	5/1/20
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	Mononine	5/1/20
J7194	Factor IX complex, per IU	Bebulin or Profilnine SD	5/1/20
J7195	Injection, factor IX (antihemophilic factor, recombinant) per IU, NOS	BeneFix	5/1/20
J7196	Injection, antithrombin recombinant, 50 IU	Proplex-T	5/1/20
J7197	Antithrombin III (human), per IU	Thrombate III	5/1/20
J7198	Anti-inhibitor, per IU	Feiba	5/1/20
J7199	Hemophilia clotting factor, not otherwise classified (NOC)		5/1/20
J7200	Injection, factor IX, (antihemophilic factor, recombinant), per IU	Rixubis	5/1/20
J7201	Injection, factor IX, Fc fusion protein, (recombinant), 1 IU	Alprolix	5/1/20
J7202	Injection, factor IX, albumin fusion protein, (recombinant), 1 IU	Idelvion	5/1/20
J7203	Injection, factor IX, (antihemophilic factor, recombinant), glycopegylated, 1 IU	Rebinyn	5/1/20
J7205	Injection, factor VIII Fc fusion protein (recombinant), per IU	Eloctate	5/1/20
J7207	Injection, factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU	Adynovate	5/1/20
J7208	Injection, factor VIII, (antihemophilic factor, recombinant), PEGylated-aucI, 1 IU	Jivi	7/1/19
J7209	Injection, factor VIII, (antihemophilic factor, recombinant), 1 IU	Nuwiq	5/1/20
J7210	Injection, factor VIII, (antihemophilic factor, recombinant), 1 IU	Afstyla	5/1/20
J7211	Injection, factor VIII, (antihemophilic factor, recombinant), 1 IU	Kovaltry	5/1/20

*Please note that AmeriHealth Caritas Florida only reimburses provider-administered drugs for which the manufacturer has a Florida rebate agreement.

HCPCS Codes Requiring Prior Authorization

Code	Procedure Code Definition	Brand Name	Added
J7308	Aminolevulinic acid HCL for topical administration, 20%, single unit dosage form, 354 mg	Levulan	5/1/20
J7309	Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 g	Metvixia	5/1/20
J7311	Fluocinolone acetonide implant	Fluocinolone Acetonide	1/7/18
J7312	Dexamethasone	Ozurdex	12/6/17
J7313	Fluocinolone acetonide	Iluvien	12/6/17
J7324	Orthovisc injection per dose/hyaluronan derivative	Orthovisc	12/6/17
J7325	Hyaluron or derivative, 1 mg	Synvisc or Synvisc-One	12/6/17
J7326	Hyaluronan or derivative, for intra-articular injection, per dose	Gel-One	5/1/20
J7331	Hyaluronan or derivative, for intra-articular injection, 1 mg	Synjojnt	10/1/19
J7332	Hyaluronan or derivative, for intra-articular injection, 1 mg	Triluron	10/1/19
J7336	Capsaicin 8% patch, per sq cm	Qutenza	5/1/20
J7342	Instillation, ciprofloxacin otic suspension, 6 mg	Otiprio	5/1/20
J7345	Aminolevulinic acid HCL for topical administration, 10% gel, 10 mg	Ameluz	5/1/20
J7659	Isoproterenol HCL, inhalation solution, FDA-approved final product, non-compounded, administered through durable medical equipment (DME), unit dose form, per mg	Isuprel	5/1/20
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	Provocholine	5/1/20
J7677	Reverfenacin inhalation solution, FDA-approved final product, non-compounded, administered through DME, 1 mcg		7/1/19
J9000	Doxorubicin HCL injection	Adriamycin PFS, Adriamycin RDF, Rubex	12/6/17
J9015	Aldesleukin, per single-use vial		1/7/18
J9019	Asparaginase, 1,000 enzyme units (U)	Erwinaze	1/9/18
J9022	Atezolizumab injection, 10 mg		1/7/18
J9025	Azacitidine injection	Vidaza	12/6/17
J9027	Clofarabine injection	Clofarabine	1/7/18
J9030	BCG live intravesical instillation, 1 mg		5/1/20
J9032	Injection, belinostat, 10 mg		1/7/18
J9034	Bendamustine injection, 1 mg	Bendeka	1/7/18
J9035	Bevacizumab injection	Avastin	12/6/17
J9036	Injection, bendamustine HCL, 1 mg	Belrapzo	7/1/19
J9039	Blinatumomab injection, 1 mcg	Blincyto	12/6/17
J9040	Bleomycin sulfate injection	Blenoxane	12/6/17
J9041	Bortezomib injection	Velcade	12/6/17
J9042	Brentuximab vedotin injection	Adcentris	12/6/17

*Please note that AmeriHealth Caritas Florida only reimburses provider-administered drugs for which the manufacturer has a Florida rebate agreement.

HCPCS Codes Requiring Prior Authorization

Code	Procedure Code Definition	Brand Name	Added
J9043	Cabazitaxel	Jevtana	1/7/18
J9044	Injection, bortezomib, not otherwise specified (NOS), 0.1 mg		4/1/19
J9045	Injection, carboplatin, 50 mg		5/1/20
J9047	Injection, carfilzomib, 1 mg	Kyprolis	12/6/17
J9050	Carmustine injection		1/7/18
J9055	Cetuximab injection	Erbitux	12/6/17
J9057	Injection, copanlisib, 1 mg	Aliqopa	5/1/20
J9060	Injection, cisplatin, powder or solution, 10 mg	Platinol-AQ	5/1/20
J9065	Injection, cladribine, per 1 mg	Leustatin	5/1/20
J9120	Dactinomycin injection	Actinomycin-D	12/6/17
J9130	Dacarbazine injection, 100 mg	DTIC-Dome	12/6/17
J9150	Daunorubicin		1/7/18
J9151	Daunorubicin citrate, liposomal formulation		1/7/18
J9153	Injection, liposomal, daunorubicin/cytarabine 1 mg-2.27 mg	Vyxeos	5/1/20
J9155	Degarelix	Firmagon	12/6/17
J9165	Injection, diethylstilbestrol diphosphate, 250 mg		5/1/20
J9173	Injection, durvalumab, 10 mg		4/1/19
J9176	Elotuzumab injection, 1 mg	Empliciti	1/7/18
J9179	Eribulin mesylate injection	Halaven	12/6/17
J9185	Fludarabine phosphate injection	Fludara	12/6/17
J9199	Injection, gemcitabine HCL, 200 mg	Infugem	5/1/20
J9201	Gemcitabine HCL injection	Gemzar	12/6/17
J9202	Goserelin acetate implant	Zoladex	12/6/17
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Mylotarg	5/1/20
J9204	Injection, mogamulizumab-kpkc, 1 mg		10/1/19
J9207	Ixabepilone injection	Ixempra	12/6/17
J9210	Injection, emapalumab-lzsg, 1 mg		10/1/19
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg	Infergen	5/1/20
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Roferon-A	5/1/20
J9214	Interferon alfa-2b injection	Intron A	12/6/17
J9215	Injection, interferon, alfa-n3, (human leukocyte derived)	Alferon N	12/6/17
J9216	Injection, interferon, gamma-1b, 3 million units	Actimmune	5/1/20
J9217	Leuprolide acetate suspension	Lupron	12/6/17
J9219	Leuprolide acetate implant, 65 mg	Lupron Depot	5/1/20
J9226	Histrelin implant, 50 mg	Supprelin LA	1/7/18

*Please note that AmeriHealth Caritas Florida only reimburses provider-administered drugs for which the manufacturer has a Florida rebate agreement.

HCPCS Codes Requiring Prior Authorization

Code	Procedure Code Definition	Brand Name	Added
J9227	Injection, isatuximab-irfc, 10 mg		10/1/20
J9228	Ipilimumab injection	Yervoy	12/6/17
J9229	Injection, imotuzumab ozogamicin, 0.1 mg	Besponsa	5/1/20
J9245	Melphalan HCL, 50 mg		1/7/18
J9260	Methotrexate sodium, 50 mg	Rheumatrex	5/1/20
J9261	Nelarabine injection	Nelarabine	1/7/18
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg		1/7/18
J9263	Oxaliplatin, 0.5 mg		1/7/18
J9266	Pegaspargase, per single-dose vial		1/7/18
J9268	Pentostatin injection	Nipent	12/6/17
J9269	Injection, tagraxofusp-erzs, 10 mcg		10/1/19
J9271	Injection pembrolizumab	Keytruda	12/6/17
J9285	Injection, olaratumab, 10 mg	Lartruvo	5/1/20
J9299	Injection, nivolumab	Opdivo	12/6/17
J9301	Obinutuzumab, 10 mg		1/7/18
J9302	Ofatumumab, 10 mg		1/7/18
J9303	Panitumumab injection	Vectibix	12/6/17
J9304	Injection, pemetrexed, 10 mg	Pemfexy	10/1/20
J9305	Pemetrexed injection	Alimta	12/6/17
J9306	Injection, pertuzumab, 1mg	Perjeta	12/6/17
J9307	Pralatrexate injection	Pralatrexate	1/7/18
J9308	Injection, ramucirumab		1/7/18
J9309	Injection, polatuzumab vedotin-ppiq, 1 mg	Polivy	5/1/20
J9310	Rituximab injection	Rituxan	12/6/17
J9311	Injection, rituximab, 10 mg, and hyaluronidase		4/1/19
J9312	Injection, rituximab, 10 mg		4/1/19
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg		10/1/19
J9315	Romidepsin, 1 mg		1/7/18
J9320	Streptozocin, 1mg		1/7/18
J9328	Temozolomide injection	Temozolomide	1/7/18
J9330	Tensirolimus injection	Tensirolimus	1/7/18
J9340	Thiotepa, 15 mg		1/7/18
J9351	Topotecan injection	Hycamtin	12/6/17
J9352	Injection, trabectedin, 0.1 mg	Yondelis	5/1/20
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Kadcyla	12/6/17

*Please note that AmeriHealth Caritas Florida only reimburses provider-administered drugs for which the manufacturer has a Florida rebate agreement.

HCPCS Codes Requiring Prior Authorization

Code	Procedure Code Definition	Brand Name	Added
J9355	Trastuzumab injection	Herceptin	12/6/17
J9356	Injection, trastuzumab, 10 mg, and hyaluronidase-oysk		7/1/19
J9371	Injection, vincristine sulphate, 1 mg	Marqibo	12/6/17
J9390	Vinorelbine tartrate injection	Navelbine	12/6/17
J9395	Injection, fulvestrant	Faslodex	12/6/17
J9400	Injection, Ziv-Aflibercept, 1 mg	Ziv-Aflibercept	1/7/18
J9600	Injection, porfimer sodium, 75 mg	Photofrin	5/1/20
J9999	Antineoplastic drugs, NOC		12/1/19
NOC/ J3490	Oncasemnogene abeparvovec-xioi, multiple strength kits	Zolgensma	5/1/20
Q0515	Injection, sermorelin acetate, 1 mcg	Geref Diagnostic	5/1/20
Q2017	Teniposide, 50 mg		1/7/18
Q2026	Injection, Radiesse, 0.1 ml	Radiesse	5/1/20
Q2041	Axicabtagene ciloleucel CAR+	Yescarta	5/1/20
Q2042	Tisagenlecleucel CAR+ T	Kymriah	5/1/20
Q2043	Sipuleucel-T minimum, 50 million autologous		1/7/18
Q2049	Doxorubicin HCL liposomal imported, 10 mg	Lipodox	1/7/18
Q2050	Doxorubicin HCL liposomal NOS, 10 mg		1/7/18
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Avonex	5/1/20
Q4186	Epifix, per sq cm		4/1/19
Q4187	Epicord, per sq cm		4/1/19
Q4205	Membrane graft or membrane wrap, per sq cm		10/1/19
Q4208	Novafix, per sq cm		10/1/19
Q4209	SurGraft, per sq cm		10/1/19
Q4210	Axolotl Graft or Axolotl DualGraft, per sq cm		10/1/19
Q4211	Amnion Bio or AxoBioMembrane, per sq cm		10/1/19
Q4212	AlloGen, per cc		10/1/19
Q4213	Ascent, 0.5 mg		10/1/19
Q4214	Cellesta Cord, per sq cm		10/1/19
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg		10/1/19
Q4216	Artacent Cord, per sq cm		10/1/19
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm		10/1/19
Q4218	SurgiCORD, per sq cm		10/1/19
Q4219	SurgiGRAFT-DUAL, per sq cm		10/1/19
Q4220	BellaCell HD or Surederm, per sq cm		10/1/19

*Please note that AmeriHealth Caritas Florida only reimburses provider-administered drugs for which the manufacturer has a Florida rebate agreement.

HCPCS Codes Requiring Prior Authorization

Code	Procedure Code Definition	Brand Name	Added
Q4221	Amnio Wrap2, per sq cm		10/1/19
Q4222	ProgenaMatrix, per sq cm		10/1/19
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm		10/1/19
Q4249	Amnipliy, for topical use only, per sq cm		10/1/20
Q4250	AmnioAmp-MP, per sq cm		10/1/20
Q4254	NovaFix DL, per sq cm		10/1/20
Q4255	REGUaRD, for topical use only, per sq cm		10/1/20
Q5101	Filgastrim-sndz	Zarxio	12/6/17
Q5103	Injection, infliximab-dyyb, biosimilar, 10 mg	Inflectra	5/1/20
Q5104	Injection, infliximab-abda, biosimilar, 10 mg	Renflexis	5/1/20
Q5107	Injection, bevacizumab-awwb, biosimilar, 10 mg	Mvasi	5/1/20
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, 0.5 mg	Fulphila	5/1/20
Q5109	Injection, infliximab-qbtx, biosimilar, 10 mg	Ixifi	5/1/20
Q5110	Injection, filgrastim-aafi, biosimilar, 1 mcg	Nivestym	5/1/20
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, 0.5 mg	Udenyca	5/1/20
Q5112	Injection, trastuzumab-dttb, biosimilar, 10 mg	Ontruzant	7/1/19
Q5113	Injection, trastuzumab-pkrb, biosimilar, 10 mg	Herzuma	7/1/19
Q5114	Injection, trastuzumab-dkst, biosimilar, 10 mg	Ogivri	7/1/19
Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	Truxima	7/1/19
Q5116	Injection, trastuzumab-qyyp, biosimilar, 10 mg	Trazimera	10/1/19
Q5117	Injection, trastuzumab-anns, biosimilar, 10 mg	Kanjinti	10/1/19
Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg		10/1/19
Q9957	Perflutren lipid microspheres, per ml		5/1/20
S0080	Pentamidine isethionate, 300 mg		5/1/20
S0145	Injection, PEGylated interferon alfa-2a, 180 mcg per ml	Pegasys	5/1/20
S0148	Injection, pegylated interferon alfa-2b, 10 mcg	Peglntron	5/1/20
S0189	Testosterone pellet, 75 mg	Testopel	5/1/20

*Please note that AmeriHealth Caritas Florida only reimburses provider-administered drugs for which the manufacturer has a Florida rebate agreement.