

## SPECIALTY MEDICATIONS THAT REQUIRE PRIOR AUTHORIZATION

MEDICATION	CODE	APPROVAL PROCESS
17 Hydroxy Progesterone	J2675	Requires a prior auth by the UM Department
Advate (factor VIII)	J7192	Requires a prior auth by the UM Department
Aranesp (Darbepoetin)	J0881	Requires a prior auth by the Pharmacy Department
Boniva injectable	J1740	Requires a prior auth by the UM Department
Cimzia	J0718	Requires a prior auth by the UM Department
Enbrel	J1438	Requires a prior auth by the Pharmacy Department
Epogen	J0885 J0886	Requires a prior auth by the Pharmacy Department
Erbitux	J0955	Requires a prior auth by the UM Department
Herceptin	J9355	Requires a prior auth by the UM Department
Humera Pen	J0135	Requires a prior auth by the Pharmacy Department
Infed Infusion/Iron Dextran	J1750	Requires a prior auth by the UM Department
Invanz IV Infusion	J1335	Requires a prior auth by the UM Department
Lucentis	J2778	Requires a prior auth by the UM Department
Lupron Injection	J1950	Requires a prior auth by the Pharmacy Department
Neulasta	J2505	Requires a prior auth by the Pharmacy Department
Neupogen Injection	J1441 J1440	Requires a prior auth by the Pharmacy Department
Orencia	J0129	Requires a prior auth by the Pharmacy Department
Procrit Injection	J0885 J0886 Q0136	Requires a prior auth by the Pharmacy Department
Progesterone	S9560	Requires a prior auth by the UM Department
Reclast	J3488	Requires a prior auth by the Pharmacy Department
Remicade Infusion	J1745	Requires a prior auth by the UM Department
RhoGAM	J2792	Requires a prior auth by the Pharmacy Department
Rituxan	J9310	Requires a prior auth by the UM Department
Synagis Injectable	J3490 C9003	Requires a prior auth by the Pharmacy Department
Tygacil	J3243	Requires a prior auth by the UM Department
Tysabri	J2323	Requires a prior auth by the Pharmacy Department
Xyntha	J7192	Requires a prior auth by the UM Department
Zometa	J3487	Requires a prior auth by the UM Department

### Pharmacy Prior Authorization

To obtain prior authorization, complete a specialty prior authorization form and fax to Caremark Connect at 1-800-323-2445 with supporting medical information. The form is available on the THC website at [www.totalhealthcareonline.com](http://www.totalhealthcareonline.com): select Providers, scroll down to the Pharmacy-Prior Authorization Forms. THC's specialty medications are provided by CVS/Caremark Specialty Pharmacy and will be processed to ship to either the member or provider. You may reach the pharmacy department at 313-871-2000 or 1-800-826-2862, if you have any questions.

### UM Department Prior Authorization

To obtain prior authorization, fax a letter of medical necessity including clinical information with diagnosis and procedure codes to 313-871-3471. You may reach the UM Department at 313-871-2000 or 1-800-826-2862, if you have any questions.