

## **HAP CareSource Medicaid Medical Drug Review Guidelines**

### **Coverage Criteria for Medical Drugs**

(Coverage approved in alignment with the MDHHS Practitioner and Medical Clinic Fee Schedule with validation of diagnosis and appropriate dosing)

Diagnosis: Documented diagnosis in alignment with current FDA-approved uses and product labeling

Dosing: Dosing is appropriate based on current product labeling

Documentation Requirements: Clinical documentation to support

Duration of Approval:

- Initial Authorization: 1 year
- Continuation of Therapy: 1 year

See attached list for Codes/Descriptions for medical drugs that require authorization.

**HAP CareSource Medicaid  
Services that Require Prior Authorization List (Medical Drugs)**

<b>Code</b>	<b>Description</b>
J0129	INJECTION, ABATACEPT, PER 10 MG
J0135	INJECTION, ADALIMUMAB, 20 MG
J0172	Injection, aducanumab-awwa, 2 mg
J0178	INJECTION, AFLIBERCEPT, 1 mg
J0180	INJECTION, AGALSIDASE BETA, 1 MG
J0185	Injection, aprepitant, 1 mg
J0202	Injection, alemtuzumab, 1 mg
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg
J0222	Injection, Patisiran, 0.1 mg
J0490	INJECTION, BELIMUMAB, 10 MG
J0491	Injection, anifrolumab-fnia, 1 mg
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG
J0565	Injection, bezlotoxumab, 10 mg
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS
J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS
J0612	Injection, calcium gluconate (fresenius kabi), per 10 mg
J0613	Injection, calcium gluconate (wg critical care), per 10 mg
J0638	INJECTION, CANAKINUMAB, 1 MG
J0717	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS
J0739	Injection, cabotegravir, 1 mg
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS
J0879	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)
J1290	INJECTION, ECALLANTIDE, 1 MG
J1300	INJECTION, ECULIZUMAB, 10 MG
J1302	Injection, sutimlimab-jome, 10 mg

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Code	Description
J1303	Injection, ravulizumab-cwvz, 10 mg
J1306	Injection, inclisiran, 1 mg
J1325	INJECTION, EPOPROSTENOL, 0.5 MG
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMIN UNDER DIRECT SUPERVI OF A PHYSICIAN, NOT SELF ADMINIS
J1449	Injection, eflapegrastim-xnst, 0.1 mg
J1458	INJECTION, GALSULFASE, 1 MG
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC
J1551	Injection, immune globulin (cutaquist), 100 mg
J1555	Injection, immune globulin (cuvitru), 100 mg
J1556	Injection, immune globulin (bivigam), 500 mg
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID), 500 MG
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG
J1602	Injection, golimumab, 1 mg, for intravenous use
J1627	Injection, granisetron, extended-release, 0.1 mg
J1628	Injection, guselkumab, 1 mg
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg

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J1743	INJECTION, IDURSULFASE, 1 MG
J1744	Injection, icatibant, 1 mg
J1745	INJECTION, INFLIXIMAB, 10 MG
J1746	Injection, ibalizumab-uiyk, 10 mg
J1747	Inj, spesolimab-sbzo, 1 mg
J1786	INJECTION, IMIGLUCERASE, 10 UNITS
J1830	INJECTION, INTERFERON BETA-LB, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMIN UNDER DIRECT SUPERV OF PHYS, NOT SELF ADMIN
J1931	INJECTION, LARONIDASE, 0.1 MG
J2170	INJECTION, MECASERMIN, 1 MG
J2182	Injection, mepolizumab, 1 mg
J2278	INJECTION, ZICONOTIDE, 1 MICROGRAM
J2323	INJECTION, NATALIZUMAB, 1 MG
J2350	Injection, ocrelizumab, 1 mg
J2356	Injection, tezepelumab-ekko, 1 mg
J2357	INJECTION, OMALIZUMAB, 5 MG
J2403	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg
J2469	INJECTION, PALONOSETRON HCL, 25 MCG
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG
J2507	INJECTION, PEGLOTICASE, 1 MG
J2777	Injection, faricimab-svoa, 0.1 mg
J2778	INJECTION, RANIBIZUMAB, 0.1 MG
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg
J2786	Injection, reslizumab, 1 mg
J2793	INJECTION, RILONACEPT, 1 MG
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS
J2797	Injection, rolapitant, 0.5 mg
J2840	Injection, sebelipase alfa, 1 mg
J2941	INJECTION, SOMATROPIN, 1 MG
J2998	Injection, plasminogen, human-tvmh, 1 mg

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<b>Code</b>	<b>Description</b>
J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J3032	'Injection, eptinezumab-jjmr, 1 mg
J3060	Injection, taliglucerase alfa, 10 units
J3111	Injection, romosozumab-aqqg, 1 mg
J3285	INJECTION, TREPROSTINIL, 1 MG
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
J3316	Injection, triptorelin, extended-release, 3.75 mg
J3357	INJECTION, USTEKINUMAB, 1 MG
J3358	Ustekinumab, for intravenous injection, 1 mg
J3380	Injection, vedolizumab, 1 mg
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS
J3397	Injection, vestronidase alfa-vjbc, 1 mg
J3590	UNCLASSIFIED BIOLOGICS
J7170	Injection, emicizumab-kxwh, 0.5 mg
J7175	Injection, factor x, (human), 1 i.u.
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco
J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.
J7181	Injection, factor xiii a-subunit, (recombinant), per iu
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO
J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT),
J7190	FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (HUMAN)), PER I.U.
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR (RECOMBINANT)), PER I.U.
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER IU

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<b>Code</b>	<b>Description</b>
J7194	FACTOR IX, COMPLEX, PER I.U.
J7195	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU
J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.
J7197	ANTITHROMBIN III (HUMAN), PER I.U.
J7198	ANTI INHIBITOR, PER I.U.
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
J7201	Injection, factor ix, fc fusion protein (recombinant), per iu
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu
J7205	Injection, factor viii fc fusion (recombinant), per iu
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.
J7294	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each
J7316	Injection, ocriplasmin, 0.125 mg
J7336	Capsaicin 8% patch, per square centimeter
J8655	Netupitant 300 mg and palonosetron 0.5 mg
J9210	Injection, emapalumab-lzsg, 1 mg
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG
J9332	Injection, efgartigimod alfa-fcab, 2mg
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg
Q5129	Inj. vegzelma, 10 mg

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<b>Code</b>	<b>Description</b>
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg
Q5131	Inj, idacio, 20 mg