

Reminder: Prior Authorization Needed For Select Specialty Injectable Drugs

With the recent release of new J-codes for office-based injectable medications for 2010, Fidelis Care would like to inform you of our policy and procedure for these medications

Effective March 1, 2010, the biologics listed on page 2 and 3 will require prior authorization in order to receive payment from Fidelis Care. Fidelis Care will review each request for safety and appropriateness in the treatment plan, based on guidelines from nationally recognized professional organizations. As a result of this change, Fidelis Care will be able to provide better value to our members through management of both quality and cost.

Most of the therapies listed are rarely used and should, therefore, have a minor impact on most practices. The standard injectable therapies for **Rheumatoid Arthritis** and **Multiple Sclerosis** are included. Please review the attached list of medications and their corresponding J-codes for items you may be using in your practice. Authorizations of these drugs are not required when they are indicated for treatment of cancer. Authorizations are only required when these drugs are being used for non-oncology related diagnoses.

If you have a patient for whom you are initiating treatment with one of these drugs after March 1st, preauthorization will be required. If you have a patient who is currently receiving one of these agents, a prior authorization will also be required before his/her next prescription after March 1, 2010.

Starting March 1, 2010, please complete an authorization form for each patient and fax it to 877-533-2405. Fidelis Care will notify you of the determination for your request within 3-5 business days of receipt.

You will need to obtain prior authorization so that you will receive payment for these services.

For additional information about the Fidelis Care Formulary, visit our Web site at www.fideliscare.org or call the Pharmacy Services Department at 1-888-FIDELIS (1-888-343-3547) and follow the appropriate prompts (Providers, Authorizations, Pharmacy).

Thank you for your cooperation. We look forward to continue working with you to provide your patients and our members with quality, cost-effective care.

Rheumatoid Arthritis:

	Brand	Generic	J-code
<u>Intravenous</u>			
	Cimzia	certolizumab	J0718
	Orencia	abatacept	J0129
	Remicade	infliximab	J1745
	Rituxan	rituxamab	J9310
	Actemra	tocilizumab	J3490
<u>Subcutaneous</u>			
	Enbrel	etanercept	J1438
	Humira	adalimumab	J0135
	Simponi	golimumab	J3490
	Kineret	anakinra	J3590
<u>Intramuscular</u>			
	Amevive	alefacept	J0215

Multiple Sclerosis:

	Brand	Generic	J-code(s)
<u>Intravenous</u>	Tysabri	natalizumab	J2323
	Novantrone	mitoxantrone	J9293
	Leustatin	cladribine	J9065
	Cytosan	cyclophosphamide	J9090, J9091, J9092
	All	immune globulin	J1561, J1566, J1568, J1569
<u>Subcutaneous</u>	Betaseron	interferon beta-1b	J1820
	Copaxone	glatiramer	J1595
	Rebif	interferon beta-1a	J1825
<u>Intramuscular</u>	Avonex	interferon beta-1a	J1825

Other:

Brand	Generic	Diagnosis	J-code
Fabrazyme	algalsidase beta	Fabry Disease	J0180
Ceredase	alglucerase	Gaucher Disease	J0205
Amevive	alefacept	Psoriasis	J0215
Myozyme	alglucosidase	Pompe Disease	J0220
Botox	botulinumtoxin A	Hyperhydrosis	J0585
Myobloc	rimabotulinumtoxin B	Cervical Dystonia	J0586,0587
Cinryze	C1 Esterase Inh.	C1 Deficiency	J0598
Cimzia	certolizumab	Rheumatoid Arthritis	J0718
Soliris	eculizumab	Paroxysmal nocturnal hemoglobinuria (PNH)	J1300
Flolan	epoprostenol	Pulm. art. hypertension	J1325
Carimune(Multiple)	IV immune Glob	Idiopathic Thrombocytopenic Purpura (ITP), Various	J1459,1460,1561,1566 1568,1569,1572
Naglazyme	galsulfase	Maroteaux-Lamy Synd	J1468
Vivaglobulin	immunoglobulin SQ	immune disorders	J1562
Boniva	ibandronate	Osteoporosis	J1740
Elaprase	idursulfase	Hunter Syndrome	J1743
Cerezyme	imiglucerase	Gaucher Disease	J1785
Somatuline	lanreotide	Acromegaly	J1930
Aldurazyme	laronidase	Mucopolysaccharidosis(MPS1)	J1931
Increlex	mecasermin	IGF-1 Deficiency	J2170
Macugen	pegaptanib	Macular Degeneration	J2503
Mozobil	plerixafor	Colony Stim. Factor	J2562
Stimate	desmopressin acetate	Von-Willebrand's disease	J2597
Lucentis	ranibizumab	Macular Degeneration	J2778
Arcalyst	rilonacept	Cryopyrin-Associated Periodic Syndromes (CAPS, FCAS, MWS)	J2793
Nplate	romiplostim	ITP	J2796
Thyrogen	thyrotropin alfa	Thyroid Cancer Diag.	J3240

Remodulin	treprostinil	Pulm. Art. Hypertension	J3285
Visudyne	verteporfin	Macular Degeneration	J3396
Reclast	zoledroic acid	Pagets Disease	J3488
Actemra	tocilizumab	Rheumatoid Arthritis	J3490, J3590
Ozurdex	Dexamethasone	macular edema	J3490
Beriner	C-1 esterase inh	Hereditary angioedema	J3490
Somavert	pegvisomant	Acromegaly	J3590
Xyntha	Factor VIII	Hemophilia	J7185
Humate P	antihemolytic factor	Von-Willebrand's Disease	J7187
Novoseven	coagulant factor VIIa	hemophilia	J7189
Multiple(Human)	antihemolytic factor	Hemolytic anemia	J7190
Multiple(Recomb.)	antihemolytic factor	Hemolytic anemia	J7192
Alphanine, Mononine	factor IX	Hemolytic anemia	J7193
Multiple	factor IX complex	Hemolytic anemia	J7194
Benefix	factor IX recomb	Hemolytic anemia	J7195
Feiba VH, Autoplex T	anti-inhib. coag. cmplx	hemophilia	J7198
Multiple	Hyaluronic acid	osteoarthritis of Knee	J7321,7323,7324
Sinvisc-one	hyaluronan	osteoarthritis	J7325
Avastin	bevacizumab	non-oncology only	J9035
Actimmune	interferon gamma	Pulm. Fibrosis	J9216
Vantas, Supprelin LA	histrilin	Precocious Puberty	J9225,9226
Ventavis	Iloprost	Pulm. Art. Hypertension(PAH)	Q4074