

**FIDELIS CARE NEW YORK – DEPARTMENT OF PHARMACY SERVICES**  
**J-Code Prior Authorizations & Required Clinical Information**  
 Medicare Advantage and Dual Advantage

Brand	Generic	J-Code	Covered Uses	Required Medical Information and Criteria
<b>Depo-Provera</b>	Medroxyprogesterone	J1050	Endometrial cancer Renal cancer	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> </ul>
<b>Lioresal</b>	Baclofen intrathecal	J0476	Spasticity	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>•</li> <li>• (L28529 is marked as “retired” no new article linked to article or drug name)</li> </ul>
<b>Botox</b>	Onabotulinum toxinA	J0585	Spasticity/dystonia Blepharospasm Achalasia Anal fissure Primary axillary hyperhidrosis Sialorrhea Urinary incontinence Headache/migraine	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Medical history for diagnosis of spasticity detailing primary cause</li> <li>• Previous trial of conventional therapy for diagnosis of achalasia and anal fissure</li> <li>• Medical records detailing severity of hyperhidrosis and previous trial of conventional topical therapy</li> <li>• Medical history for diagnosis of sialorrhea and previous trial of conventional therapy (eg., anticholinergics and speech therapy)</li> <li>• Previous trial with an anticholinergic medication for overactive bladder, detrusor over activity related to a neurologic condition</li> <li>• Previous trial of conventional agents for diagnosis of headache/migraine with <math>\geq 15</math> headaches per month with <math>\geq 4</math> hours/day duration for <math>\geq 3</math> months</li> <li>• For additional information, please refer to local coverage determination article, L33646, on the CMS coverage database website</li> </ul>

Brand	Generic	J-Code	Covered Uses	Required Medical Information and Criteria
<b>Dysport</b>	Abobotulinum toxinA	J0586	Spasticity/dystonia Blepharospasm Achalasia Anal fissure Sialorrhea Urinary incontinence Headache/migraine	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Medical history for diagnosis of spasticity detailing primary cause</li> <li>• Previous trial of conventional therapy for diagnosis of achalasia and anal fissure</li> <li>• Medical history for diagnosis of sialorrhea and previous trial of conventional therapy (eg., anticholinergics and speech therapy)</li> <li>• Previous trial with an anticholinergic medication for overactive bladder, detrusor over activity related to a neurologic condition</li> <li>• Previous trial of conventional agents for diagnosis of headache/migraine with <math>\geq 15</math> headaches per month with <math>\geq 4</math> hours/day duration for <math>\geq 3</math> months</li> <li>• For additional information, please refer to local coverage determination article, L33646, on the CMS coverage database website</li> </ul>
<b>Myobloc</b>	Rimabotulinum toxinB	J0587	Spasticity/dystonia Blepharospasm Achalasia Anal fissure Primary axillary hyperhidrosis Sialorrhea Urinary incontinence Headache/migraine	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Medical history for diagnosis of spasticity detailing primary cause</li> <li>• Previous trial of conventional therapy for diagnosis of achalasia and anal fissure</li> <li>• Medical records detailing severity of hyperhidrosis and previous trial of conventional topical therapy</li> <li>• Medical history for diagnosis of sialorrhea and previous trial of conventional therapy (eg., anticholinergics and speech therapy)</li> <li>• Previous trial with an anticholinergic medication for overactive bladder, detrusor over activity related to a neurologic condition</li> <li>• Previous trial of conventional agents for the diagnosis of headache/migraine with <math>\geq 15</math> headaches per month with <math>\geq 4</math> hours/day duration for <math>\geq 3</math> months</li> <li>• For additional information, please refer to local coverage determination article, L33646, on the CMS coverage database website</li> </ul>

Brand	Generic	J-Code	Covered Uses	Required Medical Information and Criteria
<b>Xeomin</b>	Incobotulinum toxin A	J0588	Spasticity/dystonia Blepharospasm Achalasia Anal fissure Sialorrhea Urinary incontinence Headache/migraine	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Medical history for diagnosis of spasticity detailing primary cause</li> <li>• Previous trial of conventional therapy for diagnosis of achalasia and anal fissure</li> <li>• Medical history for diagnosis of sialorrhea and previous trial of conventional therapy (eg., anticholinergics and speech therapy)</li> <li>• Previous trial with an anticholinergic medication for overactive bladder, detrusor over activity related to a neurologic condition</li> <li>• Previous trial of conventional agents for headache/migraine with <math>\geq 15</math> headaches per month with <math>\geq 4</math> hours/day duration for <math>\geq 3</math> months</li> <li>• For additional information, please refer to local coverage determination article, L33646, on the CMS coverage database website</li> </ul>
<b>Novarel Pregnyl</b>	Chorionic gonadotropin	J0725	Diagnostic purposes	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• For additional information, please refer to national coverage determination article, 190.27, on the CMS coverage database website</li> </ul>
<b>Prolia Xgeva</b>	Denosumab	J0897	<b>Prolia:</b> Postmenopausal osteoporosis Osteoporosis in men To increase bone mass in men receiving androgen deprivation therapy To increase bone mass in women receiving aromatase inhibitor therapy <b>Xgeva:</b> Osteoporosis in patients with significant renal failure where treatment with bisphosphonate is not indicated	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Patients age, sex, menopausal status (for female beneficiaries)</li> <li>• Medical history of osteoporotic fracture or risk factors for fractures</li> <li>• Renal function tests, calcium levels. Concurrent calcium and vitamin D treatment if indicated</li> <li>• Previous medication trials and outcomes</li> <li>• Documented corresponding cancer and use of chemotherapy agent if applicable</li> <li>• For additional information, please refer to local coverage determination article, A52399, on the CMS coverage database website</li> </ul>

			<b>Xgeva:</b>  Bone metastases from solid tumors Unresectable giant cell tumor of bone Hypercalcemia of malignancy refractory to bisphosphonate therapy	
--	--	--	---	--

Brand	Generic	J-Code	Covered Uses	Required Medical Information and Criteria
<b>Privigen</b> <b>Bivigam</b> <b>Gammaplex</b> <b>Gamunex</b> <b>Carimune</b> <b>Octagam</b> <b>Gammagard</b> <b>Flebogamma</b>	IV immune Globulin	J1459 J1556 J1557 J1561 J1566 J1568 J1569 J1572 J1599	Primary humoral immunodeficiency Recurrent severe infection and documented severe deficiency or absence of IgG subclass Deficiency of humoral immunity Immune thrombocytopenic purpura Chronic lymphocytic leukemia with associated hypogammaglobulinemia Symptomatic HIV <13 years who are immunologically abnormal with CD4+ count of $\geq 200/\text{mm}^3$ Bone marrow/stem cell transplantation Solid organ transplantation Kawasaki disease Chronic inflammatory demyelinating polyneuropathy Acute inflammatory demyelinating polyradiculoneuropathy, Guillain-Barre syndrome, myasthenia gravis multifocal motor neuropathy Autoimmune mucocutaneous blistering disease Scleromyxedema Humoral or vascular allograft rejection Hemolytic uremic syndrome Hemolytic anemia Polymyositis and dermatomyositis Sensitized renal transplant recipients Sepsis Kidney disease, IgA nephropathy Cytomegalovirus (CMV) infection von Willebrand disorder Uveitis	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Diagnostic testing results indicating treatment necessity for the condition</li> <li>• Patient weight, gamma globulin blood level results, IgG serum concentrations before and after treatment, anti-neutrophil antibodies, platelets</li> <li>• Diagnosis for primary humoral immunodeficiency: congenital agammaglobulinemia, common variable immunodeficiency, Wiskott-Aldrich syndrome, X-linked agammaglobulinemia, or severe combined immunodeficiency</li> <li>• CMV testing results for bone marrow/stem cell transplantation and solid organ transplantation diagnosis</li> <li>• Medical history for Kawasaki disease dx</li> <li>• Diagnosis for autoimmune mucocutaneous blistering disease, biopsy proven condition of pemphigus vulgaris, pemphigus foliaceus, bullous pemphigoid, mucous membrane pemphigoid, or epidermolysis bullosa acquisita</li> <li>• Previous trial with conventional therapy for diagnosis of autoimmune mucocutaneous blistering disease and scleromyxedema</li> <li>• Failed treatment with diazepam for diagnosis of stiff man syndrome</li> <li>• Approval for neurological illness varies dependent upon indication, medical record documentation, laboratory monitoring, and clinical monitoring</li> <li>• For additional information, please refer to local coverage article, A52446, on the CMS coverage database website</li> </ul>

			<p>Toxic shock syndrome Respiratory syncytial virus infection HIV-associated thrombocytopenia West Nile virus infection Treatment of post-transfusion purpura Autoimmune neutropenia Stiff man syndrome Recurrent-relapsing inflammatory optic neuropathy Auto immune retinopathy</p> <p>Pure red cell aplasia related to human parvovirus B19 infection</p>	
--	--	--	--	--

Brand	Generic	J-Code	Covered Uses	Required Medical Information and Criteria
<b>Boniva</b>	Ibandronate	J1740	Postmenopausal osteoporosis Bone metastasis Complication of transplant – osteoporosis Hypercalcemia of malignancy Paget’s disease Corticosteroid-induced osteoporosis Senile osteoporosis in male patients	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Medical reason why oral formulation cannot be used</li> <li>• For additional information, please refer to local coverage article, A52421, on the CMS coverage database website</li> </ul>
<b>Remicade</b>	Infliximab	J1745	Crohn’s disease Rheumatoid arthritis Psoriatic arthropathy Ankylosing spondylitis Ulcerative colitis Plaque psoriasis Adult onset Still's disease Hidradenitis suppurativa, severe, refractory Juvenile idiopathic arthritis (severe), refractory to other therapies Synovitis Uveitis, refractory; adjunct Wegener's granulomatosis, refractory, in combination with corticosteroids Sarcoid refractory to treatment with steroids and other standard drug regimens Takayasu's disease, refractory  Behcet’s disease with clinical manifestation	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Patient height and weight, tuberculin skin test results</li> <li>• Failed trials with conventional therapy depending on diagnosis</li> <li>• Diagnostic and monitoring test results indicating treatment necessity for the condition Concomitant use of methotrexate for dx of rheumatoid arthritis unless patient is intolerant to or has contraindications to methotrexate</li> <li>• For additional information, please refer to local coverage article, A52423, on the CMS coverage database website</li> </ul>

			Pyoderma gangrenosum with coexisting inflammatory bowel disease	
--	--	--	---	--



Brand	Generic	J-Code	Covered Uses	Required Medical Information and Criteria
			Moderate to severe persistent asthma Chronic idiopathic urticaria Latex allergy Peanut allergy	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Moderate to severe persistent asthma, chronic idiopathic urticarial in patients 12 years of age or above</li> <li>•</li> <li>• Diagnostic testing results appropriate for the condition under treatment</li> <li>• IgE levels or positive allergy tests</li> <li>• Failed trial with inhaled corticosteroids</li> <li>• Failed trial with conventional H1 antihistamine treatment. For additional information, please refer to local coverage article, A52448, on the CMS coverage database website</li> </ul>
<b>Xolair</b>	Omalizumab	J2357	Macular edema following retinal vein occlusion Diabetic macular edema Myopic choroidal neovascularization Neovascular (wet) age related macular degeneration Diabetic retinopathy	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• For additional information, please refer to local coverage article, A52451, on the CMS coverage database website</li> </ul>
<b>Lucentis</b>	Ranibizumab	J2778	Malignant tumor of thyroid gland for adjunct radioiodine ablation Diagnostic agent for malignant tumor of thyroid gland Monitoring recurrence of thyroid cancer	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• (A48211 is marked as “retired” no new article linked to it)</li> </ul>
<b>Thyrogen</b>	Thyrotropin alfa	J3240	Pulmonary arterial hypertension (WHO Group 1) Pulmonary arterial hypertension in patients requiring transition from epoprostenol sodium	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Patient weight</li> <li>• For additional information, please refer to local coverage determination article, (A50220 is marked as “retired” no new article linked to it) L33794, on the CMS coverage database website</li> </ul>

<b>Remodulin</b>	Treprostinil	J3285	Subfoveal choroidal neovascularization Age-related macular degeneration, associated with classic subfoveal choroidal neovascularization Histoplasmosis, ocular, presumed, associated with classic subfoveal choroidal neovascularization Myopia, pathologic, associated with classic subfoveal choroidal Neovascularization Central serous chorioretinopathy	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Diagnostic testing results indicating treatment necessity for the condition</li> <li>• For additional information, please refer to local coverage article, A52445, on the CMS coverage database website</li> </ul>
	Unclassified drugs; Unclassified biologics	J3490 J3590		<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> </ul>
	Laetrile Amygdalin	J3570	Non-covered benefit	<ul style="list-style-type: none"> <li>• For additional information, please refer to national coverage determination article, 30.7, on the CMS coverage database website</li> </ul>
<b>GenVisc Hyalgan Supartz Hymovis Euflexxa OrthoVisc Synvisc Synvisc- One</b>	Hyaluronic acid Sodium Hyaluronate Hyaluronan	J7320 J7321 J7322 J7323 J7324 J7325 J7326 J7327	Osteoarthritis of the knee or shoulder joint(s)	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Failed trial with conventional therapy or exercise/physical therapy</li> <li>• Medical records, imaging evidence to support the diagnosis of osteoarthritis</li> <li>• Synvisc-One limited to the diagnosis of osteoarthritis of the knee(s)</li> <li>• For additional information, please refer to local coverage article, A52420, on the CMS coverage database website</li> </ul>

Brand	Generic	J-Code	Covered Uses	Required Medical Information and Criteria
<b>Thymoglobulin</b>	Antithymocyte globulin	J7511 - -	Renal transplant rejection Graft versus host disease prophylaxis	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Concomitant use of standard immunosuppressive therapy</li> <li>• Patient weight</li> <li>• For additional information, please refer to local coverage determination article, L33824, national coverage determination section, 260.7, on the CMS coverage database website</li> </ul>
<b>Sandimmune</b>	Cyclosporine	J7516	Kidney, liver, and heart transplant rejection prophylaxis Graft versus host disease prophylaxis	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Concomitant use of adrenal corticosteroids for kidney, liver, and heart transplant</li> <li>• Patient weight,</li> <li>• For additional information, please refer to local coverage determination article, L33824, on the CMS coverage database website</li> </ul>
<b>CellCept</b>	Mycophenolate mofetil	J7517	Kidney, liver, and heart transplant rejection prophylaxis	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Concomitant use of cyclosporine and corticosteroids for transplant prophylaxis</li> <li>• Patient weight,</li> </ul> <p>For additional information, please refer to local coverage determination article, L33824, on the CMS coverage database website</p>
<b>Myfortic</b>	Mycophenolic acid	J7518	Kidney transplant rejection prophylaxis	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Concomitant use of cyclosporine and corticosteroids for transplant prophylaxis</li> <li>• Patient weight</li> <li>• For additional information, please refer to local coverage determination article, L33824, on the CMS coverage database website</li> </ul>

Brand	Generic	J-Code	Covered Uses	Required Medical Information and Criteria
<b>Rapamune</b>	Sirolimus	J7520	Kidney transplant rejection prophylaxis	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Patient weight</li> <li>• For additional information, please refer to local coverage determination article, L33824, on the CMS coverage database website</li> </ul>
<b>Prograf</b>	Tacrolimus	J7525	Heart, kidney, liver, pancreas transplant rejection prophylaxis	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Concomitant use of azathioprine or mycophenolate mofetil and adrenal corticosteroids for kidney transplant</li> <li>• Concomitant use of adrenal corticosteroids for liver and heart transplant</li> <li>• Patient weight, ??For additional information, please refer to local coverage determination article, L33824, on the CMS coverage database website</li> </ul>
<b>Afinitor</b>	Everolimus	J7527	Angiomyolipoma of kidney Breast cancer, hormone receptor positive, HER2 negative Liver transplant rejection prophylaxis Neuroendocrine tumor, gastrointestinal, lung or pancreatic Renal cell carcinoma, Renal transplant rejection prophylaxis Subependymal giant cell astrocytoma	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Concomitant use with exemestane after failure with letrozole or anastrozole for breast cancer</li> <li>• Failed trial with tyrosine kinase inhibitor (i.e. sunitinib or sorafenib) for renal cell carcinoma</li> <li>• For additional information, please refer to local coverage determination article, L33824, on the CMS coverage database website</li> </ul>
	Immunosuppressive drug not otherwise classified	J7599		<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• For additional information, please refer to local coverage determination article, L33824, on the CMS coverage database website</li> </ul>
	Levalbuterol comp	J7607	Non-covered benefit	<ul style="list-style-type: none"> <li>• For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>

<b>Mucomyst</b>	Acetylcysteine	J7608	Persistent thick or tenacious pulmonary secretions	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
	Albuterol comp	J7609 J7610	Non-covered benefit	<ul style="list-style-type: none"> <li>• For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
	Beclomethasone inhalation comp	J7622	Non-covered benefit	<ul style="list-style-type: none"> <li>• For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
	Betamethasone inhalation comp	J7624	Non-covered benefit	<ul style="list-style-type: none"> <li>• For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
	Budesonide inhalation	J7626	Obstructive pulmonary disease	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
	Bitolterol inhalation comp	J7629	Non-covered benefit	<ul style="list-style-type: none"> <li>• For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
	Budesonide inhalation	J7634	Non-covered benefit	<ul style="list-style-type: none"> <li>• For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
	Atropine inhalation comp	J7635 J7636	Non-covered benefit	<ul style="list-style-type: none"> <li>• For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
	Dexamethasone inhalation comp	J7637 J7638	Non-covered benefit	<ul style="list-style-type: none"> <li>• For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
<b>Pulmozyme</b>	Dornase alfa	J7639	Cystic fibrosis	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>

Brand	Generic	J-Code	Covered Uses	Required Medical Information and Criteria
	Flunisolide inhalation comp	J7641	Non-covered benefit	<ul style="list-style-type: none"> <li>For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
	Glycopyrrolate inhalation comp	J7642 J7643	Non-covered benefit	<ul style="list-style-type: none"> <li>For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
	Terbutaline inhalation comp	J7680 J7681	Non-covered benefit	<ul style="list-style-type: none"> <li>For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
	Triamcinolone inhalation comp	J7683 J7684	Non-covered benefit	<ul style="list-style-type: none"> <li>For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
	Tobramycin comp	J7685	Non-covered benefit	<ul style="list-style-type: none"> <li>For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
<b>Tyvaso</b>	Treprostinil inhalation	J7686	Pulmonary arterial hypertension	<ul style="list-style-type: none"> <li>Appropriate clinical documentation per indication</li> <li>Medical history of patient's symptoms and related diagnoses, pulmonary arterial pressure</li> <li>Failed therapy to conventional oral medications</li> <li>For additional information, please refer to local coverage determination article, L33370, on the CMS coverage database website</li> </ul>
	Antiemetic drug NOS	J8597		<ul style="list-style-type: none"> <li>Appropriate clinical documentation per indication</li> <li>For additional information, please refer to local coverage determination article, L33826, on the CMS coverage database website</li> </ul>
<b>Cesamet</b>	Nabilone	J8650	Refractory nausea and vomiting associated with cancer chemotherapy	<ul style="list-style-type: none"> <li>Appropriate clinical documentation per indication</li> <li>For additional information, please refer to local coverage determination article, L33827, on the CMS coverage database website</li> </ul>

Brand	Generic	J-Code	Covered Uses	Required Medical Information and Criteria
	Oral prescription drug NOS	J8999		<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• For additional information, please refer to local coverage determination article, L33826, on the CMS coverage database website</li> </ul>
<b>Vantas</b>	Histrelin implant	J9225	Palliative and adjuvant treatment of prostate cancer Precocious puberty for children	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• For additional information, please refer to local coverage article, A52453, on the CMS coverage database website</li> </ul>
<b>Rituxan</b>	Rituximab	J9310	Non-hodgkin's lymphoma Rheumatoid arthritis Acute lymphocytic leukemia Acquired blood factor deficiency Autoimmune hemolytic anemia B-cell lymphoma Central nervous system cancers – leptomeningeal metastases Chronic lymphoid leukemia, in combination for first-line treatment Chronic lymphoid leukemia, relapsed or refractory Evans syndrome, refractory to immunosuppressive therapy Graft-versus-host disease, chronic, Steroid-refractory Hodgkin's disease CD20-positive, as monotherapy Human herpesvirus 8 (HHV-8) infection Minimal change disease, refractory, steroid-dependent or steroid-resistant Multicentric Castleman's disease (MCD) Pemphigus vulgaris, severe and other autoimmune blistering skin	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• Patient weight, height</li> <li>•</li> <li>• Failed trial with TNF blockers for dx rheumatoid arthritis</li> <li>• Panel reactive antibody levels for dx pre-transplant to suppress panel reactive anti- HLA antibodies</li> <li>• For additional information, please refer to local coverage article, A52452, on the CMS coverage database website</li> </ul>

			<p>diseases</p> <p>Post-transplant lymphoproliferative disorder</p> <p>Primary Sjögren’s syndrome</p> <p>Systemic lupus erythematosus, refractory to immunosuppressive therapy</p> <p>Thrombocytopenic purpura, immune or idiopathic</p> <p>Waldenstrom’s macroglobulinemia</p> <p>Wegener’s granulomatosis and Microscopic Polyangiitis (MPA) in adult patients in combination with glucocorticoids</p> <p>Pre-transplant to suppress panel reactive anti- HLA antibodies in individuals with high panel reactive antibody (PRA) levels to human leukocyte antigens (HLA)</p> <p>Neuromyelitis optica</p> <p>Dermatomyositis and polymyositis in patients who have been refractory to other standard therapies</p> <p>Grave’s disease/ophthalmopathy</p>	
Afstyla	Injection, factor VIII (antihemophilic factor, recombinant)	C9140	Hemophilia A in patients with factor VIII inhibitor antibodies	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• For additional information, please refer to national coverage determination article, 110.3, on the CMS coverage database website</li> </ul>
Spinraza	Nusinersen intrathecal	C9489	Spinal muscular atrophy	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> </ul>



Caverject Muse	Alprostadil	J0270 J0275	Diagnostic Purposes only	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation</li> </ul>
Probuphine (implant)	Buprenorphine	J0570	Opioid dependence, maintenance treatment in patients with prolonged clinical stability on low to moderate doses of a transmucosal buprenorphine product	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> </ul>
Betaseron	Interferon beta	J1830		<ul style="list-style-type: none"> <li>• For additional information, please refer to local coverage article, A53021, on the CMS coverage database website</li> </ul>
Hizentra Vivaglobin	Immune globulin Immune globulin	J1559 J1562	Primary immunoglobulin deficiency	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> <li>• For additional information, please refer to local coverage determination article, L33794, on the CMS coverage database website</li> </ul> <p>(LCD Criteria: Parental admin of the drug is in the home is reasonable and necessary, and an infusion pump is necessary to safely administer the drug. For the administration of subcutaneous immune globulins with the following HCPCS codes - J1559, J1562, only an E0779 infusion pump is covered. If a different pump is used, it will be denied as not reasonable and necessary.)</p>
Depo-Testosterone	Testosterone cypionate	J1071	Primary hypogonadism Female-to-male transsexual- Gender identity disorder	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> </ul>

Brand	Generic	J-Code	Covered Uses	Required Medical Information and Criteria
Vimizim	Elosulfase alfa	J1322	Mucopolysaccharidosis (MPS) Type IV A (Morquio A syndrome)	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> </ul>
HyQvia	Immune globulin/hyaluronidase	J1575	Primary immune deficiency disorder	<ul style="list-style-type: none"> <li>• Appropriate clinical documentation per indication</li> </ul>