



October 18, 2018

## Provider News

### Reminder: Physician Administered Drugs

As a reminder, Physician/Facility Administered Drugs are subject to authorization criteria consistent with Alliance pharmacy benefits, which are based on the decision of the Alliance's Pharmacy and Therapeutics Committee. Prior authorization is required for Physician Administered Drugs.

If a Physician/Facility Administered Drug requiring prior authorization has no prior authorization criteria, it will be reviewed by Alliance staff for medical necessity. For details on the authorization review process for Physician/Facility Administered Drugs, please refer to Section 16 of the Alliance Provider Manual at <http://www.ccah-alliance.org/provider-manual-toc.html>. Providers can also reference the Prior Authorization Criteria link on the Pharmacy page of the Alliance provider website at <http://www.ccah-alliance.org/pharmacy.html> for more information.

Please note that after December 15, 2018, claims for the following codes will deny if not submitted with an approved Alliance authorization number:

- \* J2505: INJECTION, PEGFILGRASTIM, 6MG
- \* J9355: INJECTION, TRASTUZUMAB, 10 MG
- \* J9041: INJECTION, BORTEZOMIB, 0.1 MG
- \* J9395: INJECTION, FULVESTRANT, 25MG
- \* J9055: INJECTION, CETUXIMAB, 10MG
- \* J9305: INJECTION, PEMETREXED, 10MG
- \* J1950: INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75MG
- \* J2323: INJECTION, NATALIZUMAB, 1 MG
- \* J9228: INJECTION, IPILIMUMAB, 1 MG
- \* J3262: INJECTION, TOCILIZUMAB, 1MG

If you have questions, please contact the Alliance Pharmacy department at (831) 430-5507.