



2012 Prior Authorization Part B Drugs

Brand Name	Generic Name	CODE
Actemra	TOCILZUMAB	J3262
Arzerra	OFATUMUMAB	J9302
Atryn	ANTITHROMBIN RECOMINATE	J7196
Aranesp	DARBEPOETIN ALFA	J0881
Benlysta	BELIMUMAB	J0490
Boniva	IBANDRONATE	J1740
Botox, Myobloc	BOTULINUM TOXIN TYPE A & TYPE B	J0585, J0587, J0586
Caverject, Edex, Prostin VR, MUSE	ALPROSTADIL (PROSTAGLANDIN E1; PGE1)	J0270, J0275
Cinryze	C1 ESTERASE INHIBITOR (HUMAN)	J0598, J0597
Cimzia	CERTOLIZUMAB PEGOL	J0718
Copaxone	GLATIRAMER ACETATE	J1595
Cubicin	DAPTOMYCIN	J0878
Enbrel	ETANERCEPT	J1438
Epogen, Procrit	EPOETIN ALFA	J0885
Factor Medications (Anti-hemophiliac Factors)	MULTIPLE BRANDS	J7185-J7199, J7180
Feraheme	FERUMOXYTOL	Q0138
Folotyn	PRALATREXATE	J9307
Forteo	TERIPARATIDE RDNA	J3110
Glassia	ALPHA 1 PROTENINASE INHIBITOR (HUMAN)	J0257
Growth Hormone	MULTIPLE BRANDS	J2940, J2941
Humira	ADALIMUMAB	J0135
Ilaris	CANAKINUMAB	J0638
Immune Globulins (All)	MULTIPLE BRANDS; J1559 to be used for Hizentra; J1599 to be used for not otherwise specified, 500mg, J1557 to be used for Gammaplex	J1460-J1563, J1557, J1559, J1565, J1566, J1568, J1569, J1572, J1599, J2788-J2792, J7504, J7511, 90765, 90766, 90767, 90768



2012 Authorization Part B Drugs

Brand Name	Generic Name	CODE
Istodax	ROMIDEPSIN	J9315
Interferons (All)	ACTIMMUNE, ALFERON-N, AVONEX, BETASERON, INFERGEN, INTRON-A, PEGASYS, PEG-INTRON	J9212-J9216, Q3025, Q3026, J1825, J1830, S0145, S0146,
Iron Dextran	IRON DEXTRAN	J1750
Kineret	ANAKINRA	NO J-CODE
Lucentis	RANIBIZUMAB	J2778
Lupron	LEUPROLIDE ACETATE	J1950, J9202, J9217, J9219, J9225 **Endometriosis diagnosis Requires PA**
Lumizyme	ALGLUCOSIDASE ALFA	J0221
Krystexxa	PEGLOTICASE	J2507
Milrinone Lactate	MILRINONE LACTATE	J2260
Nplate	ROMIPLOSTIM	J2796
Neulasta	PEGFILGRASTIM	J2505
Neupogen	FILGRASTIM	J1440, J1441
Orencia	ABATACEPT	J0129
Prolia	DENOSUMAB	J0897
Reclast, Zometa	ZOLEDRONIC ACID	J3488, J3487
Remicade	INFLIXIMAB	J1745, 90765, 96415
Sandostatin	OCTREOTIDE ACETATE	J2352, J2353, J2354
Stelara	USTEKINUMAB	J3357
Synagis	PALIVIZUMAB	90378
Synvisc, Synvisc One, Orthovisc, Hyalgan, Supartz, Euflexxa, Hyaluronan or derivative	HYALURONAN OR DERIVATIVE	J7321, J7322, J7323, J7324, J7325, J7326
Tysabri	NATALIZUMAB	J2323
Vantas	HISTRELIN ACETATE	J9225
Vectibix	PANITUMUMAB	J9303



WINDSOR

HEALTH PLAN, INC.

2012 Prior Authorization Part B Drugs

Brand Name	Generic Name	CODE
Ventavis	ILOPROST, INHALATION SOLUTION	Q4074
Wilate per 100 IU VWF:Rco	von WILLEBRAND FACTOR COMPLEX HUMAN	J7183, J7184
Xeomin	INCOBOTULINUMTOXIN A	J0588
Xgeva	DENOSUMAB	J0897
Xolair	OMALIZUMAB	J2357
Any office injectable with cost of course of therapy greater than \$500		J3490, J9999, J3590, J8498

NOTE: To be covered under Part B, drugs MUST BE furnished by the physician and be "incident to" a physician service AND considered by Part B carrier as "not usually self-administered." Oral Medications, inhalation solutions and certain diabetic supplies are not payable on the medical benefit, but must be processed on the pharmacy benefit.