Geisinger

This list of services applies to GHP Family (Medicaid) line of business unless otherwise noted below. All drugs newly approved by the FDA should be considered to require prior authorization until such time as they are formally reviewed by the GHP Pharmacy & Therapeutics Committee. Final determinations to require prior authorization for specific drugs will be added to this list as they are made. The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

Procedure/Service	Effective date for providers	Comments	Most recent communication to providers	Associated Medical Policy #
Abilify Maintena®	01/01/20			Antipsychotics
J0401, Prior authorization is required for any member under 18 years of age.				
Actemra syringe and vial®	01/01/20			Cytokine and Cam Antagonists
J3262				
Actemra Actpen	01/01/20			Cytokine and Cam Antagonists
J3262				
Advate®	01/01/20			Antihemophilia Agents - Factor VIII
J7192				
Adynovate®	01/01/20			Antihemophilia Agents - Factor VIII
J7207				
Afstyla®	01/01/20			Antihemophilia Agents - Factor VIII
J7210				
Akynzeo Vial®	01/01/20			Antiemetic/Antivertigo Agents
J1454				

Alphanate®	01/01/20			Antihemophilia Agents - Factor VIII/VWF
J7186				
AlphaNine® SD	01/01/20			Antihemophilia Agents - Factor IX
J7193				
Alprolix™	01/01/20			Antihemophilia Agents - Factor IX
J7201				
Aranesp syringe and vial®	01/01/20			Erythropoiesis Stimulating Proteins
J0881, J0882				
Aristada Initio®	01/01/20			Antipsychotics
J1943, Prior authorization is required for any member under 18 years of age				
Aveed®	01/01/20			Androgenic Agents
J3145				
Avsola™ (infliximab-axxq)	07/01/20			Cytokine and Cam Antagonists
Q5121				
Benefix®	01/01/20			Antihemophilia Agents - Factor IX
J7195				
Beovu®	4/15/2020			Macular Degeneration Agents
J0179				
Berinert®	01/01/20			Hereditary Angioedema Treatments
J0597				
Botox®	01/01/20			Botulinum Toxins
J0585				
Cerezyme®	01/01/20			Enzyme Replacements, Gaucher Disease
J1786				

Cimzia IV®	01/01/20			Cytokine and Cam Antagonists
J0717				
Cinqair®	01/01/20			Monoclonal Antibodies (MABs Anti-IL, Anti-IgE)
J2786				
Cinryze®	01/01/20			Hereditary Angioedema Treatments
J0598				
Cosentyx®	01/01/16			Cytokine and Cam Antagonists
Currently this drug is billed with and unlisted procedure code				
Depo-Provera syringe®	01/01/20			Contraceptives, Other
J1050, Prior authorization is only required for the following NDC number; 00009737611				
Depo-Provera vial®	01/01/20			Contraceptives, Other
J1050, Prior authorization is required for any of the following NDC numbers; 00009074630, 00009074635				
Depo-Testosterone vial®	01/01/20			Androgenic Agents
J1071				
Dexycu®	01/01/20			Ophthalmics, Anti-Inflammatories
J1095				
D.H.E. 45 Ampule®	01/01/20			Antimigraine Agents, Other
J1110				
Diazepam Syringe	01/01/20			Anxiolytics
J3360, Prior authorization is required for all members with any of the following NDC numbers only; 69339013632, 69339013602, 69374096502, 11704060001				
Diazepam Vial	01/01/20			Anxiolytics
J3360, Prior authorization is only required for members under 21 years of age with any of the following NDC numbers; 00409321312, 00409321310, 00409321309				
Dihydroergotamine Ampule	01/01/20			Antimigraine Agents, Other
J1110				

Dimenhydrinate Vial	01/01/20			Antiemetic/Antivertigo Agents
J1240				
Duopa™	01/01/20			Antiparkinson's Agents
J7340				
Durolane®	01/01/20			Intra-Articular Hyaluronates
J7318				
Dysport®	01/01/20			Botulinum Toxins
J0586				
Elelyso®	01/01/20			Enzyme Replacements, Gaucher Disease
J3060				
Eligard®	01/01/20			Pituitary Suppresive Agents, LHRH
J9217				
Eloctate™	01/01/20			Antihemophilia Agents - Factor VIII
J7205				
Emend Vial®	01/01/20			Antiemetic/Antivertigo Agents
J1453				
Entyvio®	01/01/20			Cytokine and Cam Antagonists
J3380				
Epogen®	01/01/20			Erythropoiesis Stimulating Proteins
Q4081,J0885				
Esperoct®	07/01/20			Antihemophilia Agents - Factor VIII
J7204				
Eylea®	01/01/20			Macular Degeneration Agents
J0178				

Euflexxa®	01/01/20			Intra-Articular Hyaluronates
J7323				
Fasenra Syringe®	01/01/20			Monoclonal Antibodies (MABs Anti-IL, Anti-IgE)
J0517				
Feiba NF®	01/01/20			Antihemophilia Agents - Bypassing Agents
J7198				
Feraheme®	01/01/20			Iron, Parenteral
Q0139				
Fluphenazine Decanoate Injection	01/01/20			Antipsychotics
J2680, Prior authorization is required for any member under 18 years of age				
Fluphenazine Vial	01/01/20			Antipsychotics
Currently there is no specific code for this service.				
Fulphila®	01/01/20			Colony Stimulating Factors
Q5108				
Gel-One®	01/01/20			Intra-Articular Hyaluronates
J7326				
Gelsyn™	01/01/20			Intra-Articular Hyaluronates
J7328				
Genvisc®	01/01/20			Intra-Articular Hyaluronates
J7320				
Geodon Vial®	01/01/20			Antipsychotics
J3486				
Granix®	01/01/20			Colony Stimulating Factors
J1447				

Haldol ampule®	01/01/20			Antipsychotics
J1630, Prior authorization is required for any member under 18 years of age				
Haldol Decanoate ampule®	01/01/20			Antipsychotics
J1631, Prior authorization is only required for members with the following NDC numbers; 50458025414, 50458025303.				
Haloperidol Decanoate ampule	01/01/20			Antipsychotics
J1631, Prior authorization is only required for members under 18 years of age with any of the following NDC numbers; 70069003105, 10147092205, 70069003101, 70069003001, 10147092103, 70069003003				
Haloperidol Decanoate vial	01/01/20			Antipsychotics
J1631, Prior authorization is only required for members under 18 years of age with any of the following NDC numbers; 25021083301, 00703702301, 00703702103, 67457040913, 67457038158, 67457040900, 00703702101, 67457038100, 63323047141, 63323047105, 63323047101, 00703701103, 00703701101, 63323046901, 63323046905, 67457041013, 25021083101, 00703701301, 67457041000				
Haloperidol Lactate Ampule (Syringe or Vial)	01/01/20			Antipsychotics
J1630, Prior authorization is required for any member under 18 years of age				
Helixate FS®	01/01/20			Antihemophilia Agents
J7192				
Hemlibra®	01/01/20			Antihemophilia Agents
J7170				
Hemofil-M	01/01/20			Antihemophilia Agents - Factor VIII
J7190				
Humate-P®	01/01/20			Antihemophilia Agents - Factor VIII/VWF
J7187				
Hyalgan®	01/01/20			Intra-Articular Hyaluronates
J7321				
Hydroxyprogesterone Caproate	01/01/20			Progestational Agents
J1726, J1729				

Hymovis®	01/01/20			Intra-Articular Hyaluronates
J7322				
Ibandronate vial, syringe	01/01/20			Bone Density Regulators
J1740				
Idelvion™	01/01/20			Antihemophilia Agents - Factor IX
J7202				
Ilaris®	01/01/20			Cytokine and Cam Antagonists
J0638				
Ilumya	01/01/20			Cytokine and Cam Antagonists
J3245				
Iluvien Implant®	01/01/20			Ophthalmics, Anti-Inflammatories
J7313				
Inflectra	01/01/20			Cytokine and Cam Antagonists
Q5103				
Injectafer®	01/01/20			Iron, Parenteral
J1439				
Invega Sustenna®	01/01/20			Antipsychotics
J2426, Prior authorization required for all members under 18 years of age				
Invega Trinza®	01/01/20			Antipsychotics
J2426, Prior authorization required for all members under 18 years of age				
Ixinity®	01/01/20			Antihemophilia Agents
J7195				
Jivi®	01/01/20			Antihemophilia Agents - Factor VIII
J7208				

Kalbitor®	01/01/20			Hereditary Angioedema Treatments
J1290				
Koate®	01/01/20			Antihemophilia Agents - Factor VIII
J7190				
Kogenate FS®	01/01/20			Antihemophilia Agents
J7192				
Kovaltry®	01/01/20			Antihemophilia Agents- Factor VIII
J7211				
Krystexxa®	01/01/20			Antihyperuricemics
J2507				
Lemtrada®	01/01/20			Multiple Sclerosis Agents
J0202				
Leukine®	01/01/20			Colony Stimulating Factors
J2820				
Leuprolide	01/01/20			Pituitary Suppresive Agents, LHRH
J9218				
Levothyroxone Vial	01/01/20			Thyroid Hormones
Currently this drug is billed with and unlisted procedure code				
Liothyronine Vial	01/01/20			Thyroid Hormones
Currently this drug is billed with and unlisted procedure code				
Lucentis®	01/01/20			Macular Degeneration Agents
J2778				
Lupron Depot®	01/01/20			Pituitary Suppresive Agents, LHRH
J1950, J9217				

Lupron Depot-Ped®	01/01/20			Pituitary Suppressive Agents, LHRH
J1950, J9217				
Macugen®	01/01/20			Macular Degeneration Agents
J2503				
Makena vial, autoinjector®	01/01/20			Progestational Agents
J1726				
Midazolam syringe	01/01/20			Sedative Hypnotics
Currently this drug is billed with and unlisted procedure code				
Mircera®	01/01/20			Erythropoiesis Stimulating Proteins
J0887, J0888				
Monoclate-P®	01/01/20			Antihemophilia Agents
J7190				
Monoferric® (ferric derisomaltose)	10/01/20			Iron, Parental
J1437				
Mononine®	01/01/20			Antihemophilia Agents - Factor IX
J7193				
Monovisc®	01/01/20			Intra-Articular Hyaluronates
J7327				
Myobloc®	01/01/20			Botulinum Toxins
J0587				
Neulasta Onpro®	01/01/20			Colony Stimulating Factors
J2505				
Neulasta Syringe®	01/01/20			Colony Stimulating Factors
J2505				

Neupogen®	01/01/20			Colony Stimulating Factors
J1442				
Nivestym®	01/01/20			Colony Stimulating Factors
Q5110				
Novoseven RT®	01/01/20			Antihemophilia Agents - Bypassing Agents
J7189				
Novoeight®	01/01/20			Antihemophilia Agents - Factor VIII
J7182				
Nplate®	01/01/20			Thrombopoietics
J2796				
Nucala Vial®	01/01/20			Monoclonal Antibodies (MABs Anti-IL, Anti-IgE)
J2182				
Nuwiq®	01/01/20			Antihemophilia Agents - Factor VIII
J7209				
Nyvepria™ (pegfilgrastim-apgf)	01/01/21			Colony Stimulating Factors
Q5122				
Obizur®	01/01/20			Antihemophilia Agents - Factor VIII
J7188				
Ocrevus®	01/01/20			Multiple Sclerosis Agents
J2350				
Olanzapine vial	01/01/20			Antipsychotics
S0166				
Orencia vial®	01/01/20			Cytokine and Cam Antagonists
J0129				

Orthovisc®	01/01/20			Intra-Articular Hyaluronates
J7324				
Ozurdex Implant®	01/01/20			Ophthalmics, Anti-Inflammatories
J7312				
Perseris ER®	01/01/20			Antipsychotics
J2798, Prior authorization required for all members under 18 years of age				
Phenergan Ampule	01/01/20			Antiemetic/Antivertigo Agents
J2550, Prior authorization is only required for members with the following NDC numbers; 00641608225, 00641608201, 00641608301, 00641608325				
Phenergan Vial	01/01/20			Antiemetic/Antivertigo Agents
J2550, Prior authorization is only required for members with the following NDC numbers; 00641608425, 00641608401, 00641608525, 00641608501				
Premarin Vial®	01/01/20			Estrogens
J1410				
Probuphine Implant®	01/01/20			Opioid Dependence Treatments
J0570				
Procrit®	01/01/20			Erythropoiesis Stimulating Proteins
J0885, Q4081				
Profilnine®	01/01/20			Antihemophilia Agents
J7194				
Prolia®	01/01/20			Bone Density Regulators
J0897				

Promethazine Ampules	01/01/20			Antiemetic/Antivertigo Agents
J2550, Prior authorization is only required for members under 6 years of age with the following NDC numbers; 39822552502, 00641149535, 00641094831, 39822552503, 00641149531, 00641094835, 39822555006, 00641094935, 00641149635, 00641094931, 39822555005, 00641149631				
Promethazine Vial	01/01/20			Antiemetic/Antivertigo Agents
J2550, Prior authorization is only required for members under 6 years of age with the following NDC numbers; 00641092821, 00641095521, 00703219104, 00641620825, 00641095525, 00641092825, 00641620801, 00641095621, 00703220104, 00641092921, 6641092925, 00641095625				
Rapivab Vial®	01/01/20			Hepatitis B Agents
J2547				
Rebinyn®	01/01/20			Antihemophilia Agents - Factor VIII/VWF
J7203				
Reclast®	01/01/20			Bone Density Regulators
J3489, Prior authorization is only required for members with the following NDC number; 00078043561				
Recombinate™	01/01/20			Antihemophilia Agents
J7192				
Remicade®	01/01/20			Cytokine and Cam Antagonists
J1745				
Renflexis®	01/01/20			Cytokine and Cam Antagonists
Q5104				
Retacrit™	01/01/20			Erythropoiesis Stimulating Proteins
Q5105, Q5106				
Retisert Implant®	01/01/20			Ophthalmics, Anti-Inflammatories
J7313				
Risperdal Consta®	01/01/20			Antipsychotics
J2794, Prior authorization required for all members under 18 years of age				

Rixubis®	01/01/20			Antihemophilia Agents - Factor IX
J7200				
Ruconest®	01/01/20			Hereditary Angioedema Treatments
J0596				
Sevenfact®	01/01/21			Antihemophilia Agents
J7212				
Simponi Aria®	01/01/20			Cytokine and Cam Antagonists
J1602				
Sinuva™	01/01/20			Intranasal Rhinitis Agents
J7401				
Spravato™	01/01/20			Antidepressants, Other
G2082, G2083, S0013				
Stelara Syringe or Vial®	01/01/20			Cytokine and Cam Antagonists
J3357				
Stelara Vial®	01/01/20			Cytokine and Cam Antagonists
J3358				
Supartz FX®	01/01/20			Intra-Articular Hyaluronates
J7329				
Supprelin LA®	01/01/20			Pituitary Suppressive Agents, LHRH
J9226				
Sustol®	01/01/20			Antiemetic/Antivertigo Agents
J1627, Prior authorization is only required for members with the following NDC number; 47426010106				
Synvisc®	01/01/20			Intra-Articular Hyaluronates
J7325				

Synvisc-One®	01/01/20			Intra-Articular Hyaluronates
J7325				
Testopel Implant Pellet®	01/01/20			Androgenic Agents
S0189				
Testosterone Cypionate Vial	01/01/20			Androgenic Agents
J1071				
Testosterone Enanthate Injection	01/01/20			Androgenic Agents
J3130				
Tigan Vial®	01/01/20			Antiemetics/Antivertigo Agents
J3250				
Tysabri®	01/01/20			Multiple Sclerosis Agents
J2323				
Trelstar Vial®	01/01/20			Pituitary Suppressive Agents, LHRH
J3315				
Triesence®	01/01/20			Ophthalmics, Anti-Inflammatories
J3300				
Triostat Vial®	01/01/20			Thyroid Hormones
Currently this drug is billed with and unlisted procedure code				
Triptodur	01/01/20			Pituitary Suppresive Agents, LHRH
J3316				
Trivisc™	01/01/20			Intra-Articular Hyaluronates
J7329				
Trogarzo™	01/01/20			HIV/AIDS Antiretrovirals
J1746				

Udenyca®	01/01/20			Colony Stimulating Factors
Q5111				
Visco-3®	01/01/20			Intra-Articular Hyaluronates
J7321, J7333				
Visudyne®	01/01/20			Macular Degeneration Agents
J3396				
Vpriv®	01/01/20			Enzyme Replacements, Gaucher Disease
J3385				
Vonvendi®	01/01/20			Antihemophilia Agents
J7179				
Vyepti™	09/15/20			Antimigraine Agents, Other
J3032				
Wilate	01/01/20			Antihemophilia Agents - Factor VIII/VWF
J7183				
Xeomin®	01/01/20			Botulinum Toxins
J0588				
Xgeva®	01/01/20			Bone Density Regulators
J0897				
Xolair Syringe or Vial®	01/01/20			Monoclonal Abtibodies (MABs Anti-IL, Anti-IgE)
J2357				
Xyntha®	01/01/20			Antihemophilia Agents - Factor VIII
J7185				
Xyntha Solofuse®	01/01/20			Antihemophilia Agents
J7185				

Yutiq Implant™	01/01/20			Ophthalmics, Anti-Inflammatories
J7313				
Zantac vial®	01/01/20			Histamine 2 Receptor Blockers
J2780, Prior authorization is only required for members with the following NDC numbers; 52565009601, 52565010201, 52565010110				
Zarxio®	01/01/20			Colony Stimulating Factors
Q5101				
Zemplar®	01/01/20			Vitamin D Analogs
J2501, Prior authorization is only required for members with the follwing NDC numbers; 00074165805, 00074463701, 00074165801				
Ziextenzo® (pegfilgrastime-bmez)	04/01/20			Colony Stimulating Factors
Q5120				
Zinplava™	01/01/20			Antibiotics, GI an related agents
J0565				
Zoladex Implant®	01/01/20			Pituitary Suppressive Agents, LHRH
J9202				
Zometa Injection®	01/01/20			Bone Density Regulators
J3489, Prior authorization is only required for members with the following NDC number; 00078059061				
Zometa Vial®	01/01/20			Bone Density Regulators
J3489, Prior authorization is only required for members with the following NDC number; 00078038725				
Zyprexa Relprevv®	01/01/20			Antipsychotics
J2358, Prior authorization required for all members under 18 years of age				
Zyprexa Vial®	01/01/20			Antipsychotics
S0166				