



**HealthSelectSM of Texas, Consumer Directed HealthSelectSM and
HealthSelectSM & Consumer Directed HealthSelectSM Out-Of-State
SPECIALITY DRUG PRIOR AUTHORIZATION LIST**

(Drugs below identified as requiring prior authorization will have claims denied in the absence of authorization. The drug list may be updated monthly upon approval from Employees Retirement System of Texas (ERS)).

Procedure Code	Common Drug Name	Prior Authorization/ Review Status	Notes
J1569	GAMMAGARD (immune globulin intravenous)	PA Required	
J1568	OCTAGAM (immune globulin intravenous)	PA Required	
J1572	FLEBOGAMMA (immune globulin intravenous)	PA Required	
J1561	GAMUNEX-C/GAMMAKED (immune globulin intravenous)	PA Required	
J1566, 90283	IVIG	PA Required	
J1459	PRIVIGEN (immune globulin intravenous)	PA Required	
J1562	VIVAGLOBIN (immune globulin intravenous)	PA Required	
J1557	GAMMAPLEX (immune globulin intravenous)	PA Required	
90284	SUB Q IG	PA Required	
J1559	HIZENTRA (immune globulin intravenous)	PA Required	
J1556	BIVIGAM (immune globulin intravenous)	PA Required	
J1575	HYQVIA (immune globulin subcutaneous)	PA Required	
J2357	XOLAIR (omalizumab)	PA Required	
J2182	NUCALA (mepolizumab)	PA Required	
90378	SYNAGIS (palivizumab)	PA Required	
J0598	CINRYZE (C1 esterase inhibitor)	PA Required	
J9228	YERVOY (ipilimumab)	PA Required	
J9271	KEYTRUDA (pembrolizumab)	PA Required	
J9299	OPDIVO (nivolumab)	PA Required	
J1745	REMICADE (infliximab)	PA Required	
J0490	BENLYSTA (belimumab)	PA Required	
Q2043	PROVENGE (sipuleucel-T)	PA Required	
J3262	ACTEMRA (tocilizumab)	PA Required	
J2323	TYSABRI (natalizumab)	PA Required	
J9035, C9257	AVASTIN (bevacizumab)	PA Required	
J9312	RITUXAN (rituximab)	PA Required	Updated 3/20/19 - J9310 with replacement code
J9306	PERJETA (pertuzumab)	PA Required	
J7513	ZINBRYTA (daclizumab)	PA Required	
J1555	CUVITRU (immune globulin subcutaneous)	PA Required	Effective 4/1/19 - Replaced code J3590
J1290	KALBITOR (ecallantide)	PA Required	
Q5103	INFLECTRA (infliximab-dyyb)	PA Required	



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Procedure Code	Common Drug Name	Prior Authorization/ Review Status	Notes
J9022	TECENTRIQ (atezolizumab)	PA Required	Updated 3/22/2019 – C9483 with replacement code
J1428	EXONDYS 51 (eteplirsen)	PA Required	Effective 4/1/19 -Replaced codes J3590 & C9484
J1300	SOLIRIS (eculizumab)	PA Required	
J0215	AMEVIVE (alefacept)	PA Required	
J0717	CIMZIA (certolizumab pegol)	PA Required	
J3380	ENTYVIO (vedolizumab)	PA Required	
J0129	ORENCIA (abatacept)	PA Required	
J1602	SIMPONI ARIA (golimumab)	PA Required	
J2562	MOZOBIL (plerixafor)	PA Required	
J1743	ELAPRASE (idursulfase)	PA Required	
J9039	BLINCYTO (blinatumomab)	PA Required	
J9217	ELIGARD (leuprolide acetate)	PA Required	
J9155	FIRMAGON (degarelix)	PA Required	
J1322	VIMIZIM (elosulfase alfa)	PA Required	
J2786	CINQAIR (reslizumab)	PA Required	
J2503	MACUGEN (pegaptanib sodium)	PA Required	
J3396	VISUDYNE (verteporfin)	PA Required	
J3315	TRELSTAR DEPOT/ LA (triptorelin pamoate)	PA Required	
J1325	FLOLAN (epoprostenol)	PA Required	
J3285	REMODULIN (treprostinil)	PA Required	
J2507	KRYSTEXXA (pegloticase)	PA Required	
J9218	LUPANETA (leuprolide acetate)	PA Required	
J9219	LUPANETA KIT (leuprolide acetate)	PA Required	
J9217	LUPRON DEPOT/PED (Leuprolide acetate; for depot suspension)	PA Required	
J2840	KANUMA (sebelipase alfa)	PA Required	
J0221	LUMIZYME (alglucosidase alfa)	PA Required	
J0220	MYOZYME (alglucosidase alfa)	PA Required	
J0775	XIAFLEX (collagenase, clostridium histolyticum)	PA Required	
J1726	MAKENA (hydroxyprogesterone caproate)	PA Required	Updated 10/15/18 - J1725 with replacement code

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Procedure Code	Common Drug Name	Prior Authorization/ Review Status	Notes
J2353	SANDOSTATIN (octreotide)	PA Required	
J9040	BLENOXANE (bleomycin sulfate)	PA Required	
J0585	BOTOX (onabotulinumtoxinA)	PA Required	
J9100	CYTOSAR-U (cytarabine)	PA Required	
J0586	DYSPORET (abobotulinumtoxinA)	PA Required	
J0638	ILARIS (canakinumab)	PA Required	
J0202	LEMTRADA (alemtuzumab)	PA Required	
J9230	MUSTARGEN (mechlorethamine)	PA Required	
J0587	MYOBLOC (rimabotulinumtoxinB)	PA Required	
J9226	SUPPRELIN LA (Histrelin implant)	PA Required	
90586, J9031	TICE BCG (Bcg (intravesical) per instillation)	PA Required	
J0588	XEOMIN (incobotulinumtoxin A)	PA Required	
J9202	ZOLADEX (goserelin acetate implant)	PA Required	
J0178, Q2046, C9291	EYLEA (aflibercept)	PA Required	
J2778, C9233	LUCENTIS (ranibizumab)	PA Required	
J1786	CEREZYME (imiglucerase)	PA Required	
Not Yet Assigned	ESBRIET (pirfenidone)	PA Required	
J9215	ALFERON N (interferon, alfa-n3)	PA Required	
J3060	ELELYSO (taliglucerase alfa)	PA Required	