Drug codes to require prior authorization

Starting on **June 1, 2018**, UniCare Health Plan of West Virginia, Inc. will require prior authorization (PA) for the drug codes listed below. Please refer to the Precertification Look UP Tool (PLUTO) for detailed authorization requirements. Navigate to **https://www.unicare.com** and select **Providers** from the menu at the top left of the page. Select **State Sponsored Plan providers** under *Resources* and then select **West Virginia – Medicaid Managed Care**. Under *Authorization and Preservice Review*, select **Precertification Look UP Tool (PLUTO)**.

Noncompliance with the new requirements may result in denied claims. The following codes will require PA:
- J0221 – Injection, alglucosidase alfa, (Lumizyme), 10 mg
- J0641 – Injection, levoleucovorin calcium, 0.5 mg
- J1650 – Injection, enoxaparin sodium, 10 mg
- J1744 – Injection, icatibant, 1 mg
- J2323 – Injection, natalizumab, 1 mg
- J2469 – Injection, palonosetron HCl, 25 mcg
- J2507 – Injection, pegloticase, 1 mg
- J9019 – Injection, asparaginase (Erwinaze), 1,000 IU
- J9033 – Injection, bendamustine HCl (Treanda), 1 mg
- J9155 – Injection, degarelix, 1 mg
- J3315 – Injection, triptorelin pamoate, 3.75 mg
- J9155 – Injection, degarelix, 1 mg
- J9202 – Goserelin acetate implant, per 3.6 mg
- J0890 – Injection, peginesatide, 0.1 mg (for ESRD on dialysis)
- J1826 – Injection, interferon beta-1a, 30 mcg
- J9293 – Injection, mitoxantrone HCl, per 5 mg

Please use one of the following methods to request PA:
- **Pharmacy Fax**: **1-844-487-9290**
- **Pharmacy Phone**: **1-877-375-6182**

Federal law, state law and state contract language, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage.

If you have questions about this communication or need assistance with any other item, call Provider Services at **1-800-782-0095**.