

Products approved for prior authorization. \*

Code	Procedure code definition	Brand name
C9257	Injection, bevacizumab, 0.25 mg	Avastin
J0129	Abatacept injection	Orencia
J0178	Injection, aflibercept, 1 mg	Eylea
J0180	Agalsidase beta injection	Fabrazyme
J0202	Injection, Alemtuzumab	Lemtrada
J0205	Injection, alglucerase, per 10 units	Ceredase
J0220	Alglucosidase alfa	Myozyme
J0221	Alglucosidase alfa	Lumizyme
J0256	Alpha-1-Proteinase Inhibitor	Prolastin C, Aralast NP, Zemaira
J0257	Alpha-1-Proteinase Inhibitor	Glassia
J0400	Aripiprazole injection	Abilify
J0476	Baclofen intrathecal trial	Lioresal, Gablofen
J0485	Belatacept injection	Nilojix
J0490	Belimumab injection	Benlysta
J0585	Injection, onabotulinumtoxinA	Botox
J0586	AbobotulinumtoxinA	Dysport
J0587	Inj, rimabotulinumtoxinB	Myobloc
J0588	Incobotulinumtoxin A	Xeomin
J0594	Busulfan injection	Busulfex
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest,	Ruconest
J0597	C-1 esterase	Berinerit
J0598	C-1 esterase	Cinryze
J0638	Canakinumab injection	Ilaris
J0640	Leucovorin calcium injection	Leucovorin calcium injection
J0641	Levoleucovorin injection	Levoleucovorin injection
J0717	Certolizumab pegol	Cimzia
J0743	Imipenem/Cilastin	Primaxin
J0775	Collagenase Clostridium Histolyticum	Xiaflex
J0878	Daptomycin injection	Cubicin
J0894	Decitabine injection	Dacogen
J0897	Denosumab injection	Prolia, XGEVA
J1290	Ecallantide	Kalbitor
J1290	Ecallantide	Kalbitor
J1300	Eculizumab injection	Soliris
J1322	Elosulfase alfa	Vimizim

\*Please note that Prestige Health Choice only reimburses provider administered drugs for which the manufacturer has a Florida rebate agreement.

Effective immediately, all prior authorization requests for SPINRAZA® and EXONDYS 51™ for Managed Medical Assistance members enrolled in Prestige must be faxed to the Florida FFS Medicaid pharmacy benefit manager, Magellan, at 1-877-614-1078. (Updated 10/13/2017)

Products approved for prior authorization. \*

Code	Procedure code definition	Brand name
J1335	Ertapenem injection	Invanz
J1439	Injection, ferric carboxymaltose, 1 mg	
J1442	Inj filgrastim excl biosimil	Neupogen
J1447	Inj tbo filgrastim 1 microg	Granix
J1453	Fosaprepitant injection	Emend
J1602	Golimumab for iv use 1mg	Simponi
J1626	Granisetron hcl injection	Kytril
J1645	Dalteparin sodium	Fragmin
J1650	Inj enoxaparin sodium	Lovenox
J1652	Fondaparinux sodium	Arixtra
J1655	Injection, tinzaparin sodium, 1000 iu	Innohep
J1725	Injection, hydroxyprogesterone caproate, 1 mg	Makena
J1740	Ibandronate sodium injection	Boniva
J1743	Injection, idursulfase, 1 mg	Elaprase
J1745	Infliximab injection	Remicade
J1786	Imiglucerase	Cerezyme
J1950	Leuprolide acetate /3.75 MG	Lupron
J2020	Linezolid injection	Zyvox
J2278	Ziconotide	Prialt
J2315	Naltrexone, depot form	Vivitrol
J2323	Natalizumab injection	Tysabri
J2355	Oprelvekin	Neumega
J2357	Omalizumab injection	Xolair
J2358	Olanzapine long-acting inj	Zyprexa, Relprevv
J2426	Paliperidone palmitate inj	Invega
J2430	Pamidronate disodium /30 MG	Aredia
J2469	Palonosetron hcl	Aloxi
J2502	Pasireotide long acting	Signifor
J2503	Pegaptanib Sodium	Macugen
J2505	Injection, pegfilgrastim 6mg	Neulasta
J2507	Pegloticase	Krystexxa
J2543	Piperacillin/tazobactam	Zosyn
J2562	Plerixafor injection	Mozobil
J2675	Inj progesterone per 50 MG	Gesterone, Gestrin
J2778	Injection, ranibizumab 0.1 mg	Lucentis
J2786	Reslizumab	Cinqair
J2794	Risperidone, long acting	Risperdal
J2796	Romiplostim	Nplate
J2820	Sargramostim 50 mcg injection	Leukine
J3060	Taliglucerase alfa	Elelyso
J3095	Telavancin injection	Vibativ

\*Please note that Prestige Health Choice only reimburses provider administered drugs for which the manufacturer has a Florida rebate agreement.

Effective immediately, all prior authorization requests for SPINRAZA® and EXONDYS 51™ for Managed Medical Assistance members enrolled in Prestige must be faxed to the Florida FFS Medicaid pharmacy benefit manager, Magellan, at 1-877-614-1078. (Updated 10/13/2017)

Products approved for prior authorization. \*

Code	Procedure code definition	Brand name
J3262	Tocilizumab injection	Actemra
J3380	Vedolizumab	Entyvio
J3385	Velaglucerase alfa	Vpriv
J3396	Injection, verteporfin, 0.1 mg	Visudyne
J3486	Ziprasidone mesylate	Geodon
J3489	Zoledronic Acid 1mg	Reclast or Zometa
J3490	Unclassified Drugs	
J7312	Dexamethasone	Ozurdex
J7313	Fluocinolone Acetonide	Iluvien
J7323	Hyaluron or Derivative	Euflexxa inj per dose
J7324	Orthovisc inj per dose/Hyaluronan Derivative	Orthovisc
J7325	Hyaluron or Derivative 1mg	Synvisc or Synvisc-One
J7513	Daclizumab	Zinbryta
J7686	Teprostinil	Tyvaso
J7699	Noc drugs, inhalation solution administered through dme	Noc drugs, inhalation solution
J7799	NOC drugs,other than inhalation drugs administered	Noc drugs
J7999	Compounded drug, not otherwise classified	
J8597	Anti-emetic drug, oral, NOS	
J8999	Prescription drug, oral, chemotherapeutic, nos	
J9000	Doxorubicin hcl injection	Adriamycin PFS, Adriamycin RDF,
J9025	Azacitidine injection	Vidaza
J9035	Bevacizumab injection	Avastin
J9039	Blinatumomab 1 microgram Inj.	Blinicyto
J9040	Bleomycin sulfate injection	Blenoxane
J9041	Bortezomib injection	Velcade
J9042	Brentuximab vedotin inj	Adcentris
J9047	Injection, Carfilzomib, 1 mg	Kyprolis
J9055	Cetuximab injection	Erbitux
J9098	Cytarabine liposome inj	Depocyt
J9100	Cytarabine hcl 100 MG inj	Cytosar
J9120	Dactinomycin injection	Actinomycin
J9130	Dacarbazine 100 mg inj	DTIC
J9155	Degarelix	Firmagon
J9179	Eribulin mesylate injection	Halaven
J9185	Fludarabine phosphate inj	Fludara
J9201	Gemcitabine hcl injection	Gemzar
J9202	Goserelin acetate implant	Zoladex
J9207	Ixabepilone injection	Ixempra
J9214	Interferon alfa-2b inj	Intron A
J9215	Injection, interferon, alfa-n3, (human leukocyte derived)	Alferon N
J9217	Leuprolide acetate suspension	Lupron

\*Please note that Prestige Health Choice only reimburses provider administered drugs for which the manufacturer has a Florida rebate agreement.

Effective immediately, all prior authorization requests for SPINRAZA® and EXONDYS 51™ for Managed Medical Assistance members enrolled in Prestige must be faxed to the Florida FFS Medicaid pharmacy benefit manager, Magellan, at 1-877-614-1078. (Updated 10/13/2017)

Products approved for prior authorization. \*

Code	Procedure code definition	Brand name
J9228	Ipilimumab injection	Yervoy
J9264	Paclitaxel protein bound	Abraxane
J9267	Paclitaxel 1mg injection	Abraxane
J9268	Pentostatin injection	Nipent
J9271	Inj pembrolizumab	Keytruda
J9299	Injection, nivolumab	Opdivo
J9303	Panitumumab injection	Vectibix
J9305	Pemetrexed injection	Alimta
J9306	Injection, Pertuzumab, 1 mg	Perjeta
J9310	Rituximab injection	Rituxan
J9351	Topotecan injection	Hycamtin
J9354	Inj, Ado-trastuzumab Emt 1mg	Kadcycla
J9355	Trastuzumab injection	Herceptin
J9360	Vinblastine sulfate inj	Velbe
J9370	Vincristine sulfate 1 MG inj	Marqibo
J9371	Inj, vincristine sul lip 1 mg	Marqibo
J9390	Vinorelbine tartrate inj	Navelbine
J9395	Injection, Fulvestrant	Faslodex
Q5101	Filgastrim - sndz	Zarxio

\*Please note that Prestige Health Choice only reimburses provider administered drugs for which the manufacturer has a Florida rebate agreement.

Effective immediately, all prior authorization requests for SPINRAZA® and EXONDYS 51™ for Managed Medical Assistance members enrolled in Prestige must be faxed to the Florida FFS Medicaid pharmacy benefit manager, Magellan, at 1-877-614-1078. (Updated 10/13/2017)