

Diagnosis Code-Restricted Physician-Administered Drugs

The following table contains diagnosis-restricted physician-administered drugs and the corresponding diagnosis code and disease descriptions. When a physician-administered drug claim is submitted with a diagnosis listed in this attachment, prior authorization (PA) is not required. For uses outside the listed diagnosis, PA is required. Submission of peer-reviewed medical literature from scientific medical or pharmaceutical publications in which original manuscripts are rejected or published only after having been reviewed by unbiased independent experts to support the proven efficacy of the requested use of the drug is also required to be submitted with the PA request.

Note: This table includes Wisconsin Medicaid's most current information and may be updated periodically.

Effective: July 1, 2012

HCPSCCode*	Drug Name	Diagnosis Code	Disease Description
J0205	Alglucerase (Ceredase)	2727	Gaucher's Disease
J0585	Botulinum Toxin Type A (Botox)	3336	Idiopathic dystonia
		3337	Symptomatic torsion dystonia
		33381	Blepharospasm
		33383	Spasmodic torticollis
		33384	Focal hand dystonia
		34211	Spastic hemiplegia and hemiparesis affecting dominant side
		34212	Spastic hemiplegia and hemiparesis affecting nondominant side
		3440-34404, 34409	Quadriplegia
		3441	Paraplegia
		340	Multiple Sclerosis
		3430-3439	Cerebral palsy
		3518	Facial spasm
		3780-37887	Strabismus
		70521	Hyperhidrosis
72885	Spasm of muscle		
7810	Hemifacial spasm		
J0587	Botulinum Toxin Type B (Myobloc)	33383	Spasmodic torticollis
J0740	Cidofovir (Vistide), 375mg	0785	Cytomegaloviral Disease
J0881, J0882 (End Dated 6/30/2012)	Darbepoetin alfa in albumin solution (Aranesp)	042, 07953	Anemia from Acquired Immune Deficiency Syndrome (AIDS)
		140-20491, 230-2386, 2388-2399, 2733	Non-myeloid malignancies or multiple myeloma
		20610	Chronic myelomonocytic leukemia
		2387, 2849, 2850	Myelodysplastic syndrome
		28524	Anemia in chronic kidney disease
		28522	Anemia in neoplastic disease
		585	Chronic renal failure
		5851	Chronic kidney disease, stage I
		5852	Chronic kidney disease, stage II (mild)
		5853	Chronic kidney disease, stage III (moderate)
		5854	Chronic kidney disease, stage IV (severe)
		5855	Chronic kidney disease, stage V
		5856	End stage renal disease
		5859	Chronic kidney disease, unspecified
J0885, J0886 (End Dated 6/30/2012)	Epoetin (Eprex and Procrit)	042, 07953	Anemia from Acquired Immune Deficiency Syndrome (AIDS)
		140-20491, 230-2386, 2388-2399, 2733	Non-myeloid malignancies or multiple myeloma
		20610	Chronic myelomonocytic leukemia
		2387, 2849, 2850	Myelodysplastic syndrome
		28524	Anemia in chronic kidney disease
		28522	Anemia in neoplastic disease
		585	Chronic renal failure
		5851	Chronic kidney disease, stage I
		5852	Chronic kidney disease, stage II (mild)
		5853	Chronic kidney disease, stage III (moderate)
		5854	Chronic kidney disease, stage IV (severe)
		5855	Chronic kidney disease, stage V
		5856	End stage renal disease
		5859	Chronic kidney disease, unspecified

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HCPCode*	Drug Name	Diagnosis Code	Disease Description
J1440 (End Dated 6/30/2012)	Filgrastim (Neupogen), 300- mcg	28800-28804, 28809	Agranulocytosis/Neutropenia
		174-1746, 1748,1749	Chemotherapy administration for treatment of female- breast cancer
		175, 1759	Chemotherapy administration for treatment of male- breast cancer
J1441 (End Dated 6/30/2012)	Filgrastim (Neupogen), 480- mcg	28800-28804, 28809	Agranulocytosis/Neutropenia
		174-1746, 1748,1749	Chemotherapy administration for treatment of female- breast cancer
		175, 1759	Chemotherapy administration for treatment of male- breast cancer
J1595	Glatiramer acetate (Copaxone)	340	Multiple Sclerosis
J1743	Idursulfase	2775	Mucopolysaccharidosis
J1785	Imiglucerase (Cerezyme)	2727	Gaucher's Disease
J1825	Interferon Beta 1A (Avonex)	340	Multiple Sclerosis
J1830	Interferon Beta 1B (Betaseron)	340	Multiple Sclerosis
J2505 (End Dated 6/30/2012)	Pegfilgrastim (Neulasta)	28800-28804, 28809	Agranulocytosis/Neutropenia
		174-1746, 1748,1749	Chemotherapy administration for treatment of female- breast cancer
		175, 1759	Chemotherapy administration for treatment of male- breast cancer
J2820 (End Dated 6/30/2012)	Sargramostim (Leukine)	205	Myeloid leukemia
J7505	Muromonab CD 3 (Orthoclone OKT-3)	9968	Organ transplant failure or rejection
J9212	Interferon Alfacon 1 (Infergen)	7054	Chronic hepatitis C without mention of hepatic coma
J9213	Interferon Alfa 2A (Roferon-A)	7054	Chronic hepatitis C without mention of hepatic coma
		1729	Malignant melanoma
		1760-1769	Kaposi's sarcoma
		2024	Hairy cell leukemia
		2028	Non-hodgkin's lymphoma
		2030	Multiple myeloma
		2051	Chronic myelocytic leukemia
		2337	Bladder carcinoma
		2339	Renal cell carcinoma
J9214	Interferon Alfa 2B (Intron A)	7054	Chronic hepatitis C without mention of hepatic coma
		7811	Condyloma acuminatum
		1729	Malignant melanoma
		1760-1769	Kaposi's sarcoma
		2024	Hairy cell leukemia
		2028	Non-hodgkin's lymphoma
		2030	Multiple myeloma
		2337	Bladder carcinoma
2339	Renal cell carcinoma		
J9215	Interferon Alfa N3 (Alferon N)	7811	Condyloma acuminatum
J9216	Interferon Gamma 1B (Actimmune)	2881	Chronic granulomatous disease
		75652	Osteopetrosis
Q2042 (effective on and after 11/15/2011)	Hydroxyprogesterone Caproate Injection, 1mg	V2341	Pregnancy with history of preterm labor
Q3025	Interferon Beta 1A (Avonex), IM — 11 mcg	340	Multiple Sclerosis

*HCPCode = Healthcare Common Procedure Coding System