Department Of Pharmacy (Medicaid, Child Health Plus, Medicare Part B, Qualified Health Plan, Essentials Plan, Enriched Health (HARP)

Medications Requiring Authorization under Medical Benefit – Fax request to (718) 536-3383

(Last Revised 06/12/17)

- It is the policy of Affinity Health Plan to require prior authorization for medical claims for the all drugs listed within this document when administered in an office or clinic setting. Some devices and supplies will also require prior authorization if listed.
- In addition, all drugs requested by nonparticipating providers shall require prior authorization i.e. Specialty Pharmacies.
- All drugs that are self-administered are covered as part of the Pharmacy Benefit. Prior authorization will be required in order to be covered as a Medical Benefit.
- Any drug that does not have an indication supported by FDA or Compendia requires authorization. Acceptable Compendia are Micromedex DrugDex and NCCN (National Comprehensive Cancer Network).

Items	Covered Benefit for	Preferred Vendor	Contact Information
Enteral formula	Medicaid/CHP limits1000-2000 calories/day	CVS Caremark	Phone: 877-432-6793 Fax: 866-255-7569
	Enriched Health		Phone: 877-432-6793 Fax: 866-255-7569
	Medicare		Phone: 855-344-0930 Fax: 855-633-7673
	QHP		Phone: 855-582-2022 Fax: 855-245-2134
	EP		Phone: 800-294-5979 Fax: 855-245-2134
Enteral supplies	All lines of business	Coram	Phone: 888-334-7978 Fax: 800-693-7322
Insulin pump/supplies, Continuous Glucose Monitoring	All lines of business	Better Living Now	Phone 1-800-854-5729 Fax: 800-654-7515 Email: insulinpump@betterlivingnow.com
Durable Medical Equipment (DME), Supplies, Orthodontics, and Prosthetics*	All lines of business	Reliacare Alliance, IPA	Phone: 877-331-5170 Fax : 718-701-5668

*Review the quantities in the "Fee Schedule" Excel document for a list of Medicaid covered supplies/DME with quantity limits at https://www.emedny.org/ProviderManuals/DME/index.aspx https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Procedure_Codes.pdf

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Brand	Generic	LOB	Code	1 Billable Unit	Covered Uses	Required Medical Information and Criteria	Exclusion Criteria
Miscellaneous Codes	Unclassified Meds	ME CHP MA QHP EP HARP	C9399 J3490 J3590 J7199 J7599 J7799 J8498 J8499 J8597 J8999 J9999	1 per NDC package size		Clinical documentation to support FDA or Compendia indication	Not to be used if drug specific code exists
ENDOCRINE							
Lupron Depot **Lupron Depot-Ped**	Leuprolide	ME CHP MA QHP EP HARP	J1950	3.75 mg	• Central Precocious Puberty (CPP) • Uterine leiomyomata with anemia • Breast Cancer (BC) • Endometriosis • Gender Dysphoria (GD)	• CPP: GnRH test, bone age assessment, imaging of the brain, age. • Liomyomata: Laboratory confirmation of anemia • BC: hormone receptor (+) • GD: Tanner Stage 2 of puberty in adolescents	• Delaying puberty for short stature • In vitro fertilization • Preserve ovarian function during chemotherapy
Lupron Depot **Eligard**	Leuprolide	ME CHP MA QHP EP HARP	J9217	7.5 mg	• Ovarian Cancer • Prostate Cancer • Gender Dysphoria (GD)	**Note: no authorization needed for prostate CA** • GD: Tanner Stage 2 of puberty in adolescents	• Premenstrual syndrome
Supprelin LA	Histrelin Implant	ME CHP MA QHP EP HARP	J9226	50 mg	• Central Precocious Puberty	GnRH test, bone age assessment, imaging of the brain, age.	• Age $\leq$ 2 • Delaying puberty for short stature

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Makena	Hydroxy-progesterone Caproate	ME CHP MA QHP EP HARP	J1725	1 mg	Asymptomatic women with singleton pregnancy at high risk for preterm birth	• Current weeks gestation and estimated delivery date. • History of spontaneous singleton preterm birth.	Short cervix
	17 Hydroxy-progesterone Compounded Injection	ME CHP MA QHP EP HARP	J3490	250mg	Asymptomatic women with singleton pregnancy at high risk for preterm birth	**Note: no prior authorization required when obtaining compounded agent from Alere.** Prior authorization required from Alere for nurse home administration.	Short cervix
HEMATOLOGICS							
Soliris	Eculizumab	QHP EP	J1300	10 mg	• Paroxysmal Nocturnal Hemoglobinuria • Atypical Hemolytic Uremic Syndrome	Confirmed Dx through laboratory test	Shiga toxin E. Coli related to hemolytic uremic syndrome (STEC-HUS).
Wilate	VWF complex	QHP	J7183	IU	VWD	For mild-moderate VWD, documentation that DDAVP is known or suspected to be inadequate	Non-FDA approved indication
Xyntha	Factor VIII (antihemophilic factor, recombinant)	QHP	J7185	IU	Hemophilia A	Confirmed diagnosis with laboratory test	Non-FDA approved indication
Alphanate	Antihemophilic factor VIII/VWF complex	QHP	J7186	IU	• Hemophilia A • Acquired Factor VIII deficiency • VWD surgical bleeding non responsive to DDAVP		Severe VWD (Type 3) undergoing major surgery
Humate P	VWF complex	QHP	J7187	IU	• Hemophilia A • VWD	For mild-moderate VWD, documentation that DDAVP	Non-FDA approved indication

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						is known or suspected to be inadequate	
NovoSeven RT	Factor VII (antihemophillic factor, recombinant)	QHP	J7189	1 mcg	• Hemophilia A • Hemophilia B • Congenital Factor VII deficiency • Glanzmann's thrombasthenia refractory to transfusions	Confirmed diagnosis with laboratory test	Non-FDA approved indication
Hemofil Koate-DVI Monoclate-P	Factor VIII (antihemophilic factor, human)	QHP	J7190	IU	Hemophilia A	Confirmed diagnosis with laboratory test	Non-FDA approved indication
Advate Helixate FS Kogenate FS Recombinate	Factor VIII (antihemophilic factor, recombinant)	QHP	J7192	IU	Hemophilia A	Confirmed diagnosis with laboratory test	Non-FDA approved indication
AlphaNine SD Mononine	Factor IX (antihemophilic factor, purified, non-recombinant)	QHP	J7193	IU	Hemophilia B	Confirmed diagnosis with laboratory test	Non-FDA approved indication
Bebulin/VH Profilnine SD	Factor IX, complex	QHP	J7194	IU	Hemophilia B	• Confirmed diagnosis with laboratory test • Bebulin VH: No allergy to heparin or heparin induced thrombocytopenia • Profilnine SD: No evidence of DIC nor fibrinolysis	Factor VII deficiency
BeneFIX	Factor IX (antihemophilic	QHP	J7195	IU	Hemophilia B	Confirmed diagnosis with laboratory test	Non-FDA approved indication

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	factor, recombinant)						
Feiba NF **Feliba VH**	Anti-inhibitor	QHP	J7198	IU	• Hemophilia A • Hemophilia B	• Confirmed diagnosis with laboratory test • No evidence of DIC, acute thrombosis or embolism	
Epogen **Procrit**	Epoetin alpha Epoetin alpha	QHP EP	J0885 J0885	1000 units 1000 units	• Anemia, CKD non-dialysis • Anemia, chemotherapy induced, non-myeloid cancer • Anemia, zidouvidine or ribavirin ADR • Surgical procedure, transfusion of blood product, allogeneic; prophylaxis	• Current Hgb • Iron studies (excluding MDS) & evidence of adequate iron intake	• SQ route is Pharmacy benefit and requires authorization from Caremark. • Anemia, CHF • Anemia, radiation • Anemia during puerperium • Anemia, dialysis
Aranesp	Darbepoetin alfa	QHP EP	J0881	1 mcg	• Anemia, CKD non-dialysis • Anemia, chemotherapy induced, non-myeloid cancer	• Current Hgb • Iron studies (excluding MDS) & evidence of adequate iron intake	• SQ route is Pharmacy benefit and requires authorization from Caremark. • Non-FDA approved indication
Neupogen **Neulasta**	Filgrastim Pegfilgrastim	QHP EP	J1442 J2505	300 mcg 6 mg	• Febrile neutropenia, in non-myeloid cancer; • Neutropenia prophylaxis • Harvesting of peripheral	• ANC • Chemotherapy regimen is intermediate-high risk of neutropenia • Patient risk factors	Non-FDA approved indication

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					blood stem cells, prior to autologous stem-cell transplantation		
Leukine	Sargramostim	QHP EP	J2820	50 mcg	•Allogeneic bone marrow transplantation, Myeloid reconstitution in HLA-matched related donors •Autologous bone marrow transplant, Myeloid reconstitution following transplant in patients with non-Hodgkin's lymphoma, Hodgkin's disease, and acute lymphoblastic lymphoma. •Bone marrow transplant, Delay or failure of myeloid engraftment. •Febrile neutropenia, In acute myelogenous leukemia following induction chemotherapy; Prophylaxis •Harvesting of peripheral blood stem cells •Peripheral blood stem cell graft, Autologous, myeloid reconstitution following transplant in patients mobilized with granulocyte macrophage colony stimulating factor	CBC w/differential Renal function LFT	Non-FDA approved indication
Mozobil	Plerixafor	QHP EP	J2562	1 mg	Combination with granulocyte-colony	• Cr at baseline • CBC w/differential	Non-FDA approved indication

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					stimulating factor (G-CSF) to mobilize hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation in patients with non-Hodgkin's lymphoma and multiple myeloma		
Neumega	Oprelvekin	QHP EP	J2355	5 mg	Prevention of severe thrombocytopenia and the reduction of the need for platelet transfusions following myelosuppressive chemotherapy	• Platelet count <20,000/mcL • Diagnosis of nonmyeloid cancer • CBC and platelets • Absence of atrial arrhythmias or fluid retention	Non-FDA approved indication
IMMUNOLOGIC							
Cytogam **Bivigam** **Privigen** **Gammaplex** **Hizentra** **Gammaked** **Gamunex** **Vivaglobin**	Immune Globulin	 ME CHP MA QHP EP HARP ME CHP	J0850 J1556 J1459 J1460 J1557 J1559 J1561 J1561 J1562	50 ml 500mg 500 mg 1 ml 500 mg 100 mg 500 mg 500 mg 100 mg	• Primary Immune Deficiency: Congenital Agammaglobulinemia, Hypogammaglobulin-emia • Bone Marrow Transplant • Kawasaki	• IgG Subclass levels – levels should be while patient is free from infection • Serum antibody titers to pneumococcus, tetanus, and/or diphtheria • Details of recurrent infections • Re-Authorizations – trough IgG levels; documenting patient response to Ig. Date of transplant, detailed	• Fibromyalgia • Lyme Disease • Pediatric Epilepsy • Neuropathy

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Gammagard **Octagam** **Carimune**		MA QHP EP HARP	J1566 J1569 J1568 J1566	500 mg 500 mg 500mg 500mg		patient history Laboratory results: • CBC • Serum ESR • Serum • C-reactive protein • Serum LFTs	
Flebogamma	Immune Globulin	ME CHP MA QHP EP HARP	J1572	500mg	Secondary Immunodeficiency: • Chronic Lymphocytic Leukemia with Hypogammaglobulinemia (CLL) • B cell CLL Hematology: • Idiopathic Thrombocytopenia Purpura (ITP) • Prophylaxis of rubella during pregnancy • Prophylaxis of hepatitis A • Post-exposure prophylaxis varicella Neurological Conditions: • Chronic Inflammatory Demyelinating Polyneuropathy (CIPD) • Inflammatory Myopathies (Polymyositis,	• Total IgG levels • Hematology: Laboratory values used to confirm diagnosis Neurology: • Testing used to confirm diagnosis (examples: EMG, Nerve Conduction Study (NCS), muscle biopsy, MRI, CSF protein, Anti-Mag antibodies,	

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					Dermatomyositis) • Guillain-Barre Syndrome • Myasthenia Gravis exacerbation • Multifocal Motor Neuropathy • Relapsing/Remitting Multiple Sclerosis	Anti-GD1a, Anti-GD1b) • Documentation of standard treatment tried/failed/contraindicate • Multifocal Motor Neuropathy – Anti-GM 1 antibody results	
METABOLIC							
Aldurazyme	Laronidase	QHP EP	J1931	0.1 mg	Hurler and Hurler-Scheie forms of Mucopolysaccharidosis, Type I and Scheie form with moderate to severe symptoms	Enzyme assay showing deficiency of L-iduronidase	Non-FDA approved indication
Cerezyme **VPRIV** **Elelyso**	Imiglucerase Velaglucerase alfa Taliglucerase alpfa	QHP EP	J1786 J3385 J3060	10 units 100 units 10 units	Type 1 Gaucher disease in pediatric and adults with one or more of the following: anemia, thrombocytopenia, bone disease, hepatomegaly, or splenomegaly	• Enzyme assay demonstrating deficiency of beta glucosidase enzyme activity or by DNA testing • $\geq$ 1 disease complications	• Non-FDA approved indication • Combined use with Zevesca
Elaprase	Idursulfase	QHP EP	J1743	1 mg	Hunter syndrome or (mucopolysaccharidosis II)	• Enzyme assay shown deficiency of iduronate-2-sulfate enzyme activity or by DNA testing	Non-FDA approved indication
Fabrazyme	Agalsidase beta	QHP EP	J0180	1 mg	Fabry's disease	• Assay shown deficiency of alpha galactosidase enzyme activity or DNA testing • Symptoms description	Non-FDA approved indication
Myozyme	Alglucosidase	QHP	J0220	10 mg	Pompe disease, infantile	Enzyme test demonstrate	Non-FDA approved

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	alfa	EP			onset	reduce GAA enzyme activity or DNA testing for mutation in the GAA gene	indication
Lumizyme	Alglucosidase alfa	QHP EP	J0221	10 mg	8 years of age or older with late-onset (non-infantile) Pompe disease (GAA deficiency) who do not have evidence of cardiac hypertrophy	Enzyme test demonstrate reduce GAA enzyme activity or DNA testing for mutation in the GAA gene	Non-FDA approved indication
Naglazyme	Galsulfase	QHP EP	J1458	1 mg	Mucopolysaccharidosis type VI (Maroteaux-Lamy syndrome)	Assay shown deficiency of N-acetylgalactosamine-4-sulfatase enzyme activity or by DNA testing	Non-FDA approved indication
Vimizim	Elosulfase alpfa	QHP EP	J1322	1 mg	Mucopolysaccharidosis type IVA (Morquio A syndrome)	Assay shown deficiency of N-acetylgalactosamine-6-sulfatase enzyme activity or by DNA testing	Non-FDA approved indication
Aralast Glassia	Alpha1-proteinase inhibitor	QHP EP	J0256 J0257	10 mg 10 mg	Alpha-1-antitrypsin deficiency	• Pretreatment serum Alpha 1-antitrysin (AAT) levels • Post-bronchodilation FEV1 % of predicted	Non-FDA approved indication
NEUROLOGIC							
Botox	Onabotulinumtoxin A	ME CHP MA QHP EP HARP	J0585	1 unit	• Primary axillary hyperhidrosis in adults • Chronic migraine prophylaxis • Overactive bladder • Neurogenic bladder • Blepharospasm (≥12 years old) • Strabismus (≥12 years old) • Cervical Dystonia (≥16	• Trial of topical agents • Trial of at least 3 classes of migraine prophylaxis meds for at least 2 month duration for each agent • Failure/intolerance to other drugs • Neurologic workup with previous treatments	•Cosmetics uses •Diabetic neuropathic pain •Spasticity related to stroke (except Botox) •Writer's cramp • Laryngeal dystonia •Motor tics

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					years old) • Hemifacial Spasm • **Botox ONLY:** Upper and Lower extremity spasticity in adults including related to stroke • Spasticity related to Cerebral Palsy • Achalasia • Sialorrhea, Parkinson's		•Anal fissure •Excessive salivation from other neurologic disorder
Myobloc	Rimabotulinumtoxin	ME CHP MA QHP EP HARP	J0587	100units	• Cervical Dystonia	Neurologic workup with previous treatments	
Xeomin	Incobotulinumtoxin A	ME CHP MA QHP EP HARP	J0588	1 unit	• Blepharospasm • Cervical Dystonia	Neurologic workup with previous treatments	
Dysport	Abobotulinumtoxin	ME CHP MA QHP EP HARP	J0586	5 units	• Blepharospasm • Cervical Dystonia • Upper extremity spasticity in adults • Lower extremity spasticity in pediatric patients related to Cerebral Palsy (≥ 2 to ≤ 17 years old)	Neurologic workup with previous treatments	
Novantrone	Mitoxantrone	QHP EP	J9293	5 mg	Relapsing forms of Multiple Sclerosis	• Baseline or current cardiac function & LVEF • CBC with Diff	Non-FDA approved indication

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Brand	Generic	LOB	Code	1 Billable Unit	Covered Uses	Required Medical Information and Criteria	Exclusion Criteria
						• Hepatic function • Lifetime cumulative dose **Note: no authorization needed for Acute myeloid leukemia or prostate cancer.**	
Tysabri	Natalizumab	QHP EP	J2323	1 mg	• Relapsing forms of Multiple Sclerosis • Crohn's disease moderate-severe	• Anti-John Cunningham Virus (JCV) antibody negative • MS: Insufficient response to other biologics & MRI scan • Crohn's Disease: Prior treatment use	Non-FDA approved indication
OPHTHALMIC							
Avastin	Bevacizumab	ME QHP EP HARP	C9257 Facili-ties Only J9035	0.25 mg 10 mg	• Diabetic macular edema • Diabetic retinopathy with macular edema • Retinal vascular occlusion • Wet age related macular degeneration • Classic subfoveal choroidal neovascularization due to AMD • Retinopathy of prematurity • Glaucoma associated with vascular eye disorders • Pathologic myopia with subfoveal choroidal neovascularization	• Confirmed diagnosis through optical coherence tomography • Visual acuity • Informed consent for compounded formulation • Macular edema - Clinically significant with central involvement/vision loss **Note: no authorization needed for cancer indications when supported by FDA or Compendia**	• Dry age related macular degeneration • Proliferative diabetic retinopathy without macular edema **EXCEPT Lucentis** • Combination therapy with intravitreal pharmacother-apy

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Eylea	Aflibercept	ME QHP EP HARP	J0178	1mg	• Diabetic macular edema • Diabetic retinopathy with macular edema • Retinal vascular occlusion • Wet age related macular degeneration	• Confirmed diagnosis through optical coherence tomography • Visual acuity • Macular edema - Clinically significant with central involvement/vision loss	• Dry age related macular degeneration • Proliferative diabetic retinopathy without macular edema • Combination therapy with intravitreal pharmacother-apy
Lucentis	Ranibizumab	ME QHP EP HARP	J2778	0.1 mg	• Diabetic macular edema • Diabetic retinopathy with or without macular edema • Retinal vascular occlusion • Wet age related macular degeneration	• Confirmed diagnosis through optical coherence tomography • Visual acuity • Macular edema - Clinically significant with central involvement/vision loss	
Macugen	Pegaptanib	ME QHP EP HARP	J2503	0.3 mg	• Diabetic macular edema • Diabetic retinopathy with macular edema • Wet age related macular degeneration	• Confirmed diagnosis through optical coherence tomography • Visual acuity • Macular edema - Clinically significant with central involvement/vision loss	
Visudyne	Verteporfin	ME QHP EP HARP	J3396	0.1 mg	• Wet age related macular degeneration • Classic subfoveal choroidal neovascularization due to AMD • Pathologic myopia with subfoveal choroidal	• Confirmed diagnosis through optical coherence tomography • Visual acuity • Documentation to support that lesion compromises $\geq$ 50% of entire lesion & treatment spot $\leq$6.4 mm	

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					neovascularization • Histoplasmosis retinitis	diameter	
RESPIRATORY							
Synagis	Palivizumab	ME CHP MA QHP EP HARP	90378	50 mg	Seasonal usage: November-March Prevention of lower respiratory tract disease in infants at high risk for RSV: • Chronic Lung Disease • Premature Infant • Congenital Abnormality of airway/Neuro-muscular Condition • Hemodynamically unstable chronic heart disease	• Gestational age • Weight • Risk factors	• Hypersensitiv-ity • Age > 12 months • Healthy infants born ≥ 29 wks/0 days gestation
Cinryze **Berinert**	C1 esterase inhibitor (human)	ME CHP MA QHP EP HARP	J0598 J0597	10 units 10 units	Hereditary angioedema (HAE) (>12 years old) prophylaxis	• Previous medication trials • Confirmed diagnosis of HAE by laboratory testing	• Emergency CABG
Firazyr **Kalbitor**	Icatibant Ecallantide	ME CHP MA QHP EP HARP	J1744 J1290	1 mg	Acute attacks of HAE	• Laboratory confirmation of HAE • Administered by appropriate health care specialist	Non-FDA approved indication
Xolair	Omalizumab	ME CHP MA QHP	J2357	5 mg	• Moderate to severe persistent asthma & (+) skin test reactive to perennial allergen &	• Age ≥ 12 y/o • IgE level • Body Weight • Documented medication	• Allergy to peanuts • Allergic rhinitis

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		EP HARP			inadequately controlled by corticosteroids. • Moderate to severe urticaria unresponsive to 6 months of antihistamines, corticosteroids or leukotriene.	history Treatment history	prophylaxis • Latex Allergy • Dosing outside FDA label.
Rheumatologic							
Euflexxa **Gel-One** **Hyalgan** **Orthovisc** **Supartz** **Monovisc** **Synvisc** **GelSyn-3**	Hyaluronate sodium	ME CHP MA QHP EP HARP	J7323 J7326 J7321 J7324 J7321 J7327 J7325 J7328	20mg/2ml Per dose 20mg/2ml 30mg/2ml 25mg/2.5ml Per dose 1mg 0.1 mg	Treatment of pain in Osteoarthritis (OA) of the knee is no longer considered a covered benefit for **Medicaid.**	• Radiographic studies to support diagnosis • Pharmacological treatment history including use of intraarticular steroids • History of weight loss and rehab therapy	• OA knee • Non-FDA approved indication
Prolia **Xgeva**	Denosumab	QHP EP ME HARP	J0897	1 mg 1mg	• Treatment of postmenopausal women with osteoporosis at high risk of fracture • Treatment to increase bone mass in men with osteoporosis at high risk for fracture • Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastic prostate cancer	• Duration & response to trial of oral bisphosphate • Bone mineral density pretreatment T-score • Fracture risk factors • Serum calcium • Oral exam • Pregnancy status	Non-FDA approved indication

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					• Treatment to increase bone bass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer		
Reclast **Zometa** (see note in "Required Medical Information and Criteria")	Zoledronic acid	QHP EP ME HARP	J3489	1 mg	**<u>Reclast ONLY:</u>** • Treatment and prevention of postmenopausal osteoporosis • Treatment to increase bone mass in men with osteoporosis • Treatment and prevention of glucocorticoid-induced osteoporosis • Treatment of Paget's disease	• Duration & response to trial of oral bisphosphate • Bone mineral density pretreatment T-score • Fracture risk factors • Renal function • Serum calcium, magnesium, phosphate • **<u>Note:</u>** *Zometa*® (also known as zolendronic acid) has the same J code as *Reclast*®. Zometa® does not require authorization when used for Hypercalcemia of malignancy	Non-FDA approved indication
Forteo	Teriparatide	QHP EP ME HARP	J3110	10 mcg	• Treatment of postmen-opausal women with os-teoporosis at high risk for fracture • Treatment to increase bone mass in men with primary or hypogonadal osteoporosis at high risk	• Duration & response to trial of oral bisphosphate • Bone mineral density pretreatment T-score • Fracture risk factors	• Non-FDA approved indication • Paget's disease of bone

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					for fracture • Treatment of men and women with osteoporosis associated with sustained systemic glucocorticoid therapy at high risk for fracture		
Actemra **Orencia** **Simponi Aria**	Tocilizumab Abatacept Golimumab	QHP EP	J3262 J0129 J1602	1 mg 10 mg 1 mg	Rheumatoid Arthritis IV route	• Screened for latent TB • History of past treatment regimens	• SQ route is Pharmacy benefit and requires authorization from Caremark • Non-FDA approved indication
Remicade	Infliximab	QHP EP	J1745	10 mg	• Crohn's disease • Ulcerative colitis • Rheumatoid Arthritis • Severe plaque psoriasis • Psoriatic arthritis	• Screened for latent TB • History of past treatment regimens	Non-FDA approved indication
Supplies							
Insulin Pump & Supplies	External ambulatory infusion pump, insulin Disposable insulin delivery system	ME CHP MA QHP EP HARP	E0784 A9274	1 unit	• Type 1 or Type 2 diabetes AND the patient has completed a comprehensive diabetes education program and has been on multiple injections of insulin with frequent self-adjustments for at least	• C-peptide • Evidence of member motivation & pump training • Glucose monitoring log • Insulin frequency	

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					6 months OR • Gestational diabetes AND has the patient completed a comprehensive diabetes education program.		
Continuous Glucose Monitoring Systems	Sensor Transmitter Receiver Monitor	ME CHP MA QHP EP HARP	A9276 A9277 A9278	1 unit	Adults with Type I DM without adequate control despite frequent self-monitoring of blood glucose levels	• Glucose monitoring log • Insulin frequency	• Type II DM • Children/Adolescents with Type I DM • Pregnancy/ Gestational DM
MISCELLANEOUS							
Caverject Muse Pavacot Oraverse	Alprostadil Alprostadil urethral Papaverine Phentolamine	ME CHP MA QHP EP HARP	J0270 J0275 J2440 J2760	1.25 mcg 125 mcg 60 mg 5 mg	Diagnosis of Erectile Dysfunction (ED)	Complete physical examination.	• Treatment of ED • Registered Sex Offender • Male infertility
Solesta	Dextranomer/ hyaluronic acid copolymer implant, anal canal	ME CHP MA QHP EP HARP	L8605	1 ml	Fecal incontinence	• History of trial of pharmacologic & non-pharmacologic therapies. • Cleveland clinic Florida Incontinence Score (CCFIS) & history of fecal incontinence.	• Urinary incontinence • Vesicoureteral reflux