



REMINDER: IMPORTANT NOTICE REGARDING DRUG COVERAGE AND PEBTF MEMBERS: CERTAIN SPECIALTY MEDICATIONS EXCLUDED FROM MEDICAL BENEFIT FOR PEBTF PATIENTS

Highmark administers health care benefits for the Pennsylvania Employees Benefit Trust Fund (PEBTF). As announced previously, at the direction of PEBTF, effective Feb. 1, 2016, certain specialty medications (listed in the table below) will be excluded from the PEBTF medical benefit in certain situations.

WHAT THIS MEANS FOR PHYSICIANS

Depending on the physician's preference for how he or she obtains these drugs, the impact of this change will vary as follows:

- Physicians who are treating a PEBTF member and wish to purchase these drugs directly from the manufacturer and bill Highmark directly for reimbursement for the drug may continue to do so.
- Physicians who are treating a PEBTF member and wish to order these drugs from a specialty pharmacy provider must obtain them from CVS/specialty by calling 1-800-237-2767. Prior authorization will also be required for these medications through CVS. The authorization department can be reached at 1-866-814-5506.
- Home infusion providers who provide the medication via means of infusion can continue to buy and bill through Highmark.
- Home infusion providers who provide the medication by means of injection must obtain the medication from CVS/specialty.

Note: Physicians should continue to bill Highmark for the administration of the drug, regardless of which method they used to obtain the drug.

HOW TO IDENTIFY PEBTF MEMBERS

You can identify PEBTF members with PPO coverage by the alpha prefix OPB and by the PEBTF logo in the upper right corner of their member ID card.

MEMBER NAME		MEMBER ID	
[REDACTED]		OPB [REDACTED]	
Group	OPB378	Office Visit	\$15
BS Plan	378	Specialist Visit	\$25
		Emergency Room	\$50

NEW LIST DIFFERS FROM PREVIOUS EXCEPTION LIST

Since 2011, PEBTF has excluded certain anemia, oncology and hemophilia drugs from the PEBTF medical benefit. The exclusion of those drugs from the PEBTF medical benefit will continue. That list is separate from the list below. You can find the 2011 list of excluded anemia, oncology and hemophilia drugs in the December 2010 issue of *Policy, Review & News (PRN)*. This and other past issues of *PRN* and other Highmark publications are available on the Provider Resource Center under *Publications & Mailings*.

Please scroll down for list of drugs



DRUG NAME	J CODE
ACROMEGALY	
• <i>octreotide acetate</i> (SANDOSTATIN)	J2354
• Sandostatin Lar	J2353
• Somatuline Depot*	J1930
• Somavert*	No HCPCS code available
ALCOHOL / OPIOID DEPENDENCY	
• Vivitrol	J2315
ALLERGEN IMMUNOTHERAPY	
• Oralair*	No HCPCS code available
ALLERGIC ASTHMA	
• Xolair*	J2357
BOTULINUM TOXINS	
• Botox	J0585
• Dysport	J0586
• Myobloc	J0587
• Xeomin*	J0588
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES	
• Arcalyst	J2793
• Ilaris*	J0638
CYSTIC FIBROSIS	
• Bethkis*	J7682,J7685
• Kalydeco*	
• Kitabis Pak*	
• Orkambi*	
• Pulmozyme	J7639
• Tobi Podhaler* <i>tobramycin nebulizer</i> (TOBI*)	J7682
DUPUYTREN'S CONTRACTURE	
• Xiaflex*	J0775
GASTROINTESTINAL DISORDERS-OTHER	
• Gattex*	No HCPCS code available
GROWTH HORMONE & RELATED DISORDERS	
Growth Hormone Disorders	
• Genotropin	J2941
• Humatrope	J2941
• Norditropin	J2941
• Nutropin	J2941
• Omnitrope	J2941
• Saizen	J2941
• Serostim*	J2941
• Tev-Tropin	J2941
• Zomacton	J2941
• Zorbtive	J2941
IGF-1 Deficiency	
• Increlex*	J2170
HEMATOPOIETICS	
• Mozobil*	J2562
• Neumega	J2355
HEMOPHILIA, VON WILLERBRAND DISEASE & RELATED BLEEDING DISORDERS	
• Alprolix	C9135
• Corifact*	J7180
• Eloctate	Q9975
• Helixate FS	J7192

* Indicates Limited Distribution products distributed by CVS/specialty.

Continued below

DRUG NAME	J CODE
HEMOPHILIA, VON WILLERBRAND DISEASE & RELATED BLEEDING DISORDERS (continued)	
• Ixinity	No HCPCS code available
• Novoeight*	J7182
• Obizur*	No HCPCS code available
• Riastap	J7178
• Rixubis	J7200
• Stimate	No HCPCS code available
• Tretten*	C9134
HEPATITIS C	
• Daklinza	
• Harvoni	No HCPCS code available
• Incivek	No HCPCS code available
• Infergen	J9212
• Olysio	No HCPCS code available
• Pegasys	S0145
• Pegintron	S0148
• Rebetol Solution	No HCPCS code available
• Ribapak	No HCPCS code available
• Ribasphere	No HCPCS code available
• Ribatab	No HCPCS code available
• <i>ribavirin caps</i> (REBETOL)	No HCPCS code available
• <i>ribavirin tabs</i> (COPEGUS)	No HCPCS code available
• Sovaldi	No HCPCS code available
• Technivie	
• Victrelis	No HCPCS code available
• Viekira Pak	No HCPCS code available
HEREDITARY ANGIOEDEMA	
• Berinert*	J0597
• Cinryze*	J0598
• Firazyr*	J1744
• Kalbitor*	J1290
HIV MEDICATIONS	
• Egrifta*	No HCPCS code available
• Fuzeon	J1324
HORMONAL THERAPIES	
• Aveed*	J3145
• Eligard	J9218
• Firmagon	J9155
• <i>leuprolide acetate</i> (LUPRON)	J1950, J9217, J9218, J9219
• Lupaneta Pack	No HCPCS code available
• Lupron Depot	J1950, J9217, J9218, J9219
• Natpara*	No HCPCS code available
• Supprelin LA*	J9226
• Trelstar	J3315
• Vantas	J9225
• Zoladex	J9202
IMMUNE DEFICIENCIES & RELATED DISORDERS	
• Hyqvia	No HCPCS code available
IMMUNE (IDIOPATHIC) THROMBOCYTOPENIC PURURA	
• Nplate	J2796
• Promacta*	No HCPCS code available
INFECTIOUS DISEASE	
• Actimmune*	J9216

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Continued below

DRUG NAME	J CODE
INFLAMMATORY BOWEL DISEASE	
• Cimzia	J0717
• Humira	J0135
IRON OVERLOAD	
• <i>deferoxamine</i> (DEFERAL)	J0895
• Exjade*	No HCPCS code available
• Jadenu*	No HCPCS code available
LIPID DISORDERS	
• Kynamro*	No HCPCS code available
LIPID DISORDERS – PCSK9 INHIBITORS	
• Praluent*	
• Repatha	
LYSOSOMAL STORAGE DISORDERS	
• Cerdelga*	No HCPCS code available
MIGRAINE	
• Zecuity*	
MOVEMENT DISORDERS	
• Apokyn*	J0364
• Northera*	No HCPCS code available
• tetrabenzene (Xenazine)*	No HCPCS code available
MULTIPLE SCLEROSIS	
• Ampyra*	No HCPCS code available
• Aubagio*	No HCPCS code available
• Avonex	J1826, Q3027
• Betaseron	J1830
• Extavia	J1830
• Gilenya	No HCPCS code available
• <i>glatiramer acetate</i> (COPAXONE, GLATOPA)	J1595
• Plegridy*	No HCPCS code available
• Rebif	J1826, Q3028
• Tecfidera*	No HCPCS code available
• Zarxio	
NEUTROPENIA	
• Granix	No HCPCS code available
• Leukine	J2820
• Neulasta	J2505
• Neupogen	J1442
ONCOLOGY-INJECTABLE	
• Synribo	No HCPCS code available
• Thyrogen*	J3240
• Xgeva	J0897
ONCOLOGY-ORAL/TOPICAL	
• Afinitor	J7527
• Bosulif	No HCPCS code available
• Erivedge*	No HCPCS code available
• Farydak*	No HCPCS code available
• Gleevec	S0088
• Hycamtin*	J8705, J9351
• Ibrance*	No HCPCS code available
• Inlyta*	No HCPCS code available
• Jakafi*	No HCPCS code available
• Mekinist*	No HCPCS code available
• Mugard	No HCPCS code available
• Nexavar*	No HCPCS code available
• Pomalyst*	No HCPCS code available

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Continued below

DRUG NAME	J CODE
ONCOLOGY-ORAL/TOPICAL (continued)	
• Revlimid*	No HCPCS code available
• Sprycel	No HCPCS code available
• Stivarga*	No HCPCS code available
• Sutent	No HCPCS code available
• Tafinlar*	No HCPCS code available
• Tarceva*	No HCPCS code available
• <i>bexarotene</i> (Targretin)	No HCPCS code available
• Tassigna	No HCPCS code available
• <i>temozolomide</i> (TEMODAR)	J9328,J8700
• Thalomid	No HCPCS code available
• Tykerb*	No HCPCS code available
• Votrient*	No HCPCS code available
• Xalkori*	No HCPCS code available
• Xtandi*	No HCPCS code available
• Zelboraf*	No HCPCS code available
• Zolanza	No HCPCS code available
• Zykadia	No HCPCS code available
• Zytiga	No HCPCS code available
OSTEOPOROSIS	
• Forteo	J3110
• Prolia	J0897
PHENYLKETONURIA	
• Kuvan*	No HCPCS code available
PRE-TERM BIRTH	
• Makena*	J1725
PSORIASIS	
• Cosentyx*	No HCPCS code available
• Enbrel	J1438
• Humira	J0135
• Otezla*	No HCPCS code available
• Otrexup	No HCPCS code available
• Rasuvo	No HCPCS code available
• Stelara	J3357
PULMONARY ARTERIAL HYPERTENSION	
• Adcirca	No HCPCS code available
• Adempas*	No HCPCS code available
• Letairis*	No HCPCS code available
• Opsumit*	No HCPCS code available
• Orenitram*	No HCPCS code available
• <i>sildenafil citrate</i> (REVATIO)*	No HCPCS code available
• Tracleer*	No HCPCS code available
• Tyvaso*	J7686
• Ventavis	Q4074
PULMONARY DISORDERS-OTHER	
• Esbriet*	No HCPCS code available
RENAL DISEASE	
• Sensipar	No HCPCS code available
RESPIRATORY SYNCYTIAL VIRUS	
• Synagis	90378
RETINAL DISORDERS	
• Eylea*	J0178
• Iluvien*	No HCPCS code available
• Lucentis*	J2778
• Macugen*	J2503
RHEUMATOID ARTHRITIS	
• Actemra* (SQ)	J3262
• Cimzia	J0717

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Continued below

DRUG NAME	J CODE
RHEUMATOID ARTHRITIS (continued)	
• Enbrel	J1438
• Humira	J0135
• Kineret	No HCPCS code available
• Orencia	J0129
• Otrexup	No HCPCS code available
• Rasuvo	No HCPCS code available
• Xeljanz	No HCPCS code available
SEIZURE DISORDERS	
• H.P. Acthar Gel*	J0800
• Sabril*	No HCPCS code available
UREA CYCLE DISORDERS	
• <i>phenylbutyrate sodium</i> (BUPHENYL)	No HCPCS code available
• Ravicti*	No HCPCS code available

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Please note: For the remaining drugs covered under Highmark's Medical Injectable Drug Program, Premier Blue Shield physicians may choose to order them from Walgreens Specialty Pharmacy (WSP) by calling, toll-free, 1-888-347-3416. For additional information about Highmark's Medical Injectable Drug Program, visit the *Pharmacy/Formulary Information* link on the Provider Resource Center.

If you have specific questions about the Highmark Medical Injectable Drug Program, please contact Provider Service at 1-866-731-8080, Option 7.