Banner
Plan Administration

BANNER CHOICE PLUS
BANNER SELECT 500
Prior Authorization List

Effective July 1, 2017

- Services at any **non-contracted** facility/provider/vendor
- Services at any post-acute facility (SNF, AIR, LTAC, etc)
- Ambulance Services (non-emergent)
- Bariatric Surgery
- (Potentially) Cosmetic Procedures (ex: Breast Reduction, Blepharoplasty, Strabismus, Panniculectomy)
- Cochlear and auditory brainstem implants
- DME /Prosthetics/Orthotics **over $500**
- Electrical Stimulation Procedures- **All** (i.e.: brain, bladder, spine)
- Endometrial Ablation
- Experimental or Investigational treatments or surgeries (**including Clinical Trials)**
- Gender Reassignment
- Genetic Testing (all)
- Home Based Medical Services
- Hyperbaric Oxygen Therapy
- Hysterectomy
- Implantable Cardiac Defibrillator (all)
- Infertility/IVF/Sperm Analysis
- iRhythm Zio Cardiac Monitoring Patch
- Obstetrical Care
- Obstructive Sleep Apnea Surgeries (ex, UPPP/Uvulectomy, etc.)
- Orthognathic and TMJ surgical procedures
- Pain Infusion Pumps
- Proton Beam Therapy
- Spinal Surgeries
- Total Joints (all)
- Transplants (excludes corneal)
- Transoral Incisionless Fundoplication (TIF)
- Varicose Vein Treatment/Ablation
- Ventricular Assistive Device (VAD)
- Banner Health Medical Pharmacy Medication (see list)

Within Maricopa/Pinal County, AZ Only
All CT/CTA/MRI/MRA/PET Scans - Submit to Health Help at Fax: (800) 439-1638; Phone: (800) 595-9846; Website: http://www.healthhelp.com/bannerhealth

All other areas: All radiology, cardiopulmonary, therapy, ancillary, and laboratory services should be provided at a contracted facility. Go to www.bannerhealthnetwork.com to locate contracted AZ providers.

Outside of AZ https://www.bannerhealthplans.com
For questions or more information, please call Banner Service Center at (480) 684-7070 in the Phoenix area, or (800) 827-2464 for all other areas.

Banner Health Medical Pharmacy Medication Prior Authorization List 2017

Drug Name or Category of Treatment	Generic Name	Code
Actemra	tocilizumab	J3262
Aldurazyme	laronidase	J1931
Alphanate	Injection, antihemophiliac factor VIII/ Von Willebrand factor complex	J7186
Alphanate VWF complex	Von Willebrand Factor complex Human ristocetin Cofactor	J7187
AlphaNine SD, Mononine	Factor IX (antihemophilic factor, purified, non-recombinant) per I.U.	J7193
Alprolix	factor ix (antihemophiliac factor, recombinant), Alprolix per 10 i.u.	C9135
Aralast	Alpha 1-proteinase inhibitor-human	J0256
Aranesp	darbepoetin alfa	J0881
Atryn	Injection, antithrombin recombinant, 50 I.U.	J7196
Autoplex T, Feiba VH A1CC	Anti-inhibitor, per IU	J7198
Aveed	testosterone undecanoate, injection 1mg	C9023
Benefix	Factor IX (antihemophilic factor, recombinant) oer I.U.	J7195
Benlysta	Injection, belimumab, 10mg	J0490
Berinert	Injection, C-1 esterase inhibitor (human), 10 units	J0597
Botox	botulinum toxin type A	J0585, J0586, J0588
Carimune/Carimune NF	Immune globulin, lyophilized (IVIG)	J1566
Cerezyme	injection, imiglucerase 10 units	J1786
Cidofovir	vistide 75mg	J0740
Cimzia	certolizumab	J0718
Cinqair	reslizumab	J3590, J3490
Cinryze	C1 esterase inhibitor (human)	J0598
Corifact	Injection, factor XIII (antihemophilic factor, human), 1 IU	J7180
Elaprase	idursulfase, 1mg	J1743
Elocate	Factor VIII fc fusion recombinant	J7205
Entyvio	vedolizumab, injection 1mg	C9026, J3380
Euflexxa	hyaluronan or derivative	J7323
Eylea	Aflibercept	J0178
Fabrazyme	agalsidase beta	J0180
Factor VIIa antihemophilic factor, recombinant	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram	J7189

Flebogamma	Immune globulin, non-lyophilized (IVIG)	J1572
Drug Name or Category of Treatment	**Generic Name**	**Code**
Gammagard liquid injection	Immune globulin, non-lyophilized (IVIG), Gammagard liquid	J1569
Gammagard/Gammagard SD	Immune globulin, lyophilized (IVIG)	J1566
Gammaplex	Immune globulin, non-lyophilized	J1557
Gammar-P	Immune globulin, lyophilized (IVIG)	J1566
Gamunex	Immune globulin, non-lyophilized (IVIG)	J1561
Gel-One	hyaluronan or derivative	J7326
Gel-Syn	hyaluronan or derivative	J7328
Genvisc 850	hyaluronan or derivative	Q9980
Glassia	alpha 1 proteinase, inhibitor (human), 10 mg	J0257
Hemophilia clotting factor, not otherwise classified	Hemophilia clotting factor, not otherwise classified	J7199
Hizentra	Immune globulin, (injection)	J1559
HP Acthar Gel Injection	repository Corticotropin Inj	J0800
Hyalgan or Supartz	hyaluronan or derivative	J7321
Hymovis	hyaluronan or derivative	J3490, C9471
Ilaris	Injection, canakinumab, 1mg	J0638
Iluvien	fluocinolone acetonide intravitreal implant	J7313
Immune Globulin NOS	Immune globulin, non-lyophilized (injection)	J1599
Injectafer	Ferric Carboxymaltose	J1439
Iveegam EN	immune globulin, lyophilized (IVIG)	90283
Jetrea	ocriplasmin 0.125mg	J7316
Kalbitor	ecallantide	J1290
Kineret	Anakinra	J3490, J3590
Konyne-80,	Factor IX complex, per IU	J7194
Krystexxa	injection, pegloticase 1mg	J2507
Lucentis	Ranibizumab	J2778
Lumizyme	alglucosidase Alpha	J0221
Macugen	Pegaptanib Sodium	J2503
Makena	injection, hydroxyprogesterone caproate, 1 mg	J1725
Mircera	epoetin beta	J0887 & J0888

Monarc-M, Koate-DVI, Monoclate-P	Factor VIII (anti-hemophilic factor, human) per IU	J7190
Drug Name or Category of Treatment	**Generic Name**	**Code**
Monovisc	hyaluronan or derivative	J7327
Mozobil	injection, plerixafor 1mg	J2562
MyoBloc (Botulinum toxin type B)	MyoBloc (Botulinum toxin type B)	J0587
Myozyme	alglucosidase Alpha, 10mg	J0220, J0221
Naglazyme	galsulfase	J1458
Natrecor	nesiritide, 0.1mg	J2325
NPlate	injection, romiplostim, 10mcg	J2796
Nucala	mepolizumab	J3590
Nulojix	nesiritide 0.1mg	J0485
Octegam	Immune globulin, non-lyophilized (IVIG)	J1568, 90283
Orencia	abatacept	J0129
Orthovisc	hyaluronan or derivative	J7324
Ozurdex	dexamethasone intravitreal implant	J7312
Panglobulin/Panglobulin NF	Immune globulin, lyophilized (IVIG)	J1566
Privigen	Immune globulin, non-lyophilized (liquid) 500mg (IVIG)	90283, J1459
Procrit or Epogen	epoetin alpha	J0885
Prolastin	Alpha 1-protenase inhibitor – human	J0256
Prolia	denosumab	J0897
Recombinate, Kogenate FS, Helixate FX, Advate rAHF-PFM, Antihemophilic Factor Human Method M Monoclonal Purified,Refracto	Factor VIII (antihemophilic factor, recombinant) Per I.U.	J7192
Remicade	infliximab	J1745
Remodulin	tresprostinil,inhalation solution	J7686
Retisert	fluocinolone acetonide intravitreal implant	J7311
Rituxan	rituximab	J9310
Simponi	golimumab	J1602
Solaris	eculizumab injection	J1300
Stelara	ustekinumab	J3357, J3590
Synvisc or Synvisc-One	hyaluronan or derivative	J7325
Thrombate III, AT native	Antithrombin III (human), per IU	J7197
Tysabri	natalizumab	J2323
Unclassified biologicals		C9399, J3590
Vimizim	Injection, elosulfase alfa, 1mg	C9022
Vivitrol	Naltrexone	J2315

Vpriv	velaglucerase alfa	J3385
Drug Name or Category of Treatment	**Generic Name**	**Code**
Wilate	Willebrand factor/coagulation Factor VIII complex (Human)	J7183
Xeomin	incobotulinumtoxinA 1 unit	J0588
Xgeva	denosumab	J0897
Xiaflex	injection, collagenase clostridium histolyticum, 0.01 mg	J0775
Xolair	omalizumab	J2357
Xyantha	Injection, factor VIII (antihemophilic factor, recombinant) (xyntha), per I.U.	J7185
Zemaira	Alpha 1-proteinase inhibitor - human	J0256

BHN UM Committee approval May 2017