

Medicare Part B Drugs Requiring Prior Authorization

PRE-CERTIFICATION is required for the following drugs when administered as part of the Medicare Part B benefit. All listed brands and their generic equivalents require prior authorization. Since the list of Part B drugs changes over time due to new drug arrivals and other market conditions, it is important to contact Superior HealthPlan Advantage for updates.



HCPCS Code	Trade Names
J0129	Orencia
J0135	Humira
J0178	Eylea
J0180	Rabrazyme
J0207	Amifostine, Ethyol
J0220	Myozyme
J0221	Lumizyme
J0256	Aralast, Prolastin, Zemaira
J0257	Glassia
J0364	Apokyn
J0480	Simulect
J0490	Benlysta
J0585	Botox
J0586	Dysport
J0587	Myobloc
J0588	Xeomin
J0597	Beriner
J0598	Cinryze
J0638	Ilaris
J0641	Fusilev
J0718	Cimzia
J0775	Xiaflex
J0800	Acthar HP
J0850	Cytogam
J0881	Aranesp
J0882	Aranesp
J0885	Epogen, Procrit
J0886	Epogen, Procrit
J0895	Deferoxamine, Desferal
J0897	Prolia
J1190	Dexrazoxane, Totect, Zinecard
J1290	Kalbitor

J1300	Soliris
J1325	Epoprostenol Sodium, Flolan
J1438	Enbrel
J1440	Neupogen
J1441	Neupogen
J1458	Naglazyme
J1459	Privigen
J1460	GamaSTAN S/D
J1557	Gammaplex
J1559	Hizentra
J1560	GamaStan S/D
J1561	Gamunex
J1566	Carimune NF, Gammagard S/D
J1568	Octagam
J1569	Gammagard
J1572	Flebogamma, Flebogamma DIF
J1640	Panhematin
J1645	Fragmin
J1650	Enoxaparin Sodium, Lovenox
J1652	Arixtra
J1740	Boniva
J1743	Elaprase
J1745	Remicade
J1786	Cerezyme
J1930	Somatuline
J1931	Aldurazyme
J1950	Lupron Depot
J2278	Prialt
J2315	Vivitrol
J2323	Tysabri
J2325	Matrecor
J2353	SandoSTATIN LAR Depot
J2354	Octreotide Acetate, SandoSTATIN

J2335	Neumega
J2357	Xolair
J2358	(Zyprexa Relprevv)
J2425	Kepivance
J2426	(Invega Sustenna)
J2501	zemplar
J2503	Macugen
J2504	Adagen
J2505	Neulasta
J2507	KRYSTEXXA:
J2562	Mozobil
J2724	Ceprotrin
J2778	Lucentis
J2783	Elitek
J2791	Rhophylac
J2792	Winrho SDF
J2794	Risperdal Consta
J2796	Nplate
J2820	Leukine
J3095	Vibativ
J3240	Thyrogen
J3262	Actemra
J3285	Remodulin
J3315	Trelstar Depot, Trelstar LA, Trelstar Mixject
J3357	Stelara
J3385	Vpriv
J3396	Visudyne
J3487	Zometa
J3488	Reclast
J7183	Wilate
J7185	Xyntha
J7186	Alphanate/VWF Complex/Human
J7187	Humate-P
J7189	NovoSeven, NovoSeven RT
J7190	Alphanate, Hemofil M, Koate-DVi, Monoclate-P

J7192	Advate, Helixate FS, Kogenate FS, Recombinate, Refacto
J7193	AlphaNine SD, Mononine
J7194	Bebulin VH, Profilnine SD, Proplex T
J7195	BeneFIX
J7197	Thrombate
J7198	Feiba NF, Feiba VH immuno
J7310	Vitrasert
J7312	OXURDEX
J7321	Hyalgan, Supartz,
J7323	Euflexxa
J7324	OrthoVisc
J7325	Synvisc, Synvisc One
J7326	Gel-One
J7335	QUTENZA
J7504	Atgam
J7511	Thymoglobulin
J7639	Pulmozyme
J7682	Tobi
J7686	Tyvaso
J9035	Avastin
J9155	Firmagon
J9202	Zoladex
J9214	Intron-A
J9217	Eligard, Lupron Depot
J9218	Leuprolide Acetate, Lupron
J9225	Vantas
J9226	Supprelin LA
J9355	Herceptin
Q0138	Feraheme
Q0139	Feraheme
Q2043	PROVENGE
Q3025	Avonex
Q4074	Ventavis
Q4081	Epogen, Procrit