

Drugs Requiring Authorization

Authorization Source	Authorization Required	HCPCS/CPT Code(s)
Immunosuppressive Drugs		
Medicare Transmittal 1867	Sirolimus—oral (Rapamune)	J7520
	Tacrolimus—oral and parenteral (Prograf)	J7507, J7525
	Azathioprine—oral and parenteral (Imuran, Azasan)	J7500, J7501
	Basiliximab—parenteral (Simulect)	J0480
	Cyclosporine—oral and parenteral (Sandimmune, Neoral, Gengraf)	J7502, J7515, J7516
	Muromonab-CD3—parenteral (Orthoclone)	J7505
	Mycophenolate Mofetil—oral and parenteral (Cellcept)	J7517, J7599
	Daclizumab—parenteral (Zenapax)	J7513
	Mycophenolate Acid—oral (Myfortic)	J7518
	Lymphocyte immune globulin, anti-thymocyte globulin [equine]—parenteral (Atagam)	J7504
Parenteral Nutrition Products		
L5063 NHIC	Examples: Intralipid 10%, Intralipid 20%, Liposyn II 20%, Liposyn III 30%	B4185
Intravenous Immune Globulin (IVIG) provided in the home		
L3147 NHIC	Immune globulin—lyophilized (e.g. Panglobulin NF, Carimune NF)	J1566
	Immune globulin—non-lyophilized (e.g. Flebogamma, Gammagard, Gamimune N, Gamunex, Octagam)	J1567
Hematopoietic Agents		
Prior Medical Authorization Form	Epoetin Alfa (Procrit, Epogen)	J0885, J0886, Q4081
Prior Medical Authorization Form	Darbepoetin Alfa-Albumin [Human] (Aranesp)	J0881, J0882
L13239 Riverbend	Pegfilgrastim (Neulasta)	J2505
L13239 Riverbend	Filgrastim (Neupogen)	J1440, J1441
Blood Clotting Factors		
NCD 45-24	Humate	J7187
	NovoSeven	J7189
	Alphanate, Factor VIII SD, Hemofil M, Humate-P Human, Koate, Melate, Monarc-M, Monoclalte-P	J7190
	Bioclalte, Genarc, Helixate, Kogenate, Recombinate, Refacto	J7192
	AlphaNine SD, Mononine	J7193
	Bebulin VH, Konyne 80, Profilnine SD, Proplex T Factor	J7194
	BeneFIX	J7195
	Advate	J7199