

Part B drugs requiring prior authorization

Last updated: 5/1/2021

This is our list of medically billed outpatient medications that require prior authorization. We will update this list periodically as new medications enter the market. We review our prior authorization requirements throughout the year. We may add or remove prior authorization requirements based on our review. We will notify you 60 days prior to a change.

Proc/HCPCS Code	Code Description	Drug Name
J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Orencia
J0178	INJECTION AFLIBERCEPT 1 MG (remove 6/1/2021)	Eylea
J0202	Antineoplastic agent	Lemtrada
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	Lumizyme
J0222	Endocrine metabolic agent	Onpattro
J0585	BOTULINUM TOXIN TYPE A PER UNIT	Botox
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Dysport
J0587	Injection, rimabotulinumtoxinb, 100 units	Myobloc
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	Xeomin
J0593	Immune modulator	Takhzyro
J0596	C 1 Esterase inhibitor	Ruconest
J0597	C 1 Esterase inhibitor	Berinert
J0598	C 1 Esterase inhibitor	Cinryze
J0599	C 1 Esterase inhibitor	Haegarda
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	Xiaflex
J0800	Injection, corticotropin, up to 40 units	Acthar
J0897	INJECTION DENOSUMAB 1 MG (remove 6/1/2021)	Prolia/Xgeva
J1290	Immune modulator	Kalbitor
J1300	INJECTION ECULIZUMAB 10 MG	Soliris
J1428	Inj, eteplirsen, 10 mg	Exondys 51
J1453	FOSAPREPITANT 1MG (Emend)	Emend
J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	[IVIG]
J1556	Injection, immune globulin (bivigam), 500 mg	Bivigam
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Gammaplex
J1559	Injection, immune globulin (hizentra), 100 mg	Hizentra
J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	[IVIG]

J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	[IVIG]
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Octagam
J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Gammagard
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	Flebogamma
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	[IVIG]
J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Simponi
J1744	selective bradykinin receptor antagonist	Firazyr
J1745	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	Remicade
J1786	C 1 Esterase inhibitor	Cerezyme
J2323	Immune modulator	Tysabri
J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Sandostatin
J2357	INJECTION OMALIZUMAB 5 MG	Xolair
J2505	INJECTION PEGFILGRASTIM 6 MG	Neulasta
J2562	INJECTION, PLERIXAFOR, 1 MG (Mozobil)	Mozobil
J2778	INJECTION RANIBIZUMAB 0.1 MG (remove 6/1/2021)	Lucentis
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	Nplate
J3060	enzyme for Gaucher's disease	Elelyso
J3111	monoclonal antibody	Evenity
J3380	INJECTION VEDOLIZUMAB 1 MG	Entyvio
J3385	Enzyme for Gaucher's disease	VPRIV
J3490	UNCLASSIFIED DRUGS	NOS
J7316	Ophthalmic agent, enzyme	Jetrea
J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	NOS
J9022	ATEZOLIZUMAB 10MG	Tecentriq
J9034	BENDAMUSTINE HCL 1MG	Bendeka
J9035	INJECTION BEVACIZUMAB 10 MG (remove 6/1/2021)	Avastin
J9041	INJECTION BORTEZOMIB 0.1 MG	Velcade
J9043	CABAZITAXEL 1MG (Jevtana)	Jevtana
J9055	EGFR inhibitor, antineoplastic	Erbix
J9145	DARATUMUMAB 10MG (Darzalex)	Darzalex
J9173	DURVALUMAB 10MG (Imfinzi)	Imfinzi
J9210	immunological agent, monoclonal antibody	Gamifant
J9228	INJECTION, IPILIMUMAB, 1 MG	Yervoy
J9266	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	Oncaspar
J9271	INJECTION PEMBROLIZUMAB 1 MG	Keytruda
J9299	INJECTION NIVOLUMAB 1 MG	Opdivo
J9301	OBINUTUZUMAB 10MG	Gazyva
J9303	INJECTION, PANITUMUMAB, 10 MG	Vectibix
J9305	INJECTION PEMETREXED 10 MG	Alimta

J9306	INJECTION PERTUZUMAB 1 MG	Perjeta
J9310	INJECTION, RITUXIMAB, 100 MG	Rituxan
J9311	Inj rituximab, hyaluronidase	Rituxan Hycela
J9312	Injection, rituximab, 10 mg	Rituxan
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Kadcyla
J9355	INJECTION TRASTUZUMAB 10 MG	Herceptin
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	NOS
S0157	Dermatologic agent	Regranex

Providers must submit a Prior Authorization request by fax to Senior Whole Health at 1-617-460-8923.

- Providers must give us supporting documentation with all requests.
- Providers must provide patient treatment history information.