

Medical Management & Case Management Services administered by Columbia United Providers

Medical Benefit Drug Prior Authorization List

The following is a list of drugs that require authorization if they are administered by a physician or administered in a facility. Self injected medications are covered under the members pharmacy benefit.

*****Prior authorization is required for any drug that is over \$500 regardless if it is listed*****

HCPCS	Brand Name (Drug Name)	HCPCS	Brand Name (Drug Name)
J9216	Actimmune (Interferon-gamma-1b)	J0587	Myobloc (Botulinum Toxin Type B)
J9245	Alkeran (Melphalan)	J0220	Myozyme (Aglucosidase alfa)
J0256	Alpha 1-Proteinase Inhibitor (Aralast, Prolastin, Zemaira)	J1458	Naglazyme (Galsulfase)
J0215	Amevive (Alefacept)	J2505	Neulasta (Pegfilgrastim)
J0881, J0882	Aranesp (Darbepoetin)	J1440, J1441	Neupogen (Filgrastim)
J9261	Arranon (Nelarabine)	J0129	Orencia (Abatacept)
J1740	Boniva IV (Ibandronate sodium)	J0725	Pregnyl (Chorionic Gonadotropin)
J0585	Botox (Botulinum toxin Type A)	J0725	Profasi (Chorionic Gonadotropin)
J9010	Campath (Alemtuzumab)	J3488	Reclast (Zoledronic acid)
J3490, J3590	Cimzia	J1745	Remicade (Infliximab)
J0894	Dacogen (Decitabine)	J3285	Remodulin (Treprostinil)
J1270	Doxercalciferol (Hectorol)	J9310	Rituxan (Rituximab)
J0885, J0886, Q4081	Epogen/Procrit (Epoetin Alfa)	J2353, J2354	Sandostatin LAR (Octreotide depot) Sandostatin (Octreotide)
J9055	Erbitux (Cetuximab)	J1300	Soliris (Eculizumab)
J9395	Faslodex (Fulvestrant)	J1930	Somatuline Depot (Lanreotide acetate)
J1325	Flofan (Epoprostenol)	90378	Synagis (RSV-IgIM)
J0641	Fusilev (Levoleucovorin Calcium)	J9330	Torisel (Temsirolimus)
90632	Hepatitis A Vaccine – adult dosage (Havrix, Vaqta)	J9033	Treanda (bendamustine HCl)
90636	Hepatitis A/B Combo Vaccine – adult dosage (Twinrix)	J2323	Tysabri (Natalizumab)
J9355	Herceptin (Trastuzumab)	J3355	Urofollitropin (Bravelle, Fertinex)
J1561, J1562, J1566, J1567, J1568, J1569, J1572, Q4097	Immune Globulin (IVIG, SC IV Vivaglobulin)	J9303	Vectibix (Bortezomib)
J9207	Ixempra (Ixabepilone)	J9041	Velcade (Bortezomib)
J9217, J1950, J9218, J9219	Lupron (Leprolide Acetate), Viadur	J9025	Vidaza (Azacitidine)
90733	Menomune (Meningococcal polysaccharide vaccine)	J2315	Vivitrol (Naltrexone)
J9300	Mylotarg (Gemtuzumab Ozogamicin)	J2357	Xolair (Omalizumab)
		J2501	Zemplar (Paricalcitol)

New drugs and new FDA approved indications require prior authorization.

*This list is routinely updated and may not include all newly approved drugs. If you have any questions, you may call Columbia United Providers at 888-944-7926 or 360-449-8903.