



Medicare Precerts-to be covered under Part B - Drugs MUST beneficiary furnished "incident to" a physician service AND considered by Part B carrier as "not usually self-administered".

PreCert Drugs effective 10/29/2007

DRUG NAME
Alprostadil, Caverject, Edex, Muse
Alimta
Amevive
Avastin
Botox, Myobloc
Campto
Enbrel
Factor Medications (Anti-hemophilic Factors)
Forteo
Gamma Globulins (All)
Growth Hormone
Humira
Immune Globulins (All)
Interferons (All)
Alfa
Alfacon-1
Beta-1a
Beta-1b
Gamma
Kineret
Muromonab-CD3
Remicade
Rituxan
Sandostatin
Synagis
Synvisc, Orthovisc, Supartz, Hyalgan
Viadur
Vantas
Visudyne
Xolair
Zoladex
Any office injectable with cost of course of therapy greater than \$500 using J3490, J9999, J3590, J8498

** Medicare rules and local coverage determinations are followed for non-approved indications and investigational uses of Part B drugs.