

Physician Administered Drugs Requiring Prior Authorization: Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan

- The MetroPlus Prior Authorization Form can be found [here](#).
- Additional service codes may require authorization, see [Medical Policies](#).
- *Effective 9/1/23
- ^Effective 4/1/2014, [NYS Medicaid](#) will no longer cover viscosupplementation of the knee for an enrollee with a diagnosis of osteoarthritis of the knee.

Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan			
Service Codes	Brand(s)	Generic	Billing Unit
90378	Synagis	palivizumab	1 Unit = 50mg
C9257	Avastin	bevacizumab	1 Unit = 0.25 mg
C9399	N/A	unclassified drugs or biologicals	1 Unit = NDC Units
J0129	Orencia	abatacept	1 Unit = 10 mg
J0135	Humira	adalimumab	1 Unit = 20 mg
J0172	Aduhelm	aducanumab-avwa	1 Unit = 2 mg
J0178	Eylea	aflibercept	1 Unit = 1 mg
J0179*	Beovu	brolocizumab-dbll	1 Unit = 1mg
J0202*	Lemtrada	alemtuzumab	1 Unit = 1 mg
J0256*	Aralast	alpha 1 proteinase inhibitor (human)	1 Unit = 10 mg
J0257*	Glassia	alpha 1 proteinase inhibitor (human) (glassia)	1 Unit = 10 mg
J0270	Caverject; Edex	alprostadil for injection	1 Unit = 1.25mcg
J0275	N/A	alprostadil suppository	1 Unit = 1 suppository
J0485*	Nulojix	belatacept	1 Unit = 1mg
J0490	Benlysta IV	belimumab	1 Unit = 10mg
J0491	Saphnelo	anifrolumab-fnia	1 Unit = 1mg
J0517	Fasenra	benralizumab	1 Unit = 1mg
J0585	Botox	onabotulinumtoxina	1 Unit = 1 unit
J0586	Dysport	abobotulinumtoxina	1 Unit = 5 units
J0587	Myobloc	rimabotulinumtoxina	1 Unit = 100 units
J0588	Xeomin	incobotulinumtoxin	1 Unit = 1 unit
J0604	Sensipar	cinacalcet	1 Unit = 1 mg
J0606	Parsabiv	etelcalcetide	1 Unit = 0.1 mg
J0717	Cimzia	certolizumab pegol	1 Unit = 1 mg
J0725	Pregnyl	chorionic gonadotropin	1 Unit = 1000 IU
J0739	Apretude	Cabotegravir extended-release	1 Unit = 1 mg

Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan			
Service Codes	Brand(s)	Generic	Billing Unit
J0741	Cabenuva	cabotegravir and rilpivirine	1 Unit = 2mg/3mg
J0775	Xiaflex	Collagenase, clostridium histolyticum	1 Unit = 0.01mg
J0791	Adakveo	crizanlizumab-tmca	1 Unit = 5mg
J0881	Aranesp	darbepoetin alfa (for non-esrd use)	1 Unit = 1 mcg
J0882	Aranesp	darbepoetin alfa (for esrd on dialysis)	1 Unit = 1 mcg
J0885	Epogen	epoetin alfa	1 Unit = 1000 units
J0887*	Mircera	epoetin beta (for esrd on dialysis)	1 Unit = 1 mcg
J0888*	Mircera	epoetin beta (for non-esrd use)	1 Unit = 1 mcg
J0896	Reblozyl	luspatercept-aamt,	1 Unit = 0.25mg
J0897	Prolia; Xgeva	denosumab	1 Unit = 1 mg
J1300	Soliris	eculizumab	1 Unit = 10 mg
J1303	Ultomiris	ravulizumab-cwvz	1 Unit = 10mg
J1426	Amondys 45	casimersen	1 Unit = 10mg
J1427	Viltepso	viltolarsen	1 Unit = 10mg
J1428	Exondys 51	eteplirsen	1 Unit = 10mg
J1429	Vyondys 53	golodirsen	1 Unit = 10mg
J1438	Enbrel	etanercept	1 Unit = 25 mg
J1442	Neupogen	filgrastim	1 Unit = 1 mcg
J1447*	Granix	TBO-filgrastim	1 Unit = 1 mcg
J1459	Privigen	immune globulin (human) IV 10% liquid	1 Unit = 500 mg
J1460*	GamaSTAN S/D	gamma globulin	1 Unit = 1cc
J1551*	Cutaquig	immune globulin	1 Unit = 100mg
J1554*	Asceniv	immune globulin	1 Unit = 500mg
J1555	Cuvitru	immune globulin	1 Unit = 100mg
J1556*	Bivigam	immune globulin intravenous (Human)	1 Unit = 500 mg
J1557	Gammaplex	immune globulin intravenous (human), 5%, 10% liquid	1 Unit = 500 mg
J1558*	Xembify	immune globulin	1 Unit = 100mg
J1559*	Hizentra	immune globulin subcutaneous (human)	1 Unit = 100 mg
J1561	Gammaked; Gamunex-C	immune globulin (human), 10% caprylate/chromatography purified	1 Unit = 500 mg
J1562*	Vivaglobin	Immune Globulin Subcutaneous (Human)	1 Unit = 100 mg
J1566*	Gammagard S/D; Carimune NF	IVIG lyophilized	1 Unit = 500 mg
J1568	Octagam	immune globulin intravenous (human)	1 Unit = 500 mg
J1569	Gammagard	immune globulin infusion (human)	1 Unit = 500 mg

Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan			
Service Codes	Brand(s)	Generic	Billing Unit
J1572*	Flebogamma; Flebogamma DIF	immune globulin intravenous (human)	1 Unit = 500 mg
J1575*	Hyqvia	immune globulin infusion 10% (human) with recombinant human hyaluronidase	1 Unit = 100 mg
J1595*	Copaxone	glatiramer acetate	1 Unit = 20 mg
J1599*	Panzyga	Immune Globulin (Human)	1 Unit = 500 mg
J1602	Simponi Aria	golimumab	1 Unit = 1 mg
J1628	Tremfya	guselkumab	1 Unit = 1mg
J1745	Remicade	infliximab	1 Unit = 10 mg
J1746	Trogarzo	ibalizumab-uiyk	1 Unit = 10mg
J1786*	Cerezyme	imiglucerase	1 Unit = 10 units
J1823*	Uplinza	Inebilizumab-cdon	1 Unit = 1mg
J1830*	Betaseron; Extavia	interferon beta-1b	1 Unit = 0.25mg
J1930	Somatuline Depot	lanreotide	1 Unit = 1 mg
J1932*	Somatuline Depot	lanreotide	1 Unit = 1mg
J1950	Eligard	leuprolide acetate	1 Unit = 3.75 mg
J2182	Nucala	mepolizumab	1 Unit = 1mg
J2323	Tysabri	natalizumab	1 Unit = 1 mg
J2326	Spinraza	Nusinersen	1 Unit = 0.1mg
J2327	Skyrizi (IV)	risankizumab-rzaa	1 Unit = 1mg
J2350	Ocrevus	ocrelizumab	1 Unit = 1 mg
J2353	Sandostatin	octreotide	1 Unit = 1 mg
J2354	SandoSTATIN	octreotide	1 Unit = 25mcg
J2356	Tezspire	tezepelumab-ekko	1 Unit = 1mg
J2357	Xolair	omalizumab	1 Unit = 5 mg
J2440	N/A	Papaverine hcl	1 Unit = up to 60mg
J2502*	Signifor	pasireotide	1 Unit = 1 mg
J2503*	Macugen	Pegaptanib sodium	1 Unit = 0.3mg
J2505	Neulasta	pegfilgrastim	1 Unit = 6 mg
J2506	Neulasta	pegfilgrastim	1 Unit = 0.5mg
J2507*	Krystexxa	pegloticase	1 Unit = 1mg
J2562	Mozobil	plerixafor	1 Unit = 1mg
J2760	N/A	Phentolamine mesylate	1 Unit = up to 5mg
J2777*	Vabysmo	faricimab-svoa	1 Unit = 0.1mg
J2778	Lucentis	ranibizumab	1 Unit = 0.1 mg
J2779*	Susvimo	ranibizumab	1 Unit = 0.1mg
J2786*	Cinqair	reslizumab	1 Unit = 1mg
J2796	Nplate	romiplostim	1 Unit = 10mcg

Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan			
Service Codes	Brand(s)	Generic	Billing Unit
J2820	Leukine	Sargramostim	1 Unit = 50 mcg
J3145	Aveed	testosterone undecanoate	1 Unit = 1 mg
J3245	Illumya	tildrakizumab	1 Unit = 1 mg
J3262	Actemra	tocilizumab	1 Unit = 1 mg
J3315	Trelstar	triptorelin pamoate	1 Unit = 3.75 mg
J3316*	Triptodur	triptorelin	1 Unit = 3.75mg
J3357	Stelara (SC)	Ustekinumab	1 Unit = 1mg
J3358	Stelara	ustekinumab (intravenous)	1 Unit = 1 mg
J3380	Entyvio	vedolizumab	1 Unit = 1 mg
J3385*	VPRIV	velaglucerase alfa	1 Unit = 100 units
J3396*	Visudyne	Verteporfin	1 Unit = 0.1mg
J3489	Reclast/Zometa	zoledronic acid	1 Unit = 1mg
J3490	N/A	unclassified drugs	1 Unit = NDC Units
J3590	N/A	unclassified biologicals	1 Unit = NDC Units
J7170	Hemlibra	micizumab-kxwh	1 Unit = 0.5mg
J7175	Coagadex	factor x, (human)	1 Unit = 1 i.u.
J7178	RiaSTAP	Human Fibrinogen	1 Unit = 1mg
J7179	Vonvendi	von willebrand factor (recombinant)	1 Unit = 1 i. u.
J7180	Corifact	factor xiii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7181	Tretten	factor xiii a-subUnit	1 Unit = 1 i. u.
J7182	Novoeight	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7183	Wilate	von willebrand factor complex (human)	1 Unit = 1 i. u.
J7185	Xyntha	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7186	Alphanate/VWF Complex	antihemophilic factor viii/von willebrand factor complex (human)	1 Unit = 1 i. u.
J7187	Humate-P	von willebrand factor complex (humate-p)	1 Unit = 1 i. u.
J7188	Obizur	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7189	NovoSeven RT	Factor viia (antihemophilic factor, recombinant)	1 Unit - 1mcg
J7190	Koate; Koate-DVI; Hemofil M	Factor viii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7191	N/A	Factor viii (antihemophilic factor (porcine))	1 Unit = 1 i. u.

Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan			
Service Codes	Brand(s)	Generic	Billing Unit
J7192	Recombinate; Kogenate; Advate; Helixate FS	Factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7193	Mononine; Alphanine	Factor ix (antihemophilic factor, purified, non-recombinant)	1 Unit = 1 i. u.
J7194	Profilnine SD; Bebulin	Factor ix, complex	1 Unit = 1 i. u.
J7195	BeneFIX; Ixinity	factor ix (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7197	Thrombate III	Antithrombin III (human)	1 Unit = 1 i. u.
J7198	Feiba NF	Anti-inhibitor	1 Unit = 1 i. u.
J7199	N/A	hemophilia clotting factor, not otherwise classified	1 Unit = NDC Units
J7200	Rixubis	factor ix, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7201	Alprolix	factor ix, fc fusion protein, (recombinant)	1 Unit = 1 i. u.
J7202	Idelvion	factor ix, albumin fusion protein, (recombinant)	1 Unit = 1 i. u.
J7205	Eloctate	factor viii fc fusion protein (recombinant)	1 Unit = 1 i. u.
J7207	Adynovate	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7209	Nuwiq	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7210	Afstyla	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7211	Kovaltry	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7212*	Sevenfact	Factor viia (antihemophilic factor, recombinant)-jncw	1 Unit - 1mcg
J7318^	Durolane	Sodium hyaluronate	1 Unit = 1mg
J7320^	Genvisc 850	hyaluronan or derivative	1 Unit = 1 mg
J7321^	Hyalgan	hyaluronan or derivative	1 Unit = 1 dose (20mg/2mL)
J7322^	Hymovis	hyaluronate sodium	1 Unit = 1mg
J7323^	Euflexxa	hyaluronan or derivative	1 Unit = 1 dose (20mg/2mL)
J7324^	OrthoVisc	hyaluronate sodium	1 Unit = 1 dose (30mg/2mL)
J7325^	Synvisc	hyaluronan or derivative	1 Unit = 1 mg
J7326^	Gel-One	hyaluronan or derivative	1 Unit = 1 dose (30mg/3mL)
J7327^	Monovisc	hyaluronate sodium, stabilized	1 Unit = 1 dose (88mg/4mL)
J7328^	Gelsyn-3	hyaluronan or derivative	1 Unit = 0.1mg
J7329^	Trivisc	hyaluronan or derivative	1 Unit = 1 mg

Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan			
Service Codes	Brand(s)	Generic	Billing Unit
J7682	Tobi; Bethkis; Kitabis	Tobramycin, inhalation solution	1 Unit = 300mg
J8498	N/A	antiemetic drug, rectal/suppository	1 Unit = 1 suppository
J8597	N/A	antiemetic drug oral, not other wise specified	1 Unit = NDC Units
J9022	Tecentriq	atezolizumab	1 Unit = 10mg
J9035	Avastin	bevacizumab	1 Unit = 10 mg
J9039	Blincyto	blinatumomab	1 Unit - 1mcg
J9041	Velcade	bortezomib	1 Unit = 0.1mg
J9042	Adcetris	brentuximab vedotin	1 Unit = 1mg
J9043	Jevtana	cabazitaxel	1 Unit = 1mg
J9047	Kyprolis	carfilzomib	1 Unit = 1mg
J9055	Erbix	cetuximab	1 Unit = 10mg
J9119*	Libtayo	cemiplimab-rwlc	1 Unit = 1mg
J9144	Darzalex Faspro	daratumumab and hyaluronidase-fihj	1 Unit = 10mg
J9145	Darzalex	daratumumab	1 Unit = 10mg
J9155	Firmagon	degarelix	1 Unit = 1 mg
J9173	Imfinzi	durvalumab	1 Unit = 10mg
J9179	Halaven	eribulin mesylate	1 Unit = 0.1mg
J9202	Zoladex	goserelin acetate	1 Unit = 3.6 mg
J9216*	Actimmune	interferon, gamma 1-b	1 Unit = 3000000 IU
J9217	Eligard	leuprolide acetate	1 Unit = 7.5 mg
J9218	N/A	Leuprolide acetate	1 Unit = 1mg
J9226	Supprelin LA	Histrelin implant (supprelin la)	1 Unit = 50mg
J9271	Keytruda	pembrolizumab	1 Unit = 1mg
J9299	Opdivo	nivolumab	1 Unit = 1mg
J9301	Gazyva	obinutuzumab	1 Unit = 10mg
J9306	Perjeta	pertuzumab	1 Unit = 1mg
J9308	Cyramza	ramucirumab	1 Unit = 5mg
J9311*	Rituxan Hycela	rituximab and hyaluronidase	1 Unit = 10 mg
J9312	Rituxan	rituximab	1 Unit = 10 mg
J9316*	Phesgo	pertuzumab, trastuzumab, and hyaluronidase-zzxf	1 Unit = 10mg
J9317	Trodelvy	sacituzumab govitecan-hziy	1 Unit = 2.5mg
J9332*	Vyvgart	efgartigimod alfa-fcab	1 Unit = 1mg
J9347*	Imjudo	tremelimumab-actl	1 Unit = 1mg
J9354	Kadcyla	ado-trastuzumab emtansine	1 Unit = 1mg
J9355	Herceptin	trastuzumab	1 Unit = 10 mg
J9356*	Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	1 Unit = 10mg

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Service Codes	Brand(s)	Generic	Billing Unit
J9358	Enhertu	fam-trastuzumab deruxtecan-nxki	1 Unit = 1mg
J9395	Fasolodex	fulvestrant	1 Unit = 25mg
J9999	N/A	Not otherwise classified, antineoplastic drugs	1 Unit = NDC unit
Q2026	Radiesse	radiesse	1 Unit = 0.1 ml
Q2028	Sculptra	Sculptra	1 Unit = 0.5mg
Q2041	Yescarta	Axicabtagene ciloleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2042	Kymriah	Tisagenlecleucel (600 million cells)	1 Unit = up to 600 million car-positive viable t cells
Q2053	Tecartus	brexucabtagene autoleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2054	Breyanzi	Lisocabtagene maraleucel	1 Unit = up to 110 million autologous anti-cd19 car-positive viable t cells
Q2055	Abecema	idecabtagene vicleucel	1 Unit = up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q2056	Carvykti	Ciltacabtagene autoleucel	1 Unit = up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q4081	Epogen	epoetin alfa (for esrd on dialysis)	1 Unit = 100 units
Q5101	Zarxio	filgrastim-sndz, biosimilar	1 Unit = 1 mcg
Q5103*	Inflectra	infliximab-dyyb, biosimilar	1 Unit = 10 mg
Q5104	Renflexis	infliximab-abda, biosimilar	1 Unit = 10 mg
Q5105	Retacrit	epoetin alfa, biosimilar (for esrd on dialysis)	1 Unit = 100 units
Q5106	Retacrit	epoetin alfa, biosimilar (for non-esrd use)	1 Unit = 1000 units
Q5107	Mvasi	bevacizumab-awwb	1 Unit = 10mg
Q5108	Fulphilia	pegfilgrastim-jmdb, biosimilar	1 Unit = 0.5 mg
Q5110	Nivestym	filgrastim-aafi, biosimilar	1 Unit = 1 mcg
Q5111	Udenyca	pegfilgrastim-cbqv, biosimilar	1 Unit = 0.5 mg
Q5112*	Ontruzant	trastuzumab-dttb	1 Unit = 10mg
Q5113*	Herzuma	trastuzumab-pkrb	1 Unit = 10mg
Q5114	Ogivri	trastuzumab-dkst	1 Unit = 10mg
Q5115	Truxima	rituximab-abbs, biosimilar	1 Unit = 10 mg
Q5116*	Trazimera	trastuzumab-qyyp	1 Unit = 10mg

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Service Codes	Brand(s)	Generic	Billing Unit
Q5117	Kanjinti	trastuzumab-anns	1 Unit = 10mg
Q5118*	Zirabev	bevacizumab-bvzr	1 Unit = 10mg
Q5119	Ruxience	rituximab-pvvr, biosimilar	1 Unit = 10 mg
Q5120	Ziextenzo	pegfilgrastim-bmez, biosimilar	1 Unit = 0.5 mg
Q5121*	Avsola	infliximab-axxq	1 Unit = 10 mg
Q5122	Nyvepria	pegfilgrastim-apgf, biosimilar	1 Unit = 0.5 mg
Q5123	Riabni	rituximab-arrx	1 Unit = 10mg
Q5124*	Byooviz	ranibizumab-nuna	1 Unit = 0.1mg
Q5125*	Releuko	filgrastim-ayow	1 Unit = 1mcg
Q5126*	Alymsys	bevacizumab-maly	1 Unit = 10mg
Q5127*	Stimufend	pegfilgrastim-fpgk	1 Unit = 0.5mg
Q5128*	Cimerli	ranibizumab-eqrn	1 Unit = 0.1mg
Q5129*	Vegzelma	bevacizumab-adcd	1 Unit = 10mg
Q5130*	Fylnetra	pegfilgrastim-pbbk	1 Unit = 0.5mg
S0013	Spravato	esketamine nasal	1 Unit = 1mg

Physician Administered Drugs Requiring Prior Authorization: Medicare, UltraCare

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Medicare, UltraCare			
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90378	Synagis	palivizumab	1 Unit = 50mg
C9399	N/A	unclassified drugs or biologicals	1 Unit = NDC Units
J0129	Orencia	abatacept	1 Unit = 10 mg
J0135	Humira	adalimumab	1 Unit = 20 mg
J0172	Aduhelm	aducanumab-avwa	1 Unit = 2 mg
J0178	Eylea	aflibercept	1 Unit = 1 mg
J0179	Beovu	brolocizumab-dbll	1 Unit = 1mg
J0202	Lemtrada	alemtuzumab	1 Unit = 1 mg
J0256	Aralast	alpha 1 proteinase inhibitor (human)	1 Unit = 10 mg
J0257	Glassia	alpha 1 proteinase inhibitor (human) (glassia)	1 Unit = 10 mg
J0270	Caverject; Edex	alprostadil for injection	1 Unit = 1.25mcg
J0275	N/A	alprostadil suppository	1 Unit = 1 suppository
J0476	Lioresal	baclofen	1 Unit = 50 mcg
J0517	Fasenra	benralizumab	1 Unit = 1mg
J0570	Probuphine Implant Kit	buprenorphine implant	1 Unit = 74.2 mg
J0571	Subutex	buprenorphine	1 Unit = 1 mg
J0572	Bunavail; Suboxone; Zubsolv	buprenorphine/naloxone	1 Unit = less than or equal to 3 mg buprenorphine
J0573	Bunavail; Suboxone; Zubsolv	buprenorphine/naloxone	1 Unit = greater than 3 mg, but less than or equal to 6 mg buprenorphine
J0574	Bunavail; Suboxone; Zubsolv	buprenorphine/naloxone	1 Unit = greater than 6 mg, but less than or equal to 10mg buprenorphine
J0575	Suboxone; Zubsolv	buprenorphine/naloxone	1 Unit = 1 mg
J0585	Botox	onabotulinumtoxina	1 Unit = 1 unit
J0586	Dysport	abobotulinumtoxina	1 Unit = 5 units
J0587	Myobloc	rimabotulinumtoxina	1 Unit = 100 units
J0588	Xeomin	incobotulinumtoxin	1 Unit = 1 unit

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
J0604	Sensipar	cinacalcet	1 Unit = 1 mg
J0606	Parsabiv	etelcalcetide	1 Unit = 0.1 mg
J0717	Cimzia	certolizumab pegol	1 Unit = 1 mg
J0725	Pregnyl	chorionic gonadotropin	1 Unit = 1000 IU
J0739	Apretude	cabotegravir extended-release	1 Unit = 1 mg
J0775	Xiaflex	collagenase, clostridium histolyticum	1 Unit = 0.01mg
J0885	Epogen	epoetin alfa	1 Unit = 1000 units
J0887	Mircera	epoetin beta (for esrd on dialysis)	1 Unit = 1 mcg
J0888	Mircera	epoetin beta (for non-esrd use)	1 Unit = 1 mcg
J0897	Prolia; Xgeva	denosumab	1 Unit = 1 mg
J1050	Depo-Provera	medroxyprogesterone acetate	1 Unit = 1 mg
J1071	Depo-Testosterone	testosterone cypionate	1 Unit = 1 mg
J1300	Soloris	eculizumab	1 Unit = 10 mg
J1322	Vimizim	elosulfase alfa	1 Unit = 1 mg
J1438	Enbrel	etanercept	1 Unit = 25 mg
J1442	Neupogen	filgrastim	1 Unit = 1 mcg
J1447	Granix	TBO-filgrastim	1 Unit = 1 mcg
J1459	Privigen	immune globulin (human) IV 10% liquid	1 Unit = 500 mg
J1556	Bivigam	immune globulin intravenous (Human)	1 Unit = 500 mg
J1557	Gammaplex	immune globulin intravenous (human), 5%, 10% liquid	1 Unit = 500 mg
J1559	Hizentra	immune globulin subcutaneous (human)	1 Unit = 100 mg
J1561	Gammaked; Gamunex-C	immune globulin (human), 10% caprylate/chromatography purified	1 Unit = 500 mg
J1562	Vivaglobin	Immune Globulin Subcutaneous (Human)	1 Unit = 100 mg
J1566	Gammagard S/D; Carimune NF	IVIG lyophilized	1 Unit = 500 mg
J1568	Octagam	immune globulin intravenous (human)	1 Unit = 500 mg
J1569	Gammagard	immune globulin infusion (human)	1 Unit = 500 mg

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
J1572	Flebogamma; Flebogamma DIF	immune globulin intravenous (human)	1 Unit = 500 mg
J1575	Hyqvia	immune globulin infusion 10% (human) with recombinant human hyaluronidase	1 Unit = 100 mg
J1595	Copaxone	glatiramer acetate	1 Unit = 20 mg
J1599	Panzyga	Immune Globulin (Human)	1 Unit = 500 mg
J1740	Boniva	ibandronate sodium	1 Unit = 1 mg
J1745	Remicade	infliximab	1 Unit = 10 mg
J1786	Cerezyme	imiglucerase	1 Unit = 10 units
J1830	Betaseron; Extavia	interferon beta-1b	1 Unit = 0.25mg
J1950	Eligard	leuprolide acetate	1 Unit = 3.75 mg
J2170	Increlex	mecasermin	1 Unit = 1 mg
J2326	Spinraza	nusinersen	1 Unit = 0.1mg
J2350	Ocrevus	ocrelizumab	1 Unit = 1 mg
J2357	Xolair	omalizumab	1 Unit = 5 mg
J2440	N/A	papaverine hcl	1 Unit = up to 60mg
J2502	Signifor	pasireotide	1 Unit = 1 mg
J2503	Macugen	pegaptanib sodium	1 Unit = 0.3mg
J2760	N/A	phentolamine mesylate	1 Unit = up to 5mg
J2778	Lucentis	ranibizumab	1 Unit = 0.1 mg
J2786	Cinqair	reslizumab	1 Unit = 1mg
J2820	Leukine	sargramostim	1 Unit = 50 mcg
J2840	Kanuma	sebelipase alfa	1 Unit = 1 mg
J3121	Delatestryl	testosterone enanthate	1 Unit = 1 mg
J3145	Aveed	testosterone undecanoate	1 Unit = 1 mg
J3240	Thyrogen	thyrotropin alpha	1 Unit = 0.9mg
J3245	Illumya	tildrakizumab	1 Unit = 1 mg
J3262	Actemra	tocilizumab	1 Unit = 1 mg
J3285	Remodulin	treprostinil	1 Unit = 1 mg
J3315	Trelstar	triptorelin pamoate	1 Unit = 3.75 mg
J3355	Bravelle	urofollitropin	1 Unit = 75 IU
J3357	Stelara (SC)	ustekinumab	1 Unit = 1mg
J3358	Stelara	ustekinumab (intravenous)	1 Unit = 1 mg
J3385	VPRIV	velaglucerase alfa	1 Unit = 100 units
J3396	Visudyne	verteporfin	1 Unit = 0.1mg
J3490	Somavert	pegvisomant	1 Unit = 1 mg
J3570	N/A	Laetrile, amygdalin	1 Unit = 1 Unit
J7318	Durolane	sodium hyaluronate	1 Unit = 1mg

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
J7320	Genvisc 850	hyaluronan or derivative	1 Unit = 1 mg
J7321	Hyalgan	hyaluronan or derivative	1 Unit = 1 dose (20mg/2mL)
J7322	Hymovis	hyaluronate sodium	1 Unit = 1mg
J7323	Euflexxa	hyaluronan or derivative	1 Unit = 1 dose (20mg/2mL)
J7326	Gel-One	hyaluronan or derivative	1 Unit = 1 dose (30mg/3mL)
J7328	Gelsyn-3	hyaluronan or derivative	1 Unit = 0.1mg
J7329	Trivisc	hyaluronan or derivative	1 Unit = 1 mg
J7336	Qutenza	Capsaicin	1 Unit = 1 sq cm
J7511	Thymoglobulin	anti-thymocyte globulin [rabbit]	1 Unit = 25 mg
J7515	Sandimmune; Gengraf, Neoral	Cyclosporine	1 Unit = 25 mg
J7516	SandIMMUNE	Cyclosporine	1 Unit = 250 mg
J7517	CellCept	Mycophenolate mofetil	1 Unit = 250 mg
J7518	Myfortic	Mycophenolic acid	1 Unit = 180 mg
J7520	Rapamune	Sirolimus	1 Unit = 1 mg
J7525	Prograf	Tacrolimus	1 Unit = 5 mg
J7527	Zortress	Everolimus	1 Unit = 0.25 mg
J7599	N/A	immunosuppressive drug, not otherwise classified	1 Unit = NDC Units
J7607	N/A	levalbuterol (powder)	1 Unit = 0.5 mg
J7608	N/A	acetylcysteine inhalation	1 Unit = 1 GM
J7609	N/A	albuterol, inhalation solution	1 Unit = 1mg
J7610	N/A	albuterol, inhalation solution	1 Unit = 1mg
J7622	N/A	beclomethasone	1 Unit = 1 mg
J7624	N/A	betamethasone, inhalation solution	1 Unit = 1mg
J7626	Pulmicort Respules	Budesonide	1 Unit = 0.5 mg
J7629	N/A	bitolterol mesylate	1 Unit = 1mg
J7634	N/A	budesonide, inhalation solution	1 Unit = 0.25mg
J7635	N/A	atropine, inhalation solution	1 Unit = 1mg
J7636	N/A	atropine, inhalation solution	1 Unit = 1mg
J7637	N/A	dexamethasone, inhalation solution	1 Unit = 1mg
J7638	N/A	dexamethasone, inhalation solution	1 Unit = 1mg
J7639	Pulmozyme	Dornase alfa	1 Unit = 1 mg
J7641	N/A	flunisolide, inhalation solution	1 Unit = 1mg

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
J7642	N/A	glycopyrrolate, inhalation solution	1 Unit = 1mg
J7643	N/A	glycopyrrolate, inhalation solution	1 Unit = 1mg
J7680	N/A	terbutaline sulfate, inhalation solution	1 Unit = 1mg
J7681	N/A	terbutaline sulfate, inhalation solution	1 Unit = 1mg
J7683	N/A	triamcinolone, inhalation solution	1 Unit = 1mg
J7684	N/A	triamcinolone, inhalation solution	1 Unit = 1mg
J7685	N/A	tobramycin inhalation solution	1 Unit = 300mg
J7686	Tyvaso	Treprostinil	1 Unit = 1.74 mg
J8498	N/A	antiemetic drug, rectal/suppository	1 Unit = 1 suppository
J8499	N/A	Prescription drug, oral, non chemotherapeutic, nos	1 Unit = NDC Units
J8650	Cesamet	Nabilone	1 Unit = 1 mg
J8999	N/A	Prescription drug, oral, chemotherapeutic, nos	1 Unit = NDC Units
J9202	Zoladex	goserelin acetate	1 Unit = 3.6 mg
J9216	Actimmune	interferon, gamma 1-b	1 Unit = 3000000 IU
J9217	Eligard	leuprolide acetate	1 Unit = 7.5 mg
J9225	Vantas	Histrelin implant	1 Unit = 50 mg
J9310	Rituxan	rituximab	1 Unit = 10 mg
J9311	Rituxan Hycela	rituximab and hyaluronidase	1 Unit = 10 mg
J9312	Rituxan	rituximab	1 Unit = 10 mg
J9999	N/A	Not otherwise classified, antineoplastic drugs	1 Unit = NDC unit
Q2026	Radiesse	radiesse	1 Unit = 0.1 mL
Q2028	Sculptra	Sculptra	1 Unit = 0.5mg
Q2041	Yescarta	Axicabtagene ciloleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2042	Kymriah	Tisagenlecleucel (600 million cells)	1 Unit = up to 600 million car-positive viable t cells
Q2054	Breyanzi	Lisocabtagene maraleucel	1 Unit = up to 110 million autologous anti-cd19 car-positive viable t cells

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
Q2056	Carvykti	Ciltacabtagene autoleucel	1 Unit = up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q4081	Epogen	epoetin alfa (for esrd on dialysis)	1 Unit = 100 units
Q5103	Inflectra	infliximab-dyyb, biosimilar	1 Unit = 10 mg
Q5104	Renflexis	infliximab-abda, biosimilar	1 Unit = 10 mg
Q5110	Nivestym	filgrastim-aafi, biosimilar	1 Unit = 1 mcg
Q5111	Udenyca	pegfilgrastim-cbqv, biosimilar	1 Unit = 0.5 mg
Q5112	Ontruzant	trastuzumab-dttb	1 Unit = 10mg
Q5113	Herzuma	trastuzumab-pkrb	1 Unit = 10mg
Q5114	Ogivri	trastuzumab-dkst	1 Unit = 10mg
Q5119	Ruxience	rituximab-pvvr, biosimilar	1 Unit = 10 mg
Q5120	Ziextenzo	pegfilgrastim-bmez, biosimilar	1 Unit = 0.5 mg
Q5121	Avsola	Infliximab-axxq	1 Unit = 10 mg
Q5122	Nyvepria	pegfilgrastim-apgf, biosimilar	1 Unit = 0.5 mg
Q5123	Riabni	rituximab-arrx	1 Unit = 10mg

Physician Administered Drugs Requiring Prior Authorization: Child Health Plus (CHP)

- The MetroPlus Prior Authorization Form can be found [here](#).
- Additional codes may require authorization, see [Medical Policies](#).

Child Health Plus (CHP)			
Service Codes	Brand	Generic	Billing Unit
90378	Synagis	palivizumab	1 Unit = 50mg
C9399	N/A	unclassified drugs or biologicals	1 Unit = NDC Units
J0172	Aduhelm	aducanumab-avwa	1 Unit = 2 mg
J0202	Lemtrada	alemtuzumab	1 Unit = 1 mg
J0270	Caverject; Edex	alprostadil for injection	1 Unit = 1.25mcg
J0275	N/A	alprostadil suppository	1 Unit = 1 suppository
J0585	Botox	onabotulinumtoxina	1 Unit = 1 unit
J0586	Dysport	abobotulinumtoxina	1 Unit = 5 units
J0587	Myobloc	rimabotulinumtoxina	1 Unit = 100 units
J0588	Xeomin	incobotulinumtoxin	1 Unit = 1 unit
J0604	Sensipar	cinacalcet	1 Unit = 1 mg
J0606	Parsabiv	etelcalcetide	1 Unit = 0.1 mg
J0739	Apretude	Cabotegravir extended-release	1 Unit = 1 mg
J0741	Cabenuva	cabotegravir and rilpivirine	1 Unit = 2mg/3mg
J0775	Xiaflex	Collagenase, clostridium histolyticum	1 Unit = 0.01mg
J1300	Soliris	eculizumab	1 Unit = 10 mg
J1303	Ultomiris	ravulizumab-cwvz	1 Unit = 10mg
J1426	Amondys 45	casimersen	1 Unit = 10mg
J1427	Viltepso	viltolarsen	1 Unit = 10mg
J1428	Exondys 51	eteplirsen	1 Unit = 10mg
J1429	Vyondys 53	golodirsen	1 Unit = 10mg
J1746	Trogarzo	ibalizumab-uiyk	1 Unit = 10mg
J1823	Uplizna	lnebilizumab-cdon	1 Unit = 1mg
J2326	Spinraza	Nusinersen	1 Unit = 0.1mg
J2440	N/A	Papaverine hcl	1 Unit = up to 60mg
J2760	N/A	Phentolamine mesylate	1 Unit = up to 5mg
J3490	N/A	unclassified drugs	1 Unit = NDC Units
J7170	Hemlibra	micizumab-kxwh	1 Unit = 0.5mg
J7175	Coagadex	factor x, (human)	1 Unit = 1 i.u.
J7178	RiaSTAP	Human Fibrinogen	1 Unit = 1mg

Child Health Plus (CHP)			
Service Codes	Brand	Generic	Billing Unit
J7179	Vonvendi	von willebrand factor (recombinant)	1 Unit = 1 i. u.
J7180	Corifact	factor xiii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7181	Tretten	factor xiii a-subUnit	1 Unit = 1 i. u.
J7182	Novoeight	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7183	Wilate	von willebrand factor complex (human)	1 Unit = 1 i. u.
J7185	Xyntha	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7186	Alphanate/VWF Complex	antihemophilic factor viii/von willebrand factor complex (human)	1 Unit = 1 i. u.
J7187	Humate-P	von willebrand factor complex (humate-p)	1 Unit = 1 i. u.
J7188	Obizur	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7189	NovoSeven RT	Factor viia (antihemophilic factor, recombinant)	1 Unit - 1mcg
J7190	Koate; Koate-DVI; Hemofil M	Factor viii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7191	N/A	Factor viii (antihemophilic factor (porcine))	1 Unit = 1 i. u.
J7192	Recombinate; Kogenate; Advate; Helixate FS	Factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7193	Mononine; Alphanine	Factor ix (antihemophilic factor, purified, non-recombinant)	1 Unit = 1 i. u.
J7194	Profilnine SD; Bebulin	Factor ix, complex	1 Unit = 1 i. u.
J7195	BeneFIX; Ixinity	factor ix (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7197	Thrombate III	Antithrombin III (human)	1 Unit = 1 i. u.
J7198	Feiba NF	Anti-inhibitor	1 Unit = 1 i. u.
J7199	N/A	hemophilia clotting factor, not otherwise classified	1 Unit = NDC Units
J7200	Rixubis	factor ix, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7201	Alprolix	factor ix, fc fusion protein, (recombinant)	1 Unit = 1 i. u.
J7202	Idelvion	factor ix, albumin fusion protein, (recombinant)	1 Unit = 1 i. u.

Child Health Plus (CHP)			
Service Codes	Brand	Generic	Billing Unit
J7205	Eloctate	factor viii fc fusion protein (recombinant)	1 Unit = 1 i. u.
J7207	Adynovate	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7209	Nuwiq	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7210	Afstyla	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7211	Kovaltry	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J8498	N/A	antiemetic drug, rectal/suppository	1 Unit = 1 suppository
J9999	N/A	Not otherwise classified, antineoplastic drugs	1 Unit = NDC unit
Q2026	Radiesse	radiesse	1 Unit = 0.1 ml
Q2028	Sculptra	Sculptra	1 Unit = 0.5mg
Q2041	Yescarta	Axicabtagene ciloleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2042	Kymriah	Tisagenlecleucel (600 million cells)	1 Unit = up to 600 million car-positive viable t cells
Q2053	Tecartus	brexucabtagene autoleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2054	Breyanzi	Lisocabtagene maraleucel	1 Unit = up to 110 million autologous anti-cd19 car-positive viable t cells
Q2055	Abecema	idecabtagene vicleucel	1 Unit = up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q2056	Carvykti	Ciltacabtagene autoleucel	1 Unit = up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
S0013	Spravato	esketamine nasal	1 Unit = 1mg

Physician Administered Drugs Requiring Prior Authorization: Essential Plan

- The MetroPlus Prior Authorization Form can be found [here](#).
- Additional codes may require authorization, see [Medical Policies](#).

Essential Plan			
Service Codes	Brand	Generic	Billing Unit
90378	Synagis	palivizumab	1 Unit = 50mg
C9399	N/A	unclassified drugs or biologicals	1 Unit = NDC Units
J0172	Aduhelm	aducanumab-avwa	1 Unit = 2 mg
J0270	Caverject; Edex	alprostadil for injection	1 Unit = 1.25mcg
J0275	N/A	alprostadil suppository	1 Unit = 1 suppository
J0585	Botox	onabotulinumtoxina	1 Unit = 1 unit
J0586	Dysport	abobotulinumtoxina	1 Unit = 5 units
J0587	Myobloc	rimabotulinumtoxina	1 Unit = 100 units
J0588	Xeomin	incobotulinumtoxin	1 Unit = 1 unit
J0604	Sensipar	d and	1 Unit = 1 mg
J0606	Parsabiv	etelcalcetide	1 Unit = 0.1 mg
J0739	Apretude	Cabotegravir extended-release	1 Unit = 1 mg
J0741	Cabenuva	cabotegravir and rilpivirine	1 Unit = 2mg/3mg
J0775	Xiaflex	Collagenase, clostridium histolyticum	1 Unit = 0.01mg
J1300	Soliris	eculizumab	1 Unit = 10 mg
J1303	Ultomiris	ravulizumab-cwvz	1 Unit = 10mg
J1426	Amondys 45	casimersen	1 Unit = 10mg
J1427	Viltepso	viltolarsen	1 Unit = 10mg
J1428	Exondys 51	eteplirsen	1 Unit = 10mg
J1429	Vyondys 53	golodirsen	1 Unit = 10mg
J1746	Trogarzo	ibalizumab-uiyk	1 Unit = 10mg
J1823	Uplizna	Inebilizumab-cdon	1 Unit = 1mg
J2326	Spinraza	Nusinersen	1 Unit = 0.1mg
J2440	N/A	Papaverine hcl	1 Unit = up to 60mg
J2760	N/A	Phentolamine mesylate	1 Unit = up to 5mg
J3490	N/A	unclassified drugs	1 Unit = NDC Units
J7170	Hemlibra	micizumab-kxwh	1 Unit = 0.5mg

Essential Plan			
Service Codes	Brand	Generic	Billing Unit
J7175	Coagadex	factor x, (human)	1 Unit = 1 i. u.
J7178	RiaSTAP	Human Fibrinogen	1 Unit = 1mg
J7179	Vonvendi	von willebrand factor (recombinant)	1 Unit = 1 i. u.
J7180	Corifact	factor xiii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7181	Tretten	factor xiii a-subUnit	1 Unit = 1 i. u.
J7182	Novoeight	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7183	Wilate	von willebrand factor complex (human)	1 Unit = 1 i. u.
J7185	Xyntha	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7186	Alphanate/VWF Complex	antihemophilic factor viii/von willebrand factor complex (human)	1 Unit = 1 i. u.
J7187	Humate-P	von willebrand factor complex (humate-p)	1 Unit = 1 i. u.
J7188	Obizur	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7189	NovoSeven RT	Factor viia (antihemophilic factor, recombinant)	1 Unit - 1mcg
J7190	Koate; Koate-DVI; Hemofil M	Factor viii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7191	N/A	Factor viii (antihemophilic factor (porcine))	1 Unit = 1 i. u.
J7192	Recombinate; Kogenate; Advate; Helixate FS	Factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7193	Mononine; Alphanine	Factor ix (antihemophilic factor, purified, non-recombinant)	1 Unit = 1 i. u.
J7194	Profilnine SD; Bebulin	Factor ix, complex	1 Unit = 1 i. u.
J7195	BeneFIX; Ixinity	factor ix (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7197	Thrombate III	Antithrombin III (human)	1 Unit = 1 i. u.
J7198	Feiba NF	Anti-inhibitor	1 Unit = 1 i. u.
J7199	N/A	hemophilia clotting factor, not otherwise classified	1 Unit = NDC Units
J7200	Rixubis	factor ix, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7201	Alprolix	factor ix, fc fusion protein, (recombinant)	1 Unit = 1 i. u.

Essential Plan			
Service Codes	Brand	Generic	Billing Unit
J7202	Idelvion	factor ix, albumin fusion protein, (recombinant)	1 Unit = 1 i. u.
J7205	Eloctate	factor viii fc fusion protein (recombinant)	1 Unit = 1 i. u.
J7207	Adynovate	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7209	Nuwiq	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7210	Afstyla	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7211	Kovaltry	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J8498	N/A	antiemetic drug, rectal/suppository	1 Unit = 1 suppository
J9999	N/A	Not otherwise classified, antineoplastic drugs	1 Unit = NDC unit
Q2026	Radiesse	radiesse	1 Unit = 0.1 ml
Q2028	Sculptra	Sculptra	1 Unit = 0.5mg
Q2041	Yescarta	Axicabtagene ciloleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2042	Kymriah	Tisagenlecleucel (600 million cells)	1 Unit = up to 600 million car-positive viable t cells
Q2053	Tecartus	brexucabtagene autoleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2054	Breyanzi	Lisocabtagene maraleucel	1 Unit = up to 110 million autologous anti-cd19 car-positive viable t cells
Q2055	Abecema	idecabtagene vicleucel	1 Unit = up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q2056	Carvykti	Ciltacabtagene autoleucel	1 Unit = up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
S0013	Spravato	esketamine nasal	1 Unit = 1mg

Physician Administered Drugs Requiring Prior Authorization: Marketplace Plans (QHP)

- The MetroPlus Prior Authorization Form can be found [here](#).
- Additional codes may require authorization, see [Medical Policies](#).

Marketplace Plans (QHP)			
Service Codes	Brand	Generic	Billing Unit
90378	Synagis	palivizumab	1 Unit = 50mg
C9399	N/A	unclassified drugs or biologicals	1 Unit = NDC Units
J0172	Aduhelm	aducanumab-avwa	1 Unit = 2 mg
J0585	Botox	onabotulinumtoxina	1 Unit = 1 unit
J0586	Dysport	abobotulinumtoxina	1 Unit = 5 units
J0587	Myobloc	rimabotulinumtoxina	1 Unit = 100 units
J0588	Xeomin	incobotulinumtoxin	1 Unit = 1 unit
J0604	Sensipar	cinacalcet	1 Unit = 1 mg
J0606	Parsabiv	etelcalcetide	1 Unit = 0.1 mg
J0739	Apretude	Cabotegravir extended-release	1 Unit = 1 mg
J0741	Cabenuva	cabotegravir and rilpivirine	1 Unit = 2mg/3mg
J1300	Soliris	eculizumab	1 Unit = 10 mg
J1303	Ultomiris	ravulizumab-cwvz	1 Unit = 10mg
J1426	Amondys 45	casimersen	1 Unit = 10mg
J1427	Viltepso	viltolarsen	1 Unit = 10mg
J1428	Exondys 51	eteplirsen	1 Unit = 10mg
J1429	Vyondys 53	golodirsen	1 Unit = 10mg
J1746	Trogarzo	ibalizumab-uiyk	1 Unit = 10mg
J1823	Uplizna	lnebilizumab-cdon	1 Unit = 1mg
J2326	Spinraza	Nusinersen	1 Unit = 0.1mg
J3490	N/A	unclassified drugs	1 Unit = NDC Units
J9999	N/A	Not otherwise classified, antineoplastic drugs	1 Unit = NDC unit
Q2026	Radiesse	radiesse	1 Unit = 0.1 ml
Q2028	Sculptra	Sculptra	1 Unit = 0.5mg
Q2041	Yescarta	Axicabtagene ciloleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2042	Kymriah	Tisagenlecleucel (600 million cells)	1 Unit = up to 600 million car-positive viable t cells

Marketplace Plans (QHP)			
Service Codes	Brand	Generic	Billing Unit
Q2053	Tecartus	brexucabtagene autoleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2054	Breyanzi	Lisocabtagene maraleucel	1 Unit = up to 110 million autologous anti-cd19 car-positive viable t cells
Q2055	Abecema	idecabtagene vicleucel	1 Unit = up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q2056	Carvykti	Ciltacabtagene autoleucel	1 Unit = up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
S0013	Spravato	esketamine nasal	1 Unit = 1mg

Physician Administered Drugs Requiring Prior Authorization: Gold, GoldCare

- The MetroPlus Prior Authorization Form can be found [here](#).
- Additional codes may require authorization, see [Medical Policies](#).

Gold, GoldCare			
Service Codes	Brand	Generic	Billing Unit
90378	Synagis	palivizumab	1 Unit = 50mg
C9399	N/A	unclassified drugs or biologicals	1 Unit = NDC Units
J0172	Aduhelm	aducanumab-avwa	1 Unit = 2 mg
J0270	Caverject; Edex	alprostadil for injection	1 Unit = 1.25mcg
J0275	N/A	alprostadil suppository	1 Unit = 1 suppository
J0585	Botox	onabotulinumtoxina	1 Unit = 1 unit
J0586	Dysport	abobotulinumtoxina	1 Unit = 5 units
J0587	Myobloc	rimabotulinumtoxina	1 Unit = 100 units
J0588	Xeomin	incobotulinumtoxin	1 Unit = 1 unit
J0604	Sensipar	cinacalcet	1 Unit = 1 mg
J0606	Parsabiv	etelcalcetide	1 Unit = 0.1 mg
J0739	Apretude	Cabotegravir extended-release	1 Unit = 1 mg
J0741	Cabenuva	cabotegravir and rilpivirine	1 Unit = 2mg/3mg
J0775	Xiaflex	Collagenase, clostridium histolyticum	1 Unit = 0.01mg
J1300	Soliris	eculizumab	1 Unit = 10 mg
J1303	Ultomiris	ravulizumab-cwvz	1 Unit = 10mg
J1426	Amondys 45	casimersen	1 Unit = 10mg
J1427	Viltepso	viltolarsen	1 Unit = 10mg
J1428	Exondys 51	eteplirsen	1 Unit = 10mg
J1429	Vyondys 53	golodirsen	1 Unit = 10mg
J1746	Trogarzo	ibalizumab-uiyk	1 Unit = 10mg
J1823	Uplizna	lnebilizumab-cdon	1 Unit = 1mg
J2326	Spinraza	Nusinersen	1 Unit = 0.1mg
J2440	N/A	Papaverine hcl	1 Unit = up to 60mg
J2760	N/A	Phentolamine mesylate	1 Unit = up to 5mg
J3490	N/A	unclassified drugs	1 Unit = NDC Units
J7170	Hemlibra	micizumab-kxwh	1 Unit = 0.5mg
J7175	Coagadex	factor x, (human)	1 Unit = 1 i.u.
J7178	RiaSTAP	Human Fibrinogen	1 Unit = 1mg

Gold, GoldCare			
Service Codes	Brand	Generic	Billing Unit
J7179	Vonvendi	von willebrand factor (recombinant)	1 Unit = 1 i. u.
J7180	Corifact	factor xiii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7181	Tretten	factor xiii a-subUnit	1 Unit = 1 i. u.
J7182	Novoeight	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7183	Wilate	von willebrand factor complex (human)	1 Unit = 1 i. u.
J7185	Xyntha	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7186	Alphanate/VWF Complex	antihemophilic factor viii/von willebrand factor complex (human)	1 Unit = 1 i. u.
J7187	Humate-P	von willebrand factor complex (humate-p)	1 Unit = 1 i. u.
J7188	Obizur	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7189	NovoSeven RT	Factor viia (antihemophilic factor, recombinant)	1 Unit - 1mcg
J7190	Koate; Koate-DVI; Hemofil M	Factor viii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7191	N/A	Factor viii (antihemophilic factor (porcine))	1 Unit = 1 i. u.
J7192	Recombinate; Kogenate; Advate; Helixate FS	Factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7193	Mononine; Alphanine	Factor ix (antihemophilic factor, purified, non-recombinant)	1 Unit = 1 i. u.
J7194	Profilnine SD; Bebulin	Factor ix, complex	1 Unit = 1 i. u.
J7195	BeneFIX; Ixinity	factor ix (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7197	Thrombate III	Antithrombin III (human)	1 Unit = 1 i. u.
J7198	Feiba NF	Anti-inhibitor	1 Unit = 1 i. u.
J7199	N/A	hemophilia clotting factor, not otherwise classified	1 Unit = NDC Units
J7200	Rixubis	factor ix, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7201	Alprolix	factor ix, fc fusion protein, (recombinant)	1 Unit = 1 i. u.
J7202	Idelvion	factor ix, albumin fusion protein, (recombinant)	1 Unit = 1 i. u.

Gold, GoldCare			
Service Codes	Brand	Generic	Billing Unit
J7205	Eloctate	factor viii fc fusion protein (recombinant)	1 Unit = 1 i. u.
J7207	Adynovate	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7209	Nuwiq	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7210	Afstyla	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7211	Kovaltry	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J8498	N/A	antiemetic drug, rectal/suppository	1 Unit = 1 suppository
J9999	N/A	Not otherwise classified, antineoplastic drugs	1 Unit = NDC unit
Q2026	Radiesse	radiesse	1 Unit = 0.1 ml
Q2028	Sculptra	Sculptra	1 Unit = 0.5mg
Q2041	Yescarta	Axicabtagene ciloleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2042	Kymriah	Tisagenlecleucel (600 million cells)	1 Unit = up to 600 million car-positive viable t cells
Q2053	Tecartus	brexucabtagene autoleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2054	Breyanzi	Lisocabtagene maraleucel	1 Unit = up to 110 million autologous anti-cd19 car-positive viable t cells
Q2055	Abecema	idecabtagene vicleucel	1 Unit = up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q2056	Carvykti	Ciltacabtagene autoleucel	1 Unit = up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q5103	Inflectra	infliximab-dyyb, biosimilar	1 Unit = 10 mg
S0013	Spravato	esketamine nasal	1 Unit = 1mg

Physician Administered Drugs Requiring Step Therapy

- Select provider-administered medications will require step therapy through preferred medications within the same medical class.
- Each class of injectable therapies listed below will include preferred therapies that do not require a step therapy, however requests for non-preferred therapies will generally require history of use of a preferred therapy within the same class, among other criteria.
- Select preferred products continue to require a prior authorization.
- *Effective 7/1/2023
- **The MetroPlus Prior Authorization Form can be found [here](#).**
- Additional codes may require authorization, see [Medical Policies](#).

CHP

Brand	Generic	HCPCS Code	Billing Unit	Status
Multiple Sclerosis				
Lemtrada	alemtuzumab	J0202	1 Unit = 1 mg	<i>Non- Preferred</i>
Ocrevus	ocrelizumab	J2350	1 Unit = 1 mg	<i>Preferred</i>
Tysabri	natalizumab	J2323	1 Unit = 1 mg	<i>Preferred</i>

Medicare Part B

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
Acromegaly				
Sandostatin	octreotide	J2353	1 Unit = 1 mg	<i>Preferred</i>
Signifor	pasireotide	J2502	1 Unit = 1 mg	<i>Non-Preferred</i>
Somatuline Depot	lanreotide	J1930	1 Unit = 1 mg	<i>Preferred</i>
Somavert	pegvisomant	J3490	1 Unit = 1 mg	<i>Non-Preferred</i>
Alpha-1 Antitrypsin Deficiency				
Aralast	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Non-Preferred</i>
Glassia	alpha 1 proteinase inhibitor (human) (glassia)	J0257	1 Unit = 10 mg	<i>Non-Preferred</i>
Prolastin-C	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Preferred</i>
Zemaira	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Non-Preferred</i>
Autoimmune				
Actemra	tocilizumab	J3262	1 Unit = 1 mg	<i>Non-Preferred</i>
Avsola	Infliximab-axxq	Q5121	1 Unit = 10 mg	<i>Non-Preferred</i>

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
Cimzia	certolizumab pegol	J0717	1 Unit = 1 mg	<i>Non-Preferred</i>
Entyvio	vedolizumab	J3380	1 Unit = 1 mg	<i>Preferred</i>
Illumya	tildrakizumab	J3245	1 Unit = 1 mg	<i>Non-Preferred</i>
Inflectra	infliximab-dyyb, biosimilar	Q5103	1 Unit = 10 mg	<i>Preferred</i>
Orencia	abatacept	J0129	1 Unit = 10 mg	<i>Non-Preferred</i>
Remicade	infliximab	J1745	1 Unit = 10 mg	<i>Preferred</i>
Renflexis	infliximab-abda, biosimilar	Q5104	1 Unit = 10 mg	<i>Non-Preferred</i>
Simponi Aria	golimumab	J1602	1 Unit = 1 mg	<i>Preferred</i>
Stelara	ustekinumab (intravenous)	J3358	1 Unit = 1 mg	<i>Non-Preferred</i>
Avastin/Biosimilars (Oncology)				
Avastin	bevacizumab	J9035	1 Unit = 10mg	<i>Preferred</i>
Mvasi	bevacizumab-awwb	Q5107	1 Unit = 10mg	<i>Preferred</i>
Zirabev	Bevacizumab-bvzr	Q5118	1 Unit = 10mg	<i>Non-Preferred</i>
Botulinum Toxins				
Botox	onabotulinumtoxina	J0585	1 Unit = 1 unit	<i>Non-Preferred</i>
Dysport	abobotulinumtoxina	J0586	1 Unit = 5 units	<i>Preferred</i>
Myobloc	rimabotulinumtoxina	J0587	1 Unit = 100 units	<i>Non-Preferred</i>
Xeomin	incobotulinumtoxin	J0588	1 Unit = 1 unit	<i>Preferred</i>
Complement Inhibitors*				
Soloris	eculizumab	J1300	1 Unit = 10 mg	<i>Preferred</i>
Ultomiris	ravulizumab-cwvz	J1303	1 Unit = 10mg	<i>Preferred</i>
Uplizna	lnebilizumab-cdon	J1823	1 Unit = 1mg	<i>Non-Preferred</i>
Hematologic Erythropoiesis - Stimulating Agents (ESA)				
Aranesp	darbepoetin alfa (non-esrd use)	J0881	1 Unit = 1 mcg	<i>Preferred</i>
Aranesp	darbepoetin alfa (for esrd on dialysis)	J0882	1 Unit = 1 mcg	<i>Preferred</i>
Epogen	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	<i>Non-Preferred</i>
Epogen	epoetin alfa (for esrd on dialysis)	Q4081	1 Unit = 100 units	<i>Non-Preferred</i>
Procrit	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	<i>Preferred</i>
Procrit	epoetin alfa (for esrd on dialysis)	Q4081	1 Unit = 100 units	<i>Preferred</i>
Mircera	epoetin beta (for esrd on dialysis)	J0887	1 Unit = 1 mcg	<i>Non-Preferred</i>

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
Mircera	epoetin beta (for non-esrd use)	J0888	1 Unit = 1 mcg	<i>Non-Preferred</i>
Retacrit	epoetin alfa, biosimilar (for esrd on dialysis)	Q5105	1 Unit = 100 units	<i>Non-Preferred</i>
Retacrit	epoetin alfa, biosimilar (for non-esrd use)	Q5106	1 Unit = 1000 units	<i>Non-Preferred</i>
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting				
Fulphilia	pegfilgrastim-jmdb, biosimilar	Q5108	1 Unit = 0.5 mg	<i>Preferred</i>
Neulasta	pegfilgrastim	J2506	1 Unit = 0.5 mg	<i>Preferred</i>
Nyvepria	pegfilgrastim-apgf, biosimilar	Q5122	1 Unit = 0.5 mg	<i>Non-Preferred</i>
Udenyca	pegfilgrastim-cbqv, biosimilar	Q5111	1 Unit = 0.5 mg	<i>Non-Preferred</i>
Ziextenzo	pegfilgrastim-bmez, biosimilar	Q5120	1 Unit = 0.5 mg	<i>Non-Preferred</i>
Hematologic, Neutropenia Colony Stimulating Factors - Short Acting				
Granix	TBO-filgrastim	J1447	1 Unit = 1 mcg	<i>Non-Preferred</i>
Leukine	sargramostim	J2820	1 Unit = 50mcg	<i>Non-Preferred</i>
Neupogen	filgrastim	J1442	1 Unit = 1 mcg	<i>Non-Preferred</i>
Nivestym	filgrastim-aafi, biosimilar	Q5110	1 Unit = 1 mcg	<i>Non-Preferred</i>
Zarxio	filgrastim-sndz, biosimilar	Q5101	1 Unit = 1 mcg	<i>Preferred</i>
Lysosomal Storage Disorders (Gaucher's Disease)				
Cerezyme	imiglucerase	J1786	1 Unit = 10 units	<i>Non-Preferred</i>
Elelyso	taliglucerase alfa	J3060	1 Unit = 10 units	<i>Preferred</i>
VPRIV	velaglucerase alfa	J3385	1 Unit = 100 units	<i>Non-Preferred</i>
Multiple Sclerosis (Infused)				
Lemtrada	alemtuzumab	J0202	1 Unit = 1 mg	<i>Non-Preferred</i>
Tysabri	natalizumab	J2323	1 Unit = 1 mg	<i>Preferred</i>
Osteoarthritis, Viscosupplements				
Durolane	hyaluronan or derivative	C9465	1 Unit = 1 dose	<i>Non-Preferred</i>

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
Euflexxa	hyaluronan or derivative	J7323	1 Unit = 1 dose (20mg/2mL)	<i>Non-Preferred</i>
Gel-One	hyaluronan or derivative	J7326	1 Unit = 1 dose (30mg/3mL)	<i>Non-Preferred</i>
Gelsyn-3	hyaluronan or derivative	J7328	1 Unit = 0.1mg	<i>Non-Preferred</i>
Genvisc 850	hyaluronan or derivative	J7320	1 Unit = 1 mg	<i>Non-Preferred</i>
Hyalgan	hyaluronan or derivative	J7321	1 Unit = 1 dose (20mg/2mL)	<i>Non-Preferred</i>
Hymovis	hyaluronate sodium	J7322	1 Unit = 1mg	<i>Non-Preferred</i>
Monovisc	hyaluronate sodium, stabilized	J7327	1 Unit = 1 dose (88mg/4mL)	<i>Preferred</i>
OrthoVisc	hyaluronate sodium	J7324	1 Unit = 1 dose (30mg/2mL)	<i>Preferred</i>
Synvisc	hyaluronan or derivative	J7325	1 Unit = 1 mg	<i>Preferred</i>
Synvisc-One				
Trivisc	hyaluronan or derivative	J7329	1 Unit = 1 mg	<i>Non-Preferred</i>
Visco-3	hyaluronan or derivative	J7333	1 Unit = 1 dose (25mg/5mL)	<i>Non-Preferred</i>
Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Agents				
Eligard	leuprolide acetate	J1950	1 Unit = 3.75 mg	<i>Preferred</i>
Eligard	leuprolide acetate	J9217	1 Unit = 7.5 mg	<i>Preferred</i>
Firmagon	degarelix	J9155	1 Unit = 1 mg	<i>Preferred</i>
Lupron Depot	leuprolide acetate	J1950	1 Unit = 3.75 mg	<i>Non-Preferred</i>
Lupron Depot	leuprolide acetate	J9217	1 Unit = 7.5 mg	<i>Non-Preferred</i>
Trelstar	triptorelin pamoate	J3315	1 Unit = 3.75 mg	<i>Non-Preferred</i>
Zoladex	goserelin acetate	J9202	1 Unit = 3.6 mg	<i>Non-Preferred</i>
Retinal Disorders Agents				
Avastin	bevacizumab	J9035	1 Unit = 10 mg	<i>Preferred</i>
Avastin	bevacizumab	C9257	1 Unit = 0.25 mg	<i>Preferred</i>
Beovu	brolocizumab-dblI	J0179	1 Unit = 1mg	<i>Non-Preferred</i>
Byooviz*	ranibizumab-nuna	Q5124	1 Unit = 0.1mg	<i>Preferred</i>
Eylea	aflibercept	J0178	1 Unit = 1 mg	<i>Non-Preferred</i>
Lucentis	ranibizumab	J2778	1 Unit = 0.1 mg	<i>Non-Preferred</i>
Rituxan Products				

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
Rituxan	rituximab	J9312	1 Unit = 10 mg	<i>Preferred</i>
Rituxan Hycela	rituximab and hyaluronidase	J9311	1 Unit = 10 mg	<i>Preferred</i>
Ruxience	rituximab-pvvr, biosimilar	Q5119	1 Unit = 10 mg	<i>Non-Preferred</i>
Riabni	rituximab-arrx	Q5123	1 Unit = 10mg	<i>Non-Preferred</i>
Truxima	rituximab-abbs, biosimilar	Q5115	1 Unit = 10 mg	<i>Preferred</i>
Severe Asthma				
Cinqair	reslizumab	J2786	1 Unit = 1mg	<i>Non-Preferred</i>
Fasenra*	benralizumab	J0517	1 Unit = 1mg	<i>Preferred</i>
Nucala	mepolizumab	J2182	1 Unit = 1mg	<i>Preferred</i>
Xolair	omalizumab	J2357	1 Unit = 5mg	<i>Preferred</i>
Trastuzumab Products				
Herceptin	trastuzumab	J9355	1 Unit = 10 mg	<i>Preferred</i>
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	1 Unit = 10mg	<i>Preferred</i>
Herzuma	trastuzumab-pkrb	Q5113	1 Unit = 10mg	<i>Non-Preferred</i>
Kanjinti	trastuzumab-anns	Q5117	1 Unit = 10mg	<i>Preferred</i>
Ogivri	trastuzumab-dkst	Q5114	1 Unit = 10mg	<i>Non-Preferred</i>
Ontruzant	trastuzumab-dttb	Q5112	1 Unit = 10mg	<i>Non-Preferred</i>
Trazimera	trastuzumab-qyyp	Q5116	1 Unit = 10mg	<i>Preferred</i>