

## 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 12/8/23

Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan			
Service Codes	Brand(s)	Generic	Billing Unit
90378	<b>Synagis</b>	palivizumab	1 Unit = 50mg
C9086	<b>Saphnelo</b>	anifrolumab-fnia	1 Unit = 1mg
J0135	<b>Humira</b>	adalimumab	1 Unit = 20 mg
J0172	<b>Aduhelm</b>	aducanumab-avwa	1 Unit = 2 mg
J0178	<b>Eylea</b>	aflibercept	1 Unit = 1 mg
J0179	<b>Beovu</b>	brolocizumab-dbll	1 Unit = 1mg
J0223*	<b>Givlaari</b>	givosiran	1 Unit = 0.5mg
J0256	<b>Aralast, Prolastin-C, Zemaira</b>	alpha 1 proteinase inhibitor (human)	1 Unit = 10 mg
J0257	<b>Glassia</b>	alpha 1 proteinase inhibitor (human) (glassia)	1 Unit = 10 mg
J0490	<b>Benlysta IV</b>	belimumab	1 Unit = 10mg
J0491	<b>Saphnelo</b>	anifrolumab-fnia	1 Unit = 1mg
J0517	<b>Fasenra</b>	benralizumab	1 Unit = 1mg
J0585	<b>Botox</b>	onabotulinumtoxina	1 Unit = 1 unit
J0586	<b>Dysport</b>	abobotulinumtoxina	1 Unit = 5 units
J0587	<b>Myobloc</b>	rimabotulinumtoxina	1 Unit = 100 units
J0588	<b>Xeomin</b>	incobotulinumtoxin	1 Unit = 1 unit
J0717	<b>Cimzia</b>	certolizumab pegol	1 Unit = 1 mg
J0739	<b>Apretude</b>	cabotegravir extended-release	1 Unit = 1 mg
J0741	<b>Cabenuva</b>	cabotegravir and rilpivirine	1 Unit = 2mg/3mg
J0791	<b>Adakveo</b>	crizanlizumab-tmca	1 Unit = 5mg
J0881	<b>Aranesp</b>	darbepoetin alfa	1 Unit = 1 mcg
J0885	<b>Epogen, Procrit</b>	epoetin alfa	1 Unit = 1000 units
J0888	<b>Mircera</b>	epoetin beta (for non-esrd use)	1 Unit = 1 mcg
J0896	<b>Reblozyl</b>	luspatercept-aamt	1 Unit = 0.25mg
J0897	<b>Prolia; Xgeva</b>	denosumab	1 Unit = 1 mg
J1300	<b>Soliris</b>	eculizumab	1 Unit = 10 mg
J1303	<b>Ultomiris</b>	ravulizumab-cwvz	1 Unit = 10mg
J1426	<b>Amondys 45</b>	casimersen	1 Unit = 10mg

<b>Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan</b>			
<b>Service Codes</b>	<b>Brand(s)</b>	<b>Generic</b>	<b>Billing Unit</b>
J1427	<b>Viltepro</b>	viltolarsen	1 Unit = 10mg
J1428	<b>Exondys 51</b>	eteplirsen	1 Unit = 10mg
J1429	<b>Vyondys 53</b>	golodirsen	1 Unit = 10mg
J1438	<b>Enbrel</b>	etanercept	1 Unit = 25 mg
J1442	<b>Neupogen</b>	filgrastim	1 Unit = 1 mcg
J1447	<b>Granix</b>	TBO-filgrastim	1 Unit = 1 mcg
J1459	<b>Privigen</b>	immune globulin (human) IV 10% liquid	1 Unit = 500 mg
J1460	<b>GamaSTAN S/D</b>	gamma globulin	1 Unit = 1cc
J1551	<b>Cutaquig</b>	immune globulin	1 Unit = 100mg
J1554	<b>Asceniv</b>	immune globulin	1 Unit = 500mg
J1555	<b>Cuvitru</b>	immune globulin	1 Unit = 100mg
J1556	<b>Bivigam</b>	immune globulin intravenous (Human)	1 Unit = 500 mg
J1557	<b>Gammaplex</b>	immune globulin intravenous (human), 5%, 10% liquid	1 Unit = 500 mg
J1558	<b>Xembify</b>	immune globulin	1 Unit = 100mg
J1559	<b>Hizentra</b>	immune globulin subcutaneous (human)	1 Unit = 100 mg
J1561	<b>Gammaked; Gamunex-C</b>	immune globulin (human), 10% caprylate/chromatography purified	1 Unit = 500 mg
J1562	<b>Vivaglobin</b>	Immune Globulin Subcutaneous (Human)	1 Unit = 100 mg
J1566	<b>Gammagard S/D; Carimune NF</b>	IVIG lyophilized	1 Unit = 500 mg
J1568	<b>Octagam</b>	immune globulin intravenous (human)	1 Unit = 500 mg
J1569	<b>Gammagard</b>	immune globulin infusion (human)	1 Unit = 500 mg
J1572	<b>Flebogamma; Flebogamma DIF</b>	immune globulin intravenous (human)	1 Unit = 500 mg
J1595	<b>Copaxone</b>	glatiramer acetate	1 Unit = 20 mg
J1599	<b>Panzyga</b>	Immune Globulin (Human)	1 Unit = 500 mg
J1602	<b>Simponi Aria</b>	golimumab	1 Unit = 1 mg
J1628	<b>Tremfya</b>	guselkumab	1 Unit = 1mg
J1640*	<b>Panhematin</b>	hemin	1 Unit = 1mg
J1745	<b>Remicade</b>	infliximab	1 Unit = 10 mg
J1746	<b>Trogarzo</b>	ibalizumab-uiyk	1 Unit = 10mg
J1786	<b>Cerezyme</b>	imiglucerase	1 Unit = 10 units
J1823	<b>Uplinza</b>	Inebilizumab-cdon	1 Unit = 1mg
J1930	<b>Somatuline Depot</b>	lanreotide	1 Unit = 1 mg
J1932	<b>Somatuline Depot</b>	lanreotide	1 Unit = 1mg
J1950	<b>Lupron Depot</b>	leuprolide acetate	1 Unit = 3.75 mg

<b>Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan</b>			
<b>Service Codes</b>	<b>Brand(s)</b>	<b>Generic</b>	<b>Billing Unit</b>
J2182	<b>Nucala</b>	mepolizumab	1 Unit = 1mg
J2326	<b>Spinraza</b>	nusinersen	1 Unit = 0.1mg
J2327	<b>Skyrizi (IV)</b>	risankizumab-rzaa	1 Unit = 1mg
J2350	<b>Ocrevus</b>	ocrelizumab	1 Unit = 1 mg
J2353	<b>Sandostatin</b>	octreotide	1 Unit = 1 mg
J2354	<b>SandoSTATIN</b>	octreotide	1 Unit = 25mcg
J2356	<b>Tezspire</b>	tezepelumab-ekko	1 Unit = 1mg
J2357	<b>Xolair</b>	omalizumab	1 Unit = 5 mg
J2502	<b>Signifor</b>	pasireotide	1 Unit = 1 mg
J2503	<b>Macugen</b>	pegaptanib sodium	1 Unit = 0.3mg
J2506	<b>Neulasta</b>	pegfilgrastim	1 Unit = 0.5mg
J2507	<b>Krystexxa</b>	pegloticase	1 Unit = 1mg
J2777	<b>Vabysmo</b>	faricimab-svoa	1 Unit = 0.1mg
J2778	<b>Lucentis</b>	ranibizumab	1 Unit = 0.1 mg
J2779	<b>Susvimo</b>	ranibizumab	1 Unit = 0.1mg
J3245	<b>Ilumya</b>	tildrakizumab	1 Unit = 1 mg
J3262	<b>Actemra</b>	tocilizumab	1 Unit = 1 mg
J3357	<b>Stelara (SC)</b>	ustekinumab	1 Unit = 1mg
J3358	<b>Stelara</b>	ustekinumab (intravenous)	1 Unit = 1 mg
J3380	<b>Entyvio</b>	vedolizumab	1 Unit = 1 mg
J3396	<b>Visudyne</b>	Verteporfin	1 Unit = 0.1mg
J3590	<b>N/A</b>	unclassified biologicals	1 Unit = NDC Units
J7170	<b>Hemlibra</b>	micizumab-kxwh	1 Unit = 0.5mg
J7175	<b>Coagadex</b>	factor x, (human)	1 Unit = 1 i.u.
J7178	<b>RiaSTAP</b>	Human Fibrinogen	1 Unit = 1mg
J7179	<b>Vonvendi</b>	von willebrand factor (recombinant)	1 Unit = 1 i. u.
J7180	<b>Corifact</b>	factor xiii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7181	<b>Tretten</b>	factor xiii a-subUnit	1 Unit = 1 i. u.
J7182	<b>Novoeight</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7183	<b>Wilate</b>	von willebrand factor complex (human)	1 Unit = 1 i. u.
J7185	<b>Xyntha</b>	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7186	<b>Alphanate/VWF Complex</b>	antihemophilic factor viii/von willebrand factor complex (human)	1 Unit = 1 i. u.
J7187	<b>Humate-P</b>	von willebrand factor complex (humate-p)	1 Unit = 1 i. u.

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<b>Service Codes</b>	<b>Brand(s)</b>	<b>Generic</b>	<b>Billing Unit</b>
J7188	<b>Obizur</b>	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7189	<b>NovoSeven RT</b>	Factor viia (antihemophilic factor, recombinant)	1 Unit - 1mcg
J7190	<b>Koate; Koate-DVI; Hemofil M</b>	Factor viii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7191	<b>N/A</b>	Factor viii (antihemophilic factor (porcine))	1 Unit = 1 i. u.
J7192	<b>Recombinate; Kogenate; Advate; Helixate FS</b>	Factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7193	<b>Mononine; Alphanine</b>	Factor ix (antihemophilic factor, purified, non-recombinant)	1 Unit = 1 i. u.
J7194	<b>Profilnine SD; Bebulin</b>	Factor ix, complex	1 Unit = 1 i. u.
J7195	<b>BeneFIX; Ixinity</b>	factor ix (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7197	<b>Thrombate III</b>	Antithrombin III (human)	1 Unit = 1 i. u.
J7198	<b>Feiba NF</b>	Anti-inhibitor	1 Unit = 1 i. u.
J7199	<b>N/A</b>	hemophilia clotting factor, not otherwise classified	1 Unit = NDC Units
J7200	<b>Rixubis</b>	factor ix, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7201	<b>Alprolix</b>	factor ix, fc fusion protein, (recombinant)	1 Unit = 1 i. u.
J7202	<b>Idelvion</b>	factor ix, albumin fusion protein, (recombinant)	1 Unit = 1 i. u.
J7205	<b>Eloctate</b>	factor viii fc fusion protein (recombinant)	1 Unit = 1 i. u.
J7207	<b>Adynovate</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7209	<b>Nuwiq</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7210	<b>Afstyla</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7211	<b>Kovaltry</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7212	<b>Sevenfact</b>	Factor viia (antihemophilic factor, recombinant)-jncw	1 Unit - 1mcg
J7351*	<b>Durysta</b>	bimatoprost implant	1 Unit = 1mcg
J7682	<b>Tobi; Bethkis; Kitabis</b>	Tobramycin, inhalation solution	1 Unit = 300mg
J9035	<b>Avastin</b>	bevacizumab	1 Unit = 10 mg
J9202	<b>Zoladex</b>	goserelin acetate	1 Unit = 3.6 mg

Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan			
Service Codes	Brand(s)	Generic	Billing Unit
J9217	<b>Eligard, Lupron Depot</b>	leuprolide acetate	1 Unit = 7.5 mg
J9218	<b>N/A</b>	Leuprolide acetate	1 Unit = 1mg
J9312	<b>Rituxan</b>	rituximab	1 Unit = 10 mg
J9332	<b>Vyvgart</b>	efgartigimod alfa-fcab	1 Unit = 1mg
J9355	<b>Herceptin</b>	trastuzumab	1 Unit = 10 mg
J9380	<b>Tecvayli</b>	teclistamab-cqyv	1 Unit = 0.5mg
Q2026	<b>Radiesse</b>	radiesse	1 Unit = 0.1 ml
Q2041	<b>Yescarta</b>	Axicabtagene ciloleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2042	<b>Kymriah</b>	Tisagenlecleucel (600 million cells)	1 Unit = up to 600 million car-positive viable t cells
Q2053	<b>Tecartus</b>	brexucabtagene autoleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2054	<b>Breyanzi</b>	Lisocabtagene maraleucel	1 Unit = up to 110 million autologous anti-cd19 car-positive viable t cells
Q2055	<b>Abecema</b>	idecabtagene vicleucel	1 Unit = up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q2056	<b>Carvykti</b>	Ciltacabtagene autoleucel	1 Unit = up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q5101	<b>Zarxio</b>	filgrastim-sndz, biosimilar	1 Unit = 1 mcg
Q5103	<b>Inflectra</b>	infliximab-dyyb, biosimilar	1 Unit = 10 mg
Q5104	<b>Renflexis</b>	infliximab-abda, biosimilar	1 Unit = 10 mg
Q5106	<b>Retacrit</b>	epoetin alfa, biosimilar (for non-esrd use)	1 Unit = 1000 units
Q5107	<b>Mvasi</b>	bevacizumab-awwb	1 Unit = 10mg
Q5108	<b>Fulphilia</b>	pegfilgrastim-jmdb, biosimilar	1 Unit = 0.5 mg
Q5109*	<b>Ixifi</b>	infliximab-qbtx	1 Unit = 10mg
Q5110	<b>Nivestym</b>	filgrastim-aafi, biosimilar	1 Unit = 1 mcg
Q5111	<b>Udenyca</b>	pegfilgrastim-cbqv, biosimilar	1 Unit = 0.5 mg
Q5112	<b>Ontruzant</b>	trastuzumab-dttb	1 Unit = 10mg
Q5113	<b>Herzuma</b>	trastuzumab-pkrb	1 Unit = 10mg
Q5114	<b>Ogivri</b>	trastuzumab-dkst	1 Unit = 10mg
Q5115	<b>Truxima</b>	rituximab-abbs, biosimilar	1 Unit = 10mg

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<b>Service Codes</b>	<b>Brand(s)</b>	<b>Generic</b>	<b>Billing Unit</b>
Q5116	<b>Trazimera</b>	trastuzumab-qyyp	1 Unit = 10mg
Q5117	<b>Kanjinti</b>	trastuzumab-anns	1 Unit = 10mg
Q5118	<b>Zirabev</b>	bevacizumab-bvzr	1 Unit = 10mg
Q5119	<b>Ruxience</b>	rituximab-pvvr, biosimilar	1 Unit = 10 mg
Q5120	<b>Ziextenzo</b>	pegfilgrastim-bmez, biosimilar	1 Unit = 0.5 mg
Q5121	<b>Avsola</b>	infliximab-axxq	1 Unit = 10 mg
Q5122	<b>Nyvepria</b>	pegfilgrastim-apgf, biosimilar	1 Unit = 0.5 mg
Q5123	<b>Riabni</b>	rituximab-arrx	1 Unit = 10mg
Q5124	<b>Byooviz</b>	ranibizumab-nuna	1 Unit = 0.1mg
Q5125	<b>Releuko</b>	filgrastim-ayow	1 Unit = 1mcg
Q5126	<b>Alymsys</b>	bevacizumab-maly	1 Unit = 10mg
Q5127	<b>Stimufend</b>	pegfilgrastim-fpgk	1 Unit = 0.5mg
Q5128	<b>Cimerli</b>	ranibizumab-eqrn	1 Unit = 0.1mg
Q5129	<b>Vegzelma</b>	bevacizumab-adcd	1 Unit = 10mg
Q5130	<b>Fylnetra</b>	pegfilgrastim-pbbk	1 Unit = 0.5mg

## Physician Administered Drugs Requiring Prior Authorization: Medicare, UltraCare

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

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
90378	<b>Synagis</b>	palivizumab	1 Unit = 50mg
C9399	<b>N/A</b>	unclassified drugs or biologicals	1 Unit = NDC Units
J0129	<b>Orencia</b>	abatacept	1 Unit = 10 mg
J0135	<b>Humira</b>	adalimumab	1 Unit = 20 mg
J0172	<b>Aduhelm</b>	aducanumab-avwa	1 Unit = 2 mg
J0178	<b>Eylea</b>	aflibercept	1 Unit = 1 mg
J0179	<b>Beovu</b>	brolocizumab-dbli	1 Unit = 1mg
J0202	<b>Lemtrada</b>	alemtuzumab	1 Unit = 1 mg
J0256	<b>Aralast, Zemaira</b>	alpha 1 proteinase inhibitor (human)	1 Unit = 10 mg
J0257	<b>Glassia</b>	alpha 1 proteinase inhibitor (human) (glassia)	1 Unit = 10 mg
J0270	<b>Caverject; Edex</b>	alprostadil for injection	1 Unit = 1.25mcg
J0275	<b>N/A</b>	unclassified drugs or biologicals	1 Unit = NDC Units
J0517	<b>Fasenra</b>	benralizumab	1 Unit = 1mg
J0585	<b>Botox</b>	onabotulinumtoxina	1 Unit = 1 unit
J0586	<b>Dysport</b>	abobotulinumtoxina	1 Unit = 5 units
J0587	<b>Myobloc</b>	rimabotulinumtoxina	1 Unit = 100 units
J0588	<b>Xeomin</b>	incobotulinumtoxin	1 Unit = 1 unit
J0717	<b>Cimzia</b>	certolizumab pegol	1 Unit = 1 mg
J0739	<b>Apretude</b>	cabotegravir extended-release	1 Unit = 1 mg
J0775	<b>Xiaflex</b>	Collagenase, clostridium histolyticum	1 Unit = 0.01mg
J0885	<b>Epogen</b>	epoetin alfa	1 Unit = 1000 units
J0887	<b>Mircera</b>	epoetin beta (for esrd on dialysis)	1 Unit = 1 mcg
J0888	<b>Mircera</b>	epoetin beta (for esrd on dialysis)	1 Unit = 1 mcg
J0897	<b>Prolia; Xgeva</b>	denosumab	1 Unit = 1 mg
J1300	<b>Soliris</b>	eculizumab	1 Unit = 10 mg
J1322	<b>Vimizim</b>	elosulfase alfa	1 Unit = 1 mg
J1438	<b>Enbrel</b>	etanercept	1 Unit = 25 mg

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
J1442	<b>Neupogen</b>	filgrastim	1 Unit = 1 mcg
J1447	<b>Granix</b>	TBO-filgrastim	1 Unit = 1 mcg
J1459	<b>Privigen</b>	immune globulin (human) IV 10% liquid	1 Unit = 500 mg
J1556	<b>Bivigam</b>	immune globulin intravenous (Human)	1 Unit = 500 mg
J1557	<b>Gammaplex</b>	immune globulin intravenous (human), 5%, 10% liquid	1 Unit = 500 mg
J1559	<b>Hizentra</b>	immune globulin subcutaneous (human)	1 Unit = 100 mg
J1561	<b>Gammaked; Gamunex-C</b>	immune globulin (human), 10% caprylate/chromatography purified	1 Unit = 500 mg
J1566	<b>Gammagard S/D; Carimune NF</b>	IVIG lyophilized	1 Unit = 500 mg
J1568	<b>Octagam</b>	immune globulin intravenous (human)	1 Unit = 500 mg
J1569	<b>Gammagard</b>	immune globulin infusion (human)	1 Unit = 500 mg
J1572	<b>Flebogamma; Flebogamma DIF</b>	immune globulin intravenous (human)	1 Unit = 500 mg
J1575	<b>Hyqvia</b>	immune globulin infusion 10% (human) with recombinant human hyaluronidase	1 Unit = 100 mg
J1599	<b>Panzyga</b>	Immune Globulin (Human)	1 Unit = 500 mg
J1745	<b>Remicade</b>	infliximab	1 Unit = 10 mg
J1786	<b>Cerezyme</b>	imiglucerase	1 Unit = 10 units
J1823	<b>Uplinza</b>	Inebilizumab-cdon	1 Unit = 1mg
J1830	<b>Betaseron; Extavia</b>	interferon beta-1b	1 Unit = 0.25mg
J1950	<b>Lupron Depot</b>	leuprolide acetate	1 Unit = 3.75 mg
J2326	<b>Spinraza</b>	Nusinersen	1 Unit = 0.1mg
J2350	<b>Ocrevus</b>	ocrelizumab	1 Unit = 1 mg
J2357	<b>Xolair</b>	omalizumab	1 Unit = 5 mg
J2440	<b>N/A</b>	unclassified drugs or biologicals	1 Unit = NDC Units
J2502	<b>Signifor</b>	pasireotide	1 Unit = 1 mg
J2503	<b>Macugen</b>	Pegaptanib sodium	1 Unit = 0.3mg



Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
J2760	N/A	unclassified drugs or biologicals	1 Unit = NDC Units
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
J3245	Illumya	tildrakizumab	1 Unit = 1 mg
J3262	Actemra	tocilizumab	1 Unit = 1 mg
J3315	Trelstar	triptorelin pamoate	1 Unit = 3.75 mg
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	N/A	unclassified drugs or biologicals	1 Unit = NDC Units
J7318	Durolane	hyaluronan or derivative	1 Unit = 1 dose
J7320	Genvisc 850	hyaluronan or derivative	1 Unit = 1 dose
J7321	Hyalgan	hyaluronan or derivative	1 Unit = 1 dose
J7322	Hymovis	hyaluronate sodium	1 Unit = 1mg
J7323	Euflexxa	hyaluronan or derivative	1 Unit = 1 dose
J7326	Gel-One	hyaluronan or derivative	1 Unit = 1 dose
J7328	Gelsyn-3	hyaluronan or derivative	1 Unit = 1 dose
J7329	Trivisc	hyaluronan or derivative	1 Unit = 1 dose
J7599	N/A	unclassified drugs or biologicals	1 Unit = NDC Units
J8498	N/A	unclassified drugs or biologicals	1 Unit = NDC Units
J8499	N/A	unclassified drugs or biologicals	1 Unit = NDC Units
J8597	N/A	unclassified drugs or biologicals	1 Unit = NDC Units
J8999	N/A	unclassified drugs or biologicals	1 Unit = NDC Units
J9202	Zoladex	goserelin acetate	1 Unit = 3.6 mg
J9216	Actimmune	interferon, gamma 1-b	1 Unit = 3000000 IU
J9217	Lupron Depot	leuprolide acetate	1 Unit = 3.75 mg
J9310	Rituxan	rituximab	1 Unit = 10 mg
J9380	Tecvayli	teclistamab-cqyv	1 Unit = 0.5mg
J9999	N/A	unclassified drugs or biologicals	1 Unit = NDC Units
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

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
Q2042	<b>Kymriah</b>	Tisagenlecleucel (600 million cells)	1 Unit = up to 600 million car-positive viable t cells
Q2054	<b>Breyanzi</b>	Lisocabtagene maraleucel	1 Unit = up to 110 million autologous anti-cd19 car-positive viable t cells
Q2056	<b>Carvykti</b>	Ciltacabtagene autoleucel	1 Unit = up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q4081	<b>Epogen</b>	epoetin alfa (for esrd on dialysis)	1 Unit = 100 units
Q5103	<b>Inflectra</b>	infliximab-dyyb, biosimilar	1 Unit = 10 mg
Q5104	<b>Renflexis</b>	infliximab-abda, biosimilar	1 Unit = 10 mg
Q5110	<b>Nivestym</b>	filgrastim-aafi, biosimilar	1 Unit = 1 mcg
Q5111	<b>Udenyca</b>	pegfilgrastim-cbqv, biosimilar	1 Unit = 0.5 mg
Q5112	<b>Ontruzant</b>	trastuzumab-dttb	1 Unit = 10mg
Q5113	<b>Herzuma</b>	trastuzumab-pkrb	1 Unit = 10mg
Q5114	<b>Ogivri</b>	trastuzumab-dkst	1 Unit = 10mg
Q5119	<b>Ruxience</b>	rituximab-pvvr, biosimilar	1 Unit = 10 mg
Q5120	<b>Ziextenzo</b>	pegfilgrastim-bmez, biosimilar	1 Unit = 0.5 mg
Q5121	<b>Avsola</b>	infliximab-axxq	1 Unit = 10 mg
Q5122	<b>Nyvepria</b>	pegfilgrastim-apgf, biosimilar	1 Unit = 0.5 mg
Q5123	<b>Riabni</b>	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	<b>Synagis</b>	palivizumab	1 Unit = 50mg
J0172	<b>Aduhelm</b>	aducanumab-avwa	1 Unit = 2 mg
J0585	<b>Botox</b>	onabotulinumtoxina	1 Unit = 1 unit
J0586	<b>Dysport</b>	abobotulinumtoxina	1 Unit = 5 units
J0587	<b>Myobloc</b>	rimabotulinumtoxina	1 Unit = 100 units
J0588	<b>Xeomin</b>	incobotulinumtoxin	1 Unit = 1 unit
J0739	<b>Apretude</b>	Cabotegravir extended-release	1 Unit = 1 mg
J0741	<b>Cabenuva</b>	cabotegravir and rilpivirine	1 Unit = 2mg/3mg
J1300	<b>Soliris</b>	eculizumab	1 Unit = 10 mg
J1303	<b>Ultomiris</b>	ravulizumab-cwvz	1 Unit = 10mg
J1426	<b>Amondys 45</b>	casimersen	1 Unit = 10mg
J1427	<b>Viltepso</b>	viltolarsen	1 Unit = 10mg
J1428	<b>Exondys 51</b>	eteplirsen	1 Unit = 10mg
J1429	<b>Vyondys 53</b>	golodirsen	1 Unit = 10mg
J1746	<b>Trogarzo</b>	ibalizumab-uiyk	1 Unit = 10mg
J1823	<b>Uplinza</b>	Inebilizumab-cdon	1 Unit = 1mg
J2326	<b>Spinraza</b>	Nusinersen	1 Unit = 0.1mg
J7170	<b>Hemlibra</b>	micizumab-kxwh	1 Unit = 0.5mg
J7175	<b>Coagadex</b>	factor x, (human)	1 Unit = 1 i.u.
J7178	<b>RiaSTAP</b>	Human Fibrinogen	1 Unit = 1mg
J7179	<b>Vonvendi</b>	von willebrand factor (recombinant)	1 Unit = 1 i. u.
J7180	<b>Corifact</b>	factor xiii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7181	<b>Tretten</b>	factor xiii a-subUnit	1 Unit = 1 i. u.
J7182	<b>Novoeight</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7183	<b>Wilate</b>	von willebrand factor complex (human)	1 Unit = 1 i. u.
J7185	<b>Xyntha</b>	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7186	<b>Alphanate/VWF Complex</b>	antihemophilic factor viii/von willebrand factor complex (human)	1 Unit = 1 i. u.
J7187	<b>Humate-P</b>	von willebrand factor complex (humate-p)	1 Unit = 1 i. u.

Child Health Plus (CHP)			
Service Codes	Brand	Generic	Billing Unit
J7188	<b>Obizur</b>	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7189	<b>NovoSeven RT</b>	Factor viia (antihemophilic factor, recombinant)	1 Unit - 1mcg
J7190	<b>Koate; Koate-DVI; Hemofil M</b>	Factor viii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7191	<b>N/A</b>	unclassified drugs or biologicals	1 Unit = NDC Units
J7192	<b>Recombinate; Kogenate; Advate; Helixate FS</b>	Factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7193	<b>Mononine; Alphanine</b>	Factor ix (antihemophilic factor, purified, non-recombinant)	1 Unit = 1 i. u.
J7194	<b>Profilnine SD; Bebulin</b>	Factor ix, complex	1 Unit = 1 i. u.
J7195	<b>BeneFIX; Ixinity</b>	factor ix (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7197	<b>Thrombate III</b>	Antithrombin III (human)	1 Unit = 1 i. u.
J7198	<b>Feiba NF</b>	Anti-inhibitor	1 Unit = 1 i. u.
J7199	<b>N/A</b>	unclassified drugs or biologicals	1 Unit = NDC Units
J7200	<b>Rixubis</b>	factor ix, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7201	<b>Alprolix</b>	factor ix, fc fusion protein, (recombinant)	1 Unit = 1 i. u.
J7202	<b>Idelvion</b>	factor ix, albumin fusion protein, (recombinant)	1 Unit = 1 i. u.
J7205	<b>Eloctate</b>	factor viii fc fusion protein (recombinant)	1 Unit = 1 i. u.
J7207	<b>Adynovate</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7209	<b>Nuwiq</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7210	<b>Afstyla</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7211	<b>Kovaltry</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J9380	<b>Tecvayli</b>	teclistamab-cqyv	1 Unit = 0.5mg
Q2026	<b>Radiesse</b>	radiesse	1 Unit = 0.1 ml
Q2041	<b>Yescarta</b>	Axicabtagene ciloleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2042	<b>Kymriah</b>	Tisagenlecleucel (600 million cells)	1 Unit = up to 600 million car-positive viable t cells

<b>Child Health Plus (CHP)</b>			
<b>Service Codes</b>	<b>Brand</b>	<b>Generic</b>	<b>Billing Unit</b>
Q2053	<b>Tecartus</b>	brexucabtagene autoleucl	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2054	<b>Breyanzi</b>	Lisocabtagene maraleucl	1 Unit = up to 110 million autologous anti-cd19 car-positive viable t cells
Q2055	<b>Abecema</b>	idecabtagene vicleucl	1 Unit = up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q2056	<b>Carvykti</b>	Ciltacabtagene autoleucl	1 Unit = up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells

## 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	<b>Synagis</b>	palivizumab	1 Unit = 50mg
J0172	<b>Aduhelm</b>	aducanumab-avwa	1 Unit = 2 mg
J0585	<b>Botox</b>	onabotulinumtoxina	1 Unit = 1 unit
J0586	<b>Dysport</b>	abobotulinumtoxina	1 Unit = 5 units
J0587	<b>Myobloc</b>	rimabotulinumtoxina	1 Unit = 100 units
J0588	<b>Xeomin</b>	incobotulinumtoxin	1 Unit = 1 unit
J0739	<b>Apretude</b>	Cabotegravir extended-release	1 Unit = 1 mg
J0741	<b>Cabenuva</b>	cabotegravir and rilpivirine	1 Unit = 2mg/3mg
J1300	<b>Soliris</b>	eculizumab	1 Unit = 10 mg
J1303	<b>Ultomiris</b>	ravulizumab-cwvz	1 Unit = 10mg
J1426	<b>Amondys 45</b>	casimersen	1 Unit = 10mg
J1427	<b>Viltepso</b>	viltolarsen	1 Unit = 10mg
J1428	<b>Exondys 51</b>	eteplirsen	1 Unit = 10mg
J1429	<b>Vyondys 53</b>	golodirsen	1 Unit = 10mg
J1746	<b>Trogarzo</b>	ibalizumab-uiyk	1 Unit = 10mg
J1823	<b>Uplinza</b>	Inebilizumab-cdon	1 Unit = 1mg
J2326	<b>Spinraza</b>	Nusinersen	1 Unit = 0.1mg
J7170	<b>Hemlibra</b>	micizumab-kxwh	1 Unit = 0.5mg
J7175	<b>Coagadex</b>	factor x, (human)	1 Unit = 1 i.u.
J7178	<b>RiaSTAP</b>	Human Fibrinogen	1 Unit = 1mg
J7179	<b>Vonvendi</b>	von willebrand factor (recombinant)	1 Unit = 1 i. u.
J7180	<b>Corifact</b>	factor xiii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7181	<b>Tretten</b>	factor xiii a-subUnit	1 Unit = 1 i. u.
J7182	<b>Novoeight</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7183	<b>Wilate</b>	von willebrand factor complex (human)	1 Unit = 1 i. u.
J7185	<b>Xyntha</b>	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7186	<b>Alphanate/VWF Complex</b>	antihemophilic factor viii/von willebrand factor complex (human)	1 Unit = 1 i. u.

Essential Plan			
Service Codes	Brand	Generic	Billing Unit
J7187	<b>Humate-P</b>	von willebrand factor complex (humate-p)	1 Unit = 1 i. u.
J7188	<b>Obizur</b>	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7189	<b>NovoSeven RT</b>	Factor viia (antihemophilic factor, recombinant)	1 Unit - 1mcg
J7190	<b>Koate; Koate-DVI; Hemofil M</b>	Factor viii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7191	<b>N/A</b>	unclassified drugs or biologicals	1 Unit = NDC Units
J7192	<b>Recombinate; Kogenate; Advate; Helixate FS</b>	Factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7193	<b>Mononine; Alphanine</b>	Factor ix (antihemophilic factor, purified, non-recombinant)	1 Unit = 1 i. u.
J7194	<b>Profilnine SD; Bebulin</b>	Factor ix, complex	1 Unit = 1 i. u.
J7195	<b>BeneFIX; Ixinity</b>	factor ix (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7197	<b>Thrombate III</b>	Antithrombin III (human)	1 Unit = 1 i. u.
J7198	<b>Feiba NF</b>	Anti-inhibitor	1 Unit = 1 i. u.
J7199	<b>N/A</b>	unclassified drugs or biologicals	1 Unit = NDC Units
J7200	<b>Rixubis</b>	factor ix, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7201	<b>Alprolix</b>	factor ix, fc fusion protein, (recombinant)	1 Unit = 1 i. u.
J7202	<b>Idelvion</b>	factor ix, albumin fusion protein, (recombinant)	1 Unit = 1 i. u.
J7205	<b>Eloctate</b>	factor viii fc fusion protein (recombinant)	1 Unit = 1 i. u.
J7207	<b>Adynovate</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7209	<b>Nuwiq</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7210	<b>Afstyla</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7211	<b>Kovaltry</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J9380	<b>Tecvayli</b>	teclistamab-cqyv	1 Unit = 0.5mg
Q2026	<b>Radiesse</b>	radiesse	1 Unit = 0.1 ml
Q2041	<b>Yescarta</b>	Axicabtagene ciloleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells

Essential Plan			
Service Codes	Brand	Generic	Billing Unit
Q2042	<b>Kymriah</b>	Tisagenlecleucel (600 million cells)	1 Unit = up to 600 million car-positive viable t cells
Q2053	<b>Tecartus</b>	brexucabtagene autoleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2054	<b>Breyanzi</b>	Lisocabtagene maraleucel	1 Unit = up to 110 million autologous anti-cd19 car-positive viable t cells
Q2055	<b>Abecema</b>	idecabtagene vicleucel	1 Unit = up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q2056	<b>Carvykti</b>	Ciltacabtagene autoleucel	1 Unit = up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells



## 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	<b>Synagis</b>	palivizumab	1 Unit = 50mg
J0172	<b>Aduhelm</b>	aducanumab-avwa	1 Unit = 2 mg
J0517	<b>Fasenra</b>	benralizumab	1 Unit = 1mg
J0585	<b>Botox</b>	onabotulinumtoxina	1 Unit = 1 unit
J0586	<b>Dysport</b>	abobotulinumtoxina	1 Unit = 5 units
J0587	<b>Myobloc</b>	rimabotulinumtoxina	1 Unit = 100 units
J0588	<b>Xeomin</b>	incobotulinumtoxin	1 Unit = 1 unit
J0739	<b>Apretude</b>	Cabotegravir extended-release	1 Unit = 1 mg
J0741	<b>Cabenuva</b>	cabotegravir and rilpivirine	1 Unit = 2mg/3mg
J1300	<b>Soliris</b>	eculizumab	1 Unit = 10 mg
J1303	<b>Ultomiris</b>	ravulizumab-cwvz	1 Unit = 10mg
J1426	<b>Amondys 45</b>	casimersen	1 Unit = 10mg
J1427	<b>Viltepso</b>	viltolarsen	1 Unit = 10mg
J1428	<b>Exondys 51</b>	eteplirsen	1 Unit = 10mg
J1429	<b>Vyondys 53</b>	golodirsen	1 Unit = 10mg
J1746	<b>Trogarzo</b>	ibalizumab-uiyk	1 Unit = 10mg
J1823	<b>Uplinza</b>	lnebilizumab-cdon	1 Unit = 1mg
J2326	<b>Spinraza</b>	Nusinersen	1 Unit = 0.1mg
J9380	<b>Tecvayli</b>	teclistamab-cqyv	1 Unit = 0.5mg
Q2026	<b>Radiesse</b>	radiesse	1 Unit = 0.1 ml
Q2041	<b>Yescarta</b>	Axicabtagene ciloleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2042	<b>Kymriah</b>	Tisagenlecleucel (600 million cells)	1 Unit = up to 600 million car-positive viable t cells
Q2053	<b>Tecartus</b>	brexucabtagene autoleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2054	<b>Breyanzi</b>	Lisocabtagene maraleucel	1 Unit = up to 110 million autologous anti-cd19 car-positive viable t cells

<b>Marketplace Plans (QHP)</b>			
<b>Service Codes</b>	<b>Brand</b>	<b>Generic</b>	<b>Billing Unit</b>
Q2055	<b>Abecema</b>	idecabtagene vicleucel	1 Unit = up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q2056	<b>Carvykti</b>	Ciltacabtagene autoleucel	1 Unit = up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells

## 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	<b>Synagis</b>	palivizumab	1 Unit = 50mg
J0172	<b>Aduhelm</b>	aducanumab-avwa	1 Unit = 2 mg
J0585	<b>Botox</b>	onabotulinumtoxina	1 Unit = 1 unit
J0586	<b>Dysport</b>	abobotulinumtoxina	1 Unit = 5 units
J0587	<b>Myobloc</b>	rimabotulinumtoxina	1 Unit = 100 units
J0588	<b>Xeomin</b>	incobotulinumtoxin	1 Unit = 1 unit
J0739	<b>Apretude</b>	Cabotegravir extended-release	1 Unit = 1 mg
J0741	<b>Cabenuva</b>	cabotegravir and rilpivirine	1 Unit = 2mg/3mg
J1300	<b>Soliris</b>	eculizumab	1 Unit = 10 mg
J1303	<b>Ultomiris</b>	ravulizumab-cwvz	1 Unit = 10mg
J1426	<b>Amondys 45</b>	casimersen	1 Unit = 10mg
J1427	<b>Viltepso</b>	viltolarsen	1 Unit = 10mg
J1428	<b>Exondys 51</b>	eteplirsen	1 Unit = 10mg
J1429	<b>Vyondys 53</b>	golodirsen	1 Unit = 10mg
J1746	<b>Trogarzo</b>	ibalizumab-uiyk	1 Unit = 10mg
J1823	<b>Uplinza</b>	lnebilizumab-cdon	1 Unit = 1mg
J2326	<b>Spinraza</b>	Nusinersen	1 Unit = 0.1mg
J7170	<b>Hemlibra</b>	micizumab-kxwh	1 Unit = 0.5mg
J7175	<b>Coagadex</b>	factor x, (human)	1 Unit = 1 i.u.
J7178	<b>RiaSTAP</b>	Human Fibrinogen	1 Unit = 1mg
J7179	<b>Vonvendi</b>	von willebrand factor (recombinant)	1 Unit = 1 i. u.
J7180	<b>Corifact</b>	factor xiii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7181	<b>Tretten</b>	factor xiii a-subUnit	1 Unit = 1 i. u.
J7182	<b>Novoeight</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7183	<b>Wilate</b>	von willebrand factor complex (human)	1 Unit = 1 i. u.
J7185	<b>Xyntha</b>	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.

<b>Gold, GoldCare</b>			
<b>Service Codes</b>	<b>Brand</b>	<b>Generic</b>	<b>Billing Unit</b>
J7186	<b>Alphanate/VWF Complex</b>	antihemophilic factor viii/von willebrand factor complex (human)	1 Unit = 1 i. u.
J7187	<b>Humate-P</b>	von willebrand factor complex (humate-p)	1 Unit = 1 i. u.
J7188	<b>Obizur</b>	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7189	<b>NovoSeven RT</b>	Factor viia (antihemophilic factor, recombinant)	1 Unit - 1mcg
J7190	<b>Koate; Koate-DVI; Hemofil M</b>	Factor viii (antihemophilic factor, human)	1 Unit = 1 i. u.
J7191	<b>N/A</b>	unclassified drugs or biologicals	1 Unit = NDC Units
J7192	<b>Recombinate; Kogenate; Advate; Helixate FS</b>	Factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7193	<b>Mononine; Alphanine</b>	Factor ix (antihemophilic factor, purified, non-recombinant)	1 Unit = 1 i. u.
J7194	<b>Profilnine SD; Bebulin</b>	Factor ix, complex	1 Unit = 1 i. u.
J7195	<b>BeneFIX; Ixinity</b>	factor ix (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7197	<b>Thrombate III</b>	Antithrombin III (human)	1 Unit = 1 i. u.
J7198	<b>Feiba NF</b>	Anti-inhibitor	1 Unit = 1 i. u.
J7199	<b>N/A</b>	unclassified drugs or biologicals	1 Unit = NDC Units
J7200	<b>Rixubis</b>	factor ix, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7201	<b>Alprolix</b>	factor ix, fc fusion protein, (recombinant)	1 Unit = 1 i. u.
J7202	<b>Idelvion</b>	factor ix, albumin fusion protein, (recombinant)	1 Unit = 1 i. u.
J7205	<b>Eloctate</b>	factor viii fc fusion protein (recombinant)	1 Unit = 1 i. u.
J7207	<b>Adynovate</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7209	<b>Nuwiq</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7210	<b>Afstyla</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J7211	<b>Kovaltry</b>	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.
J9380	<b>Tecvayli</b>	teclistamab-cqyv	1 Unit = 0.5mg

Gold, GoldCare			
Service Codes	Brand	Generic	Billing Unit
Q2026	<b>Radiesse</b>	radiesse	1 Unit = 0.1 ml
Q2041	<b>Yescarta</b>	Axicabtagene ciloleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2042	<b>Kymriah</b>	Tisagenlecleucel (600 million cells)	1 Unit = up to 600 million car-positive viable t cells
Q2053	<b>Tecartus</b>	brexucabtagene autoleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2054	<b>Breyanzi</b>	Lisocabtagene maraleucel	1 Unit = up to 110 million autologous anti-cd19 car-positive viable t cells
Q2055	<b>Abecema</b>	idecabtagene vicleucel	1 Unit = up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q2056	<b>Carvykti</b>	Ciltacabtagene autoleucel	1 Unit = up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells
Q5103	<b>Inflectra</b>	infliximab-dyyb, biosimilar	1 Unit = 10 mg

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

## Medicare Part B - 2023

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
<b>Acromegaly</b>				
<b>Sandostatin</b>	octreotide	J2353	1 Unit = 1 mg	<i>Preferred</i>
<b>Signifor</b>	pasireotide	J2502	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Somatuline Depot</b>	lanreotide	J1930	1 Unit = 1 mg	<i>Preferred</i>
<b>Somavert</b>	pegvisomant	J3490	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Alpha-1 Antitrypsin Deficiency</b>				
<b>Aralast</b>	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Non-Preferred</i>
<b>Glassia</b>	alpha 1 proteinase inhibitor (human) (glassia)	J0257	1 Unit = 10 mg	<i>Non-Preferred</i>
<b>Prolastin-C</b>	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Preferred</i>
<b>Zemaira</b>	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Non-Preferred</i>
<b>Autoimmune</b>				
<b>Actemra</b>	tocilizumab	J3262	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Avsola</b>	Infliximab-axxq	Q5121	1 Unit = 10 mg	<i>Non-Preferred</i>
<b>Cimzia</b>	certolizumab pegol	J0717	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Entyvio</b>	vedolizumab	J3380	1 Unit = 1 mg	<i>Preferred</i>
<b>Illumya</b>	tildrakizumab	J3245	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Inflectra</b>	infliximab-dyyb, biosimilar	Q5103	1 Unit = 10 mg	<i>Preferred</i>
<b>Orencia</b>	abatacept	J0129	1 Unit = 10 mg	<i>Non-Preferred</i>
<b>Remicade</b>	infliximab	J1745	1 Unit = 10 mg	<i>Preferred</i>

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
<b>Renflexis</b>	infliximab-abda, biosimilar	Q5104	1 Unit = 10 mg	<i>Non-Preferred</i>
<b>Simponi Aria</b>	golimumab	J1602	1 Unit = 1 mg	<i>Preferred</i>
<b>Stelara</b>	ustekinumab (intravenous)	J3358	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Avastin/Biosimilars (Oncology)</b>				
<b>Avastin</b>	bevacizumab	J9035	1 Unit = 10mg	<i>Preferred</i>
<b>Mvasi</b>	bevacizumab-awwb	Q5107	1 Unit = 10mg	<i>Preferred</i>
<b>Zirabev</b>	Bevacizumab-bvzr	Q5118	1 Unit = 10mg	<i>Non-Preferred</i>
<b>Botulinum Toxins</b>				
<b>Botox</b>	onabotulinumtoxina	J0585	1 Unit = 1 unit	<i>Non-Preferred</i>
<b>Dysport</b>	abobotulinumtoxina	J0586	1 Unit = 5 units	<i>Preferred</i>
<b>Myobloc</b>	rimabotulinumtoxina	J0587	1 Unit = 100 units	<i>Non-Preferred</i>
<b>Xeomin</b>	incobotulinumtoxin	J0588	1 Unit = 1 unit	<i>Preferred</i>
<b>Complement Inhibitors*</b>				
<b>Soloris</b>	eculizumab	J1300	1 Unit = 10 mg	<i>Preferred</i>
<b>Ultomiris</b>	ravulizumab-cwvz	J1303	1 Unit = 10mg	<i>Preferred</i>
<b>Uplizna</b>	lnetilizumab-cdon	J1823	1 Unit = 1mg	<i>Non-Preferred</i>
<b>Hematologic Erythropoiesis - Stimulating Agents (ESA)</b>				
<b>Aranesp</b>	darbepoetin alfa (non-esrd use)	J0881	1 Unit = 1 mcg	<i>Preferred</i>
<b>Aranesp</b>	darbepoetin alfa (for esrd on dialysis)	J0882	1 Unit = 1 mcg	<i>Preferred</i>
<b>Epogen</b>	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	<i>Non-Preferred</i>
<b>Epogen</b>	epoetin alfa (for esrd on dialysis)	Q4081	1 Unit = 100 units	<i>Non-Preferred</i>
<b>Procrit</b>	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	<i>Preferred</i>
<b>Procrit</b>	epoetin alfa (for esrd on dialysis)	Q4081	1 Unit = 100 units	<i>Preferred</i>
<b>Mircera</b>	epoetin beta (for esrd on dialysis)	J0887	1 Unit = 1 mcg	<i>Non-Preferred</i>
<b>Mircera</b>	epoetin beta (for non-esrd use)	J0888	1 Unit = 1 mcg	<i>Non-Preferred</i>
<b>Retacrit</b>	epoetin alfa, biosimilar (for esrd on dialysis)	Q5105	1 Unit = 100 units	<i>Non-Preferred</i>

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
<b>Retacrit</b>	epoetin alfa, biosimilar (for non-esrd use)	Q5106	1 Unit = 1000 units	<i>Non-Preferred</i>
<b>Hematologic, Neutropenia Colony Stimulating Factors – Long Acting</b>				
<b>Fulphilia</b>	pegfilgrastim-jmdb, biosimilar	Q5108	1 Unit = 0.5 mg	<i>Preferred</i>
<b>Neulasta</b>	pegfilgrastim	J2506	1 Unit = 0.5 mg	<i>Preferred</i>
<b>Nyvepria</b>	pegfilgrastim-apgf, biosimilar	Q5122	1 Unit = 0.5 mg	<i>Non-Preferred</i>
<b>Udenyca</b>	pegfilgrastim-cbqv, biosimilar	Q5111	1 Unit = 0.5 mg	<i>Non-Preferred</i>
<b>Ziextenzo</b>	pegfilgrastim-bmez, biosimilar	Q5120	1 Unit = 0.5 mg	<i>Non-Preferred</i>
<b>Hematologic, Neutropenia Colony Stimulating Factors - Short Acting</b>				
<b>Granix</b>	TBO-filgrastim	J1447	1 Unit = 1 mcg	<i>Non-Preferred</i>
<b>Leukine</b>	sargramostim	J2820	1 Unit = 50mcg	<i>Non-Preferred</i>
<b>Neupogen</b>	filgrastim	J1442	1 Unit = 1 mcg	<i>Non-Preferred</i>
<b>Nivestym</b>	filgrastim-aafi, biosimilar	Q5110	1 Unit = 1 mcg	<i>Non-Preferred</i>
<b>Zarxio</b>	filgrastim-sndz, biosimilar	Q5101	1 Unit = 1 mcg	<i>Preferred</i>
<b>Lysosomal Storage Disorders (Gaucher's Disease)</b>				
<b>Cerezyme</b>	imiglucerase	J1786	1 Unit = 10 units	<i>Non-Preferred</i>
<b>Elelyso</b>	taliglucerase alfa	J3060	1 Unit = 10 units	<i>Preferred</i>
<b>VPRIV</b>	velaglucerase alfa	J3385	1 Unit = 100 units	<i>Non-Preferred</i>
<b>Multiple Sclerosis (Infused)</b>				
<b>Lemtrada</b>	alemtuzumab	J0202	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Tysabri</b>	natalizumab	J2323	1 Unit = 1 mg	<i>Preferred</i>
<b>Osteoarthritis, Viscosupplements</b>				
<b>Durolane</b>	hyaluronan or derivative	C9465	1 Unit = 1 dose	<i>Non-Preferred</i>
<b>Euflexxa</b>	hyaluronan or derivative	J7323	1 Unit = 1 dose (20mg/2mL)	<i>Non-Preferred</i>
<b>Gel-One</b>	hyaluronan or derivative	J7326	1 Unit = 1 dose (30mg/3mL)	<i>Non-Preferred</i>
<b>Gelsyn-3</b>	hyaluronan or derivative	J7328	1 Unit = 0.1mg	<i>Non-Preferred</i>



Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
<b>Genvisc 850</b>	hyaluronan or derivative	J7320	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Hyalgan</b>	hyaluronan or derivative	J7321	1 Unit = 1 dose (20mg/2mL)	<i>Non-Preferred</i>
<b>Hymovis</b>	hyaluronate sodium	J7322	1 Unit = 1mg	<i>Non-Preferred</i>
<b>Monovisc</b>	hyaluronate sodium, stabilized	J7327	1 Unit = 1 dose (88mg/4mL)	<i>Preferred</i>
<b>OrthoVisc</b>	hyaluronate sodium	J7324	1 Unit = 1 dose (30mg/2mL)	<i>Preferred</i>
<b>Synvisc</b>	hyaluronan or derivative	J7325	1 Unit = 1 mg	<i>Preferred</i>
<b>Synvisc-One</b>				
<b>Trivisc</b>	hyaluronan or derivative	J7329	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Visco-3</b>	hyaluronan or derivative	J7333	1 Unit = 1 dose (25mg/5mL)	<i>Non-Preferred</i>
<b>Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Agents</b>				
<b>Eligard</b>	leuprolide acetate	J1950	1 Unit = 3.75 mg	<i>Preferred</i>
<b>Eligard</b>	leuprolide acetate	J9217	1 Unit = 7.5 mg	<i>Preferred</i>
<b>Firmagon</b>	degarelix	J9155	1 Unit = 1 mg	<i>Preferred</i>
<b>Lupron Depot</b>	leuprolide acetate	J1950	1 Unit = 3.75 mg	<i>Non-Preferred</i>
<b>Lupron Depot</b>	leuprolide acetate	J9217	1 Unit = 7.5 mg	<i>Non-Preferred</i>
<b>Trelstar</b>	triptorelin pamoate	J3315	1 Unit = 3.75 mg	<i>Non-Preferred</i>
<b>Zoladex</b>	goserelin acetate	J9202	1 Unit = 3.6 mg	<i>Non-Preferred</i>
<b>Retinal Disorders Agents</b>				
<b>Avastin</b>	bevacizumab	J9035	1 Unit = 10 mg	<i>Preferred</i>
<b>Avastin</b>	bevacizumab	C9257	1 Unit = 0.25 mg	<i>Preferred</i>
<b>Beovu</b>	brolocizumab-dbll	J0179	1 Unit = 1mg	<i>Non-Preferred</i>
<b>Byooviz*</b>	ranibizumab-nuna	Q5124	1 Unit = 0.1mg	<i>Preferred</i>
<b>Eylea</b>	aflibercept	J0178	1 Unit = 1 mg	<i>Non-Preferred</i>
<b>Lucentis</b>	ranibizumab	J2778	1 Unit = 0.1 mg	<i>Non-Preferred</i>
<b>Rituxan Products</b>				
<b>Rituxan</b>	rituximab	J9312	1 Unit = 10 mg	<i>Preferred</i>
<b>Rituxan Hycela</b>	rituximab and hyaluronidase	J9311	1 Unit = 10 mg	<i>Preferred</i>
<b>Ruxience</b>	rituximab-pvvr, biosimilar	Q5119	1 Unit = 10 mg	<i>Non-Preferred</i>
<b>Riabni</b>	rituximab-arrx	Q5123	1 Unit = 10mg	<i>Non-Preferred</i>

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

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Medicare Part B				
Brand	Generic	HCPSC Code	Billing Unit	Status
<b>Acromegaly</b>				
<b>Sandostatin LAR Depot</b>	octreotide	J2353	1 Unit = 1 mg	<i>Preferred</i>
<b>Signifor LAR</b>	pasireotide	J2502	1 Unit = 1 mg	<i>Non-preferred</i>
<b>Somatuline Depot</b>	lanreotide	J1930	1 Unit = 1 mg	<i>Non-preferred</i>
<b>Lanreotide Acetate</b>	lanreotide	J1932	1 Unit = 1 mg	<i>Preferred</i>
<b>Alpha-1 Antitrypsin Deficiency</b>				
<b>Aralast</b>	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Non-preferred</i>
<b>Glassia</b>	alpha 1 proteinase inhibitor (human) (glassia)	J0257	1 Unit = 10 mg	<i>Non-preferred</i>
<b>Prolastin-C</b>	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Preferred</i>
<b>Zemaira</b>	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Non-preferred</i>
<b>Autoimmune</b>				
<b>Actemra</b>	tocilizumab	J3262	1 Unit = 1 mg	<i>Non-preferred</i>
<b>Avsola</b>	Infliximab-axxq	Q5121	1 Unit = 10 mg	<i>Non-preferred</i>
<b>Cimzia</b>	certolizumab pegol	J0717	1 Unit = 1 mg	<i>Non-preferred</i>
<b>Entyvio</b>	vedolizumab	J3380	1 Unit = 1 mg	<i>Preferred</i>
<b>Illumya</b>	tildrakizumab	J3245	1 Unit = 1 mg	<i>Non-preferred</i>
<b>Inflectra</b>	infliximab-dyyb, biosimilar	Q5103	1 Unit = 10 mg	<i>Preferred</i>
<b>infliximab</b>	infliximab	J1745	1 Unit = 10 mg	<i>Preferred</i>
<b>Orencia</b>	abatacept	J0129	1 Unit = 10 mg	<i>Non-preferred</i>
<b>Remicade</b>	infliximab	J1745	1 Unit = 10 mg	<i>Preferred</i>
<b>Renflexis</b>	infliximab-abda, biosimilar	Q5104	1 Unit = 10 mg	<i>Non-preferred</i>
<b>Simponi Aria</b>	golimumab	J1602	1 Unit = 1 mg	<i>Preferred</i>
<b>Stelara</b>	ustekinumab (intravenous)	J3358	1 Unit = 1 mg	<i>Non-preferred</i>
<b>Avastin/Biosimilars (Oncology)</b>				
<b>Allymsys</b>	bevacizumab-maly	Q5126	1 Unit = 10mg	<i>Non-preferred</i>
<b>Avastin</b>	bevacizumab	J9035	1 Unit = 10mg	<i>Non-preferred</i>
<b>Mvasi</b>	bevacizumab-awwb	Q5107	1 Unit = 10mg	<i>Preferred</i>
<b>Vegzelma</b>	bevacizumab-adcd	Q5129	1 Unit = 10mg	<i>Non-preferred</i>
<b>Zirabev</b>	Bevacizumab-bvzr	Q5118	1 Unit = 10mg	<i>Preferred</i>

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
<b>Botulinum Toxins</b>				
<b>Botox</b>	onabotulinumtoxina	J0585	1 Unit = 1 unit	<i>Non-preferred</i>
<b>Dysport</b>	abobotulinumtoxina	J0586	1 Unit = 5 units	<i>Preferred</i>
<b>Myobloc</b>	rimabotulinumtoxina	J0587	1 Unit = 100 units	<i>Non-preferred</i>
<b>Xeomin</b>	incobotulinumtoxin	J0588	1 Unit = 1 unit	<i>Preferred</i>
<b>Complement Inhibitors</b>				
<b>Soliris</b>	eculizumab	J1300	1 Unit = 10 mg	<i>Preferred</i>
<b>Ultomiris</b>	ravulizumab-cwvz	J1303	1 Unit = 10mg	<i>Preferred</i>
<b>Uplizna</b>	inebilizumab-cdon	J1823	1 Unit = 1mg	<i>Non-preferred</i>
<b>Hematologic Erythropoiesis - Stimulating Agents (ESA)</b>				
<b>Aranesp</b>	darbepoetin alfa (non-esrd use)	J0881	1 Unit = 1 mcg	<i>Preferred</i>
	darbepoetin alfa (for esrd on dialysis)	J0882		
<b>Epogen</b>	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	<i>Non-preferred</i>
	epoetin alfa (for esrd on dialysis)	Q4081		
<b>Procrit</b>	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	<i>Preferred</i>
	epoetin alfa (for esrd on dialysis)	Q4081	1 Unit = 100 units	
<b>Mircera</b>	epoetin beta (for esrd on dialysis)	J0887	1 Unit = 1 mcg	<i>Non-preferred</i>
	epoetin beta (for non-esrd use)	J0888		
<b>Retacrit</b>	epoetin alfa, biosimilar (for esrd on dialysis)	Q5105	1 Unit = 100 units	<i>Non-preferred</i>
	epoetin alfa, biosimilar (for non-esrd use)	Q5106	1 Unit = 1000 units	
<b>Hematologic, Neutropenia Colony Stimulating Factors - Short Acting</b>				
<b>Granix</b>	TBO-filgrastim	J1447	1 Unit = 1 mcg	<i>Non-preferred</i>
<b>Leukine</b>	sargramostim	J2820	1 Unit = 50mcg	<i>Non-preferred</i>
<b>Neupogen</b>	filgrastim	J1442	1 Unit = 1 mcg	<i>Non-preferred</i>
<b>Nivestym</b>	filgrastim-aafi, biosimilar	Q5110	1 Unit = 1 mcg	<i>Non-preferred</i>
<b>Zarxio</b>	filgrastim-sndz, biosimilar	Q5101	1 Unit = 1 mcg	<i>Preferred</i>
<b>Hematopoietic Agents - Iron</b>				
<b>Feaheme</b>	ferumoxytol (non-esrd use)	Q0138	1 Unit = 1 mg	<i>Non-preferred</i>
	ferumoxytol (for esrd on dialysis)	Q0139	1 Unit = 1 mg	

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
<b>Ferrlecit</b>	sodium ferric gluconate complex in sucrose injection	J2916	1 Unit = 12.5mg	<i>Preferred</i>
<b>Infed</b>	iron dextran	J1750	1 Unit = 50mg	<i>Preferred</i>
<b>Injectafer</b>	ferric carboxymaltose	J1439	1 Unit = 1 mg	<i>Non-preferred</i>
<b>Monoferric</b>	ferric derisomaltose	J1437	1 Unit = 10 mg	<i>Non-preferred</i>
<b>Sodium Ferric Gluconate</b>			1 Unit = 12.5mg	<i>Preferred</i>
<b>Venofer</b>	iron sucrose	J1756	1 Unit = 1 mg	<i>Preferred</i>
Hemophilia Factor VIII - Recombinant				
<b>Advate</b>	factor viii, (antihemophilic factor, recombinant)	J7192	1 Unit = 1 i. u.	<i>Non-Preferred</i>
<b>Afstyla</b>	factor viii, (antihemophilic factor, recombinant)	J7210	1 Unit = 1 i. u.	<i>Non-Preferred</i>
<b>Kogenate</b>	factor viii, (antihemophilic factor, recombinant)	J7192	1 Unit = 1 i. u.	<i>Non-Preferred</i>
<b>Kovaltry</b>	factor viii, (antihemophilic factor, recombinant)	J7211	1 Unit = 1 i. u.	<i>Preferred</i>
<b>Novoeight</b>	antihemophilic factor, recombinant	J7182	1 Unit = 1 i. u.	<i>Non-Preferred</i>
<b>Nuwiq</b>	factor viii, (antihemophilic factor, recombinant)	J7209	1 Unit = 1 i. u.	<i>Non-Preferred</i>
<b>Recombinate</b>	factor viii, (antihemophilic factor, recombinant)	J7192	1 Unit = 1 i. u.	<i>Non-Preferred</i>
<b>Xyntha</b>	factor viii (antihemophilic factor, recombinant)	J7185	1 Unit = 1 i. u.	<i>Non-Preferred</i>
<b>Xyntha Solofuse</b>	coagulation factor VIII (recombinant)	J7185	1 Unit = 1 i. u.	<i>Non-Preferred</i>
Hemophilia Factor IX - Recombinant				
<b>Alprolix</b>	coagulation factor IX (recombinant), Fc fusion protein	J7201	1 Unit = 1 i. u.	<i>Preferred</i>
<b>Idelvion</b>	FACTOR IX RECOMBINANT,ALBUMIN FUSION PROTEIN	J7202	1 Unit = 1 i. u.	<i>Preferred</i>
Lysosomal Storage Disorders (Gaucher's Disease)				
<b>Cerezyme</b>	imiglucerase	J1786	1 Unit = 10 units	<i>Preferred</i>
<b>Ellelyso</b>	taliglucerase alfa	J3060	1 Unit = 10 units	<i>Preferred</i>

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
VPRIV	velaglucerase alfa	J3385	1 Unit = 100 units	<i>Non-preferred</i>
<b>Multiple Sclerosis (Infused)</b>				
Briumvi	ublituximab-xiiy	J2329	1 Unit = 1 mg	<i>Non-Preferred</i>
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>
<b>Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents</b>				
Firmagon	degarelix	J9155	1 Unit = 1 mg	<i>Preferred</i>
<b>Retinal Disorders Agents</b>				
Avastin	bevacizumab	J9035	1 Unit = 10 mg	<i>Preferred</i>
Avastin	bevacizumab	C9257	1 Unit = 0.25 mg	<i>Preferred</i>
Beovu	brovacizumab-dbl	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>Preferred</i>
Susvimo	ranibizumab (device)	J2779	1 Unit = 0.1 mg	<i>Non-Preferred</i>
Vabysmo	faricimab-svoa	J2777	1 Unit = 0.1 mg	<i>Non-Preferred</i>
<b>Rituxan Products</b>				
Rituxan	rituximab	J9312	1 Unit = 10 mg	<i>Non-preferred</i>
Rituxan Hycela	rituximab and hyaluronidase	J9311	1 Unit = 10 mg	<i>Non-preferred</i>
Ruxience	rituximab-pvvr, biosimilar	Q5119	1 Unit = 10 mg	<i>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>
<b>Severe Asthma</b>				
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>Non-preferred</i>
Tezspire	tezepelumab-ekko	J2456	1 Unit = 1 mg	<i>Non-Preferred</i>
Xolair	omalizumab	J2357	1 Unit = 5mg	<i>Preferred</i>
<b>Trastuzumab Products</b>				
Herceptin	trastuzumab	J9355	1 Unit = 10 mg	<i>Non-preferred</i>
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	1 Unit = 10mg	<i>Non-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>

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
Trazimera	trastuzumab-qyyp	Q5116	1 Unit = 10mg	<i>Preferred</i>