

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](#).
- ^Authorization required for POS 11, 19, and 22
- ^^Authorization required for non-ocular uses only

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
C9086	Saphnelo	anifrolumab-fnia	1 Unit = 1mg
C9399	N/A	testosterone enanthate subcutaneous	1 Unit = NDC Units
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
J0223	Givlaari	givosiran	1 Unit = 0.5mg
J0256	Aralast, Prolastin-C, Zemaira	alpha 1 proteinase inhibitor (human)	1 Unit = 10 mg
J0257	Glassia	alpha 1 proteinase inhibitor (human) (glassia)	1 Unit = 10 mg
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
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
J0791	Adakveo	crizanlizumab-tmca	1 Unit = 5mg
J0881	Aranesp	darbepoetin alfa	1 Unit = 1 mcg
J0885	Epogen, Procrit	epoetin alfa	1 Unit = 1000 units

Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan			
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
J1071	Depo-Testosterone	testosterone cypionate	1 Unit = 1 mg
J1300	Soliris	eculizumab	1 Unit = 10 mg
J1303	Ultomiris	ravulizumab-cwvz	1 Unit = 10mg
J1305	Evkeeza	evinacumab-dgnb	1 Unit = 5 mg
J1306	Leqvio	inclisiran	1 Unit = 1 mg
J1411	Hemgenix	etranacogene dezaparvovec-drlb	1 Unit = per therapeutic dose
J1412	Roctavian	valoctocogene roxaparvovec-rvox	1 Unit = per treatment up to 2 X 10 ¹³ vector genomes
J1413	Elevidys	delandistrogene moxeparvovec-rokl	1 Unit = per therapeutic dose
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 <i>Nonpreferred; Preferred: Zarxio</i>	filgrastim	1 Unit = 1 mcg
J1447	Granix <i>Nonpreferred; Preferred: Zarxio</i>	TBO-filgrastim	1 Unit = 1 mcg
J1449	Rolvedon	eflapegrastim-xnst	1 Unit = 0.1mg
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

Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan			
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
J1572	Flebogamma; Flebogamma DIF	immune globulin intravenous (human)	1 Unit = 500 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
J1640	Panhematin	hemin	1 Unit = 1mg
J1745	Remicade <i>Non-preferred;</i> <i>Preferred: Inflectra</i>	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
J1930	Somatuline Depot	lanreotide	1 Unit = 1 mg
J1932	Somatuline Depot	lanreotide	1 Unit = 1mg
J1950	Lupron Depot	leuprolide acetate	1 Unit = 3.75 mg
J2182	Nucala	mepolizumab	1 Unit = 1mg
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
J2371	N/A	phenylephrine	1 Unit = 20mcg
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
J2506	Neulasta	pegfilgrastim	1 Unit = 0.5mg
J2507	Krystexxa	pegloticase	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
J3032	Vyepti*	eptinezumab-jjmr	1 Unit = 1 mg
J3121	Delatestryl	testosterone enanthate	1 Unit = 1 mg

Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan			
J3145	Aveed	testosterone undecanoate	1 Unit = 1 mg
J3241	Tepezza	teprotumumab-trbw	1 Unit = 10 mg
J3245	Illumya	tildrakizumab	1 Unit = 1 mg
J3262	Actemra	tocilizumab	1 Unit = 1 mg
J3357	Stelara (SC)	Ustekinumab	1 Unit = 1mg
J3358	Stelara	ustekinumab (intravenous)	1 Unit = 1 mg
J3380	Entyvio	vedolizumab	1 Unit = 1 mg
J3393	Zynteglo	betibeglogene autotemcel	1 Unit = per treatment
J3394	Lyfgenia	lovotibeglogene autotemcel	1 Unit = per treatment
J3396	Visudyne	Verteporfin	1 Unit = 0.1mg
J3398	Luxturna	voretigene neparvovec-rzyl	1 Unit = 1 billion vector genomes
J3399	Zolgensma	onasemnogene abeparvovec-xioi	1 Unit = per treatment up to 5 X 10 ¹⁵ vector genomes
J3401	Vyjuvek	beremagene geperpavec-svdt (topical)	1 Unit = per treatment up to 5 X 10 ⁹ pfu/ml vector
J3490	N/A	prostin VR testosterone undecanoate testosterone (gel) testosterone (topical solution) testosterone cypionate powder (bulk) testosterone enanthate verapamil	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.

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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.
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
J7351	Durysta	bimatoprost implant	1 Unit = 1mcg
J7682	Tobi; Bethkis; Kitabis	Tobramycin, inhalation solution	1 Unit = 300mg
J7999	N/A	testosterone testosterone cypionate (compound)	1 Unit = NDC Units
J8499	N/A	tadalafil tablets bupropion XL testosterone undecanoate	1 Unit = NDC Units

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J9029	Adstiladrin	nadofaragene firadenovec-vncg	1 Unit = per therapeutic dose
J9035	Avastin^^ <i>Non-preferred; Preferred: Mvasi</i>	bevacizumab	1 Unit = 10 mg
J9202	Zoladex	goserelin acetate	1 Unit = 3.6 mg
J9210	Gamifant	emapalumab-lzsg	1 Unit = 1 mg
J9217	Eligard, Lupron Depot	leuprolide acetate	1 Unit = 7.5 mg
J9218	N/A	Leuprolide acetate	1 Unit = 1mg
J9312	Rituxan <i>Non-preferred; Preferred: Ruxience</i>	rituximab	1 Unit = 10 mg
J9332	Vyvgart	efgartigimod alfa-fcab	1 Unit = 1mg
J9333	Rystiggo	rozanolixizumab-noli	1 Unit = 1 mg
J9334	Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	1 Unit = 2 mg
J9355	Herceptin <i>Non-preferred; Preferred: Kanjinti, Ogivri, Ontruzant, Herzuma, Trazimera</i>	trastuzumab	1 Unit = 10 mg
J9380	Tecvayli	teclistamab-cqyv	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, Procrit^	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

Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan			
Q5104	Renflexis <i>Non-preferred;</i> <i>Preferred: Inflectra</i>	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 <i>Non-preferred;</i> <i>Preferred: Neulasta</i>	pegfilgrastim-jmdb, biosimilar	1 Unit = 0.5 mg
Q5109	Ixifi <i>Non-preferred;</i> <i>Preferred: Inflectra</i>	infliximab-qbtx	1 Unit = 10mg
Q5110	Nivestym <i>Non-preferred;</i> <i>Preferred: Zarxio</i>	filgrastim-aafi, biosimilar	1 Unit = 1 mcg
Q5111	Udenyca <i>Non-preferred;</i> <i>Preferred: Neulasta</i>	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 <i>Non-preferred;</i> <i>Preferred: Ruxience</i>	rituximab-abbs, biosimilar	1 Unit = 10 mg
Q5116	Trazimera	trastuzumab-qyyp	1 Unit = 10mg
Q5117	Kanjinti	trastuzumab-anns	1 Unit = 10mg
Q5118	Zirabev^^ <i>Non-preferred;</i> <i>Preferred: Mvasi</i>	bevacizumab-bvzr	1 Unit = 10mg
Q5119	Ruxience	rituximab-pvvr, biosimilar	1 Unit = 10 mg
Q5120	Ziextenzo <i>Non-preferred;</i> <i>Preferred: Neulasta</i>	pegfilgrastim-bmez, biosimilar	1 Unit = 0.5 mg
Q5121	Avsola <i>Non-preferred;</i> <i>Preferred: Inflectra</i>	infliximab-axxq	1 Unit = 10 mg
Q5122	Nyvepria <i>Non-preferred;</i> <i>Preferred: Neulasta</i>	pegfilgrastim-apgf, biosimilar	1 Unit = 0.5 mg
Q5123	Riabni <i>Non-preferred;</i> <i>Preferred: Ruxience</i>	rituximab-arrx	1 Unit = 10mg
Q5124	Byooviz	ranibizumab-nuna	1 Unit = 0.1mg

Medicaid Managed Care, Partnership in Care (PIC) HIV-SNP, Enhanced (HARP) Plan			
Q5125	Releuko <i>Non-preferred;</i> <i>Preferred: Zarxio</i>	filgrastim-ayow	1 Unit = 1mcg
Q5126	Alymsys^^ <i>Non-preferred;</i> <i>Preferred: Mvasi</i>	bevacizumab-maly	1 Unit = 10mg
Q5127	Stimufend <i>Non-preferred;</i> <i>Preferred: Neulasta</i>	pegfilgrastim-fpgk	1 Unit = 0.5mg
Q5128	Cimerli	ranibizumab-eqrn	1 Unit = 0.1mg
Q5129	Vegzelma^^ <i>Non-preferred;</i> <i>Preferred: Mvasi</i>	bevacizumab-adcd	1 Unit = 10mg
Q5130	Fynetra <i>Non-preferred;</i> <i>Preferred: Neulasta</i>	pegfilgrastim-pbbk	1 Unit = 0.5mg
S0013	Spravato	esketamine nasal	1 Unit = 1mg
S0106	N/A	Bupropion HCL sustained release tablet	1 Unit = NDC Units
S0189	Testopel	Testosterone pellet	1 Unit = 75 mg

Physician Administered Drugs Requiring Prior Authorization: Medicare, UltraCare

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- Additional codes may require authorization, see [Medical Policies](#).
- ^Authorization required for POS 11, 19, and 22
- ^^Authorization required for non-ocular uses only

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
90378	Synagis	palivizumab	1 Unit = 50mg
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-dbl	1 Unit = 1mg
J0202	Lemtrada	alemtuzumab	1 Unit = 1 mg
J0256	Aralast, Zemaira	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
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
J0717	Cimzia	certolizumab pegol	1 Unit = 1 mg
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
J1300	Soliris	eculizumab	1 Unit = 10 mg
J1305	Evkeeza	evinacumab-dgnb	1 Unit = 5 mg
J1322	Vimizim	elosulfase alfa	1 Unit = 1 mg

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
J1411	Hemgenix	etranacogene dezaparvovec-drlb	1 Unit = per therapeutic dose
J1412	Roctavian	valoctocogene roxaparvovec-rvox	1 Unit = per treatment up to 2 X 10 ¹³ vector genomes
J1413	Elevidys	delandistrogene moxeparvovec-rokl	1 Unit = per therapeutic dose
J1437	Monoferric	ferric derisomaltose	1 Unit = 10mg
J1438	Enbrel	etanercept	1 Unit = 25 mg
J1439	Injectafer	ferric carboxymaltose	1 Unit = 1mg
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
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
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
J1599	Panzyga	Immune Globulin (Human)	1 Unit = 500 mg
J1745	Remicade	infliximab	1 Unit = 10 mg
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
J2182	Nucala	mepolizumab	1 Unit = 1mg
J2326	Spinraza	Nusinersen	1 Unit = 0.1mg

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
J2329	Briumvi	ublituximab-xiiy	1 Unit = 1mg
J2350	Ocrevus	ocrelizumab	1 Unit = 1 mg
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
J2760	N/A	Phentolamine mesylate	1 Unit = up to 5mg
J2777	Vabysmo	faricimab-svoa	1 Unit = 0.1mg
J2779	Susvimo	ranibizumab	1 Unit = 0.1mg
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
J3357	Stelara (SC)	Ustekinumab	1 Unit = 1mg
J3358	Stelara	ustekinumab (intravenous)	1 Unit = 1 mg
J3385	VPRIV	velaglucerase alfa	1 Unit = 100 units
J3393	Zynteglo	betibeglogene autotemcel	1 Unit = per treatment
J3394	Lyfgenia	lovotibeglogene autotemcel	1 Unit = per treatment
J3398	Luxturna	voretigene neparvovec-rzyl	1 Unit = 1 billion vector genomes
J3399	Zolgensma	onasemnogene abeparvovec-xioi	1 Unit = per treatment up to 5 X 10 ¹⁵ vector genomes
J7599	N/A	immunosuppressive drug, not otherwise classified	1 Unit = NDC Units
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
J8999	N/A	Prescription drug, oral, chemotherapeutic, nos	1 Unit = NDC Units
J9035	Avastin^^	bevacizumab	1 Unit = 10 mg
J9216	Actimmune	interferon, gamma 1-b	1 Unit = 3000000 IU
J9310	Rituxan	rituximab	1 Unit = 10 mg
J9311	Rituxan Hycela	rituximab and hyaluronidase	1 Unit = 10 mg
J9312	Rituxan	rituximab	1 Unit = 10 mg
J9355	Herceptin	trastuzumab	1 Unit = 10 mg
J9356	Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	1 Unit = 10mg
J9380	Tecvayli	teclistamab-cqyv	1 Unit = 0.5mg

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
J9999	N/A	Not otherwise classified, antineoplastic drugs	1 Unit = NDC unit
Q0138	Feraheme	ferumoxytol	1 Unit = 1mg
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
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
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
Q5110	Nivestym	filgrastim-aafi, biosimilar	1 Unit = 1 mcg
Q5112	Ontruzant	trastuzumab-dttb	1 Unit = 10mg
Q5113	Herzuma	trastuzumab-pkrb	1 Unit = 10mg
Q5114	Ogivri	trastuzumab-dkst	1 Unit = 10mg
Q5121	Avsola	infliximab-axxq	1 Unit = 10 mg
Q5123	Riabni	rituximab-arrx	1 Unit = 10mg
Q5125	Releuko	filgrastim-ayow	1 Unit = 1mcg
Q5126	Alymsys	bevacizumab-maly	1 Unit = 10mg
Q5128	Cimerli	ranibizumab-eqrn	1 Unit = 0.1mg
Q5129	Vegzelma	bevacizumab-adcd	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](#).
- *Effective 1/1/2025
- ^Authorization required for POS 11, 19, and 22
- ^^Authorization required for non-ocular uses only

Child Health Plus (CHP)			
Service Codes	Brand	Generic	Billing Unit
90378	Synagis	palivizumab	1 Unit = 50mg
C9086	Saphnelo*	anifrolumab-fnia	1 Unit = 1mg
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-dbli	1 Unit = 1mg
J0223	Givlaari*	givosiran	1 Unit = 0.5mg
J0256	Aralast, Prolastin-C, Zemaïra*	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
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
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
J0791	Adakveo*	crizanlizumab-tmca	1 Unit = 5mg
J0881	Aranesp*	darbepoetin alfa	1 Unit = 1 mcg
J0885	Epogen, Procrit*	epoetin alfa	1 Unit = 1000 units

Child Health Plus (CHP)			
Service Codes	Brand	Generic	Billing Unit
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
J1305	Evkeeza	evinacumab-dgnb	1 Unit = 5 mg
J1306	Leqvio*	inclisiran	1 Unit = 1 mg
J1411	Hemgenix	etranacogene dezaparvovec-drlb	1 Unit = per therapeutic dose
J1412	Roctavian	valoctocogene roxaparvovec-rvox	1 Unit = per treatment up to 2 X 10 ¹³ vector genomes
J1413	Elevidys	delandistrogene moxeparvovec-rokl	1 Unit = per therapeutic dose
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* <i>Nonpreferred;</i> <i>Preferred: Zarxio</i>	filgrastim	1 Unit = 1 mcg
J1447	Granix* <i>Nonpreferred;</i> <i>Preferred: Zarxio</i>	TBO-filgrastim	1 Unit = 1 mcg
J1449	Rolvedon*	eflapegrastim-xnst	1 Unit = 0.1mg
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

Child Health Plus (CHP)			
Service Codes	Brand	Generic	Billing Unit
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
J1572	Flebogamma; Flebogamma DIF *	immune globulin intravenous (human)	1 Unit = 500 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
J1640	Panhematin*	hemin	1 Unit = 1mg
J1745	Remicade* <i>Non-preferred;</i> <i>Preferred: Inflectra</i>	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
J1930	Somatuline Depot*	lanreotide	1 Unit = 1 mg
J1932	Somatuline Depot*	lanreotide	1 Unit = 1mg
J1950	Lupron Depot*	leuprolide acetate	1 Unit = 3.75 mg
J2182	Nucala*	mepolizumab	1 Unit = 1mg
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
J2506	Neulasta*	pegfilgrastim	1 Unit = 0.5mg
J2507	Krystexxa*	pegloticase	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

Child Health Plus (CHP)			
Service Codes	Brand	Generic	Billing Unit
J3032	Vyepti**	eptinezumab-jjmr	1 Unit = 1 mg
J3241	Tepezza	teprotumumab-trbw	1 Unit = 10 mg
J3245	Illumya*	tildrakizumab	1 Unit = 1 mg
J3262	Actemra*	tocilizumab	1 Unit = 1 mg
J3357	Stelara (SC)*	Ustekinumab	1 Unit = 1mg
J3358	Stelara*	ustekinumab (intravenous)	1 Unit = 1 mg
J3380	Entyvio*	vedolizumab	1 Unit = 1 mg
J3393	Zynteglo	betibeglogene autotemcel	1 Unit = per treatment
J3394	Lyfgenia	lovotibeglogene autotemcel	1 Unit = per treatment
J3396	Visudyne*	Verteporfin	1 Unit = 0.1mg
J3398	Luxturna	voretigene neparvovec-rzyl	1 Unit = 1 billion vector genomes
J3399	Zolgensma	onasemnogene abeparvovec-xioi	1 Unit = per treatment up to 5 X 10 ¹⁵ vector genomes
J3401	Vyjuvek	beremagene geperpavec-svdt (topical)	1 Unit = per treatment up to 5 X 10 ⁹ pfu/ml vector
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.

Child Health Plus (CHP)			
Service Codes	Brand	Generic	Billing Unit
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.
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)

Child Health Plus (CHP)			
Service Codes	Brand	Generic	Billing Unit
J7328	Gelsyn-3*	hyaluronan or derivative	1 Unit = 0.1mg
J7329	Trivisc*	hyaluronan or derivative	1 Unit = 1 mg
J7331	SynoJoynt*	sodium hyaluronate 1%	1 Unit = 1mg
J7332	Triluron*	sodium hyaluronate	1 Unit = 1mg
J7351	Durysta*	bimatoprost implant	1 Unit = 1mcg
J7682	Tobi; Bethkis; Kitabis*	Tobramycin, inhalation solution	1 Unit = 300mg
J9029	Adstiladrin	nadofaragene firadenovec-vncg	1 Unit = per therapeutic dose
J9035	Avastin*^^ <i>Non-preferred;</i> <i>Preferred: Mvasi</i>	bevacizumab	1 Unit = 10 mg
J9210	Gamifant	emapalumab-lzsg	1 Unit = 1 mg
J9217	Eligard, Lupron Depot*	leuprolide acetate	1 Unit = 7.5 mg
J9218	N/A*	Leuprolide acetate	1 Unit = 1mg
J9312	Rituxan* <i>Non-preferred;</i> <i>Preferred: Ruxience</i>	rituximab	1 Unit = 10 mg
J9332	Vyvgart*	efgartigimod alfa-fcab	1 Unit = 1mg
J9333	Rystiggo	rozanolixizumab-noli	1 Unit = 1 mg
J9334	Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	1 Unit = 2 mg
J9355	Herceptin* <i>Non-preferred;</i> <i>Preferred: Kanjinti,</i> <i>Ogivri, Ontruzant,</i> <i>Herzuma, Trazimera</i>	trastuzumab	1 Unit = 10 mg
J9380	Tecvayli	teclistamab-cqyv	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

Child Health Plus (CHP)			
Service Codes	Brand	Generic	Billing Unit
			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, Procrit*^	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* <i>Non-preferred; Preferred: Inflectra</i>	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* <i>Non-preferred; Preferred: Neulasta</i>	pegfilgrastim-jmdb, biosimilar	1 Unit = 0.5 mg
Q5109	Ixifi* <i>Non-preferred; Preferred: Inflectra</i>	infliximab-qbtx	1 Unit = 10mg
Q5110	Nivestym* <i>Non-preferred; Preferred: Zarxio</i>	filgrastim-aafi, biosimilar	1 Unit = 1 mcg
Q5111	Udenyca* <i>Non-preferred; Preferred: Neulasta</i>	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* <i>Non-preferred; Preferred: Ruxience</i>	rituximab-abbs, biosimilar	1 Unit = 10 mg
Q5116	Trazimera*	trastuzumab-qyyp	1 Unit = 10mg
Q5117	Kanjinti*	trastuzumab-anns	1 Unit = 10mg
Q5118	Zirabev*** <i>Non-preferred; Preferred: Mvasi</i>	bevacizumab-bvzr	1 Unit = 10mg
Q5119	Ruxience*	rituximab-pvvr, biosimilar	1 Unit = 10 mg

Child Health Plus (CHP)			
Service Codes	Brand	Generic	Billing Unit
Q5120	Ziextenzo* <i>Non-preferred;</i> <i>Preferred: Neulasta</i>	pegfilgrastim-bmez, biosimilar	1 Unit = 0.5 mg
Q5121	Avsola* <i>Non-preferred;</i> <i>Preferred: Inflectra</i>	infliximab-axxq	1 Unit = 10 mg
Q5122	Nyvepria* <i>Non-preferred;</i> <i>Preferred: Neulasta</i>	pegfilgrastim-apgf, biosimilar	1 Unit = 0.5 mg
Q5123	Riabni* <i>Non-preferred;</i> <i>Preferred: Ruxience</i>	rituximab-arrx	1 Unit = 10mg
Q5124	Byooviz*	ranibizumab-nuna	1 Unit = 0.1mg
Q5125	Releuko* <i>Nonpreferred;</i> <i>Preferred: Zarxio</i>	filgrastim-ayow	1 Unit = 1mcg
Q5126	Alymsys*^^ <i>Non-preferred;</i> <i>Preferred: Mvasi</i>	bevacizumab-maly	1 Unit = 10mg
Q5127	Stimufend* <i>Non-preferred;</i> <i>Preferred: Neulasta</i>	pegfilgrastim-fpgk	1 Unit = 0.5mg
Q5128	Cimerli*	ranibizumab-eqrn	1 Unit = 0.1mg
Q5129	Vegzelma*^^ <i>Non-preferred;</i> <i>Preferred: Mvasi</i>	bevacizumab-adcd	1 Unit = 10mg
Q5130	Fylnetra* <i>Non-preferred;</i> <i>Preferred: Neulasta</i>	pegfilgrastim-pbbk	1 Unit = 0.5mg
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](#).
- *Effective 1/1/2025
- ^Authorization required for POS 11, 19, and 22
- ^^Authorization required for non-ocular uses only

Essential Plan			
Service Codes	Brand	Generic	Billing Unit
90378	Synagis	palivizumab	1 Unit = 50mg
C9086	Saphnelo*	anifrolumab-fnia	1 Unit = 1mg
J0135	Humira*	adalimumab	1 Unit = 20 mg
J0172	Aduhelm	aducanumab-avwa	1 Unit = 2 mg
J0178	Eylea*	aflibercept	1 Unit = 1 mg
J0179	Beovu*	brolucizumab-dbll	1 Unit = 1mg
J0223	Givlaari*	givosiran	1 Unit = 0.5mg
J0256	Aralast, Prolastin-C, Zemaira*	alpha 1 proteinase inhibitor (human)	1 Unit = 10 mg
J0257	Glassia*	alpha 1 proteinase inhibitor (human) (glassia)	1 Unit = 10 mg
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
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
J0791	Adakveo*	crizanlizumab-tmca	1 Unit = 5mg
J0881	Aranesp*	darbepoetin alfa	1 Unit = 1 mcg
J0885	Epogen, Procrit*	epoetin alfa	1 Unit = 1000 units

Essential Plan			
Service Codes	Brand	Generic	Billing Unit
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
J1305	Evkeeza	evinacumab-dgnb	1 Unit = 5 mg
J1306	Leqvio*	inclisiran	1 Unit = 1 mg
J1411	Hemgenix	etranacogene dezaparvovec-drlb	1 Unit = per therapeutic dose
J1412	Roctavian	valoctocogene roxaparvovec-rvox	1 Unit = per treatment up to 2 X 10 ¹³ vector genomes
J1413	Elevidys	delandistrogene moxeparvovec-rokl	1 Unit = per therapeutic dose
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* Nonpreferred; Preferred: Zarxio	filgrastim	1 Unit = 1 mcg
J1447	Granix* Nonpreferred; Preferred: Zarxio	TBO-filgrastim	1 Unit = 1 mcg
J1449	Rolvedon*	eflapegrastim-xnst	1 Unit = 0.1mg
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

Essential Plan			
Service Codes	Brand	Generic	Billing Unit
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
J1572	Flebogamma; Flebogamma DIF *	immune globulin intravenous (human)	1 Unit = 500 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
J1640	Panhematin*	hemin	1 Unit = 1mg
J1745	Remicade* Non-preferred; Preferred: Inflectra	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
J1930	Somatuline Depot*	lanreotide	1 Unit = 1 mg
J1932	Somatuline Depot*	lanreotide	1 Unit = 1mg
J1950	Lupron Depot*	leuprolide acetate	1 Unit = 3.75 mg
J2182	Nucala*	mepolizumab	1 Unit = 1mg
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

Essential Plan			
Service Codes	Brand	Generic	Billing Unit
J2506	Neulasta*	pegfilgrastim	1 Unit = 0.5mg
J2507	Krystexxa*	pegloticase	1 Unit = 1 mg
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
J3032	Vyepti**	eptinezumab-jjmr	1 Unit = 1 mg
J3241	Tepezza	teprotumumab-trbw	1 Unit = 10 mg
J3245	Ilumya*	tildrakizumab	1 Unit = 1 mg
J3262	Actemra*	tocilizumab	1 Unit = 1 mg
J3357	Stelara (SC)*	Ustekinumab	1 Unit = 1mg
J3358	Stelara*	ustekinumab (intravenous)	1 Unit = 1 mg
J3380	Entyvio*	vedolizumab	1 Unit = 1 mg
J3393	Zynteglo	betibeglogene autotemcel	1 Unit = per treatment
J3394	Lyfgenia	lovotibeglogene autotemcel	1 Unit = per treatment
J3396	Visudyne*	Verteporfin	1 Unit = 0.1mg
J3398	Luxturna	voretigene neparvovec-rzyl	1 Unit = 1 billion vector genomes
J3399	Zolgensma	onasemnogene abeparvovec-xioi	1 Unit = per treatment up to 5 X 10 ¹⁵ vector genomes
J3401	Vyjuvek	beremagene geperpavec-svdt (topical)	1 Unit = per treatment up to 5 X 10 ⁹ pfu/ml vector
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.

Essential Plan			
Service Codes	Brand	Generic	Billing Unit
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.
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)

Essential Plan			
Service Codes	Brand	Generic	Billing Unit
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
J7331	SynoJoynt*	sodium hyaluronate 1%	1 Unit = 1mg
J7332	Triluron*	sodium hyaluronate	1 Unit = 1mg
J7351	Durysta*	bimatoprost implant	1 Unit = 1mcg
J7682	Tobi; Bethkis; Kitabis*	Tobramycin, inhalation solution	1 Unit = 300mg
J9029	Adstiladrin	nadofaragene firadenovec-vncg	1 Unit = per therapeutic dose
J9035	Avastin*^^ Non-preferred; Preferred: Mvasi	bevacizumab	1 Unit = 10 mg
J9210	Gamifant	emapalumab-lzsg	1 Unit = 1 mg
J9217	Eligard, Lupron Depot*	leuprolide acetate	1 Unit = 7.5 mg
J9218	N/A*	Leuprolide acetate	1 Unit = 1mg
J9312	Rituxan* Non-preferred; Preferred: Ruxience	rituximab	1 Unit = 10 mg
J9332	Vyvgart*	efgartigimod alfa-fcab	1 Unit = 1mg
J9333	Rystiggo	rozanolixizumab-noli	1 Unit = 1 mg
J9334	Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	1 Unit = 2 mg
J9355	Herceptin* Non-preferred; Preferred: Kanjinti, Ogivri, Ontruzant, Herzuma, Trazimera	trastuzumab	1 Unit = 10 mg
J9380	Tecvayli	teclistamab-cqyv	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

Essential Plan			
Service Codes	Brand	Generic	Billing Unit
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, Procrit*^	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* Non-preferred; Preferred: Inflectra	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* <i>Non-preferred;</i> <i>Preferred: Neulasta</i>	pegfilgrastim-jmdb, biosimilar	1 Unit = 0.5 mg
Q5109	Ixifi* Non-preferred; Preferred: Inflectra	infliximab-qbtx	1 Unit = 10mg
Q5110	Nivestym* Nonpreferred; Preferred: Zarxio	filgrastim-aafi, biosimilar	1 Unit = 1 mcg
Q5111	Udenyca* <i>Non-preferred;</i> <i>Preferred: Neulasta</i>	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* Non-preferred; Preferred: Ruxience	rituximab-abbs, biosimilar	1 Unit = 10 mg
Q5116	Trazimera*	trastuzumab-qyyp	1 Unit = 10mg
Q5117	Kanjinti*	trastuzumab-anns	1 Unit = 10mg

Essential Plan			
Service Codes	Brand	Generic	Billing Unit
Q5118	Zirabev*^^ Non-preferred; Preferred: Mvasi	bevacizumab-bvzr	1 Unit = 10mg
Q5119	Ruxience*	rituximab-pvvr, biosimilar	1 Unit = 10 mg
Q5120	Ziextenzo* Non-preferred; Preferred: Neulasta	pegfilgrastim-bmez, biosimilar	1 Unit = 0.5 mg
Q5121	Avsola* Non-preferred; Preferred: Inflectra	infliximab-axxq	1 Unit = 10 mg
Q5122	Nyvepria* <i>Non-preferred;</i> <i>Preferred: Neulasta</i>	pegfilgrastim-apgf, biosimilar	1 Unit = 0.5 mg
Q5123	Riabni* Non-preferred; Preferred: Ruxience	rituximab-arrx	1 Unit = 10mg
Q5124	Byooviz*	ranibizumab-nuna	1 Unit = 0.1mg
Q5125	Releuko* Nonpreferred; Preferred: Zarxio	filgrastim-ayow	1 Unit = 1mcg
Q5126	Alymsys*^^ Non-preferred; Preferred: Mvasi	bevacizumab-maly	1 Unit = 10mg
Q5127	Stimufend* Non-preferred; Preferred: Neulasta	pegfilgrastim-fpgk	1 Unit = 0.5mg
Q5128	Cimerli*	ranibizumab-eqrn	1 Unit = 0.1mg
Q5129	Vegzelma*^^ Non-preferred; Preferred: Mvasi	bevacizumab-adcd	1 Unit = 10mg
Q5130	Fylnetra* Non-preferred; Preferred: Neulasta	pegfilgrastim-pbbk	1 Unit = 0.5mg
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](#).
- *Effective 1/1/2025
- ^Authorization required for POS 11, 19, and 22
- ^^Authorization required for non-ocular uses only

Marketplace Plans (QHP)			
Service Codes	Brand	Generic	Billing Unit
90378	Synagis	palivizumab	1 Unit = 50mg
C9086	Saphnelo*	anifrolumab-fnia	1 Unit = 1mg
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-dbli	1 Unit = 1mg
J0223	Givlaari*	givosiran	1 Unit = 0.5mg
J0256	Aralast, Prolastin-C, Zemaira*	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
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
J0739	Apretude	Cabotegravir extended- release	1 Unit = 1 mg
J0741	Cabenuva	cabotegravir and rilpivirine	1 Unit = 2mg/3mg
J0791	Adakveo*	crizanlizumab-tmca	1 Unit = 5mg
J0881	Aranesp*	darbepoetin alfa	1 Unit = 1 mcg
J0885	Epogen, Procrit*	epoetin alfa	1 Unit = 1000 units

Marketplace Plans (QHP)			
Service Codes	Brand	Generic	Billing Unit
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
J1305	Evkeeza	evinacumab-dgnb	1 Unit = 5 mg
J1306	Leqvio*	inclisiran	1 Unit = 1 mg
J1411	Hemgenix	etranacogene dezaparvovec-drlb	1 Unit = per therapeutic dose
J1412	Roctavian	valoctocogene roxaparvovec-rvox	1 Unit = per treatment up to 2 X 10 ¹³ vector genomes
J1413	Elevidys	delandistrogene moxeparvovec-rokl	1 Unit = per therapeutic dose
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* <i>Nonpreferred; Preferred: Zarxio</i>	filgrastim	1 Unit = 1 mcg
J1447	Granix* <i>Nonpreferred; Preferred: Zarxio</i>	TBO-filgrastim	1 Unit = 1 mcg
J1449	Rolvedon*	eflapegrastim-xnst	1 Unit = 0.1mg
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

Marketplace Plans (QHP)			
Service Codes	Brand	Generic	Billing Unit
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
J1572	Flebogamma; Flebogamma DIF *	immune globulin intravenous (human)	1 Unit = 500 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
J1640	Panhematin*	hemin	1 Unit = 1mg
J1745	Remicade* <i>Non-preferred; Preferred: Inflectra</i>	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
J1930	Somatuline Depot*	lanreotide	1 Unit = 1 mg
J1932	Somatuline Depot*	lanreotide	1 Unit = 1mg
J1950	Lupron Depot*	leuprolide acetate	1 Unit = 3.75 mg
J2182	Nucala*	mepolizumab	1 Unit = 1mg
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
J2502	Signifor*	pasireotide	1 Unit = 1 mg
J2503	Macugen*	Pegaptanib sodium	1 Unit = 0.3mg
J2506	Neulasta*	pegfilgrastim	1 Unit = 0.5mg

Marketplace Plans (QHP)			
Service Codes	Brand	Generic	Billing Unit
J2507	Krystexxa*	pegloticase	1 Unit = 1mg
J2777	Vabysmo*	faricimab-svoa	1 Unit = 0.1mg
J2778	Lucentis*	ranibizumab	1 Unit = 0.1 mg
J2779	Susvimo*	ranibizumab	1 Unit = 0.1mg
J3032	Vyepti**	eptinezumab-jjmr	1 Unit = 1 mg
J3241	Tepezza	teprotumumab-trbw	1 Unit = 10 mg
J3245	Illumya*	tildrakizumab	1 Unit = 1 mg
J3262	Actemra*	tocilizumab	1 Unit = 1 mg
J3357	Stelara (SC)*	Ustekinumab	1 Unit = 1mg
J3358	Stelara*	ustekinumab (intravenous)	1 Unit = 1 mg
J3380	Entyvio*	vedolizumab	1 Unit = 1 mg
J3393	Zynteglo	betibeglogene autotemcel	1 Unit = per treatment
J3394	Lyfgenia	lovotibeglogene autotemcel	1 Unit = per treatment
J3396	Visudyne*	Verteporfin	1 Unit = 0.1mg
J3398	Luxturna	voretigene neparvovec-rzyl	1 Unit = 1 billion vector genomes
J3399	Zolgensma	onasemnogene abeparvovec-xioi	1 Unit = per treatment up to 5 X 10 ¹⁵ vector genomes
J3401	Vyjuvek	beremagene geperpavec-svdt (topical)	1 Unit = per treatment up to 5 X 10 ⁹ pfu/ml vector
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.

Marketplace Plans (QHP)			
Service Codes	Brand	Generic	Billing Unit
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	Profiline 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)

Marketplace Plans (QHP)			
Service Codes	Brand	Generic	Billing Unit
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
J7331	SynJoynt*	sodium hyaluronate 1%	1 Unit = 1mg
J7332	Triluron*	sodium hyaluronate	1 Unit = 1mg
J7351	Durysta*	bimatoprost implant	1 Unit = 1mcg
J7682	Tobi; Bethkis; Kitabis*	Tobramycin, inhalation solution	1 Unit = 300mg
J9029	Adstiladrin	nadofaragene firadenovec-vncg	1 Unit = per therapeutic dose
J9035	Avastin*^^ <i>Non-preferred; Preferred: Mvasi</i>	bevacizumab	1 Unit = 10 mg
J9210	Gamifant	emapalumab-lzsg	1 Unit = 1 mg
J9217	Eligard, Lupron Depot*	leuprolide acetate	1 Unit = 7.5 mg
J9218	N/A*	Leuprolide acetate	1 Unit = 1mg
J9312	Rituxan* <i>Non-preferred; Preferred: Ruxience</i>	rituximab	1 Unit = 10 mg
J9332	Vyvgart*	efgartigimod alfa-fcab	1 Unit = 1mg
J9333	Rystiggo	rozanolixizumab-noli	1 Unit = 1 mg
J9334	Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	1 Unit = 2 mg
J9355	Herceptin* <i>Non-preferred; Preferred: Kanjinti, Ogivri, Ontruzant, Herzuma, Trazimera</i>	trastuzumab	1 Unit = 10 mg
J9380	Tecvayli	teclistamab-cqyv	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

Marketplace Plans (QHP)			
Service Codes	Brand	Generic	Billing Unit
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, Procrit*^	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* <i>Non-preferred; Preferred: Inflectra</i>	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* <i>Non-preferred; Preferred: Neulasta</i>	pegfilgrastim-jmdb, biosimilar	1 Unit = 0.5 mg
Q5109	Ixifi* <i>Non-preferred; Preferred: Inflectra</i>	infliximab-qbtx	1 Unit = 10mg
Q5110	Nivestym* <i>Nonpreferred; Preferred: Zarxio</i>	filgrastim-aafi, biosimilar	1 Unit = 1 mcg
Q5111	Udenyca* <i>Non-preferred; Preferred: Neulasta</i>	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* <i>Non-preferred; Preferred: Ruxience</i>	rituximab-abbs, biosimilar	1 Unit = 10 mg
Q5116	Trazimera*	trastuzumab-qypp	1 Unit = 10mg
Q5117	Kanjinti*	trastuzumab-anns	1 Unit = 10mg

Marketplace Plans (QHP)			
Service Codes	Brand	Generic	Billing Unit
Q5118	Zirabev*^^ <i>Non-preferred; Preferred: Mvasi</i>	bevacizumab-bvzr	1 Unit = 10mg
Q5119	Ruxience*	rituximab-pvvr, biosimilar	1 Unit = 10 mg
Q5120	Ziextenzo* <i>Non-preferred; Preferred: Neulasta</i>	pegfilgrastim-bmez, biosimilar	1 Unit = 0.5 mg
Q5121	Avsola* <i>Non-preferred; Preferred: Inflectra</i>	infliximab-axxq	1 Unit = 10 mg
Q5122	Nyvepria* <i>Non-preferred; Preferred: Neulasta</i>	pegfilgrastim-apgf, biosimilar	1 Unit = 0.5 mg
Q5123	Riabni* <i>Non-preferred; Preferred: Ruxience</i>	rituximab-arrx	1 Unit = 10mg
Q5124	Byooviz*	ranibizumab-nuna	1 Unit = 0.1mg
Q5125	Releuko* <i>Nonpreferred; Preferred: Zarxio</i>	filgrastim-ayow	1 Unit = 1mcg
Q5126	Alymsys*^^ <i>Non-preferred; Preferred: Mvasi</i>	bevacizumab-maly	1 Unit = 10mg
Q5127	Stimufend* <i>Non-preferred; Preferred: Neulasta</i>	pegfilgrastim-fpgk	1 Unit = 0.5mg
Q5128	Cimerli*	ranibizumab-eqrn	1 Unit = 0.1mg
Q5129	Vegzelma*^^ <i>Non-preferred; Preferred: Mvasi</i>	bevacizumab-adcd	1 Unit = 10mg
Q5130	Fylnetra* <i>Non-preferred; Preferred: Neulasta</i>	pegfilgrastim-pbbk	1 Unit = 0.5mg
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](#).
- *Effective Date
 - Gold: 1/1/2025
 - Goldcare: 10/1/2024
- ^Authorization required for POS 11, 19, and 22
- ^^Authorization required for non-ocular uses only

Gold, GoldCare			
Service Codes	Brand	Generic	Billing Unit
90378	Synagis	palivizumab	1 Unit = 50mg
C9086	Saphnelo*	anifrolumab-fnia	1 Unit = 1mg
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
J0223	Givlaari*	givosiran	1 Unit = 0.5mg
J0256	Aralast, Prolastin-C, Zemaira*	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
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
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

Gold, GoldCare			
Service Codes	Brand	Generic	Billing Unit
J0791	Adakveo*	crizanlizumab-tmca	1 Unit = 5mg
J0881	Aranesp*	darbepoetin alfa	1 Unit = 1 mcg
J0885	Epogen, Procrit*	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
J1305	Evkeeza	evinacumab-dgnb	1 Unit = 5 mg
J1306	Leqvio*	inclisiran	1 Unit = 1 mg
J1411	Hemgenix	etranacogene dezaparvovec-drlb	1 Unit = per therapeutic dose
J1412	Roctavian	valoctocogene roxaparvovec-rvox	1 Unit = per treatment up to 2 X 10^13 vector genomes
J1413	Elevidys	delandistrogene moxeparvovec-rokl	1 Unit = per therapeutic dose
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* <i>Nonpreferred; Preferred: Zarxio</i>	filgrastim	1 Unit = 1 mcg
J1447	Granix* <i>Nonpreferred; Preferred: Zarxio</i>	TBO-filgrastim	1 Unit = 1 mcg
J1449	Rolvedon*	eflapegrastim-xnst	1 Unit = 0.1mg
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	Gammplex *	immune globulin intravenous (human), 5%, 10% liquid	1 Unit = 500 mg

Gold, GoldCare			
Service Codes	Brand	Generic	Billing Unit
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
J1572	Flebogamma; Flebogamma DIF *	immune globulin intravenous (human)	1 Unit = 500 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
J1640	Panhematin*	hemin	1 Unit = 1mg
J1745	Remicade* <i>Non-preferred;</i> <i>Preferred: Inflectra</i>	infliximab	1 Unit = 10 mg
J1746	Trogarzo	ibalizumab-uiyk	1 Unit = 10mg
J1786	Cerezyme*	imiglucerase	1 Unit = 10 units
J1823	Uplinza	lnebilizumab-cdon	1 Unit = 1mg
J1930	Somatuline Depot*	lanreotide	1 Unit = 1 mg
J1932	Somatuline Depot*	lanreotide	1 Unit = 1mg
J1950	Lupron Depot*	leuprolide acetate	1 Unit = 3.75 mg
J2182	Nucala*	mepolizumab	1 Unit = 1mg
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

Gold, GoldCare			
Service Codes	Brand	Generic	Billing Unit
J2503	Macugen*	Pegaptanib sodium	1 Unit = 0.3mg
J2506	Neulasta*	pegfilgrastim	1 Unit = 0.5mg
J2507	Krystexxa*	pegloticase	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
J3032	Vyepti**	eptinezumab-jjmr	1 Unit = 1 mg
J3241	Tepezza	teprotumumab-trbw	1 Unit = 10 mg
J3245	Illumya*	tildrakizumab	1 Unit = 1 mg
J3262	Actemra*	tocilizumab	1 Unit = 1 mg
J3357	Stelara (SC)*	Ustekinumab	1 Unit = 1mg
J3358	Stelara*	ustekinumab (intravenous)	1 Unit = 1 mg
J3380	Entyvio*	vedolizumab	1 Unit = 1 mg
J3393	Zynglo	betibeglogene autotemcel	1 Unit = per treatment
J3394	Lyfgenia	lovotibeglogene autotemcel	1 Unit = per treatment
J3396	Visudyne*	Verteporfin	1 Unit = 0.1mg
J3398	Luxturna	voretigene neparvovec-rzyl	1 Unit = 1 billion vector genomes
J3399	Zolgensma	onasemnogene abeparvovec-xioi	1 Unit = per treatment up to 5 X 10 ¹⁵ vector genomes
J3401	Vyjuvek	beremagene geperpavec-svdt (topical)	1 Unit = per treatment up to 5 X 10 ⁹ pfu/ml vector
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.

Gold, GoldCare			
Service Codes	Brand	Generic	Billing Unit
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	Profiline 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)

Gold, GoldCare			
Service Codes	Brand	Generic	Billing Unit
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
J7331	SynJoynt*	sodium hyaluronate 1%	1 Unit = 1mg
J7332	Triluron*	sodium hyaluronate	1 Unit = 1mg
J7351	Durysta*	bimatoprost implant	1 Unit = 1mcg
J7682	Tobi; Bethkis; Kitabis*	Tobramycin, inhalation solution	1 Unit = 300mg
J9029	Adstiladrin	nadofaragene firadenovec-vncg	1 Unit = per therapeutic dose
J9035	Avastin*^^ <i>Non-preferred; Preferred: Mvasi</i>	bevacizumab	1 Unit = 10 mg
J9210	Gamifant	emapalumab-lzsg	1 Unit = 1 mg
J9217	Eligard, Lupron Depot*	leuprolide acetate	1 Unit = 7.5 mg
J9218	N/A*	Leuprolide acetate	1 Unit = 1mg
J9312	Rituxan* <i>Non-preferred; Preferred: Ruxience</i>	rituximab	1 Unit = 10 mg
J9332	Vyvgart*	efgartigimod alfa-fcab	1 Unit = 1mg
J9333	Rystiggo	rozanolixizumab-noli	1 Unit = 1 mg
J9334	Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	1 Unit = 2 mg
J9355	Herceptin* <i>Non-preferred; Preferred: Kanjinti, Ogivri, Ontruzant, Herzuma, Trazimera</i>	trastuzumab	1 Unit = 10 mg
J9380	Tecvayli	teclistamab-cqyv	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

Gold, GoldCare			
Service Codes	Brand	Generic	Billing Unit
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, Procrit*^	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* <i>Non-preferred; Preferred: Inflectra</i>	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* <i>Non-preferred; Preferred: Neulasta</i>	pegfilgrastim-jmdb, biosimilar	1 Unit = 0.5 mg
Q5109	Ixifi* <i>Non-preferred; Preferred: Inflectra</i>	infliximab-qbtx	1 Unit = 10mg
Q5110	Nivestym* <i>Nonpreferred; Preferred: Zarxio</i>	filgrastim-aafi, biosimilar	1 Unit = 1 mcg
Q5111	Udenyca* <i>Non-preferred; Preferred: Neulasta</i>	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* <i>Non-preferred; Preferred: Ruxience</i>	rituximab-abbs, biosimilar	1 Unit = 10 mg
Q5116	Trazimera*	trastuzumab-qyyp	1 Unit = 10mg
Q5117	Kanjinti*	trastuzumab-anns	1 Unit = 10mg

Gold, GoldCare			
Service Codes	Brand	Generic	Billing Unit
Q5118	Zirabev*^^ Non-preferred; Preferred: Mvasi	bevacizumab-bvzr	1 Unit = 10mg
Q5119	Ruxience*	rituximab-pvvr, biosimilar	1 Unit = 10 mg
Q5120	Ziextenzo* Non-preferred; Preferred: Neulasta	pegfilgrastim-bmez, biosimilar	1 Unit = 0.5 mg
Q5121	Avsola* Non-preferred; Preferred: Inflectra	infliximab-axxq	1 Unit = 10 mg
Q5122	Nyvepria* Non-preferred; Preferred: Neulasta	pegfilgrastim-apgf, biosimilar	1 Unit = 0.5 mg
Q5123	Riabni* Non-preferred; Preferred: Ruxience	rituximab-arrx	1 Unit = 10mg
Q5124	Byooviz*	ranibizumab-nuna	1 Unit = 0.1mg
Q5125	Releuko* Nonpreferred; Preferred: Zarxio	filgrastim-ayow	1 Unit = 1mcg
Q5126	Alymsys*^^ Non-preferred; Preferred: Mvasi	bevacizumab-maly	1 Unit = 10mg
Q5127	Stimufend* Non-preferred; Preferred: Neulasta	pegfilgrastim-fpgk	1 Unit = 0.5mg
Q5128	Cimerli*	ranibizumab-eqrn	1 Unit = 0.1mg
Q5129	Vegzelma*^^ Non-preferred; Preferred: Mvasi	bevacizumab-adcd	1 Unit = 10mg
Q5130	Fylnetra* Non-preferred; Preferred: Neulasta	pegfilgrastim-pbbk	1 Unit = 0.5mg
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.
- **The MetroPlus Prior Authorization Form can be found [here](#).**
- Additional codes may require authorization, see [Medical Policies](#).

Medicare Part B – 2024

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
Acromegaly				
Sandostatin LAR Depot	octreotide	J2353	1 Unit = 1 mg	<i>Preferred</i>
Signifor LAR	pasireotide	J2502	1 Unit = 1 mg	<i>Non-preferred</i>
Somatuline Depot	lanreotide	J1930	1 Unit = 1 mg	<i>Non-preferred</i>
Lanreotide Acetate	lanreotide	J1932	1 Unit = 1 mg	<i>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>
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>
infliximab	infliximab	J1745	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>

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
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)				
Alymsys	bevacizumab-maly	Q5126	1 Unit = 10mg	<i>Non-preferred</i>
Avastin	bevacizumab	J9035	1 Unit = 10mg	<i>Non-preferred</i>
Mvasi	bevacizumab-awwb	Q5107	1 Unit = 10mg	<i>Preferred</i>
Vegzelma	bevacizumab-adcd	Q5129	1 Unit = 10mg	<i>Non-preferred</i>
Zirabev	Bevacizumab-bvzr	Q5118	1 Unit = 10mg	<i>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				
Soliris	eculizumab	J1300	1 Unit = 10 mg	<i>Preferred</i>
Ultomiris	ravulizumab-cwvz	J1303	1 Unit = 10mg	<i>Preferred</i>
Uplizna	Inebilizumab-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>
	darbepoetin alfa (for esrd on dialysis)	J0882		
Epogen	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	<i>Non-preferred</i>
	epoetin alfa (for esrd on dialysis)	Q4081		
Procrit	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	
Mircera	epoetin beta (for esrd on dialysis)	J0887	1 Unit = 1 mcg	<i>Non-preferred</i>
	epoetin beta (for non-esrd use)	J0888		
Retacrit	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	
Hematologic, Neutropenia Colony Stimulating Factors - Short Acting				

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
Granix	TBO-filgrastim	J1447	1 Unit = 1 mcg	Non-preferred
Leukine	sargramostim	J2820	1 Unit = 50mcg	Non-preferred
Neupogen	filgrastim	J1442	1 Unit = 1 mcg	Non-preferred
Nivestym	filgrastim-aafi, biosimilar	Q5110	1 Unit = 1 mcg	Non-preferred
Zarxio	filgrastim-sndz, biosimilar	Q5101	1 Unit = 1 mcg	Preferred
Hematopoietic Agents - Iron				
Feaheme	ferumoxytol (non-esrd use)	Q0138	1 Unit = 1 mg	Non-preferred
	ferumoxytol (for esrd on dialysis)	Q0139	1 Unit = 1 mg	
Ferrlecit	sodium ferric gluconate complex in sucrose injection	J2916	1 Unit = 12.5mg	Preferred
Infed	iron dextran	J1750	1 Unit = 50mg	Preferred
Injectafer	ferric carboxymaltose	J1439	1 Unit = 1 mg	Non-preferred
Monoferric	ferric derisomaltose	J1437	1 Unit = 10 mg	Non-preferred
Sodium Ferric Gluconate			1 Unit = 12.5mg	Preferred
Venofer	iron sucrose	J1756	1 Unit = 1 mg	Preferred
Hemophilia Factor VIII - Recombinant				
Advate	factor viii, (antihemophilic factor, recombinant)	J7192	1 Unit = 1 i. u.	Non-Preferred
Afstyla	factor viii, (antihemophilic factor, recombinant)	J7210	1 Unit = 1 i. u.	Non-Preferred
Kogenate	factor viii, (antihemophilic factor, recombinant)	J7192	1 Unit = 1 i. u.	Non-Preferred
Kovaltry	factor viii, (antihemophilic factor, recombinant)	J7211	1 Unit = 1 i. u.	Preferred
Novoeight	antihemophilic factor, recombinant	J7182	1 Unit = 1 i. u.	Non-Preferred
Nuwiq	factor viii, (antihemophilic factor, recombinant)	J7209	1 Unit = 1 i. u.	Non-Preferred
Recombinate	factor viii, (antihemophilic factor, recombinant)	J7192	1 Unit = 1 i. u.	Non-Preferred
Xyntha	factor viii (antihemophilic factor, recombinant)	J7185	1 Unit = 1 i. u.	Non-Preferred

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
Xyntha Solofuse	coagulation factor VIII (recombinant)	J7185	1 Unit = 1 i. u.	<i>Non-Preferred</i>
Hemophilia Factor IX - Recombinant				
Alprolix	coagulation factor IX (recombinant), Fc fusion protein	J7201	1 Unit = 1 i. u.	<i>Preferred</i>
Idelvion	FACTOR IX RECOMBINANT,ALBUMIN FUSION PROTEIN	J7202	1 Unit = 1 i. u.	<i>Preferred</i>
Lysosomal Storage Disorders (Gaucher's Disease)				
Cerezyme	imiglucerase	J1786	1 Unit = 10 units	<i>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)				
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>
Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents				
Firmagon	degarelix	J9155	1 Unit = 1 mg	<i>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-dbll	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>
Rituxan Products				
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>
Severe Asthma				
Cinqair	reslizumab	J2786	1 Unit = 1mg	<i>Non-preferred</i>
Fasenra	benralizumab	J0517	1 Unit = 1mg	<i>Preferred</i>

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

Medicare Part B – 2025

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
Acromegaly				
Sandostatin LAR Depot	octreotide	J2353	1 Unit = 1 mg	<i>Preferred</i>
Signifor LAR	pasireotide	J2502	1 Unit = 1 mg	<i>Non-preferred</i>
Somatuline Depot	lanreotide	J1930	1 Unit = 1 mg	<i>Non-preferred</i>
Lanreotide Acetate	lanreotide	J1932	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>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>
Cimzia	certolizumab pegol	J0717	1 Unit = 1 mg	<i>Non-preferred</i>
Entyvio	vedolizumab	J3380	1 Unit = 1 mg	<i>Preferred</i>

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
Illumya	tildrakizumab	J3245	1 Unit = 1 mg	<i>Non-preferred</i>
Inflectra	infliximab-dyyb, biosimilar	Q5103	1 Unit = 10 mg	<i>Preferred</i>
infliximab	infliximab	J1745	1 Unit = 10 mg	<i>Non-preferred</i>
Orencia	abatacept	J0129	1 Unit = 10 mg	<i>Non-preferred</i>
Remicade	infliximab	J1745	1 Unit = 10 mg	<i>Non-preferred</i>
Renflexis	infliximab-abda, biosimilar	Q5104	1 Unit = 10 mg	<i>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)				
Alymsys	bevacizumab-maly	Q5126	1 Unit = 10mg	<i>Non-preferred</i>
Avastin	bevacizumab	J9035	1 Unit = 10mg	<i>Non-preferred</i>
Mvasi	bevacizumab-awwb	Q5107	1 Unit = 10mg	<i>Preferred</i>
Vegzelma	bevacizumab-adcd	Q5129	1 Unit = 10mg	<i>Non-preferred</i>
Zirabev	Bevacizumab-bvzr	Q5118	1 Unit = 10mg	<i>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				
Soliris	eculizumab	J1300	1 Unit = 10 mg	<i>Preferred</i>
Ultomiris	ravulizumab-cwvz	J1303	1 Unit = 10mg	<i>Preferred</i>
Uplizna	inebilizumab-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>
	darbepoetin alfa (for esrd on dialysis)	J0882		
Epogen	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	<i>Non-preferred</i>
	epoetin alfa (for esrd on dialysis)	Q4081		
Procrit	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	

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
Mircera	epoetin beta (for esrd on dialysis)	J0887	1 Unit = 1 mcg	Non-preferred
	epoetin beta (for non-esrd use)	J0888		
Retacrit	epoetin alfa, biosimilar (for esrd on dialysis)	Q5105	1 Unit = 100 units	Non-preferred
	epoetin alfa, biosimilar (for non-esrd use)	Q5106	1 Unit = 1000 units	
Hematologic, Neutropenia Colony Stimulating Factors - Short Acting				
Granix	TBO-filgrastim	J1447	1 Unit = 1 mcg	Non-preferred
Leukine	sargramostim	J2820	1 Unit = 50mcg	Non-preferred
Neupogen	filgrastim	J1442	1 Unit = 1 mcg	Non-preferred
Nivestym	filgrastim-aafi, biosimilar	Q5110	1 Unit = 1 mcg	Non-preferred
Releuko	filgrastim-ayow, biosimilar	Q5125	1 Unit = 1 mcg	Non-preferred
Zarxio	filgrastim-sndz, biosimilar	Q5101	1 Unit = 1 mcg	Preferred
Hematopoietic Agents - Iron				
Feaheme	ferumoxytol (non-esrd use)	Q0138	1 Unit = 1 mg	Non-preferred
	ferumoxytol (for esrd on dialysis)	Q0139	1 Unit = 1 mg	
Ferrlecit	sodium ferric gluconate complex in sucrose injection	J2916	1 Unit = 12.5mg	Preferred
Infed	iron dextran	J1750	1 Unit = 50mg	Preferred
Injectafer	ferric carboxymaltose	J1439	1 Unit = 1 mg	Non-preferred
Monoferric	ferric derisomaltose	J1437	1 Unit = 10 mg	Non-preferred
Sodium Ferric Gluconate			1 Unit = 12.5mg	Preferred
Venofer	iron sucrose	J1756	1 Unit = 1 mg	Preferred
Hemophilia Factor VIII - Recombinant				
Advate	factor viii, (antihemophilic factor, recombinant)	J7192	1 Unit = 1 i. u.	Non-Preferred
Afstyla	factor viii, (antihemophilic factor, recombinant)	J7210	1 Unit = 1 i. u.	Preferred
Kogenate	factor viii, (antihemophilic factor, recombinant)	J7192	1 Unit = 1 i. u.	Non-Preferred

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
Kovaltry	factor viii, (antihemophilic factor, recombinant)	J7211	1 Unit = 1 i. u.	<i>Preferred</i>
Novoeight	antihemophilic factor, recombinant	J7182	1 Unit = 1 i. u.	<i>Non-Preferred</i>
Nuwiq	factor viii, (antihemophilic factor, recombinant)	J7209	1 Unit = 1 i. u.	<i>Non-Preferred</i>
Recombinate	factor viii, (antihemophilic factor, recombinant)	J7192	1 Unit = 1 i. u.	<i>Non-Preferred</i>
Xyntha	factor viii (antihemophilic factor, recombinant)	J7185	1 Unit = 1 i. u.	<i>Non-Preferred</i>
Xyntha Solofuse	coagulation factor VIII (recombinant)	J7185	1 Unit = 1 i. u.	<i>Non-Preferred</i>
Hemophilia Factor IX - Recombinant				
Alprolix	coagulation factor IX (recombinant), Fc fusion protein	J7201	1 Unit = 1 i. u.	<i>Preferred</i>
Idelvion	factor ix, albumin fusion protein, (recombinant)	J7202	1 Unit = 1 i. u.	<i>Preferred</i>
Lysosomal Storage Disorders (Gaucher's Disease)				
Cerezyme	imiglucerase	J1786	1 Unit = 10 units	<i>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)				
Briumvi	ublituximab-xiyy	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>
Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents				
Firmagon	degarelix	J9155	1 Unit = 1 mg	<i>Preferred</i>
Retinal Disorders Agents				
Avastin	bevacizumab	J9035	1 Unit = 10 mg	<i>Preferred (Primary)</i>
Avastin	bevacizumab	C9257	1 Unit = 0.25 mg	<i>Preferred</i>
Beovu	brovacizumab-dblI, biosimilar	J0179	1 Unit = 1mg	<i>Non-preferred</i>
Byooviz	ranibizumab-nuna, biosimilar	Q5124	1 Unit = 0.1mg	<i>Preferred (Secondary)</i>

Medicare Part B				
Brand	Generic	HCPCS Code	Billing Unit	Status
Cimerli	ranibizumab-eqrn, biosimilar	Q5128	1 Unit = 0.1mg	<i>Non-preferred</i>
Eylea	aflibercept	J0178	1 Unit = 1 mg	<i>Preferred (Secondary)</i>
Eylea HD	aflibercept hd	H0177	1 Unit = 1 mg	<i>Preferred (Secondary)</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>
Rituxan Products				
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>
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>Non-preferred</i>
Tezspire	tezepelumab-ekko	J2456	1 Unit = 1 mg	<i>Non-Preferred</i>
Xolair	omalizumab	J2357	1 Unit = 5mg	<i>Preferred</i>
Trastuzumab Products				
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>
Trazimera	trastuzumab-qypp	Q5116	1 Unit = 10mg	<i>Preferred</i>