

## 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](#).
- For Medicare Part B Step Therapy drug list, click [Physician Administered Drugs Requiring Step Therapy](#)

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
90378	Synagis	palivizumab	1 Unit = 50mg
J0135	Humira	adalimumab	1 Unit = 20 mg
J0217	Lamzede	velmanase alfa-tycv	1 Unit = 1 mg
J0270	Caverject; Edex	alprostadil for injection	1 Unit = 1.25mcg
J0275	N/A	alprostadil suppository	1 Unit = 1 suppository
J0585	Botox	onabotulinumtoxina	1 Unit = 1 unit
J0586	Dysport	abobotulinumtoxina	1 Unit = 5 units
J0587	Myobloc	rimabotulinumtoxina	1 Unit = 100 units
J0588	Xeomin	incobotulinumtoxin	1 Unit = 1 unit
J0775	Xiaflex	Collagenase, clostridium histolyticum	1 Unit = 0.01mg
J1305	Evkeeza	evinacumab-dgnb	1 Unit = 5 mg
J1322	Vimizim	elosulfase alfa	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 <sup>13</sup> vector genomes
J1413	Elevidys	delandistrogene moxeparvovec-rokl	1 Unit = per therapeutic dose
J1414	Beqvez	fidanacogene elaparvovec-dzkt	1 Unit = per therapeutic dose

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
J1438	Enbrel	etanercept	1 Unit = 25 mg
J1830	Betaseron; Extavia	interferon beta-1b	1 Unit = 0.25mg
J2326	Spinraza	Nusinersen	1 Unit = 0.1mg
J2440	N/A	Papaverine hcl	1 Unit = up to 60mg
J2760	N/A	Phentolamine mesylate	1 Unit = up to 5mg
J2840	Kanuma	sebelipase alfa	1 Unit = 1 mg
J3392	Casgevy	exagamglogene autotemcel	1 Unit = per treatment
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 <sup>15</sup> 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
J9216	Actimmune	interferon, gamma 1-b	1 Unit = 3000000 IU
J9999	N/A	Not otherwise classified, antineoplastic drugs	1 Unit = NDC unit
Q2026	Radiesse	radiesse	1 Unit = 0.1 ml
Q2028	Sculptra	Sculptra	1 Unit = 0.5mg

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
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
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
Q2058	Aucatzyl	Obecabtagene autoleucel	1 Unit = up to 400 million cd19 car-positive viable t cells

## 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 – 2026

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
<b>Acromegaly</b>				
<b>Sandostatin LAR Depot</b>	octreotide	J2353	1 Unit = 1 mg	<i>Non-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>Preferred – No Auth Required</i>
<b>Lanreotide Acetate</b>	lanreotide	J1932	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 – No Auth Required</i>
<b>Zemaira</b>	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Preferred – No Auth Required</i>
<b>Autoimmune - Infliximab</b>				
<b>Avsola</b>	Infliximab-axxq	Q5121	1 Unit = 10 mg	<i>Non-preferred</i>
<b>Inflectra</b>	infliximab-dyyb, biosimilar	Q5103	1 Unit = 10 mg	<i>Preferred – No Auth Required</i>
<b>infliximab</b>	infliximab	J1745	1 Unit = 10 mg	<i>Non-preferred</i>

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
<b>Remicade</b>	infliximab	J1745	1 Unit = 10 mg	<i>Non-preferred</i>
<b>Renflexis</b>	infliximab-abda, biosimilar	Q5104	1 Unit = 10 mg	<i>Preferred – No Auth Required</i>
<b>Autoimmune</b>				
<b>Actemra</b>	tocilizumab	J3262	1 Unit = 1 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 – No Auth Required</i>
<b>Illumya</b>	tildrakizumab	J3245	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
<b>Orencia</b>	abatacept	J0129	1 Unit = 10 mg	<i>Non-preferred</i>
<b>Simponi Aria</b>	golimumab	J1602	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
<b>Stelara</b>	ustekinumab (intravenous)	J3358	1 Unit = 1 mg	<i>Non-preferred</i>
<b>Tremfya</b>	guselkumab	J1628	1 Unit = 1mg	<i>Preferred – No Auth Required</i>
<b>Avastin/Biosimilars (Oncology)</b>				
<b>Alymsys</b>	bevacizumab-maly	Q5126	1 Unit = 10mg	<i>Non-preferred</i>
<b>Avastin (Oncology Use)</b>	bevacizumab	J9035	1 Unit = 10mg	<i>Non-preferred (For Oncology Use)</i>
<b>Avzivi</b>	bevacizumab-tjnj	J3590	1 Unit = 10mg	<i>Non-preferred</i>
<b>Mvasi</b>	bevacizumab-awwb	Q5107	1 Unit = 10mg	<i>Preferred – No Auth Required</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 – No Auth Required</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 – Auth Required</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 – Auth Required</i>
<b>Complement Inhibitors</b>				
<b>Soliris</b>	eculizumab	J1300	1 Unit = 10 mg	<i>Preferred – No Auth Required</i>
<b>Ultomiris</b>	ravulizumab-cwvz	J1303	1 Unit = 10mg	<i>Preferred – No Auth Required</i>

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
Vyvgart	efgartigimod alfa-fcab	J9332	1 Unit = 2 mg	<i>Preferred – No Auth Required</i>
Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	J9334	1 Unit = 2 mg	<i>Preferred – No Auth Required</i>
Hematologic Erythropoiesis - Stimulating Agents (ESA)				
Aranesp	darbepoetin alfa (non-esrd use)	J0881	1 Unit = 1 mcg	<i>Preferred – No Auth Required</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	1 Unit = 100 units	
Procrit	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	<i>Preferred – No Auth Required</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				
Granix	TBO-filgrastim	J1447	1 Unit = 1 mcg	<i>Non-preferred</i>
Leukine	sargramostim	J2820	1 Unit = 50mcg	<i>Non-preferred</i>
Neupogen	filgrastim	J1442	1 Unit = 1 mcg	<i>Non-preferred</i>
Nivestym	filgrastim-aafi, biosimilar	Q5110	1 Unit = 1 mcg	<i>Non-preferred</i>
Releuko	filgrastim-ayow, biosimilar	Q5125	1 Unit = 1 mcg	<i>Non-preferred</i>
Zarxio	filgrastim-sndz, biosimilar	Q5101	1 Unit = 1 mcg	<i>Preferred – No Auth Required</i>
Hematopoietic Agents - Iron				
Feraheme	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 - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
<b>Ferrlecit</b>	sodium ferric gluconate complex in sucrose injection	J2916	1 Unit = 12.5mg	<i>Preferred – No Auth Required</i>
<b>Infed</b>	iron dextran	J1750	1 Unit = 50mg	<i>Preferred – No Auth Required</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>		J2916	1 Unit = 12.5mg	<i>Preferred – No Auth Required</i>
<b>Venofer</b>	iron sucrose	J1756	1 Unit = 1 mg	<i>Preferred – No Auth Required</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>Preferred – No Auth Required</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 – No Auth Required</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>Preferred – No Auth Required</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 – No Auth Required</i>

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
<b>Idelvion</b>	factor ix, albumin fusion protein, (recombinant)	J7202	1 Unit = 1 i. u.	<i>Preferred – No Auth Required</i>
<b>Rebinyon</b>	factor IX, human, recombinant, glycopegylated	J7203	1 Unit = 1 i. u.	<i>Preferred – No Auth Required</i>
<b>Immune Globulin - IV</b>				
<b>Asceniv</b>	immune globulin (human)	J1554	1 Unit = 500mg	<i>Non-Preferred</i>
<b>Bivigam</b>	immune globulin intravenous (Human)	J1556	1 Unit = 500mg	<i>Non-Preferred</i>
<b>Flebogamma</b>	immune globulin intravenous (Human)	J1572	1 Unit = 500mg	<i>Preferred – No Auth Required</i>
<b>Gammagard Liquid</b>	immune globulin infusion (human)	J1569	1 Unit = 500mg	<i>Non-Preferred</i>
<b>Gammaked</b>	immune globulin (human), 10% caprylate/chromatography purified	J1561	1 Unit = 500mg	<i>Preferred – No Auth Required</i>
<b>Gammaplex</b>	immune globulin intravenous (human), 5%, 10% liquid	J1557	1 Unit = 500mg	<i>Non-Preferred</i>
<b>Gamunex-C</b>	immune globulin (human), 10% caprylate/chromatography purified	J1561	1 Unit = 500mg	<i>Preferred – No Auth Required</i>
<b>Octagam</b>	immune globulin intravenous (human)	J1568	1 Unit = 500mg	<i>Preferred – No Auth Required</i>
<b>Panzyga</b>	Immune Globulin (Human)	J1576	1 Unit = 500mg	<i>Non-Preferred</i>
<b>Privigen</b>	immune globulin (human) IV 10% liquid	J1459	1 Unit = 500mg	<i>Preferred – No Auth Required</i>
<b>Immune Globulin - SC</b>				
<b>Cutaquig</b>	immune globulin subcutaneous (human)-hipp	J1551	1 Unit = 100mg	<i>Non-Preferred</i>
<b>Cuvitru</b>	immune globulin Subcutaneous (Human), 20% Solution	J1555	1 Unit = 100mg	<i>Non-Preferred</i>

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
Hizentra	immune globulin subcutaneous (human)	J1559	1 Unit = 100mg	<i>Preferred – No Auth Required</i>
HyQvia	immune globulin infusion 10% (human) with recombinant human hyaluronidase	J1575	1 Unit = 100mg	<i>Non-Preferred</i>
Xembify	immune globulin subcutaneous, human-klhw	J1558	1 Unit = 100mg	<i>Non-Preferred</i>
<b>Lysosomal Storage Disorders (Gaucher's Disease)</b>				
Cerezyme	imiglucerase	J1786	1 Unit = 10 units	<i>Preferred – No Auth Required</i>
Elleyso	taliglucerase alfa	J3060	1 Unit = 10 units	<i>Preferred – No Auth Required</i>
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 – No Auth Required</i>
Ocrevus Zunovo	ocrelizumab and hyaluronidase-ocsq	J2351	1 Unit = 1 mg	<i>Non-preferred</i>
Tyruko	natalizumab-sztn	Q5134	1 Unit = 1 mg	<i>Non-preferred</i>
Tysabri	natalizumab	J2323	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
<b>Ophthalmic Geographic Atrophy</b>				
Izervay	avacincaptad pegol	J2782	1 Unit = 0.1 mg	<i>Preferred – No Auth Required</i>
<b>Osteoporosis - Bone Density</b>				
Evenity	romosozumab-aqqg	J3111	1 Unit = 1 mg	<i>Non-preferred</i>
Jubbonti	denosumab-bbdz	Q5136	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Prolia	denosumab	J0897	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Zoledronic Acid	zoledronic acid	J3489	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
<b>Osteoporosis-Hypercalcemia of Malignancy</b>				
Pamidronate	pamidronate disodium	J2430	1 Unit = 30 mg	<i>Preferred – No Auth Required</i>

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
Wyost	denosumab-bbdz	Q5136	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Xgeva	denosumab	J0897	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Zoledronic Acid	zoledronic acid	J3489	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
<b>Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents</b>				
Firmagon	degarelix	J9155	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
<b>Retinal Disorders Agents</b>				
Avastin	bevacizumab	J9035	1 Unit = 10 mg	<i>Preferred (Primary) – No Auth Required</i>
Avastin	bevacizumab	C9257	1 Unit = 0.25 mg	<i>Preferred (Primary) – No Auth Required</i>
Beovu	brolocizumab-dbl, biosimilar	J0179	1 Unit = 1mg	<i>Non-preferred</i>
Byooviz	ranibizumab-nuna, biosimilar	Q5124	1 Unit = 0.1mg	<i>Non-preferred</i>
Cimerli	ranibizumab-eqrn, biosimilar	Q5128	1 Unit = 0.1mg	<i>Non-preferred</i>
Eylea	aflibercept	J0178	1 Unit = 1 mg	<i>Preferred (Secondary) – Auth Needed</i>
Eylea HD	aflibercept hd	J0177	1 Unit = 1 mg	<i>Preferred (Secondary) – Auth Needed</i>
Lucentis	ranibizumab	J2778	1 Unit = 0.1 mg	<i>Preferred (Secondary) – Auth Needed</i>
Pavblu	aflibercept-ayyh	Q5147	1 Unit = 1 mg	<i>Preferred (Secondary) – Auth Needed</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 – No Auth Required</i>
Riabni	rituximab-arrx	Q5123	1 Unit = 10mg	<i>Non-preferred</i>

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
Truxima	rituximab-abbs, biosimilar	Q5115	1 Unit = 10 mg	<i>Preferred – No Auth Required</i>
<b>Severe Asthma</b>				
Cinqair	reslizumab	J2786	1 Unit = 1mg	<i>Non-preferred</i>
Fasenra	benralizumab	J0517	1 Unit = 1mg	<i>Preferred – No Auth Required</i>
Nucala	mepolizumab	J2182	1 Unit = 1mg	<i>Non-preferred</i>
Tezspire	tezepelumab-ekko	J2456	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Xolair	omalizumab	J2357	1 Unit = 5mg	<i>Preferred – No Auth Required</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>
Hercessi	trastuzumab-strf	Q5146	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 – No Auth Required</i>
Ogivri	trastuzumab-dkst	Q5114	1 Unit = 10mg	<i>Non-preferred</i>
Ontruzant	trastuzumab-dttb	Q5112	1 Unit = 10mg	<i>Preferred – No Auth Required</i>
Trazimera	trastuzumab-qyyp	Q5116	1 Unit = 10mg	<i>Non-preferred</i>