

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
J0897	Prolia; Xgeva	denosumab	1 Unit = 1 mg
J1299	Soliris	eculizumab	1 Unit = 2mg
J1300	Soliris	eculizumab	1 Unit = 10 mg
J1303	Ultomiris	ravulizumab-cwvz	1 Unit = 10mg
J1305	Evkeeza	evinacumab-dgnb	1 Unit = 5 mg
J1322	Vimizim	elosulfase alfa	1 Unit = 1 mg
J1411	Hemgenix	etranacogene dezaparovec-drlb	1 Unit = per therapeutic dose

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
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
J1414	Beqvez	fidanacogene elaparvovec-dzkt	1 Unit = per therapeutic dose
J1438	Enbrel	etanercept	1 Unit = 25 mg
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
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	Casgevvy	exagamglogene autotemcel	1 Unit = per treatment
J3393	Zynteglo	betibeglogene autotemcel	1 Unit = per treatment

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
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
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
Q2041	Yescarta	Axicabtagene ciloleucel	1 Unit = up to 200 million autologous anti-cd19 car positive viable t cells
Q2042	Kymriah	Tisagenlecleucel (600 million cells)	1 Unit = up to 600 million car-positive viable t cells
Q2054	Breyanzi	Lisocabtagene maraleucel	1 Unit = up to 110 million autologous anti-cd19 car-positive viable t cells

Medicare, UltraCare			
Service Code	Brand	Generic	Billing Unit
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

Physician Administered Drugs Requiring Step Therapy: Medicare, UltraCare

- 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				
Brand	Generic	HCPCS Code	Billing Unit	Status
Acromegaly				
Sandostatin LAR Depot	octreotide	J2353	1 Unit = 1 mg	<i>Non-preferred</i>
Signifor LAR	pasireotide	J2502	1 Unit = 1 mg	<i>Non-preferred</i>
Somatuline Depot	lanreotide	J1930	1 Unit = 1 mg	<i>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 - Infliximab				
Avsola	Infliximab-axxq	Q5121	1 Unit = 10 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>
Remicade	infliximab	J1745	1 Unit = 10 mg	<i>Non-preferred</i>

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
Renflexis	infliximab-abda, biosimilar	Q5104	1 Unit = 10 mg	<i>Preferred</i>
Autoimmune				
Actemra	tocilizumab	J3262	1 Unit = 1 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>Preferred</i>
Orencia	abatacept	J0129	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>
Tremfya	guselkumab	J1628	1 Unit = 1mg	<i>Preferred</i>
Avastin/Biosimilars (Oncology)				
Allymsys	bevacizumab-maly	Q5126	1 Unit = 10mg	<i>Non-preferred</i>
Avastin	bevacizumab	J9035	1 Unit = 10mg	<i>Non-preferred</i>
Avzivi	bevacizumab-tjnj	J3590	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>
Vyvgart	efgartigimod alfa-fcab	J9332	1 Unit = 2 mg	<i>Preferred</i>

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	J9334	1 Unit = 2 mg	<i>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				
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</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	
Ferrlecit	sodium ferric gluconate complex in sucrose injection	J2916	1 Unit = 12.5mg	<i>Preferred</i>

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
Infed	iron dextran	J1750	1 Unit = 50mg	<i>Preferred</i>
Injectafer	ferric carboxymaltose	J1439	1 Unit = 1 mg	<i>Non-preferred</i>
Monoferric	ferric derisomaltose	J1437	1 Unit = 10 mg	<i>Non-preferred</i>
Sodium Ferric Gluconate			1 Unit = 12.5mg	<i>Preferred</i>
Venofer	iron sucrose	J1756	1 Unit = 1 mg	<i>Preferred</i>
Hemophilia Factor VIII - Recombinant				
Advate	factor viii, (antihemophilic factor, recombinant)	J7192	1 Unit = 1 i. u.	<i>Non-Preferred</i>
Afstyla	factor viii, (antihemophilic factor, recombinant)	J7210	1 Unit = 1 i. u.	<i>Preferred</i>
Kogenate	factor viii, (antihemophilic factor, recombinant)	J7192	1 Unit = 1 i. u.	<i>Non-Preferred</i>
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>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>

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
Rebiny	factor IX, human, recombinant, glycopegylated	J7203	1 Unit = 1 i. u.	<i>Preferred</i>
Immune Globulin - IV				
Asceniv	immune globulin (human)	J1554	1 Unit = 500mg	<i>Non-Preferred</i>
Bivigam	immune globulin intravenous (Human)	J1556	1 Unit = 500mg	<i>Non-Preferred</i>
Flebogamma	immune globulin intravenous (Human)	J1572	1 Unit = 500mg	<i>Preferred</i>
Gammagard Liquid	immune globulin infusion (human)	J1569	1 Unit = 500mg	<i>Non-Preferred</i>
Gammaked	immune globulin (human), 10% caprylate/chromatography purified	J1561	1 Unit = 500mg	<i>Preferred</i>
Gammaplex	immune globulin intravenous (human), 5%, 10% liquid	J1557	1 Unit = 500mg	<i>Non-Preferred</i>
Gamunex-C	immune globulin (human), 10% caprylate/chromatography purified	J1561	1 Unit = 500mg	<i>Preferred</i>
Octagam	immune globulin intravenous (human)	J1568	1 Unit = 500mg	<i>Preferred</i>
Panzyga	Immune Globulin (Human)	J1576	1 Unit = 500mg	<i>Non-Preferred</i>
Privigen	immune globulin (human) IV 10% liquid	J1459	1 Unit = 500mg	<i>Preferred</i>
Immune Globulin - SC				
Cutaquig	immune globulin subcutaneous (human)-hipp	J1551	1 Unit = 100mg	<i>Non-Preferred</i>
Cuvitru	immune globulin Subcutaneous (Human), 20% Solution	J1555	1 Unit = 100mg	<i>Non-Preferred</i>
Hizentra	immune globulin subcutaneous (human)	J1559	1 Unit = 100mg	<i>Preferred</i>

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
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>
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>
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</i>
Ophthalmic Geographic Atrophy				
Izervay	avacincaptad pegol	J2782	1 Unit = 0.1 mg	<i>Preferred</i>
Osteoporosis - Bone Density				
Evenity	romosozumab-aqqg	J3111	1 Unit = 1 mg	<i>Non-preferred</i>
Jubbonti	denosumab-bbdz	Q5136	1 Unit = 1 mg	<i>Preferred</i>
Prolia	denosumab	J0897	1 Unit = 1 mg	<i>Preferred</i>
Zoledronic Acid	zoledronic acid	J3489	1 Unit = 1 mg	<i>Preferred</i>
Osteoporosis-Hypercalcemia of Malignancy				
Pamidronate	pamidronate disodium	J2430	1 Unit = 30 mg	<i>Preferred</i>
Wyost	denosumab-bbdz	Q5136	1 Unit = 1 mg	<i>Preferred</i>

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
Xgeva	denosumab	J0897	1 Unit = 1 mg	<i>Preferred</i>
Zoledronic Acid	zoledronic acid	J3489	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 (Primary)</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)</i>
Eylea HD	aflibercept hd	J0177	1 Unit = 1 mg	<i>Preferred (Secondary)</i>
Lucentis	ranibizumab	J2778	1 Unit = 0.1 mg	<i>Preferred (Secondary)</i>
Pavblu	aflibercept-ayyh	Q5147	1 Unit = 1 mg	<i>Preferred (Secondary)</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>

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
Tezspire	tezepelumab-ekko	J2456	1 Unit = 1 mg	<i>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>
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</i>
Ogivri	trastuzumab-dkst	Q5114	1 Unit = 10mg	<i>Non-preferred</i>
Ontruzant	trastuzumab-dttb	Q5112	1 Unit = 10mg	<i>Preferred</i>
Trazimera	trastuzumab-qyyp	Q5116	1 Unit = 10mg	<i>Non-preferred</i>