

Physician Administered Drugs Requiring Prior Authorization: Child Health Plus (CHP), Essential Plan (EP), Marketplace Plans (QHP), Gold, GoldCare

- The MetroPlus Prior Authorization Form can be found [here](#).
- Additional codes may require authorization, see [Medical Policies](#).
- ^Authorization required for POS 11, 19, and 22
- ^^Authorization required for non-ocular uses only
- *Authorization required for ONLY Gold, Goldcare, QHP
- **Authorization required for DOS on and after 7/1/2026

Child Health Plus (CHP), Essential Plan (EP) Marketplace Plans (QHP), Gold, Goldcare				
Service Codes	Brand	Generic	Billing Unit	Preferred Status
90378	Synagis	palivizumab	1 Unit = 50mg	
J0174	Leqembi	lecanemab-irmb	1 Unit = 1mg	
J0177	Eylea HD <i>Non-preferred</i>	aflibercept	1 Unit = 1 mg	Non-Preferred Preferred: Avastin (J9035) Secondary Preferred: Byoovis (Q5124) or Lucentis (J2778)
J0178	Eylea <i>Non-preferred</i>	aflibercept	1 Unit = 1 mg	Non-Preferred Preferred: Avastin (J9035) Secondary Preferred: Byoovis (Q5124) or Lucentis (J2778)
J0179	Beovu <i>Non-preferred</i>	brolocizumab-dbl	1 Unit = 1mg	Non-Preferred Preferred: Avastin (J9035) Secondary Preferred: Byoovis (Q5124) or Lucentis (J2778)
J0217	Lamzede	velmanase alfa-tycv	1 Unit = 1 mg	

Child Health Plus (CHP), Essential Plan (EP) Marketplace Plans (QHP), Gold, Goldcare				
Service Codes	Brand	Generic	Billing Unit	Preferred Status
J0219**	Nexviazyme**	Avalglucosidase alfa-ngpt	1 Unit = 4 mg	
J0223	Givlaari	givosiran	1 Unit = 0.5mg	
J0270	Caverject; Edex	alprostadil for injection	1 Unit = 1.25mcg	
J0275	N/A	alprostadil suppository	1 Unit = 1 suppository	
J0585	Botox	onabotulinumtoxina	1 Unit = 1 unit	
J0586	Dysport	abobotulinumtoxina	1 Unit = 5 units	
J0587	Myobloc	rimabotulinumtoxina	1 Unit = 100 units	
J0588	Xeomin	incobotulinumtoxin	1 Unit = 1 unit	
J0604	Sensipar	cinacalcet	1 Unit = 1 mg	
J0606	Parsabiv	etelcalcetide	1 Unit = 0.1 mg	
J0717	Cimzia	certolizumab pegol	1 Unit = 1 mg	
J0775	Xiaflex	Collagenase, clostridium histolyticum	1 Unit = 0.01mg	
J0881	Aranesp	darbepoetin alfa	1 Unit = 1 mcg	
J0885	Epogen, Procrit <i>Non-preferred</i>	epoetin alfa	1 Unit = 1000 units	Non-Preferred Preferred: Retacrit (Q5106)
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	
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	
J1306	Leqvio	inclisiran	1 Unit = 1 mg	

Child Health Plus (CHP), Essential Plan (EP) Marketplace Plans (QHP), Gold, Goldcare				
Service Codes	Brand	Generic	Billing Unit	Preferred Status
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	
J1414	Beqvez	fidanacogene elaparvovec-dzkt	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	
J1442	Neupogen <i>Non-Preferred</i>	filgrastim	1 Unit = 1 mcg	Non-Preferred Preferred: Zarxio (Q5101)
J1447	Granix <i>Non-Preferred</i>	TBO-filgrastim	1 Unit = 1 mcg	Non-Preferred Preferred: Zarxio (Q5101)
J1449	Rolvedon	eflapegrastim-xnst	1 Unit = 0.1mg	
J1555	Cuvitru	immune globulin	1 Unit = 100mg	
J1566	Gammagard S/D; Carimune NF	IVIG lyophilized	1 Unit = 500 mg	
J1575	Hyqvia	immune globulin infusion 10% (human) with recombinant human hyaluronidase	1 Unit = 100 mg	
J1602	Simponi Aria	golimumab	1 Unit = 1 mg	
J1640	Panhematin	hemin	1 Unit = 1mg	
J1745	Remicade <i>Non-Preferred</i>	infliximab	1 Unit = 10 mg	Non-Preferred Preferred: Inflectra (Q5103)
J1823	Uplinza	Inebilizumab-cdon	1 Unit = 1mg	

Child Health Plus (CHP), Essential Plan (EP) Marketplace Plans (QHP), Gold, Goldcare				
Service Codes	Brand	Generic	Billing Unit	Preferred Status
J1932	Somatuline Depot	lanreotide	1 Unit = 1mg	
J2326	Spinraza	Nusinersen	1 Unit = 0.1mg	
J2356	Tezspire	tezepelumab-ekko	1 Unit = 1mg	
J2440	N/A	Papaverine hcl	1 Unit = up to 60mg	
J2503	Macugen <i>Non-Preferred</i>	Pegaptanib sodium	1 Unit = 0.3mg	Non-Preferred Preferred: Avastin (J9035) Secondary Preferred: Byoovis (Q5124) or Lucentis (J2778)
J2506	Neulasta	pegfilgrastim	1 Unit = 0.5mg	Preferred
J2507	Krystexxa	pegloticase	1 Unit = 1mg	
J2760	N/A	Phentolamine mesylate	1 Unit = up to 5mg	
J2777	Vabysmo <i>Non-preferred</i>	faricimab-svoa	1 Unit = 0.1mg	Non-Preferred Preferred: Avastin (J9035) Secondary Preferred: Byoovis (Q5124) or Lucentis (J2778)
J2778	Lucentis <i>Non-preferred</i>	ranibizumab	1 Unit = 0.1 mg	Non-Preferred Preferred: Avastin (J9035)
J2779	Susvimo <i>Non-preferred</i>	ranibizumab	1 Unit = 0.1mg	Non-Preferred Preferred: Avastin (J9035) Secondary Preferred: Byoovis (Q5124) or Lucentis (J2778)
J2781	Syfovre	pegcetacoplan (intravitreal)	1 Unit = 1mg	
J3032	Vyepti	eptinezumab-jjmr	1 Unit = 1 mg	
J3111	Evenity	romosozumab-aqqg	1 Unit = 1mg	
J3241	Tepezza	teprotumumab-trbw	1 Unit = 10 mg	
J3245	Illumya	tildrakizumab	1 Unit = 1 mg	
J3247	Cosentyx IV	secukinumab	1 Unit = 1mg	

Child Health Plus (CHP), Essential Plan (EP) Marketplace Plans (QHP), Gold, Goldcare				
Service Codes	Brand	Generic	Billing Unit	Preferred Status
J3391	Lenmeldy	atidarsagene autotemcel	1 Unit = per treatment	
J3392	Casgevvy	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 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	emicizumab-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.	

Child Health Plus (CHP), Essential Plan (EP) Marketplace Plans (QHP), Gold, Goldcare				
Service Codes	Brand	Generic	Billing Unit	Preferred Status
J7187	Humate-P	von willebrand factor complex (humate-p)	1 Unit = 1 i. u.	
J7188	Obizur	factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.	
J7189	NovoSeven RT	Factor viia (antihemophilic factor, recombinant)	1 Unit - 1mcg	
J7190	Koate; Koate-DVI; Hemofil M	Factor viii (antihemophilic factor, human)	1 Unit = 1 i. u.	
J7191	N/A	Factor viii (antihemophilic factor (porcine))	1 Unit = 1 i. u.	
J7192	Recombinate; Kogenate; Advate; Helixate FS	Factor viii (antihemophilic factor, recombinant)	1 Unit = 1 i. u.	
J7193	Mononine; Alphanine	Factor ix (antihemophilic factor, purified, non-recombinant)	1 Unit = 1 i. u.	
J7194	Profilnine SD; Bebulin	Factor ix, complex	1 Unit = 1 i. u.	
J7195	BeneFIX; Ixinity	factor ix (antihemophilic factor, recombinant)	1 Unit = 1 i. u.	
J7197	Thrombate III	Antithrombin III (human)	1 Unit = 1 i. u.	
J7198	Feiba NF	Anti-inhibitor	1 Unit = 1 i. u.	
J7199	N/A	hemophilia clotting factor, not otherwise classified	1 Unit = NDC Units	
J7200	Rixubis	factor ix, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.	
J7201	Alprolix	factor ix, fc fusion protein, (recombinant)	1 Unit = 1 i. u.	
J7202	Idelvion	factor ix, albumin fusion protein, (recombinant)	1 Unit = 1 i. u.	
J7205	Eloctate	factor viii fc fusion protein (recombinant)	1 Unit = 1 i. u.	

Child Health Plus (CHP), Essential Plan (EP) Marketplace Plans (QHP), Gold, Goldcare				
Service Codes	Brand	Generic	Billing Unit	Preferred Status
J7207	Adynovate	factor viii, (antihemophilic factor, recombinant)	1 Unit = 1 i. u.	
J7208	Jivi	antihemophilic factor (recombinant), PEGylated-aucl	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	
J7214	Altuviiio	factor viii/von willebrand factor complex, recombinant	1 Unit = per factor viii i.u.	
J7318	Durolane <i>Non-preferred</i>	Sodium hyaluronate	1 Unit = 1mg	Non-Preferred Preferred: Hyalgan, Supartz, Visco-3 (J7321)
J7320	Genvisc 850 <i>Non-preferred</i>	hyaluronan or derivative	1 Unit = 1mg	Non-Preferred Preferred: Hyalgan, Supartz, Visco-3 (J7321)
J7321	Hyalgan, Supartz, Visco-3	hyaluronan or derivative	1 Unit = 1 dose (20mg/2mL)	Preferred
J7322	Hymovis <i>Non-preferred</i>	hyaluronate sodium	1 Unit = 1mg	Non-Preferred Preferred: Hyalgan, Supartz, Visco-3 (J7321)
J7323	Euflexxa <i>Non-preferred</i>	hyaluronan or derivative	1 Unit = 1 dose (20mg/2mL)	Non-Preferred Preferred: Hyalgan, Supartz, Visco-3 (J7321)
J7324	OrthoVisc <i>Non-preferred</i>	hyaluronate sodium	1 Unit = 1 dose (30mg/2mL)	Non-Preferred Preferred: Hyalgan, Supartz, Visco-3 (J7321)

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J7325	Synvisc <i>Non-preferred</i>	hyaluronan or derivative	1 Unit = 1mg	Non-Preferred Preferred: Hyalgan, Supartz, Visco-3 (J7321)
J7326	Gel-One <i>Non-preferred</i>	hyaluronan or derivative	1 Unit = 1 dose (30mg/2mL)	Non-Preferred Preferred: Hyalgan, Supartz, Visco-3 (J7321)
J7327	Monovisc <i>Non-preferred</i>	hyaluronate sodium, stabilized	1 Unit = 1 dose (88mg/4mL)	Non-Preferred Preferred: Hyalgan, Supartz, Visco-3 (J7321)
J7328	Gelsyn-3 <i>Non-preferred</i>	hyaluronan or derivative	1 Unit = 0.1mg	Non-Preferred Preferred: Hyalgan, Supartz, Visco-3 (J7321)
J7329	Trivisc <i>Non-preferred</i>	hyaluronan or derivative	1 Unit = 1mg	Non-Preferred Preferred: Hyalgan, Supartz, Visco-3 (J7321)
J7331	SynoJoynt <i>Non-preferred</i>	sodium hyaluronate 1%	1 Unit = 1mg	Non-Preferred Preferred: Hyalgan, Supartz, Visco-3 (J7321)
J7332	Triluron <i>Non-preferred</i>	sodium hyaluronate	1 Unit = 1mg	Non-Preferred Preferred: Hyalgan, Supartz, Visco-3 (J7321)
J9029	Adstiladrin	nadofaragene firadenovec-vncg	1 Unit = per therapeutic dose	
J9035	Avastin^^ <i>Non-preferred</i>	bevacizumab	1 Unit = 10 mg	Non-Preferred Preferred: Mvasi (Q5107)
J9210	Gamifant	emapalumab-lzsg	1 Unit = 1 mg	
J9226	Supprelin LA	Histrelin implant (supprelin la)	1 Unit = 50mg	
J9256**	Imaavy**	Nipocalimab-aahu	1 Unit = 3 mg	
J9271	Keytruda*	pembrolizumab	1 Unit = 1mg	

Child Health Plus (CHP), Essential Plan (EP) Marketplace Plans (QHP), Gold, Goldcare				
Service Codes	Brand	Generic	Billing Unit	Preferred Status
J9312	Rituxan <i>Non-preferred</i>	rituximab	1 Unit = 10 mg	Non-Preferred Preferred: Ruxience (Q5119)
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>	trastuzumab	1 Unit = 10 mg	Non-Preferred Preferred: Kanjinti (Q5117), Ontruzant (Q5112), Herzuma (Q5113), Trazimera (Q5116)
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	

Child Health Plus (CHP), Essential Plan (EP) Marketplace Plans (QHP), Gold, Goldcare				
Service Codes	Brand	Generic	Billing Unit	Preferred Status
Q2058	Aucatzyl	Obecabtagene autoleucel	1 Unit = up to 400 million cd19 car-positive viable t cells	
Q4081	Epogen, Procrit^ <i>Non-preferred</i>	epoetin alfa (for esrd on dialysis)	1 Unit = 100 units	Non-Preferred Preferred: Retacrit (Q5105)
Q5101	Zarxio	filgrastim-sndz, biosimilar	1 Unit = 1 mcg	Preferred
Q5103	Inflectra	infliximab-dyyb, biosimilar	1 Unit = 10 mg	Preferred
Q5104	Renflexis <i>Non-preferred</i>	infliximab-abda, biosimilar	1 Unit = 10 mg	Non-Preferred Preferred: Inflectra (Q5103)
Q5105	Retacrit^	epoetin alfa, biosimilar (for esrd on dialysis)	1 Unit = 100 units	Preferred
Q5106	Retacrit	epoetin alfa, biosimilar (for non-esrd use)	1 Unit = 1000 units	Preferred
Q5107	Mvasi^^	bevacizumab-awwb	1 Unit = 10mg	Preferred
Q5108	Fulphilia <i>Non-preferred</i>	pegfilgrastim-jmdb, biosimilar	1 Unit = 0.5 mg	Non-Preferred Preferred: Neulasta (J2506)
Q5109	Ixifi <i>Non-preferred</i>	infliximab-qbtx	1 Unit = 10mg	Non-Preferred Preferred: Inflectra (Q5103)
Q5110	Nivestym <i>Non-preferred</i>	filgrastim-aafi, biosimilar	1 Unit = 1 mcg	Non-Preferred Preferred: Zarxio (Q5101)
Q5111	Udenyca <i>Non-preferred</i>	pegfilgrastim-cbqv, biosimilar	1 Unit = 0.5 mg	Non-Preferred Preferred: Neulasta (J2506)
Q5112	Ontruzant	trastuzumab-dttb	1 Unit = 10mg	Preferred
Q5113	Herzuma	trastuzumab-pkrb	1 Unit = 10mg	Preferred
Q5114	Ogivri	trastuzumab-dkst	1 Unit = 10mg	Preferred
Q5115	Truxima <i>Non-preferred</i>	rituximab-abbs, biosimilar	1 Unit = 10 mg	Non-Preferred Preferred: Ruxience

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Service Codes	Brand	Generic	Billing Unit	Preferred Status
Q5116	Trazimera	trastuzumab-qyyp	1 Unit = 10mg	Preferred
Q5117	Kanjinti	trastuzumab-anns	1 Unit = 10mg	Preferred
Q5118	Zirabev^^ <i>Non-preferred</i>	bevacizumab-bvzr	1 Unit = 10 mg	Non-Preferred Preferred: Mvasi (Q5107)
Q5119	Ruxience	rituximab-pvvr, biosimilar	1 Unit = 10 mg	Preferred
Q5120	Ziextenzo <i>Non-preferred</i>	pegfilgrastim-bmez, biosimilar	1 Unit = 0.5 mg	Non-Preferred Preferred: Neulasta (J2506)
Q5121	Avsola <i>Non-preferred</i>	infliximab-axxq	1 Unit = 10 mg	Non-Preferred Preferred: Inflectra (Q5103)
Q5122	Nyvepria <i>Non-preferred</i>	pegfilgrastim-apgf, biosimilar	1 Unit = 0.5 mg	Non-Preferred Preferred: Neulasta (J2506)
Q5123	Riabni <i>Non-preferred</i>	rituximab-arrx	1 Unit = 10mg	Non-Preferred Preferred: Ruxience (Q5119)
Q5124	Byooviz <i>Non-preferred</i>	ranibizumab-nuna	1 Unit = 0.1mg	Non-Preferred Preferred: Avastin (J9035)
Q5125	Releuko <i>Non-preferred</i>	filgrastim-ayow	1 Unit = 1mcg	Non-Preferred Preferred: Zarxio (Q5101)
Q5126	Alymsys^^ <i>Non-preferred</i>	bevacizumab-maly	1 Unit = 10 mg	Non-Preferred Preferred: Mvasi (Q5107)
Q5127	Stimufend <i>Non-preferred</i>	pegfilgrastim-fpgk	1 Unit = 0.5mg	Non-Preferred Preferred: Neulasta (J2506)
Q5128	Cimerli <i>Non-preferred</i>	ranibizumab-eqrn	1 Unit = 0.1mg	Non-Preferred Preferred: Avastin (J9035) Secondary Preferred: Byoovis (Q5124) or Lucentis (J2778)
Q5129	Vegzelma^^ <i>Non-preferred</i>	bevacizumab-adcd	1 Unit = 10 mg	Non-Preferred Preferred: Mvasi (Q5107)

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Q5130	Fylnetra <i>Non-preferred</i>	pegfilgrastim-pbbk	1 Unit = 0.5mg	Non-Preferred Preferred: Neulasta (J2506)
Q5147	Pavblu <i>Non-preferred</i>	aflibercept-ayyh	1 Unit = 1 mg	Non-Preferred Preferred: Avastin (J9035) Secondary Preferred: Byoovis (Q5124) or Lucentis (J2778)
Q5153	Opuvis <i>Non-preferred</i>	aflibercept-aszy	1 Unit = 1 mg	Non-Preferred Preferred: Avastin (J9035) Secondary Preferred: Byoovis (Q5124) or Lucentis (J2778)
S0013	Spravato	esketamine nasal	1 Unit = 1mg	