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 10^13 vector genomes
J1413	Elevidys	delandistrogene moxeparvovec-rokl	1 Unit = per therapeutic dose

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Medicare, UltraCare			
Service Code	**Brand**	**Generic**	**Billing Unit**
J1414	Beqvez	fidanacogene elaparvovec-dzkt	1 Unit = per therapeutic dose
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
J3387	Skysona	elivaldogene autotemcel	1 Unit = per treatment
J3389	Zevaskyn	prademagene zamikeracel	1 Unit = per treatment
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 10^15 vector genomes
J3402	Ryoncil	Remestemcel-L-rknd	1 Unit = per therapeutic dose
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

Medicare, UltraCare			
Service Code	**Brand**	**Generic**	**Billing Unit**
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
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
Q2057	Tecelra	Afamitresgene autoleucel	1 Unit = per therapeutic dose
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**
Acromegaly				
Sandostatin LAR Depot	octreotide	J2353	1 Unit = 1 mg	*Non-preferred*
Signifor LAR	pasireotide	J2502	1 Unit = 1 mg	*Non-preferred*
Somatuline Depot	lanreotide	J1930	1 Unit = 1 mg	*Preferred – No Auth Required*
Lanreotide Acetate	lanreotide	J1932	1 Unit = 1 mg	*Non-preferred*
Alpha-1 Antitrypsin Deficiency				
Aralast	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	*Non-preferred*
Glassia	alpha 1 proteinase inhibitor (human) (glassia)	J0257	1 Unit = 10 mg	*Non-preferred*
Prolastin-C	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	*Preferred – No Auth Required*
Zemaira	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	*Preferred – No Auth Required*
Autoimmune - Infliximab				
Avsola	Infliximab-axxq	Q5121	1 Unit = 10 mg	*Non-preferred*
Inflectra	infliximab-dyyb, biosimilar	Q5103	1 Unit = 10 mg	*Preferred – No Auth Required*
infliximab	infliximab	J1745	1 Unit = 10 mg	*Non-preferred*

Medicare Part B - 2026				
Brand	**Generic**	**HCPCS Code**	**Billing Unit**	**Status**
Remicade	infliximab	J1745	1 Unit = 10 mg	*Non-preferred*
Renflexis	infliximab-abda, biosimilar	Q5104	1 Unit = 10 mg	*Preferred – No Auth Required*
Autoimmune				
Actemra	tocilizumab	J3262	1 Unit = 1 mg	*Non-preferred*
Cimzia	certolizumab pegol	J0717	1 Unit = 1 mg	*Non-preferred*
Entyvio	vedolizumab	J3380	1 Unit = 1 mg	*Preferred – No Auth Required*
Illumya	tildrakizumab	J3245	1 Unit = 1 mg	*Preferred – No Auth Required*
Orencia	abatacept	J0129	1 Unit = 10 mg	*Non-preferred*
Simponi Aria	golimumab	J1602	1 Unit = 1 mg	*Preferred – No Auth Required*
Stelara	ustekinumab (intravenous)	J3358	1 Unit = 1 mg	*Non-preferred*
Tremfya	guselkumab	J1628	1 Unit = 1mg	*Preferred – No Auth Required*
Avastin/Biosimilars (Oncology)				
Alymsys	bevacizumab-maly	Q5126	1 Unit = 10mg	*Non-preferred*
Avastin (Oncology Use)	bevacizumab	J9035	1 Unit = 10mg	*Non-preferred (For Oncology Use)*
Avzivi	bevacizumab-tnjn	J3590	1 Unit = 10mg	*Non-preferred*
Mvasi	bevacizumab-awwb	Q5107	1 Unit = 10mg	*Preferred – No Auth Required*
Vegzelma	bevacizumab-adcd	Q5129	1 Unit = 10mg	*Non-preferred*
Zirabev	Bevacizumab-bvzr	Q5118	1 Unit = 10mg	*Preferred – No Auth Required*
Botulinum Toxins				
Botox	onabotulinumtoxina	J0585	1 Unit = 1 unit	*Non-preferred*
Dysport	abobotulinumtoxina	J0586	1 Unit = 5 units	*Preferred – Auth Required*
Myobloc	rimabotulinumtoxina	J0587	1 Unit = 100 units	*Non-preferred*
Xeomin	incobotulinumtoxin	J0588	1 Unit = 1 unit	*Preferred – Auth Required*
Complement Inhibitors				
Soliris	eculizumab	J1300	1 Unit = 10 mg	*Preferred – No Auth Required*
Ultomiris	ravulizumab-cwvz	J1303	1 Unit = 10mg	*Preferred – No Auth Required*

Medicare Part B - 2026				
Brand	**Generic**	**HCPCS Code**	**Billing Unit**	**Status**
Vyvgart	efgartigimod alfa-fcab	J9332	1 Unit = 2 mg	*Preferred – No Auth Required*
Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	J9334	1 Unit = 2 mg	*Preferred – No Auth Required*
Hematologic Erythropoiesis - Stimulating Agents (ESA)				
Aranesp	darbepoetin alfa (non-esrd use)	J0881	1 Unit = 1 mcg	*Preferred – No Auth Required*
	darbepoetin alfa (for esrd on dialysis)	J0882		
Epogen	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	*Non-preferred*
	epoetin alfa (for esrd on dialysis)	Q4081	1 Unit = 100 units	
Procrit	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	*Preferred – No Auth Required*
	epoetin alfa (for esrd on dialysis)	Q4081	1 Unit = 100 units	
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 – No Auth Required*
Hematopoietic Agents - Iron				
Feraheme	ferumoxytol (non-esrd use)	Q0138	1 Unit = 1 mg	*Non-preferred*
	ferumoxytol (for esrd on dialysis)	Q0139	1 Unit = 1 mg	

Medicare Part B - 2026				
Brand	**Generic**	**HCPCS Code**	**Billing Unit**	**Status**
Ferrlecit	sodium ferric gluconate complex in sucrose injection	J2916	1 Unit = 12.5mg	*Preferred – No Auth Required*
Infed	iron dextran	J1750	1 Unit = 50mg	*Preferred – No Auth Required*
Injectafer	ferric carboxymaltose	J1439	1 Unit = 1 mg	*Non-preferred*
Monoferric	ferric derisomaltose	J1437	1 Unit = 10 mg	*Non-preferred*
Sodium Ferric Gluconate		J2916	1 Unit = 12.5mg	*Preferred – No Auth Required*
Venofer	iron sucrose	J1756	1 Unit = 1 mg	*Preferred – No Auth Required*
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 – No Auth Required*
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 – No Auth Required*
Novoeight	antihemophilic factor, recombinant	J7182	1 Unit = 1 i. u.	*Non-Preferred*
Nuwiq	factor viii, (antihemophilic factor, recombinant)	J7209	1 Unit = 1 i. u.	*Preferred – No Auth Required*
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*
Xyntha Solofuse	coagulation factor VIII (recombinant)	J7185	1 Unit = 1 i. u.	*Non-Preferred*
Hemophilia Factor IX - Recombinant				
Alprolix	coagulation factor IX (recombinant), Fc fusion protein	J7201	1 Unit = 1 i. u.	*Preferred – No Auth Required*

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

Medicare Part B - 2026				
Brand	**Generic**	**HCPCS Code**	**Billing Unit**	**Status**
Hizentra	immune globulin subcutaneous (human)	J1559	1 Unit = 100mg	*Preferred – No Auth Required*
HyQvia	immune globulin infusion 10% (human) with recombinant human hyaluronidase	J1575	1 Unit = 100mg	*Non-Preferred*
Xembify	immune globulin subcutaneous, human-klhw	J1558	1 Unit = 100mg	*Non-Preferred*
Lysosomal Storage Disorders (Gaucher's Disease)				
Cerezyme	imiglucerase	J1786	1 Unit = 10 units	*Preferred – No Auth Required*
Elelyso	taliglucerase alfa	J3060	1 Unit = 10 units	*Preferred – No Auth Required*
VPRIV	velaglucerase alfa	J3385	1 Unit = 100 units	*Non-preferred*
Multiple Sclerosis (Infused)				
Briumvi	ublituximab-xiiy	J2329	1 Unit = 1 mg	*Non-Preferred*
Lemtrada	alemtuzumab	J0202	1 Unit = 1 mg	*Non-preferred*
Ocrevus	ocrelizumab	J2350	1 Unit = 1 mg	*Preferred – No Auth Required*
Ocrevus Zunovo	ocrelizumab and hyaluronidase-ocsq	J2351	1 Unit = 1 mg	*Non-preferred*
Tyruko	natalizumab-sztn	Q5134	1 Unit = 1 mg	*Non-preferred*
Tysabri	natalizumab	J2323	1 Unit = 1 mg	*Preferred – No Auth Required*
Ophthalmic Geographic Atrophy				
Izervay	avacincaptad pegol	J2782	1 Unit = 0.1 mg	*Preferred – No Auth Required*
Osteoporosis - Bone Density				
Evenity	romosozumab-aqqg	J3111	1 Unit = 1 mg	*Non-preferred*
Jubbonti	denosumab-bbdz	Q5136	1 Unit = 1 mg	*Preferred – No Auth Required*
Prolia	denosumab	J0897	1 Unit = 1 mg	*Preferred – No Auth Required*
Zoledronic Acid	zoledronic acid	J3489	1 Unit = 1 mg	*Preferred – No Auth Required*
Osteoporosis-Hypercalcemia of Malignancy				
Pamidronate	pamidronate disodium	J2430	1 Unit = 30 mg	*Preferred – No Auth Required*

Medicare Part B - 2026				
Brand	**Generic**	**HCPCS Code**	**Billing Unit**	**Status**
Wyost	denosumab-bbdz	Q5136	1 Unit = 1 mg	*Preferred – No Auth Required*
Xgeva	denosumab	J0897	1 Unit = 1 mg	*Preferred – No Auth Required*
Zoledronic Acid	zoledronic acid	J3489	1 Unit = 1 mg	*Preferred – No Auth Required*
Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents				
Firmagon	degarelix	J9155	1 Unit = 1 mg	*Preferred – No Auth Required*
Retinal Disorders Agents				
Avastin	bevacizumab	J9035	1 Unit = 10 mg	*Preferred (Primary) – No Auth Required*
Avastin	bevacizumab	C9257	1 Unit = 0.25 mg	*Preferred (Primary) – No Auth Required*
Beovu	brolucizumab-dbll, biosimilar	J0179	1 Unit = 1mg	*Non-preferred*
Byooviz	ranibizumab-nuna, biosimilar	Q5124	1 Unit = 0.1mg	*Non-preferred*
Cimerli	ranibizumab-eqrn, biosimilar	Q5128	1 Unit = 0.1mg	*Non-preferred*
Eylea	aflibercept	J0178	1 Unit = 1 mg	*Preferred (Secondary) – Auth Needed*
Eylea HD	aflibercept hd	J0177	1 Unit = 1 mg	*Preferred (Secondary) – Auth Needed*
Lucentis	ranibizumab	J2778	1 Unit = 0.1 mg	*Preferred (Secondary) – Auth Needed*
Pavblu	aflibercept-ayyh	Q5147	1 Unit = 1 mg	*Preferred (Secondary) – Auth Needed*
Susvimo	ranibizumab (device)	J2779	1 Unit = 0.1 mg	*Non-Preferred*
Vabysmo	faricimab-svoa	J2777	1 Unit = 0.1 mg	*Non-Preferred*
Rituxan Products				
Rituxan	rituximab	J9312	1 Unit = 10 mg	*Non-preferred*
Rituxan Hycela	rituximab and hyaluronidase	J9311	1 Unit = 10 mg	*Non-preferred*
Ruxience	rituximab-pvvr, biosimilar	Q5119	1 Unit = 10 mg	*Preferred – No Auth Required*
Riabni	rituximab-arrx	Q5123	1 Unit = 10mg	*Non-preferred*

Medicare Part B - 2026				
Brand	**Generic**	**HCPCS Code**	**Billing Unit**	**Status**
Truxima	rituximab-abbs, biosimilar	Q5115	1 Unit = 10 mg	*Preferred – No Auth Required*
Severe Asthma				
Cinqair	reslizumab	J2786	1 Unit = 1mg	*Non-preferred*
Fasenra	benralizumab	J0517	1 Unit = 1mg	*Preferred – No Auth Required*
Nucala	mepolizumab	J2182	1 Unit = 1mg	*Non-preferred*
Tezspire	tezepelumab-ekko	J2356	1 Unit = 1 mg	*Preferred – No Auth Required*
Xolair	omalizumab	J2357	1 Unit = 5mg	*Preferred – No Auth Required*
Trastuzumab Products				
Herceptin	trastuzumab	J9355	1 Unit = 10 mg	*Non-preferred*
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	1 Unit = 10mg	*Non-preferred*
Hercessi	trastuzumab-strf	Q5146	1 Unit = 10mg	*Non-preferred*
Herzuma	trastuzumab-pkrb	Q5113	1 Unit = 10mg	*Non-preferred*
Kanjinti	trastuzumab-anns	Q5117	1 Unit = 10mg	*Preferred – No Auth Required*
Ogivri	trastuzumab-dkst	Q5114	1 Unit = 10mg	*Non-preferred*
Ontruzant	trastuzumab-dttb	Q5112	1 Unit = 10mg	*Preferred – No Auth Required*
Trazimera	trastuzumab-qyyp	Q5116	1 Unit = 10mg	*Non-preferred*