



MEDICARE ADVANTAGE PART B PRIOR AUTHORIZATION and STEP THERAPY LIST

Please send the completed form and any additional information to eternalHealth by fax to:

- **866-337-8686** for standard requests
- **866-815-4297** for expedited requests*

* By submitting this form to the expedited fax number, you are certifying that the 72-hour expedited review time is necessary to prevent serious jeopardy to the life or health of the member or the member's ability to regain maximum function.

Effective Date: September 25, 2026

Note: Please provide as much information as possible. Missing data may cause processing delays for the requested prior authorization(s). Please attach supporting documentation (medical records, progress notes, lab reports, radiology studies, etc.) to support medical necessity of the products or services being requested. For your convenience, prior authorization forms are available at <https://www.eternalhealth.com>. **Urgent and/or emergent services do not require prior authorization or referral.** Prior approval is not required for out-of-network services; however, services are subject to claim review.

Medicare Guidelines

The list represents medications (i.e., medications that are delivered in the provider's office, clinic, outpatient or home setting) that require prior authorization before such medications can be provided or administered. These medications must be provided according to Medicare coverage guidelines, established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You can review Medicare coverage guidelines at www.cms.gov/medicare-coverage-database/. The prior authorization list is subject to change.

Investigational and Experimental Medications

Investigational and/or experimental medications are usually not covered benefits. Please consult the members' Evidence of Coverage or contact eternalHealth's Provider Services Department at 800-680-9255 for confirmation of coverage.

If you have any questions or need help, our Provider Services Department is available toll-free at 800-680-9255 Monday – Friday, 9am – 5pm EST. TTY users may call 711. Alternatively, visit <https://www.eternalhealth.com> for more information.

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Procedure Code	Drug Name
90283	Carimune, Octagam, Gammagard,
90284	Hizentra, Gamunex Immune globulin (SClg), human, for use in
C9145	Aponvie Injection, aprepitant, (Aponvie), 1 mg
C9257	Avastin Injection, bevacizumab, 0.25 mg
J0174	Inj, lecanemab-irmb, 1 mg
J0175	Inj, donanemab-azbt, 2 mg
J0177	Eylea HD Injection, aflibercept hd, 1 mg
J0178	Eylea Injection, aflibercept, 1 mg
J0179	Beovu Injection, brolucizumab-dblI, 1 mg
J0185	Emend Injection, aprepitant, 1 mg
J0585	Botox Injection, onabotulinumtoxina, 1 unit
J0586	Dysport Injection, abobotulinumtoxina, 5 units
J0587	Myobloc Injection, rimabotulinumtoxinb, 100 units
J0588	Xeomin Injection, incobotulinumtoxina, 1 unit
J0589	Daxxify Injection, daxibotulinumtoxinA-lanm
J0850	Cytogam Injection, cytomegalovirus immune globulin
J0881	Aranesp Injection, darbepoetin alfa, 1 mcg (for non-ESRD use)
J0882	Aranesp Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
J0885	Epogen, Procrit Injection, epoetin alfa, (for non-ESRD use)
J0887	Mircera Injection, epoetin beta, 1 mcg, (for ESRD on dialysis)
J0888	Mircera Injection, epoetin beta, 1 mcg, (for non-ESRD use)
J1299	Inj, eculizumab, 2 mg
J1300	Soliris Injection, eculizumab, 10 mg
J1459	Privigen
J1551	Cutaquig Injection, immune globulin (Cutaquig), 100 mg
J1552	Alyglo Injection, immune globulin (alyglo), 500 mg
J1554	Asceniv Injection, immune globulin (Asceniv), 500 mg
J1555	Cuvitru Injection, immune globulin (Cuvitru), 100 mg
J1556	Bivigam Injection, immune globulin (Bivigam), 500 mg
J1557	Gammaplex
J1558	Xembify Injection, immune globulin (Xembify), 100 mg
J1559	Hizentra Injection, immune globulin (Hizentra), 100 mg
J1561	Gamunex,Gammunex-C, Gammaked
J1562	Vivaglobin Injection, immune globulin (Vivaglobin), 100
J1566	Gammagard SD Carimune NF
J1568	Octagam
J1569	Gammagard liquid Injection, immune globulin, (Gammagard)
J1572	Flebogamma
J1573	Hepagam b intravenous, inj
J1575	Hyqvia Injection, immune globulin/hyaluronidase, 100
J1576	Inj, panzyga, 500 mg

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J1599	Panzyga
J1626	Granisetron hcl injection
J1627	Inj, granisetron, xr, 0.1 mg
J1745	Remicade Injection, infliximab, excludes biosimilar, 10
J2326	Spinraza Injection, nusinersen, 0.1 mg
J2468	Inj, palonosetron (posfrea)
J2777	Vabysmo Injection, faricimab-svoa, 0.1 mg
J2778	Lucentis Injection, ranibizumab, 0.1 mg
J2779	Susvimo Injection, ranibizumab, via intravitreal implant
J2788	Rho d immune globulin 50 mcg
J2790	Rho d immune globulin inj
J2792	Rho(d) immune globulin h, sd
J7504	Lymphocyte immune globulin
J8655	Akynzeo Netupitant 300 mg and palonosetron 0.5 mg,
J8670	Rolapitant, oral, 1mg
J9035	Avastin Injection, bevacizumab, 10 mg
J9205	Onivyde Injection, irinotecan liposome, 1 mg
J9206	Injection, irinotecan, 20 mg
J9311	Rituxan Hycela Injection, rituximab 10 mg and hyaluronidase
J9312	Rituxan Injection, rituximab, 10 mg
J9400	Zaltrap Injection, ziv-aflibercept, 1 mg
Q4081	Epogen, Procrit Injection, epoetin alfa, 100 units (for ESRD on
Q5103	Inflectra Injection, infliximab-dyyb, biosimilar,
Q5104	Renflexis Injection, infliximab-abda, biosimilar,
Q5105	Retacrit Injection, epoetin alfa-epbx, biosimilar,
Q5106	Retacrit Injection, epoetin alfa-epbx, biosimilar,
Q5107	Mvasi Injection, bevacizumab-awwb, biosimilar,
Q5109	Ixifi Injection, infliximab-qbtx, biosimilar, (Ixifi), 10
Q5115	Truxima Injection, rituximab-abbs, biosimilar, 10 mg
Q5118	Zirabev Injection, bevacizumab-bvcr, biosimilar,
Q5119	Ruxience Injection, rituximab-pvvr, biosimilar,
Q5121	Avsola Injection, infliximab-axxq, biosimilar, (Avsola),
Q5123	Riabni Injection, rituximab-arrx, biosimilar, (Riabni),
Q5124	Byooviz Injection, ranibizumab-nuna, biosimilar,
Q5126	Alymsys Injection, bevacizumab-maly, biosimilar,
Q5128	Cimerli Injection, ranibizumab-eqrn (Cimerli),
Q5129	Vegzelma Injection, bevacizumab-adcd (Vegzelma),
Q5147	Inj, aflibercept-ayyh, 1 mg

NOTE: The prior authorization does not guarantee payment. Payment is subject to eligibility on the date of service, plan benefits, limitations and exclusions, pre-existing condition limitations, and member liability under the plan. Not obtaining prior authorization for a product or service could result in financial penalties and/or reduced reimbursement. Products or services provided without prior authorization may be subject to retrospective medical necessity review.